

Work Support
Strategies:
Streamlining Access,
Strengthening Families



Early Lessons from the Work Support Strategies Initiative: Planning and Piloting Health and Human Services Integration in Nine States

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Executive Summary

In 2011, nine states—Colorado, Idaho, Illinois, Kentucky, New Mexico, North Carolina, Oregon, South Carolina, and Rhode Island—received one-year planning grants under the Work Support Strategies (WSS) initiative to help them improve their systems for connecting low-income families to work support benefits. These planning grants were the first phase of WSS, a multiyear initiative to help selected states test and implement more effective and integrated approaches to delivering key work supports, including health coverage, nutrition benefits, and child care subsidies.

The idea behind the project was that more streamlined and modernized processes could help low-income working families get and keep the full package of work support benefits for which they are eligible. In turn, having the full package of benefits can stabilize families' work lives and promote children's health and well-being (Mills, Compton, and Golden 2011). Streamlining benefit delivery can also reduce the burden on state workers by further stretching states' scarce administrative dollars and potentially saving money.

This report summarizes the lessons learned from the nine planning grant states, just one year into a four-year project. Future reports from the evaluation will follow the six states that continued into the three-year implementation phase (Colorado, Idaho, Illinois, North Carolina, Rhode Island, and South Carolina). We will document their implementation experiences and track results for families and for state administrative efficiency. In a subset of the states, the evaluation team will also analyze the impact WSS had on those results.

Why States Are Committed to Improving Health and Human Services Access

One striking early finding is that states that are diverse politically, geographically, and on many other dimensions can find common ground in their commitment to improving access to work supports. Despite tight state budgets and, in some cases, different perspectives regarding the role of Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and other safety net programs as work supports, governors and state legislatures have supported state agency heads in

revamping outdated systems. Depending on the state, they may be aiming to address widespread complaints about service systems that were failing, make government more effective and less bureaucratic, do more with less, help low-income workers move up in their jobs, and promote children's health and nutrition.

States' Planning-Year Activities and Early Wins

Most WSS states saw early wins for families and for state and county workers during this first year. In some cases, these changes affected pilot offices or counties; in others, statewide changes affected tens of thousands of families. While most states primarily saw the year as an opportunity to set the stage for the large agenda ahead, they have nonetheless accomplished a lot already. In this first year, the states reported that they have:

- implemented policy, business process, and technological changes to streamline and integrate benefit programs;
- improved state-county relationships and collaboration between health and human services agencies;
- increased in some offices/areas the speed with which decisions on benefit eligibility are made;
- begun to reduce “churn,” the interruption in eligible families’ access to benefits that occurs for procedural reasons and causes double work for states;
- taken advantage of the data they already had to swiftly enroll children in health coverage and nutrition benefits;
- reduced barriers to families’ enrollment in child care subsidies;
- improved staff morale;
- avoided extra administrative costs (in one case, for a multimillion-dollar call center) by getting families’ eligibility right the first time, thus reducing families’ calls and office visits; and
- gotten a leg up on their preparations for health reform by using federal grants to modernize their health and human services computer systems.

While these states are not typical of all states—they were chosen to participate partly for their level of commitment to substantial change—their diversity means that insights from their experiences can inform other state and county governments, as well as policy experts and advocates, federal officials, elected officials, and philanthropic funders.

Common Themes Playing Out in Diverse State Settings

Reflecting their diversity, states' activities and plans during this first year varied considerably, suggesting that there is no single recipe for reforming work support programs. North Carolina and Colorado, the two county-operated states of the group, aimed to take advantage of county innovation and strengthen their state-county partnerships while also identifying statewide changes in policy and technology. Illinois, with a history of strong policy decisions but weak implementation in overburdened and chaotic local offices, focused primarily on transforming the local office environment. Idaho, which had made major progress in modernizing and revamping eligibility processes before the WSS grant, sought to take these ideas to the next level. Rhode Island and South Carolina, with particularly deep historical divides between their health and their human services operations, sought to integrate these two branches by considering the perspective of both families and workers.

Nonetheless, many common themes emerged, including the following:

Seizing the Opportunity to Link Health and Human Services

One big question for the planning-year states was whether they could maintain their commitment to reforming the whole range of work support programs while under tight time pressure to implement the Affordable Care Act (ACA). Nationally, some states have concluded that getting ready for health reform is so demanding that modifying other work support programs will have to wait until later.

The six states that continued from WSS planning to implementation concluded the opposite: that this is a moment of great opportunity to reform health programs *and* human services programs. They saw a chance to strengthen how programs operate individually *and* how well they fit together to help families. One reason is that additional federal financial support is now

available to upgrade state computer systems in preparation for health reform, improving eligibility systems for Medicaid and other linked work support programs such as SNAP. These computer systems are generally so outdated that they have undermined potential reforms and have contributed to inefficient and duplicative service delivery, high burden on workers and local offices, lack of responsiveness to families' needs, and inadequate data for performance management. But now, if states are ready to move fast to improve multiple programs at once, these systems can be revamped and replaced almost completely (90 percent) through federal funds.

Many WSS states see additional reasons to simultaneously reform health and human services programs. They have identified greater gains in efficiency, program integrity, and family well-being from this approach, compared with fixing programs one at a time. Data obtained for one program can be leveraged for others, making it possible to determine eligibility more quickly and simply. For example, if programs are connected, a family needs to bring in paystubs and other proof of their circumstances only once, rather than each time they apply for each separate program. Workers and local offices often handle multiple programs, so taking a unified approach simplifies their work. And for overburdened health agencies facing ACA deadlines, human services partners can help find the families who need to be enrolled for the first time, as their information may already be in SNAP files.

States' capacity to seize this opportunity will likely vary. Two of the three states that did not continue with WSS after the planning year reported that the overwhelming demands of health reform or associated technology upgrades forced them to pull away, at least temporarily, from the integration agenda. The states that did continue identified conditions that they thought enabled them to move ahead on health reform and to revamp their eligibility technology while also conducting integrated reforms. Insights from their experiences could help other states that now want to gear up for an integrated approach. For example, states highlighted the importance of small project management units of one or two people, created with WSS resources, that enabled overcommitted state leaders and content experts to stay on track. They also credited clarity of vision and priorities from the governor's office on down and relationships built over the planning year between health and human services agencies. Detailed assessments of local office processes and statewide data analyzed during the planning year put them in a better

position to figure out next steps. The coming years will offer more information about whether these advantages continue to help them move forward.

Improving Service Delivery in the Child Care Subsidy Program

States' strong interest in child care was perhaps the most unexpected development of the planning year. Once states assessed which supports working families need and analyzed business processes and performance data, they identified major problems in existing child care eligibility policies and practices. For example, Rhode Island's business process assessment revealed how long local offices delayed eligible families' child care applications while workers waited for detailed verification of work schedules from employers. These problems, though, presented major opportunities to reduce the burden on state workers, families, and child care providers. During the planning year, several states implemented policy and procedural improvements for child care subsidies, and almost all of the six that continued set an ambitious agenda for further change over the implementation period.

Child care subsidies are paid with a capped federal block grant (plus required state matching funds) rather than an "entitlement" funding stream where federal dollars go up with higher caseloads, as in SNAP and Medicaid. So, we had anticipated that this capped funding would hold back states' willingness to make changes, since having more participating families would cost states more. But states' closer look at their child care programs' operating practices turned up problems that could be solved without additional resources, and the block grant structure allowed them a free hand to change policies that caused the problems. The box on page 32 provides more detail on proposed child care changes.

Reforming Business Processes and Work Flow

Almost all states reviewed the way they did business in their local offices and tested out improvements in one or more pilot offices during the planning year. In Illinois and Rhode Island, pilots led to major improvements in the speed with which benefits are delivered in large urban offices. Though some workers expressed concerns, most generally appreciated the chance to contribute their ideas and reduce their previously overwhelming workload.

Typical improvements included better organization and triage when customers first arrive at the office and changes in work assignment from "caseload" systems (where a caseworker

handles all tasks for an assigned group of cases) to “task-oriented” systems (where a caseworker handles one or several steps in an overall process). Taking these improvements statewide, linking them to major changes in technology, and addressing training needs for frontline staff, supervisors, and managers lie ahead in the implementation years.

States also expanded their use of telephone and online options for providing information to families. For these options to be effective, they needed to be well integrated with improvements in policy, automated verification, and work flow, so a worker can quickly make the necessary decisions. Without those parallel improvements, better front-end access just adds to the queue of unfinished applications and the overload of anxious applicants calling or visiting to inquire about their cases.

Improving Policy to Support Efficient Operations and Cross-Program Integration

Working closely with WSS’s national technical assistance team, states reviewed their policies across programs, analyzed administrative data, and identified policy requirements that contributed to bottlenecks in the eligibility process. Some states developed new organizational approaches to making policy decisions that included representatives from several programs to ensure that one program would not unknowingly create burdens on the others. North Carolina’s Policy Governance Board, for example, included program representatives from the state and an explicit role for input from counties. Frequent policy improvements included:

- **Changes to fix churn.** Almost all states concluded that churn (families losing benefits, usually for administrative reasons, and then reapplying a short time later) was a problem in at least one of the three programs: SNAP, Medicaid, or child care. They found that churn not only destabilized families but also substantially burdened state workers who had to process new applications from discontinued families. The box on page 26 summarizes major state steps, such as aligning redetermination dates across programs and eliminating unneeded process steps and verifications.
- **Simplified verification and reporting.** States identified unnecessary and burdensome requirements for workers to verify information when families applied for or renewed benefits or for families to report changes between redeterminations. For example, states found that

their policies required unnecessarily detailed information about employment schedules from child care applicants.

- **Cross-program use of data already in the files.** States adapted their policies so they could more easily use information already recorded for one program in order to determine eligibility for another (see box on page 39). In South Carolina, this approach enabled tens of thousands of eligible children to retain Medicaid coverage at redetermination, using income data reported by their families to SNAP in lieu of the families providing the same information to Medicaid.

Common Challenges and Strategies for Overcoming Them

The challenges states faced—and the strategies they used to overcome them—offer rich insights.

Data

Despite the multibillion-dollar programs under their leadership, state agency executives in almost all states faced great barriers to data-driven management. Outdated technology made it hard to gather good data, few staff could bridge IT and data expertise with program expertise to figure out the right questions and then get the answers, and few state or local managers regularly reviewed data to help them make important decisions. The regular data reports that did exist were often driven by federal requirements or court orders, and they did not reflect the full range of state goals.

A key insight—not only for state agency heads but also for legislators, federal officials, and philanthropic partners interested in supporting state improvement—was that fixing this problem meant small investments in changing staff capacity and culture to leverage the most impact from large investments in technology. For example, states hired staff with new skills and built a culture of regular data use by regularly sharing reports with county or local staff as part of a joint problem-solving meeting. With these relatively small enhancements (supported by the WSS planning grant), big technology improvements can have much greater payoff.

Technology

Outdated systems are such a big challenge that some states reported entering the year with the perspective that fixing technology would solve all their problems. But North Carolina and Colorado found that technology fixes have to go hand-in-hand with fixes to business process and policy. Otherwise, staff told us, they would just be automating bad practices without the desired payoff in efficiency or ease for families.

Silos between Agencies or between State and County Officials

Most states wanted to achieve stronger linkages between health and human services agencies, state and county offices, or both as an important planning-year goal. Obstacles included negative history and mistrust between parties, as well as habits of working in isolation. By the end of the planning year, states offered considerable evidence of dramatically closer working relationships. The common theme of their strategies was that no single quick fix was sufficient. Building new habits required new organizational structures, new relationships, quick wins, and new training and learning about each group's programs and experiences, among other steps.

Lessons for Outside Partners Aiming to Improve Program Performance

Finally, the first-year experience offered lessons to outside partners, including federal officials and foundation funders, interested in supporting states to reform work support programs.

Early Payoff from Modest Planning-Year Investments

At the beginning of the project, no one knew whether the planning year's relatively modest investments in states—\$250,000 per state, along with national and peer-to-peer technical assistance—would attract any interest or have any effect. By the end of the planning year, these questions had been answered. Twenty-seven states applied for planning-year grants, nine were competitively selected, and six—the maximum we were able to fund—moved into the implementation phase.

This small investment appears to have had a striking impact on state choices. The states—by analyzing data, assessing local office operations, and learning about the perspectives of partners, peers in other states, and national experts—identified new issues to take on and redefined their approaches to already identified issues. The planning year also turned out to be as much about

early implementation as about planning—partly because of the national team’s philosophy and partly because of states’ own sense of urgency. This led to considerable early action.

Most states did not think they could have succeeded without the flexible foundation dollars for project management and associated tasks, as well as the nonfinancial features of the planning year: advice from national experts, strong peer-to-peer bonds, and visibility as part of a national project. The message to funding partners, federal or philanthropic, is that dollars for innovation don’t have to be commensurate with the scale of service delivery. Small, well-targeted resources can help highly motivated state agencies leverage large-scale change.

Introduction

In 2011, nine states—Colorado, Idaho, Illinois, Kentucky, New Mexico, North Carolina, Oregon, Rhode Island, and South Carolina—received one-year planning grants under the Work Support Strategies (WSS) initiative to help them improve their systems for connecting low-income families to work support benefits. Supported by private philanthropy, these planning grants were the first phase of a multiyear initiative to help selected states test and implement more effective and integrated approaches to delivering key work supports, including health coverage, nutrition benefits, and child care subsidies.

The idea behind the project was that more streamlined and modernized processes could help low-income working families get and keep the full package of work support benefits for which they are eligible. In turn, having these benefits can stabilize families' work lives and promote children's health and wellbeing (Mills, Compton, and Golden 2011). Streamlining benefit delivery can also reduce the burden on state workers, stretching states' scarce administrative dollars further and potentially saving money.

A core goal of the initiative is to draw out insights from the states' experiences so that others can build on the lessons learned. To that end, the initiative includes a rigorous evaluation, which explores how the states go about this kind of far-reaching reform, what challenges and opportunities they encounter along the way, and what they accomplish.

This report summarizes lessons learned from all nine states during the initiative's planning year, the first year of this four-year project. Future reports from the evaluation will track the six states that continued into the three-year implementation phase (Colorado, Idaho, Illinois, North Carolina, Rhode Island, and South Carolina). We will document their implementation experiences, track results for families and for state administrative efficiency, and analyze the impact WSS had on those results.

Because the WSS idea had never before been tried across multiple programs, there were enormous unknowns entering the planning year. No one involved in WSS could say whether states would even stay with the project through the year, given the many forces pulling them

away: budget crises, the political controversy around safety net programs, and the impending enactment of health reform. If they did go ahead with redesigning Medicaid, the Supplemental Nutritional Assistance Program (SNAP), child care subsidies, or other programs, what changes in policy, operations, and technology would appeal to them most? What barriers would they encounter, and how would they overcome them? What would be the prospects for implementation going forward?

After describing the three health and human services programs at the core of WSS and setting the context for the nine participating states, this report offers initial answers to those questions. We will describe the motivations for state commitment to improving health and human services access, the common themes among state choices and accomplishments, the major challenges faced, and the approaches to resolving those challenges. The report closes with lessons for federal and philanthropic funders interested in promoting state success.

The Core Package of Work Support Programs

WSS seeks to improve public programs that address a major national challenge: many American parents work yet earn too little to make ends meet for themselves and their children. More than one in four American workers earns wages too low to support a family at the poverty level (Mishel et al. 2012). Even with multiple workers in many families, almost a third of all families in 2011 had incomes less than twice the poverty level—about \$44,000 for a family of four (U.S. Census 2013). These families struggle to pay for food, rent or mortgage, doctor’s visits and medicine, child care, and unexpected costs like emergency car repairs. Too often, they cannot keep all these balls in the air. Even before the Great Recession and the foreclosure crisis, one-quarter of families at this income level reported that they missed a rent or mortgage payment in the past year. About the same share reported that they had trouble stretching food for the whole month, and about 1 in 10 deferred necessary medical care because of the cost (Acs and Nichols 2006).

Yet when parents cannot pay for housing, health care, food, child care, or other basics, they risk derailing their stability on the job—such as when an eviction or a child care crisis forces a parent to miss work—and their potential to move up and improve their income. They also risk their children’s healthy development. To respond to these concerns, a number of federal and state

programs provide support for low-income working families. These include Medicaid and CHIP (the Children’s Health Insurance Program)¹; SNAP and other nutrition assistance programs; child care subsidies; housing assistance; the Earned Income Tax Credit (EITC); energy assistance; Temporary Assistance for Needy Families (TANF); and many others.

Researchers have found that families who get these benefits are better equipped to reduce such short-term hardships as food insecurity, experience more stable work and higher earnings, and have better health and nutrition outcomes for children.² The New Hope experiment in Wisconsin focused on ensuring that families get the full package of benefits, which is also a WSS goal. Researchers tracked participating families for eight years after the experiment and found positive results for employment and earnings as well as for children and adolescents (Miller et al. 2008).

Far too few low-income working families get and keep the full package of benefits. In some programs, this is because of limited resources. For example, the federal government provides states with a capped amount of child care subsidy dollars, which serves fewer than 30 percent of those eligible under state standards (Office of the Assistant Secretary for Planning and Evaluation 2012). In other programs where total program dollars are not capped, complex and bureaucratic processes discourage families from applying. Overloaded state staff, outdated computer systems, and inflexible practices stand as significant barriers for working families who want to sign up for benefits. In some cases, applicants have to stand in line at a welfare office that’s open only during working hours. Even with extremely important recent improvements in children’s health insurance coverage and SNAP participation, about 15 percent of eligible children and 35 percent of eligible parents do not receive Medicaid/CHIP (Kenney et al. 2012), and 35 percent of eligible working poor families do not receive SNAP (Cunningham 2012).

¹ In 2014, with the full enactment of the ACA, health insurance exchanges will also support affordable health insurance for families in this income group. Families with incomes below 133 percent of the federal poverty level will be eligible for Medicaid in states that choose to expand, while families with incomes from 133 to 400 percent of the federal poverty level will be eligible for subsidies to pay for insurance through the exchange (if they do not have health coverage through their employer) (Kaiser Family Foundation 2011).

² The research is summarized in Mills et al. (2011). Existing research supports these conclusions but is quite limited, especially in the groups of families studied (largely, families leaving welfare, not the broader group of low-income working families). Future reports from the WSS evaluation will help fill in these gaps, addressing outcomes for families and (in selected states) impacts of the specific state changes under WSS.

And if it is hard to apply for a single program, then it is even harder to get the full package of benefits, meaning that many families lose out on the full potential to stabilize their lives and jobs. The most recent study of families' receipt of three core benefits—SNAP, Medicaid, and child care subsidies—was almost a decade ago, but it showed that only about 5 percent of low-income working families receive all three (Zedlewski et al. 2006). More recent analyses of Medicaid and SNAP participation indicate that only 58 percent of poor children receive both SNAP and Medicaid/CHIP, although almost all are eligible (Rosenbaum and Dean 2011).

The national WSS team chose to focus on Medicaid/CHIP, SNAP, and child care subsidies as the three core work support programs. Medicaid and SNAP were obvious choices because of the large number of low-income working families enrolled, the overlap concerning eligibility levels and criteria, the interest of federal and state officials, and the innovations already underway in many states. The WSS team also included child care assistance under the Child Care Development Fund (CCDF), because research suggests it plays a particularly crucial role in work stability and, potentially, in children's well-being (Mills et al. 2011), even though a small share of families receive subsidies. States also were allowed to include other programs in their WSS designs, and most did. Almost all included other economic assistance programs, such as Temporary Assistance to Needy Families (TANF), and several included additional programs, such as the Low-Income Home Energy Assistance Program (LIHEAP).

The three core WSS programs differ in their funding and federal-state structure in ways that provide context for the state stories told in the rest of this report. Medicaid and SNAP benefits are funded by the federal government as “entitlements,” meaning that states must provide benefits to all eligible applicants, with the federal government increasing its funding accordingly. The federal government covers, on average, about 60 percent of state Medicaid benefits. It pays 100 percent of SNAP benefits and shares the administrative program costs with states (and, in some cases, counties).³ For Medicaid, states make many decisions about the eligibility level and the benefit package, within federal parameters, so state programs differ considerably from each

³ This paragraph describes the Medicaid program before the enactment and implementation of the ACA. Under the ACA as interpreted by the Supreme Court, states can choose whether to implement a new expansion that will cover adults whose incomes are below 133 percent of the federal poverty level. If they do cover this population, they will receive 100 percent federal funding, phasing down to 90 percent over time, for the newly enrolled group.

other. SNAP eligibility levels are national. While there is some state discretion, the federal parameters are more specific. Child care funding under the CCDF on the other hand, is very different. Federal funding to states is a capped block grant with a required match from states. This means that states generally cannot increase total participation without spending more of their own money, so WSS did not expect that most states would increase their spending. However, the block grant structure also means that states have far more control over eligibility levels and the eligibility process than in other programs, which (as described below) provides avenues for states to reduce burdens on families and workers.

The Nine States

As illustrated in table 1 below, the nine states that entered the WSS planning phase were diverse in many ways: region, population, administrative structure, political affiliation, economic circumstances, and program participation rates. In North Carolina and Colorado, counties operated the major health and human services programs, under state supervision. In the other seven states, the state directly administered the programs. Five states entered the planning year with Democratic governors, three with Republican governors, and one with an Independent

Table 1. WSS States at a Glance

	Population (thousands) ^a 2011	County/state structure (# of local offices)	Governor's party affiliation ^b	Unemployment rate, ^c Sept. 2012 (%)	Share below 200% of FPL, ^a 2011 (%)	Participation rates, 2010 (%)	
						SNAP ^d	Medicaid/CHIP ^e
Colorado	5,029	County (64)	Democratic	8.0	31.3	69	78.7
Idaho	1,567	State (8)	Republican	6.8	40.4	81	79.9
Illinois	12,830	State (90)	Democratic	8.8	32.8	80	90.4
Kentucky	4,314	State (9)	Democratic	8.4	39.8	85	89.4
New Mexico	2,082	State (33)	Republican	6.4	44.2	81	85.9
North Carolina	9,535	County (100)	Democratic	9.6	39.3	78	88.1
Oregon	3,871	State (16)	Democratic	8.7	37.7	100	83.2
Rhode Island	1,052	State (9)	Independent	10.5	30.8	81	87.9
South Carolina	4,679	State (46)	Republican	9.1	40.8	82	84.3

Sources: ^a U.S. Census Bureau (2013; federal poverty level is share of individuals); ^b Party affiliations as of March 2011; ^c Bureau of Labor Statistics (2012); ^d Share of eligible residents participating in SNAP from Cunningham (2012); ^e Share of eligible children participating in Medicaid/CHIP from Kenney et al. (2012).

governor (who had formerly been a Republican). State legislative affiliations also varied. In about half the states, the legislative majorities hailed from the same party as the governor, while party affiliations were split in the other states. The states varied in their economic circumstances, with unemployment rates in September 2012 ranging from 6.4 percent in New Mexico to 10.5 percent in Rhode Island. The percentage of individuals with income below twice the federal poverty level ranged from about 31 percent in Colorado and Rhode Island to 44 percent in New Mexico. Finally, states also differed in the percentage of individuals eligible for SNAP and Medicaid/CHIP who were receiving those benefits in 2010 (the most recent available estimates). These differences come from a host of different factors, including the demographics of eligibles, state program rules, state culture toward benefit receipt, and state-specific administrative procedures for accessing benefits.

Why Did States Want to Improve Health and Human Services Access?

“My first week in office was what got my attention. USDA delivered a letter that said we owed them \$265,000 for abysmal performance under SNAP....Idaho was 51st in the nation.”

—Director Richard Armstrong of Idaho Department of Health and Welfare, reflecting on why he was interested in improving, streamlining, and integrating work support programs⁴

“We saw increased absenteeism, unscheduled absences, and huge usage of furlough days. [Staff] were on burnout and welcomed anything different that would show them relief.”

—Illinois local office administrator involved in a WSS pilot

The WSS states were Republican (Idaho and South Carolina) and Democratic (Illinois), small (Rhode Island and Idaho) and large (Illinois and North Carolina), and located across the nation. While diverse politically, geographically, and otherwise, they all shared a common commitment to devote time, resources, and political capital to reforming work support programs. This outcome challenges many observers’ prior expectation that only states already supportive of major government programs would be interested in participating.

⁴ This quote is from a public forum held at the Urban Institute in June 2012. It can be accessed at <http://www.urban.org/events/firsttuesdays/Improving-Access-to-Services.cfm>.

However, this doesn't mean that all states were ready to make the same commitment. The planning period states were by no means representative of all states. They were chosen by a rigorous selection process that narrowed down 27 applicants to 9 winners.⁵ The states chosen were driven to change, aiming to improve families' access and retention of benefits and to reduce administrative burden. Nonetheless, their diversity means that insights from their experiences can inform a range of other state and county governments.

The enactment of health reform in March 2010 raised the political sensitivity of safety net programs and the logistical challenges of integrating human services into health reform deadlines. Still, eight of the nine states chose to move forward with WSS and developed action plans for implementation. Why did they want to go forward?

Almost all states shared one overriding reason for their interest: they believed their pre-reform systems weren't working. New approaches promised to reduce burden and administrative costs while improving timeliness and possibly accuracy. In addition, many of these states saw that a reformed work support system could lead to a more responsive and less bureaucratic government, offering a higher quality of service—which was a benefit valued across party lines. Reform could also lead to better state-local relationships, particularly in the county-operated states, and to benefits for families, such as healthier or better-nourished children or parents more able to sustain employment.

Previous Service Delivery Systems Were Broken

As WSS geared up, many state executives had come to the conclusion that the way they delivered services to families was bureaucratic, paper heavy, and highly burdensome—in short, it wasn't working well. Idaho figured this out and made major improvements years earlier but was eager to go further and wanted help to get there. At an Urban Institute forum about WSS, the cabinet secretaries from Colorado, Idaho, North Carolina, and Rhode Island each described a moment early in their tenures when they realized how broken their existing systems were, a realization that motivated them to start a journey of improvement. Illinois staff consistently

⁵ The process included review by a national advisory group and site visits to finalists. It gave weight to such criteria as states' track records and experience, their clarity about goals, the potential impact of their proposed changes (including the scale of the problems they wanted to fix), and the commitment of top-level political appointees (including governor's office staff and cabinet secretaries) as well as of career managers.

described the same lesson: that the status quo was not sustainable and that WSS offered a chance to fix a “completely dysfunctional, broken system.”

This failure became evident in the aftermath of the 2008 recession, which launched what some staff called a “perfect storm”: family need for Medicaid and SNAP rose just as state revenues crashed and staff capacity was cut. Approaches to eligibility determination that had been barely tenable during good times became impossible to sustain when caseloads expanded rapidly. County and state budgets contracted in North Carolina, caseloads for eligibility workers reached 2,000 in Illinois, a hiring freeze in Oregon increased the burden on current workers, and Rhode Island lost a large number of its human services staff due to changes in retirement benefits just as demand increased.

In addition to Idaho, Kentucky, New Mexico, and Oregon had begun their approach to service improvement before WSS and saw participation as an opportunity to take reforms to the next level—or, in the words of an Idaho team member, “putting jet fuel” into the ongoing reform efforts. Kentucky staffers were least likely to cite service delivery problems as a major motivation for reforming the state’s work support system. Generally proud of the state’s longtime efforts to integrate and streamline programs, Kentucky staff said they participated in WSS to prepare for the potential challenges of health reform, improve state data, and build on past accomplishments.

Better, More Responsive Government Is a Widely Shared Value

In both highly Democratic and highly Republican states, officials reported that legislators valued more responsive, less bureaucratic delivery of government services. In states as politically divergent as Idaho, Illinois, North Carolina, and Rhode Island, legislators had heard from constituents about problems in welfare offices and responded by asking for better service delivery. This legislative interest might have been intensified by the many families seeking public benefits for the first time because of the recession’s toll. Those first-time families may have been impatient with the long lines and lost paperwork; existing clients had become accustomed to these problems. But whatever the reasons, legislators were interested in solutions that would modernize service delivery, reduce public complaints, take advantage of modern technology, and change the stereotype of government as an antiquated bureaucracy.

Fragmented Approaches to Eligibility Frustrate County and Local Offices

In the two WSS states with county-operated service systems (Colorado and North Carolina), state reforms to better integrate programs were strongly welcomed by county governments. County administrators and workers had long been frustrated by siloed policies and program operations at the state level, which they thought left them stretching scarce administrative resources to cover duplicative and confusing requirements, getting contradictory answers from different state agencies, and taking the heat from angry recipients. As part of his campaign, Colorado's governor had committed to better state integration of programs and less confusion for counties—confusion he understood well from his previous role as mayor of Denver.

States See Benefits for Children and Families from Work Support Programs

All states that participated in WSS believed that streamlining work supports would benefit children and families, but they understood those benefits in slightly different ways. In South Carolina, a key goal was better health for children, accomplished by ensuring that eligible children would get and keep health insurance without churning and thereby being dropped from regular care by a health plan. Idaho had a vision of supporting families in low-wage jobs so they could achieve independence and stability, but in both Idaho and Colorado the state agencies had to distinguish carefully between making it easier for families to get help and persuading them to enroll, which was seen as encouraging dependence. In North Carolina, leaders and staff articulated a crisp statement of the project's goal: "Families will tell their story once and get the help they need." They believed that understanding families' needs all at once would make it possible to address their problems more quickly and get them on their way to self-sufficiency.

As described below, additional motivations for continued engagement with WSS, beyond those that initially led states to apply, emerged during the planning year. Health reform upped the payoff from integrating state health and human services programs, because the federal government offered 90 percent matching funds to states improving their enrollment technology for both Medicaid and human services programs. And improving child care service delivery also became a much more powerful motivation. Five of the six continuing states proposed important child care components for their action plans, and four of those already took steps toward that end in the planning year.

What the States Did

“[The WSS plan] was iterative. As we learned one thing, we realized we wanted to talk about something else.”

—North Carolina WSS team member

The WSS planning year was designed to support the nine states individually and through peer-to-peer activities so they could develop, test, and revamp their own action plans. This process allowed the states to pursue the overall WSS themes yet adapt those themes to their individual circumstances and goals. States created small and focused project units to keep the work moving, collected and analyzed program data to understand their strengths and problems, reviewed policies, delved into local office operations, created new structures and relationships to link health to human services agencies, built state-county partnerships, selected high-priority policy and practice changes for immediate implementation, prepared for future changes, elevated their attention to child care policy and practice, and laid the groundwork for new technology systems and health reform implementation, among other activities.

Although the state activities were diverse—reflecting different state goals, histories, and circumstances—they shared several common themes.

Creating Early Wins

“Since I’ve been in the system a long time, I was hopeful but skeptical...These attempts for culture change...are always well meaning, but nothing really happens. Now something is really happening. I’m seeing the change versus a lot of words.”

—Illinois community stakeholder/local office advisory committee member

“So people can see something tangible coming out of the effort.”

—North Carolina WSS team member,
explaining why he urges county directors to move quickly to action

“We didn’t spend a full year talking and researching....We like quick wins and quick fails because we can quickly recover.”

—Idaho WSS leadership team member

While the first phase of WSS was called the “planning year,” states interpreted “planning” to include a great deal of action. This was partly at the urging of the national team and technical

assistance consultants and partly driven by the states' own sense of urgency and the cumulative lessons they learned when they tried something new. Most states implemented local office pilots to try out new business processes, including ambitious pilots in three of Illinois' largest offices and pilots coordinated across multiple counties in North Carolina. Several states adopted statewide policy and process changes. South Carolina's Express Lane Redetermination affected tens of thousands of children in its first months; Idaho made extensive child care policy changes and implemented new redetermination policies and procedures in all programs; Colorado vastly streamlined its joint application form and improved client notices; and North Carolina used SNAP income information to prove income eligibility for child care subsidies. Colorado also secured multimillion-dollar funding from the legislature for an overhaul of its automated eligibility system, which was seen as a huge win by the counties as well as by state staff. And in several states, new organizational structures (such as North Carolina's cross-program Policy Governance Board) had such significance to staff and observers that they counted as meaningful actions in themselves.

In these states, staff at many levels and outside observers testified to the power of "early wins" (see box next page for examples). Particularly where history has led to cynicism about change, seeing results can begin to turn perspectives around, engage inside and outside partners, and empower frontline staff who expected their ideas to be ignored. A Rhode Island SNAP technician, speaking for many frontline workers interviewed across the states, said this was probably the first time they were part of developing new policy rather than following changes passed down from management. A Medicaid eligibility worker seconded the point: "Everybody has a piece of this, right on back to the mail room." Ideally, the enthusiastic champions generated by early wins can then become advocates with their peers at each level of the organization, as in North Carolina's approach to drawing counties into the effort as they saw their neighbors' success and Illinois' similar strategy for gaining interest from local and regional administrators.

A second benefit from early action is learning, as staff debrief about the results of what they have just tried. In contrast to the motivational benefits, though, the benefits of learning can arise from early struggles, even failures, not just from wins. In Idaho, early action to learn was the state's philosophy going into WSS. In North Carolina and Illinois—both of which were well into the process of early action, modification, and new action by the end of the planning year—team

State Examples of Early Wins

- South Carolina realized an early win with a big payoff when it implemented Express Lane Redetermination in 2011. This policy change, which affected tens of thousands of children in its first months and is projected to save \$1 million a year, gave the state the ability to certify children for health coverage based on the findings of other government agencies, even if such agencies' eligibility methodologies differ from those ordinarily used by Medicaid and CHIP. South Carolina chose to pursue Express Lane Redetermination when data showed that tens of thousands of children were dropped from Medicaid only to be reenrolled within a matter of months. Expediting the renewal of children's coverage was portrayed as a win-win situation for both consumers and state government: children would have continuous health insurance coverage, and the state would lower its administrative costs, since less churning means fewer new applications to process.
To build on those efforts, state health and human service agency officials requested a Medicaid state plan amendment to implement express lane eligibility, whereby the state would use SNAP and TANF records to identify and enroll Medicaid-eligible children. Express lane eligibility was implemented in fall 2012.
- In Colorado, one of the WSS team's first tasks was condensing the joint benefit application, an overwhelming 26-page paper form. The team collaborated with state and county program representatives from food assistance, Medicaid, Colorado Works (TANF), and adult financial programs. The team's eight-page application was considered an early win and showed how state agencies and counties could work together. To build on that collaborative effort, Colorado's WSS teams later pulled together staff from multiple programs, including Medicaid and food assistance, to simplify client notices.
- North Carolina conducted a pilot in two counties to align certification periods for clients' SNAP and Medicaid benefits. Workers aligned certification periods when customers applied for SNAP and realigned certification dates for recertifying clients. After alignment, whenever clients recertified their SNAP benefits, they were automatically recertified for Medicaid.
The project team developed a data-tracking tool to evaluate the pilot's effectiveness and found that most clients in the pilot counties (85 percent) did not have aligned recertification periods before the pilot. Under this new policy, recertification dates in the two counties were aligned for about half these clients. The most common reasons for not carrying out alignment were a Medicaid recertification date more than six months in the future or the denial of benefits.

members offered repeated examples of practical insights gained from activities that didn't work, or only worked in part. One of North Carolina's early actions was allowing workers to use income information from SNAP to determine child care eligibility, simplifying the process for families and reducing burden on workers. However, at the beginning, frontline workers criticized the change, despite its intended benefits for them. They worried that they might be held responsible for errors that came from the SNAP files if they didn't redo the work. The WSS team provided training and reassurance to address the issues and succeeded in gaining support over time. But they also learned something for the future: they needed to think about frontline worker readiness and training as part of any policy change.

Seizing Health Reform as an Opportunity for Integration

“[The health agency is] being good about hearing our concerns and including our concerns in the planning, and we’re there all along the way. It’s painful because it’s a lot of work, but...it’s better to know it now so we can prepare.”

—Colorado WSS team member

“We’re all running toward a river and we hope the bridge will be built when we get there.”

—Illinois WSS team member
on health reform implementation in the face of uncertainty

The WSS planning year, from spring 2011 to spring 2012, coincided with preparations for health care reform. It was a time of rapid, even tumultuous, change for states, as they grappled with the political and policy context for the controversial legislation. Also, the federal government was offering the once-in-a-lifetime opportunity to fund 90 percent of states’ costs for revamping outdated computer eligibility systems in preparation for health reform, but states had to act quickly or they would miss out. While we had anticipated that the tight deadlines of health reform might make it harder for states to stay focused on human services integration, many of the WSS states saw an opportunity to move both parts of the eligibility system in tandem. Their choice to take on these twin challenges was in marked contrast to states that felt that doing both at once would be overwhelming.

One big reason the WSS states took on the integration challenge was the federal offer of “90-10 money” for automated eligibility systems that integrated Medicaid with human services programs, such as SNAP. Instead of limiting this enhanced funding to changing the Medicaid eligibility system, the federal government’s Office of Management and Budget allowed states to claim the same rate for designing an integrated system that included other human services programs as long as those costs would have been incurred by Medicaid anyway in their system builds (U.S. Department of Health and Human Services and U.S. Department of Agriculture 2011). This opportunity to bill the federal government for crucially important and long-delayed improvements to antiquated computer systems was powerfully attractive to the WSS states.

In addition, many WSS states felt that involvement in health reform implementation was a natural next step for their vision. This was true both for states whose governors endorsed the

ACA and for states that did not endorse the ACA but found certain provisions relevant to their work. Illinois, whose governor supported the ACA, highlighted the tight connection between new technology supported through the ACA and new business processes in local offices supported by WSS: the two innovations need to fit together closely to enroll more families more efficiently. In Idaho, the governor had issued an executive order prohibiting state agencies from implementing health reform. But state health and human services officials found that the law's focus on greatly automated and simplified processes and a straightforward customer experience reflected the direction the state wanted to go and provided an appropriately high bar for their next steps. Articulating this rationale to the governor and the legislature, agency staff gained a waiver from the governor to work on "Medicaid readiness activities" and to pursue federal 90-10 funding (which they subsequently received). The governor, and eventually the legislature, felt that using this federal funding to improve the efficiency of Idaho's existing service delivery system was consistent with state values.

In addition, through data analysis guided by the WSS national team, most of the states had identified fairly large groups of families who were only receiving benefits from one program (such as SNAP) but likely eligible for another (such as Medicaid). They had begun assessing the efficiencies they could reap by using eligibility information already in the files for one program to determine eligibility for the other. As they considered revising Medicaid eligibility systems, policies, and business processes, most WSS states thought they could be most efficient by considering human services programs at the same time—leveraging SNAP eligibility, for example—to bring children and adults into health insurance.

Participating in the WSS planning year also helped state human services agencies build capacity to be good partners in ACA implementation. Several states felt that early milestones in building relationships and shared knowledge between human services and health experts, achieved during the planning year, made the close connections demanded by ACA planning far easier. In Colorado, staff from both agencies reported a whole new approach to early inclusion. States also thought the modest project management staff supported by WSS made it possible, if not easy, to stretch the time of key leaders so they could participate in all the meetings ACA required.

Finally, the WSS selection criteria for states to move from planning to implementation may also have influenced their choices. States that wanted to be considered for the implementation phase were required to provide, at a minimum, “a plan...that explains how [the state] envisions program integration taking place between the human services programs and Medicaid, consistent with the state’s plans to...meet the requirements of the ACA.” Developed before more specific federal guidance had been issued, the selection criteria did not require states to apply for 90-10 resources to integrate Medicaid and human services eligibility. However, by the time the state action plans were under consideration in February and March, the selection committee did push back on at least one state to understand why their human services programs were not included in the eligibility system redesign plan until very late in the process. On reflection, the state decided to move them up.

According to most of the WSS states, being at the ACA table was extremely demanding and stressful but worth it. In Rhode Island, one WSS team member pointed to the challenge and “constant tension” of the relationship between the human services and health agencies, while another made clear why it was worth it: being involved “will give us a lot of opportunities to say what works right and what doesn’t, and if something doesn’t, let’s fix it in the new system.”

Two planning-year states that did not continue to the implementation phase felt that integrating health and human services while also implementing health reform was challenging and chose to sequence their efforts. Kentucky staff saw the opportunities of health reform but felt the many uncertainties and demands around ACA called for a focus on those needs before moving forward with most additional integration activities. The state’s action plan proposed that after development of new eligibility system for ACA implementation, all programs would be merged into the new system as a long-term goal. Oregon, a health reform leader, found that its major health innovation grants “hit like a Mack truck” and required the state prioritize implementation of their health eligibility systems first, and then continue with its integration agenda.

Elevating Child Care Policy and Practice

“[WSS] created a requirement to get people in the same room and talk about [child care] as our families see it.”

—Director Reggie Bicha of Colorado’s Department of Human Services

“[The child care assessment was] very revealing....If it’s confusing and complex to you as an agency that is used to doing this day-to-day and you don’t understand it....how do you think your clients understand it?”

—Illinois WSS team member

“[In child care,] we do control our destiny. The [federal] rules are minimal.”

—Idaho WSS team member
on what they learned from WSS technical assistance

As the nine states began the planning year, only a couple had even begun to consider the operation of their child care subsidy system. Some states had a history of policy commitment to child care, including Illinois with its guarantee to all families and North Carolina with its nationally renowned program linking payments to provider quality. Several states also had a strong interest in early learning, including Rhode Island and North Carolina (both of which won federal Race to the Top grants during the planning year), Colorado, Illinois, and Oregon. But for most of the states, considering the detailed operation of child care as a work support program was new terrain.

As a requirement of the WSS planning year, states had to explore, in detail, how the child care system worked from the perspective of families. The states and the national WSS child care technical assistance group were taken aback by the obstacles they found to families’ participation. As one national observer said, “After these visits...it’s amazing that 1.7 million children manage to get child care.” State observers felt the same way, identifying obstacles such as complex policy and verification requirements, confusion among eligibility and even policy staff about the requirements, and the need for families to visit multiple workers and sometimes multiple offices to get child care along with other work support benefits.

State staff found it eye-opening to work with the technical assistance team to assess their child care eligibility and renewal processes, and to try to agree what the steps of the process and

the associated policy requirements actually were. In North Carolina and Colorado, county staff handled child care subsidies, so they joined the conversation. In Illinois, nonprofit child care resource and referral agencies were involved because they manage child care subsidies for the state. In several states, officials reported being surprised to discover how much flexibility they had in setting policy, learning from the technical assistance team that states had great latitude to change policies without federal approval.

For both of these reasons—the extent of the problem and the wide latitude for state action—state leaders began to home in on child care assistance as an opportunity for early wins. While Idaho had come into the planning year interested in better aligning its child care program with other work supports, most other states had not paid it much attention in their proposals. But even if their initial look at child care came largely as a result of WSS, several states soon ramped up their attention—beginning substantial action agendas in the planning year, proposing them for the implementation phase, or both (see box next page for examples).

This major shift in state attention to child care assistance raised two questions: Why was child care subsidy eligibility so tangled and difficult before WSS, and what about WSS created the energy for change? States faced a difficult funding situation in child care, with capped federal funding, demand far greater than those resources could accommodate, and no entitlement structure to expand as need expands (in contrast to Medicaid and SNAP). Those funding restrictions could explain a cumbersome structure that makes it hard for families to get in—except that nothing about funding changed during the planning year. And the good news about the capped block grant structure, from the perspective of states, is that they have virtually complete control over the key decisions about policy and verification, without needing federal approval. Why, then, had states not chosen to take these opportunities before WSS?

Many reasons probably came together. First, child care was often buried organizationally, several layers down from the state’s cabinet secretary. Second, except in Oregon, child care was not conceptually part of the work support conversation until the WSS demonstration. In Illinois, state team members reported that the separation was originally deliberate, to ensure that child care connected to early learning and was not associated with welfare after the passage of welfare reform. However, they noted that the unintended consequence of the separation was that no one

Making Child Care a Focus

Idaho

Idaho decided to change verification and eligibility determination (for example, by dramatically simplifying the reporting of work schedules) and obtain legislative approval to index the child care eligibility ceiling to inflation. Having realized how much the eligibility obstacle course hampered parents and undercut child care providers, they proposed to overhaul even more child care policies during the implementation period.

Before making policy changes, the team modeled the effects of potential changes on the child care caseload and program costs. The data told them that some policy changes could help streamline and simplify the application and recertification processes. By November 2011, the team had made simple changes, including aligning recertification dates with other work supports and using information provided for SNAP eligibility to determine child care eligibility. By the end of the planning year, these changes had already improved application processing and reduced the number of eligible families losing assistance during recertification. In January 2012, the legislature approved other policy changes, including aligning the child care income eligibility limit and citizenship requirements with SNAP and simplifying rules about activity hours, change reporting, and eligible work activities.

Rhode Island

Rhode Island analyzed churning in the child care program because preliminary numbers raised concerns. “The churning data confirmed we have the smallest program with the largest churn in it,” said a WSS team member. “That’s a big glaring red flag.” The requirement that customers provide actual work schedules was contributing to churning, as these schedules were often difficult for clients to provide. Once Rhode Island identified the problem, the state simplified the verification requirements and committed to more detailed work during the implementation phase.

Illinois

Illinois, despite its history of commitment to child care, also found the review eye-opening. Child care subsidies in Illinois are managed by Child Care Resource and Referral (CCR&R) agencies, which are nonprofits under contract to the state. In one of its local office pilots, the WSS team included the CCR&Rs to understand the nonprofits’ connections with the local office. The WSS team found that no one at the state level, in the nonprofits, or at the local office truly understood all the complications clients might experience when they seek the full package of work supports. Families must go to the CCR&R for child care assistance and then to the local welfare office for Medicaid and SNAP benefits. Illinois made immediate changes to improve communication, assigning a local office liaison to work with the CCR&Rs and ensure that clients are connected to all the benefits they need. The WSS team conducted a more extensive meeting with child care partners to set the stage for the future agenda and planned to revamp the child care business process during the implementation period.

analyzed access to subsidies from the perspective of families needing the help to work. And despite the widespread interest in early learning in several WSS states, none reported attention to the child care eligibility process or families’ ease of access as part of an early learning conversation.

Third, because of the devolved nature of the child care program and its complex origins in several different funding streams, there was no history of clear federal guidance or technical assistance—and no real push for states to define or understand the problem. Fourth, the

technology and data systems for child care were often separate from the other programs. This meant that child care data were sometimes harder to access and sometimes easier (for example, in Kentucky and Colorado, where the child care systems were less antiquated than the main eligibility systems), but it did keep people from thinking about the programs together. Finally, with no federal push and no deadline akin to health reform, states had no reason to examine their child care policies, processes, or systems. And in the emergency-driven world of state officials, having no urgency and no push often meant no attention.⁶

WSS changed this dynamic by adding three things: a requirement to pay attention, a work supports framework for articulating the role of child care, and national expertise to help states sort out their choices. The requirement moved up the level of urgency but didn't guarantee that states would find productive action items. The framework appeared to add value both in states like Illinois, where key stakeholders already believed families should have access to child care help, and in Idaho, where state agency staff felt that the work support vision helped them articulate internally and externally the strong role that child care could play.

Reforming Local Office Process

“You have to understand the ‘as-is’ to get to the ‘to-be.’ You have to understand the application process.”

—Rhode Island official

“[WSS was] the first time someone has focused on the actual process by which the work gets done.”

—External observer in Illinois

Most of the states participating in the WSS planning year were motivated in whole or in part by the desire to fix a failing, antiquated, or “siloe” process for responding to families, determining eligibility, and conducting redeterminations in the local offices. Illinois, South Carolina, Rhode Island, North Carolina, and Colorado all saw fixing local office challenges as central to their

⁶ The federal government has at some points focused on program integrity in child care subsidies, and it is possible that states were responsive to that interest when they added requirements. However, elaborate and hard-to-meet policy and verification requirements typically increased errors because they were hard to comply with.

goals. Idaho and New Mexico had completed major redesigns in the years prior to WSS and were eager to extend what they had learned by improving their integration of multiple programs (such as child care in Idaho), strengthening the fit between technology and business process, and taking other next steps. Kentucky was somewhere in the middle: proud of their previous improvements but also focused on identifying and taking next steps. Oregon, after starting off less focused on local office operations, concluded during the planning period that the effect of state policy change on local office processes and the readiness of local office staff should be priorities.

As several states focused on frontline operations, they found that central office staff often knew little about how things worked in the local offices. Even workers and supervisors in local offices often did not understand the parts of the eligibility process that they did not directly carry out. Managing the details of the process as it actually functioned had typically not been part of anyone's job. Thus, early in the planning year, the WSS technical assistance team arranged site visits to local offices in Idaho, New Mexico, and Washington, which had already assessed local processes in detail and made major changes. Other states could see offices providing timely services despite constrained resources and functioning very differently from their own. The site visits were designed so the visitors could ask questions about how those offices worked, what their strengths and weaknesses were, and what was different from or similar to their own environments. Because of the high level of interest in the process innovations observed in these visits and the detailed observation and testing that could lead to such innovations, WSS offered states assistance from outside consultants⁷ who were experts in business process redesign in state and local human services agencies. The consultants spent time on site in each state, bringing together teams of state and frontline staff to walk through the benefits process step by step. The consultants helped states design small-scale pilot tests to explore alternative processes, gather data about how well they worked, and choose to keep, discard, or modify them.

⁷ The Southern Institute for Children and Families (SICF). SICF had worked with Illinois and Colorado on these issues prior to WSS.

Local Office Improvements

Illinois

In all three of Illinois' pilot offices, the goal was to move from crisis management to process management. Traditionally, frontline workers handle cases for SNAP, Medicaid, and cash assistance, focusing either on intake or on coordination for ongoing cases. Customers would see one worker for intake and then were assigned a caseworker to serve as their primary contact going forward.

Under the new model being tested in the pilot offices, clients deal with different workers for different tasks. For example, some workers interview clients while others process client paperwork. The pilot offices also set up small call centers and "express desks" for quick tasks like address changes. Call center staff answer phone calls, allowing other workers to focus on processing cases. This new system is reportedly more efficient than having workers try to answer calls, serve clients, and process cases at the same time. The express desk saves customers' time, allowing them to have these simple tasks handled more quickly than when they needed to wait in a single line for services.

In the first pilot office, these changes have already vastly improved service delivery, according to office staff. Clients are often called for an interview the day after they apply and receive benefits within two weeks.

Rhode Island

The Providence office used the Plan-Do-Study-Act (PDSA) strategy to test and implement same-day service to SNAP applicants. Traditionally, applicants would go into an office to fill out paperwork and schedule a time to return for an interview before receiving benefits. In the pilot, at least one SNAP worker was assigned to process SNAP cases right away so that applicants could enroll and leave with an EBT card in the same visit.

DHS officials reported that the pilot definitively improved application processing. The number of pending cases dropped by about half and workers reported better control over applications and pending applications.

As illustrated above, most states made changes in pilot office business processes during the planning period and laid the groundwork to expand those changes to more offices in the future. Major themes of the business process changes included the following:

- **Improving the first stages of a client's experience in the office**, such as better signage at the office entrance and in the waiting area, or a triage desk or circulating triage person to take care of quick requests.
- **Moving from "case management" to "process management."** In case management, a worker handles a particular individual's application through the whole process of eligibility determination (and sometimes through ongoing eligibility and redetermination as well). In process management, also known as task management, the work is assigned by function. For example, one team handles client interviews while another team ensures that remaining verifications are completed. There were many specific variations of this theme, depending on the particular office's needs and circumstances. In many offices, the case management

approach did not look much like the kind of case management more familiar in social services or health programs, where a social worker or other clinician has a small enough caseload to develop a relationship with a client and considerable discretion to choose a treatment approach and coordinate their care. By contrast, in eligibility determination contexts, the worker most often had a very high caseload (2,000 in Illinois) and prescribed steps to follow.

- **Identifying policy changes needed to fix choke points.** For example, a review of the child care eligibility process in Rhode Island identified a specific requirement as a big factor in delays. The state changed that policy and now no longer asks clients to bring an employer-verified copy of their detailed work schedule.
- **Providing ways for clients to handle matters without an office visit,** such as on the phone, online, or by mail. Some states placed kiosks in the waiting room for online access to applications or status information on a client's case, with staff available to help.
- **Improving integration among programs,** often associated with concurrent changes in technology and policy. Changes to bring programs together at the frontline level not only help achieve the central WSS goal of enabling families to get a full benefit package, but also help states avoid duplication and gain efficiency. States might enable one worker to determine eligibility for multiple programs or to draw on information in the files for another program. Either approach can save time and requires applicants to provide their information only once.

Frontline workers, supervisors, and local office managers saw both opportunities and risks in these changes. Many local office staff were relieved to deliver quicker services and to clean up backlogs, reducing their own stress and the level of anger and frustration among clients. Local office workers and supervisors also praised the approach of designing pilots with their input, sometimes identifying it as the first time management had come to them for ideas.

But local office staff also had concerns. In some cases, the WSS project occurred in a context of a budget crisis and the fear of layoffs, which led staff to wonder if their jobs would be vulnerable as a result of the changes. Some staff also worried whether they would get enough training to understand the rules of each program and be able to work across them successfully. Some were reluctant to move from case management, concerned that other approaches would be

less satisfying or would hurt vulnerable families no longer able to reach a worker they knew. Others worried that a simpler process could be more vulnerable to cheating or to clients taking advantage of the system, or that federal or state audits would criticize new approaches as illegitimate. Local office managers typically needed to be convinced that state staff were serious about working in new ways and that the changes were more than the latest trend. As states moved forward to their action plans and the implementation period, strategies to broaden the base of support, address these concerns, and build on early wins to engage frontline and local office staff across the state all came front and center.

Building New Approaches to Policy: Cross-Agency, Data-Driven, and Grounded in Frontline Reality

“You had to get everyone thinking about the best thing for the families and for counties trying to administer all these programs. We were making the process hard, writing policies separately.”

—North Carolina state program leader

Even in states where the Medicaid, SNAP, and child care subsidy programs were organizationally located in one cabinet agency, the policy process was typically separate. An early step for many states (in some cases, begun even before their WSS application) was to convene a cross-cutting team to compare policies and identify opportunities for simplification, greater consistency, or other streamlining.

Many states discovered early on that comparing the details of these three programs’ policies was painstaking, cumbersome, and slow. A single concept like income would have an extraordinary number of different definitions, not to mention different requirements for verification and reporting. For example, does a program count one-time nonrecurring income like a bonus? How does the program estimate self-employment income? What week-to-week or month-to-month changes in income (say, working more or fewer hours) have to be reported? A Rhode Island team member reported that “everyone was thinking different things, so the chart [comparing different programs policy details] was huge in the beginning.”

Another early discovery was how little the state’s best policy experts typically knew about each other’s programs, which, as one Colorado team member said, obstructed their ability to

articulate joint goals. In this team member's view, educating each other, even if time-consuming, was a critical first step on the way to a unified vision.

To move forward, states needed a way to find the “early wins,” to identify high-payoff, practical action items in these comprehensive charts. To winnow down the list, they explored the topics their workers or stakeholders thought most important, what initiatives had a history in the state that they could build on to get momentum, and what decisions they had control over (as opposed to decisions that were federally determined or required legislative approval). As the business process pilots and data analysis gained momentum, states could use insights from those parallel tracks to guide their policy. For example, if the data indicated high levels of churn among eligible families, states might be interested in changing policies that governed redeterminations. States also relied on advice from the national technical assistance team and from their peers in other states to identify ideas with high potential.

Across the states, high priority policy changes shared many common themes (see box next page for specifics). States changed the definitions and the verifications required for key elements of eligibility, such as income, to create more consistency across programs. They drew on one program's information as a basis for eligibility in another (as in North Carolina's use of SNAP income information for child care) or greatly simplified and automated verification within a single program where possible. They explored policy changes to streamline redeterminations and reduce churn. For example, Idaho pre-filled redetermination forms with information already known from other programs, aligned families' redetermination dates across programs, and changed the staffing structure so that one person reviewed ongoing eligibility across programs. States also proposed changes to cut down on office visits, such as offering telephone interviews instead of in-person interviews.

Several states highlighted “how to” lessons to support better policy going forward. One was the need for new institutions that could generate and sift through integrated policy ideas. When all policy work happens within individual programs, it is harder to find and implement the ideas that would benefit several programs and also harder to avoid negative cross-program consequences. Without a joint, cross-agency mechanism for assessing advantages and disadvantages of a policy proposal and deciding what to put into practice, all the good ideas in

Policy Themes

Streamlining Eligibility Definitions and Verification Requirements

States had two major goals in revising eligibility definitions and verification requirements: to make definitions and requirements more consistent across multiple programs and to get rid of unnecessary requirements.

- South Carolina’s implementation of Express Lane Redetermination used the data from SNAP files to automatically determine children’s continuing income eligibility for Medicaid. Early in the implementation year, they put the same policy into effect for determining income eligibility when families first sign up for Medicaid and are already on SNAP.
- North Carolina changed their policy to allow the use of SNAP income information to determine income eligibility for child care. (Oregon already had this policy in place.)
- Idaho received legislative approval for rule changes to simplify child care eligibility and align with other programs; the state also implemented technology and process changes to use information from SNAP reevaluations for child care eligibility decisions.

Reducing Churn/Better Aligning Recertifications

North Carolina conducted a pilot in two counties to align certification periods for clients’ SNAP and Medicaid benefits.

- Idaho streamlined redeterminations and reduced churn, including pre-filling recertification forms with information already known from other programs and aligning families’ recertification dates across programs.
- Illinois implemented a waiver that gave them the authority to change their SNAP redetermination policies to better align with other programs.

Simplifying Forms and Client Notices

- Colorado created a shortened joint application for food assistance, Medicaid, Colorado Works (TANF), and adult financial programs, reducing the length from 26 to 8 pages.
- Idaho cut back on multiple reevaluation notices sent to families receiving more than one type of work support. This involved merging two previously split processes (including workers).
- Colorado simplified client notices from multiple programs, including Medicaid and food assistance.

the world might go nowhere. In North Carolina, for example, the secretary created a cross-program Policy Governance Board to review and discuss proposals for policy change and make decisions.

Another lesson was that policy teams should always consider how local offices and frontline staff will implement new policy, and not assume that the policy decision itself is the last step. For example, when North Carolina decided to use SNAP records to determine income eligibility for child care, frontline workers initially worried that they might be blamed for errors if the information from SNAP was wrong. With more training and information, the state found that

most workers eventually welcomed the change. Idaho takes this theme a step further, arguing that policy change should always serve, not drive, operational change. “Policy is no longer king,” as one WSS leadership team member put it.

Finally, even if the process of winnowing policy opportunities is cumbersome, when states achieved early wins, they gained considerable credibility. When Colorado created an 8-page application across multiple programs, trimming down their previous unwieldy 26-page application, it supported the belief that this time, state-county and cross-department collaboration could actually yield results.

Overcoming Challenges and Creating the Capacity for Reform

Despite the long list of state activities and achievements, getting this work done was rarely easy or straightforward. All the states confronted major challenges, whether over data quality, outdated technology, historical divides between siloed agencies or levels of government, overstretched state leadership, or changing political priorities. Again, despite many differences among the states, there were common themes in the challenges they faced and the approaches they used to overcome them and build capacity for the future.

Committing to Data-Driven Decisionmaking While Confronting Huge Data Gaps

“We had data but couldn’t get to it....We realized there’s a new data warehouse, but the warehouse wasn’t able to answer the questions that we presented.”

—Senior DHS official

“There is just no culture [of using data]. There was not an office by office recognition of using data.”

—Illinois WSS leadership team member

“WSS reignited the efforts to actually use [data] to manage performance and make sure we understand the problems.”

—Colorado WSS team member

Virtually every state discovered early on that the data available to policymakers and managers were seriously inadequate to the decisions they needed to make. Despite the multibillion-dollar

Preliminary Data Questions Posed to WSS States

1. How many families receive the full range of available work support benefits, and how many receive various combinations?
 2. How many applications are approved and how many are denied, and for what reasons?
 3. How many days does it take to process applications?
 4. What share of families who are up for renewal successfully renew their benefits? What share fail to renew but reapply within 30 days?
-

programs they were operating, state leaders were typically in the dark about key issues like the flow of applications and redeterminations through the system, the extent to which families receiving one work support benefit received another, the share of families closed at redetermination, and the share of families who came back within 30 or 60 days.

When the WSS technical assistance team provided a list of questions that would be useful to answer early in the planning year (see box this page), several states reported that their embarrassment or distress over how few questions they could answer was a powerful motivation to take on data issues seriously. Some local or county offices had invested in their own automated systems or paper-based tracking, but most had little ability to use their own data and felt they got little help from the state.

As states delved into the reasons they could not answer key questions, they found a mix of technical problems and problems with skills, staffing, and agency culture. On the technical side, many states reported that their old computer systems did not easily yield data in a form that answered their real questions. Specialized programmers who could extract data in useful forms were in short supply, stretched to meet many different demands. Also, they typically did not know enough about the policy areas to design the reports without a great deal of input. In Colorado, a team member explained that the IT staff “don’t know if they’re writing the right code to pull out information on churn. They don’t know the program specifics enough and the program people don’t have the SQL [database programming language] skills.” In Kentucky, the data warehouse staff told the WSS team that their initial request would take over a year to complete, leading the team to radically redesign their strategy.

Even states that felt they could get useful information about a single program typically found it difficult to answer questions about cross-program participation. In some cases, different systems were not linked. In North Carolina, families had different identifiers in each program. In South Carolina, each agency's system was filled with quirky data elements the meaning of which was not well documented, requiring the state to consult with specialists in each program before developing credible cross-program data. In the face of these difficulties, past data collection had often been driven by federal requirements, as in Illinois, or court requirements, as in Colorado. Illinois reported that the volume of these federal paper reports had accumulated over the years to the point where the huge quantity of irrelevant data completely drowned out the relevant data.

Along with these technology problems were major organizational, staffing, and cultural obstacles to the effective use of data. Whether it was agency programmers or data warehouse staff, the people who knew how to get the data were often far too few to meet the demand. At least one state government had responded to this bottleneck by trying to reduce requests, adding extra, unwieldy steps to the process of seeking data from the contracted data warehouse. On the program side, leaders, policy staff, and operational managers often didn't know what questions to ask of the data or what was possible to know. And there were often no established ways to link the two worlds and bring the data people together with the policy people. In some states, participants felt that these gaps meant that no one had focused on what questions to ask until the WSS project and its associated technical assistance and peer support clarified their thinking. With no culture of using data, an Illinois team member said, the state and its local offices had no process for analyzing what issues were important to address: "The issues that rise up are handled and those that don't [are not]."

Given the multiple problems, states typically developed multipronged strategies: moving ahead with the data they had, directly targeting the staffing and cultural barriers, and investing directly in better data through IT improvements, new data collection, and increased data analysis capacity. Before embarking on any of these approaches, though, the team members themselves had to get excited about the potential of better data to help them create change. Some team members said the light went off for them when they first saw data on timeliness organized by local offices. For others, it was when they realized how many families churn off a program for administrative reasons and come back on a month or two later. Still others saw the potential of

using data when they looked at program overlap and found out how many children were on Medicaid but not, for example, in SNAP, meaning they weren't getting the food assistance for which they were very likely eligible.

Moving ahead with existing data. Most of the states felt sufficient urgency to start using the data they had, while simultaneously working to improve data early in the planning year. Illinois found some important measures buried in the many pages of reports they were already producing. They discussed those measures in their WSS team meetings, compiled them into an emerging data dashboard for local office managers, and started to problem-solve using the measures in state-local meetings. Colorado analyzed the SNAP timeliness information already available in court reports by county office, shared the measures with the counties, and created regular meetings where state and county staff used the data to identify problems and come up with solutions. Idaho, which started the year far ahead of the other states in its regular use of data, nonetheless found important new insights from data analyses proposed by the WSS national technical assistance team. Once they worked through the challenges of drawing out data on churn, they found that one-third of their application volume came from churn, which was a powerful incentive to revamp the redetermination system.

Building staff capacity to use data by investing in staff training, new institutions and structures, and culture change. The state-local meetings about data in Illinois and Colorado exemplified another common theme of the planning year: building staff capacity to use data while data quality was being improved. Policy experts from different programs began talking with IT or data warehouse staff to scan the possibilities for using data to answer urgent policy questions and learn how to work together. South Carolina created a new data work group that brought the health and human services agencies together with the Office of Research Services, the state's data warehouse.

Another common theme in the more decentralized states (Colorado, Illinois, and North Carolina), as they looked forward to the implementation year, was the need to invest in training for staff at all levels so they could develop their skills using data and learning from it. Similarly, Idaho deepened its commitment to using data through training and intensive partnership activities between state and regional staff aimed at using data to achieve operational goals.

Investing in better data. In addition to using existing data more effectively, many states invested in developing better data. Most used WSS resources to hire at least one data analyst or to bring in a university or consultant partner skilled at working with data (as in North Carolina, Kentucky, Colorado, and Idaho). Most also collected original data (for example, through client and staff surveys). And virtually all states anticipated additional enhancements coming online during the implementation period, often as part of major eligibility system upgrades.

Modernizing Technology in a Bigger Context

“If you just apply technology to bad processes, you just have a faster way of doing inefficient things.”

—North Carolina WSS team member

“I’m proud that we reframed that notion [that changing the computer system was everything] and reminded people that we have to fix the computer, train staff to use it, create linkages across programs, make the eligibility process [easier for] the client...and use [all of] those to get where we want to be.”

—Colorado WSS team member

The planning period states found themselves at vastly different points in the process of modernizing technology. Idaho had completed a major technology redesign in the years just before WSS. North Carolina’s new electronic benefit system, NC-FAST, was funded by the time the WSS planning year began, and piloting and implementation was starting as the year ended. New Mexico issued a request for proposals for major system changes just as it was selected for WSS and began working intensively on design during the planning year, as did Oregon. Colorado’s governor requested that the legislature fund major computer system improvements, relying on the state’s WSS team for staff support during the planning year in developing the request. The state received resources at the end of the planning year. South Carolina sought to integrate two agencies with different automation histories: a human services agency that had begun to modernize recently and a health agency on the verge of investment after many years of no improvements at all. Rhode Island and Illinois did not anticipate at the beginning of the planning year that they would be able to make major changes to their antiquated systems but as a result of the federal funding opportunities associated with health reform, they found themselves

on the brink of an intense system redesign bridging health and human services as the planning year drew to a close.

WSS teams, especially in Colorado and North Carolina, reported learning from the project about the close links between technology change, business process improvement, and policy change. Both state and county WSS team members offered examples of these links, which they saw as a way to achieve their vision. North Carolina's team leaders thought a crucial takeaway from WSS was that technology, while critical, could not drive change by itself: it had to support the vision rather than create the vision. And it had to be aligned with changes in business processes, policy, and culture in state and local offices.

State and county WSS team members offered examples of the relationship between technology change and WSS. They saw technology change as a way to achieve their vision and WSS as the opportunity to articulate that vision and keep all the different moving parts aligned. In Colorado, gaining the funding to change a computer system that had been a persistent source of friction between the state and the counties was an important early win, with final legislative approval coming at the end of the planning year. But there as well, aligning the different components of change was an important lesson. Idaho reported a similar lesson—drawn from its experience of technology improvement before entering WSS—that information technology, like policy, should support rather than drive operational change.

North Carolina and Colorado also offered examples of institutional arrangements designed to elevate the big issues that come up in aligning technology change with policy and process change. In Colorado, the governor created an executive steering committee that brought together the heads of the health agency, the human services agency, and the cross-cutting technology agency very early in his tenure. The idea was to align agency priorities at the highest level and make sure that challenges were elevated and solved fast. In North Carolina, the health and human services agency had the lead role but needed to ensure internally that the technology process connected closely to the vision and the policy and process changes. The key approach was cross-membership between the WSS and technology redesign teams, along with quick access to the department's top levels when issues arose.

In states that anticipated a long wait before they could fix big problems with their eligibility systems, several smaller-scale improvements were seen as important. Electronic case management and document imaging were highly valued in Illinois, in South Carolina on the human services side, and in Idaho as part of its technology reforms before WSS. Kentucky reduced the piles of papers in local offices and gave local workers early relief. A regional office worker in Kentucky said he initially worried but was quickly won over. “When I heard about electronic case files and scanning I didn’t know how we’d do it,” he said. “But it’s been the coolest thing.” In Illinois, the state reported that its gradual move to electronic documents, starting with those that are most used, paid for itself within three months by saving 2 million pieces of paper between December 2011 and March 2012.

North Carolina (and, at an earlier stage of implementation, Colorado) found that major technology reform benefited greatly from the framework WSS offered for coordinating change on many fronts simultaneously. New Mexico, however, had a different experience. The demands of modernizing technology in a state with a small staff and existing budget challenges led them to withdraw from the WSS planning year. The human services cabinet secretary’s priority was to get the new technology system implemented. They found that their small staff was spread too thin to achieve this priority, maintain basic operations, and take on the rest of the WSS agenda at the same time. A senior staffer reported on the experience of trying to complete an intensive system redesign in a small, budget-constrained state: “When you have 9 to 11 [application design] sessions going on at the same time... you have to have the appropriate staff in those meetings all day long for a few days this week, a few days the next week. It literally evacuated our staff to go work on the project.” New Mexico also felt unable to use the WSS resources to add project management capacity, because they couldn’t spare staff time for training a new person.

In the WSS states that are now plunging into extremely intensive systems design and implementation projects under health reform, the jury is still out on whether their WSS teams will be able to continue to support health and human services linkages on multiple levels. The contrast between North Carolina’s and New Mexico’s experiences may point to the capacity of a larger state to keep several linked initiatives moving at the same time, particularly with the WSS support for modest project-management capacity. Or the difference may arise, at least in part, from different priorities. Before embarking on their major health and human services technology

redesigns, Illinois, North Carolina, and Idaho now have a broader reform plan and a reasonably well-staffed WSS team in place. We anticipate learning a great deal over the coming years about the strategies these states develop to keep moving their vision forward across many dimensions, while also meeting extraordinarily demanding system deadlines.

Knitting Together Multi-Agency and State-County Teams

“You now know not to go ahead without your other half....We have to make sure that we’re working with each other. I’ve told my staff that I don’t want them to make final decisions without making sure that you’re making things as simple as possible across programs.”

—Colorado WSS team member from the human services agency
on the importance of working with the health agency

“Both the state and counties have improved. We talk about how to improve the system to get benefits to folks in the most useful way.”

—Colorado county director

“[In the past,] different [state] programs were not really coming together to discuss changes....It was as if changes were in silos and would only be made for specific programs.”

—North Carolina county representative on the experience
counties had with the state before WSS

Many WSS states entered the planning period with a core goal of building strong relationships between separate organizations. For some states (South Carolina and Rhode Island) this meant improving the relationship between separate health and human services agencies; for others it was the relationship between independently run health and human services programs within agencies. Colorado and North Carolina also wanted to strengthen the relationship between the state agency and the counties, similar to Illinois’ goal of better connecting the state and the local offices. While there are differences between what it takes to build strong health-human services links and what it takes to build strong state-county links, there are also important similarities.

For one thing, both kinds of integration require extraordinarily complex, multi-pronged strategies. This is particularly true when broken trust, years of separate histories, and day-to-day habits of working separately have built the barriers high. No single approach, and no short-term or low-intensity fix, works in these situations. Among the elements of solutions hailed as promising in these states were:

- the development of a clear vision, articulated at all levels, that helped each entity see how they contributed (North Carolina, South Carolina, Colorado);
- demonstrated new behaviors, such as early consultation and inclusion or new kinds of constructive technical assistance from states to local offices, consistently carried out over a period of time (North Carolina, Colorado, Illinois);
- new staff hired to support the relationship, for example to coach and provide intensive support to local offices (Illinois);
- new skills to support those behaviors, deliberately identified and trained for (in an early stage in each of the states);
- increased knowledge of each other's programs, context, and experiences, gained through policy scans, site visits, data analysis, and explicit training (Illinois, North Carolina, Colorado, Rhode Island, South Carolina);
- new institutions especially set up to make collaborative decisions (North Carolina, Colorado);
- deeper personal relationships, achieved through more time spent working together or having other shared experiences, or recruiting team members who have worked on both sides of the divide (Colorado, North Carolina, Illinois, South Carolina, Rhode Island); and
- early wins that the agencies or the state-county or state-local teams have achieved together (Illinois, North Carolina, Colorado, South Carolina, Rhode Island).

Because effective strategies to bridge these divides are intensive and time-consuming, they force organizations to make trade-offs and become more clear about whether developing a new partnership is actually a priority. In Colorado, staff said that the new health-human services and state-counties relationships both slowed down some products, because of more extensive consultation and openness to input on the front end. While they thought that the longer preparation paid off in fewer problems and do-overs later, they also credited the WSS team leader with her willingness to go to bat with higher-ups for more time.

This intensiveness may also suggest the importance of choosing to focus on priority targets for integration, rather than trying to reach all agencies and programs at once. Some members of the Kentucky WSS team, which reached out to identify potential collaboration opportunities with six programs during the planning year beyond the six already included in the WSS project,

thought they had perhaps reached the limit of what they could manage. One team member said that if they had the chance to do the planning year over, “we wouldn’t have cast our net so broad.”

For states working on their relationships with counties, strengthening state agency connections at the same time was crucial. Since county offices operated all the programs and had to reconcile conflicting or uncoordinated state instructions, the failure of state agencies to provide a single coherent approach was a persistent irritant. Thus, in both Colorado and North Carolina, counties saw the new state agency partnerships under WSS as an important early win. In Colorado, the governor understood this frustration from his own experience as a former county elected official. As noted earlier, he established a new executive leadership group that included staff from health and human services agencies and the IT agency head, and emphasized his expectation that they take a coordinated approach to the counties. When health and human services staff appeared together at WSS meetings, county staff said it was one of the first times they had seen joint planning between the two agencies and viewed it as a sign that progress this reform might last. Over the course of the year, the two agencies began to write joint communications and expand other joint activities with the counties. At one county’s request, for example, the health agency joined a monthly meeting with staff from the Food Assistance program and from counties to solve problems based on updated performance data. Now, Food Assistance and the health agency “are tied at the hip at this meeting every month.”

Beyond the more generic strategies described above, Colorado and North Carolina also used approaches tailored specifically to improving state-county relationships and the joint performance of state-county teams. In both states, the early design of WSS included strong county participation and the WSS governance structure included county as well as state members. Both states sought to take advantage of county diversity and the opportunity that having many counties (more than 60 in Colorado and exactly 100 in North Carolina) offers for innovation.

North Carolina WSS team members invited counties to try out their own approaches to advance the WSS goals, offering support when several counties wanted to coordinate a pilot and proposing to catalogue and share innovative activities. Peer learning and peer pressure, where more engaged counties educate and motivate less engaged ones, was an important element of

both states' approaches. According to a state WSS team member in North Carolina, "it's difficult for one county to sit here and not change while your neighbors are changing. If one county can save costs and time, its neighbor can't just sit there and not change."

Going forward into the action period, Colorado, North Carolina, and Illinois are exploring similar strategies, even though the partnerships in Illinois are between central office and local office staff who all work for the same state agency. All three states are looking for ways to balance outcomes and quality measures that every office will achieve with considerably different approaches. All three see data dashboards, practice guides, clear communication of vision, peer-to-peer teaching, and better management training at all levels (state, county, and local administrators) as components of their approach. Colorado and North Carolina can also consider other approaches that would be difficult for Illinois' state system. For example, Colorado's action plan includes mini-grants to counties to take on experiments. Illinois, on the other hand, can use direct personnel strategies, because everyone involved works for the state. These strategies include training, selecting, evaluating, and promoting local office and regional leadership with the capacity to achieve the new goals.

Building Leadership and Management Capacity

"The biggest breakthrough was when agency leaders...started having regular conversations and DSS set up a meeting to make it clear the deputies were in line with [WSS]."

—South Carolina WSS team member

"The structure—having regular meetings, following up, and seeing a result in the end—is the piece that's new in this planning year and is something that hasn't happened before."

—Rhode Island WSS senior team member

All six states that moved from the planning phase to the implementation phase developed teams that included considerable leadership and management strength at multiple levels. These teams included such top political officials as the cabinet secretary and, in some cases, members of the governor's office; a project leader who was one or two levels below the cabinet secretary and able to link the political and the career officials; and project management capacity, either in-house or contracted, to keep the work organized and moving forward. Having these pieces in place allowed these teams to add other critical members representing the relevant policy areas

(for example, the SNAP director or policy lead, the child care director, a Medicaid enrollment expert) and operational responsibilities (for example, assistant director of state operations, regional or local office directors, county directors) in various ongoing roles.

The three states that did not move to the implementation phase all appeared to face challenges in pulling together a complete team that could carry out all these functions. New Mexico's senior political leader (the cabinet secretary) had made implementing their new computerized benefit system the top priority. Also, the state never really had the time to bring on someone in the project management role and core staffers were redeployed to deal with the new system procurement. Kentucky had strong project leaders and a contracted project manager, but political leadership was not engaged, possibly because of turnover in the secretary's position or too many other priorities. In Oregon, the health department had just split from the human services department. While both departments were involved in WSS, leadership interest shifted from the health authority to the human services department, and political leaders ran out of time to bring together a core staff team to develop an approach within the time constraints of the planning year. In contrast, South Carolina was more successful in bringing their two separate departments back into contact, while also including governor's office staff interested in keeping the cross-agency work moving.

Political leaders and those directly under them played several crucial roles in WSS. When the aim of a state's WSS activities was to link separate health and human services agencies, only top officials in each agency could truly signal to their own staff that the project was serious. In Colorado, South Carolina, and Rhode Island, the governor's office also signaled the importance of real connections between agencies. The Colorado governor created an executive leadership group made up of the top officials in the health, human services, and IT agencies to make decisions jointly.

Top political leaders also had great capacity to communicate a clear vision, inside and outside the agency, strengthening the hand of mid-level WSS officials by making clear that everyone was on the same page. They also were often able to clear away obstacles that people lower in the bureaucracy could not budge, as when the North Carolina health and human services cabinet secretary changed the agency's official policy process to create and empower a new cross-program body. And as health reform and major eligibility systems reform came onto center

stage during the planning year, only top-level officials could confirm the centrality of the WSS agenda and its link to these other demanding priorities.

Top-level leaders brought their previous backgrounds to the WSS reform agenda, adding some outside perspectives to the staff teams. South Carolina's agency heads previously had worked on health and human services integration, making the idea natural to them. North Carolina's cabinet secretary brought a decades-long focus on integration and technology, along with legislative experience and a bipartisan history. In Colorado, the governor and his chief of staff had county experience, leading them to feel strongly that state agencies needed to connect with each other and communicate better with counties. Illinois' leadership team all had external advocacy and nonprofit experience as well as respect within state government. Rhode Island's new secretary had first led another agency, bringing experience in a large-scale reform process. Idaho's agency head had been senior vice president of sales and marketing at Blue Cross of Idaho. His experience in the private sector taught him the business unit drives development and his agency needed to remember its core mission to move forward.

The basic project management capacity to keep tasks organized and moving forward also was central to success. Most of the states believed they would not have been able to provide that capacity without the WSS resources. All the states that developed dedicated project management capacity thought it was crucial to achieving results. Some participants had learned from past reform efforts that without dedicated management and follow-through, nothing happens. And those who do try to commit their effort and time become burned-out and cynical.

States were able to fill some gaps during the course of the planning year, but those with major challenges in leadership or project management late in the year generally could not recover. It may be easier to fill or compensate for gaps during the implementation period, once the project is further down the road. Because major shifts in personnel are inevitable, staying power for these reforms will require successfully accommodating turnover, adding capacity where needed, and filling gaps.

Shaping a Vision That Has Traction

“[The WSS team has] more of a vision now of what we want our processes to look like two years out or three years out....That’s why this project will stand the test of time....[Before,] we were solving problems instead of creating a vision for our service delivery system for the future.”

—North Carolina WSS team leader

“[After this planning year,] we look at things completely differently. We’re not facilitating a benefit, we’re enhancing a work support, and we are confident in talking about it that way.”

—Idaho WSS team member

States developed their vision for WSS in the context of many specific problems, opportunities, deadlines, and priorities—including the urgent and demanding deadlines of health reform and information technology redesign. In the states that moved from the planning to the implementation period, top leaders and the WSS team had a vision that fit into that context, matching closely with the states’ other priorities. In North Carolina, the WSS vision served as an umbrella for many specific initiatives. In Colorado, it became the glue that supported and held the state’s other priorities together. In Illinois, the WSS vision focused heavily on transforming local offices, which was a necessary step for the state’s other initiatives to work.

Given the extraordinary demands, no state could succeed if WSS was an afterthought or an add-on to other competing demands. An Illinois team member said that previous initiatives failed because staff were expected to achieve them in their free time. In Oregon and New Mexico, the state leaders and teams did not find a way to fit WSS in with other highly demanding priorities on a timeline that worked for the national initiative, and this contributed to their decision not to move into the implementation phase. (However, both report that they intend to continue with health and human services integration on a timeline that works for them.) Oregon took a while to settle on their focus for WSS. Toward the end of the planning year, they expressed interest in a “change management” framework, which meant preparing frontline staff for the major changes ahead. Those changes though, including an IT overhaul to operate the state’s health exchange, ended up taking attention away from WSS, at least in the short run.

But while all the states that continued had a vision for WSS that linked to their core priorities, the specifics of those visions were not identical. For most states, at least a part of the vision was grounded in their diagnosis of what was wrong with their previous or existing eligibility systems. Many reported their systems were understaffed and ineffective, with programs isolated from one another, overwhelming staff and causing low morale.

While all the implementation-year states knew what they didn't want, they were at somewhat different stages of articulating what they did want. North Carolina was perhaps the furthest along at the start of the planning period but still used the time to refine their mission from fixing a collection of problems to creating a unified vision of the future. Illinois had a very clear vision that the local offices would feel entirely different to both workers and clients and would deliver better service, but they explicitly used planning-year pilots to fill in more content to their vision.

Colorado began with a vision of far stronger connections between health and human services and a new way of working as a state-county team. They used the planning year as a chance to paint a fuller picture collaboratively. Similarly, South Carolina knew from the start that overcoming the history of division between the health and human services agencies was a central theme, but they spent the planning year trying to figure out what that meant as a positive vision. Rhode Island, even by the end of the year, still seemed most driven by what it wanted to change—existing systems that, according to its action plan, “are siloed, fragmented, redundant, inefficient, and costly”—and less sure what it wanted to be.

In addition to having a vision for better service delivery, many of the states also spelled out what those reforms would mean for families. In Idaho, the political culture had typically made a highly negative association between public benefits and dependence on government. The WSS team and agency leaders found that the work supports framework gave them a far more constructive way to articulate their vision to families and to elected officials and stakeholders. To families, they explained how these benefits were designed to support work and help recipients “get back on their feet.” With outside stakeholders and elected officials, one WSS leadership team member said, “we opened some eyes to the idea that these are not just entitlement programs. They play a critical role in helping families trying to find stability....If you're making difficult choices about how to spread income within the family, it...may make you more likely to leave work.”

In South Carolina (and also to some degree in Colorado), an expansive view of health was central to the vision for families. According to a WSS participant from the state's health agency, “the goal of increased health in our state is the end goal. And that's not just about Medicaid services, but eating well, and having the flexibility to look for good jobs.” In Illinois, a strong

safety net had always been part of the state’s philosophy, embodied in its laws and policies, so their goal for WSS was to make this long-held vision real in practice.

Finally, several states also articulated a vision for how they wanted their agency to work differently beyond the WSS project. Many hoped that WSS would influence their overall management culture and lead to a greater emphasis on data-driven decisionmaking across their programs. One North Carolina team member described the learning environment observed in site visits as “the continuous improvement rhythm that successful states are able to get in, where they’re able to consistently try new things and test them.” Other state teams mentioned the culture change that came from shifting their work towards planning and looking ahead rather than just reacting. The implementation period will offer a chance to see whether these ideas translate into a broader reality.

How the Planning Year Changed State Reform Strategies and Their Capacity to Take on the Tough Problems

“We used [data] to think about next steps....It changed what we wanted to do.”

—Colorado WSS team member

“It’s hard to measure, but sometimes the biggest challenge...is changing the conversation. As the year progressed, I felt like from bottom-up, top-down, we had changed the conversation.”

—North Carolina WSS team member

Whatever happens as the WSS states move forward to implementation, one useful finding is already in. States’ high level of engagement and action during the planning year answers a question that WSS’s philanthropic funders posed early on: are modest planning-year grants and a package of management and technical assistance supports from the WSS team (see box next page for more details) sufficient? Will grants of \$250,000 per state—barely a blip in the multi-billion dollar budgets of large states—be enough to keep states interested, let alone leverage change? We found that these states not only stayed interested, but also refined strategies and changed course from what they originally thought they would do based on what they learned during the planning year.

Specifically, states reported that the WSS planning year influenced their strategies for accomplishing the WSS goals and enhanced their capacity to address the tough and persistent problems that had hindered reform in the past.

WSS Planning-Year Package of Support

- \$250,000 in flexible resources.
- Individualized consultation and training from national experts.
 - States conducted individualized assessments of their readiness for change guided by materials provided by the technical assistance team (for example, questions to try to answer from administrative data). These assessments helped shape the technical assistance plan for all states and each state individually.
 - Each state’s technical assistance (TA) coordinator, a senior national expert, made at least one site visit to the state.
 - Each state had access through its TA coordinator to the full resources of the CBPP/Urban Institute/CLASP technical assistance team, including specialized expertise in child care, health, SNAP, data, and business process improvement, as well as other national experts known to the TA team. These experts provided on-site and telephone advice based on state needs. For example, the child care team developed a tool to help states assess their eligibility policies and processes and visited several states to use it jointly.
 - The TA team made on-site consultation on business process engineering available to all states. Six states took advantage of the opportunity.
- Best practices information.
 - A web-based technical assistance portal offered states the opportunity to request information, for example about national policy or examples from other states (inside or outside of WSS). In one sample quarter, the TA team responded to 20 requests.
 - For topics of general interest, the TA team posted questions and answers on the portal, developed and disseminated publications, and held 7 webinars during the planning year.
- Peer-to-peer support and learning.
 - The TA team structured three peer-to-peer site visits, to New Mexico, Idaho, and Washington (not a WSS participant), each structured to ensure opportunities to delve deep into the how-to specifics, to get honest assessments of strengths and weaknesses of each model, and to allow for exchange within state teams. More than 20 participants attended each visit.
 - Two conferences during the planning year enabled states to engage with experts, work on shared problems, and gain peer review and insight.
- Leadership and project management support, structure and accountability.
 - State technical assistance coordinators conducted monthly calls with state teams.
 - Quarterly calls with each state’s top leadership (including the cabinet secretary or secretaries overseeing the WSS agencies) and the WSS Project Director and TA Director offered an opportunity to reflect on progress and self-correct.

New Learning Changed State Strategies

The WSS project expected states to examine data, policies, and processes in a structured way to diagnose existing strengths and weaknesses. Most states said that what they learned from this exercise changed their expectations about what actions and strategies would get them to the WSS goals, leading them to substantially refine their original proposals to WSS.

Going into the planning year, none of the WSS national team knew whether the planning year would change any state's idea of what reforms to policy, processes, technology or governance would achieve its goals for families. Looking back afterwards, several participants thought the biggest headline was that it did. State reviews of existing policy suggested barriers that hadn't been considered before. Analysis of state administrative data (using a structure suggested by the national technical assistance team) helped states ask questions about the flow of families' cases through the system and the overlaps between programs.

Data-based insights that changed state plans included the role of churn in overburdening state workers, which led states to expand their focus from initial application alone. Data about the share of families receiving both SNAP and Medicaid stimulated states to think about using eligibility information more efficiently for both programs. In one striking example of rethinking a plan based on data, North Carolina decided not to go through with a costly project to build a call center based on a client survey. Through the survey, the state found that most clients called county offices to ask about applications or redeterminations already in the system. The state concluded they should rework the eligibility process to prevent the need for these calls in the first place, rather than invest more in the old, broken process through a call center.

In many of the WSS states, a key area for learning was the work process in local offices. Observers and WSS team members in Illinois, Rhode Island, and South Carolina thought that these operational processes had gotten short shrift in the past as state officials focused on policy, technology, or emergency demands. Oregon thought a related insight was its most important takeaway from the planning year: that in a time of great policy transformation, it is important to help local office workers prepare for and manage change. Even in states that had previously made progress improving their business processes for individual programs, expanding that improvement to include child care, redeterminations as well as initial eligibility, and the

intersection (or lack of an intersection) among programs generated important additional insights. In almost all states, the opportunity to test and learn from business process changes in pilot offices built practical learning and a sense of excitement that expanded the next year's vision.

Time to Systematically Work through the Issues Helped Build Collaborations

Many states said that the planning year helped them take on historically difficult relationships between agencies or levels of government by giving them the time and resources to work through long-term issues.

Many of the participating states recognized early on that streamlining eligibility determination would require improving collaboration between the health and the human services agencies, between the state and the counties in county-administered systems, or between the state and local offices in state-administered systems. Even though the organizations involved might have said for years that they wanted to work together better, past efforts had often foundered from historical mistrust, day-to-day work habits that did not include consultation, and the pressure of deadlines and emergencies.

Looking back, states reported that having the luxury of a planning year changed the dynamic. In Colorado, team members emphasized that time to plan allowed them to build new approaches to health-human services and state-county relationships that involved consultation and joint development of ideas on the front end. In the past, collaboration often occurred in a frenzied rush to meet a deadline, followed by a last minute check-in with the other party.

In several states, the opportunity for health and human services staffers to educate each other about policy and process formed a crucial foundation for lasting collaboration. And where the divide between agencies or between state and counties went deeper into issues of history and mistrust, the teams felt that they could take the time to explore those issues rather than just skip by them. A team member in South Carolina pointed to the value of time for the health and human services agencies to work through tough issues at a detailed level, not just “hold hands and sign onto the vision together.”

Peer Visits and Relationships Created a Vision of New Possibilities

States spoke often about one specific feature of the planning year: the opportunity to see successful models in other states as part of peer-to-peer site visits. New Mexico and Idaho (along with Washington, which was not a WSS participant) hosted these carefully structured site visits, which gave other states far more than just practical knowledge. A Rhode Island team member said that seeing an ambitious change already implemented helps break through the fear that can stifle action: “[w]hen you make changes, you’re afraid you’ll be a failure. When you see what works, it makes following through on that change easier.”

WSS’s Project Management Support, National Structure, and Visibility Helped Maintain Momentum for Long-Run Reform in the Face of Short-Run Demands

A fundamental challenge faced by all the states was how to keep focused on reform while continuing to deliver services and respond to constant demands on state officials. The Illinois team called this challenge how to “build the airplane in the air.” Team members in several states mentioned past initiatives that had raised hopes and then failed because no one was responsible for moving reform along.

WSS addressed these challenges in several ways. The money it provided to states, while tiny in the context of total state budgets, offered flexibility to hire a project manager. A North Carolina team member, reflecting on what had worked in WSS compared with failed efforts in the past, noted that “having someone to organize and orchestrate and document everything is an undervalued product.” Other states thought the WSS structure, with its regular calls and reports, and the visibility of a national initiative also helped them maintain forward momentum. “When you have a high-profile grant opportunity, it brings a level of seriousness to the effort,” a Rhode Island team member said. “We were excited to create movement on something when we were spinning our wheels before.”

Conclusion

At the end of the planning period, six of the nine states (Colorado, Idaho, Illinois, North Carolina, Rhode Island, and South Carolina) continued to a three-year implementation phase, each receiving grants of \$400,000 to \$500,000 a year. Like the nine planning-year states, the six

implementation states continue to represent varied political and economic contexts, geographic regions, scale, and administrative structures. The three states that did not continue as a part of the demonstration (Kentucky, New Mexico, and Oregon) all expressed interest in building on some aspects of their planning-year work in the future.

As illustrated earlier, “planning” was an incomplete description of what happened during this first year of the initiative. The states also acted, implementing new ideas that affected tens of thousands of people. They changed business processes, sometimes in their states’ busiest offices; made early policy changes; improved forms and communications with families; created new governing teams and structures to bridge divides between agencies and levels of government; improved data collection and analysis; conducted new training for managers and staff; and started on major eligibility system redesigns. At the same time, their ambitious action plans laid out many more ideas to be carried out over the next three years. States credited the planning period with allowing them to step back, rethink future directions, reboot stuck relationships, and build the human and intellectual capacity to handle the challenges and opportunities ahead.

Front and center among these challenges and opportunities is health reform. Even though the six implementation phase states have very different political stances on the optional elements of health reform (in particular, the Medicaid expansion and the state vs. federal operation of the exchange), they all are seizing the opportunity for health and human services agencies to plan jointly for streamlined, no-touch processes and to finance improved eligibility systems that serve both departments. Given these very different approaches to health reform, the implementation phase of the WSS evaluation will offer particularly valuable insights as it tracks how the WSS states’ ambitious plans play out. In addition to documenting the reform process, the WSS evaluation for the implementation phase will also track results for families and for state administrative operations. For selected states, the evaluation will also assess the impact of the state’s changes, that is: what results can be attributed to the state’s WSS reforms rather than to other factors.

At the same time, whatever the results of the implementation phase, the important lessons are already in. The reflections of state leaders on the planning year suggest that in a turbulent and emergency-driven context, even modest financial investments can raise the likelihood of

successful reform. This is even more true when those investments can be used flexibly to support project management, data analysis, and innovation, and when they are paired with technical assistance and well-designed peer support. Going forward, these leaders' reflections suggest that such modest but flexible investments may help leverage the greatest payoff from far bigger federal resources, such as those dedicated to technology and system reform under the ACA.

Appendix: Next Steps from State Action Plans for States Entering Phase II

This appendix provides highlights from the state action plans each WSS team developed at the end of the planning year for the three-year implementation phase of WSS for the six states receiving Phase II grants. These descriptions, drawn from the individual state planning-year reports, reflect state intentions as of the end of the planning year, February 2012. Since then, in keeping with WSS’ overall approach of learning by doing, states have continued to refine their plans—most notably as the implementation of the ACA and the design of new integrated eligibility systems have opened up new opportunities to improve services to families.

Colorado

Colorado will continue its work on all fronts while focusing on expanding access to benefits and improving timely processing. Continuing the momentum on state-county collaboration from the planning year, the state plans to bring ideas for business process changes and additional staff training to all Colorado counties, using a regional approach that acknowledges the variation in counties. Improvements in the state’s automated eligibility system will support program integration and efficiencies and allow for greater state and county use of data. Finally, additional specific changes are planned or already being implemented to ease the eligibility and recertification processes for programs, including simplified renewal forms, improved notices, and alignment of recertification dates.

Idaho

Building on lessons learned during the planning year—through data analysis, implementation successes and failures, and relationships with stakeholders—Idaho’s plan for the next three years articulates a strategy to “ensure low-income working families receive the supports they need to become self-sufficient.” Moving forward, the state plans to ensure ongoing improvements are sustained and enhanced as health care reform is implemented, establish a customer self-service

portal to free up caseworker time for complex case management activities, move toward “no touch” eligibility decisions whenever possible with the assistance of the portal and an eligibility verification aggregator, implement additional components of its universal workforce concept, continue strengthening collaborative relationships with partners, and further build the state’s capacity to carry out longitudinal analysis on case records for assessing program efficiency and effectiveness.

Illinois

Illinois’s action plan describes how the state will make the changes the WSS team identified during the planning year. Changes in business processes and staff training will be rolled out to all 90 offices based on what was learned from the pilot tests. Policies will be changed to simplify and align eligibility and recertification processes across programs. The data dashboard will be finalized and implemented, along with other data tools to help in office management. And, while continuing to work toward full implementation of the new integrated eligibility system, the state plans to expand online applications and move toward electronic case records in the short run. These actions serve to achieve the vision Illinois has held throughout the project: to “help Illinois’s families and individuals access the benefits they need to thrive, by reducing the burden the service delivery system places on staff, agencies, and customers,” as spelled out in the state’s action plan.

North Carolina

North Carolina’s action plan for implementation spells out a detailed set of steps for moving forward building on planning year activities. The plan includes a structured plan for working with counties to assist them in reconfiguring their services and organizational structures to meet state outcome expectations while allowing for county innovation and variation. It also includes a set of anticipated outcomes with specific measures to mark progress toward these goals. The state plans to increase data collection and analysis capacity to measure these outcomes and continue movement toward data-based decision making while also investing in staff development.

Rhode Island

Rhode Island's action plan describes how the state proposes to make the changes they identified during the planning year. Rhode Island's plan includes implementation of a communications strategy targeted to underserved populations to help them understand WSS programs for which they might be eligible, and implementation of a staff engagement and training strategy to rekindle an agency culture that demonstrates inherent respect for both clients and staff. The state also plans to develop a No Wrong Door service delivery model by creating a single application for all WSS programs, reengineering business processes, redesigning DHS lobbies, streamlining policies and procedures across all WSS programs, and utilizing modern technology. In addition, Rhode Island's WSS team proposes to coordinate and integrate its activities with the states' Health Insurance Exchange to ensure consistency and streamlined access to WSS benefits. As part of this next step, Rhode Island expresses its commitment to using data to guide, inform, monitor, and continually improve program participation and service delivery. These actions are intended to achieve Rhode Island's vision of increasing timely enrollment, participation, and retention of WSS benefits while reducing administrative costs and burdens.

South Carolina

At the conclusion of the planning year, the WSS project team determined that it wanted to develop a combined eligibility approach to administering work support program benefits. Implementing a cross-agency system for processing Medicaid/CHIP, TANF and SNAP eligibility will be an enormous effort on the part of DHHS and DSS, and most of the nuts-and-bolts work still lies ahead, beginning with development of a strategic plan during the WSS implementation phase. Federal ACA-related funding for eligibility system modernization should play a key role in helping South Carolina realize its combined eligibility goal, since the state will likely use the funds to build a system that can be used to process eligibility for all work support programs.

References

- Acs, Gregory, and Austin Nichols. 2006. *An Assessment of the Income and Expenses of America's Low-Income Families Using Survey Data from the National Survey of America's Families*. Washington, D.C.: Urban Institute. http://www.urban.org/UploadedPDF/411382_surve.pdf.
- Bureau of Labor Statistics. 2012. "Unemployment Rates for States Monthly Rankings Seasonally Adjusted." Washington, DC: US Department of Labor.
- Cunningham, Karen E. 2012. *State Supplemental Nutrition Assistance Program Participation Rates in 2010*. Washington, D.C.: Food and Nutrition Service, USDA. <http://www.fns.usda.gov/ora/menu/Published/snap/FILES/Participation/Reaching2010.pdf>.
- Kaiser Family Foundation. 2011. "Summary of New Health Reform Law: Focus on Health Reform." <http://www.kff.org/healthreform/upload/8061.pdf>.
- Kenney, Genevieve, Victoria Lynch, Michael Huntress, Jennifer Haley, and Nathaniel Anderson. 2012. "Medicaid/CHIP Participation among Children and Parents." In *Timely Analysis of Health Policy Issues*. Princeton, NJ: Robert Wood Johnson Foundation. <http://www.urban.org/UploadedPDF/412719-Medicaid-CHIP-Participation-Among-Children-and-Parents.pdf>.
- Miller, Cynthia, et al. 2008. *New Hope for the Working Poor: Effects after Eight Years for Families and Children*. New York: MDRC. http://www.mdrc.org/sites/default/files/full_458.pdf.
- Mills, Gregory, Jessica Compton, and Olivia Golden. 2011. *Assessing the Evidence about Work Support Benefits and Low-Income Families*. Washington, D.C.: The Urban Institute. <http://www.urban.org/UploadedPDF/412303-Work-Support-Benefits.pdf>.
- Mishel, Lawrence, Josh Bivens, Elise Gould, and Heidi Shierholz. 2012. *The State of Working America*, 12th ed. Ithaca, NY: Economic Policy Institute and Cornell University Press.
- Office of the Assistant Secretary for Planning and Evaluation. 2012. "Estimates of Child Care Eligibility and Receipt for Fiscal Year 2009." ASPE Issue Brief. Washington, D.C.: Office of Human Services Policy, U.S. Department of Health and Human Services. <http://aspe.hhs.gov/hsp/12/childcareeligibility/ib.pdf>.
- Rosenbaum, Dorothy, and Stacy Dean. 2011. *Improving the Delivery of Key Work Supports: Policy & Practice Opportunities at a Critical Moment*. Washington, D.C.: Center on Budget and Policy Priorities. <http://www.cbpp.org/files/2-24-11fa.pdf>.
- U.S. Census Bureau. 2013. "Percent of Individuals for Whom Poverty Status Is Determined Below 200 Percent of Poverty in 2011. From the American Community Survey – 1-Year Estimates." Washington, DC: US Department of Commerce.

U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2011. "Letter to State Exchange Grantees, Medicaid and CHIP Directors, and Health and Human Services Directors." Washington, D.C.

Zedlewski, Sheila, Gina Adams, Lisa Dubay, and Genevieve Kenney. 2006. "Is There a System Supporting Low-Income Families?" Washington, D.C.: The Urban Institute. *Low-Income Working Families* Paper 4.

Methodological Note

This report is based on the nine state reports and the data collected for them, as well as four telephone interviews with seven members of the national WSS team to draw out cross-cutting themes and lessons. To suggest questions and ideas for discussion in these interviews, the author also drew on her own experience as the principal investigator for WSS.

The goal of this Phase I evaluation was to draw on a range of sources to document participating state's activities during the WSS Phase I planning year, including challenges encountered and approaches chosen to overcome them. This goal arose from the particular features of the planning year and the nature of the lessons that could be distilled from this phase. In particular, during the planning year, states were assessing their current strengths and weaknesses and designing and testing potential next steps, culminating in the development of an action plan (including clear goals and measurable targets along the way to reaching them). From an evaluation perspective, therefore, it was too early to assess whether states met measurable goals, but not too early to document what actually did happen, what bumps occurred along the way, and how states chose to respond.

WSS is carrying out a second phase of the evaluation for six states. Phase II of the evaluation has three major goals: to document, understand, and draw lessons from the implementation of WSS activities in the states; to identify and track over time key outcomes that we (the state) would expect to be affected by the state's activities and interventions; and to measure the effect WSS or specific activities under WSS had on key outcomes. To meet these goals, the Phase II evaluation will include implementation analyses and data-tracking activities for all six states, and impact analyses to provide quantitative causal results where feasible. Each state's evaluation will be tailored to their particular activities, goals, priorities, and data availability. The overall WSS evaluation will combine information, analyzing data and results from across the states.