

Work Support
Strategies:
Streamlining Access,
Strengthening Families



Early Lessons from the Work Support Strategies Initiative: South Carolina

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South Carolina's state agencies are learning to "do more with less" as they handle increased demand for work support programs with fewer resources. Over the past few years, unemployment has increased and per capita income has dropped as a result of the Great Recession. The resulting revenue reductions have put pressure on the state budget, while health and human service program caseloads have increased as more families qualify for and seek assistance in meeting their basic needs. Though South Carolina is certainly not the only state in this situation, its high poverty has exacerbated the challenges. About 45 percent of South Carolinians have incomes below 200 percent of the federal poverty level, compared with the national average of 39 percent.

A major challenge to improving services is that the two departments responsible for managing public benefit programs have operated separately for more than a decade. The Department of Health and Human Services (DHHS) administers Medicaid and CHIP, while the Department of Social Services (DSS) handles the Supplemental Nutrition Assistance Program (SNAP) and the Family Independence (FI) program (South Carolina's name for the federal Temporary Assistance to Needy Families [TANF] program). Despite considerable overlap in their clientele and the fact that programs sometimes share the same local office space, DHHS and DSS have different leadership and caseworkers, use distinct computer and case file systems, and establish their own eligibility and enrollment processes for their work support programs. Even when their eligibility offices are located in the same building, each

Work Support Strategies

Work Support Strategies (WSS) is a multiyear initiative to simplify the process of getting work support benefits. Working directly with selected states, WSS seeks to

- improve the health and well-being of low-income families by increasing enrollment in work support programs;
- deliver benefits more effectively and efficiently, reducing administrative burdens on states as well as clients; and
- evaluate the impact of these streamlined approaches, disseminate lessons learned, and inform state and federal policies.

WSS focuses on three work support programs: the Supplemental Nutrition Assistance Program (SNAP), Medicaid and the Children's Health Insurance Program (CHIP), and child care subsidies through the Child Care and Development Block Grant. Participating states may choose to add other programs, and most have done so.

In fall 2010, WSS invited states to apply for one-year planning grants, with the opportunity to continue to a three-year implementation phase. Twenty-seven states submitted applications, and nine were competitively selected: Colorado, Idaho, Illinois, Kentucky, New Mexico, North Carolina, Oregon, Rhode Island, and South Carolina. During the planning phase, the selected states received \$250,000, expert technical assistance, and peer support from other states. With these resources, the grantees performed intensive diagnostic self-assessments, explored business process strategies, established leadership structures, and developed data-driven action plans that address policy and practice changes.

This report is one of 10 (one on each state, plus a cross-cutting report) describing state activities during the planning year.

agency has its own lobby windows and receptionists, requiring applicants to stand in two different lines if they seek both Medicaid/CHIP and social services programs. Traditionally, information provided by clients to one agency is not shared with the other. The segregation of work support programs into these “silos” causes considerable confusion for clients and makes program operations less efficient. Complicating matters further, the various local offices that serve clients do not have standardized eligibility determination, enrollment, and retention processes.

Independently, the two state agencies have undertaken their own initiatives to automate and streamline program eligibility and enrollment. Efforts to integrate processes between agencies, however, have been limited and short-lived—either because the approaches were flawed or because the agencies lacked the resources to see them through.

In 2011, South Carolina was awarded a Work Support Strategies (WSS) planning-year grant to help streamline the process for connecting low-income families to work support benefits. Supported by private philanthropy, this multiyear initiative gave grants to select states to test and implement more effective and integrated approaches to delivering key work supports, including health coverage, nutrition benefits, and child care subsidies. Streamlining and modernizing these processes can help improve the health and well-being of low-income families, save states money, and improve overall efficiency. South Carolina used the WSS initiative to identify ways to integrate and streamline how DSS and DHHS administer work support services. Ultimately, the state wants to develop an integrated plan to improve processes and ease administrative burdens on beneficiaries and program staff.

South Carolina’s Goals for the Planning Year

During the planning year, South Carolina’s WSS team proposed three overarching goals for the initiative. The first was to modernize DSS and DHHS’s organizational structures supporting the Medicaid/CHIP, SNAP, and FI programs. (Child care was not included in the list of programs for the planning year because of that program’s small size and its overlap with

Work Support Programs Included in South Carolina’s Planning Year

Supplemental Nutrition Assistance
Program (SNAP)

Medicaid/CHIP (Children’s Health
Insurance Program)

Family Independence (FI): South
Carolina’s name for Temporary
Assistance for Needy Families (TANF)

FL.) The second goal was to develop standardized, streamlined administrative and technological processes across work support programs. The third goal was to build formal mechanisms and measures to monitor system performance, with a particular interest in obtaining data that could be used for continuous quality improvement and to communicate the initiative's progress and achievements.

State Background

Governor Nikki Haley was elected just after South Carolina submitted its WSS application, and she took office in January 2011. The director of budget and policy in the governor's office, Jamie Shuster, and the newly appointed DHHS director, Tony Keck, expressed personal interest in the initiative, as did the new DSS director, Lillian Koller (who was appointed soon thereafter). Both directors had previous experience with streamlining and integrating state programs; Keck had been deputy secretary of Louisiana's Department of Health and Hospitals, and Koller had directed Hawaii's Department of Human Services. With the executive leadership change in both agencies at the beginning of 2011, coinciding with the start of a new legislative session, both

A Quick Glance at South Carolina

Population (in thousands): 4,679

Share of population living below 200% of the federal poverty level (FPL) in 2011:^a 40.8%

Unemployment rate (in September 2012):^b 9.1%

Share of eligible people participating in SNAP (in 2010):^c all individuals, 82%; working poor, 79%

Share of eligible children participating in Medicaid/CHIP (in 2010):^d 84.3%

State Medicaid upper income eligibility limit as % of FPL:^e children, 200%; working parents, 89%

Programs state or county administered? State

Number of counties: 46

Lead WSS agency: Department of Health and Human Services (DHHS)

SNAP and Family Independence Governance: Department of Social Services (DSS)

Medicaid/CHIP Governance: DHHS

Sources: ^a U.S. Census Bureau (2013); ^b Bureau of Labor Statistics (2012); ^c Cunyngnam (2012); ^d Kenney et al. (2012); ^e Kaiser Family Foundation (2013).

agencies sought to focus on WSS amid many competing priorities.

Besides the DHHS and DSS directors, the WSS team also included deputy directors John Supra from DHHS and Linda Martin from DSS, along with central office staff from both agencies. A third key partner during the planning year was the University of South Carolina (USC), which shared project management duties with the two agencies. Other important players included staff from the state Office of Research and Statistics, program managers and caseworkers in local DHHS/DSS offices statewide, and nongovernment stakeholders.

Seven key areas were critical aspects of South Carolina’s planning year:

- developing a vision and structure to support collaboration across agencies,
- moving toward more integrated eligibility,
- redesigning and standardizing business processes,
- modernizing technology in parallel and in tandem,
- opening up communication channels to frontline staff,
- staking out an ambitious vision of using data for decisionmaking, and
- working through the tough decisions.

Developing a Vision and Structure to Support Collaboration across Agencies

“The biggest challenge is sort of overcoming that turf-ismThe mere fact that they are separate entities is a challenge, but also the whole history issue.”

—WSS team member

“The rewarding part [of the planning year] is that we approached this in a nonpolitical way, with a focus on the client and the best interest of citizens.”

—WSS team member

“The biggest breakthrough was when agency leaders—deputy directors John Supra and Linda Martin—started having regular conversations and DSS set up a meeting to make it clear the deputies were in line with [WSS].”

—WSS team member

At the start of the WSS initiative, a long history of trust and control issues between DHHS and DSS stood in the way of collaboration. Each agency was deeply involved with its own initiatives, and prioritizing WSS was a challenge. But by the end of the planning year, the WSS team had established a process for building greater collaboration and joint decisionmaking between the agencies where none had existed before.

DSS and DHHS had a complicated past. Historically, Medicaid/CHIP operations were shared between the agencies: DSS was primarily responsible for eligibility determination, while DHHS administered the program. In 2002, however, DSS divested itself of Medicaid/CHIP eligibility responsibilities, and DSS's Medicaid/CHIP eligibility workers moved to DHHS. Perspectives on the impetus for this realignment varied. Some suggested that DHHS was unsatisfied with how DSS was handling its responsibilities and wanted to control enrollment because DHHS was ultimately responsible for the Medicaid/CHIP budget (which is enrollment driven). Others thought that political differences between high-level agency officials were behind the change. Whatever the cause, the 2002 split strained the relationship between the two agencies and generated feelings of mistrust; several informants described it as “the ugly divorce.”

Acknowledging the complexity of interagency collaboration in the face of this history, WSS team members attributed their success to several important factors: support of government leaders, a neutral third party to ease collaboration, and external stakeholders who could keep the focus on the customers and the vision. Along the way, the WSS team found itself building new structures and approaches for cross-agency discussion and decisionmaking.

Key informants universally agreed that the strong support of government leaders was the most critical factor in this transformation. Support for WSS came from the very top of South Carolina's administration. Governor Haley backed the project because it was in line with her administration's emphasis on good business practices and was privately funded. WSS also had complete buy-in from DHHS director Keck and DSS director Koller, who brought fresh perspectives to their new positions. Individually, Keck and Koller set goals to move their agencies toward modernized, customer-centric processes—goals consistent with those of WSS. Some also suggested that the agency heads understood the long-term value of investing in process improvement and streamlining policies. “New leadership is not as shortsighted

financially as we have had in the past,” one project stakeholder said, “and we’re trying to take advantage of these new opportunities.” Keck and Koller further recognized that all work support programs played an important role in the “end goal” of improved well-being and quality of life for South Carolinian families. As one DHHS leader noted early in the planning year, “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.”

Equal buy-in between the agencies, even early on, did not initially lead to equal engagement. For the first several months of the project, DHHS was more heavily involved, particularly when forming the eligibility process improvement collaborative (EPIC) as the primary vehicle for WSS work. EPIC was generally considered a DHHS effort, and the EPIC workgroups were composed almost entirely of DHHS staff. Informants thought that this discrepancy reflected at least two factors. DHHS had taken a lead role in pursuing the WSS grant and developing the proposal—which was completed quickly and without much time for collaboration—and so seemed to “own” the project more than DSS did. There was also a considerable delay in hiring a WSS project coordinator at DSS; until this occurred in November 2011, DSS staff time devoted to the initiative was limited.

Once the WSS team was fully staffed, project leadership from the two agencies established a regular communication schedule. They began routine conference calls and convened a special meeting of cross-agency WSS project members to formally recommit to the WSS vision; this meeting marked a turning point in the planning year. Project staff suggested that for the two agencies to get past their rocky history, competing interests, ignorance of each other’s processes, and different “starting places” with regard to modernization, leadership needed to focus on their common priority—improving the customer experience—and consistently reiterate that priority to middle management and frontline staff. The new interagency workgroups formed as a result of December’s recommitment had equal participation by staff from both agencies, illustrating the agencies’ shift to a more collaborative spirit.

South Carolina’s WSS project structure included an external partner, USC, whose key responsibilities included project management and stakeholder engagement. The inclusion of this third party helped forge the connection between DHHS and DSS during the planning year. USC

facilitated meetings and helped keep the lines of communication open between the two agencies. South Carolina built a similar (and expanded) role for USC into the WSS action plan for the project's implementation period. Looking forward, the WSS team anticipates that USC will keep DHHS and DSS project teams on task despite the agencies' growing workloads and competing priorities.

The WSS stakeholder advisory group (SAG) also played a part in connecting the two agencies during the planning year. The SAG—which began its monthly meetings in late 2011—comprised agency staff, advocates, health care system experts, academic researchers, attorneys, physicians, legislators, and other stakeholders with a vested interest in improving outcomes for recipients of South Carolina's work support services. According to one WSS team member, the SAG “helped keep the team focused on the client, and not on one or the other agency's individual work.” By the time the SAG began meeting, DHHS and DSS had established a regular schedule for communication and, according to key informants, presented a united front so the SAG “never saw the project as one agency's versus another, they only see that both agencies want to reduce administrative burden and make it easier for clients to access services.” This external perspective was important in moving the project toward its next phase.

Moving toward More Integrated Eligibility

“If [DHHS and DSS] are serving the same people and both are using income information, that's where we could benefit from exchanging information. We don't need everything in each other's files, but if we're smart enough we can figure out how to hit a balance to maximize benefits for our clients.”

—Frontline worker

DHHS and DSS's collaborative efforts centered on identifying ways to align the Medicaid/CHIP, SNAP, and FI programs. Aligning program policies and procedures was viewed as a way to make programs more efficient while also reducing burdens on families eligible for work support services. Each agency already had experience, to differing degrees, with streamlining internal policies and procedures.

In response to a dramatic recession-related increase in SNAP and FI caseloads, DSS began a series of changes several years ago to improve access to services while enhancing workforce

capacity. These changes were known collectively as the “2010 Initiative,” though they were initiated in the years before. They included imaging case records for easy storage and retrieval, instituting automated workflow processes so tasks could be routed from one worker to another, initializing a centralized call center to respond to SNAP and FI customers, and implementing “universal caseload,” which allows SNAP and FI caseloads to be equally distributed throughout the state (that is, a more balanced alternative to each local office handling only those cases within their local catchment area). The first three pieces had already been implemented when the WSS planning year began, and DSS was heavily involved in rolling out its universal caseload model statewide during the WSS effort.¹

DHHS had taken fewer concrete steps toward simplification and streamlined processes for Medicaid/CHIP when the WSS planning year began. During the planning year, however, it kicked off several transformative projects, including establishing EPIC and updating the eligibility and enrollment system in response to federal health reform (described in more detail below). DHHS also decided to adopt a universal caseload model but had rolled it out to only a few local offices. The agency also received a federal grant to improve Medicaid/CHIP outreach and application processes (heavily focused on technology), including developing the capability to use an electronic application with the state’s existing eligibility system.

In 2011, DHHS initiated a collaborative effort between the two agencies, the Express Lane Redetermination project (the text box on the next page explains this important joint effort). During the planning year, DHHS and DSS took additional steps to align their work support programs. Midway through the year, agency leadership agreed to align their regional divisions. DHHS—which previously had eight service regions across the state—adopted DSS’s four service regions instead. This fundamental step will, in turn, facilitate other activities to align programs and service delivery across the two agencies.

Work to simplify and align Medicaid/CHIP, SNAP, and FI applications was ongoing through the planning year. Early on, the EPIC team examined the many Medicaid/CHIP applications and

¹ The universal caseload rollout was planned in stages, taking place in counties first, then regions, and finally statewide with specialization by region. At the time of our visit, DSS was rolling out universal caseload to the regions. Once it is in place statewide, the areas of specialization will include interviewing, processing, entering data into reports on caseloads, and renewing enrollment.

forms with the goal of reducing the number of different types of paper applications and preparing for the development of an online Medicaid/CHIP application. At the end of the planning year, the group had identified 35 forms that could be eliminated.

In a related effort, one of the first tasks of the interagency policy and procedures workgroups was developing a matrix of policy and documentation requirements for Medicaid/CHIP, SNAP, and FI, for instance, by comparing income and nonfinancial criteria. The WSS team plans to assess child care subsidy policies as part of this activity, which was just getting underway during the evaluation site visit and was expected to continue during the implementation phase. Ultimately, the matrix will be analyzed and the workgroup will develop recommendations for simplification and cross-program alignment.

The implementation of health care reform (the 2010 Patient Protection and Affordable Care Act, or ACA) provides additional opportunities for integration and for generally improving access to work support programs. The WSS project team described themselves as “fully plugged in” to the state’s ACA implementation activities. The project manager from DHHS served as a member of the state’s ACA implementation workgroup on Enrollment and Consumer Navigation, and a key member of the project’s DHHS leadership team, the Deputy Director of

South Carolina’s Express Lane Redetermination and Eligibility Initiatives

In 2011, South Carolina launched its Express Lane Redetermination initiative, which uses data from SNAP and FI to automatically redetermine Medicaid eligibility for children (that is, without requiring any action on the children’s/parents’ part). Though DHHS spearheaded the project, it collaborated with DSS to establish data-sharing agreements and a process for passing information between the agencies’ separate eligibility systems.

Authorized by the Children’s Health Insurance Program Reauthorization Act (CHIPRA), express lane initiatives give states the option 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 decided to pursue express lane redetermination when data showed that tens of thousands of children were disenrolled from Medicaid only to be reenrolled within a matter of months (sometimes called “churning”). Because Medicaid provides three months of retroactive coverage, the state is still responsible for many health care costs of children who churn on and off the program, even while they are not enrolled. Creating an expedited route for renewing 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 decrease its administrative costs, since less churning means fewer new applications to process.

The Express Lane Redetermination effort is projected to save \$1 million a year. As of summer 2012, it had processed Medicaid renewals for more than 140,000 children. Moreover, in early 2012 (and with approval of the state legislature), DHHS officials submitted a Medicaid state plan amendment (SPA) to CMS to also implement express lane eligibility, whereby the state would use SNAP and FI records to identify and enroll Medicaid-eligible children. The Express Lane Eligibility effort was implemented in fall 2012.

the Office of Information Management, has been heavily involved in ACA implementation planning. Though South Carolina’s leaders remain opposed to the ACA on many fronts—Governor Haley has stated publicly that South Carolina will not establish a state-based health insurance exchange or pursue the now-optional Medicaid expansion—many changes related to Medicaid/CHIP eligibility and enrollment processes are on the horizon. Even with the state’s decision not to take up the expansion option, some 170,000 already eligible people are expected to enroll in Medicaid over the next several years, in part due to increased publicity about new exchange-based coverage options and associated penalties for not obtaining health insurance.² South Carolina’s health insurance exchange (which will be a federally facilitated model) will employ “navigators,” individuals tasked with providing hands-on assistance in applying for health coverage and who could also connect consumers to other work support services. Finally—and perhaps most significant for the WSS initiative’s focus—the ACA provides significant (and temporary) federal funding for states to replace their aging Medicaid/CHIP eligibility and enrollment system. This represents an unprecedented opportunity for South Carolina to build a new integrated system that would be used across agencies and WSS programs (see the Modernizing Technology section below for more information).

Redesigning and Standardizing Business Processes

“Any time we can free up resources and improve processes, it allows us to do more case management and social work in the broadest sense and that will improve [clients’] health.”

—DHHS project team member

Many of South Carolina’s WSS activities focused on reengineering business processes in DHHS and DSS local offices. According to key informants, the eligibility, enrollment, and redetermination processes for work support programs have been disjointed and confusing for clients, and have contributed to inefficiency and workplace stress for frontline staff. Though South Carolina has a state-administered program structure for Medicaid/CHIP, SNAP, and FI, business processes reportedly vary from one local office to another, resulting in “at least 46 different process models going on” in the different offices.

² CBS News: http://www.cbsnews.com/8301-505245_162-57493153/sc-legislature-to-debate-medicaid-expansion/

Improving how local DSS and DHHS offices administer work support program benefits—as well as ensuring that all local offices are using the same, improved process model—are paramount to the goals of the WSS initiative. Business process improvements are also in line with each agency’s goals to promote program efficiency and better customer service, and are viewed as a way to achieve agencies’ broad goals for improved client outcomes. For DHHS, transforming underlying business processes was seen as a necessary precursor to implementing new technology solutions. According to key informants, this represented a departure from past approaches, when agencies typically adopted new technology first and then tried to “force process changes with technology.”

An important first step for the WSS team was conducting site visits to DHHS and DSS eligibility offices in 12 counties. These visits, conducted by EPIC members during the first half of the grant period, involved interviewing staff, documenting business processes, collecting process improvement ideas, and identifying possible “quick win” changes. Data collected on the site visits was used in myriad ways, including developing business process ideas that could be tested in the WSS pilot county offices and developing business requirements for new technology, such as DHHS’s electronic document management system and the eligibility system replacement project.

Another key piece of South Carolina’s business process redesign efforts involved pilot-testing streamlined policies and alignment processes during the WSS planning year. Greenville and Florence counties served as “test beds” for these activities. The counties were chosen because both had co-located DHHS and DSS offices and different types of eligibility caseworkers. The Greenville office had a large staff, including “sponsored” eligibility workers who were out-stationed at health care provider offices throughout the county; the providers pay the salaries of sponsored eligibility workers, and the WSS team thought it was important to demonstrate that process improvement activities worked for sponsored sites because those health care providers are important stakeholders in the eligibility process. The Greenville office was also not yet part of DSS’s regional universal caseload rollout, which made it easier to test practices. The Florence office had a medium-sized staff of sponsored workers and those who worked in a satellite office.

According to the WSS team, the Greenville pilot activities were a “quick win” for local program staff and demonstrated the use of data to make business process improvements. One team member said, “If we’re able to show success with change in Greenville, and it takes into account what we’re trying to do on a statewide basis, that becomes a great opportunity to show legislators we’ve done this and here’s the outcome.” South Carolina’s future plans include redesigning lobbies of county offices where the two agencies are co-located—a decision based on learning from the time study data, piloted practices in Greenville and Florence, and other states.

In addition to the WSS-initiated site visit and pilot activities in local offices, two related (and ongoing) efforts that began before the WSS planning year have important implications for business process improvement. First, both DHHS and DSS have made significant investments in process and quality improvement training for frontline staff. Agencies consider these efforts essential to creating sustainable changes in the way they do business. Indicative of the continuing challenges to coordination, however, the agencies have adopted different training models, albeit with clearly common goals. DSS began training staff in 2010 in the Franklin Covey® Leadership

South Carolina’s Business Process Redesign Pilots

Greenville County: The Greenville County office had heavy client traffic in its lobby and, according to WSS team members, lobby processes were confusing, uncoordinated (between the two agencies), and poorly managed. Staff conducted two client time studies in August 2011 to gather baseline data. Clients arriving at the office were given a clipboard to log their activities during the visit (for example, called to window, talked to worker, etc.) and their arrival and departure times. The WSS team also worked with the Greenville office staff to map the flow of application and renewal processes. Team members and office staff analyzed the time study and process map results and made improvements based on their findings. Staff changed the physical layout of the waiting room; installed larger, clearer signage with color coding (for example, blue for Medicaid) that made it clear that the two agencies operate separately within one office; placed a drop-box outside the lobby; and added a “lobby navigator,” an office staff member who routes incoming clients to either DHHS or DSS eligibility services. Once these improvements were in place, the WSS team conducted a second set of time studies in October 2011. Comparing the results of the first and second studies, the project team estimates that the amount of time clients spent in the lobby was reduced by 20 to 30 percent.

Florence County: In Florence County, the WSS project team brought in Vicki Grant of the Southern Institute on Children and Families, who worked with a cross-agency team of frontline workers to conduct value stream mapping of the eligibility determination processes for Medicaid, SNAP, and FI. This activity engaged caseworkers in identifying the need to restructure staff and application flow. The Florence County office also tested a client tracking system using software obtained from another WSS state, New Mexico. WSS team members hope to use the tracking system to identify a standard processing time for applications. Providing clients with a standard processing time lets them know what to expect, and it may reduce the number of clients who call or come to the office just to check the status of their applications.

model, which includes the creation of agency-wide Wildly Important Goals and county-level scoreboards to assess progress toward those goals. DHHS began training staff in 2011 in the Lean Six Sigma™ management strategy, which emphasizes improving processes by eliminating waste and relying on data. As part of this effort, DHHS started developing an agency-wide balanced scorecard, a strategic tool that monitors organizational performance and is meant to align operations to agency mission, vision, and values. In addition, a workgroup of local eligibility staff from both agencies in the Greenville County office were trained in both Lean Six Sigma™ and Plan Do Study Act cycles as part of the pilot activities conducted there.

Second, both agencies had already moved to or were actively moving to process- or task-based, rather than case-based, operations. In a task-based environment, eligibility workers are responsible for a specific eligibility and/or renewal function (for example, interviewing SNAP applicants over the phone) instead of individual cases. Agency leaders expect that by adopting a process-driven model for eligibility and renewal, they will better be able to meet the current and future demands for services while stabilizing and reducing administrative budgets. During the planning year, the WSS project team examined ways to facilitate this transition, including through process mapping (that is, creating a workflow diagram that details each step of the eligibility determination or redetermination process) with frontline staff to demonstrate the value of this type of business transformation. Team members noted that observations during WSS site visits to Idaho and New Mexico—both states that have adopted process-driven models for application and renewal—helped them better understand how this model could be implemented and its potential for improved service delivery and program operations.

DSS staff reported being farther along in implementing process-driven models before and during the planning year. When county and regional universal caseload transformation is complete, the agency plans to establish regional specialization so casework is shared statewide, with eligibility workers in each of the agency's four regions responsible for a different element of applications or renewals. During the planning year, DSS staff in the Florence County eligibility office tested the process-driven model. DHHS implemented a universal caseload in certain counties during the planning year and expected to follow a similar approach as DSS with the implementation of regional (expanded) universal caseload and then regional specialization. Staff members were acutely aware that some tools to support a process-driven approach are still

missing, such as a document imaging system in all DHHS offices, and that the state will need to invest considerably in training and cross-training for the effort to be successful.

Modernizing Technology in Parallel and in Tandem

“One major obstacle is that we are starting out in very different places with technology. DSS fortunately had done a lot of modernization prior to the grant and are a little bit ahead of DHHS. With the grant, DHHS has been able to secure funds to push them further along in technology, but it is still different technology. We need a consensus on what kinds of technology—imaging systems, eligibility systems—we want to use.”

—WSS project team member

One of South Carolina’s goals for the initiative includes the development of streamlined and standardized technological processes across work support programs. Until recently, both DHHS and DSS relied heavily on paper-based application and redetermination processes (including requirements that customers submit hard-copy documentation) and case files. But as the agencies have taken steps to automate eligibility determination and renewal processes, this progress has paradoxically created a challenge as well as an opportunity for WSS. DHHS and DSS have made great technological leaps, but they have done so separately, without attention to compatibility. Thus, the WSS planning year involved facing the challenge of encouraging each agency’s separate progress while envisioning a more unified future that will address the disparities in DHHS and DSS technologies, including differences in the two agencies’ electronic case management, document imaging, and (at least in the near term) eligibility and enrollment systems.

At the start of the planning year, DSS was farther along in adopting modern technology than was DHHS. Several years ago, DSS implemented electronic case management—including a document imaging system—for easy storage and retrieval. All case files have been digital since 2010. The agency also has an online application for human services programs including FI and SNAP; eligibility determinations are not made in “real time,” but applications are processed in a centralized unit using electronic databases (for example, the Social Security Administration) to verify eligibility. The interview component of the DSS application is conducted by phone unless clients request a face-to-face appointment.

On the other hand, DHHS was still using paper applications and case files, which frontline workers described as expensive, burdensome, and logistically challenging when out-stationed caseworkers had to carry their paper case files to other sites. The agency was developing new technology solutions—including electronic case management and a document management system—as part of the WSS initiative. The EPIC team gathered data to inform the development of business requirements for new technology systems during its site visits to local offices.

DHHS tested an electronic case-management prototype in three local offices during a weeklong training demonstration at the beginning of the planning year and pilot-tested a document imaging system in a few local offices, including Greenville, during the planning year. The agency considered using the electronic case-management system adopted by DSS—which state officials acknowledged would have been a simpler choice—but had the advantage of DSS’s experience with electronic case management as well as more (ACA-related) resources to put toward their own system. DHHS ultimately decided that newer and better technology was available.

DSS’s investments in new technology were part of the agency’s 2010 Initiative, a state effort to enhance workforce capacity and improve access to human services. DHHS was spurred to modernize its technology in response to new federal requirements and ACA-related funding opportunities. Specifically, South Carolina has received approval to use enhanced federal funding to replace the existing decades-old system it uses to determine Medicaid/CHIP eligibility. Because states can use this enhanced match to establish integrated eligibility programs, South Carolina is considering procuring a new system that could be used across work support programs. While the system would focus initially on Medicaid/CHIP eligibility and enrollment processes, additional programs like SNAP and FI may be migrated over time. At the time of our site visit, little was known about what the replacement system might look like, but South Carolina’s serious consideration of an integrated system is noteworthy. The ACA encourages states to take a “no wrong door” approach to determining eligibility for health insurance and human services programs, but it does not require states to build an integrated eligibility and enrollment system. The fact that DHHS is exploring an integrated system—despite the fact that building a Medicaid/CHIP-only system may be simpler—is indicative of the state’s commitment to the principles behind the WSS initiative.

Opening Up Communication Channels to Frontline Staff

“The positive thing about this process so far is that it’s afforded opportunities from our clerks, caseworkers, supervisors, to get into one room. Everyone has pretty much an equal voice. They’re not intimidated by title, and everyone’s opinion counts.”

—Frontline caseworker

“We need to work on changing the culture of ‘It’s not our job to enroll everybody,’ because, well, that is our job.”

—WSS workgroup member from a local office

The WSS team felt that buy-in from frontline staff was critical for sustaining WSS-initiated changes—especially those related to business process redesign. Accordingly, they sought to engage frontline staff in WSS activities throughout the planning year. As one project member noted, “People are more apt to fall into what you want to do if they’re part of the process. Changes happen where the rubber hits the road.” Because of their daily interaction with clients, frontline staff were also considered key partners in identifying ways to improve work support services from the clients’ perspective.

WSS project members described several challenges to engaging frontline staff. Morale was low in the local offices; no one had received a pay raise in several years, and many caseworker positions were designated as “temporary” without benefits. As a practical matter, caseworkers and other frontline staff had little time to devote to WSS activities, given their ever-growing caseloads, chronically understaffed offices, and the implementation of concurrent activities like universal caseload. Caseworkers who pilot-tested the client tracking system (a WSS-initiated business process improvement activity), for instance, expressed some frustration with the time required to log information into the new system, which meant less time was available to process applications. And though some local office supervisors were being trained in Lean Six Sigma™ management strategies under the WSS grant, the project team worried that with all the other demands on supervisors’ time, it may be difficult for them to focus on applying the new approaches learned. One WSS team member, who noted that budget-related hiring freezes and growing caseloads had put incredible demands on eligibility staff, said, “We are at such high capacity on our current stuff that we have no room to stop and do something different right now.”

Another challenge involved changing the culture of eligibility and enrollment services in South Carolina. WSS envisions a consumer-centric model of service delivery that involves removing barriers and ensuring that eligible South Carolinians can easily enroll in and retain benefits for all available work support services. It also envisions enhanced use of technology in the application process. Both elements represent major changes to the way local offices have traditionally done business; until recently, DHHS and DSS relied heavily on paper-based applications and documentation, and the agencies had established complicated processes to apply for and renew benefits.

This culture change raised two concerns for staff. The WSS team thought some staff saw simplification as opening the door to fraud and abuse. Other frontline staff expressed concern that the automation and self-service would be harmful to some beneficiaries who preferred or needed face-to-face interaction with a caseworker, particularly the elderly and disabled. Caseworkers noted that they often educated clients during face-to-face meetings, including providing information on other available resources to applicants who are denied eligibility; they worried that once application and renewal processes were highly automated, these opportunities for client education would disappear. Some stakeholders also suggested that automation could lead to decreased job satisfaction for caseworkers who enjoy in-person, direct communication with their clients. Thus, the WSS team recognized that for the transformation it envisions to be successful and sustainable, the agencies must change more than policies and procedures; they must cultivate a change in organizational culture, including the way that local eligibility workers approach their role.

Especially at the beginning of the grant period, EPIC was the primary vehicle for the WSS team to communicate the project's goals to frontline workers and to seek their input, including during EPIC team site visits to local offices in 12 counties in the middle of the planning year. EPIC's seven workgroups (focusing on case documentation, application intake, maintenance and review, customer experience, form simplification, policy simplification, and employee relations) comprised regional and local agency staff, including supervisors, trainers, and caseworkers. The three interagency workgroups formed toward the end of the planning year are viewed as a way to engage and communicate with frontline staff as the project is implemented.

The structure of the EPIC and interagency workgroups, and the meetings and interviews held as part of the local office site visits, strengthened lines of communication between different levels of staff within an agency—from frontline caseworkers up to agency heads. The WSS team also established a “bright ideas” e-mail address as a way for local office staff statewide to submit ideas to EPIC workgroups. This emphasis on internal communication that worked in both directions was not typical for either agency, according to key informants. Frontline workers valued the opportunity to communicate directly with agency leadership under the auspices of the WSS project, and appreciated both that communication was occurring and the type of information being conveyed. WSS project leadership “explained *why* they were doing things, not just *what* they were doing,” one caseworker said.

To enable culture change, project leaders addressed frontline staff concerns about the new approach to eligibility and enrollment. Recognizing that some eligibility workers were concerned that greater automation and simplification would increase the potential for fraud and abuse, the WSS project team emphasized that “removing barriers is not the same as reducing program integrity.” They also shared concrete examples, supported with data, of how simplification benefits the state (by saving costs or making programs more efficient) as well as clients. Perhaps foremost among these “win-win” examples is the state’s Express Lane Renewal initiative for children.

When communicating to frontline staff about the initiative, WSS project team members also found that it was important to distinguish WSS from similar past efforts—where changes had not been completed or sustained—that had left some frontline workers skeptical. As one team member explained, “We need to convince them that we’re not just talking about change this time; we’re pretty serious about it.” Among frontline staff interviewed for this site visit, there was some evidence of this skepticism. Local office staff had mixed opinions about the influence of their input; for instance, some wondered whether the ideas solicited for process improvements—such as those sent to the “bright ideas” e-mail address—ever reached farther than the local office door. Another suggested that even if frontline staff supported a process change, it could not be implemented unless “the people who have the power buy into it completely.”

Overall, however, project members thought that local office staff involved in WSS had embraced the initiative's vision. There is some uncertainty about how caseworkers' roles will change as a result of the changes envisioned by WSS and other concurrent efforts to improve work support service delivery, including concerns about downsizing as the state adopts more automated processes and self-service options. But these are generally eclipsed by a sense of relief that the changes might help frontline staff better manage growing caseloads and deal with understaffing. "Caseworkers are so caught up in paperwork that they lose sight of why they came here," one informant explained, "and I'm excited to create better processes to free them from paperwork and serve people." Another informant said there was little resistance to the Greenville waiting room changes because staff recognized that the current arrangement led to a chaotic environment. "Staff was so relieved for a vision of change.... Even the managers' blood pressure has gone down a lot."

Looking ahead, the team envisions a change in local offices that goes well beyond the customer-centric and automated ones—all the way to integration between the agencies. Toward the end of the planning year, DHHS and DSS leaders had generally united around a shared goal—to create a single eligibility workforce—that hinges on the agencies' ability to work closely together at all levels, from leadership to frontline staff. South Carolina's plan for moving forward on this is the Combined Eligibility initiative, where eligibility workers will be trained in and can determine eligibility for all work support programs using a single application. Though the combined eligibility concept was still being developed at the end of the planning year, most key informants expressed support for it. They suggested that it had been a poor decision to split eligibility processes for work support programs in 2002, and that both clients and caseworkers would benefit if eligibility determination for the programs was once more combined.

At the same time, state officials acknowledged the intensive effort that would be required to implement combined eligibility. Though not a part of the planning-year activities, both agencies would benefit from an organizational readiness assessment or a similar method of systematically reviewing the DSS and DHHS structures and identifying areas of divergence and overlap. WSS team members, for instance, suggested that the state would need to address potential staff concerns, including those arising from the agencies' different salary structures. When DHHS assumed Medicaid/CHIP eligibility processes in 2002 and DSS Medicaid/CHIP caseworkers

moved, their positions were reclassified at DHHS, resulting in higher salaries. This inequity had contributed to negative feelings between frontline staff at the two agencies, and informants pointed out that it would need to be addressed if the agencies implemented a single eligibility workforce. In addition, thorough training and preparation of staff was seen as paramount to any efforts to combine eligibility processes and staff; for optimal results, this hands-on training should be tailored to those with different learning styles and uniform across all groups.

Staking Out an Ambitious Vision of Using Data for Decisionmaking

“The transition that’s happened in the private sector—using business intelligence to make opportunities—there’s no reason states and public agencies shouldn’t be making use of the same technology and then operationalize that. By bringing the data we can provide a much more responsive experience for our citizens.”

—WSS team member

During the planning year, the WSS team took steps toward its ambitious vision for using data to diagnose problems and monitor progress. The project team hoped that by collecting and analyzing data on work support benefit programs during the planning year, it could identify areas for improvement and—once solutions had been implemented—monitor progress toward WSS goals. The Office of Research and Statistics (ORS), within the state’s Budget and Control Board, was identified early as an important partner in data-related activities, and the project team was eager to take advantage of one of the state’s major strengths: the ORS centralized-data warehouse. Various state agencies and health care providers must submit data regularly to the warehouse, which uses a linking number (that is, a unique identifier) so that separate databases can be connected across DHHS’s and DSS’s different computer systems.

Before the WSS initiative, ORS produced monthly caseworker performance reports for DSS, along with ad hoc reports for both DSS and DHHS as needed. WSS prompted the agencies to work collaboratively with ORS to develop cross-agency reports focused on the customer experience. Efforts to use ORS data to understand and correlate service delivery across and within agencies, initiated under WSS, could have far-reaching benefits across state government. “ORS can help us move from research toward operating business intelligence,” one WSS team

member explained. For example, “we could decide as a state which agencies to put more resources into because we have data that suggest there’s a need.”

From the start, the project team understood the importance of having data to show not only the need for improved policies and processes, but also the benefits of any improvements. As one project member explained, “The political environment we’re in ... puts more pressure on us because we know we have to support what we do with the data, and we’re really trying to catch up in that department.”

However, both the team and the data warehouse staff faced considerable challenges in achieving this data-intensive vision. Though new eligibility and enrollment systems are in development, for the planning year both agencies relied on aging mainframe “legacy” systems that made it difficult for the project to use data effectively—a situation that will continue for the near future. WSS’s interagency data workgroup struggled to understand different data fields, some of which had been modified over the years without thorough documentation to explain why and how. This limitation prevented project staff from having full confidence in the reports the systems produced. It also slowed down progress in creating cross-agency performance measures because both experienced programmers and policy experts from the relevant programs had to identify and define the appropriate fields to examine, and it took time to engage and get each party to the table.

Because of these challenges, for most of the planning year the DHHS and DSS project teams relied on individual agency reports (created internally or provided by ORS) of existing measures, including enrollment growth trends, eligibility and renewal processing times, as well as churning rates for SNAP, FI, and Medicaid/CHIP. They also collected primary data as part of business process improvement activities in the pilot counties, described above. Another primary data collection effort under way during the planning year was a customer experience survey. At the end of the planning year, this survey had been drafted by EPIC’s customer experience workgroup and shared with clients in the pilot counties for feedback as well as with the stakeholder advisory group.

To address the challenges in getting cross-agency data, an interagency data workgroup was formed in December 2011. It comprised ORS staff and data experts from both DHHS and DSS,

several of whom had decades of experience with program data. The data workgroup initially focused on identifying data on program overlap (that is, proportion of clients enrolled in multiple WSS programs), which would help them evaluate the potential of such simplification policies as synchronizing program renewal dates or Express lane eligibility.

Given the ambitious vision that data would not only describe the current process but also allow assessment of effectiveness, another key objective of the workgroup was to develop performance measures to evaluate the effectiveness of policies in order to streamline eligibility and enrollment across work support programs. This work was still beginning when the planning year ended, but the project team had already identified, for instance, a model data alignment report from another state that they planned to use to create a cross-agency performance measure for determining whether clients are being enrolled in all programs for which they are eligible. The project expected to use the stakeholder advisory group for feedback on appropriate “customer service–type” measures, since the state had not historically pursued the use of data for this purpose.

Some project staff pointed out that, even once cross-agency reports with useful performance measures have been developed and are made available to local eligibility offices, supervisors will need to be trained to use the data to monitor performance and progress toward goals. They noted that up to this point, neither agency has emphasized supervisor-level training in general, let alone on the effective use of data. With the recent focus in both agencies on process redesign and continuous quality improvement (for example, adopting Covey and Lean Six Sigma™ leadership models), however, this may change. Over the past two years, both DHHS and DSS have adopted “balanced scorecards,” or strategic management tools to track progress toward their individual agency-wide goals. These tools rely on regular assessment of key data measures, and agency staff reported that the scorecards would be used by county offices. At the end of the planning year, the WSS team was considering adopting its own balanced scorecard for the project as a tool that could reiterate the project’s high-level vision with metrics to determine progress.

Using the Planning Year to Work through the Tough Decisions

“We can all hold hands and sign on to the vision together, but it’s the details—do we do it my way or your way—that’s going to be hard.”

—WSS team member

Though the state’s efforts to improve work support program services began before WSS, project members described the planning year as a “catalyst” for bringing all the necessary stakeholders to the table to discuss work support through the lens of program integration. In a state like South Carolina, where the agencies administering work support services are completely disconnected, integrating program processes is an especially enormous task. The WSS team felt that having a year devoted solely to planning allowed the agencies to take the time necessary to deliberate whether integrating eligibility processes across agencies was a worthwhile effort that would benefit enrolled families and agencies. This was especially important when it came to engaging frontline staff; involving these staff in the planning year (as opposed to later in the initiative) sent the message that project leaders valued their input and perspectives, and intended to implement solutions that addressed their needs. The planning year also allowed DHHS and DSS to begin

South Carolina Planning-Year Activities

Established a regular communication schedule between DSS and DHHS leadership and work support service program administrators and created three workgroups—focused on policy and procedures, data, and technology—to carry out WSS activities.

Formed a Stakeholder Advisory Group—comprising advocates, health care system experts, academic researchers, attorneys, physicians, and legislators—to guide and provide feedback on WSS activities.

Conducted site visits to local eligibility offices across the state to document business processes for work support programs and to engage frontline workers in identifying process improvement strategies.

Used local eligibility offices in several counties as “test beds” for process improvement strategies and new technology solutions; piloted activities included a front lobby improvement project and time study in Greenville County and a process flow-mapping project in Florence County.

Trained DSS and DHHS staff (including frontline workers) in process and quality improvement using the Lean Six Sigma™ management strategy, Franklin Covey leadership model, and Plan Do Study Act cycles.

Worked to coordinate policies and procedures across work support service programs, including alignment of DSS and DHHS service regions and examination of program applications to identify opportunities for simplification and alignment.

Reviewed existing data and reports on work support service programs, and explored ways to leverage the state’s centralized data warehouse to create relevant cross-program measures and reports.

sorting through how an integrated approach might function—including the various roles and responsibilities that different actors could have—though most of this work will occur during the WSS implementation phase.

According to key informants interviewed for this report, the opportunity WSS provided for DHHS and DSS to come together, communicate their individual priorities, identify commonalities, and explore a coordinated, customer-centric approach was unprecedented—at least since the 2002 split between the two agencies. Without the incentive and support provided by WSS, it seems likely that the agencies would have continued (albeit more slowly) on parallel tracks toward automated, streamlined program operations.

In addition, the planning year grant provided the funding necessary to get many initiatives off the ground. “Without the WSS grant, we would have been hard pressed to do anything,” one informant suggested, offering that in the year prior to the grant DHHS had hired someone to lead process improvement, but that lack of any additional funding prevented the agency from making much progress on this front. In a practical sense, WSS funds allowed DHHS and DSS to devote resources to training, travel, and other activities for which state and federal funding is limited.

Visibility was also helpful. The WSS team also suggested that the grant award lent legitimacy to its goal of streamlined, consumer-friendly eligibility and enrollment processes, and directed positive attention on South Carolina as an innovator in this area.

Communicating with community stakeholders was another key component of the planning year, and the SAG was the primary vehicle for this. Team members viewed external stakeholders as a great sounding board, able to help the agencies get on track and see themselves more objectively, and as messengers to consumers themselves. While external stakeholders have had some opportunities to engage with one agency or the other in the past (for instance, through DHHS’s medical care advisory committee), the agencies had never engaged stakeholders in an effort like WSS, where the state was committed to improving eligibility business processes. Moreover, this was the first opportunity in recent history for stakeholders to work with both agencies at the same time.

South Carolina's project team also described the value of learning from other states involved in WSS, including through peer-to-peer site visits. The WSS peer-to-peer network gave South Carolina an opportunity to observe other states' integrated operations and modernized eligibility processes in action, which opened team members' eyes to what was possible in their own state. Several team members referred to concepts they had "borrowed" from other WSS states that had already developed solutions to some of the challenges identified in South Carolina. For instance, New Mexico was a model for how to effectively break down the EPIC team into workgroups and lent South Carolina the client tracking system piloted in Florence County. Adopting strategies that had already been tested and proven in other states had several advantages. It allowed South Carolina's project to use WSS resources more efficiently and to implement solutions quickly; as one informant noted, "We always reinvent the wheel here, but the more we can talk to other states, we don't have to do that...we're not just coming up with stuff blindly on a whim." In addition, being able to point to the success of other states "as evidence in the case for change" was important to gaining political support in South Carolina's cautious environment.

Conclusions

South Carolina's WSS planning year involved multiple agencies, program managers and caseworkers in local offices statewide, external consultants, and other stakeholders. Under the auspices of WSS, the two primary agencies involved in delivering work support program benefits to South Carolinians, DHHS and DSS, began breaking down the barriers between them—which include a complicated history and contentious "divorce," as well as completely separate structures and technology systems for processing eligibility and enrollment—to create a more efficient, coordinated approach to ensuring that South Carolinians get the work support benefits for which they are eligible. Throughout the year, the WSS project team undertook several activities to improve the business and technological processes used within each agency while also identifying areas for cross-program alignment. The planning year was instrumental because it provided South Carolina agencies and other stakeholders with resources and an incentive to explore in depth whether an integrated eligibility model was desirable and feasible.

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, FI, 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.

Though many details must be worked out and the state has a long road ahead, the planning year has helped South Carolina build a foundation for the collaboration and communication necessary to achieve the WSS goal of delivering work support benefits more effectively and efficiently—and of ultimately improving the health and well-being of low-income families.

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Methodological Note

This report is based on several sources, including evaluation team members' on-site and telephone interviews with South Carolina WSS team members and others in the state working on WSS and related efforts; WSS materials, including quarterly progress reports and quarterly call notes; and state documents, including the WSS proposal, action plan, presentations, relevant web sites, WSS data exercise results, evaluation documents, and other materials. During a three-day visit to South Carolina in spring 2012, the evaluation team held 17 interviews with the WSS management team, stakeholder advisory group, county WSS representatives, local university representatives, and state agency leadership and staff from SNAP, Family Independence, and Medicaid programs.

The goal of this Phase I evaluation was to draw on these sources to document South Carolina's activities during the WSS planning year, including the challenges the state encountered and the approaches chosen to overcome those challenges. This goal arose from the particular features of the planning year and the nature of the lessons that could be distilled. During this phase, states were assessing their current strengths and weaknesses, and designing and testing potential next steps, culminating in the development of an action plan (with clear goals and measurable targets for reaching them). From an evaluation perspective, therefore, it was too early to assess whether states had met measurable goals, but not too early to document what actually did happen, what bumps occurred along the way, and how states responded. Thus, during the on-site visits, the evaluation team members attempted to gather input from varied perspectives, including local office staff and community stakeholders, but did not attempt to comprehensively gather input from all perspectives in order to evaluate the effectiveness of planning-year activities.

Six states (Colorado, Idaho, Illinois, North Carolina, Rhode Island, and South Carolina) are continuing on to Phase II of the evaluation. This next phase 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 the state would expect to be affected by its 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 for all six states and impact analyses to provide quantitative causal results, where feasible. Each state's evaluation will be tailored to its particular activities, goals, priorities, and data availability. The overall evaluation will combine information, analyzing data and results from across all six states.