Early Lessons from the Work Support Strategies Initiative: North Carolina

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Contents

North Carolina’s Goals for the Planning Year  2
State Background  2
Gaining Traction for Change through Vision and Leadership  4
Aligning Technology with Policy, Process, and Vision  7
Changing Governance to Promote Cross-Program Solutions  9
Moving Forward as a State-County Team  12
Using Data to Shape Policy, Process, and Technology Decisions  16
Using the Planning Year to Build Momentum and a Culture of Learning  18
Conclusions  22
References  24
Methodological Note  25
Early Lessons From The Work Support Strategies Initiative: North Carolina

North Carolina, one of the fastest-growing states in the country with a large low-income population, was hit hard by the Great Recession. Caseloads for work support programs expanded rapidly, and the inefficiencies of the old human services system—with different eligibility processes for each program—began to seem untenable. At the same time, a long-term effort to create a modern, integrated computerized benefit system was finally moving toward implementation, offering an opportunity for change.

North Carolina is one of about 10 states where public programs are overseen by the state but administered at the county level. In North Carolina, this means that each of the 100 counties operates the programs in its own way, while the state agencies issue policy and regulations. The state policy processes for Medicaid, SNAP, and child care subsidies were entirely separate even though they were housed in the same department. Also, counties generally administered the three programs separately, using different workers and different eligibility processes for each program. Clients often must duplicate their paperwork and visit multiple offices, making it difficult and confusing to obtain and keep benefits.

In 2011, North Carolina won a Work Support Strategies (WSS) grant to help streamline the system for connecting low-income families to work support benefits. This multiyear initiative, funded by private philanthropy, 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

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.
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.

North Carolina’s Goals for the Planning Year

The North Carolina team’s goal for the planning year was to design and lay the groundwork for a comprehensive, cross-cutting service-delivery model. The state coordinated the efforts of counties and state agencies to improve service delivery across programs, reduce administrative burden, and increase client access. A number of earlier initiatives had sought to make it easier for low-income families to access and keep the different work support programs, but those piecemeal initiatives each addressed a single program, not the opportunities across programs. The WSS team in North Carolina hypothesized that tearing down program silos and streamlining services would make better use of limited resources and better stabilize vulnerable families.

State Background

In 2011–12, the WSS initiative’s planning year, North Carolina had a split-party government, with a Democratic governor and a Republican legislature. Lanier Cansler was the cabinet secretary for the Department of Health and Human Services, which housed all the state’s major public health and human service benefit programs. Cansler, who had been both a Republican legislator and the deputy secretary of the agency many years earlier under a Democratic governor, was seen as a bipartisan figure. He was asked by the governor to run the department, given his many years of focus on health and human services issues.

The WSS team in North Carolina in Phase I was led by Sherry Bradsher, director of the Department of Social Services for more than 10 years. Joining her as key members of the team were the Food and Nutrition Services (FNS) director (and WSS project manager), section chief

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<tr>
<th>Work Support Programs Included in North Carolina’s Planning Year</th>
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<tr>
<td><strong>FNS</strong>: Food and Nutrition Services (North Carolina’s name for the Supplemental Nutrition Assistance Program [SNAP])</td>
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<tr>
<td><strong>CHIP/Medicaid</strong>: Children’s Health Insurance Plan and Medicaid</td>
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<tr>
<td><strong>Child Care</strong>: Subsidized Child Care</td>
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<tr>
<td><strong>LiHEAP</strong>: Low-Income Home Energy Assistance Program</td>
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<tr>
<td><strong>Work First</strong>: North Carolina’s name for the Temporary Assistance for Needy Families (TANF) program</td>
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A Quick Glance at North Carolina

Population (in thousands): 9,535 (ranked the 10th-largest state)
Share of individuals living below 200% of the federal poverty level (FPL) (in 2011):\(^a\) 39.3%
Unemployment rate (in September 2012):\(^b\) 9.6%
Share of eligible people participating in SNAP (in 2010):\(^c\) all individuals, 78%; working poor, 71%
Share of eligible children participating in Medicaid/CHIP (in 2010):\(^d\) 88.1%
State Medicaid upper-income eligibility limit as % of FPL:\(^e\) children, 200%; working parents, 47%
Programs state or county administered?: County
Number of counties: 100

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

SNAP governance: DHHS > Division of Social Services (DSS) > Food and Nutrition Services
Medicaid governance: DHHS > Division of Medical Assistance (DMA) > Medicaid
Child care governance: DHHS > Division of Child Development and Early Education (DCDEE) (overseer) > County DSS office
NC FAST: North Carolina Families Accessing Services through Technology

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

of the subsidized child care program, chief of the Medicaid Eligibility Unit, and director of the Catawba County Department of Social Services. An outside consultant with whom North Carolina was working on other projects was included to carry out day-to-day project management.

The report is organized into six key areas that were critical to North Carolina’s planning year: setting and communicating the WSS vision, aligning technology with that vision, promoting cross-program solutions, collaborating with counties, using data strategically, and building momentum for change.
Gaining Traction for Change through Vision and Leadership

“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.”

—Senior state WSS team leader

At the start of WSS, many projects to simplify policies and processes were already underway in North Carolina, including NC FAST, a new integrated IT benefits system; the Integrated Eligibility project, an ongoing effort to align policies and procedures for eligibility determination across programs; and planning for health reform. In addition, when Cansler became cabinet secretary, he began the DHHS Excels initiative, which was aimed at changing the state agency culture to be more customer focused, anticipatory, transparent, collaborative, and outcomes-focused.

The WSS team faced an early challenge in synthesizing and communicating the vision behind these initiatives; building appropriate connections between them; and garnering support for change at legislative, state agency, and county levels. Early in the planning year, the team articulated its vision in one clear and simple idea: “Families will tell their story once and receive the services they need.” In other words, the vision was for a comprehensive, cross-cutting service-delivery model with no wrong door: Any person in need of assistance would be able to walk into a local office, speak with one worker, complete one application, and receive every form of assistance for which they were deemed eligible. This vision is in marked contrast to the system in place, which differed across counties but usually required applicants to interact with workers for each program separately.

This “no wrong door” vision was a paradigm shift for human services delivery in North Carolina. It required breaking down programmatic silos at both state agency and county office levels, and redefining good customer service as that which ensures a client not having to visit multiple offices or seeing a succession of caseworkers during the same visit. A more integrated, efficient, and effective system—if successfully implemented—would reduce duplication of effort, reduce error rates, save money, and stabilize vulnerable families by improving their well-being and ability to work. The WSS project was “at the right place at the right time,” WSS leadership said, to be a vehicle to develop, promote, support, and expand this vision.
A great deal of the direction and support for this vision came from Cansler, who had been working for nearly a decade to realize better integrated and coordinated human services. Cansler used his experience as a former legislator to help communicate this vision to a diverse group of key partners, including the governor and legislators of both parties. He publicly supported the WSS project and asked one of his deputies to travel around the state to educate different divisions and departments on WSS and other concurrent initiatives. These efforts shaped the WSS team’s early focus on a wide-ranging external strategy as well as internal improvements; showed that Cansler was prioritizing WSS and its goals; and helped the team reach senior-level department and political leaders.

Consistent with the secretary’s approach, the WSS team at all levels also actively reached out to key partners. They met with legislators to make the business case for the project and worked hard to gain the support of county program leaders and staff. Legislators of both parties responded with letters of support. The team’s outreach extended and benefited from backing from the governor’s office and cabinet secretaries. Support from those high-level officials gave weight to the team’s vision for human services delivery, while the consistency of that message from all levels communicated that momentum was building, up and down the chain of command.

As the WSS team members talked about the vision, they encountered concerns and pushback, which they learned to address. For example, some members worried that the changes might be temporary and would not endure beyond a single administration. State WSS team members suggested that the strength of a big-picture vision is that it provides a holistic message for customer service that can transcend administrations; it, thus, encourages change because counties and programs feel that they have a framework that can take them into the future. In addition, as more partners and stakeholders bought into the vision, DHHS program staff and county staff increasingly came to feel that they could make changes without fear that those changes would be rescinded later.

Another challenge was changing the culture of program segregation at the state level. Although North Carolina’s key work support programs (Medicaid/CHIP, SNAP, child care, and LiHEAP) were all housed within the same agency, they largely operated independently. Some
programs performed well, but the performance of an individual program is only a piece of the larger picture.

This idea of breaking down silos was not new to the state, but the strong vision and focus of WSS helped push these efforts forward. According to one team member, after the planning year, state programs and staff now “look at the person as a whole,” rather than as separate needs served by separate programs. The WSS vision and the consistent message from many levels changed staff’s perspective. “It’s hard to measure, but sometimes the biggest challenge… is changing the conversation,” one key WSS team member said. “As the year progressed, I felt like from bottom-up, top-down, we had changed the conversation.”

This change in perspective was also supported by the DHHS Excels initiative to make state-agency culture more customer focused. Over the course of the planning year, the WSS team moved this culture change to a higher level: It went from a concept of what they were trying to do in the department to what they were trying to do across the state.

Given the many different initiatives going on concurrently in North Carolina, the WSS team was also an opportunity to figure out how to knit everything together. Fortunately, the strong WSS vision served to unite concurrent projects, as WSS’s goals and vision were integrated over time into the department’s structure and into the major initiatives—particularly health reform and the automated eligibility system known as North Carolina Families Accessing Services through Technology (NC FAST). Some initiatives were completely rolled into WSS (specifically, the integrated eligibility policy initiative), while WSS served as a framework for integrated work on NC FAST and health care reform. Creating ties between these initiatives and discussing the future of human services as a whole led to the sharing of resources and personnel, enhancing the state’s capacity to move toward the same set of goals. Additionally, establishing those links from the beginning meant that the WSS team, the NC FAST team, and the health reform staff avoided having to do a lot of work to match and merge efforts at the end because those conversations were happening from the start.
Aligning Technology with Policy, Process, and Vision

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

—State staffer

For more than a decade, North Carolina has been developing and laying the groundwork for a new computer system called North Carolina Families Accessing Services through Technology, or “NC FAST” (see box for further details). In clear alignment with WSS goals, NC FAST is a tool to speed up case processing through greater automation and less duplication of tasks, which reduces the burden on workers and makes it easier for clients to access benefits. One member of the NC FAST development team said, “The goal was [to] do a holistic approach. We’re looking at the person coming in the door, and we don’t want them to get barraged with the same requests for information. Everybody understood that the client comes first.”

The system, when fully implemented, would have tools to help determine eligibility for multiple programs, online information verification, comprehensive case management functions, an electronic preassessment screening tool, and interfaces between programs to promote information sharing. NC FAST will also serve as the framework for North Carolina’s health reform implementation.

What Is NC FAST?

Over the past decade, North Carolina has been developing an integrated eligibility system called North Carolina Families Accessing Services through Technology, or NC FAST. As described on the state web site (listed below), NC FAST “introduces new technological tools and business processes that will enable workers to spend less time on administrative tasks and more time assisting families.” These tools include improved case management functions, online verification of information, an electronic screen for services, and interfaces between programs to promote information sharing.

The goals of NC FAST include automating tasks to help workers assess needs and determine eligibility, sharing data, coordinating services, and making data accessible to track and evaluate outcomes and to ensure accountability. Ten programs are included in the scope of NC FAST, and the system will house DHHS program data once contained in nearly two dozen old mainframe systems. NC FAST will also serve as the portal to the state health exchange under health reform.

While development has proceeded in fits and starts, given issues with funding and competing priorities, the past two years have seen an intensive push to finish developing the system. Staff began rolling out NC FAST to counties for SNAP eligibility processing in early 2012 and plan to finish the rollout of all 10 programs in 2017.

For more information: http://www.ncdhhs.gov/ncfast/program/program.htm
The systems changes developing through NC FAST carry solutions to several big challenges in North Carolina: merged databases that enable staff to look at data across programs and over time, document-imaging capabilities, and improved case-management functions for counties. State and county staff expressed excitement for the rollout of NC FAST, which they believe will make programs more efficient and effective.

Systems like NC FAST can dictate how business is conducted, make new possibilities available, and aid in carrying out policy or practice changes, but the North Carolina team found that technology alone would not be enough to sustain lasting change. “We thought technology would lead the way, originally,” a senior DHHS official told us. “But realized if we didn’t change the culture locally to match state culture change,” little would change in practice. We’d have centralized eligibility, but it wouldn’t mean a lot if you go into a local office and see three people for three programs,” the official said. Achieving the “no wrong door” vision across the state would take more than technology improvements alone: The team realized that a broad cultural change needed to take place across the state at all levels.

County directors echoed the sentiment that technology can only be one part of the solution. Even though counties primarily bear the weight of the recent rise in caseloads, county directors did not see upgrading technology alone as the answer. Instead, they supported changing policies and business practices alongside improving technology—even though doing so takes time and requires thoughtful planning. “Policy changes are critical… simplifying business processes is critical,” one county director said. “Technology can only implement some results….We can’t expect it to solve everything.”

The WSS team members concluded that new technology should only support—not shape— their vision, and it should be put in place along with necessary business process and policy changes. To ensure that support, the WSS team worked with NC FAST staff to shape the tool to fit the vision. Both teams shared members and participated in each other’s meetings to guarantee everyone was working toward the same outcomes for workers and families. For example, a number of DHHS staff members from FNS and Medicaid were detailed to work on the NC FAST development team to help design the system rules. The NC FAST business manager was part of the Integrated Eligibility project team, giving perspective on how policy changes could
Early Lessons From The Work Support Strategies Initiative: North Carolina

impact the automated system. Beginning this collaboration early paid off: State and county staffers had a chance to communicate their needs before the NC FAST rollout, which increased the tool’s usefulness and reduced the need to make changes after implementation. At the same time, the WSS team was able to use NC FAST to help achieve the new vision for service delivery in North Carolina.

Changing Governance to Promote Cross-Program Solutions

“‘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.’”

—WSS state team member

The Integrated Eligibility project, ongoing in North Carolina when WSS began, took steps to eliminate inefficient or duplicative policies by cataloguing program requirements and searching for ways to align them across programs (SNAP, Medicaid, and TANF were among the programs included). The extensive policy reviews conducted under that project fed naturally into the work undertaken by the WSS team; however, the work was painstaking and slow. For example, team members identified numerous different definitions of income used across the programs, which they were eventually able to condense into a much smaller group of income items.

Using information collected by the Integrated Eligibility project, WSS began putting cross-program solutions into place. One of the first quick hits was using SNAP income information to determine eligibility for child care. This coordination saved child care workers the time and effort spent in gathering income information, freeing them up to talk with families about meeting their child care needs. But this change required more than just a policy decision. Enthusiasm for the change varied across counties. Some workers were hesitant at first and needed additional training and assurances. Some wondered what would happen if the SNAP income determination was wrong: Would errors reflect back on them? Through training and communication, the child care workers learned of the robustness of SNAP income determinations and, for the most part, came to trust and appreciate the change.
Another cross-program policy issue identified early on as important was the alignment of certification periods across programs to limit duplication of administrative tasks across programs, decrease administrative churning, and reduce the complexity of accessing benefits for clients. While Medicaid had previously aligned certification across its separate programs for different members of the same household, doing so across all programs was a bigger task. The state developed a special pilot project in two counties to explore this issue, with some success (see box for details). This pilot highlighted a process for trying out policy changes generally, including engaging county staff, revising processes, and collecting relevant data. WSS team members pointed out that NC FAST technology would make it easier to share cross-program information.

The WSS team members expected health reform to have a tremendous impact on work support programs, compelling them to get a solid understanding of the state’s plans to comply with the health reform legislation and to integrate their vision with these efforts. Because NC FAST will serve as the connection to the state health exchange and will act as one of the main

### Aligning Certification Periods

As part of WSS, North Carolina conducted a pilot in two counties to align certification periods for clients’ SNAP and Medicaid benefits. Workers actively aligned certification periods when people 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 pilot project team included state division leaders, county leaders, and frontline staff from the counties.

The pilot used SNAP as an “anchor” benefit for entry into the pilot, meaning the new policy was applied to people signing up for or recertifying SNAP benefits. This structure was chosen because Medicaid clients do not need to come into the office, and all but one element of Medicaid eligibility was already collected for SNAP eligibility. The pilot started with walk-in clients and then expanded to clients using mail-in and drop-off applications and recertifications.

Counties were able to choose how to integrate the new policy into their existing processes. The pilot project team developed a “visioning” tool to help counties think creatively about how to put the policy into practice. The project team also developed a data-tracking tool to collect data for use in evaluating the pilot’s effectiveness. The project team worked intensively with the counties at first, holding weekly calls, and then scaled back to monthly calls.

The pilot demonstrated 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 reason for not carrying out alignment was a Medicaid recertification date more than six months in the future or the denial of benefits.

tools helping the WSS team achieve its vision for the reengineered delivery of human services, these efforts needed to move in tandem. Staff leading preparations for health reform, implementing WSS, and preparing for the rollout of NC FAST participated in each other’s meetings. As one WSS team member said, they bring “ideas back and forth to create a more comprehensive strategy.” Changes to policy or process under consideration by the health reform team were discussed with the NC FAST and WSS teams to make sure everyone worked toward a shared vision and didn’t obstruct the efforts being made in other areas.

Across these efforts to simplify policy and take action on detailed findings, the team identified deep-seated institutional barriers that made good, integrated policy hard to enact. Two of the main barriers were the practice of making policy change by program rather than across services as a whole and the delays caused by how long it took to change state rules and policies. WSS found ways to overcome both challenges during the planning year.

The cross-program Policy Governance Board (PGB) was established by the DHHS Secretary during the planning year to tear down siloed program policy committees and restructure the process to better coordinate and manage integrated policy development and eligibility determination. The board serves as the central structure through which policy change determinations are made across programs. All policies and procedure changes for DHHS are put before the group for discussion and decisions. The PGB is comprised of state representatives from DMA, DSS, DCDEE, Division of Aging and Adult Services, and NC FAST. The directive establishing the PGB also states that it will directly interface with the North Carolina Association of County Directors of Social Services (NCACDSS) and the WSS committee, which ensures that both state and county voices are collaborating and coordinating their efforts. The board members are not likely to turn over at each change of administration, which helps ensure continuity for policy decisions.

The cabinet secretary signed an order establishing the board, which signaled senior-level support for integrating and streamlining services. In addition, establishing the PGB served, as one county director noted, as a tangible sign of real progress. It also served as a symbol of the broad changes the WSS team sought to make: a collaborative, coordinated, and integrated system that better serves vulnerable families.
Moving Forward as a State-County Team

“This initiative [WSS] has created more communication and dialogue than what I’d experienced in the [past] two years....As a result of WSS, I personally have a closer relationship and am able to more readily get information from the [state] division chiefs than....in the past.”

—WSS county representative

North Carolina is county administered and state supervised, which means that the state sets policy, but each of the 100 counties has a great deal of flexibility in how to implement those policies. County Department of Social Services (DSS) offices are part of local government, but the county DSS offices also act as agents of the state under the authorization and supervision of the State DSS in the state’s DHHS. Each county is responsible for eligibility determination, enrollment, and retention for work support and public benefits programs. In some counties, child care subsidy eligibility is subcontracted out to nongovernmental organizations. Every county runs differently.

For state staff trying to move toward a more streamlined and integrated model, this system posed challenges. State officials believed that changes in county processes were necessary to make the most of the coming integrated technology and to improve outcomes for clients. The challenge is how to achieve change statewide among 100 independently administered counties when the state has little direct authority over county processes. The state DHHS leaders realized that rolling out a uniform statewide plan would be difficult. Instead, state and county leaders crafted a unified vision and set of goals, and then gave counties the information and flexibility to decide how best to achieve those goals. The WSS team developed communication and education strategies that could encourage and make the case for change, while taking into account and respecting the variation in counties.

The WSS team, which included both state and county representatives from the beginning, knew that county involvement and buy-in was essential to the project’s success and that counties varied in their commitment to the project. “We came into this with 30 to 40 percent of our counties on board—another 30 to 40 percent excited but not necessarily believing it. Then the naysayers,” said one WSS state-level team member.
Early on, the WSS team began a broad communication effort to inform all counties and workers about the project in local, regional, and state-level meetings. The team members took every opportunity to talk about WSS and their vision for service improvements, even during meetings not specifically about the initiative. For example, team members made WSS a regular topic during a long-standing monthly fiscal conference call between state staff and a majority of counties to capitalize on the audience’s attention. Adding WSS to this call, in the words of one county representative, is one part of “forcing communication of everyone on all fronts.” WSS was also presented and discussed in local, regional, and state-level meetings with human services workers, including at highlighted sessions of the annual Social Services Institute in fall 2011, which were attended by more than 200 social services staff, and at quarterly stakeholder meetings.

The WSS team also invited county leaders to attend and participate in WSS team meetings, asking them to keep their staff in the loop as well. Those leaders began by asking staff for input during agency meetings. “That went a long way in setting a foundation for the initiative,” one county leader told us. The WSS team followed up with surveys to continue receiving staff feedback. “Keeping them involved so that when this initiative comes full circle, staff will feel they have a part in developing the final process—that’s always a plus,” the county leader said.

Site visits were a key strategy for educating and informing counties and bringing them on board with the vision for integration. The WSS team held two-day visits initially in four counties and then another 10 counties later in the year, conducting focus groups and surveys with clients and workers to “understand the client experience and identify duplication of processes in applying for, obtaining, and maintaining benefits” for SNAP, Medicaid, Work First, and child care. The sites chosen to visit—a mix of counties from urban and rural areas—included counties with high processing rates and others with low processing rates in order to observe different business processes and challenges. The WSS team developed interview protocols to discuss the project with staff and to hear their ideas and concerns around policy simplification, business process change, and challenges in determining eligibility. As a side benefit, soliciting feedback from staff engaged them in the project and made them feel as though change was happening with them as opposed to happening to them.
Clients were also interviewed about their experiences and needs. During the site visits, the team mapped out the eligibility intake process in each county they visited, following a client from the moment he or she entered the local office to the end of the eligibility interview. These on-site exercises gave the team a three-dimensional look at the client’s experience and the business processes at work in each county, and helped the team identify opportunities to increase efficiency.

The WSS team needed to engage frontline workers as well, a challenge not limited to states that operate their programs through counties. In talking about redefining customer service and streamlining processes, some frontline staff feared losing their jobs or losing the human connection they make with clients. One WSS leader told us that frontline staff did not disagree with the project’s goals or vision, but were worried about automating tasks. This team member added, “They know we need to be accountable and transparent and get people benefits…and create efficiencies…. It bothers some of our workers to not provide that personal touch, but we’re reframing it to say that it’s better customer service” to get families all the benefits for which they’re eligible as quickly as possible. That framing seemed to resonate with county workers, though many were still anxious about losing their jobs.

In the local, regional, and state-level meetings, the team talked frontline workers through the WSS vision, explaining how, for example, walking a family through every step of the process is slower and therefore not a sign of good customer service. One county director remarked on the value of explaining to workers why an integrated approach is better and talking through what that might look like, as opposed to simply prescribing business process change. When he showed staff how many repeat customers they have because of the siloed programs, they saw the benefit of integration from the customer’s perspective. “It is a no-brainer for them to get that point,” he said. Having the workers actively participate in redefining good customer service and strategizing a reengineered business process creates a partnership with the workers and invests them in the process of change.

Also during the planning year, the state child care division and nine counties came together with the core WSS child care technical assistance team to jointly think about how to simplify and align child care policies using the WSS goals. This collaboration provided a forum to discuss the
realities in the counties and revealed a range of challenges ahead. This meeting further cemented the WSS vision and an understanding between counties and the state that they were working on change together.

The state began to encourage counties to strategize innovative business process strategies rather than waiting for the state to hand down orders. As mentioned earlier, the WSS team encouraged counties to choose their own approaches, using the WSS vision as a guide. The WSS state leaders saw the benefit of using counties as “test kitchens” for new approaches before investing money prematurely in a statewide rollout. The state was clear that the point was not to get every county to the same business model for benefit administration, but to get counties to innovate with the goal of streamlined and improved service to clients.

Even with the state’s official encouragement, however, not all counties felt comfortable taking the reins to develop and test strategies. The WSS team learned that some counties still feared getting a quality-control penalty. The team had to build trust with the counties to enable them to be “creative and consumer-centric, rather than all about the rules,” a state team member said. The WSS team reiterated that message at a January 2012 leadership summit with county leaders: “Don’t wait for us or for NC FAST. Here are the goals we’re looking to achieve… here are examples from other states of ways they’ve tried and learned… go forth and do” and share the lessons of your success.

Counties played a big role in educating each other about the WSS vision and process change. Prior to WSS, motivated by growing caseloads and the implementation of health reform, the NCACDSS had formed a workgroup to explore program and policy simplification. They came up with a list of specific recommendations for how the state could reduce client and administrative burden by simplifying programs, aligning eligibility, and improving technology. After WSS began, the association formed a WSS committee by consolidating several of its other committees, providing a forum for integrated program discussions. The association’s annual leadership summit in January featured WSS and provided updates on its progress as well as solicited county directors’ input.
Strong county leaders helped push the project forward and acted as trailblazers for their peers in other counties. One WSS leader commented that some county staff are “more forward-looking, the ones who understand and know what is going on and get on board and be part of it.” Those early adopters and innovators encouraged other counties to test business process and policy changes. These county directors offered up lessons and best practices from the business process changes they had made in the past so that more hesitant counties could learn from their successes and mistakes.

To spread business process improvements beyond the early adopter counties, the North Carolina team developed a catalogue of innovative and effective business processes already operating in some counties. A list of best practices highlights possibilities and achievements, and can encourage counties that are more resistant to change for fear of wasting time, money, and patience. The WSS project lead said it best: “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.” Further, encouraging change by highlighting existing innovative practices is a great example of North Carolina’s WSS strategy for working with the counties.

Finally, the WSS team also understood that to engage effectively with the counties, they would have to break down state program silos. State staff had always communicated regularly with county leaders, but the nature of the WSS project and its focus on streamlined and integrated service delivery demanded a heightened level of collaboration among state agencies and counties. In the past, “different programs were not really coming together to discuss changes,” a county representative said. “It was as if [state] changes were in silos and would only be made for specific programs.” The WSS team had to model the change they wanted to see in the counties.

**Using Data to Shape Policy, Process, and Technology Decisions**

“[Data are] helping us evaluate all the ideas on the table….The data keep driving us back to where we should be.”

—WSS team member
The WSS national technical assistance team had suggested that WSS state teams study their data on cross-enrollment in multiple benefits programs, why and when churning happens, timeliness of case processing, program retention, and other key statistics. When the North Carolina team first sat down to look at that data, they realized that what they had in their system couldn’t tell them what they wanted to know. Reflecting later, a WSS leader told us that the data available for management could be confusing to users. One example was a county manager who called the state confused because the data showed that the number of applications his agency had processed in the prior year was equal to “the entire population of the county, and that can’t be true.” It turned out that because families churn on and off benefits due to administrative difficulties in the redetermination process, the system counted the same individuals as applicants over and over.

In the planning year, North Carolina faced technical problems accessing data as well as problems using the data strategically. On the technical side, the team found that case identifiers are different across programs, making it difficult to match a client’s SNAP file with his Medicaid file to get a sense of cross-enrollment. The state’s data warehouse is organized as cross-sectional—not longitudinal—views, which makes it hard to look at individuals over time. State and county data is pulled programmatically, presenting another challenge to looking at cross-enrollment. Getting a complete picture of working families receiving assistance was not easy.

As in many of the WSS states, North Carolina had trouble identifying the important questions to ask and using the available data to answer them. Often the people asking the questions were not the ones with direct knowledge of the available data. The key, according to one WSS team member, was first discerning what they needed to know to make important decisions and then figuring out which data would give them that information.

To address these challenges, the WSS team developed a work plan to collect the missing data they felt would inform the direction they should take and provide the justification for making changes. The WSS team compiled a list of every desired data point, the reason for collecting each point, its priority level, method of collection, and the person in charge of obtaining the data. In a handful of counties, data was collected through site visits. DHHS called on a longtime data partner at the University of North Carolina at Chapel Hill (UNC-Chapel Hill) to do some of the heavy lifting of the data analysis. Interestingly, this university partner had once been a frontline
county worker, and he noted the importance of partnering with someone possessing both the strength of methodological training and the understanding of how programs operate.

In addition to confirming issues that needed to be addressed, such as duplicative program processes, the data gathered during the planning year steered the WSS team in new directions and helped them avoid costly mistakes. For example, the state initially planned to develop a call center because data showed that local offices were being flooded with calls. However, after taking a broader view of the reasons behind the calls, the WSS team learned that most calls to local offices were about application delays and processing problems for clients. “If we could go to same-day processing, we may not need call centers,” one WSS staff member told us. The team concluded that streamlining processing was the answer, not call centers. Eliminating the need for the calls was a better long-term solution for both staff and clients.

Finally, learning from these data efforts led the WSS team to formulate a plan for data-driven decisionmaking. The counties will always have flexibility in developing processes and operations, but benchmarks for outcomes will be the ultimate measure of success. The state needs to develop these measures—a “data dashboard”—and produce them for each county. Having these benchmarks will promote accountability within county flexibility and move the system toward data-driven changes.

Using the Planning Year to Build Momentum and a Culture of Learning

“[Reform efforts] without outside help or facilitation or leadership have not produced lasting results. . . . That was a theme that kept coming up, and we needed WSS to reinvigorate and align all these efforts. Having someone to organize and orchestrate and document everything is an undervalued product.”

—WSS team member

“[A key insight from peer site visits was] the continuous improvement rhythm that successful states are able to get in, where they’re able to consistently try new things and test them.”

—WSS team member
North Carolina’s WSS team made use of the planning year as a springboard for accomplishing its goals. The team members took time to identify what they wanted to accomplish, how and when they would achieve each goal, and who needed to be involved. Armed with this list of goals and objectives, the team then drew up a timeline and assigned a leader for each activity. This approach yielded increased transparency and accountability for the team, both a short- and long-term perspective on all the team hoped to accomplish in the planning year, a clearly articulated path toward developing an implementation plan, and an understanding of how each piece contributes to the whole. This high-level plan with staff assignments and deadlines served as a roadmap to guide the team’s work in the planning year.

That roadmap, however, was flexible enough to allow for some useful detours. The team realized over the course of the year that, as one team member put it, “[the plan] was iterative. As we learned one thing, we realized we wanted to talk about something else. We didn’t follow the plan perfectly, but it did give us a good structure and we checked ourselves against it.”

WSS team members stayed in frequent communication with each other throughout the planning year. The biweekly team conference calls gave the team time to discuss ideas, solve problems, and coordinate activities. This regular communication kept the project on track and created a feedback loop on the various activities being carried out.

Part of the planning year was spent developing a marketing strategy to communicate the new vision for human services in North Carolina and the efforts undertaken by WSS and other initiatives to realize that vision. “I can’t underestimate the messaging piece of this,” a key WSS team member told us. “It’s so important to invest time in figuring out what you’ll say and to whom.” By the end of the planning year, a WSS marketing team was formed to coordinate all outreach and marketing efforts geared toward different audiences.

While the WSS team had made great progress, they were concerned that the project would not achieve its full potential if staff were forced to compete with other priorities. They also thought that earlier efforts to create change had been hindered by not having staff solely dedicated to managing those efforts. This is particularly problematic when initiating systemic change, because one step can lead to five. As one team member told us, “Every time we tried to
do something we thought was small, it grew, and our reaction was to pull back because we didn’t have the capacity.”

North Carolina needed staff explicitly charged with organizing meetings, documenting decisions, and driving change for WSS alone. Their solution was to bring in a trusted outside partner to help manage the process. The Public Consulting Group (PCG) played an important role over the course of the planning year. They were already working with the state on the Integrated Eligibility Project and other streamlining efforts, so they knew the players and state context from the start. The state team used the planning grant resources to bring in PCG to take over most project management tasks, which state staff struggled to do alongside their other commitments. Every state WSS team member agreed that bringing in a contractor was critical. PCG kept track of ideas, deliverables, and deadlines; facilitated meetings; wrote progress reports; conducted site visits to counties; helped design policy changes and pilots; reached out to stakeholders; and ensured that everyone was informed and on board with the plan. State team members were still heavily involved in those activities, but PCG kept the ball rolling.

Participants reported that PCG was able to maintain the momentum of the project in part because they remained outside the maelstrom of state government. The exigencies of state government programs affect the amount of time, energy, and resources that state and county staff can give to a project. PCG could pick up slack, if need be, when unforeseen situations occurred (for example, when tornadoes swept through the state in early 2011) and could coordinate the activities and players to keep the project moving forward. In addition, they were successful because WSS leadership knew how best to use PCG resources, with a plan from the beginning of the year.

PCG was not the only external consultant called upon during the planning year; the Organizational Effectiveness group at the American Public Human Services Association (APHSA) worked with WSS team members to develop their implementation plan. By the end of the year, PCG felt that its close involvement with WSS hindered its ability to serve as an objective facilitator for developing the implementation plan. An APHSA representative visited the WSS team in North Carolina to look at the data and lessons learned from the planning year and to plan the course forward over the next several years.
The WSS team based their planning year efforts on the goals and vision laid out from the project’s start, but they also made quick and visible changes early on to build support and momentum. North Carolina’s WSS team was encouraged to use this model after visiting other states that had been successful in reengineering their human services—an invitation extended to each of the WSS states. The team hoped to install the same flexibility and energy into WSS. When talking with county directors, the WSS team emphasized the importance of trying out new

**North Carolina Planning-Year Activities**

Formed WSS team with state and county members and hired Public Consulting Group to carry out management activities.

Held quarterly stakeholder meetings with state and county representatives, community groups, advocacy groups, and academics.

Completed WSS data diagnostic tool—generating results on unduplicated program enrollment, program caseload overlap, and procedural denials.

Carried out two-day site visits to four counties which included mapping intake business processes, conducting interviews and focus groups with all levels of staff, and reviewing county case file system and eligibility tools; Later in year conducted additional site visits and phone calls with 10 more counties to catalogue best practices related to work support programs.

Conducted client interviews to identify areas of difficulty or confusion for clients.

Implementation of using FNS (SNAP) income-eligibility requirements for Subsidized Child Care (begun prior to WSS).

Continued policy review (started prior to WSS) across programs of the potential for simplification, including income and resource requirements, verification documents, and joint policy manuals.

WSS team member participation in NC FAST benefit system development.

WSS team member participation in health reform preparation meetings.

WSS carried out a pilot in two counties on aligning certification periods between FNS and Medicaid.

In line with WSS’ mission, North Carolina was selected to be part of the U.S. Department of Agriculture’s demonstration evaluation for eliminating the SNAP face-to-face interview.

Senior DHHS staff and WSS team members attended and presented on WSS at regional NCACDSS meetings and their annual Social Services Institute meeting (professional development for more than 200 county social services staff). Also, WSS team presented at their leadership summit, soliciting input on next phase of WSS.

WSS team members went on site visits to New Mexico, Idaho, and Washington state through the WSS project to learn about effective eligibility systems in other states.

Established a Policy Governance Board to direct unified policy development across DHHS economic eligibility programs.

Partnered with American Public Human Services Association to carry out a series of action-planning sessions to develop next steps for WSS after planning year.
ideas early on and carrying out these quick wins “so people can see something tangible coming out of the effort.”

Promising change and then taking years to follow through can sink support and enthusiasm for any project. Building in flexibility to create visible, successful changes along the way can not only maintain the momentum of a project but also help it pick up speed and support. Many participants felt that North Carolina’s planning-year activities exemplified this strategy to build in wins and change the culture at the same time.

Conclusions

North Carolina’s WSS planning year allowed the state to create a framework for integrating and streamlining work support programs. The state’s overarching goals—to increase the share of eligible families receiving and maintaining work support benefits while reducing administrative and client burden—did not change over the planning year. But over this period, North Carolina was able to consolidate its vision and mission at the state level, breaking down program silos and communicating that vision clearly to counties, state leadership, and other stakeholders. The ongoing efforts to implement NC FAST, the new benefits eligibility IT system, and planning for implementation of health reform were used as opportunities to further the WSS vision. Specific work in the counties to review business processes and encourage county innovation cemented the state–county partnership moving forward. Work reviewing potential areas for policy change and testing changes, such as aligning certification dates, was complemented by development of the Economic Benefits Policy Governance Board structure for assuring cross-program input to new changes. Finally, the work of the planning year was informed by collection and analysis of data and exploration of how to improve state capacity in this area.

Toward the end of the year, North Carolina began actively planning for the next phase of the WSS project and was subsequently awarded a three-year WSS implementation grant. North Carolina’s action plan for implementation spells out a detailed set of steps for moving forward to build 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. WSS team members voiced the opinion that the planning year allowed North Carolina to lay the groundwork and begin the work toward lasting change.
References


Methodological Note

This report is based on several sources, including evaluation team members’ on-site and telephone interviews with state and county North 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 North Carolina in spring 2012, the evaluation team held 11 interviews (supplemented with several phone interviews) with the WSS management team, NC FAST staff, data staff and the university partner, the Association of County Commissioners, a governor’s office representative, an advocacy organization, representatives from four county departments of social services, and state agency leadership and staff from SNAP, child care, Medicaid, and other economic assistance programs.

The goal of this Phase I evaluation was to draw on these sources to document North Carolina’s activities during the WSS planning year, including the challenges the state encountered and the 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. 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 stage 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.