Early Lessons from the Work Support Strategies Initiative: Oregon

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Oregon has long been committed to streamlining access to work support benefits. The state is considered a national leader in health care reform, including expanding health coverage and reforming its health care delivery system. It also has one of the highest participation rates in the country for the Supplemental Nutrition Assistance Program (SNAP). Oregon has made substantial headway on integrating its work support programs but faces remaining challenges. They include transitioning from a mostly paper-based application system to a fully dynamic web-based version while serving growing caseloads with declining revenues and hiring freezes.

In 2011, Oregon received a Work Support Strategies (WSS) grant to help continue its efforts to streamline the system 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. Simplifying and modernizing these processes can help improve the health and well-being of low-income families, save states money, and improve overall efficiency.

**Oregon’s Goals for the Planning Year**

The Oregon WSS team’s overarching goal was to more efficiently and effectively deliver work support benefits in the context of a major focus on health care reform. From its initial grant application, Oregon saw a close connection

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**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.
between WSS and its health reform planning. At first, the plan was to use WSS to examine data and review eligibility policies to identify additional opportunities for aligning those policies across programs. The WSS team wanted to streamline consumer access to benefits in preparation for a new automated eligibility system. As the year progressed, the health and human services agencies talked more about their goals and settled on a different tactic. The WSS team turned its attention instead to frontline operations in the field offices and engaging staff in the reform process.

Oregon made progress toward its goals during the WSS planning year and initially applied for the second-year grant. Not immediately awarded, Oregon and the Urban Institute discussed several options for continued efforts, with Oregon ultimately deciding not to pursue the possibility of a grant. Agency officials, however, planned to continue engaging and working with frontline staff, making use of the lessons learned during the WSS planning year.

**State Background**

Oregon is a national leader in health care reform. In 1993, the state implemented the innovative Oregon Health Plan, which expanded coverage to the poor and developed a sophisticated benefit prioritization list to help policymakers make more rational coverage decisions. In 2009, the Oregon Health Authority (OHA) was established by the legislature to consolidate the state’s health programs. OHA was designed to give the state “greater purchasing and market power to begin tackling issues with costs, quality, lack of preventive care, and health care access.”\(^1\) The creation of OHA was a key step in implementing the state’s comprehensive plan for health reform, providing access to affordable, quality health care for all Oregonians.\(^2\)

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In addition, the Department of Human Services (DHS) has been a leader in providing access to the SNAP program for eligible low-income families. For years the state has had high participation rates (percentage of eligibles receiving benefits). For 2011, the most recent year available, Oregon had a 93 percent participation rate for SNAP (Cunnyngham 2012).

Bruce Goldberg, head of DHS, led the formation of OHA. In February 2011, he was appointed OHA director. In July 2011, OHA officially split from DHS to become a separate agency. Oregon’s WSS application and planning year took place in the middle of this agency formation and restructuring. The state submitted its WSS application in 2010 under Democratic Governor Ted Kulongonski. During the WSS selection process, Governor John Kitzhaber, also a Democrat, was elected for a third term, having served previously for two terms from 1995 to 2003. As a physician and one of the creators of the Oregon Health Plan in the early 1990s, health care access, quality, and innovation were a key part of his campaign.

### A Quick Glance at Oregon

Population (in thousands): 3,871

Share of individuals living below 200% of the federal poverty level (FPL) (in 2011): ³ 37.7%

Unemployment rate (as of September 2012): ⁴ 8.7%

Share of eligible residents participating in SNAP (in 2010): ⁵ all individuals, 100%; working poor, 95%

Share of eligible children participating in Medicaid/CHIP (in 2010): ⁶ 83.2%

State Medicaid upper income eligibility limit as % of FPL: ⁷ children, 133%; working parents, 39%

Programs state or county administered? State

Number of DHS service districts: 16

Lead WSS agency: Oregon Health Authority (OHA)

SNAP governance: DHS > Division of Children, Adults and Families > Office of Self-Sufficiency Programs > SNAP

Medicaid governance: OHA > Division of Medical Assistance Programs > Oregon Health Plan

Child care governance: DHS > Division of Children, Adults and Families > Office of Self-Sufficiency Programs > Employment Related Day Care

The WSS team was headed up by Cathy Kaufmann, administrator of the Office of Healthy Kids within OHA. Later in the planning year, the WSS project was co-led by Sandy Dugan, administrator of field operations in DHS’s Division of Children, Adults, and Families. Other members from both OHA and DHS were also on the team, including the SNAP program manager and the medical eligibility transformation manager. A project manager was hired about halfway through the planning year.

This report is organized into four key areas that were critical aspects of Oregon’s planning year: getting WSS off the ground, using data to better understand the eligibility process, finding a vision that fits with competing priorities, and managing change at the field office level.

**Getting the Planning Year off the Ground amid Change**

“It hit us like a Mack truck.”

—WSS leader describing the effect of getting a major federal health reform grant early in the WSS planning year

“One of the major activities of the WSS team was bringing the group of stakeholders together from DHS and OHA to get a shared understanding of the data we had available.”

—WSS team leadership

Oregon’s WSS team fought to get the planning year off the ground amid a major restructuring between health and human services, an initial lack of shared WSS ownership across agencies, and heavy competing demands from other key initiatives.

Health and human service programs split in July 2011, when OHA separated from DHS. OHA was responsible for all state health programs, including Medicaid and CHIP. DHS continued to be responsible for all other work support programs. The state continued to have a fairly integrated system in the field—individuals applying for benefits are able to fill out one application for all work support programs, with DHS field offices determining eligibility. “Medical only” applications from those who choose to apply only for health benefits are processed in a centralized OHA application center.
The OHA and DHS split meant that the WSS planning year was occurring amid staff adjustments and changing organizational lines. There were two sets of new leaders, although both the OHA and the DHS director had been in place before the agency split and many staff continued. With two agencies in charge, the WSS team had to work across both organizations, making twice the effort to get everyone on the same page, staff said. In addition, the project did not start with full joint ownership. WSS had started with OHA leadership, with support but less involvement from DHS. State staff reported somewhat different initial views of the project from the two agencies. Some thought that DHS was cautious about taking on work from a new grant, given its heavy workloads and competing priorities from another similar project, while OHA saw the WSS grant as a way to connect and coordinate with DHS on work supports as a whole.

In addition to WSS, Oregon had prior and ongoing initiatives to align program eligibility policies, streamline applications, and find efficiencies. Policy workgroups had closely aligned eligibility requirements for SNAP and ERDC (the state’s child care assistance program). The application process for Medicaid/CHIP, especially for children, had been simplified. The asset test for children had been dropped, and recertification periods had been expanded to a year. Also, in late 2010, Oregon had implemented Express Lane Eligibility for Medicaid, a federal option that permits the state to use the eligibility determination of another program—in this case, SNAP—to establish children’s eligibility for Medicaid. In addition, DHS and OHA were partners in a “reinventing government” initiative, called the Transformation Initiative, to cut costs and make programs more efficient while improving services. This initiative was carried out by the new Continuous Improvement Unit.

Oregon was also making major efforts to update its benefit-related information technology systems. The state’s ongoing Self-Sufficiency Modernization Project, an effort to provide online applications and automate eligibility decisions for all work supports, had been in process for several years. Meanwhile, in February 2011, Oregon received a $48 million federal Early Innovator grant to design and implement information technology infrastructure to operate the Oregon Health Insurance Exchange (HIX). Only seven states won Early Innovator grants. In addition, OHA was in the middle of transforming its health delivery system from managed care to coordinated care through a new system of Coordinated Care Organizations.
OHA staffers, who had taken the lead on WSS, were quickly flooded with competing demands for their attention, in particular, design of the IT eligibility system for the health insurance exchange, which was scheduled to be up and running by October 2013. WSS leadership described the associated work and time pressure as “overwhelming.” Even though DHS had been working for several years toward an integrated automatic eligibility system, in OHA staff’s view the fast approaching deadlines made health reform the priority.

WSS leadership recognized that hiring a project manager solely for WSS was important so that the job wasn’t simply added to an existing staff member’s workload. However, at the start of the planning year, the WSS project director was drawn away by competing responsibilities and was not able to hire a WSS project manager until nearly halfway through the planning year. WSS team members reported that without a project manager, coordination was challenging because “everyone had their own job to do.”

Using Data to Better Understand the Eligibility Process

The WSS team’s initial plan to focus on data yielded insights but also took time to come to fruition. OHA saw an opportunity to use the early part of the planning year to mine available data on several key questions related to enrollment overlap, alignment of recertification dates across programs, “churn” (that is, families losing benefits but reapplying a short time later), and differences in performance across local-level offices. The state launched a research project under WSS and appointed a dedicated team of OHA data analysts to study these questions. In addition, the WSS team planned to create a data dashboard (a tool for compiling data electronically) once performance metrics were established to help in decisionmaking and operations at the state and local levels.

Oregon has a large data warehouse called the Integrated Client Services database. It includes data on all program enrollees with unique client identifiers going back to 2000. The data analysts described it as “messy” but also said it possessed “good potential” for analysis. The data research group said getting data out of the warehouse was “very complex and tortuous,” but they were able to eventually analyze cross-program data at the individual level. The team also examined practices at the field office level by surveying field staff (see box for some of the data team analyses).
The data team presented their results at the biweekly WSS meetings and brainstormed implications with the rest of the team. WSS team members felt that the data analysis provided useful information. For example, WSS leadership reported being surprised by how often clients who enroll in SNAP are not also immediately enrolled in Medicaid/CHIP; in fact, they often are not enrolled until two to three months later. This cross-program data helped the team see how, despite Oregon’s high SNAP participation rates, there were still potential improvements to program access for these individuals. However, the team also learned that not all the necessary data are available, and what is available is difficult to access and time-consuming to use.

As the planning year wound down, the WSS focus changed and data analysis was no longer a key component, so WSS leadership decided to wind down the data team. The data team worried that the state was overlooking an “opportunity to institutionalize this analytical unit, which was making good progress and was creating a framework whereby decisionmaking could be better supported by data.” While WSS leaders agreed that the analysis had been productive, they felt the data team had taken the analysis “as far as it could go.” They decided that maintaining the data team when it was not needed to support the new WSS vision was too costly, and the team utilized the remainder of staff time funded by the planning grant to effectively pass on tools and data developed during the planning year.

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**Oregon Data Team Analyses**

The Oregon WSS data team was tasked with exploring several questions about the eligibility process by analyzing administrative data in the state’s Integrated Client Services database. The data team created a representative sample file from the administrative data to measure caseload overlap, cross-program enrollment date alignment, and program churn (clients exiting a program and reapplying a short time later). The team also measured and compared the performance of individual DHS field offices with respect to the SNAP program.

To examine the possibility of using SNAP income data to determine eligibility for Medicaid, the data team accessed data on SNAP and medical program income in formation from client files.

In addition, the team surveyed field-office staff to better understand how workers verified income and other eligibility criteria. Staff completed and returned 1,200 surveys. The WSS data team mined the results to identify what information could be automatically verified through linkages with existing state databases, thereby reducing the amount of documentation families need to submit and automating more aspects of eligibility determination. The data team found that half of cases had income that could be verified automatically. WSS staff viewed this potential for automation as a promising start to reducing client and staff burdens and deciding eligibility faster.
Finding a Vision That Fits with Competing Priorities

With the many ongoing initiatives in Oregon, it took time for the WSS project to find its place. There was broad agreement across the board on the WSS vision of providing work support benefits to eligible families in an efficient and customer-focused manner. However, because other initiatives had similar goals, some staff found it difficult to see the need for WSS and how it fit in. Also, health reform activities tended to dominate OHA staff time, limiting time available for participation in cross-program activities.

Leadership from OHA and DHS stressed that the difficulty in getting staff attention and identifying a role for WSS was not caused by differences over the project’s mission. Both agencies shared the vision of an integrated system. They pointed out that their field offices and applications were already integrated. Staff in both agencies were confident that the new technology system will eventually be an integrated platform, with OHA and DHS programs, as well as HIX because they are being “built from the same building blocks.” OHA felt strongly, however, that work on integration had to be sequenced, starting with meeting health reform deadlines. But the timeline of health reform activities left little room for other projects.

One of the original visions for the planning year was aligning policies and procedures across OHA and DHS programs. Many WSS team members reported they were already working toward this goal before the WSS planning year, but that they viewed these activities as complementing the vision of WSS. Thus, their activities were not reported as being a result of WSS and were therefore not necessarily seen as part of WSS. Interagency groups were already working to align Medicaid and SNAP policies. In 2010, these groups had worked together to develop Express Lane Eligibility. Several years ago, staff began aligning policies and procedures between ERDC and SNAP, and the reporting system had been aligned prior to that. WSS project leadership said it became clear over the course of the planning year that much of the policy alignment and streamlining work had already been done or was well underway.

Agency staffers were also confused about WSS’s role in the broader program integration effort. As one WSS team member said, some policy analysts “just didn’t understand why they needed to talk to this WSS group….There [was] already so much policy that will change; they
didn’t want to add another project.” The delay in hiring a project manager and the resulting lack of defined leadership was seen as contributing to the confusion around the role of the project.

Thus, partway through the planning year, Oregon’s initial ideas about the focus of its WSS work—policy integration and data analysis—didn’t seem to be panning out as top priorities. In the fall, a new focus emerged: helping field staff prepare for and cope with the coming reforms.

**Moving Forward with Change Management at the Local Level**

“Field offices are where families interact with our programs. So, helping field offices to perform better means families are better served.”

—WSS state team member

“Trepidation was growing in the field offices. Staff were hearing second hand about the [state changes being made] and didn’t know what it all meant for them.”

—WSS team member

In the later part of the planning year, the Oregon team decided to turn its efforts to coordinating and working with field-office staff to prepare them for the changes ahead. This work, dubbed “change management,” became the WSS team’s new focus. Several factors played a role in this decision. At a national conference for WSS grantees in November 2011, Oregon WSS team members reported hearing three recurring themes that were necessary actions prior to implementing new technology: streamline business processes, engage field staff in decisionmaking as part of change management, and align policy between programs. Team members present at the conference felt Oregon was already working on the first and third actions but, moving forward, could make the greatest impact by focusing on the second.

After the November conference, the WSS team began to plan for the implementation phase of WSS. The project manager held a series of meetings to address questions such as “What have we learned?” “What gaps remain?” and “What can we do next?” In the course of these meetings, team members considered and rejected using the next WSS phase to focus on policy alignment, eligibility modernization, and service delivery redesign. One team member remarked “some trains should not be jumped on,” meaning these efforts already had considerable momentum. Going back to what they had learned at the conference, the WSS team came to the consensus that
the project could add the most value by engaging frontline staff and helping them prepare for and manage change. As one WSS team member remarked, change management was “something that would link, support, and fill a gap that would help everyone—HIX, eligibility modernization, service delivery redesign. Change management was the answer.”

Given this renewed vision and focus, DHS leadership took a more active role in WSS and in developing a plan for the implementation phase. They found the change management vision exciting because they thought it would address their concerns about pressures on field staff. Budget cuts, a hiring freeze, and greater demand for benefits due to the recession had increased staff caseloads in the field offices. OHA and DHS staff and field-office members of the WSS team described a resulting level of “staff burnout” coupled with “change fatigue” from the many recent initiatives to streamline eligibility. WSS team members said the state had not always done a good job of communicating with the field staff, who sometimes heard important information secondhand about how reforms would affect them.

To move the new goal along, Oregon’s WSS team held a meeting on change management, facilitated by the national WSS technical assistance team and attended by state agency staff involved in ongoing initiatives, as well as managers, program analysts, and field staff. This meeting helped coalesce the WSS team’s thinking that change management was the correct next step. “You could see light bulbs go on,” one team member said.

The WSS team created a three-part plan for developing and implementing its change management strategy: (1) create a uniform training curriculum and training modules, testing

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**Oregon Planning-Year Activities**

Presented on SNAP-ERDC (child care) alignment to other WSS states.

Brought together a team of WSS-dedicated analysts to explore available data and answer specific questions about program overlap, churn, and field-office processes and to examine performance across field branches.

Held biweekly WSS meetings with OHA and DHS staff.

Held a series of meetings with DHS, OHA, and field office staff to discuss future directions for WSS.

Held change management training led by core WSS technical assistance staff and attended by 60 staff members, including managers, state training staff, field staff, program analysts, continuous improvement employees, and modernization team members.

Developed an initial action plan for expanding change management activities to all staff in local eligibility offices.
them out in pilot offices and then branching out across the state; (2) synchronize an interagency and cross-initiative timeline to improve communication and reduce burden on frontline staff; and (3) develop a communications plan to coordinate messages to field staff and reduce duplication. This plan formed the core of the state’s proposal for the next phase of the WSS project. However, understanding that the prospects for continued WSS funding were uncertain, WSS leadership reported that “change management would still happen” even without continued funding, although not in the same coordinated fashion.

**Conclusion**

Before and during the WSS planning year, Oregon was engaged in numerous activities to streamline benefit eligibility for health programs, align policies across health and other work support programs, and prepare for an automated integrated eligibility system. In addition, the state was moving forward quickly to develop a health exchange and to prepare for health care reform. At the same time, health and human services were undergoing a major restructuring, as health programs were consolidated into a separate agency. All these activities competed for staff time and focus, contributing to a slow start for the WSS project. Later in the planning year, the WSS team regrouped and turned its focus to change management in local field offices.

Because Oregon had a late start and was delayed in hiring a project manager, it extended its planning period until August 2012. After discussions with the national WSS team, the state decided that a WSS implementation grant would not be the best fit for its needs. One reason for this decision was that most of the WSS implementation grant resources had already been awarded to states on the regular schedule, so the remaining funds were limited and might not have met Oregon’s need. State officials also felt that other sources of funding were likely easier to obtain. But as Oregon’s WSS leadership had expressed earlier, change management would continue without WSS funding. Field office staff still needed training to prepare for health care reform and the new automated eligibility system. And DHA and OHA leadership understood the importance of communicating with and engaging front-line staff in these and other changes. The state’s work toward managing change would definitely move forward.
References


Methodological Note

This report is based on several sources, including evaluation team members’ on-site and telephone interviews with Oregon 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 two-day visit to Oregon in spring 2012, the evaluation team held nine interviews with the WSS management team, DHS field program staff, WSS data analysts, and state agency leadership and staff from medical assistance, SNAP, and child care programs.

The goal of this Phase I evaluation was to draw on these sources to document Oregon’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 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.