



Context on the Six Work Support Strategies States

Supplement to WSS Evaluation Publications

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The six states engaged in the Work Support Strategies (WSS) initiative are diverse in many dimensions. This brief provides information on each state as context for WSS evaluation publications. Specifically, this brief summarizes each WSS state's reasons for joining the initiative, administrative structure for delivering work supports, political governance during the initiative, and organization of the initiative within the state. More extensive information about state context at the beginning of the WSS initiative can be found in the series of individual planning year reports titled "Early Lessons from the Work Support Strategies Initiatives."¹

Colorado

In the years preceding the WSS initiative, Colorado's public benefits system faced multiple challenges, including a problematic automated system causing delays in benefits processing; lawsuits leading to court-ordered program benchmarks; and rising food, medical, and cash assistance caseloads as a result of the Great Recession.

Colorado's WSS initiative included five programs:

- Food Assistance, a rebranding of the Supplemental Nutrition Assistance Program (SNAP)
- Medicaid/Child Health Plan Plus
- Child Care Assistance Program

- Colorado Works, a rebranding of Temporary Assistance for Needy Families (TANF)
- Low-Income Home Energy Assistance Program

Structure for Delivering Work Supports

Colorado is a state of 5.4 million people.² In Colorado's state-supervised, county-administered public benefits system, counties have autonomy over policies, program procedures, and service delivery practice and priorities, all of which vary considerably across the state. In most counties, multiple human services programs are administered by the same workers. Colorado's 64 counties vary from highly urban to rural and sparsely populated; the 10 largest counties contain 85 percent of the population. At the state level, the Department of Human Services (DHS) manages Food Assistance, Colorado Works, child care, energy assistance, and other economic security programs. The Department of Health Care Policy and Financing manages Medicaid and other health and medical programs.

The state's automated benefits system, Colorado Benefits Management System, includes Food Assistance, Medicaid, and cash assistance programs. Other work support programs are managed through discrete automated systems.

State Governance during WSS

Colorado had a Democratic governor when the state applied to participate in the WSS initiative. A second Democratic governor took office in January 2011, before the WSS grant was awarded, and remained in office throughout the program. Control of Colorado's legislature has been split between Democrats and Republicans, with the exception of a period of Democratic control of both houses during 2013 and 2014.

WSS Organization

DHS took the lead on the WSS initiative, with the Department of Health Care Policy and Financing as a key partner. The director of the Office of Economic Security within DHS, appointed in July 2011, was the WSS project lead. A member of her staff managed the project and took on a larger role when that director retired in January 2014. County representatives and community stakeholders engaged in committees, work groups, and fulfilled other roles. The Center for Policy Research, a Denver-based consulting firm and longtime partner of DHS, provided policy and data analysis, especially during the first years of the initiative.

Idaho

In the early 2000s, Idaho had a period of high error rates leading to federal sanctions for its Supplemental Nutrition Assistance Program. Determined to become a national leader in delivering cost-effective, integrated health and human services while upholding the state's conservative values of efficient, small government and individual self-reliance, the state made major changes to streamline and

improve its benefits delivery system. A complete replacement of an outdated eligibility system underpinned those reforms. At the same time, budget cuts forced staff reductions and office closures as caseloads (particularly for SNAP) grew at the highest rates in the country. Unwilling to back down from its commitment to continuous improvement, even in the challenging context of the Great Recession, the Idaho Department of Health and Welfare took the unusual step of pursuing its first private grant opportunity in 30 years. The objectives of the WSS project were a good fit with the department's vision and strategic plan related to program integration and customer-centric service delivery, and this alignment was an important factor in the state's decision to apply.

Idaho's WSS initiative primarily focused on three programs:

- SNAP (previously known as the Idaho Food Stamps Program)
- Medicaid and the Children's Health Insurance Program (CHIP)
- Idaho Child Care Program

Idaho's WSS activities also affected participants in the state's TANF program, Temporary Assistance for Families in Idaho, and in later years, families applying for coverage and financial assistance through the state-based health insurance exchange.

Structure for Delivering Work Supports

With a population of 1.7 million and a large geographic area, Idaho's population density is among the lowest in the US. Seven divisions within Idaho's Department of Health and Welfare manage nearly all the state's public health and human services programs. Within the agency, the Division of Welfare oversees Idaho's self-reliance benefits programs, including the Idaho Food Stamp Program, Medicaid/CHIP (now referred to as Health Coverage Assistance), Idaho Child Care Program, and Temporary Assistance for Families in Idaho. The Division of Welfare delivers benefits through 19 field offices located across the state and 4 dedicated processing centers home to central mail, a call center, Child Care Program case processing, Medicaid redetermination, and other statewide teams.

Although the Division of Welfare determines eligibility for Health Coverage Assistance, the Division of Medicaid manages provider policies, claims, and so on. Other aspects of the state's health insurance exchange, such as enrolling families in health plans outside of Medicaid, are managed by Your Health Idaho, an independent, quasi-governmental entity.

State Governance during WSS

Both Idaho's governorship and legislature have been controlled by Republicans throughout the WSS period.

WSS Organization

The Division of Welfare led Idaho’s WSS effort. The division administrator and two deputy administrators provided overall leadership for the initiative. They were supported by two contract staff: a WSS project manager and project coordinator. The state’s WSS leadership team also included all members of the benefits leadership team—bureau chiefs for automation, field operations, and compliance and support—as well as managers of information management, SNAP and TANF policy, Medicaid policy, child care policy, and the training unit. The team met weekly to plan and review progress toward goals during the first years of the project. The state’s WSS leadership also viewed Idaho Department of Health and Welfare executive leadership, field operations managers, and community stakeholders and advocates as important contributors in shaping and implementing their activities under WSS. The state integrated changes at all levels in the organization and across all functions. This ensured the WSS project was not seen as separate from ongoing operations and it made sustainability of activities related to WSS objectives a natural part of ongoing organizational planning.

Illinois

Tightening budgets, layoffs, and increased enrollment in work supports in the wake of the Great Recession left Illinois with overworked staff and underserved clients. The state had reduced the number of local social services offices from 135 to fewer than 90, and the number of staff fell by 40 percent while caseloads grew, leaving individual employees with workloads of well over 2,000 cases. Outdated technology—staff still used paper case files maintained at the office where the client applied for assistance—and a culture of crisis management rather than long-term planning added to the strain. State leaders knew they had to overhaul their work support system, making it easier for families to get and keep benefits and reducing the burden on staff. They felt the status quo was unsustainable, especially with health care reform changes fast approaching.

Illinois’s WSS initiative included four programs:

- SNAP
- Medical Assistance and All Kids, rebrandings of Medicaid and CHIP
- Child Care Assistance Program
- TANF

Structure for Delivering Work Supports

Illinois is a large state of nearly 13 million people. The Division of Family and Community Services within the Illinois Department of Human Services administers SNAP and other programs, and contracts with nonprofit child care resource and referral agencies to administer the Child Care Assistance Program. The Division of Medical Programs within the Illinois Department of Healthcare and Family Services

administers Medicaid and All Kids. Local social services offices—known as Family Community Resource Centers—administer most of Illinois’s work support programs, including both SNAP and service delivery for Medicaid, but not child care assistance.

State Governance during WSS

Illinois had a Democratic governor through most of the WSS period until a Republican governor took office in January 2015. The Illinois legislature has remained under Democratic control throughout the project.

WSS Organization

The WSS project was led by the associate director of the Division of Family and Community Services. The core WSS team also included state officials overseeing food assistance, child care, health care, staff training, and local office operations. As the project began, three full-time contractors were hired specifically for the WSS project: one to manage the project, one to facilitate business process changes in local offices, and one to compile data. The state would go on to hire additional contractors as business process specialists and policy analysts.

North Carolina

Like many states, North Carolina was hit hard by the Great Recession. Caseloads for work support programs expanded rapidly, and the inefficiencies of the human services system—separate eligibility processes for each program and large variations in county-level approaches—began to seem untenable. At the same time, a long-term effort to replace 19 different legacy computer systems with a single modern and integrated benefits system was finally moving toward implementation, offering an opportunity for change. Given this backdrop, North Carolina pursued WSS as a way to break down silos across benefit programs and to streamline policies and service delivery so that families across the state could “tell their story once and receive the services they need.”

North Carolina’s WSS initiative included four programs:

- Food and Nutrition Services, North Carolina’s name for SNAP
- Medicaid and NC Children’s Health Choice, a rebranding of CHIP
- Subsidized Child Care/Child Care Financial Assistance
- State/County Special Assistance

Structure for Delivering Work Supports

North Carolina has a population of 10 million, and is one of approximately 10 states where public benefits programs are overseen by the state but administered at the county level. In North Carolina, this

means that each of the 100 counties provides administrative funding for their own department of social services and manages the programs in its own way. The state Department of Health and Human Services sets program policies, provides support to counties through training and technical assistance, manages information systems, issues benefit payments for most programs, and monitors compliance with state and federal rules. Within the agency, separate divisions are responsible for management of Medicaid, Subsidized Child Care, and Food and Nutrition Services. At the local level, many county departments of social services administer these programs separately using different workers for each program.

In 2012, the Department of Health and Human Services began rolling out a new integrated eligibility system, North Carolina Families Accessing Services through Technology (NC FAST) to replace its legacy systems, most of which were originally implemented in the early 1980s. By 2015, Medicaid/NC Health Choice, Food and Nutrition Service, Work First (North Carolina's TANF program), Refugee Assistance, and Special Assistance were being administered through NC FAST. Future releases will incorporate other programs, including Subsidized Child Care.

State Governance during WSS

North Carolina had a Democratic governor for the first two years of the WSS initiative until a Republican governor took office in 2013. North Carolina's legislature was under Democratic control at the time the state was selected for the WSS initiative, but has been under Republican control since January 2011.

WSS Organization

At the start of the WSS initiative in North Carolina, the director of the Division of Social Services and chief of the Division's Economic and Family Services Section provided overall vision and leadership for the project. Two project managers—one contractor and one Division of Social Services employee—handled much of the day-to-day work of the WSS effort. Additional members of the WSS leadership team actively involved in the project included the chief of the Medicaid Eligibility Unit, Recipient and Provider Services Section, Division of Medical Assistance; chief of the Subsidized Child Care Section, Division of Child Development and Early Education; and the Special Assistance program administrator, Division of Aging and Adult Services.

In 2013, the Division of Social Services director was appointed deputy secretary for Human Services for the Department of Health and Human Services, though she continued to provide overall leadership for WSS efforts. The Economic and Family Services chief retired in 2014. As additional members of the leadership team took new positions over time, they continued their involvement and their replacements also joined the leadership team. County directors of social services also played an important role on the state's WSS leadership team. Five directors served on the WSS team at the project's outset, though that number fell over time due to turnover, and the team also worked closely with the North Carolina Association of County Directors of Social Services, an organization representing all 100 counties.

Rhode Island

Rhode Island, one of the states hit hardest by the Great Recession, struggled with growing caseloads and a shortage of experienced staff caused by an unusually large number of employee retirements in 2008. These retiring employees took with them valuable institutional knowledge and experience, leading to low morale and high overtime among remaining staff. Enrollment in certain programs was low compared to other states despite generous benefits and the existence of qualified residents. The state also needed better coordination among its different programs: often, applicants were required to see one worker for SNAP or TANF and another for Medicaid, repeating processes and paperwork for both programs. In addition, the result of a 2009 class-action lawsuit contesting the timeliness of SNAP application processing required the state to send monthly statistical reports to two client-focused advocacy organizations. For these reasons, the state decided to pursue the WSS initiative, hoping to build on earlier, ultimately unsuccessful reform efforts.

Rhode Island's WSS initiative included five programs:

- SNAP
- Rlte Care, a rebranding of family Medicaid
- CHIP
- Child Care Assistance Program
- RI Works, a rebranding of TANF

Structure for Delivering Work Supports

Rhode Island, a small state of just over 1 million people, has a state-administered work support program with six local offices working closely with central office staff. The Rhode Island Department of Human Services (DHS) administers SNAP, TANF, child care, and other human services programs, and oversees the field operations (i.e., the eligibility staff) for the Medicaid program. However, the Executive Office of Health and Human Services, the umbrella agency over DHS and three other departments, is the primary Medicaid agency.

State Governance during WSS

Rhode Island had a Republican governor when the state applied to participate in the WSS initiative, though by the time the state was selected, its newly elected governor was an Independent (who would later join the Democratic Party in August 2013). He was replaced by a second Democratic governor in January 2015. The state legislature remained under Democratic control throughout the WSS period.

WSS Organization

The WSS project was a major initiative for DHS, and its associate director for management services provided strong leadership, including managing the day-to-day work for the planning year and first year of the grant. The Department of Human Services director and deputy director, as well as much of the lead central office staff, were actively involved in the project, as were the three regional managers in the state. In spring 2012, a contractor and a state employee were hired to assist with managing the project. Local office employees were involved during planning sessions to redesign business processes and implement the changes. Parties outside of state government also provided input, including the two public service employee unions that cover DHS employees, two advocacy organizations that had a subgrant to support the effort, and the network of advocacy organizations that participated in ongoing advisory committees to the various benefit programs.

South Carolina

Though many states faced growing health and human services program caseloads and shrinking state revenues due to the Great Recession, South Carolina's high poverty level exacerbated pressures on state agencies. In addition, the two departments responsible for managing public benefit programs have operated separately for more than a decade, creating additional obstacles to improving the efficiency of service delivery. The state sought to increase collaboration and integration between these two agencies to improve service delivery and processes.

South Carolina's WSS initiative included three programs:

- SNAP
- Medicaid/CHIP
- Family Independence, a rebranding of TANF

Structure for Delivering Work Supports

South Carolina has a population of less than 5 million people across 46 counties. The Department of Health and Human Services (DHHS) administers Medicaid and CHIP, while the Department of Social Services (DSS) manages SNAP, Family Independence, and other human services and child welfare programs. Despite considerable overlap in their clientele and, sometimes, 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 local eligibility offices are located in the same building, each agency has its own lobby windows, receptionist, and intake process. Traditionally, information provided by clients to one agency is not shared with the other. The segregation of work support programs into these silos can confuse 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.

Prior to WSS, each of the two state agencies had independently undertaken their own initiatives to update technology and business processes while automating program eligibility and enrollment. Efforts to integrate processes and efforts between agencies, however, had been limited and short-lived. The directors of the two agencies, both appointed shortly after the WSS grant was awarded, expressed their interest in the initiative.

State Governance during WSS

South Carolina had a Republican governor when the state applied to participate in the WSS initiative. A second Republican governor, Nikki Haley, took office in January 2011, when the state was selected to participate. South Carolina's state legislature has also remained under Republican control throughout the WSS initiative.

WSS Organization

The Department of Health and Human Services was the lead agency for the WSS grant, but DSS was an active partner along with the University of South Carolina, which played a role in project management and convening work groups composed of program, policy, and technology staff from both agencies. Key decisions were made by the deputy directors of the two agencies, working in concert with their respective directors. A governance charter was developed midway through the project to clarify decision-making processes and allow midlevel managers to make some decisions without involving agency leadership. Program managers and caseworkers in local DHHS and DSS offices played a larger role toward the end of the project, particularly in counties that piloted new business processes.

Notes

1. These reports can be accessed at <http://www.urban.org/work-support-strategies-evaluation-publications-and-resources>.
2. Population figures for all states are for 2015 from the US Census Bureau, accessed at <http://www.census.gov/popest/data/state/totals/2015/index.html>

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