

**APHSA**  
American Public Human Services Association

**INFLUENCE  
BUILD  
CONNECT**

presents

**“If I knew then what I know now...”  
COVID-19 Lessons Learned and  
Planning for the Future**

**LIVE  
WEBINAR**

*In the midst of every crisis, lies great opportunity – Albert Einstein*

In partnership with

**MAXIMUS**

Thriving Communities Built on Human Potential

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**WHO WE ARE**

**WE REPRESENT**  
state and local health and human services agencies through their top-level leadership

**WE SEEK TO**  
*influence* modern policies and practices, help our members *build* capacity for their teams, and *connect* them to other human-serving organizations and policymakers

**APHSA**  
American Services Association

*We build well-being from the ground up.*

Thriving Communities Built on Human Potential

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## Our Vision

Thriving Communities Built on Human Potential

## Our Mission

American Public Human Services Association advances the well-being of all people by influencing modern approaches to sound policy, building the capacity of public agencies to enable healthy families and communities, and connecting leaders to accelerate learning and generate practical solutions together.

*We build well-being from the ground up*



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## Our APHSA Collaborative Centers

### Key Platforms

Designed to advance our value proposition and create opportunities for collective leadership and impact.

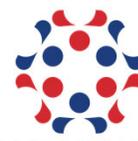
We are actively working to cultivate our collaborative centers as a unifying platform that connects all aspects of H/HS with related sectors, is rooted in our organizational effectiveness practice, accelerates value curve progression, and creates a healthier ecosystem that fosters the outcomes we all desire.



**CCFWB**  
Center for Child and Family Well-Being  
APHSA COLLABORATIVE CENTERS



**CEEWB**  
Center for Employment & Economic Well-Being  
APHSA COLLABORATIVE CENTERS



**NATIONAL COLLABORATIVE**  
FOR INTEGRATION OF  
HEALTH & HUMAN SERVICES  
APHSA COLLABORATIVE CENTERS



**Accelerants to Realizing the Generative Stage**

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## To Deliver Value to Our Members We Aim to:

**Influence** modern policies and practices that support the health and well-being of all children and families and that lead to stronger communities

**Build** more capacity through access to our professional education and development conferences, technical expertise, publications, and our Organizational Effectiveness practice

**Connect** members to national policymakers and human-serving organizations across a wide circle of stakeholders in the health and human services sector, as well as key partners in education, housing, employment, and others

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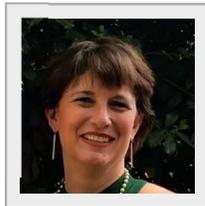
## Our Presenters Today



**MICHAEL WISEHART**  
Director of Economic Security  
Arizona Dept. of Economic Security



**KATE GARVEY**  
Director, Dept. of Community and Human Services  
City of Alexandria DCHS, Virginia



**LINDA RICHARDSON**  
Program Integrity and Performance Manager  
Wisconsin Dept. of Children and Families



**TARA WILLIAMS**  
Special Assistant to the Secretary  
Pennsylvania Dept. of Human Services

Hosted and Moderated by:



**Dianne Ewashko, VP**  
Maximus  
Health and Human Services

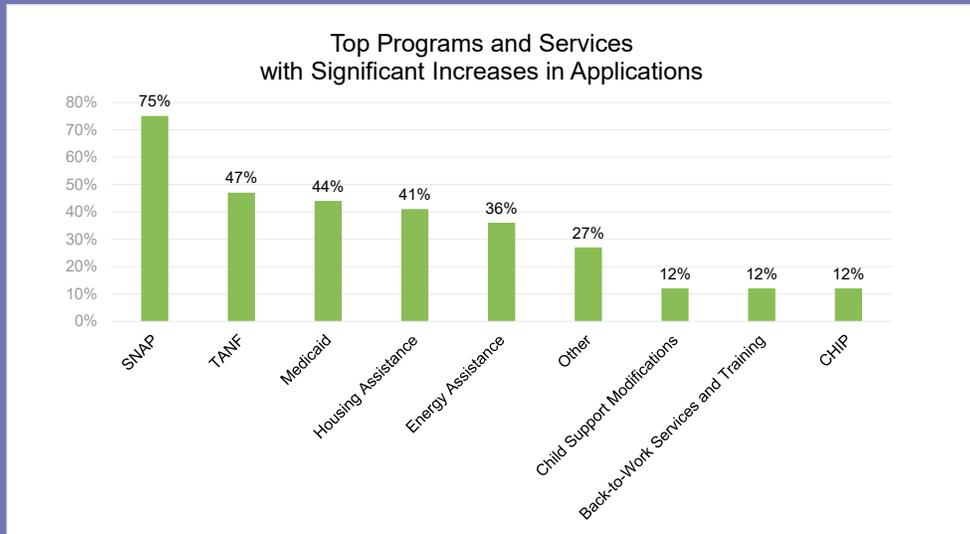


**Matt Lyons, Director of Policy and Research**  
American Public Human Services Association

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# Maximus-APHSA COVID-19 Survey Results Highlights



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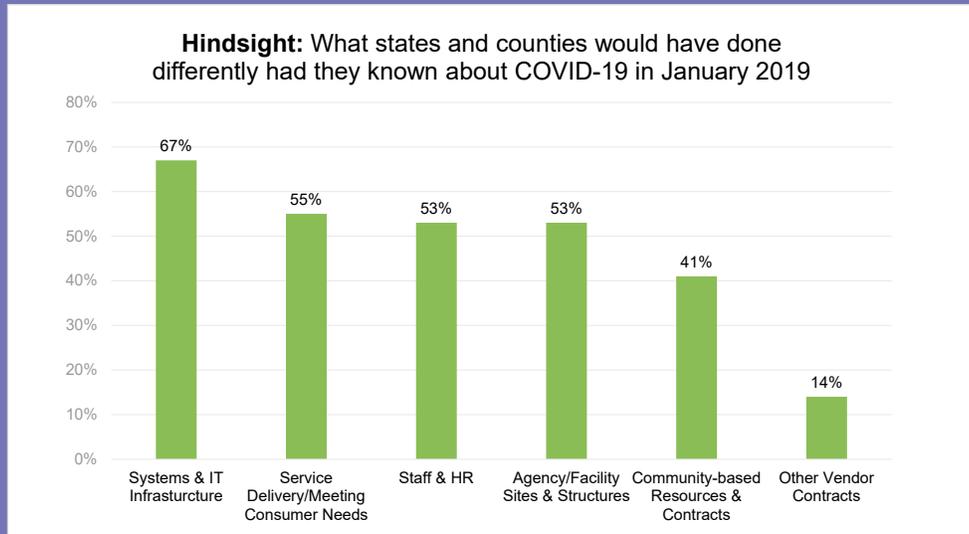
# Maximus-APHSA COVID-19 Survey Results Highlights

Biggest Challenges for Agencies	State and County Leaders' Comments and Concerns
<ul style="list-style-type: none"> <li>▪ Consumers/Service Recipients                             <ul style="list-style-type: none"> <li>• <b>Insufficient funds</b> for rent/housing</li> <li>• Resources for homeless persons</li> </ul> </li> <li>▪ IT                             <ul style="list-style-type: none"> <li>• <b>Insufficient equipment</b> for remote work</li> <li>• Network and older infrastructure</li> </ul> </li> <li>▪ Federal Waivers                             <ul style="list-style-type: none"> <li>• <b>Need for extensions</b></li> <li>• Program integrity</li> </ul> </li> <li>▪ HR                             <ul style="list-style-type: none"> <li>• Emotional <b>well-being</b> of staff: 47%</li> <li>• Physical well-being: 35%</li> </ul> </li> <li>▪ Financial Impact: <b>Budget deficit</b> for next 1-2 years: 70%</li> <li>▪ Contract Fulfillment                             <ul style="list-style-type: none"> <li>• CBOs unable to provide <b>services remotely</b>: 49%</li> <li>• Contract restructuring: 38%</li> <li>• Vendors unable to provide services remotely: 24%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>....the impact will be double if not triple</b> once CARES ends and will fall upon DHHS</li> <li>▪ Mandated CA/N reporters <b>do not have physical contact</b> or view to children</li> <li>▪ With so many agencies furloughing staff, difficulty in communication and helping people</li> <li>▪ <b>Challenges in communicating</b> with elderly consumers in the new way of doing business</li> <li>▪ Because &lt;state/county&gt; doesn't have a mandatory mask rule, <b>management cannot enforce masks</b>, coworkers who believe COVID-19 isn't serious don't feel the need to wear masks</li> <li>▪ Some <b>staff resigned/retired</b> just before or during the pandemic; getting a new hire has been challenging/impossible due to possible budget cuts</li> <li>▪ Any contract over \$100,000 will be reviewed</li> </ul>

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## Maximus-APHA COVID-19 Survey Results Highlights



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Details on what state and county leaders would have done differently

- Focused more on ensuring capacity for a mobile workforce – laptops, work environments within the home...
- One of the principal challenges has been the need for training and support (for staff, contracted providers, community partners and clients) in conducting safety interventions and case progress in a virtual environment.
- Had we known in advance, we would have had some PPE stockpiled, tested our remote capabilities, implemented teleworking and had plexiglass partitions sooner.
- Being proactive instead of reactive...
- Planned for more staffing to administer and monitor funds.
- Establish Emergency Assistance programs and have them in place and functional.
- Better communication processes for staff, clients and government leadership

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## Maximus-APHSA COVID-19 Survey Results Highlights

### Federal Waiver Expiration

- 55% of agencies are not prepared
- 45% of agencies are prepared

### Biggest concerns

- Surges
- Not meeting consumer needs
- Existing and increasing backlogs

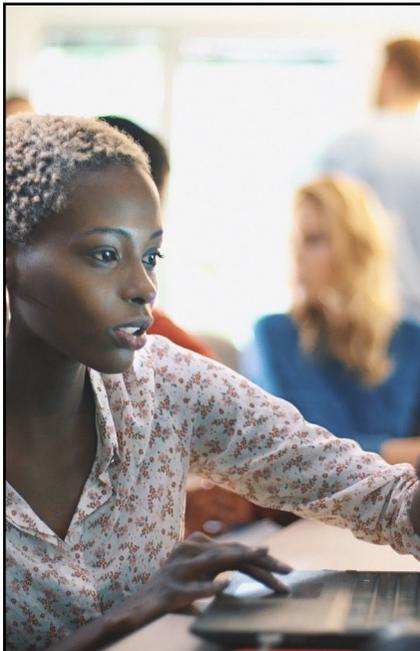
### What states/counties did most effectively in implementing changes

- Telehealth and telework
- Suppressing misinformation and notices
- Schedule flexibility to meet staff and consumer needs



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## Top 3 agency priorities if COVID-19 and high unemployment continue...



1. Increased domestic violence or child abuse
2. Ability to get citizens back to work
3. Ability to develop and support remote workforce

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## Maximus-APHSA COVID-19 Survey Results Highlights

Opportunities Created	Positive Outcomes
<ul style="list-style-type: none"> <li>▪ IT: 69%</li> <li>▪ Staff training: 38%</li> <li>▪ Citizen access: 38%</li> <li>▪ Program services: 38%</li> <li>▪ Site/facility issues: 31%</li> <li>▪ New legislation or policies: 31%</li> </ul> 	<ul style="list-style-type: none"> <li>▪ Virtual client contact and family visitation has proven quite successful in some limited circumstances and could be added to the way we practice going forward.</li> <li>▪ All our <b>training is now online</b>.</li> <li>▪ Teleworking has significant benefits to the agency, and should continue, to some degree, after this is over.</li> <li>▪ Every aspect of <b>every change implemented went faster</b> than the usual schedule.</li> <li>▪ Customers have become comfortable and satisfied with accessing services through online and telephonic applications.</li> <li>▪ <b>Every individual prioritized the crisis</b> and focused accordingly.</li> <li>▪ We were able to support individuals at risk of being evicted with rent assistance through our Emergency Rent Bridge Program, and also support child care providers with financial assistance for additional health and safety measures which allowed them to stay open.</li> <li>▪ COVID-19 has helped us to <b>identify our mission-critical initiatives</b> and to focus on sustaining and enhancing them on behalf of the families we serve.</li> </ul>

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## We are in the same storm, but not the same boat...

### Insights and Recommendations

- Some confusion caused by local and state medical staff not being on the same page about the use and importance of masks. County and state health should **be on the same page**.
- The pandemic environment calls for an adjustment in leadership and management style.
- **Frequent personal contact was important** with staff to reassure and provide counseling for anxiety and other pandemic related issues.
- MN has done an amazing job of supporting our parent employees. We went above and beyond what the federal COVID-19 leave requirements are. So for them, my **staff has been well supported**... Who is missing is staff who aren't parents/no longer have young children. They continued to show up and put in their 40-hour work weeks and carried the brunt of the work.
- We are using COVID-19 to **enhance flexibilities**, improve access to and reduce stigma associated with public assistance, and move the needle on implementation of prevention services and QRTP under Family First Prevention Services Act. We also have new agency spotlights on equity and trauma.
- The economy will take a while to be stabilized.
- Automate, automate, automate!
- Never let a good crisis go to waste.



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Focus of today's panel discussion:

- Challenges
- Solutions
- Opportunities
- Looking to the future



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## Critical Elements in the Alexandria Approach



- Strong multi-lingual, creative communication
- Innovative collaborative approaches within and outside of government
- Utilization of CARES funding
- Partnerships with the community
- Role in Unified Command allowed for greater influence and understanding re: DCHS functioning and needs
- Strong support and gratitude for staff

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## Looking Ahead – Family First Implementation



- Redeployment of staff to COVID response
- Loss of state match funds for prevention services
- Delays in transitioning congregate care providers to QRTPs
- Family court backlogs and uncertainty on managing new hearing requirements
- Delays in state legislative action needed
- Cuts to IT budgets for needed data and reporting enhancements
- Implementation of EBPs with fidelity during a pandemic

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## Looking Ahead – SNAP Administration



- Targeted use of interview and certification waivers to support application processing
- Re-evaluation of staffing and system investments for extended P-EBT implementation
- Use of “simplifying assumptions” to streamline P-EBT eligibility determinations, benefit levels, and issuance schedules
- Use of Quality Control waivers to focus on long-term improvements in program integrity and payment errors
- Incorporating waivers and flexibilities into long-term business process changes

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## Looking Ahead – TANF / Workforce Development



- Shift to remote services and removing barriers to internet access
- 2-Gen lens in workforce policies that support children at home while supporting economic mobility of parents
- Automation of online applications and processing
- Reinforced need for TANF modernization with focus on processes built around outcomes
- Adapt strategies to align constellation of workforce services

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**Q&A**

Any questions? We'd be happy to answer them!

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