

COVID Response Project: Lessons Learned from State Adaptations and Federal Flexibilities

January 2021



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About This Report

The COVID Response Project was funded by the W.K. Kellogg Foundation to document the real-time impacts of the COVID-19 pandemic on state human services agencies and capture state perspectives on lessons learned to guide future federal policymaking and state implementation. The project was completed by the American Public Human Services Association (APHSA) in partnership with the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Regional Operations.

Insights from the report reflect information obtained through APHSA's on-going support of state human services agencies' COVID-19 response efforts as well as a series of in-depth interviews with executive leadership of the 14 state health and human services agencies in ACF's Region 1 (New England) and Region 4 (Southeast) areas.¹

IN PARTNERSHIP WITH:



The Office of Regional Operations (ORO) guides the regional implementation of the Administration for Children and Families' programs and high priority cross-cutting initiatives to states, territories, tribes, and grantees.



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The W.K. Kellogg Foundation (WKKF), founded in 1930 as an independent, private foundation by breakfast cereal innovator and entrepreneur Will Keith Kellogg, is among the largest philanthropic foundations in the United States. Guided by the belief that all children should have an equal opportunity to thrive, WKKF works with communities to create conditions for vulnerable children so they can realize their full potential in school, work, and life. The Kellogg Foundation is based in Battle Creek, MI, and works throughout the United States and internationally, as well as with sovereign tribes. Special attention is paid to priority places where there are high concentrations of poverty and where children face significant barriers to success. WKKF priority places in the United States are in Michigan, Mississippi, New Mexico, and New Orleans; and internationally, are in Mexico and Haiti. For more information, visit www.wkkf.org.

¹ The full list of states interviewed from Region 1 are Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont (Elaine Zimmerman, Regional Administrator) and the states from Region 4 are Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee (Carlis V. Williams, Regional Administrator).

I. Introduction

As our country weathers the storm brought on by the COVID-19 pandemic, human services have been a stabilizing force to help families and communities stay resilient in the face of health and economic forces weighing on all of us. Human services provide the crucial infrastructure that ensures families have enough food to eat, a safe home to live in, and access to the critical supports everyone needs in order to live to their full potential, including child care, education, and health care.

State and local human services agencies play a pivotal role in the COVID-19 response and the economic crisis that has followed. They adapt and connect systems that translate federal policy into on-the-ground solutions to ensure people have access to the family health and well-being supports they need to thrive. While much of the COVID-19 and economic response work has occurred within existing federal regulatory and statutory frameworks, new flexibilities authorized by Congress and additional guidance issued by the federal administration opened the door for new state innovations. During the pandemic, state human services agencies have leveraged these flexibilities to find innovative ways to respond to the heightened need and evolving ways in which people interact with delivery systems. The ways in which state human services leaders tapped into flexibilities have been imperative to help address the disparate impact of the pandemic and the economic downturn on communities of color. While much work lies ahead to promote economic mobility and well-being amid the lasting effects of the public health and economic crises, the current moment offers an opportunity for local, state, and federal leaders to use innovations and lessons learned from the response to build more equitable, resilient, and accessible human services systems moving forward.

This brief offers insights on the most important flexibilities, adaptations, and innovations made by state human services agencies during the pandemic and shares recommendations for how these experiences can inform future state and federal policy and program design. The American Public Human Services Association (APHSA), with the support of the W.K. Kellogg Foundation and in partnership with the U.S. Department of Health and Human Services Administration for Children and Families (ACF), conducted national scans and in-depth interviews with state human services agency leaders in two regions to identify the most impactful policy and practice shifts in response to the public health emergency. Through this brief, key practice and policy shifts have been sorted into four main areas that were critical in connecting families with the services needed to weather the pandemic in the short term and be equipped with the tools we all need to thrive in the long term: (1) the use of waivers and flexibilities; (2) the shift to virtual services; (3) the role of partnerships and whole-family approaches; and (4) the importance of resiliency and emergency planning. Drawing on the key trends from state feedback within each of these areas, the brief identifies priority recommendations to guide future federal policy and program implementation to lay the tracks for a recovery grounded in equitable economic mobility.

While this project focused on distilling lessons learned from adaptations made by human services agencies in response to the pandemic, the research reinforces the need for flexibilities and technical assistance to support innovation in agency operations, research and evaluation of new service delivery models, and a funding and policy framework that is grounded in building family resilience during times of economic instability through targeted, short-term income supports. All state human services agencies highlighted the urgent and critical importance of substantial new funding for families and the people-serving agencies that support them, as well as continued flexibilities as the pandemic crisis deepens. Despite rising hunger, unemployment, and economic distress in the first months of the pandemic, deeper and longer lasting social and economic impacts were only averted because of the significant infusions of funds that enabled states to respond, communities to remain relatively stable, and families to provide for their children. As the country continues to experience increases in COVID-19 cases, and as some states are forced to restrict activity to safeguard the public health of communities, decisive federal action is needed to provide additional critical investments in families and communities. This will avert further social and economic damage to those already hit the hardest by the pandemic and mitigate the trauma experienced by so many families.

II. Use of Waivers and Other Flexibilities

In the early weeks of the pandemic, waiver authorities and existing state flexibilities were essential in keeping core services afloat while states operated under limited capacity. States used a number of waivers and flexibilities across a range of programs. (A comprehensive list of flexibilities, waivers, and policies issued by the Department of Health and Human Services can be found in the Appendix of one of their [recent Notices](#).)

Within the **child care** area, federal guidance that permitted child care administrators to switch from attendance- to enrollment-based payments offered providers critical financial relief as communities faced widespread shutdowns. Temporary waivers of background checks and fingerprinting ensured child care providers and child welfare agencies could continue to onboard staff and foster families to meet community needs while businesses



providing these services were temporarily closed. Federal guidance also proved helpful in preserving affordability and access to child care by allowing states to waive copayments and fees for parents who were facing job loss, reductions in work hours, or other disruptions and uncertainty caused by the pandemic. Similarly, flexibilities to alter income and eligibility criteria to support the essential workforce helped ensure human services agencies could help with emergency care.

Within **economic support programs**, early waiver flexibilities helped states stay responsive to the onslaught of applications while building out their systems to better handle virtual case processing functions. Within Supplemental Nutrition Assistance Programs (SNAP), federal waivers proved pivotal early in the pandemic. Waiving face-to-face interviews and allowing telephonic interviews allowed states to keep up with processing new applications. Extension of certification periods and periodic reports ensured that households already receiving assistance did not lose their assistance while states managed unprecedented increases in SNAP caseloads.

As a block grant with broad flexibility, state Temporary Assistance for Needy Families (TANF) programs leveraged both pre-existing and newly issued guidance to modify certification periods, shift to telephonic signatures, and issue requirements for good cause from work. While statutorily unable to suspend the Work Participation Rate (WPR), the federal administration's guidance signaling a willingness to grant penalty relief for failure to meet the WPR, provided states with the assurance they could prioritize the immediate needs of parents and children without jeopardizing state budgets by granting good cause from work due to the pandemic. Despite this flexibility, challenges to ensure TANF continues to be available for families

Use of Waivers and Flexibilities in Kentucky

Leaders in Kentucky used many of the new flexibilities that came from the federal government, along with existing state discretion to deliver services efficiently to families. With various waivers from SNAP around telephonic interviews, waivers of face-to-face interviews, and streamlined application data, Kentucky went from processing 4,000 calls a day with a 30-minute wait time to 10,000 a day with less than a two-minute wait time.

Throughout the state of emergency, Kentucky is ensuring that no family receiving TANF benefits is subject to lifetime limits or penalties for not meeting a work requirement. They also used existing flexibility in child welfare to reach out to transition-age youth in foster care to help extend their support until age 23. Kentucky leaders used waivers in Medicaid to grant presumptive eligibility for Medicaid applications to help speed support to families. Finally, innovators in the state also used data from those on unemployment insurance to identify potentially eligible families to receive Medicaid assistance.



throughout the pandemic remain—the statutory requirement to limit most TANF recipients to no more than 60 months of assistance increasingly became an issue as the pandemic endured and more families reached this limit.

Waiver flexibilities continue to play an important role in helping state human services agencies implement their core mission during the pandemic. In **child welfare**, guidance allowed states to temporarily suspend monthly face-to-face caseworker meeting requirements to continue monitoring child safety and work toward permanency for foster youth and families. Using existing underutilized flexibilities in IV-E spending, agencies were able to secure cell phones and other technology for foster families, youth, and birth parents to help them maintain critical relationships. Under authority of the Stafford Act, agencies were given the ability to conduct both monthly caseworker visits and child welfare court hearings virtually, which led to increased parental engagement in reunification efforts. Also under the Stafford Act, agencies were allowed to make modifications to programs and services in approved IV-E prevention plans, to be conducted in a virtual environment.

Waivers also helped states respond to the pandemic by adapting new service delivery models to meet evolving needs of families, particularly within **SNAP**. Online purchasing pilots, previously limited to a small group of states, were rapidly expanded across the country to ensure SNAP recipients, particularly those with underlying health conditions, had access to food delivery services during the pandemic. The U.S. Department of Agriculture (USDA) worked quickly to onboard new states into the pilot; however, the small number of participating

retailers and the fees associated with delivery services were a constraining factor in scaling up utilization of this service.

SNAP programs also used new statutory authority through the Family First Coronavirus Response Act to replace missed free and reduced-price meals of students during school closures through the Pandemic Electronic Benefits Transfer (P-EBT) program. Working with state and local education departments, state agency leaders overcame significant hurdles in launching this entirely new program, including crafting memorandums of understanding (MOUs) across agencies, operationally building data-matching systems that connected information about families across—often antiquated—state data systems, and challenges in quickly loading thousands of EBT cards within existing vendor contracts. Despite the obstacles, their ability to reach millions of new children in a matter of weeks is a testament to what human services agencies can accomplish to meet the needs of communities in times of crisis.

Where waivers and guidance provided states with ongoing flexibility during the public health emergency, states reported the value of being able to plan proactively in how best to apply flexibilities to their work. Conversely, where waivers were time limited and had to be repeatedly renewed and justified, states reported difficulties in program

*“Our customers and employees had to embrace a new way of doing business literally overnight. We had already started focusing on change management as part of a systems modernization initiative, but it was expected to take several years to fully implement. The pandemic accelerated every timeline we had in every program. Our operational channels **HAD** to change to effectively respond. The days of people spending hours in full waiting rooms are over, as the new model is meeting customers where they are instead of where our offices are located.”*

*—Commissioner,
Tennessee Department of Human Services*

“The most important in-person work is goal setting and engagement. The research is really clear—it’s about relationship building around goal setting with positive regard so participants have the opportunity to set and move on their own economic mobility path.”

—Massachusetts Human Services Leader

administration. This was particularly true for SNAP waivers, where many federal waivers were subject to month-to-month renewals beginning in the summer. Often, waiver approvals and rejections occurred after the time by which states would have needed to communicate process changes to benefit recipients. While flexibilities provided to states were intended to support them in more efficiently and quickly processing applications for newly eligible individuals and families, these process changes were difficult for states to implement. For example, USDA guidance early in the pandemic to uniformly extend certification periods and periodic reports by six-months resulted in workload volume challenges that states faced later; alternative proposals by states to extend certification periods were not considered by USDA. The statutory framework for SNAP also resulted in different rules that mandated states count Pandemic Unemployment Benefits in income

eligibility determination, unlike other programs like Medicaid, TANF, and child care. As a result, many families with low incomes were deemed ineligible for SNAP early in the pandemic.

FEDERAL POLICY RECOMMENDATIONS MOVING FORWARD

Based on the changes the pandemic and economic shutdowns created for human services, several recommendations for federal policy emerged, including:

- Continue to streamline and align eligibility and verification processes across key basic needs programs, such as SNAP, TANF, and Medicaid, which will both reduce administrative burdens for state and local systems and expedite delivery of critical supports to families.
- Plan for waiver authorities on key basic needs programs that kick in around certain crises and economic conditions, and that expire when local conditions on the ground have recovered rather than a set, standardized timeline for all.
- Consider additional flexibility on spending caps that impacted the ability of states to serve families and children during crises. Federal policymakers should examine the cap on TANF spending for child care services, as well as caps on Chaffee’s support limits on housing for youth aging out of foster care.

III. Shift to Virtual Services

The need for sustained social distancing during the pandemic forced human services agencies to rapidly scale up virtual services for people seeking assistance. This transformation involved both significant investment in the tools and infrastructure used to deliver services and a cultural shift in the norms and organizational practices followed by state and local agencies.

At the start of the pandemic, the sudden closure of state and local offices required agencies to quickly expand the capacity of their workforces to operate remotely. This involved major expansions of Virtual Private Networks (VPNs) to ensure remote staff could securely access agency systems and resources, as well as equipping staff



with the resources needed to perform essential work duties. States reported different types of equipment that needed to be purchased, such as tablets, cell phones, hotspots and webcams, among other things. These investments have had lasting value during the pandemic, with most states reporting that a significant share of their

workforce to operate remotely. Many of the states interviewed reported that telecommuting options have resulted in improved efficiency and workforce well-being, and many states anticipate continuing to offer more flexible work options for staff once the public health crisis is over. Additionally, feedback from many parents using state services during this time found access to benefits to be easier because of reduced travel time, and states found that parents received expedited services and experienced more thorough interactions with their agencies to help meet their needs.

The shift to virtual services also led to many changes in people-facing business processes. The goal of these changes was to preserve access and support to critical services while families had to engage with human services agencies remotely. Many states created or expanded access to web and mobile applications and reported exponential increases in utilization of these systems. These investments focused on not just having an option for virtually applying for services, but also improving the experience and usability of applying for services. Enhancements some states made, such as document upload, phone applications, and live customer support all proved to be promising advancements in making virtual application submissions more accessible and efficient.

In many states, front-end changes to applications were complemented by back-end business process redesigns. Leveraging initial groundwork completed before the pandemic, some states used machine reading, intelligent scanning, and/or robotic process automation to help streamline case processing when applications rose sharply in the early weeks of the pandemic. In other states, the increased caseload demand in specific regions, combined with the broad reliance on virtual processing functions, reinforced the value of shifting to a unified case management model, whereby eligibility workers from across the state could work on any incoming application or redetermination. In states where different economic support programs such as SNAP, TANF, and Medicaid are handled through separate staffing units and application processes, interviewees noted the efficiencies gained by integrating these functions across programs. To address capacity constraints in the short term early in the pandemic, many states temporarily



Shift to Virtual Services: Mississippi

At the onset of the pandemic, all of Mississippi's 82 county offices shut down. Leadership quickly pivoted to move Department of Human Services (MDHS) staff to remote work, procuring more than 400 cell phones for staff to enable them to work outside the office and conduct phone interviews for people applying for benefits. The state IT team worked to connect their 35-year-old eligibility system to the Cloud so that staff could get remote access to their eligibility and case management system. The state also shifted to a unified case management model where SNAP staff from any county could help process incoming applications. This meant that when one county had a surge in applications, staff from surrounding counties could help support that workload. At one point in time, the state's adapted virtual services operations allowed MDHS staff to process more than 60,000 new SNAP applications in a single month (April 2020).

redeployed staff within other units and program areas to support case-processing functions.

In the **child welfare** area, state agencies addressed public health concerns about social distance by offering virtual visitation and home inspections and worked with the court system to overcome technology constraints to hold virtual court hearings. Early challenges with making these services broadly accessible highlighted the need for

infrastructure investments to support resilient and nimble approaches to core child welfare functions. Child welfare functions that were already virtual, such as the interstate placements supported by the National Electronic Interstate Compact Enterprise (NEICE), were able to continue core activities without any disruption from the shift to virtual. Within state **TANF** programs, similar early investments in some states that promoted virtual employment and training services, with flexible options for when and how people engage in services, have expanded opportunities to engage parents in new ways.

“Where partnerships were already strong, we got things done quickly. Where they were weak, things cracked.”

—New Hampshire Human Services Leader

While states consistently highlighted successes and opportunities for long-term growth in virtual services, agencies also acknowledged the real and significant barriers that the digital divide presents. In rural areas, this barrier often manifests itself in a lack of broadband Internet. In places where this critical infrastructure is lacking, states have had to get creative to bring Internet access directly to communities by, for example, conducting mobile local events where people can access the Internet. Equally important, states also highlighted a lack of digital literacy for many people they serve. This has reinforced the importance of addressing digital literacy as an important essential skill to develop when supporting the employment and training needs of people that state agencies serve.

IV. Partnerships and Whole Family Approaches

The COVID-19 pandemic has devastated the communities human services agencies serve and placed tremendous strain on agencies’ budgets and operational limits. However, agencies consistently point to the lessons learned and future implications of partnerships forged as evidence of the absolute need to align systems in support

Furthermore, ready access to alternatives to web-based applications for people seeking assistance remains a vital component of equitable and accessible economic support delivery systems.

FEDERAL POLICY RECOMMENDATIONS MOVING FORWARD

Policymakers at the state level point to needed changes by federal policy partners to ensure that human services programs are able to build back in ways that are responsive and adaptive to both public health and economic crises as we move forward. They recommend that federal policymakers:

- Maintain a hybrid service provision approach, using technology and virtual services when in-person interaction is less necessary, and saving in-person interactions for more in-depth coaching or emergency situations.
- Invest in evaluation of virtual service delivery to better understand which services can be shifted fully to virtual and under what circumstances, while balancing access, efficacy, and risk.
- Fund and provide guidance on building out universal broadband and technology access. States plan to keep many of the technology innovations and build upon them in small and big ways, but they agreed that federal leadership and funding are needed to move broadband and technology access forward as a basic utility, the same as electricity. This is true for technology access for clients, but also important for their own human services staff. Many states noted that this digital divide is best addressed across systems, to more effectively and efficiently meet the technology needs of children and their parents.



of whole-family needs. These areas of alignment offer an opportunity to build stronger, more resilient systems able to help people weather future storms.

One key factor in system alignment work that expanded during the pandemic has been cross-agency planning efforts, many of which are now becoming permanent. Notably, states with interagency work already underway were able to capitalize on existing relationships and cross-agency systems with a robust response, while other states needed to build new systems and partnerships. States that were interviewed reported different ways to convene stakeholders

Partnerships and Whole Family Approaches Spotlight: New Hampshire

Expanding upon whole-family and cross-agency approaches implemented over the past few years, the Granite State launched a broad interagency team that met virtually weekly to review emerging data and solve emerging issues. The team also leaned on community networks established through a federal opioid grant, receiving weekly reports on community conditions and needs that offered context to their data and enabling state agencies to respond rapidly with tailored and effective solutions as new needs and challenges arose. For example, Governor Sununu set up a warm line for parents after the cross-agency team noted a drop in child welfare reporting because of fewer contacts with families. Staffed by a local provider, the warm line provided support for parents facing the stress of in-home isolation with their children.

Recognizing the fragility of the child care system, the state partnered with local philanthropy, child care providers, nonprofits, and the business sector to set up the Emergency Child Care Collaborative within one week, providing child care for thousands of essential workers as well as financial support, technical assistance, health and safety supplies, and other resources for child care providers statewide.

in planning to meet emerging needs:

- some established regularly recurring meetings that brought together leaders from different programs to analyze and respond to rapidly changing data trends;
- others launched interagency and public/private task forces to work together on specific areas of need;
- in at least one case, a state hired a shared position across two state agencies to coordinate services for families interacting with both departments.

Regardless of the form of coordination, states repeatedly affirmed the added value of these partnerships with optimism they could be maintained post pandemic.

Other State Service Delivery Innovations

- Alabama located school buses outfitted with wifi devices in key neighborhoods to address broadband issues.
- Tennessee's human services agency partnered with the state's Department of Labor to host a virtual job fair for essential positions to help match unemployed individuals and workers with low incomes with key job openings.
- Vermont trained TANF workers to help families experiencing homelessness to move to permanent housing through access to housing services and subsidies.
- North Carolina set up a mental health hotline for front-line child care and other essential workers.
- Georgia's human services agency linked into the state driver's license system for SNAP verification, eliminating a piece of documentation to streamline access to benefits.
- In Rhode Island, the state worked with farmers to process EBT payments to increase access to fresh food for SNAP families.

States made swift and significant progress embedding partnership strategies into service delivery. Urgent needs in the child care sector led human services agencies to partner with community and philanthropic organizations to ensure access to child care for essential workers and to stabilize the child care provider industry. This rapid response coordination prevented more child care providers from becoming insolvent during the initial shock from the pandemic. As the child care market began to adapt to the current public health crisis, some human services agencies leveraged their purchasing power to procure personal protective equipment in bulk for their provider and nonprofit communities providing services to families. Within economic support programs, similar partnerships proved pivotal in responding to heightened need. Flexibility within the TANF program allowed some states to scale up short-term non-recurrent benefits to provide emergency assistance for families disrupted by the pandemic. Community partners, such as local food banks, child care centers, and schools, were important ambassadors for these and other new benefits, including P-EBT.



At a more fundamental level, the pandemic revealed the importance of the continued transformation of services across agencies to address whole-family needs and interests, particularly on the way case managers changed their approach in working with families. Within TANF programs, the sudden closure of schools and child care centers compelled agencies to look at how to support parents as both breadwinners and caregivers. Agencies increasingly shifted focus away from work requirements to parental engagement strategies to better support children's well-being and family resiliency. TANF

programs in some states bridged to housing, food, and child welfare agencies to support families comprehensively. Within child welfare programs, limited visibility of traditional mandatory reporters for possible child neglect reinforced the critical importance of community-based, primary prevention services and the need to support the mental health of parents in response to the ongoing stress caused by the pandemic. Agencies interviewed consistently pointed toward the need to further advance strengths-based, trauma-informed, human-centered approaches that keep families in the driver's seat to achieve upward mobility and improve their well-being.

FEDERAL POLICY RECOMMENDATIONS MOVING FORWARD

The pandemic spurred and highlighted the value of more service integration across agencies and programs to better support family economic stability and mobility. To achieve this, states recommended federal action to:

- Enhance the federal interagency structure to readily support coordination across agencies with common benchmarks that allow states to prioritize achieving community-level outcomes.
- Create additional flexibility and technical assistance to braid funding and staffing across programs.
- Invest in information technology and data governance to facilitate data sharing for more holistic service delivery.
- Provide federal guidance to states in standing up interagency teams, cross training staff, and implementing human centered design strategies that keep families at the center of the delivery system and deepening external partnerships.
- Incentivize states to deeply engage parents so service design and delivery are anchored in what families need. States that were informed by parents about their experiences with various programs during the pandemic were able to identify cross-systems barriers and deliver more efficient services to meet the multiple needs of families.

V. Resiliency and Emergency Planning

Reflecting on their early response to the pandemic, state agencies shared many different lessons learned about how they could have done things differently or be better prepared for future disruptive events. The planning, early response, and on-going efforts of human services agencies to stay resilient when faced with the extended public health crisis offer many valuable insights for all state agencies and their federal partners.

Ahead of the pandemic, state human services agencies had Continuity of Operations plan in place to ensure they could continue to perform under emergencies and other disruptive events. However, the magnitude of the COVID-19 pandemic forced many states to go well beyond their scripted protocols to maintain the integrity of program operations, and to reach beyond human services to ensure a coordinated response to families and communities.



The level of integration within state emergency response was an important factor in connecting the role of human services in broader state response efforts. In states that deployed a unified command structure or similar approach that embedded human services agencies into statewide planning, human services leaders noted they were better able to leverage their community networks to support a coordinated state response. Furthermore, the connections generated through this structure proved important in helping lift up the role of economic supports in messaging and strategies deployed in partnership with governors' offices and other state agencies.

While federal agencies have developed emergency preparedness plans for states that included continuity of operations during a pandemic, state and local leaders can provide valuable insights on how pandemic preparedness plans could be modified to optimize state and local agency service delivery. For example, the USDA had pandemic response planning in place establishing the P-EBT

Resiliency and Emergency Planning Spotlight: Connecticut

Connecticut utilized its emergency unified command structure to coordinate across all state agencies, bringing food systems, child care, health, and human services into daily emergency planning sessions. Leaders met every morning for months to identify and respond to needs across agencies. Food quickly emerged as a top priority, and Governor Lamont established the Emergency Food Working Group. The state used a food systems approach, mapped the food system statewide and implemented a coordinated response, including bulk purchasing for food banks, centralizing distribution systems, and establishing food pick-up centers for families. Local growers were connected to support farm stability and family well-being simultaneously.

The state's command structure brought child care into the forefront of emergency operations for the first time, creating new understanding and connections between work and the child care system. Command leaders partnered swiftly with the private sector to raise \$4 million to support emergency workers in accessing child care. The Office of Early Childhood used a multipronged approach to supporting the entire system, creating a child care business technical assistance response, a stronger set of supports for family child care, and front-line worker and hospital worker child care options. Together, these strategies were aimed at touching every part of the child care system to make sure it didn't buckle under because of the pandemic and economic crises.

program in 2009, but states faced numerous operational challenges in setting up the program. It is critical that federal, state, and local agencies work together to understand how these operational challenges could be mitigated through revised emergency planning processes and codifying state guidance and protocols to better prepare for this unique type of emergency in the future.

Human services agencies recognize that hindsight is 20/20, and many of the challenges confronted by states and their federal partners since the start of the pandemic were difficult, if not impossible, to predict. However, the unprecedented experience of recent events offers a window of opportunity to document the key federal flexibilities and strategies that foster resilient and adaptive human services systems for future crises.

Other Partnership and Whole Family Service Innovations

- Florida leaned on an existing set of cross-system care coordinators, who are workers delivering comprehensive supports to families with the goal of providing the tools and resources for clients to be able to “choose their own version of economic independence.”
- South Carolina’s Department of Social Services hired a shared position with the Department of Health and Human Services to help coordinate services for families who are touching both departments.
- Similarly, in Massachusetts, Medicaid staff were trained to ask about food security and SNAP applications when they were in contact with families.
- In Maine, Wabanaki Public Health set up a system of colored papers for tribal families to put in the windows as workers drove through neighborhoods, with different colors indicating different needs including food, health, and mental health.
- Transfer payments to increase access to fresh food for SNAP families.

“We created new partnerships with hospitals who didn’t realize the state had capacity to assist with the challenge of providing child care to hospital employees. We created 29 centers in three weeks. Government can move faster and collaboration across agencies can happen, but it takes leadership and consistent communication.”

—Connecticut Human Services Leader

FEDERAL POLICY RECOMMENDATIONS MOVING FORWARD

Lessons from emergency operations during the pandemic offer clear guidance on preparedness in the future. Federal actions to support states in both public health and economic crisis include:

- Establishing further and more detailed advanced planning, training, testing, and investment in technology to facilitate quick and smooth shifts in operations for states to be better prepared for the next disruptive event.
- Supporting states in determining essential personnel designations, recognizing the human services workforce as critical infrastructure.
- Partnering with states to help prioritize emergency planning, elevate best practices and models for planning, and dedicate funding to invest in the infrastructure needed for rapidly deploying emergency plans in advance of a crisis.
- Creating communication channels and other mechanisms to foster rapid and collaborative planning with federal agencies during crises will improve the usefulness of federal guidance and states’ responsiveness in implementation.
- Pooling these flexibilities into a comprehensive playbook that identifies the tools at the disposal of federal agencies, the context in which they are needed, and the authorizing mechanism needed to deploy them, would provide tremendous value for future emergency planning. Furthermore, regulatory and statutory changes could make many of these flexibilities easier to deploy in times of emergencies.

“Instead of administrative tracking of activities, measur[ing] the actual outcome would be a good place to start. We need to change the amount of time people can do post-secondary education to help them get the skills to succeed in a competitive economy. I would be happy with three years of education and/or training to be supported by cash assistance. It would allow for at least a two-year Associate’s degree, which is producing some good economic outcomes for families.”

—Maine State Agency Leader

RECOMMENDATIONS FOR SYSTEMIC HUMAN SERVICES REFORM

In addition to the specific federal recommendations listed previously, the health and economic crises caused by the pandemic illuminate critical large systemic policy shifts that are needed at the federal and state level if families are to be supported in their economic and overall well-being. While vaccines are now being distributed, the pandemic will continue for months, and the economic shocks from the pandemic will continue to impact families, jeopardizing their well-being and path toward economic mobility.

Immediately and most important additional federal funds to states and families are critically needed to bridge to a full re-opening of the economy, schools, and communities, and must be paired with continued federal flexibility for states to tailor their response to community and family needs. Continued and improved coordination at the federal level across agencies will substantially aid states’ efforts; states in turn must bolster cross-agency collaboration to benefit from federal coordination, funding, and flexibilities.

At the federal level, policymakers should continue interagency collaboration efforts through a formal coordinating body, such as the U.S. Council on Economic Mobility, which offers the opportunity to align eligibility rules, guidance, and other program processes across human services, housing, and economic mobility programs. Availability of such an interagency entity that brings key actors together that are responsible for guiding the delivery

systems that support the well-being and resiliency of communities would help further alignment and resolution of issues states face in carrying out federal guidance on emergency response.

States’ experiences through the pandemic illuminated several federal policy shifts that are critical to addressing the needs of families and communities:

Build a Resilient Child Care System. The importance of quality child care, and a stable, adequately funded system of providers to support working parents and the economy, was illuminated for business and government. The pandemic exposed the importance of the child care system as critical infrastructure supporting workers, business and our economy. While there are no easy solutions, a combination of federal investment that creates stability for child care providers, maintains parent choice, aligns child care availability with work schedules, and expanded collaboration with human services and education are clear requirements for a new, more resilient system to support parents and their children. More research is needed to understand the pandemic’s impact on the existing child care provider market and how changes to the labor market and parent choice shape the provider landscape in the future.



Modernize TANF to Support an Equitable Recovery. States noted that the TANF program is long overdue for evaluation and modernization to meet new needs of families, employers, and local economies. The pandemic illuminated shortcomings in program rules and requirements that limit TANF's impact as an economic stabilizer to advance economic mobility for families. States reported that work participation as the primary measure for TANF programs focuses agencies and parents on short-term employment options that often lead to minimum wage jobs, creating continued economic instability for families. By refocusing TANF performance on outcomes such as job placement and retention, credential attainment and earnings, practice at the state and local levels will refocus agency efforts toward services that lead to economic mobility. As we move into recovery from the pandemic, there may be fundamental longer-term shifts in sectors and labor markets, which may require the retraining workers for labor market realities post pandemic. Allowing a longer time for training and education can substantially lift the ceiling on economic progress for families as they gain credentials leading to higher wages, often paired with health care and other benefits.

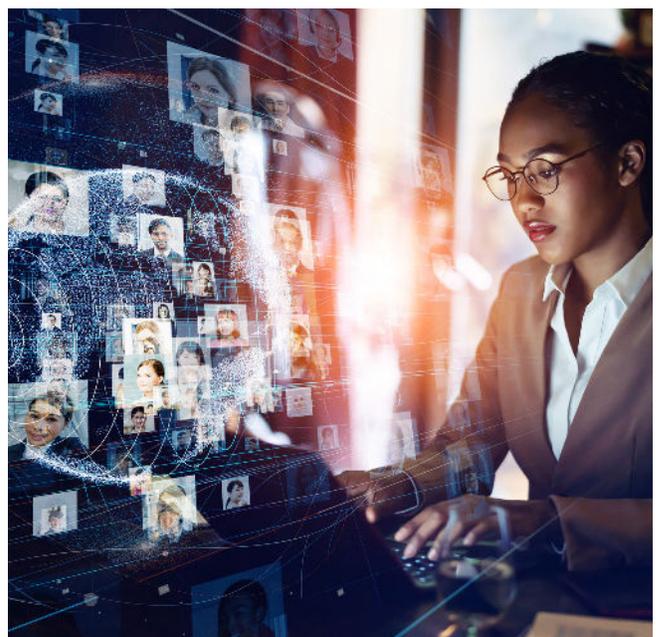
Establish a nimble and responsive food security system. The pandemic exposed the limitations in the current system of food supports and delivery systems and required rapid innovation at the federal and state levels to meet family needs that point the way forward to a more responsive approach. The lessons of the P-EBT experience provide an opportunity to better understand food security for young and school-aged children. The complex regulatory structure and often politicized nature of nutrition programs can make it difficult to quickly authorize and administer program changes that are responsive to changes in food insecurity. States reported that statutory changes that establish automatic triggers for enacting waiver flexibilities and increasing assistance can equip them with tools in times of social and economic crisis. Furthermore, lessons learned from modern case processing strategies and increased SNAP benefit levels during the pandemic could inform changes in SNAP regulations.

Foster Resilience in Communities Through Primary Prevention. The outsized impact of the pandemic and the economic shutdown on communities with low-income and communities of color laid bare the need for more upstream investments that address prevention, health, and economic resilience for families who are most impacted by crises. As seen in child welfare, a focus on primary prevention services is a critical first step to building a more integrated approach to keep families safely together and prevent harm before it happens. Child welfare agencies are working to implement the Family First Prevention Services Act, which opens up federal funding for limited evidence-based prevention services, including mental health, substance misuse treatment, in-home parenting skills, and supportive programs for pregnant and parenting youth. Implementation is slowed, however, due to the program rating and review process, state and local budget shortfalls, and lack of availability of programs that serve kinship caregivers and communities of color.

States reported that federal policy can improve health service access in communities with low income, including expanded access and more culturally responsive mental health services. Human services leaders, especially in agencies administering economic security programs, need to build deeper connections with mental health programs and support multiple pathways to access these services. The public health emergency offers an opportunity to test and evaluate new service delivery models anchored around whole-family assessment and screenings for social determinants of health. Additionally, states reported that enhanced federal reimbursement rates that allow telehealth services and integrated, coordinated care models should remain after the pandemic as human services agencies work to address underlying challenges for families and the added trauma that families have experienced. States have begun to look more closely at these issues, and federal leadership will be critical to ensure that co-investment in mental health services and other wraparound supports from human services agencies can help advance a prevention-focused strategy.

VI. Conclusion

The pandemic and economic crises have significantly challenged family and community well-being. At the same time, extraordinary changes have occurred in human services programs, which have risen to meet the challenge, transforming operations and culture in only a few weeks to ensure families have the support they need. As the nation moves through and beyond the pandemic and economic opportunities return, federal and state leaders can work to embed those policy and program changes that have proven their value to families and agencies, and move further by identifying the next generation of improvements. The federal government will continue to play a critical role providing the funding and flexibilities to support continuity of the service array that must undergird an effective human services system, and assure this support endures through the time it takes for full economic recovery and beyond.





COVID Response Project: Lessons Learned from State Adaptations and Federal Flexibilities

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About APHSA

The American Public Human Services Association (APHSA) is a bipartisan national membership association representing the cabinet-level leadership of state and local health and human services agencies, and the subject matter experts that help execute their mission to improve outcomes for people nationwide. Building on our long-standing relationships across the human services field and direct connection to the in-depth knowledge of leaders who administer them, we focus on generating pragmatic, community-wide solutions that advance well-being.

APHSA connects its 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. APHSA also helps members build more capacity for their teams through access to our professional education and development conferences, technical expertise, publications, and our Organizational Effectiveness practice.

Our Vision

Thriving communities BUILT on human potential.

Our Mission

APHSA 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.