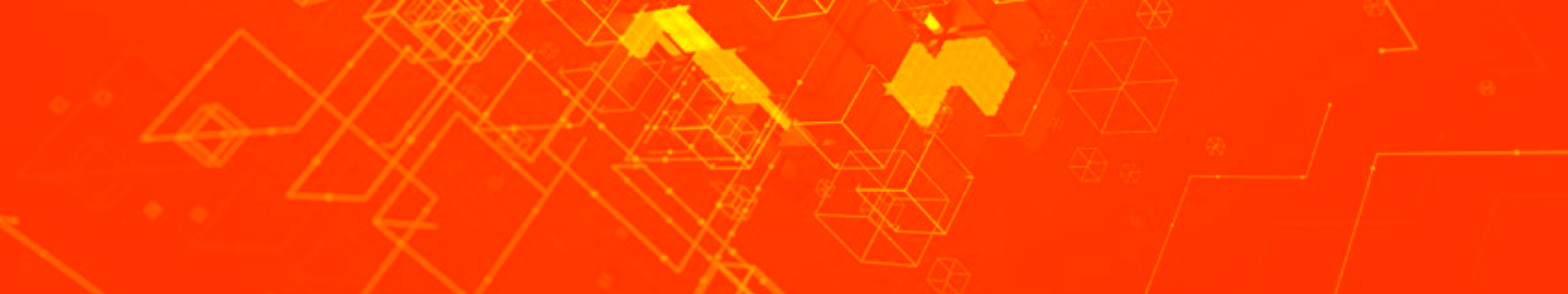




**Hit Hard by COVID-19,
Southern California
HHS Agencies Are
Accelerating Digital
Transformation**



Like other organizations across the country — and across the world — health and human services agencies (HHS) are rapidly adapting to the widespread disruptions of the COVID-19 pandemic. But HHS agencies have been hit uniquely hard: In addition to shifting to telework and implementing other strategies to keep workplaces safe and healthy for employees, the organizations have had to deal with surging demand for services. And they often must contend with preexisting state and federal regulations that make it harder to implement new technologies and innovative solutions.

“Our entire mode of operation has changed due to COVID,” said Bobby Cagle, director of the Los Angeles County Department of Children and Family Services (DCFS), the largest child protective services agency in the country. “We have gone from having upwards of 9,000 employees in offices every day to having 75 percent or more of our staff teleworking. And we have increased the volume of work by 11.4 percent over that same timeframe. It has been a daily challenge, and it continues to be.”

Cagle joined a dozen other Los Angeles-area HHS officials in a recent virtual roundtable discussion, convened by *Governing* in partnership with [Amazon Web Services \(AWS\)](#), to discuss the pandemic’s impact on health and human services organizations. Southern California has emerged as a global coronavirus hotspot, and officials have seen skyrocketing demands for vital constituent services including unemployment, Supplemental Nutrition Assistance Program (SNAP) benefits and other programs.

Los Angeles County has, for example, seen an 82 percent increase in applications for CalFresh food assistance benefits. Next door, Ventura County saw a 94 percent year-over-year spike in April, and a staggering 453 percent increase in applications through its online portal as more constituents turned to contactless ways to apply for services.

“We’re experiencing significant amounts of food insecurity across L.A. County,” said Antonia Jimenez, director of the county’s Department of Public Social Services (DPSS). “One in four families in our community are currently experiencing food insecurity.”

However, new technology enabled the county to continue to provide those crucial services even as it moved employees to remote work.

The DPSS implemented Amazon Appstream 2.0 as its remote work solution, which enables employees to access their desktop and applications on any computer.

“Before, we thought we never could have eligibility workers work from home,” Jimenez said in the roundtable discussion. “But when the pandemic hit, within two weeks we created a virtual call center that allowed all our eligibility staff to function productively from home.”

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Bobby Cagle, Director, Los Angeles Department of Children and Family Services

Jimenez’s agency is now also implementing a paperless process that allows for electronic signatures and applications over the phone. “We’ve even extended our hours, and given our customers more access,” she said. “We’ve really embraced this crisis as a time where you can get government to move at warp speeds.”

Similarly, the L.A. County DCFS implemented cutting-edge cloud technology to upgrade its analog child protective services hotline. The organization is the first child well-being agency in the country to have adopted Amazon Connect, an AWS cloud-based system that streamlines call center functions and allows calls to be taken remotely.

“Today, I have about 90 percent of my staff working from home, answering calls and keeping children safe. And keeping themselves safe,” said Carlos Torres, who manages the hotline for DCFS. The solution has worked so well, he said, that the agency is expanding Amazon Connect to other services, including the department’s eligibility assistance warm-line and the Emergency Response Command Center phone bank. “AWS delivers a really good blueprint that we set up here, and we want to expand it further.”

Cloud-based technologies like these, along with other important IT innovations such as automation, are helping local HHS agencies meet the challenges of providing services in the ongoing pandemic. But as the officials discussed in the roundtable, technology can only go so far. Other aspects — including retraining and redeploying staff, redesigning workflows, and rethinking broader policies and regulations — will be integral in the months ahead.

Rethinking Processes

While IT solutions can be transformative, it is important for HHS leaders to rethink the underlying operations, processes and workflows as well. This allows agencies to take full advantage of technology upgrades, and be more resilient for future crises.

In San Diego County, for example, the Housing and Community Development Services department engaged in a significant reorganization more than five years ago that enabled a much more agile response once the pandemic hit. In that reorganization, the department transitioned its caseworkers from case-specific silos to “generic” workers familiar with benefits programs across the board. It also implemented a paperless case management system and an imaging system that allowed benefit recipients to upload necessary documents online.

“That way, no matter who answers the call, our staff can see all the person’s documents and get them the help they need,” said department assistant director Anabel Poole. “Having that system already in place is what allowed us to be nimble in response to the pandemic. Because employees were ‘generic’ workers, we were able to move them based on where the need was at any given time. We could have more people answer calls, or more people do case work, or put more people in food stamps than in CalWORKs [the state’s direct-aid program for families with children at home].”

Despite a 25 percent increase in call volume during the pandemic, Poole said, the average speed of answering a call went down, from eight minutes to three minutes.

“It’s important to make sure you have systems in place that allow for different types of service delivery,” she said.

Such reorganizations are a vital part of increasing the resilience of HHS agencies, said Casey Burns, who leads the health and human services practice for AWS. But they largely are the exception to the rule.



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“Those who had thought more holistically from a complete organizational perspective — ‘How does my workforce work? Am I best allocating resources? Are my systems going to be able to support my staff?’ In a crisis, those are the organizations that are well prepared to respond to large events that you can’t really prepare for, like COVID,” he said.

“But that was not the case for the vast majority of programs. They just hadn’t made the investments and really thought through, ‘If I have a significant disruption, what does this look like holistically?’”

Now, as agencies contend with the ongoing pandemic and a long-term hybrid work environment, it is important they continue to reexamine and realign processes and workflows to meet evolving needs, he said. Automation can play a valuable role in optimizing employee roles and resources.

“Again and again, we’ve seen these very highly qualified, highly skilled eligibility workers doing really low-value work,”

Burns said. “And it is frustrating for constituents, too. In some places, our HHS customers have seen 40 percent of all call center calls were from people needing to reset their PIN. That’s just not a good use of anybody’s time.”

Process automation is the key to freeing up employees for higher-value tasks.

“Those application processes should default at digital,” said Burns. “You should be submitting everything digital from the outset in a really clean, very efficient process with plenty of pathways. And then, when constituents really do need to escalate to a human being, they get someone who is empathetic, not overworked, and who feels valued in the work they’re doing.”

Revising Regulations

In addition to workflow and organizational challenges, HHS agencies face another, longer-term hurdle: restrictive regulations at the state and federal level. Certain program requirements, such as mandated in-person interviews and documents that must be physically signed on paper, impede these organizations’ ability to maximize their use of cloud technologies.

“We’re really working on addressing a lot of those federal and state guidelines in order to improve services to our customers,” said Jimenez of Los Angeles County. “In California, the state and the federal government are not even aligned. For example, the federal government waived the interview requirement for SNAP benefits, but the state didn’t waive it for CalWORKs. That doesn’t make any sense to me. We’re hoping that, through this process [of telework as a result of the pandemic], we

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can really demonstrate you don’t need any of that. You don’t have to come into the office.”

Curtis Updike, deputy director of community services in Ventura County, agreed.

“The technology is out there. The trouble is that the regulations don’t really keep up with technology,” he said. “Hopefully this will be a way to shake some of that free and prove to people that this is a viable option for the future.”

With the right regulations and workflows in place, HHS agencies will truly be able to optimize the benefits of automation and cloud technologies.

“The elastic and on-demand nature of cloud has really allowed people to remove technology as a barrier and adopt solutions very quickly in response to the pandemic,” said Loc Ta, AWS account executive for Los Angeles County and the LA Unified School District. “It has enabled them not just to improve internal operations, but to focus on delivering the same or even better service to customers while keeping staff safe and working remotely. It has been a true Superman moment for government.”

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