

After Action Report

COVID- 19

March 2020- March 2022



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Summary

In January of 2020, Washington State became the first US territory to identify the spread of the novel coronavirus now known as COVID-19. As a state agency, the Department of Children, Youth & Families (DCYF) was established only two years prior, and in this nascent stage of development had not yet practiced Emergency Operation Center (EOC) protocols. DCYF's EOC was established physically at 1500 Jefferson Street in Olympia by the Deputy Secretary, and worked closely with the Department of Enterprise Services (DES) to ensure a conference space was available indefinitely for this purpose.


In the initial days of the COVID-19 pandemic, various teams of representatives from DCYF were deployed to the Washington National Guard headquarters, Camp Murray, located 20 miles north of DCYF main offices in Olympia. They were briefed on news of the virus as it became available, and how to use this emergent data to inform the public in a way that was effective, maintained the urgency of the situation while limiting panic and disinformation.

Beginning in March of 2020, the Deputy Secretary convened the EOC and served as incident commander for daily briefings. These would continue five days a week through most of the first year of the pandemic, and then reduce to three days weekly until October of 2021. Currently DCYF has continued an agency-wide COVID-19 briefing one day a week. As a new agency, DCYF team members were largely unfamiliar with the federal Incident Command System (ICS) structure and had to adjust their roles and responsibilities in rapid coordination. The Deputy Secretary sought assistance from the Department of Corrections (DOC) for support in the establishment and management of the new DCYF EOC, and was granted the expertise of DOC's Lieutenant Charles P. Casey. Lt. Casey worked onsite with EOC staff to provide daily consultation, guidance and training. He led the EOC members through the summer months of 2020. A variety of expertise was used to support this operation, including, most critically, our IT department who provided equipment, software and ongoing technical support to ensure the uninterrupted functionality of the new EOC and DCYF as a whole.

The spring months of 2020 also saw a dedicated internal and external communication system for the DCYF internet and intranet websites, the beginnings of Personal Protection Equipment (PPE) logistics, and close communication with the 24/7 residential youth facilities due to limited ability to follow early recommendations for social distancing.

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During this time the Office of Financial Management (OFM) held regular virtual meetings with all state agencies that ran 24/7 operations. DCYF was represented by the Deputy Secretary, the Acting Juvenile Rehabilitation Assistant Secretary, and the Director of Human Resources.

Very early in this timeline it became apparent that all DCYF services would be impacted by the need for ongoing health and safety measures for our workforce and clients. Discussions were focused on critical support services, including home visiting, foster care, the 24/7 residential facilities, youth parole services and the myriad of Early Learning and child care support programs. It is gratifying to relay that delivery of these service, though altered to meet state enterprise pandemic protocols, were never discontinued. Notably, Child Welfare Operations continued to maintain direct, continual care for children and teens across the state. They adapted to new PPE standards and provided virtual services where feasible while addressing new and previously inconceivable barriers to successful placement of children in temporary and foster care.

During this phase, non-pharmaceutical interventions were the only tools available to mitigate COVID-19 transmission. Procurement of PPE and infection control supplies were hampered by overwhelming demand and global supply chain challenges. Due to limited resources, the state established tiered priorities to funnel PPE to 24/7 facilities and Child Welfare staff with direct contact with clients.

As the pandemic progressed, DCYF mobilized to respond as the scope and complexity of the pandemic expanded. DCYF's mission-diverse divisions collaboratively navigated the evolving guidance from multiple sources of authority including the Centers for Disease Control (CDC), the Department of Health (DOH), Office of Financial Management (OFM), and the Centers for Medicare and Medicare Services.

Long-term care facilities were particularly impacted from infection outbreaks, loss of staff, and maintaining appropriate levels of PPE. Federal CARES Act funding provided appropriations to support unbudgeted costs. The Juvenile Rehabilitation services felt the greatest effect as their 24/7 residential facilities and campuses continued to operate in spite of the fears and distress posted by the pandemic.



DCYF office locations were closed to the public and employees with no direct service duties were authorized en masse to telework. Enterprise Technology implemented department-wide solutions to support the new telework environment utilizing platforms such as Zoom. In-person services and client assessments were paused where possible; many of these were critical and were replaced with virtual services despite potential detriment to quality of care.

COVID-19 vaccinations became available in December of 2020 to high-risk groups and frontline workers. Child Welfare staff was initially excluded from the definition of frontline worker, and DCYF pushed urgently to include them. This exclusion allowed leadership to recognize that DCYF lacked a dedicated subject matter expert and was slow to bring one to the table. DCYF Health Systems Analyst Jennifer Helseth, having a background in and worked as an immunization subject matter expert prior to the pandemic, and stepped into this role. With Helseth's assistance DCYF moved rapidly to bring the vaccine into 24/7 facilities, utilizing the assistance of the National Guard as needed.


In August of 2021 the Governor issued Proclamation 21-14.1 requiring all state employees and most health and long-term care providers to be fully vaccinated by October 18, 2021 as a condition of employment. Once clear enterprise legal and process guidance was provided, Human Resources established a process to verify the vaccination status of all DCYF employees and review requests for reasonable accommodation and religious exemptions from the vaccination mandate. 24/7 youth facilities and, in some areas, Child Welfare Operations were seriously impacted by workforce vaccination hesitancy, resulting in critical staffing shortages.

The remainder of 2021 and the start of 2022 saw the emergence of subsequent COVID-19 variants and resurgences of outbreaks both in communities and within DCYF facilities, with August of 2021 and January of 2022 peaking for Delta and Omicron, respectively.

Two years of the pandemic have shown that DCYF staff and services are capable of nimble adaptation. The large-scale transition to telework, driven by a public safety need, demonstrated that telework is an effective way to conduct work effectively while providing employees with greater flexibility and a healthier work-life balance. Many employees are eager to continue the practice, even as it becomes safe to return to in-person services. While the pandemic has been at times frightening, frustrating and challenging, it has also resulted in forced growth in ways that will have lasting positive effect on the agency.

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In summary, in response to the pandemic DCYF:

- Learned and mobilized an emergency management structure to address the pandemic's impacts.
- Prioritized the distribution of limited personal protective equipment to protect the populations most vulnerable.
- Responded to executive mandates (furloughs and the vaccination requirement) and their corresponding impacts to workloads and service delivery.
- Reviewed and incorporated evolving (and, at times, conflicting) guidance from multiple authorities into daily work practices.
- Adapted service deliveries and work systems to maximize public and employee safety while minimizing loss of mission effectiveness.
- Sought to recognize and support the workforce's challenges as they adapted to the realities of the pandemic on professional and personal levels.

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Agency Impact

Identify the impacts to the agency in these main areas:

Internally (how did the pandemic impact the agency's internal operations/administration)

- **Transitioned all non-case-carrying staff to telework environments.** Mobilized Information Technology services to provide equipment and expertise to staff, update software to incorporate virtual technologies such as Zoom and Microsoft Teams.
- **Closed lobbies and offices that directly interfaced with the public.**
- **Formation of a dedicated and administratively supported Emergency Management team** for future emergent needs.
- **Examination of hiring and retention practices,** especially as they apply to frontline employees, including juvenile rehabilitation and child welfare employee prone to high burnout rates, with a view to enhancing desirability and long-term health balances of these roles.
- **Consolidated Olympia headquarters offices converting footprint supporting new mobile work options.**

Externally (how did the pandemic impact the agency's operations with its customers)

- **Stopped most direct services.** Leadership examined which services were critical to maintain "face-to-face". Other services continued to be provided virtually.
- **Closed lobbies and offices that directly interfaced with the public.**
- **Constantly engaged with federal partners and Governor's office for waivers on critical services.** Reduced or paused services until the next step in the pandemic allowed them to resume.
- **Converted critical in-person services to open air or virtual.** Established new protocols and policies for adhering to social distancing, limiting time exposure, and PPE-supported and virtual services.
- **Utilized internet and social media to provide clear avenues of communication.** Established dedicated email links, hotlines and frequent letters to child care providers, foster care, child welfare services, Early Learning support systems, 24/7 facilities and families to communicate emergent news and changes in safety recommendations.
- **Staffing shortages due to illness, isolation, quarantine and burnout.** In the instance of staffing shortages in 24/7 facilities, this resulted in youth transitioned to alternate facilities in order to reach minimum staff to student ratios for safety.
- **Child welfare was unable to place children in care due to infections.** Foster care and placement services were taxed in their ability to pivot placement and care for children in the event that any party involved tested positive during the placement process.

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Interagency (what was the impact to interagency operations)

- Staff liaisons established for pandemic activities with Department of Health; Office of Financial Management and the Military Department.
- Collaboration with collocated partner agencies to meet public health expectations in work environments.
- Formation of 24/7 coalition to collaborate on best practice.
- Roadmap to Recovery shared implementation activities across state agencies.

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Template Questions for State Input

Agency's involvement in areas specifically listed in the legislation [SB 5092 (9)(d)(i) (A)-(H)]:

(A) Aspects of the COVID-19 response that may inform future pandemic and all-hazards responses.

DCYF lacked a preexisting Emergency Operation Center, emergency management positions with support staff and a subject matter chain of command that liaises and coordinates with other state agencies. COVID-19 laid the groundwork for a permanent adoption of these responses.

(B) Emergency responses that would benefit the business community and workers during a pandemic.

Resources for rapid deployment of PPE and swift and seamless transition to virtual for direct services. Clear protocol and alternative care for children and youth in compromised health positions during state care. COVID-19 revealed a divide in definitions for child care facilities, K-12 schools and early learning programs, which necessitates different language, guidance and communication needs with program-specific points of contact.

(C) Standards regarding flexible rent and repayment plans for residential and commercial tenants during a pandemic.

Does not apply.

(D) Whether establishing regional emergency management agencies would benefit Washington state emergency response to future pandemics

The establishment of a regional emergency management agency would ensure the statewide coordination of services and support materials needed in the event of future pandemics. Direct services to children and families in need and to youth 24/7 facilities cannot be suspended and rely on DCYF staff as frontline workers. The potential for a varied need of dedicated epidemiology subject matter experts could also then be centralized, allowing for agencies without those experts to benefit without having to retain full time staff for this purpose.

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(E) Gaps and needs for volunteers to support medical professionals in performing their pandemic emergency response functions within Washington state.

Landscape analysis of expertise bottlenecks would need to be established to determine areas of need. Prepared and generalized onboarding and training of staff support positions would allow for rapid deployment of support staff. Protocol for accelerated or hybrid hiring in the loss of staff due to illness or ideological differences, such as cross-training staff into areas of high need could potentially reduce a requirement for volunteers and instead empower and financially incentivize existing staff.

(F) Gaps and needs for tools to measure the scale of an impact caused by a pandemic and tailoring the pandemic response to affected regions based on the scale of the impact in those regions.

A comprehensive landscape analysis is necessary for gauging the true impact and scale of the pandemic, and most critically in the disparate and inequitable impact in rural and economically challenged areas of the state. Areas unique to DCYF for this landscape analysis would include the generational shockwave of caregiver death in infants, children and teens, in the potential to support professional development in pediatric and adolescent mental health professionals, and in the equitable support of Tribal and non-white communities with appropriate representation. This landscape analysis would be enterprise-level and encompass support and needs from prenatal to age 25.

(G) Gaps and needs in health care system capacity and case tracking, monitoring, control, isolation and quarantine, and deploying medical supplies and personnel; and

Continuation in hiring, training, and establishment of positions in emergency management to establish dedication systems of tracking, monitoring, control, isolation and quarantine. Establishment of a centralized system for the deployment of PPE and medical support to DCYF frontline workers.

(H) Implementing guidelines for school closures during a pandemic.

Does not apply.

After Action Review Submittals by Administration

Prevention and Client Services Division

Steve Grilli, Assistant Secretary

*With contributions from Barb Geiger, Acting Director and
Judy King, Director of Family Support Programs*

What was the internal impact the pandemic had on your business area?

- Transitions to fully remote work for the majority of our staff
- Establishing new ways of working
- Increased stress for staff
- Decrease in opportunities for informal connection which supports relationship building and quick problem solving
- Lack of ability to print documents
- Increased flexibility for staff – no commutes, ability to balance personal and professional demands
- Challenges working from home, technology, home environment, etc.
- Assessing program needs, developing guidance and working to ensure services were provided in local communities
- Many staff were providing caregiving of children, supporting virtual and varying school responsibilities, caring for other family members while the workload increased
- Staff experienced exhaustion, isolation and some burnout during this time; despite building in flexibility when possible some staff left during the pandemic

How did the pandemic affect your customers?

COVID required multiple shifts in how services were provided and received in the last two years in order to meet the needs of children and families while ensuring health and safety. Child Welfare Program (CWP) customers include children and families, field operations staff and our contracted providers. The pandemic impacted Field Operations staffs' opportunities to engage with and serve families, the availability of services for families and the impacts to the service continuum when services could not be provided in person, flexibility in how services were provided by our providers when appropriate to the service (virtual vs. in-person), challenges to the provider workforce in adapting

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services and ensuring their own health and safety, financial challenges for providers, economic/resource challenges for families

There was a large effect on the families we serve as the various counties worked through guidance needed to support pandemic mitigation. As most of the services we fund in communities are face to face, the switch to virtual services created some initial and ongoing challenges, and highlighted opportunities for working with families in new ways. Some of the challenges noted are: technology gaps (equipment and internet); staff providing services also caring for children, youth and family members; combatting isolation and need to meet concrete needs for families; increased mental health challenges; delay in well child visits and developmental screenings critical to healthy child development. Families with front facing jobs with little flexibility were forced to make difficult choices between work and care for children, meeting basic needs and decreasing risk for illness in their families. The workforce providing these services struggled with a significant decline in staff in the field able to do the work.

What strengths did your team identify during this pandemic?

Broader engagement of stakeholders statewide due to virtual meetings, increased candidate pool to qualified candidates who could be located anywhere across the state, capacity for flexible work

The team continued to come to this hard work each day and relied on each other for support. Staff took advantage of conversations taking place about pandemic coping, and supervisors tried many new strategies to support a very stressed workforce. The teams did adjust to virtual meeting spaces, and tried to continue to build the important collegial support in the challenging environment. The teams also learned more about how to collaborate to ensure the messages from the agency to the communities were as aligned as possible. Some new relationships were formed that will last beyond the pandemic.

Are there lessons learned through the pandemic that you will take forward into the future?

- Change is constant
- With time and support solutions lie within the many talented people we work with.
- Work life balance is tricky when there is not distinction.
- Prioritization of work is critical, and there needs to be pressure on our systems to allow for some things to be let go during a critical public health crisis.

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Licensing Division

Luba Bezborodnikova, Assistant Secretary

With contribution from Ron Effland, Senior Administrator

What was the internal impact the pandemic had on your business area?

Service Delivery:

Prior to the pandemic, the licensing workforce had been working predominantly on the field and state offices with some elements of the virtual technical assistance work.

Due to the impact of the COVID-19 pandemic, the field-based tasks and state office work were restricted by the state and department response to the pandemic. As essential workers, in order to keep children, families, providers and staff safe and healthy, licensing division transitioned to a hybrid service delivery model with a strong teleworking component:

- Transitioned to COOP operations with the budget restrictions
- Federal waivers and state mandates were prioritized and implemented
- Policies and procedures were modified
- Emergency protocols and processes were developed to meet needs of communities
- Focus on essential functions impacted implementation timelines of the multiple projects
- Staff had to be trained on the COOP operations protocols
- Effects of transition to virtual work include personal conflict of working/parenting, technology needs, need to learn virtual platforms, organization of physical space within home

Finding new ways to communicate and interact with providers, community members and internally.

Staff Adaptability:


While Licensing Division implemented a diverse set of strategies to connect, engage, build rapport with, and be accessible to staff, the COVID-19 pandemic did hinder the ability to build and maintain ideal connections with LD staff and community partners.

Staff were required to learn and adapt to a new work environment that demanded flexibility for them and their families. Those changes included:

- Assuming the essential workers roles and responsibilities
- Adapting to the COOP operations
- Transitioning to teleworking and a hybrid operational model
- Implementing pandemic related safety measures – PPE, masking, etc.

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While licensing division staff demonstrated an exemplary level of adoptability. Due to the pandemic related issues, licensing division experienced a 12% turn over with the most impact on child care licensing services.

How did the pandemic effect your customers?

- Due to a number of targeted support efforts that had been provided by the state and DCYF, including child care grants, the state-wide capacity of licensed child care and foster care services did not significantly changed. At the same time, both areas of service have experienced availability and accessibility fluctuations due to the COVID 19 positive cases, quarantine and isolation activities.
- There are specific geographical and community-based impacts that created the services deserts in some parts of the state.
- Necessity to comply with the COVID 19 related safety measures, including physical distancing, narrowed a number of children/youth the providers had been able to serve.
- Schooling issues, vaccination mandate, high level of COVID related quarantining activities had disbalanced the child care and foster care workforce pool and created a serious staffing crisis for both areas of service.
- Community-based services that support foster care and child care locally in the state communities, re: medical, mental health, transitional, special education, schooling, etc. had been dramatically impacted by the pandemic, and, in many cases, are not available.
- Some licensed by DCYF caregivers, re: family home child care providers and foster families are limiting a number of children in their care due to the financial and/or other personal/family issues that had been caused by the pandemic.


What strengths did your team identify during this pandemic?

Adaptability:

LD staff learned to constantly adapt while still delivering quality services and support to children, youth, and families of Washington State.

Creativity:

LD staff demonstrated creativity in their approach to providing technical assistance and support caregivers, providers and community partners. LD staff engaged in creative solutions around virtual planning, collaboration, team meetings, work sessions, virtual presentations, stakeholder meetings, WAC and policy development, and resource sharing with the department, LD staff and community partners.



Coordination and Communication:

With the virtual tools support, LD had established a division-wide coordination-communication loop making sure licensing staff are fully supported by the agency, division, regional team and the office units. COOP, business process and/or pandemic related information had been floating from the leadership to the field staff, and back from the field staff to the leadership as a feedback, input, FAQs, etc.

Change Management, Collaboration, Collegial Approach:

Change management had helped the LD team to create a work environment where responsibility and authority is shared by colleagues. Treating each other, our customers, and our partners with grace, integrity and patience; keeping ourselves and our stakeholders accountable for safety, health and well being of children in care had provided LD with a successful operational framework.

Are there lessons learned through the pandemic that you will take forward into the future?

- Staying connected with providers, community partners and colleagues in a virtual environment is complex, but critical.
- Consistent onboarding, training, and practice is crucial for consistent service delivery and continuity of business, especially in states of emergency.
- There are uses for virtual platforms to accomplish some aspects of licensing that will reduce travel and speed up processes.
- Flexibility for staff in use of remote work

Early Learning Division

Nicole Rose, Assistant Secretary

*With contribution from Amy Russell, Deputy of Early Learning Operation,
Matt Judge, Child Care Administrator,
Jason Ramynke, Child Care Subsidy Administrator,
Karin Ganz, ECEAP Administrator and
Rachael Brown-Kendall, Early Achievers / QRIS Administrator*

What was the internal impact the pandemic had on your business area?

- Overall shift to telework: Employees went from teleworking one day each week to 100% remote.
- Overall time spent travelling to meetings has reduced (or no travel at all), which allows more time to accomplish tasks.
- As a team, we conducted all meetings virtually, which was a change to pre-pandemic. Setting and keeping team meetings was especially important – making those connections and having conversations with team mates was an important part of supporting employees' social-emotional wellbeing.
- Lack of overall agency capacity in IT, Facilities, HR and Finance, due to hiring challenges during the pandemic has taken a toll on our ability to execute new work quickly across all work units.
- Switched to accepting electronic signatures and setting up electronic systems and file sharing.
- For grants and incentives, the work became more urgent with a significant increase in workload due to pandemic response. Responding to the various needs of child care, to support keeping them open and able to serve children is important. The providers we serve are experiencing substantial challenges like never before. Confusion around changing rules, mile markers, and different supports offered has wreaked havoc, on top of constant COVID exposures and subsequent closures. Many are frustrated and on the cusp of permanent closure.
- Work now looks very different in many areas. One example is facilities: accessing buildings, logging employee access differently, requiring attestations, proving exposure notifications, collapsing leases and all the pieces that goes along with that.
- Conducted cross-division work to secure waivers from federal CCDF requirements. When waivers expired, DCYF worked across divisions to secure extensions as the pandemic continued, as needed. These efforts required significant staff time commitments in the Licensing, Background Check, and Early Learning Divisions.

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- We used the pandemic and the pause on direct in-person services as a catalyst to redesign our QRIS. We spent time reviewing partner and participant feedback and developing an initial proposal and a comprehensive virtual stakeholder engagement process.

How did the pandemic effect your customers?

- Waiving fingerprint elements of background check requirements so providers could onboard staff while fingerprint vendors were closed or providing limited service.
- Waiving initial licensing requirements to support an emergency licensing process to shore up provider capacity to serve families.
- Waiving the requirement that licensed providers' ongoing licensing visit be unannounced to support virtual monitoring requiring advance notice.
- Waiving pre-licensure provider health and safety inspection requirements in order support virtual inspections consistent with social distancing.
- Waiving health and safety monitoring requirements for license exempt Family, Friends, and Neighbors (FFN) providers.
- Waiving the requirement that families in Child Care Subsidy Program pay for a portion of their child care through a copay.
- Waiving the prohibition against siblings serving as FFN providers to shore up provider capacity to serve families in Child Care Subsidy Programs.
- Waiving the requirement that FFN providers receive ongoing training, which occurs at their monitoring visit, to support provider capacity to serve families.
- Extending family eligibility periods when their activity ended due to the pandemic.
- Reducing administrative burden by pausing provider audits.
- Staffing crisis; mass exodus of staff leaving the early learning field which left contractors struggling to provide services
- Teaching staff
 - (1) Directors and other staff covering for teachers due to illness or staffing shortages
 - (2) Family support and health staff
 - (3) All other direct services staff, such as
 - (i) Transportation staff
 - (ii) Cooking and cleaning staff
- Some contractors required an exception to opening classes/enrolling children and families due to staff shortages
- Sites opening and closing for in-person services repeatedly, causing disruption in services for children and families

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- (1) When in-person services could not occur, sites shifted to non-traditional remote services (NTRS) which kept a lifeline for families and consistency and support for children
- Inconsistent, unclear, and belated guidance cause a lot of continued confusion in the field
 - (1) DOH updates for school districts vs. child care inconsistencies were very hard to manage, especially for contractors who have both child care and school sites
- Significant impacts to typical/traditional ECEAP programming, especially for typical in-person services due to disruptions mentioned above
- Extra costs and time
 - (1) Increased cleaning and sanitizing
 - (2) PPE purchases
 - (3) Other needed items (air purifiers, glass/plastic dividers, etc.)
 - (4) Technology and staffing costs to shift to NTRS
- Health and safety issues in transportation services, making transportation unreliable at best, impossible at worst
- Onsite data collection came to a halt. This meant we were not able to produce any new quality ratings for early learning sites participating in Early Achievers. This presented a challenge since providers that receive state funds through child care subsidy or Early Childhood Education and Assistance Program (ECEAP) have mandated participation and rating requirements. Luckily, the Governor’s proclamation 20-31 provided relief for providers so they could continue to serve families using subsidy or ECEAP during the state of emergency. We quickly went to work to find a path forward for providers.
- Coaching supports also changed beginning in March 2020. On-site, in-person coaching came to a stop. Coaches shifted to virtual connections with providers. Child Care Aware began a concerted effort to ensure providers had access to critical supplies to maintain safe and healthy daily operations. They provided a consistent touch point for providers who were overwhelmed with the stress and change they were experiencing. CCA also expanded their outreach to include providers that were not participating in Early Achievers. This support actually resulted in an increase in enrollment. Providers continued to work on their quality by increasing their health and safety practices and their special attention to the social and emotional development and needs of the children and staff.
- We launched the Holding Hope Infant and Early Childhood Mental Health Consultation (IEMCHC) program in early 2020—the timing was coincidental but came in a time of critical need. This provided much needed support to providers and coaches who were struggling to support children who were experiencing the trauma of the pandemic and children who were exhibiting behaviors that challenged the adults in the program. This IECMHC work is innovative since the coach and the consultant work so closely together.

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- We used the pandemic as a catalyst to revise Early Achievers. This pause presented the opportunity to leverage technology to address stakeholder feedback and streamline quality improvement efforts. System staff, tribal partners, and community stakeholders were invited to participate in a revisions process to improve the Early Achievers data collection process, including what it means to rate at a Level 3 or higher. The process included a cycle of focused workgroups, live webinars, and feedback surveys to inform progress. 119 people participated in revisions workgroups, including providers, coaches, and early learning advocates from across the state. Over 400 people participated in the live webinars and individuals have viewed the recorded sessions over 7,400 times. Additionally, 486 providers, 79 coaches, and 47 community members provided feedback through a survey. Early Achievers coaches also provided targeted outreach to engage providers that typically do not provide input, resulting in 115 offline survey responses. The pandemic forced us to use technology to engage with stakeholders and what we found is that we had greater impact and higher participation rates than experiences with in-person meetings.

What strengths did your team identify during this pandemic?

- The team was successful in articulating reasoning in support of the needed waivers from CCDF requirements and their extensions such that all requests were approved. Teams worked effectively across divisions and units to state their waiver needs and justifications.
- The importance of child care was highlighted during the first year of the pandemic. This resulted in significant legislative changes supporting providers and families accessing child care subsidy under the Fair Start for Kids Act:
 - (1) Increased income eligibility to 60% SMI
 - (2) Decreased family copays ensuring they do not exceed 7% of family income
 - (3) Supporting students by removing the work requirement for parents attending school full-time
 - (4) Increased provider rates to the 85th percentile of the market rate
- Services continued in a variety of formats, individualized for the community and site's needs based on fluctuating case numbers
 - (1) Statewide exceptions and created pathways for individualized programming
 - (2) Contractors could pivot to NTRS as they needed for their community needs, which kept a lifeline for families and consistency and support for children
 - (3) Contractors continued to receive payment, which ensured their infrastructure stayed intact through the crisis
- More communication feedback loops with the field, including:
 - (1) Directors check ins that fluctuated frequency based on their need (weekly, then shifted to twice a month, now monthly)

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(2) Check ins, webinars, and collaboration spaces for direct services staff kept an open feedback and support loop from staff to the DCYF ECEAP office and back around. These check ins and collaboration spaces continue today.

(3) Individualized calls with contractors based on their immediate needs

- Telework has given people more time with their families and less time commuting. The virtual work environment has helped us engage in new and innovative ways such as Miro Board and Zoom so we can collaborate with each other in ways similar to in-person meetings. We recognized the impact of Zoom Fatigue and adjusted meetings so we have time away from cameras too. People have greater flexibility in their work/life integration and that has helped people feel valued.
- Video coaching allows providers to see themselves in practice. We have seen success with this approach in the evidence based coaching model we use in our Birth to Three Quality Initiative. FIND (Filming Interactions to Nurture Development) was a great example of the power of video and the ability to help providers develop self-efficacy. The coaches delivering FIND were trailblazers and quickly shifted their work to help providers film themselves for FIND consultation. They have been an integral part of our change management process for the rest of the coach system and are providing tips and encouragement in our group coach training sessions.
- We have built a responsive system that reflects the change and growth process so that providers complete multiple steps over time and receive feedback at each step in the process rather than preparing for one on-site data collection visit. This honors providers' time, and offers greater transparency in the process. Virtual data collection helps providers take charge of the timing of their quality recognition process and respects them as leaders of their own quality improvement.
- We have leveraged technology and existing data so that providers experience within Early Achievers is complementary to other efforts and not duplicative.

Are there lessons learned through the pandemic that you will take forward into the future?

- Overall, the team members that make up the Operations Unit are able to perform duties 100% remote.
- DCYF IT must be available to support employees remotely, or by appointment every day (five days per week).
- Performance management looks a little different in a remote environment and supervisors need tools and support to shift from supervising full-time remote employees.

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- As the pandemic wore on, the scope of initial waivers as to licensing health and safety visits became inadequate to support the flexibility needed to accommodate providers hard hit by the pandemic. Programs in some cases made decisions to support flexibility outside the bounds of the waivers, resulting in CCDF compliance risks. These decisions were likely correct and necessary risks to support providers, but in the future the CCDF Administrator should facilitate more ongoing communication to understand developing program approaches during extraordinary circumstances like this state emergency.
- Pivoted to online professional development, saved the state and contractors money in travel and per diem costs. In the future, this training will remain virtual where it can, and with a geographical cohort model for any in-person trainings that are necessary so DCYF ECEAP staff are doing the majority of travel, not contractor ECEAP staff.
- In many cases, pivoting to online parent policy council (a required parent leadership element in ECEAP), equaled more family and parent involvement, and less cost of time and money for parents and family members to travel.
- NTRS are now embedded in our requirements, so if there is a need for closure of in-person services in the future, we have the system now in place. That includes:
 - (1) Exceptions to standards. An example is delaying an opening of a classroom past the required date due to delays in facility renovation
 - (2) Alternative attendance plans for children. An example is when a primary caregiver has surgery and cannot transport a child to class for two weeks

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Field Operations Division – Child Welfare

Natalie Green, Assistant Secretary

With contribution from Regional Administrators Jeff Kincaid, Dorene Perez, Yen Lawlor, John March, Joel Odimba and Shawna Miller

What was the internal impact the pandemic had on your business area?

- The pandemic required our staff to adopt creative methods to engage with our clients as our field work never was interrupted. Initially, there were delays in safety equipment. It was difficult to maintain some of our core metrics due to quarantine/exposure/illness of staff. The increased telework made it difficult for newer staff to learn from their peers in the office environment. Region 1 was also required to set up and maintain an isolation facility due to outbreaks in our group care environments. Staff were allowed to be creative in how they met the requirements of their work. The vaccine mandate hit region 1 the hardest. This significantly affected retention of staff and overworked the staff that remained. The affects of this on retention are likely to be felt for some time.
- Limited ability to have face to face contact and connections for relationship building
- Initially stress on staff not knowing when/if to come in to the office and/or how vulnerable it was to go out and make their family/child visits
- There was high stress not knowing if kids were OK in their placement
- Planning and supervision for youth with COVID was a great challenge due to lack of staff available and willing to supervise and caring for youth with COVID
- Employees forced to primarily work from home was a main area of concern, especially for new staff. Staff reported:
 - Feeling of Isolation and loss of peer support. Difficulty for new employees (Slower rapport building with peers/less sense of community with office team, shadowing and questions for peers not as accessible, supervisor not as easily accessible for quick questions/training support).
- Staff reports feeling the impact of working from home on their household bills- internet, power
- Confusing and constantly evolving COVID safety guidelines
- Lack of quick access to files, printers, state cars etc.
- Lack of staff available and present in office in the event of emergency
- Limited ability to access necessary in-person services array such as Evidence Based Practices Services. Other Businesses only offered virtual or complete shut down or open on limited hours such as, Mental Health clinics, Drug/Alcohol testing and treatment services...
- It is more challenging to perform an accurate visual H&S's due to COVID safety guidelines impacting work ability.

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- The first several months of the pandemic put a standstill to court proceedings. This short stand still impacts the courts long term and they went from a few months behind, to now waiting up to a year to get a fact-finding trial. Delays in court process increased the length of stay for children in care. Adoptions slowed down due to court work such as, delays in filing for termination, delays in termination trials.
- There was an exodus of workers about one year in and no one wanted to work at that time so we could not hire or retrain staff for the vacant positions. Our workers had to continue to be in homes while they were terrified of contracting COVID themselves with very little guidance in the beginning stages of the pandemic, and they continued to be in homes to assess safety when everyone else (providers and contracted services) completely shut down. Workers on the front lines and supervisors experienced a working dynamic that is unprecedented. The challenges that came with trying to keep our staff safe, dealing with quarantining, and at times only having a few workers to do the work was extremely challenging and almost impossible at times. In addition to this, employees had to figure out how to take their tablets, monitors, and all equipment home and telework with also little to no guidance or support. At least initially, it was challenging and created an added to the level of stress that workers felt in addition to trying to keep children safe, remain safe themselves and ensure they did not contract or transmit COVID – it was a lot to deal with on a daily basis. Staff retention has always been a struggle for child welfare, and the pandemic exacerbated this even further.

How did the pandemic effect your customers?

- Increased substance use and mental health, increased reluctance for CPS/CFWS/FVS into home due to fear of COVID, Virtual services are not as effective. Services became EXTREMELY limited for clients as well as children. Some community mental health providers are still not seeing children in person and only offering telehealth. This hasn't been a good fit for some of our children who need to be physically present in order for progress to be made in this area. Parents need to "see" their children in-person, virtual visits are not in the best interest of the children.
- Providers were not meeting face to face with clients/children, a huge negative impact for kids when it came to therapy services.
- Extended Foster Care youth struggled more with joblessness, homelessness, and resistance to vaccination.
- Service providers not available or of limited availability, increased substance use and mental health issues. Their ability to provide in person contact and to perform home visits are seriously limited due to COVID concerns.

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- It was very hard for clients to access services, SUD treatment, in home services. Without these and being home increased relapse and mental health issues. Providers were no longer able to attend in person sessions for things such as feeding or speech therapy for two years. This caused children to fall two years behind where they would have been in if providers kept going in person. Children suffered more time away from their parents by not being able to have in person visits. Bonding of parents and children suffered and probably led to many permanency outcomes other than return home. The lack of providers in the area meant prolonging services, prolonging healing, prolonging out of home care for children.
- The impact of the pandemic has been significant for the families we serve – DV, substance abuse, and mental health struggles were far more complex and dynamic than have ever been before. While there were less intakes coming in, the cases were far more complex and concerning. There was more violence, more significant injuries, more fatalities and critical incidents, more significant mental health concerns for children, and instead of seeing UA's with just one substance, most UA's had methamphetamines, amphetamines, heroin, fentanyl, THC, alcohol, etc., and families were struggling. Families that are already worried about having CPS come to their home were even more worried about allowing us to enter because of their own fear of COVID, which made engagement far more challenging than it had been pre-pandemic.
- Lack of resources, long waitlists, restrictions on services (virtual only). More frustration in the home with children at home with online learning. Though other families have appreciated the time to work on their relationship and all be together. The lack of access to internet created further barriers to access services, as none were being conducted in person. Most of our customers definitely are reporting being impacted emotionally and financially by the pandemic, especially as the supports provided early on (i.e. financial stimulus, rent moratoriums, etc.) have begun to be lifted – there is the stress of not being able to afford rent, difficulty in applying for the resources to support payment of back rent, etc., In-home providers were not going out into the field/homes, which impacted the customers receiving adequate services/supports.
- Lack of child care, kids at home and not attending school, many services shut down or went remote only. Particularly for kids with behavioral health needs this led to a tipping point where parents could not manage any longer. These impacts of course affected people in lower incomes and poverty disproportionately. For parents involved with dependency, many went months without seeing their children in person. This as well as court shut downs led to cases taking much longer to resolve and children being in out of home care longer as a result.
- COVID positive children were very hard to place. Quarantine suspended parent/child in person visits. Returning to in person visitation caused fear in the placement community causing stress with our visitation providers as well. Court and meetings became virtual. This was a positive for many clients.

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What strengths did your team identify during this pandemic?

- Communication, increased Family Team Decision Making (FTDM) staffing's attendance via Zoom.
- Some workers are getting more work done in lieu of their commute. It was positive that there was an increase in the attendance of shared planning meetings and FTDMs during the pandemic due to the ability to have them virtually. Having court virtually also appears to have allowed for more parents to attend, especially for people who live in rural areas. Virtual meetings are more accessible for kids who are located in different locations (for example, an IEP meeting for a youth placed in Spokane).
- Communication, FTDM's more accessible to all parties, less impacts on workload with incorporation of Zoom court- Creative solutions, new ways of communicating over group chat and other technological resources. For some workers working from home has increased their productivity and efficiency. Ability to attend a variety of other meetings without traveling to a location for the meeting
- Dramatic increase in attendance at FTDM's and SPM's via zoom-court partners, family, parents and providers have all expressed that Zoom meetings are working and it is their preference. We were also able to provide Zoom visits with parents who were otherwise unable to see their children. This increased parent engagement with the SW and in family team meetings due to video conferencing capabilities.
- We have learned more efficient ways to do many of our processes eliminating the unnecessary use reams of paper and duplication. Many staff who were technology resistant have learned new skills and found that they are able to make use of tools available to them that felt intimidating before. We are able to get more done when we aren't interrupting each other all of the time.
- Most teleworking from home have found working from home as a strength. The lack of commute time has been less burdensome. We have found that we are able to maintain our job duties while working from home. I have seen staff taking off less time since working from home presumably because they aren't as burnt out, illnesses are lower, and if they are a little ill, they are able to take more breaks while still producing a high level of work.

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Juvenile Rehabilitation - Institution Programs

Felice Upton, Assistant Secretary

With contributions from Superintendents Jennifer Redman, Matthew Ramirez and Patrick Escamilla

What was the internal impact the pandemic had on your business area?

- Staffing issues for those units under quarantine
- Staffing issues for staff exposed, infected or managing household issues related to the pandemic (closed schools, daycare, partner/spouse work challenges)
- Limited movements and programming for youth in within a 24/7 facility
- Ensuring basic needs for our clientele are met despite quarantine (recreation, medical, school, cultural programs, etc.)
- The loss of staff due to vaccine mandate
- Extra workload issues placed on the Health Center and Living Units
- Security response issues due to lodges and staff under quarantine
- Ensuring that basic needs for our clientele are met despite quarantine (recreation, medical, school, cultural programs, etc.)

How did the pandemic effect your customers?

- In person visitation was stopped and when introduced, at limited capacity
- Meals served in the units, versus in-person cafeteria meal service for lunch and dinner meal
- Educational, cultural and other basic programming was reduced temporarily
- Mentor visits stopped
- Delayed transfers to community facilities due to quarantine issues
- Delayed medical, mental health and dental care
- Continuous exposure testing and resulting restrictions
- Delayed intakes from entering general population due to quarantine and isolation
- Increase in protection to contagious illness through vaccination and employee screening
- Masking mandate created increased frustration amongst residents as well as staff
- Mental Health services moved to fully virtual

What strengths did your team identify during this pandemic?

- Implemented the Staff Deployment Action Plan to ensure Essential Mission Functions were met
- Operated a 24/7 facility in a state of emergency
- Ensured hiring and onboarding continued, despite staffing setbacks due to the pandemic

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- Engaged in Zoom meetings to increase family contacts
- Engaged in reducing meeting sizes and widely met via Zoom
- Regular communication to staff regarding COVID exposures and living units/departments effected
- Regular communication with Labor about COVID responses
- Regular communication with DCYF leadership about COVID cases, exposures, and responses.
- Ability to adapt to continuously changing health related protocols regarding COVID
- Health Center and RN's ability to manage COVID testing, monitoring and responses with both youth and staff
- Nurses adhered to safety protocols while working directly with COVID tests and screening, and achieving low nurse infection rate.

Are there lessons learned through the pandemic that you will take forward into the future?

- Staff: Staffing is critical in any 24/7 facility and especially during a time of crisis. During the pandemic we have found that staff resilience was key to continuing to serve the youth in our care. With that being said, we have found that staff have become fatigued. As a leadership team we continue to see the importance of providing training and teaching around self-care and ensuring our management are reminding their staff about its importance
- Institutional Leadership: We have found the importance of having a leadership team that is approachable, knowledgeable, and ready to assist. Often times during the pandemic administrative staff have been deployed to help staff, living units. The superintendent has been appropriately transparent with communicating exposure and responses to the campus. Administration has created plan in place to deploy supporting staff to living units, should the need arise
- Medical Leadership: The health center administrator worked tirelessly to ensure testing and quarantine practices were followed. Health center staff also had to keep up on their daily tasks.
- Communication: Staff was continually updated on COVID responses
- Safety Program: Having a safety plan in place was paramount, even though it evolved over the life of the pandemic. Administration communicated with facility security, health center administrator, and agency leadership. Each unit was provided with appropriate PPE and when placed on quarantine status the youth/staff expectations were properly posted
- Having a Plan: Responding to a disaster/emergency is never executed without miss steps, mistakes or teaching moments. We have experienced several. One step back or pausing in place often means moving three steps forward while staying the course. We have worked, lived and operated a 24/7 facility in a state of emergency. There are a lot of positives that have happened that can shape what we do to prepare for future events, because we know that it is inevitable that those future events will happen

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Juvenile Rehabilitation Program - Community, Reentry & Parole

Felice Upton, Assistant Secretary

Kathleen Harvey, Director

With contributions from Regional Administrators Lori Kesl, Ryan Pinto and David Charles

What was the internal impact the pandemic had on your business area?

Community Facilities

- Reduced population in order to accommodate a quarantine room
- Limited or disrupted access to reentry activities such as education, employment and community provider treatment
- Suspension of family visits, Authorized Leaves and Community Involvement passes
- Exhausted staff! Staff were not allowed to work remotely, had to wear varying levels of PPE depending on the program status. Repeated quarantines have been very challenging for staff
- Staffing shortages; some staff could not work in the facilities due to their own health conditions. Some staff chose to leave and find other work, either that they could do remotely or that did not require a vaccine
- When staff were ill or exposed to COVID-19, other staff had to work extra shifts to cover. We also had to bring in additional staff from the regional offices at times which was helpful however they were not always familiar with residential care
- Hiring challenges; JR 24/7 had hiring challenges pre-pandemic due to the challenging nature of the work, low pay and shift work. The pandemic intensified these challenges
- Providers and Volunteers coming into the program to provide support was paused or limited.

Regional Offices

- Regional staff were sent home to work remotely in late March 2020. We have staff who have thrived in this environment and worked well; and others who have struggled significantly with technology, ergonomic and other equipment needs, not having adequate space in their homes and with feeling isolated
- We have been required to provide technology such as cell phones to clients in order to remain in contact; and completely changed our mode of communication and counselling from in-person to digital
- Staff have met with clients on emergent needs, and with proper PPE and distancing
- Zoom fatigue for staff
- On-boarding new staff members remotely has been a huge challenge. Learning about the agency and the work is taking much longer than pre-pandemic
- Some staff have felt disconnected to the larger group
- We have staff experiencing significant grief at the loss of co-workers due the vaccine mandate.

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How did the pandemic effect your customers?

- Highly reduced face to face contact with clients and supports in both community and residential programs
- Suspension of family visits
- School attendance to in person learning
- Loss of income; loss of jobs and vocational opportunities
- Increased stress imposed by minimal family contact in person which impacted visits with children, significant others, parents and other relatives
- Unable to receive in person therapeutic interventions for offense specific behaviors and intervention
- Exposure to COVID 19 and its variants throughout the pandemic.

Community Facilities

- Reduced capacity at community facilities
- Limited access to reentry activities such as education, employment and counseling services in the community
- Limited income-earning potential for young people preparing for release, some to independent living situations
- First eliminated then later limited family visits, eliminated Authorized Leaves with family until the last 7 days of their sentence, eliminated most Community Involvement Passes. This increases the stress for both residents and their families
- Repeated isolation and/or quarantine has been challenging for young people as well
- Limited access to local jails impacted our ability to provide a local short-term intervention.

Regional Offices

- Youth and young adults have struggled with remote supervision; the significant decrease in face-to-face contact has been detrimental and disruptive
- Parents/Guardians of youth on supervision have made multiple complaints about the supervision being remote, this also creates stress for counselors and supervisors
- We have had to make some creative changes in some of our business practices regarding graduated interventions for violations. There have been periods of time when we did not have access to local detention centers and jails, making mandatory revocations a challenge
- YSO and Substance Abuse treatment have almost all been remote
- Temporary pause on polygraphs, urinalysis and other treatment tools, potentially causing interruptions in treatment
- The increased stress on families and youth/young adults may have contributed to the rise in Opioid use; JR secured Narcan and delivered to all youth who would accept it
- Families have reported increased conflict due to more family members being homebound, often in crowded conditions due to school closures and limited employment. Regional staff have done their best to intervene when possible

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- We have not been able to access as many service providers in the community as we need due to contact rules and closures
- Staff worked very hard to ensure that youth and families had access to food, PPE, cleaning supplies, etc. in order to keep them safe

What strengths did your team identify during this pandemic?

- Confirmed that we have incredible staff who show up for young people regardless of how hard it is. They come to work and support residents, support fellow team members
- We learned that some of our work *can* be done remotely, such as required computer work. Staff demonstrated that they could adapt and work with clients differently, although in-person contact with clients is imperative
- Zoom offers a benefit for some meetings
- Families and providers have also adapted and gotten more creative on how to seek and deliver services
- Heightened attention to safety protocols and hygiene
- Staff identified areas that would make the job more appealing and allow for more time with family
- Many staff like teleworking

Are there lessons learned through the pandemic that you will take forward into the future?

- We learned that our staff are amazing! They demonstrated their commitment to the youth and families we serve, and to their team mates. JR leadership also demonstrated that the agency cares not only about the clients we serve but about the staff as well; by communicating, advocating and being physically present when really needed
- As an agency we also recognized that this pandemic had a traumatic impact on all of us. Leadership paid attention to staff concerns, focused as much as possible on staff safety and wellness, and work/life balance. Non-24/7 staff were able to adjust their schedules to accommodate child and other care-giving needs as much as possible
- JR leadership did many things for staff to show them they were appreciated for their work throughout the pandemic and most importantly showed a consistent presence for our staff that we were willing to stand with them in these types of crisis
- Offer staff a more appealing array of shifts
- Provide more FTE's to allow staff training and development to meet program needs
- Enforce mandates early and consistently

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Human Resources

Marcos Rodriguez, Chief Human Resources Officer

What was the internal impact the pandemic had on your business area?

Additional Workloads:

- **Guidance & Resource Development:** Especially in the early stages of the pandemic and the transition to telework for eligible positions, major time and effort was put into developing (within state-wide protocols) standards and practice for teleworking, quarantine and isolation, exposure notification, and other related guidance.
- **Administration of Emergency Leave and Accommodations:** Federal law provided funding for emergency paid leave for qualified employees whose positions could not telework and who had underlying health conditions putting them at risk if they were to report to work. HR administrated the development of process and standards within federal law and state guidance. The division also administrated and tracked employee application and participation.
- **Furlough Management:** With 10 days' notice, Human Resources facilitated the agency's review of positions to determine which would be eligible for furlough, issuing thousands of notices to employees, and tracking furlough occurrences.
- **Shared Work Coordination:** HR administrated DCYF's participation in Employment Security's SharedWork program, including enrolling over 2800 employees, orienting employees to the claim process, and responding to over 5000 requests for assistance with claim issues.
- **Vaccination Verification Implementation:** With no advance notice HR planned and executed the vaccination verification for DCYF employees in concert with the governor's vaccination requirement. Work included designing communications and information resources for employees, developing and executing a process for tracking, processing over 400 reasonable accommodation requests, and processing 175 employee separations.
- There were other notable work increases, such as conducting exposure notifications, consulting with leadership and employees based on the enterprise guidance, working directly with the enterprise on establishing consistent guidance and working with unions regarding mandatory subjects for bargaining.

Initial Reduction of Productivity:

The HR division in its entirety transitioned to telework and continues to do so except for a small representation of our Operations team. This required:

- **The division to develop new work processes that allowed work to continue in a remote context.** As an example, remote new employee onboarding, including establishing methods for transmitting confidential documentation – a more time-consuming process.
- **Physical separation from team members:** Units were accustomed to working together at common work locations. Teleworking meant an initial slowdown as team members, particularly new ones, adjusted to a remote context. Lack of direct contact meant, initially, a sense of isolation.

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Stress on HR Team Members:

The above-mentioned factors added a heavy stress to many HR team members. In addition, experienced the pandemic at a personal level as their peers and customers lived with the fear and uncertainty prompted by the pandemic. Many experienced the infection directly or within their close circle of relationships. Some experienced loss of family or others close to them.

How did the pandemic effect your customers?

As all of our customers are agency employees, the pandemic's impact upon them might be best understood by the responses they will provide in conjunction to this assignment. By our observation they experienced the same stresses and demands, in varying degrees, as HR team members did. All of them had to either adjust practices and/or create new ones to adapt to continue providing services to their clientele.

What strengths did your team identify during this pandemic?

- **Adaptability:** When faced with circumstances beyond their control, the DCYF HR community demonstrated an admirable capacity to adapt quickly to fluid work conditions and personal circumstances.
- **Prioritization:** The ability to frequently assess work demands in a fluctuating context and discern what is most important given the circumstances in play at the time.
- **Resilience:** The ability to adjust successfully to changing guidance, varying levels of pandemic intensity, uncertain (and sometimes unclear or even conflicting) guidance from various levels of government. The capacity to “dig a little deeper” and still keep giving your best in spite very significant work changes with little or no notice.
- **Creativity:** Creating new ways to provide services in new contexts.
- **Fortitude and Perseverance:** The capacity to keep giving through a pandemic that now two years old.
- **Patience:** Our team continued to serve a DCYF workforce under duress due to their own professional and personal challenges. Hundreds, if not thousands, of conversations were engaged with employees who were struggling; overall they manifested a spirit of grace and support.
- **Living with Uncertainty and Change:** Maintaining courage and reasonable optimism in the face of the unknown.

Are there lessons learned through the pandemic that you will take forward into the future?

- You can do more than you think you can: when faced with challenges, the human spirit has an admirable capacity to rise to the occasion.
- You have limits; you need to know and honor them: Ironic in light of the above statement, we all do have limits and they are unique to our individual make-up. Especially over prolonged periods of difficulty, to fail to find and operate within healthy boundaries is to invite a precipitous decline in our ability to positively contribute. We must find ways to balance, rest, and recharge in order to have capacity for the long haul.

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Office of Government Affairs, Community Engagement, Communications and Constituent Relations

Jason Wettstein, Director of Communications

What was the internal impact the pandemic had on your business area?

The pandemic shifted a wide variety of agency communications priorities as communications time and personnel focused on pandemic communications. It was necessary work, and very important for public health, and that is the reality. Given we likely saved children and families around the state from becoming sick, I would not change the commitment we demonstrated.

How did the pandemic effect your customers?

The pandemic was hugely influential on our stakeholders and clients as facilities across the state had to adapt and re-adapt to a changing health advice landscape. The rules for some partners in our work did not apply to others, causing more need for research on their part, and communication on our part.

What strengths did your team identify during this pandemic?

A small core group of EOC professionals worked hard to integrate responses across the whole agency, and targeted to external groups as well. Frequent communications and sharing perspectives from the different agency functional areas (human resources, external relations, staff, etc.) helped us convey the work to others quickly and sift through communications priorities based on public and agency needs. We also found value in centralizing the channels to our internal communications vehicle, the digest, so people knew to look there first for pandemic response information.

Are there lessons learned through the pandemic that you will take forward into the future?

The potential for information overload is very real in circumstances where the policy ground is shifting over many versions of documentation from health authorities. It is important to standardize response to all audiences as much as we can rather than try to iterate different responses to ever smaller stakeholder groups. Occasionally questioning whether a communication is needed, needed now, or has the potential to create complacency, information overload or confusion is helpful. The one exception I would make to this “lesson learned,” is I feel we invested a good deal of time paying attention and adapting to different perspectives based on identity, political preference, and cultural factors. I feel that investment enhanced the effectiveness of our messages

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Financial and Business Services Division

Ken Moses, Comptroller

What was the internal impact the pandemic had on your business area?

- At the initial start of the pandemic, anxiety was high amongst staff due to the unknown nature of the various and the impact to their personal and professional lives.
- Converting home space into workspace has been a struggle with some. Equipment needs, Supplies, Internet capability
- Staff quickly adjusted to the new normal and work has continued with a majority of staff working remotely

How did the pandemic effect your customers?

- Finance work continues with little to no impact on customers

What strengths did your team identify during this pandemic?

- Ability to work independently
- Ability to sign and store documents electronically. Went truly paperless.
- Ability to collaborate remotely on complex projects.

Are there lessons learned through the pandemic that you will take forward into the future?

- Agency/Division/Units need to be nimble and be able to adjust on the fly
- The need for tools that complement remote work. Online collaborative platforms?

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