Elevating the Human Experience

A More Responsive, Seamless, and Effective Health and Human Services System

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he Netflix series *Maid*, based on a memoir by Stephanie Land, offers a powerful picture of what individuals face when they navigate the health and human services system in the United States. The series tells the story of 29-year-old Alex, who, while fleeing an abusive relationship and caring for her two-year-old daughter, must negotiate a labyrinth of government social care systems and processes.

Take the episode where Alex needs to show proof of income to be approved for child care vouchers, for example. With no temporary child care available for her daughter, she cannot take the job she needs to qualify for help with child care. In a similar vein, she cannot get a housing voucher without a landlord to approve and accept it.¹ Government systems, however well meaning, can often saddle users with such cumbersome and frustrating burdens.

What can we learn from Land's experience to make health and human services agencies and their partners more responsive, seamless, and effective?





Use Human-Centered Design to Uncover Obstacles and Unmet Needs

A growing number of health and human services agencies seek better solutions through human-centered design (HCD). HCD places people their beliefs, values, feelings, and ambitions—at the center of the design and delivery of public programs. HCD flips traditional social services approaches: instead of defining operational goals and then fitting them to client needs, it starts with an effort to understand key stakeholders and identify the root causes of their problems. Once providers understand these unmet needs, they can use the resulting insights to improve service design and delivery.

Health and human services agencies are beginning to incorporate HCD in many programs. For instance, the Medicaid program has used it to consider the factors that keep members from renewing their benefits, thus losing their health coverage. Labor departments have used HCD to understand the experience of persons applying for unemployment benefits, eliminating opportunities for error and thereby reducing the burden on caseworkers. Child support agencies have used it to better understand why some

parents struggle to meet their support obligations, and to find creative opportunities to help them.

Kentucky used HCD to figure out why many eligible individuals fail to take advantage of the Supplemental Nutrition Assistance Program **Employment and Training (SNAP** E&T) program. Researchers spent four weeks interviewing 58 people, including SNAP recipients, agency employees, and partners.2 Among other conclusions, those interviews revealed that many recipients have a hard time complying with the program's requirements; the jobs they secure may meet immediate needs but do not match their long-term interests or ambitions, and many recipients fear that a new job will disqualify them for benefits without fully covering their needs. Kentucky used this information to develop a new communications campaign to help participants make better use of SNAP E&T and help staff and partners better address participants' actual needs.3

Use Technology to Address the "Time Tax"

The many hours that individuals spend applying for social care programs and complying with their rules constitute what *The Atlantic*'s Annie Lowrey has dubbed the "time

tax."4 In exchange for benefits, social programs may exact a heavy toll in the form of time, extensive paperwork, and vexation. Lowrey documents examples of a Colorado resident with a chronic medical condition who spent more than 100 hours on paperwork to correct a lapse in his health insurance and a New York City resident who lost a job and then spent six months trying to find out why she had not received unemployment benefits, to illustrate the time tax beneficiaries can incur.⁵

The Montana Department of Public Health and Human Services (DPHHS) has used advanced technology to ease the burden of the time tax for residents who need critical services, including access to food, health care, and cash assistance. When the COVID-19 crisis triggered a significant increase in online applications and service requests, DPHHS needed a solution to support its overburdened workers while maintaining high-quality customer service.

In response, DPHHS started to deploy and then scale entities called Intelligent Digital Workers (or bots) to provide 24x7 customer service and enable case workers to focus on clients. The Digital Workers include:

■ Sophie, an online virtual assistant on DPHHS' public website that provides 24x7 services such as prescreening



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for benefits, general FAQs, and directions to nearest offices, as well as personalized services like current case/application status, reordering Electronic Benefits Transfer cards, and more.

- REMI, which automatically "reads" returned mail when notices to the clients are returned for an incorrect or bad address. It then emails or texts the client to obtain an updated address, informs workers of the loss of contact, and notes any additional action required.
- NOMI, which automatically understands when customers fail to appear for their scheduled interviews with workers and sends Notices of Missed Interviews (NOMI).

Using artificial intelligence (AI) technologies such as robotic process automation (RPA), intelligent optical character recognition (IOCR), and conversational AI, these solutions are hosted on a cross-cloud software-as-a-service (SaaS) platform.6 By leveraging this innovative AI strategy, the Montana DPHHS has been helping 150,000 customers per year, including 90,000 who received same-day service. DPHHS estimates that this solution will allow it to reallocate 30,800 hours of labor per year, yielding reduced workload and improved consumer convenience.⁷

Focus on the **Human Experience**

Social care agencies often view their clients through a program-centric lens, an inevitable byproduct of the way in which various programs have been established and run separately rather than as integrated parts of the health and human services system. Yet this approach fails to acknowledge the complexity of actual human beings, who may have multiple needs that cut across artificial program boundaries.

A California-based nonprofit called LavaMaeX serves as an example of how to integrate care practices while elevating the human experience. The all-in-one model for its health and well-being pop-up facilities can connect with people quickly and conveniently, creating a welcoming and conducive environment for those

who could benefit from a range of social services.

Founded in 2013, LavaMaeX started by providing mobile showers and toilets to help unhoused individuals in San Francisco. It soon expanded geographically and added more services, creating Pop-Up Care Villages (PUCVs) where people in need can access a wide array of services.8

A PUCV resembles a food truck festival, with representatives from public agencies and private aid organizations offering services from retired transit buses and commercial trailers. While enjoying live music, an individual might receive, for example, food, a shower, and a haircut, plus information on employment and housing opportunities. People who engage with PUCVs say that the compassion and support available there have transformed their lives, boosting their self-esteem, and making them feel that they are once again part of the community.

LavaMaeX has served more than 10,000 unhoused Californians, in collaboration with 185 partners and nearly 1,700 volunteers.9

Looking Ahead

Whether they offer what LavaMaeX calls "radical hospitality" or simply make it easier for individuals to access services that meet their needs, it is crucial for governments to interact with the people they serve in meaningful and responsive ways. By understanding their clients, leading with empathy, and designing humancentered experiences that meet individual needs, agencies can elevate the human experience.

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