

# **SERVICE CENTERS: THE FUTURE OF PUBLIC ASSISTANCE**

**Carlos Gonzalez**

## **EXECUTIVE SUMMARY**

The Social Service Division of Marin County Health and Human Services, like in other California counties, is looking to improve service delivery to public assistance recipients in an environment of increasing caseloads and reduced staff. As of March 2010, the average caseload for continuing eligibility workers was 456 cases, which, along with other contributing factors, such as staff attrition and the conversion to the C-IV system, has reduced the ability of workers to deliver quality service. The purpose of this case study is to determine if Sonoma County's Economic Assistance Service Center (EASC) would be a viable solution for Marin County.

### **Findings**

Sonoma County's EASC uses various technologies to facilitate the delivery of services by eligibility workers. As described by interviewed staff, a system such as the Task Management Tracker allows for equal distribution of work, eliminates the duplication of work on the same case, and promotes efficiency and increased productivity, which has led to higher morale among the workers.

### **Recommendations**

It is recommended that Marin County HHS not implement a full service center at this time because of the already existing difficult transition to C-IV; however, it is recommended that the

department adopt a banked caseload concept (instead of individualized caseload assignments) and a task tracker system to manage and monitor workload distribution.

# **SERVICE CENTERS: THE FUTURE OF PUBLIC ASSISTANCE**

**Carlos Gonzalez**

## **Introduction**

The Social Services Division (SSD) in Marin County's Department Health and Human Services, like many similar units in other counties in California, has experienced an increase in the caseload count of its eligibility workers (EWs) from public assistance programs for CalWORKs, Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps), and Medi-Cal/County Medical Services Program (CMSP). SSD uses a traditional caseload management model of assigning individual caseloads to its EWs. In Marin County, the current case counts for the various programs are: 1,185 for CalWORKs; 4,195 for SNAP; and 10,150 for Medi-Cal/CMSP. There are a total of 15,530 cases. These 15,530 cases are handled by a staff of thirty-four continuing EWs, with each worker having an average of 456 cases. SSD also has two intake units composed of fourteen workers who process new applications.

In addition to increasing caseloads, additional contributing factors have hampered EWs' ability to deliver services to clients. These factors include: worker attrition due to retirement; job transfer and promotion; a current hiring freeze due to budget cuts; an increase in new applications for public assistance programs; and a recent change in eligibility systems from the State Automated Welfare System to Consortium IV (C-IV) in March 2010.

As a supervisor of an eligibility unit in Marin County, it is my observation that the inability to establish contact with EWs is a continuous source of complaints from public assistance recipients. Additionally, eligibility staff have difficulty returning phone calls to clients promptly

due to increasing caseloads. The conversion to the C-IV system added another obstacle to a challenge that already existed for EWs.

In an effort to improve customer service and to deliver public assistance benefits more efficiently, management at Marin County's SSD is trying to identify ways to more effectively maintain cases. Ideas that are currently under consideration include: banking cases; switching from a generic model (EWs perform eligibility determination for all programs) to a specialized model (EWs perform eligibility for a specific program); and developing a service center. The idea of a service center model led me to Sonoma County to observe its Economic Assistance Service Center (EASC). The purpose of this project was to identify tools and processes used by EASC staff to deliver services to its clients, and to determine whether a service center would be a possibility for Marin County Public Assistance.

### **History of the EASC**

The EASC was opened in March 2007 after two years of planning and six months of preparation. Prior to the opening of the EASC, Sonoma County Human Services Department (SCHSD), Economic Assistance Division had already banked cases, but it still used a traditional case management model of one worker handling a single case through its cases for the public assistance programs of SNAP and Medi-Cal/CMSP. According to an article in the CalWORKS Information Network (CalWIN) website, SCHSD had forty EWs handling approximately 25,000 cases for SNAP and Medi-Cal/CMSP, with an average of 625 cases per worker. K. Seamans, Section Manager at SCHSD Economic Assistance Division, stated that the decision to have its service center handle the continuing cases for SNAP and Medi-Cal/CMSP while keeping

CalWORKs cases separate, was an administrative decision to simplify the transition. Ms. Seamans indicated that CalWORKs could be incorporated at a later date.

For the EASC to operate, it uses various technologies to manage the telephones for EWs and customers, to assign and track work for EWs, and to make information accessible to eligibility and clerical staff. The EASC uses the following technologies to accomplish this goal:

- CalWIN, to support eligibility and benefits determination;
- Medi-Cal Eligibility Data System (MEDS);
- Document Imaging, to image all case documents into the CalWIN system;
- Task Management Tracker (TMT), to assign and track tasks to EWs;
- Automatic Call Distribution (ACD) Telephone System; and a
- Global Navigation System (GNAV), to generate reports from TMT and ACD.

### **EASC Costs**

One initial cost for the EASC was a contract with Intelegy, a consulting firm, six months prior to implementation to assess and prepare staff for the change: however, the cost of the consulting firm was not available during my visit. The Task Management Tracker was developed in-house by SCHSD Information Technology (IT) staff. Initial telephone system costs were \$60,000 to upgrade phones and licensing. The cost for fifty GNAV licenses was \$50,000. The service center plan also required the hiring of eight additional EWs.

### **Preparing for change**

With the implementation of the EASC, Sonoma County switched from a traditional case management model to a task-oriented model. In the former, clients have an individual worker

assigned to their case. In the latter, cases are not assigned, but there are only assigned tasks to be performed by a group of workers. Case-supporting documentation, such as birth certificates, income verifications, and forms, were imaged into the Document Imaging System, which allowed for easy retrieval by EWs. Committees were formed to establish business practices, workflow, time assignment for individual tasks, and communications. Training was developed for EWs to use new technologies and perform new job duties in the EASC. The structure of the continuing units was changed; in the new structure, two units manage the EASC and four supporting units provide case maintenance.

Some of the challenges that concerned management while preparing for the EASC were:

- staffing for bilingual needs;
- an equitable distribution of tasks;
- staff burnout; and
- the noise level in the telephone area.

### **Operation of the EASC**

The EASC is available to its customers in English and Spanish, Monday through Friday from 8:00 a.m. to 5:00 p.m. The Automatic Call Distribution guides customers through a menu when they call the service center to determine if they need services in English or Spanish and to clarify which programs they are inquiring about. Since customer cases are no longer attached to an individual EW, any service center EW who receives the call is able to answer a customer's questions.

The purpose of the customer menu in the ACD system is to gather data for statistics. Staff assignment to the service center varies depending on the time of the day and the day in the

month. For instance, more staff are needed at the beginning of the month when clients who have not received their benefits are likely to call.

For EWs, the day begins by checking their schedules to see at what time they will start answering the phones. For bilingual staff, the schedule will also indicate whether they will answer calls in English or Spanish. EWs are given non-phone case maintenance time to complete their additional assigned tasks. When they are scheduled to answer the phones, they must first log-in to the systems that they will be using (i.e. CalWIN, MEDS, TMT, Data Imaging and the ACD phone system). EWs must record the reason for each call and the program the call was in reference to in the ACD system using tally codes. The tally codes are also used to record non-phone time categories, such as breaks, meetings, trainings, and desk time. The ACD system records the tally codes, which are then tracked and available to supervisors through GNAV reports. Some examples of codes used by service center EWs in the ACD can be seen in the table below:

<b><u>Tally Code Reason</u></b>	<b><u>Medi-Cal</u></b>	<b><u>CMSP</u></b>	<b><u>SNAP</u></b>
Address Change	11#	12#	13#
Explaining Programs	71#	72#	73#
Periodic Reports	91#	92#	93#

Eligibility staff who were interviewed stated they felt good about the service center and that their morale had improved as a result of the EASC. One comment was echoed by EWs in the grant maintenance units and the EASC units: “I love working without the constant phone call interruptions which I used to have before.” EWs felt they completed more work than before, their supervisor reiterated this sentiment, and the reports confirm it.

## **Task Assignment**

The Task Management Tracker was developed to assist eligibility staff to manage the distribution of tasks. Prior to TMT, tasks were assigned manually. Manual assignments often resulted in more than one EW working on a single case or in tasks being duplicated. This, in turn, often negatively impacted a customer's case benefits. Staff interviewed spoke positively of TMT and felt it made their work easier than the manual assignment. TMT allows the unit to perform some of the following functions:

- EWs can receive concurrent assignments of tasks;
- Staff can search for open tasks on the same case;
- Assigned tasks can be marked as completed by staff; and
- Open tasks (or closed tasks if the task was not fully completed) can be reassigned to another EW.

Most tasks are assigned by staff through TMT, but some can also be assigned using CalWIN. Clerical staff, EASC EWs, and supervisors can all assign tasks; additionally, EASC EWs can self-assign tasks that are received through the service center. Tasks are given a preset amount of time for completion. The preset times can be adjusted by a supervisor if the task turns out to be more complicated due to unanticipated circumstances. The length of time assigned to complete a task varies depending on the priority of the task. Tasks assigned to EASC EWs by clerical staff include MEDS alerts, Quarterly Reports (QR7s), and Medi-Cal Mid-Year Reports (MSRs) without changes.

## **Monitoring Data**

Through GNAV, supervisors and managers can track tasks assigned in TMT; this can be done by

assigning tasks as “rush” tasks, completed tasks, and past due tasks. This allows supervisors to provide better feedback to EWs. Task types and workload distribution can also be identified through the tracking system. Depending on the information needed by managers and supervisors, they can view reports on a daily, weekly, or monthly basis.

GNAV also tracks ACD data in the same manner. This aids supervisors and managers in tracking customer call activity (number of calls answered, waiting time, abandoned calls, and other data) to identify EASC’s peak hours and to promote increased staff coverage availability during those peak hours.

## **Conclusion**

Prior to the C-IV conversion, Marin County Health and Human Services EWs experienced difficulty maintaining their caseloads effectively with the increase in caseload sizes as a result of the increase in new applications and a reduction in staff. As a supervisor for a public assistance unit, a constant grievance heard from customers is that their phone calls have not returned. This point of view was echoed by EWs, as one of their constant grievances is that there are too many phone calls and that they sometimes experience an inability to contact the client days later due to the clients not answering their phones, having a voicemail that is not set up, or having phones that do not allow incoming calls.

Service centers, also known as call centers in other agencies, are becoming popular; -in some respects, they are also becoming a necessity to maintain quality service in a public assistance agency environment with increasing caseloads and reduced staff. Customers’ inability to contact their individual EW impacts the agency when clients leave multiple messages with back-up

workers, lead workers and supervisors, which can result in multiple staff working on the same tasks.

Sonoma County's EASC is managing to effectively cope with the same problems that Marin County is facing. The ability of customers and EWs to speak directly to each other to determine their needs has alleviated the communication breakdown between customers and EWs. EWs in Sonoma County are now accomplishing a higher number of tasks due to the efficiency of the EASC; additionally, staff morale has remained high.

### **Recommendations**

Marin County does not have any current plans to establish a telephone service center, and I do not recommend the county implementing a full service center like Sonoma County's EASC because of the conversion to the C-IV system. The preparation work for a service center would be too overwhelming at this time; however, it is an alternative that Marin County should consider in the future.

I recommend that Marin County adopt the banked caseload system used by Sonoma County for its SNAP and Medi-Cal/CMSP cases, as well as a system similar to TMT to reduce work duplication. A system like TMT would help Marin County HHS maintain equal work distribution. This could be the basis for a full service center in the future, allowing customers to have more direct contact with EWs and to receive more prompt and improved service compared to what currently provided. Deciding on a point of contact for customers to call will require further study to determine the agency's needs.

The costs for converting to a banked caseload would be minimal for the county since the new cases are already being imaged into the system with the implementation of C-IV. A future goal is

to image all cases into the C-IV system, thereby eliminating physical cases. Sonoma County management stated that its TMT application is available free-of-charge for other interested counties. Marin County's only costs for TMT would involve wages for IT staff to install the application.

### **Acknowledgements**

I wish to thank Mimi Rudin, Sonoma County BASCC facilitator, and Kim Seamans, Economic Assistance Section Manager, for being wonderful hosts, as well as the rest of the staff in Sonoma County who made themselves available to answer questions and demonstrate aspects of their jobs with enthusiasm. This study would not have been possible without their assistance.

I would also like to thank Heather Ravani, Assistant Director, Health & Human Services, Social Services Division, from my home county for making it possible for me to attend BASSC, as well as program managers and fellow supervisors for their support.