

# San Mateo County's Health Insurance and CalFresh Service Center Hits a Home Run!

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## EXECUTIVE SUMMARY

### Introduction

This case study was conducted on the San Mateo County's Health and Human Services Agency's (HSA) Health Insurance and CalFresh Service Center (HIT). HSA wanted to centralize and implement a "banked" caseload model for all of the Medi-Cal and CalFresh applications that were received via United States (U.S.) mail, dropped off at the Regional offices, and submitted via Benefits CalWIN, as an online application. Using a "banked" model for the processing of new applications would allow the eligibility worker to focus on just processing the applications and/or specific tasks.

In February 2011, the HSA re-tooled and transformed. They added two Intake units, implemented a new imaging and task management system, and created a Central Mail Unit (CMU). With the addition of the two Intake units, the HIT was now a full service center.

The HIT is currently providing case maintenance services to approximately 40,000 Medi-Cal and CalFresh clients. The HIT completes an average of the following tasks per month:

- 1,300 intake applications;
- 2,100 QR7's;
- 1,700 Medi-Cal RRRs; and
- 470 regular CalFresh (including the SPD cases) and 85 Transitional CalFresh (TCF).

By creating the CMU, San Mateo County HSA was able to drastically improve efficiencies for staff and clients by having documents in the system immediately. The CMU is responsible for receiving and processing all client correspondence, including

incoming U.S. mail and faxes that are received from the HIT, Regional offices and CAPI program. All documents received are scanned and filed by the next business day.

The regional offices also started imaging documents "upfront," which eliminated the need to send documents via courier. Regardless of their physical location, all staff has the ability to access the same information. Clients are also able to obtain a receipt with a thumbnail image of the document when they drop it off at the regional offices.

As caseloads continue to increase, the county is constantly seeking ways to meet the increasing demand for services despite the budget shortfalls. With Health Care Reform in 2014, it is anticipated that the number of Medi-Cal cases will grow at a more rapid rate. This seemed an opportune time to explore improving other aspects of service delivery and operations.

### Recommendations

Alameda County recently moved the Medi-Cal and companion CalFresh cases into the Adult and Aging and Medi-Cal Services (AAMS) Department. The AAMS Department currently "banks" the Qualified Member Beneficiary (QMB) Program cases. The agency currently images documents for all of the aid

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programs, and there is a call center to handle all of the telephone calls for the on-going cases.

With most of the components already in place, the AAMS Department would be an ideal location to pilot some of, if not all, the HIT model. This new model would have the following benefits:

Staff will no longer have caseloads, but assigned tasks.

- Staff can be redeployed to different tasks as needed.
- Clients will no longer have to wait until the worker returns or has time to process applications.
- Workers will not have to handle telephone calls, allowing them to focus more on tasks.
- Overall better, more efficient customer service will be possible.

Some of the challenges for Alameda County would be:

- Labor organizations
  - Flex times
  - Vacations
  - Reporting structures
  - Current labor agreements
- Introducing, understanding and learning the matrix management style
- Cost of software and necessary equipment
- Space/location.

If Alameda County were to go with the San Mateo's HIT model, it would need to complete extensive research to truly understand the pros and cons of over-hauling the existing structure.

# San Mateo County's Health Insurance and CalFresh Service Center Hits a Home Run!

ANTIONETTE BURNS AND SHRESS MOTEN

This is a case study about San Mateo County Human Services Agency's (HSA) Re-Tooling: Health Insurance and CalFresh Service Center. Alameda County Social Services Agency (ACSSA) is currently going through a major reorganization. As a result of the reorganization, two departments were greatly impacted, Adult and Aging and Medi-Cal Service (AAMS) and Welfare and Benefits Administration (WBA). All Medi-Cal only and Medi-Cal/CalFresh cases were moved to the AAMS department, and all General Assistance, Non-Assistance CalFresh and CalWORKs cases are now located in the WBA department.

Alameda County is a large county that provides public assistance in the form of CalWORKs, General Assistance, CalFresh and Medi-Cal to approximately 250,000 individuals. Over the past year, it saw an increase of 13.14% in General Assistance cases; 19.20% in Non-Assistance CalFresh cases; 4.62% in the Medi-Cal cases; with a slight decrease of .96% in CalWORKs<sup>1</sup> cases.

Effective communication and collaborative coordination of all staff involved in the determination of program eligibility or providing ongoing case maintenance in the WBA and AAMS departments will be a key element to making the reorganization a success. Between both departments there are approximately:

- 60 Supervising Eligibility Technicians<sup>2</sup>
- 500 Eligibility Technicians (I, II & III), and
- 238 Clerical Support Staff (Clerk II, Data Input Clerks, Specialist Clerks, & Eligibility Support Clerks).

With the launch of CalWIN<sup>3</sup> in 2005, all of the reports that were produced in the Case Data System (CDS) were no longer available. This made it difficult for the first line supervisors to effectively manage the work of the unit. As a result, the agency has had to rely on the Information Systems Department (ISD) to manually extract the data needed from CDS in order to obtain information needed to effectively manage the caseload and/or the work of the unit. Other information that the supervisors may need must be manually extracted from CalWIN and Webfiles<sup>4</sup> and compared to the entries that were made in CalWIN. This is a very tedious and time-consuming process.

As caseloads continue to increase, the county is constantly seeking ways to meet the increasing demand for services, despite the budget shortfalls. With Health Care Reform in 2014, anticipated that the number of Medi-Cal cases will grow at a much more rapid rate. As ACSSA strives to provide excellent customer service, it must provide some kind of relief to the workers who provide on-going case maintenance for our clients. Although the reorganization has provided some relief to the workers, ACSSA is always in search of new ways to efficiently manage the caseloads, as well as provide useful tools to assist the first line manager in effectively managing the work. This seemed an opportune time to explore improving other aspects of service delivery and operations, hence the interest in San Mateo HSA's Health Insurance and CalFresh Service Center.

<sup>1</sup> Data from April 2011 through March 2012.

<sup>2</sup> Equivalent to an Eligibility Worker.

<sup>3</sup> The automated eligibility determination system used by 18 counties that make up the Consortia.

<sup>4</sup> Online case files.

## Background of San Mateo Health Insurance and CalFresh Service Center

The HSA Health Insurance Telecenter (HIT) first opened in November 2003 and provided case management services for Medi-Cal only cases. As of August 2004, nine months after implementation, CalFresh case maintenance was also being housed at the HIT. All intake for Medi-Cal and CalFresh applications were assigned to individual workers in regional offices, and after approval the cases were transferred to the HIT for ongoing case maintenance. Once the cases were at the HIT Center, documents dropped off by clients at the regional offices were delivered to the HIT by internal courier.

The HIT was serving approximately 32,000 recipients and was staffed by: 35 Benefits Analysts<sup>5</sup>, 2, four Supervisors, fourteen Office Assistants, two Lead Office Assistants, 1 Quality Control Specialist, one Coach/Trainer, one Secretary and two Managers. The HIT staff was responsible for:

- Providing case management for Medi-Cal and CalFresh ongoing cases;
- Sorting mail;
- Assigning a task to the worker manually;
- Delivering the mail to the workers by hand;
- Clearing cases in the Statewide Eligibility Data System;
- Filing documents into the hard case files;
- Scanning documents to be imaged; and,
- Preparing outgoing mail to be picked up by the courier.

By December 2010, the caseloads had increased, and the HIT found that the documents that were mailed to the center to be imaged had a backlog of 10,000 cases. With the increasing number of backlogged cases the agency thought about outsourcing the imaging to catch up. However, due to past experiences, such as documents being unavailable for 2-3 weeks, incorrect indexing or delays from the vendor, they opted not to outsource. Also, due to the continuous growth of the Medi-Cal caseloads, HSA started

seeing an increase in the number of mail-in applications that were not being processed timely. HSA had a task-tracking system that they were using at that time, but it was separate from their imaging system. The task-tracking was being utilized; however, it was a stand-alone system that did not allow for quality customer service. This was due to the fact that the paper documents were separate from the task; therefore, they were not being tracked and assigned via the task tracking system. They also identified issues with their business processes and accountability that contributed to the backlog of mail-in applications.

HSA started to rethink how they were providing services at the HIT. They felt it was critical to develop a more efficient and effective service delivery system. In February 2011 HSA began re-tooling the HIT. The re-tooling included the addition of Intake to the HIT, the implementation of a Centralized Mail Unit (CMU) and a task management and imaging system called Compass.

### The Re-tooling and Re-staffing of the HIT

Prior to the re-tooling, the HIT only provided case maintenance services for the Medi-Cal and CalFresh programs. The HIT does not have client contact. Since face-to-face interviews to determine eligibility for CalFresh benefits are no longer required; part of re-tooling the HIT included the addition of Intake units. HSA was able to shift some staff from the regional offices to the HIT in order to add Intake units. The HIT was now processing mail-in applications and Benefits CalWIN<sup>6</sup> (BCW) applications for CalFresh and Medi-Cal. With the addition of the Intake unit, the HIT was now a full-service center versus a call center. Current staffing at the HIT includes nine eligibility units and three clerical support units. The following are the different eligibility units at the HIT:

- 3 Task Processing Units;
- 2 Case Management Units;
- 2 Intake Units;

<sup>5</sup> Equivalent to an Eligibility Worker.

<sup>6</sup> The CalWIN online application where clients can apply for Cash Aid, Medi-Cal and CalFresh benefits.

- 1 QR-7 Unit;
- 1 Senior and Persons with Disabilities<sup>7</sup> (SPD); and,
- 3 Clerical Support Units.
  - Centralized Mail Unit
  - Intake Clerical Unit
  - Task Assignment Unit

The three Task Processing units are responsible for completing all tasks that come in, excluding Intake functions, RRRS, and QR-7s. The two Case Management units are responsible for processing the Recertification/Reinvestigation (RRRS). The one QR-7 unit is responsible for processing all QR-7s and Restorations that come into the HIT. The three clerical units provide support to the various BA 2s units. The two Intake units are responsible for determining eligibility and processing all mail-in and BCW applications for the Medi-Cal and CalFresh programs. The one SPD unit is responsible for processing all Aged, Blind and Disabled (ABD) cases.

Intake is split into two groups, Group A and Group B. Intake Group A is responsible for determining eligibility and approving the case if the client has provided all necessary verifications. However, if the client did not provide all the necessary verifications, Intake Group A would issue a “need letter” then pass the case along to Intake Group B. Intake Group B holds the cases until all documents are submitted. If eligible, the client is approved at that point. If the client does not provide the necessary documentation by the “need letter” due date, then the case is denied. Intake is split into two functions so that the Intake unit does not get into a situation where cases are backlogged because the intake worker is waiting on necessary documents to determine eligibility.

Although the HIT does not have face-to-face contact, there is an exception. The SPD unit is the only unit that can conduct a face-to-face interview at the HIT. The SPD unit is responsible for processing intake applications and documents submitted for the ABD cases. They are also responsible for the

case management of the Qualified Medicare Beneficiary (QMB) cases. Because this unit handles a unique population that may have barriers, two days a week are set aside for face-to-face appointments at the HIT. When a non-SPD client applies for benefits via a mail-in application or a BCW application, contact is made with the client immediately in order to set up an interview. If the client expresses that he/she wishes to have a face-to-face interview, they must go to one of the regional offices. The client is then referred to the regional office closest to them where a face-to-face appointment can be conducted.

All BAS at the HIT are provided with cross training on Medi-Cal and CalFresh eligibility, as well as training on how to complete every task that is done by each eligibility unit. The purpose of this is for staff who are routinely rotated from one task to another, become well-rounded and get an opportunity to do different things.

### **Interactive Voice Response System**

With the expansion of the HIT center, it was now equipped to handle all telephone calls, whether

it was an intake or an on-going case. HSA decided to purchase new software that would support their current Interactive Voice Response (IVR) system and the expected increase in the volume of calls. The HIT now uses the Syntellect ACD system along with their existing IVR. Syntellect ACD is a call and routing distribution system that works off a virtual server. Syntellect has functionality that allows the end user to place clients on “virtual hold.” Clients can wait on the telephone line until the next available worker is able to take the telephone call. Or, the client can choose to hang up, and when their place in the queue comes up, they will automatically be called back. The system also makes outgoing telephone calls to clients reminding them of missing verifications that are due.

All BAS at the HIT are responsible for answering the telephones, with the exception of the two Intake units and the one SPD unit. The HIT has a daily telephone schedule that is set up by Group A, Group B, and Group C. Each group has two designated days to answer the telephones and the telephones

<sup>7</sup> Equivalent to Aged, Blind and Disabled (ABD).

are answered Monday-Friday from 8 A.M. to 5 P.M. When the groups are not answering the telephones, the RRR units are expected to complete their RRR for that month, and the QR-7 unit is expected to process QR-7's and Restorations for that month.

The BAs are given an introductory script that must be used and includes providing their names. All telephone calls are recorded, and a video or "capture screen" option is used to store pictures of information that was looked up. This allows the supervisor to view what information staff have accessed. Since all telephone calls are handled through the HIT, case notes are crucial to their operation. Staff who answer the telephone calls are required to document each phone contact via Case Comments in CalWIN.

### Centralized Mailing Unit

The Centralized Mail Unit (CMU) is a centrally located unit that receives and processes all client correspondence, including U.S. mail and faxes for the regional offices, the HIT Center, and the CAPI program. The CMU is staffed with one Manager, one Lead Worker, twelve Clerical Support and sixteen part-time Vocational Rehabilitation Services<sup>8</sup> (VRS) clients. The following support functions are also provided by the CMU:

- image and index mail documents received via Compass,
- task Assignment support via Compass Auto Task feature for all Mail received,
- process Original Documents returns,
- initiate Queue in CalWIN for Medi-Cal RRRS only, and
- release QR-7s and Mid Status Reports (MSRs).

The CMU receives over 6,000 pieces of mail monthly, and scans an average of 118,000 pages per month. Each worker scans at least 50 pages per hour, with the high performers scanning approximately 80 pages. All correspondence received at the CMU is scanned into Compass by the next business day.

The CMU credits its high productivity to two things—its unique floor design and its production line environment. The floor plan is an open design, much like that of a bullpen, which has workstations with low panels. The CMU promotes teamwork and encourages staff to utilize one another as resources. Because of the open floor design, staff can openly hear questions and clarifications that other staff members may have, which promotes an open learning environment. When fellow co-workers are unable to assist, staff must then go to the designated Lead BA, with the Manager of the unit being the last resort. However, the majority of the time, other CMU co-workers or the Lead BA are able to provide assistance. The CMUs production line environment also promotes teamwork and is a factor in its high productivity.

The production line environment came about due to an issue the CMU had with the U.S. Postal Service's (USPS) delivery route. In the area where the CMU is located, the USPS did not come to deliver the mail until late in the afternoon. Because the new business model of the CMU guaranteed that documents received are scanned within the next business day, the mail being delivered in the late afternoon no longer worked for them. The HSA was able to make an arrangement with the Postmaster to have the CMU be the first stop along the mail delivery route. The mail is now delivered to the CMU at 11 A.M. on Mondays through Fridays. To also ensure that all daily mail received is scanned into the Compass system within 24 hours of receiving, the CMU staff is not allowed to flex. The staff has a fixed work schedule of Monday through Friday, 8:30 A.M. to 5 P.M. with designated breaks at 10:30 A.M. and 3 P.M.

The CMUs work is disturbed and completed in a production line environment. When the U.S. mail comes in it is opened, sorted by mail type, and then placed in green bins labeled by document type. This is called the Mail Prepper Process, which is completed by VRS clients. The mail preppers then complete the Document Prepper Process by sorting and prepping the mail from the green bins for scanning.

<sup>8</sup> General Assistance/General Relief clients that are fulfilling their Employment Services work requirement.

This entails removing all staples from the documents, arranging the document type order, straightening the mail folds (so documents can be easily scanned), repairing damaged documents as required, and preparing and batching documents for scanning. Each batch to be scanned has 50 documents. The batches of documents are then placed in an area outside the manager's office. After the Document Prepper process is completed, the Office Assistant Scan Process has to be completed. The CMUs Office Assistant staff is responsible for this task. Staff receives the batch of documents needing to be scanned from the CMU Manager. Once staff completes the scanning of the first batch of 50 documents, they must go back to the manager to receive the next batch. Staff is only given one batch of documents at a time.

The Office Assistant Scan Process starts by identifying clients by their Social Security Number (SSN) or Client Index Number (CIN). Once documents have been associated with the client's SSN or CIN, they are scanned into Compass by selecting the appropriate taxonomy.

To ensure staff understands what the expectation is for each role and responsibility, the CMU Manager created a Handbook. The CMU Handbook gives detailed instructions for each process and who is to complete it. It also gives direction on how to treat each document type and each mail situation such as fax, inter-county mail, or returned mail.

With all the changes to the HIT, HSA realized that to ensure the safety and comfort of the CMU staff, ergonomic adjustments needed to be made. The CMU staff now has Sit & Stand workstations, which allow staff to adjust their actual desks for sitting or standing. They also receive regular customized on-site ergonomic trainings and evaluations. Each worker now has dual computer monitors, which helps to alleviate repetitive stress injuries. They are currently testing touch screen monitors (which eases the repetitive motion of typing), a new version of the Sit and Stand workstations, and high volume front load scanners. In addition, the CMU staff also has a daily 15-minute group stretch session. The group

stretch starts at 2 P.M. everyday and is led by the "Stretch Lead."

### **Compass: A Document Management and Task Management System**

Re-tooling the HIT included the implementation of a new task management and imaging system called Compass. A company named Northwoods, which is a Software Development and Consulting Company, developed the software. 100% of Northwoods' customers are human services agencies falling within one of three categories: Public Assistance, Child Support Enforcement, or Child Welfare Services. They maintain that their software has been developed with human services in mind.

Compass is a two part system which includes a Document Management System (DMS) and a Task Management System (TMT). Although the two systems are related, they function very differently within Compass.

The DMS is the system that is used to store (files) documents. The DMS is comprised of three "Modules."

1. Capture Module—used to scan documents that are submitted by the clients into the DMS. Using a unique identifier captures all of the clients' information. Since non-citizens do not have a social security number, San Mateo decided to use the client's Clients Index Number (CIN) to capture the documents for each individual on the case. The CIN is a unique identifier assigned to beneficiaries by the Medi-Cal Eligibility Data System (MEDS) system.
2. Documents Module—used to find documents that have been scanned or created into the Compass system.
3. Forms Module—used to create forms within the Compass system and can be linked to the DMS if the form needs to be filed in the case.

The most important part of the DMS is the Taxonomy. The Taxonomy is the name of the document that HSA created to help classify where all documents

are filed in the DMS of Compass. Each classification can be found in the Capture Module and is color-coded based on the primary classification. There are five primary classifications:

- Application (Blue)
- Financial Income (Green)
- NOAs/Correspondence /Miscellaneous (Red)
- Referrals (Orange)
- Verifications (Yellow)

Within the primary classification there is a series of secondary classifications. For example, Financial Income has twelve secondary classifications that include: unearned income, earned income, GA income report, and CalWORKs/CalFresh income reports. There could be various numbers of twelve secondary classifications.

All Medi-Cal and CalFresh applications, county-specific forms, and other forms or correspondence that are not available in CalWIN have been uploaded into Compass. This information is found in the Forms Module. When a BA needs to send a client an application, form or notice, it can be generated via the Forms Module. Documents generated from the Forms module will pre-populate with the client's case name, case number, and address. The documents also contain a bar code, which makes it easier to identify case information in order to scan the document into Compass upon return. The Compass system is also compatible with CalWIN.

All updates entered, as well as correspondence generated in CalWIN is uploaded into Compass once the CalWIN nightly "Batch Run" has been processed. This integration allows for Compass to capture the client's data, create individual profiles on each mandatory household member, and ensure that information submitted is linked to the appropriate virtual case. This functionality eliminated the process of manually clearing documents. CalWIN linked with Compass system also allows for the immediate retrieval of documents as well as the delivery of services in a more timely and efficient manner. As a result, clients are given more accurate information and customer service has also improved.

The TMT is used to assign documents/tasks to the specific BA based on the assignment or to the various "buckets". Buckets are generic bank caseloads where tasks are placed until ready to be assigned to a BA. It also allows for the user to work on the virtual documents by tracking them by "Task Type". The TMT is directly linked to Compass reporting and serves as a tool to help staff manage their assigned work. When HSA developed the Taxonomy, it linked each "Secondary" document type to a specific task "Type" that would display in the task "Type" column of the task list. Most of the "Secondary" documents were linked to the task "Type" of: "Document New Mail." A short list of "Secondary" document types were chosen to actually display a specific task "Type" description other than "Document New Mail." These tasks are called Auto-generated Tasks. Tasks can be automatically generated or manually generated.

The Compass system also generates reports, which are referred to as "Dashboards." Currently, the system generates 146 different reports. HSA has the capability to break down these reports anyway they chose. They can produce high level reports, which provide overall information, or reports that provide information at an individual worker level. Compass reports can be produced in the following formats:

- weekly,
- monthly,
- quarterly; and/or
- yearly.

## Findings

HIT is now a full-service center that houses the Centralized Mail Unit, Intake Units, and the pre-existing Tele-Center Units all under one roof. The HIT is currently providing case maintenance services to approximately 40,000 Medi-Cal and CalFresh clients.

By creating the CMU, San Mateo County HSA was able to drastically improve efficiencies for staff and clients by having documents in the system immediately. Regardless of their physical location, all staff has the ability to access the same information.



Clients are also able to obtain a receipt with a thumbnail image of the document when they drop it off at regional offices. The CMU Manager ensures that staff is productive with the CMU Handbook that must be followed, monthly reports, the “AM & PM charts,” and the daily Office Assistant Scan Process. Productivity is high and accountability is built into the process.

### Keys to Their Success

There are several things that can be attributed to the success of HSA's HIT. Some key factors in their success are: the addition of intake units, implementation of the CMU, the Compass system, technology, and communication.

**Intake Units**—Intake applications are processed in a timelier manner and there are no backlogs of mail-in applications. This is because someone is always working on some aspect of the application; therefore, clients no longer have to wait for a specific worker to take an action.

**CMU**—The layout of the CMU was crucial to the day-to-day operations. The open floor or “bullpen” design allows for better communication among co-workers and the manager. Staff can easily ask co-workers questions, provide support to one another, and they do not feel closed in or secluded from other staff. As of August 2011, the CMU scanned over one million pages since implementing Compass in February 8, 2011. They currently scan over 118,000 pages per month with a 24 hour turn around.

**Compass System**—Staff was able to image all of the 10,000 backlogged cases using the Compass system within five months of implementation. The previous estimate for catching up was 13 months; however, with the Compass system, they found that they were able to scan higher volumes. All of San Mateo County HSA's 40,000 Medical and CalFresh cases are now imaged and available for immediate retrieval. All applications are also tracked using the Compass system's TMT.

**Integration of Technology**—Using and purchasing technology that was user-friendly and was capable of integrating with other systems was key to the success

of HIT. Compass and CalWIN interface with one another, and the Syntellect ACD system interfaces with the IVR system. These technological advances cut down on repetition and have proven to be a more efficient way of doing business.

**Communication**—Managers working as “teams,” constant communication, and problem-solving also added to the success of the HIT. The managers work very closely with their staff and are able to identify and assist with issues immediately. The various reports allow the managers to monitor and quickly address any performance issues, and identify areas where training may be needed.

Besides the successes with imaging documents, the HIT completes approximately the following number of tasks per month:

- 1,300 intake applications,
- 2,100 QR7's,
- 1,700 Medi-Cal RRRs,
- 470 regular CalFresh (including the SPD cases) and 85 Transitional CalFresh (TCF) RRRs, and
- 14,000 calls.

### Lessons learned

After implementation, the HIT Managers noticed a problem with some of the reports. During the first six months after implementation, they hadn't produced reports since they were trying to validate the data on the reports. While reviewing and testing the report elements, which entailed going and looking at every worker in the agency, they noticed a discrepancy in the way that the data for the applications were being captured. They discovered that the applications were being counted more than once.

They met with the program specialists and the supervisor and were able to determine that the system was driving the program instead of the program driving the system. They ended up having to go back and revise the Taxonomy in respect to the auto-generated tasks. For example, the DFA 285 A1 and A2 are used for CalFresh at application and RRR. CMU had no way to differentiate if it was a new application or a RRR. Another example of this was with the Medi-Cal applications. The MC 210 or SAWS 1 is used as

an application. Staff would scan the SAWS 1 as the application and then mail out the MC 210. When the MC210 was returned, it was also scanned into Compass as an application. The system was showing that two applications had been received.

The HIT backed away from the auto-generated tasks for new applications and decided to have that task manually assigned via Compass. This meant the BAs were responsible for changing the task type. If they failed to change the task type, they did not receive credit for processing the task.

## Recommendations

For a large county, such as Alameda, HSA's Service Center looks to be a do-able model that would increase productivity and efficiency. Alameda County could benefit from a full Service Center model as well as a new imaging system that includes a task management system.

However, some of the challenges or obstacles to be considered for Alameda County are:

- Initial cost, which would include software and equipment. Would it be cost-effective to switch to the HIT model?
- What will happen to the current imaging system and the documents currently stored in the virtual cases?
- Labor—Alameda County has very strong labor unions and currently has agreements in place. Unions have not been too fond of “specialized workers”; therefore, it may be a challenge to get their buy-in.
- Space—Alameda County currently has issues with available space within all of its Self-Sufficiency Centers and satellite offices. What would this new model mean? Would it help or add to the existing space capacity issues?
- Call Center—What will we do with the current call center? Should it be scrapped or transformed into a full Service Center?
- First line supervisors—How does one change their way of thinking?

Since the first steps of many have been taken in reorganizing the agency, it should continue to explore other new creative ways to conduct business. With the budget shortfalls, realignment of funds, the increasing number of cases in order to prepare for Health Care Reform in 2014, we are recommending that Alameda County create an exploratory committee to see if parts, if not all, of the HIT can be used to help manage the increasing caseloads. We believe that this concept would also work for the Medi-Cal and CalFresh programs.

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