

Integrated Call Centers for Older and/or Dependent Adults

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EXECUTIVE SUMMARY

The Contra Costa County Employment and Human Services Agency (EHSD) launched an Integrated Call Center for In-Home Support Services (IHSS), Adult Protective Services (APS) and Senior Information (Senior Info) in 2018 to address areas identified for improvement in the IHSS and APS Programs. Specifically, IHSS had a large backlog of calls and APS needed assistance in intake coverage, along with the ability to answer/return calls on reports of abuse. The Integrated Call Center has successfully

addressed these areas of concern. In addition, the Integrated Call Center has allowed Contra Costa County social workers to develop relationships with county residents as their needs evolve and change over time. Specifically, the Call Center allows staff to relay information on the continuum of care available to older, vulnerable, and/or dependent adults while documenting and tracking the information in a central location and allowing for client histories to be readily available to staff.

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Background

Contra Costa County is located directly to the northeast of Alameda County. The two counties share similar geography, which encompasses densely populated city centers, suburban pockets, and rural communities. However, Alameda County has 50% more residents within an area only approximately 10% larger. Contra Costa County has structured its Aging and Adult Services programs within the Employment and Human Services Department with approximately 2,000 employees. Alameda County's Aging and Adult Services (AAS) programs are located within the social services agency with approximately 2,300 employees. There are many distinctions that make each county's systems unique; however, there are enough similarities in size and organizational structure to make it appropriate to evaluate programs for replication between the two counties.

Overview of the Integrated Call Center

The Contra Costa Integrated Call Center (Call Center) was launched with a Senior Staff Assistant supervising a unit of six full-time equivalent Social Workers I. In addition, the APS Worker of the Day logs into the Call Center to assist in fielding calls. The Call Center receives calls for IHSS, APS and Senior Information. All calls directed to the specific programs are routed to In-Contact, a central call system that tracks the incoming line and directs calls in accordance to pre-programed prioritizations and the next available worker. This feature lets two retired annuitants have priority for APS calls. In-Contact allows social workers to log in and out of

the system to perform tasks beyond the answer of the call, to be present in the office or telecommute, and to have management track several standard metrics for performance and program evaluation. The Call Center also utilizes a central client database, ServicePoint, which is tied directly into the county's 211 system. This linkage allows staff to gather contact and general information regarding programs and events that are regularly maintained and updated. Callers have individual client records within the ServicePoint system, which permits staff access to the frequency, nature, and outcomes of previous calls made by the client. This historic information is particularly useful for "frequent fliers", allowing a window to past un/successful interventions.

When a caller is in need of IHSS services or has called to submit an APS Report of Abuse, the social worker who receives the call enters call information into ServicePoint and also opens the appropriate database (either the state-mandated CMIPS for IHSS or county-selected LEAPS for APS) to complete the processing of the call. The social worker toggles between multiple software programs, all of which allow "cut & paste" shortcuts, relieving several points of possible content entry duplication. Workers are trained to gather all required documentation for IHSS or APS intake and are empowered to cross-refer to any appropriate programs identified during the course of the call. For example, a social worker processing a call that originated as an IHSS intake may identify the need for Meals on Wheels (MOW) and a possible case of abuse after the client describes specific signs of abuse occurring within a home. The social worker will then initiate both

the referral to MOW and a Report of Abuse into LEAPS. It is important to note that once an intake is submitted into the queue for review (for APS) and/or processing (for IHSS), social workers assigned to the Call Center are done with their role in the case. For Senior Info calls, if there is a need for the social worker to complete a warm hand-off to a partner organization, they are expected to do so before the call is considered complete. Fax and online reports are handled directly within each program team rather than the Call Center, which is designated for phone intakes only. Over the 12-month period covering Fiscal Year 2019–20, the Integrated Call Center managed 18,835 calls. Of those calls, 6,980 originated as Senior Information and Assistance, 5,348 calls were intended for IHSS Intake and there were 2,924 Reports of Abuse. The high volume of calls has required the use of the APS Worker of the Day to support the Call Center. At time of writing, the Call Center staff did not have data available on the number of calls that touched multiple programs. However, social workers interviewed for this report noted this scenario is frequent, with the most common crossover involving both IHSS and Senior Info.

A significant challenge for the Contra Costa Call Center has been training staff during both the launch and the ongoing management of the Call Center. The Staff Development Team provided support at the beginning, but possibly because of the small size and ad-hoc nature of the unit, the county does not have a structured training program for the Call Center team. Therefore, piecemeal training of the multiple software programs, program information, and community resources is done internally using program materials, on-line resources, and presentations by partners and staff. Implementing training in this manner has been a substantial lift for the program to develop and sustain.

Potential Application in Alameda County

The merit of establishing an Integrated Call Center in Alameda County is worth evaluating, particularly because of strong county-wide interest

and commitment toward Aging and Disability Resource Centers (ADRC). The ADRCs originated through the Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA) to coordinate the dissemination of information and facilitate the connection of older adults and individuals with disabilities to resources and community networks. In California the ADRCs are structured as collaboratives between local Independent Living Centers and Area Agencies on Aging (AAA) and have been promoted by the state as an integral part of the effort to promote the “No Wrong Door” method of breaking down social service “silos” created by age, (dis)ability and income restrictions, as documented in the State Master Plan on Aging. In 2020, Alameda County AAS recommitted itself as a critical partner in an emerging Alameda County ADRC. Inherent to an ADRC are enhanced Senior Info access, options counseling, short-term service coordination, and transition services. An Alameda County AAS Integrated Call Center would provide enhanced information and referral plus short-term service coordination, two of the four pillars of an ADRC.

The creation of an Alameda County Integrated Call Center would be a complex endeavor that would require tackling job classifications, software and call center systems, and comprehensive training. However, because the current organization structure of AAS includes several key programs, Alameda County has the potential to integrate the intake and information portals for IHSS, APS, AAA’s Senior Info, and the County Veterans Services Office (CVSO). This integration would allow for seamless collaboration at the first point of contact, which would provide effective person-driven care and customer service while incorporating programs and services at the heart of an ADRC. The result would be a robust and enhanced Senior Info program, in compliance with the mission of an ADRC, to which Alameda County has made a clear commitment.

Job Classifications

Currently, in Alameda County there are several job classifications charged with being the first point of contact in AAS programs. These classifications include:

- APS Social Worker II—four workers
- Service Support Specialist—eight workers
- Social Worker III—one worker
- Specialist Clerk I—two workers

The current practice is that in APS, the workers process intake reports of elder and dependent adult abuse, with approximately 6,600 calls received in the last year. In IHSS during the same time frame, workers initiated IHSS applications for 11,600 callers through the current phone system. In Senior Info, the Social Worker III managed approximately 6,500 calls for referrals and connection to services, while in the CVSO, the Specialist Clerk fielded numerous calls and connected callers to Veteran Representatives.

In an Integrated Call Center, a single job classification should be the first point of contact. While Contra Costa County designated the Social Worker I classification as the first point of contact, that is not appropriate for Alameda County. Specifically, the Social Worker I position in Contra Costa County is considered an entry-level Social Worker, with Social Worker II and Social Worker IIIs assigned to Child Protective Services and APS as case-carrying workers, expected to execute more advanced and complex social work. In are submitted into the assignment queue. Meanwhile, Service Support Specialists are assigned to IHSS intake, which is a position more aligned with the duties of eligibility technicians than social workers. In contrast, the Specialist Clerk I in the CVSO routes calls to specialized Veterans Representatives, who must be accredited prior to handling veterans' personal information. The Social Worker III staffing the Senior Info office in Alameda is most closely aligned to the Social Worker I position in Contra Costa County, however in Alameda County the expectation is that a seasoned social worker familiar with a multitude of programs gets

assigned to the program. If Alameda County pursues an Integrated Call Center, Social Worker IIIs should be used to staff the unit, as they are able to execute the advanced social work skills necessary to identify the programs required to meet the need of a caller, to field reports of abuse, to determine eligibility for IHSS or CVSO, and to provide warm hand-offs to partner organizations.

Implications of COVID-19 and Staffing

The outbreak of COVID-19, with both short-term and long-term effects on the county budget, will affect the viability of launching an Integrated Call Center in Alameda County. Specifically, analyzing potential organizational changes involving reclassifications and the filling of vacant positions have been curtailed because of this period of budgetary uncertainty. Therefore, when the timing is deemed appropriate, AAS will need to identify a cohort of 15 Social Worker III positions to staff an Integrated Call Center. However, this number, based upon the current number of individuals assigned as the first point of contact for these programs, will not yield the capacity necessary to provide ongoing case management, a core tenet of an ADRC. A thorough examination of the appropriate point in time to hand off a client to a program also needs to be detailed and designed. This gap directly affects who will perform the level of investigation the current cohort of APS Intake workers execute, in addition to whether faxed and online submissions will be processed by the Call Center group. Since there are three Program Managers under two Divisions within AAS who oversee the relevant programs, locating an Integrated Call Center in the appropriate place within the organizational structure is critical to ensuring no program dwarfs another. The required focus on the underlying mission to create "No Wrong Door" structures and to hold comprehensive knowledge of a wide base of programs suggests that the Integrated Call Center should be managed under the Division of Aging and Adult Protection's (DAAP) AAA Program Manager, who oversees the Senior Info program. However, with a fluid horizon for the

AAS budget, there may be additional considerations regarding staffing and program assignments that could affect the ultimate placement of the unit.

Software

As evidenced by Contra Costa County, having a comprehensive database for consumer information is particularly useful for managing client calls and histories. As such, workers are expected to be fluent and confident in navigating multiple databases, including those required for specific programs as well as the master database for Senior Info. Call Center workers access the database utilized by Contra Costa's 211 system, and it is worth exploring the potential of a similar arrangement in Alameda County. Another option would be to access a currently unused function of the APS database LEAPS, which is designed for information and assistance. However, a full RFQ process would reveal potential software programs designed specifically for an ADRC. While the cost of these are not known at the date of this writing, the very basic Excel spreadsheet-based tracking system presently utilized by Senior Info combined with state funding directed to costs incurred by an emerging ADRC, hints that selection of a new database is on the horizon. The other databases used by Alameda County AAS to manage cases are cloud-based software databases, for which additional users are easy to add. It is important to note that the specific costs of adding additional tiers of licenses are unknown at the time of this writing, due to variables such as available unused slots, the ultimate size of the unit, and the ability to negotiate costs with the vendor. However, costs are expected to be manageable, as increasing to the next the tier of LEAPS licenses (from 41–50 users to 51–60) would currently require less than \$5,000. Expected training costs on these software programs are included in current budgets for induction classes, with which trainings for the Call Center Unit could be coordinated. These databases are currently siloed due to the regulatory confidential nature of the programs; however, once Social Worker IIIs are assigned to a program, they are permitted access to the appropriate software programs.

Training and Cross-Training

The Alameda County SSA has a robust Staff Development Training and Consulting Team (TACT), which works closely with AAS to develop Induction Trainings for cohorts of new employees. The development of an Induction Training specifically for an Integrated Call Center Unit would be done by extracting key modules from the DAAP and IHSS induction curricula, coupled with the development of a handful of specific trainings geared towards the following elements:

- Understanding the Area Agency on Aging
- Understanding the ADRC
- Understanding the County Veterans Services Office
- Gaining an overview of key partners and resources throughout Alameda County
- Receiving an introduction to VetPro Software (first level access necessary for creating records)

These five new modules would be program-led in coordination with TACT, with no outside training costs incurred. In addition, Contra Costa County holds monthly Unit meetings specific to ongoing training and education on programs and regulations to ensure the Unit has updated resource information. Alameda County can leverage a similar monthly roundtable that fosters staff and community continued education on programs and policies at no additional cost.

Integrated Call Centers and Crisis Situations

Contra Costa's Call Center nimbly pivoted with the COVID-19 Shelter-in-Place requirements, because their existing software programs are web-based and workers have appropriate, up-to-date technology. Furthermore, because constant updates in resource information are funneled into one location, updating Contra Costa residents is seamless and coordinated. Staff can assist individuals of any age, ability, and income with decisions by delivering the right information at the right time. Planning to meet crisis situations head-on, which could include earthquakes, wildfires, and Public Safety Power Shutoffs,

requires efficient communication systems and coordination; an Integrated Call Center with remote capabilities has proven useful in Contra Costa to this end.

Conclusion

The Contra Costa Integrated Call Center is a model of effective person- and consumer-centered service. The Call Center allows Contra Costa County social workers to develop relationships with residents as needs evolve over time, while relaying accurate, current information on the continuum of care designed for older, vulnerable, and/or dependent adults. Alameda County AAS is at a unique point in developing an ADRC, within which an Integrated Call Center could be a compelling component. While an Integrated Call Center is a complex endeavor with organizational and structural challenges, the benefits are tangible, whether realized now or in the future.

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