

SINGLE INTAKE SYSTEM: AN INTERNSHIP JOURNAL

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1/29/96 Meeting with Madelyn Martin (Mentor)

We discussed my internship-- what I hope to learn and what's the best way to meet the goals of my internship. I also told Madelyn that I would like my host county to benefit from my experience. Therefore, I promised her that I will be giving them feedback at the end of my internship.

Finding a focus for my internship was a difficult one. I struggled between learning more about Generic Intake, which has been implemented or Single Intake, which is yet to be implemented.

Madelyn gave me an overview of the changes that their agency has undergone and the changes that they are planning to implement in the near future (beyond the Generic or Single Intake systems). At this point, I decided instead to learn as much as I can about the process and methodology that San Mateo employed to effectively implement these changes. I will focus specifically on the development and planning strategies for implementation of the Single Intake system and, since Generic Intake has been implemented, its impact. (I use SI for Single Intake, GT for Generic Intake, and BA for Benefits Analyst throughout this journal.) My goal is to learn what works and does not work when implementing changes.

1/31/96 SUCCESS Coordinating Meeting

Each committee presented their status reports. There is too much information for me to digest at this time but I was impressed with the commitment level of each team. The reports look very comprehensive and indicative of just how much time and effort has gone into each report.

2/15/96 Interview with Jamie Buckmaster, Unit Supervisor (SSF)

Jamie explained how Generic Intake works at her District Office:

- currently, they're rotating intake staff for training. It's hard for those who are left behind because they have to cover for those who are away in training. Because of this, length of training varies and is scheduled haphazardly.
- supervisors will not be generically trained to maintain their specialized knowledge. I thought that this must make it difficult for the supervisors to review cases in programs that they have no knowledge of. Jamie said that the supervisors must buddy-up with other supervisors so they can review each other's cases.
- BAs Must remember different program timelines ("cheat sheets" are commonly used to help the BAs)
- staff have handbooks for all programs
- they have a screening unit that she supervises
- caseload assignment is manually done
- Continuing only handles one Program (except GA/FS cases)

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Jamie is also actively involved in the design of Single Intake. She is currently developing other SI forms, especially the Universal Intake tool which will contain demographic information, needs and wants of the applicants and the applicant's history. This form is critical for maintaining the "one story telling" concept and to be able to assess the client's service needs.

What are the "should haves" when implementing a new program?

- provide adequate training period so that staff are not cheated out of a proper training
- provide technical program support to line staff
- provide a computer system support

2/15/96 Interview with Magda Gonzales (Fair Oaks Community Center)

Magda explained how Fair Oaks Community Center works using a "One Stop Shop" concept. It's effective because there is no duplication of services due to the co-location of several service-agencies. They also do not have an adversarial relationship with the County despite their advocacy role.

However, despite the advantages of co-locations the client is still made to repeat their story to each of her service providers. Single Intake will allow the "one-story-telling" concept. Magda is also actively involved in the design of Single Intake.

2/15/96 Single Intake Design Team meeting

The committee discussed the recent revision of the flow chart. Most of the team members were not expecting a revision of the last draft. Evelyn explained that the Exec team met and decided on the revision and emphasized that this is not the final model, there will be on-going changes to this flow chart.

They also discussed Jamie's latest version of the Universal Intake Tool related forms. Feedback was good. However, I noticed that each team member wanted to add to the forms- additional questions which relate to the program or agency that they represent. Magda reminded them that this form will be completed by the client and must therefore, be simple to use. She also reminded them that if the client is referred to their program/agency, they can use their own form that has more in-depth questioning capability.

2/21/96 Meeting of the Generic Intake Committee

The Committee was discussing the certification process for Generic Intake-BAs. Highlights from the discussions:

- how often should the Certification testing be given? (2x/yr)
- once a BA is certified, will there be other testing? (no)
- what happens if a BA does not pass and there is no opening in continuing?
- what happens if a BA refuses to take the test?
- administration should present the certification process to staff in a positive way

- performance issue should not be part of the certification process
- program knowledge should be part of the certification testing Staff Development will develop the testing tool test will be given twice a year certification approval must be given by the supervisor to ensure that the BA can handle the complexity of being a generic worker (behavior and interpersonal skills must be evaluated)
- how does bilingual needs affect this process?

2/21/96 Interview with Elsa Dawson (Redwood City) and Darla Munson (East Palo Alto) District Office Managers

What are the positive impacts of Generic Intake?

Bas

- everyone in Intake is doing the same thing
- better coverage
- self improvement, opportunity to grow and learn other programs

Admin

- better client service (one story-telling, no duplication of verification)
- flexibility for utilizing staff
- confirms program realities (some programs have had it easy)
- expose performance issues
- supervisors become more independent

What are the should haves for GI?

- better planning, don't rush
- provide a better system to train staff, utilize supervisors as trainers. Staff Development training should be 6-8 weeks in duration.
- lay out ground rules
- resolve certification issue first
- flex schedule is a hindrance
- do PR to staff first, buy-in from line sups is critical
- work out equal distribution of caseload

Recommendations

- develop a back up system
- provide continuing refresher training to staff
- look at mixed caseload in Continuing
- resolve certification issue
- work towards a better partnership and commitment with Staff Development
- foster a better relationship amongst supervisors with emphasis on the buddy-system

Darla mentioned that the buddy-system works well at her District Office. She thinks that this is because staff are not territorial. When someone is transferred to Continuing/Intake, this person

will not be physically moved- he/she remains where he/she is but will perform a different function.

Elsa believes that Supervisors must deal with performance issues in general, not because the employee cannot do Generic Intake.

2/21/96 Meeting with Paula Guyden, Unit Supervisor

What are the challenges with Generic Intake?

- no adequate coverage when staff goes to training
- her program of expertise is AFDC but she hesitates to ask another supervisor for information about another program because she feels that she is imposing. So she ends up doing the best she can. If the cases are rejected from Continuing, the cases start piling up since the workers are barely managing to process new applications, let alone correct mistakes that may require several client contacts.

What are the should haves for GI?

- thorough training, do not rush (they were given an implementation date and that was it)
- ACCESS
- something in writing to outline expectations to staff
- staff must look at the bigger picture
- supervisors must stay on top of workers who are not managing
- needs a smaller ratio of supervisor to BAs
- move cases to Continuing ASAP
- approve only two vacations at a time
- a system that would balance the caseload assignment equally
- educate staff that Generic intake is good for the client and that they must make it work

What are the positive impact of GI?

- better client service
- professional growth for BAs to know four programs

2/21/96 Interview with Kathie Mclaughlin (BA 11)

Her issues regarding Generic Intake:

- doing her own screening is another interview that does not count towards the caseload assignment
- caseload is too high, hard to manage
- being Officer of the Day is tough
- you must be extremely organized to keep up
- feels that morale is low, most staff have the "dothe-best-you-can" attitude

- some BAs just can't learn four programs
- not anticipating any computer support

What re the positive impact of GI?

- acknowledges that if a case is processed correctly, the system works for the client.

But if a BA is not knowledgeable enough about a certain program, the client's benefits may be determined incorrectly or the BA struggles with the processing of the case and the client ends up waiting longer for his/her benefit.

- allows the BAs to gain more knowledge

Recommendations

- there should be a specific supervisor assigned to monitor caseload assignment every week. Do not wait until the end of the month to adjust someone's caseload because by then, it's too late to catch up.
- there should be a transitional caseload after training and return to regular caseload slowly
- BAs should only do a maximum of two programs, not four
- lower the caseload standard. The current standard does not take into account that the Bas have to screen their client first which is a separate interview.
- OJT support by Admin and Staff Development after training

2/24/96 Interview with Evelyn Neely (Director of Income Maintenance)

Evelyn explained that Generic Intake was implemented in preparation for an automated system. The Single Intake concept started years ago as part of San Mateo's plan to change the way they do business (way before the advent of Welfare Reform). Suburbia and geography dictates accessibility. Housing patterns dictates demographic. An agency must therefore be prepared to respond to changes.

Comments on Generic Intake:

- ability for one BA to accept and process for all programs
- encourages the buddy system for supervisors when reviewing cases
- error rate is low, under State and Federal tolerance
- caseload must remain at approximately 66 applications per intake worker per month
- original decision was to cross train only volunteers and new hires, but there was a hiring freeze which changed the direction of the original plan
- client service was the driving force behind Generic Intake
- don't believe in "selling", staff will be told what to do
- at one point, you must cut-bait. Those who are blockers will be left behind but give them timelines first.
- those who can't do Generic Intake will be handled as a performance issue

- Continuing will remain specialized
- the hardship/difficulties with implementation of this system was that it coincided with State and Fed.changes

Advice for my internship: learn as much as you can to effectively manage your staff, you must know what they're doing read everything that comes across your desk advocate for clients and for your staff do not withhold information do not get caught in pettiness do not tolerate incompetence

3/7/96 Interview with Caroline Rogers and Joyce Pickens (Staff Development trainers)

Concerns about Generic Intake:

- some BAs will not be able to learn all four programs
- some BAs will ignore other programs that they're not familiar with
- if staff is not knowledgeable enough with a program, client service is affected because the processing of the benefits will take longer
- staff then loses confidence and they start spinning their wheels
- most cases cannot be transferred to Continuing because of the condition of these cases, Intake then becomes Continuing
- high burn-out rate amongst BAs and unit supervisors
- critical to have computer support
- most BAs do not want Generic Intake even with the incentive of more money through recertification
- BAs who worked in medical are not handling other programs well
- believes that error rate is unimaginable
- BAs wants Supervisors to review their cases faster

Recommendations:

- re-evaluate the reason for Generic Intake, look at the positive benefits
- pilot first then implement in phases
- provide the best training possible, no short-cuts
- after training, Managers must provide support to staff. During the transition period after training, BAs Should only process cases in the program they have just been trained in. This allows them to be more familiar with the newly learned program.
- fail those who cannot pass training
- provide OJT as support to newly trained staff
- free up staff from their caseload responsibilities when they're doing OJT. Otherwise, they are constantly interrupted and the OJT becomes useless.
- balance the caseload assignment
- abolish alternate schedule
- limit Genetic Intake to two programs only
- instead of the Supervisor's buddy system, develop a "POD" concept of supervision to eliminate territorial issues

3/7/96 Interview with Howard Baker (Business Systems Manager)

Time lines for "ACCESS"

- feasibility study to begin in October, 1996
- acquisition piece by the 2nd quarter of 1997
- implementation within a four year period

Comments about ACCESS:

- uses common data base/fields
- directs eligibility for programs
- automate scheduling of appointments
- keep track of worker assignments
- it's not the panacea; it will not be the magic pill
- it will not reduce work for staff but it will make the work exact
- after implementation, allow for staff's learning curve and comfort level
- will send me a copy of the RFP for the feasibility study

3/20/96 Interview with Maureen Borland (Agency Director)

Maureen told me the history of San Mateo's restructuring efforts, including her own personal journey as the new Director of this county.

Advice for San Francisco when planning for restructuring:

- develop a good working relationship with CBOs by establishing trust, identifying common visions, discussing limitations and contributions and by not discussing money. Start fresh with a clean canvass.
- begin the process with staff and start with a concrete pilot involving volunteers (i.e. the FUTURES project)
- believe that it will work and find ways how it can work
- work closely with FEDS and State
- do case studies
- provide adequate training (the challenge is to provide the same service while staff go through training) involve the Union
- collaborative effort is critical, pull-in staff participation early. do own groundwork and provide hands-on leadership but train staff so that eventually they can do this on their own
- build common base

3/26/96 Exit interview with Madelyn Martin (Mentor)

Madelyn believes that restructuring is critical. The old "welfare system" is obsolete and created generational dependency. Human Services should provide support to our clients so that they can achieve self-sufficiency. Admits that the planning for SUCCESS has been an incredible process.

Advice for San Francisco when planning for restructuring:

- implement changes in phases
- give staff concrete changes that they can see
- inform staff how the change will impact them
- provide support for staff during their transition period, especially after each training
- provide adequate training for staff
- figure out what the givens are
- lay out expectations clearly, including accountability
- deal with non-performers. Afford those who are unable, opportunity to find jobs that may suit them better or find a new career through job development for inside and outside opportunities.
- hire a transitional officer for staff to work with during the implementation process, to evaluate staffs' performance and to work with the union
- improve supervisory skills through additional management training (with emphasis on leadership, team building and corrective action)
- plan well, limit dream building
- work closely with Family Support Bureau
- change is not easy; build a culture that fosters respect, so that staff can weather a lot of storms

Summary

San Mateo has chosen to embark on an impressive and innovative journey to public service reform. Their proposal for changes in their service delivery system involves collaborative services, a single intake system and a comprehensive multidisciplinary case management. The fundamental goal is to promote a transition from institutional dependency to self-sufficiency without creating additional burden to the existing resources of the county. San Francisco is also grappling with the dilemma of providing adequate human services while funding sources continue to diminish. It is therefore evident that our county can no longer continue to do business as usual. San Francisco must now face the challenge of restructuring it's service delivery system. One that would provide coordinated effort of services while the person attains self-sufficiency and eventually exit the system permanently.

To assist my county in its efforts to address this dilemma, I focused my internship on the different processes and methodologies that San Mateo has employed when implementing changes. My goal was to learn from San Mateo's experience what methodology worked and what didn't work.

I concentrated on evaluating the Generic Intake system, which has already been implemented and the strategic planning for Single Intake, a system that is yet to be implemented.

Based on my observations, I find the planning for Single Intake to be impressive and very comprehensive. It involves collaborative efforts amongst the stakeholders (including labor and other service agencies), clarity of its goals and objectives and a strong commitment to make it work. With the inclusion of these integral elements into the planning process the success of this program is highly likely once it's implemented.

On the other hand, I have some concerns about the implementation of Generic Intake. I find that because some issues were not addressed during the planning process for GI, the implementation of this system was not as successful. For instance:

- there was little buy-in from staff before implementation occurred
- union involvement was not solicited
- there was no adequate plan to provide operational support to staff during the transition period following training
- some supervisors were not comfortable with the buddy-system/team concept

However, despite all these, there is a general feeling that they are "over the hump" and staff are committed to providing the best service that they can give to their clients.

I also found that lessons learned from past implementations are invaluable tools for future planning strategies.

Recommendation to my county:

San Mateo offers a comprehensive strategic planning for public welfare reform. I strongly advise that San Francisco look at San Mateo's design of "an innovative and integrated" system that combines community involvement, human services support and personal responsibility.