Santa Clara County's Central Client Service Intake Model:
Recommendations for Contra Costa County

Renee Giometti

EXECUTIVE SUMMARY

By mid-2010, one in three Americans lived in a household that received Medicaid, Supplemental Nutrition Assistance Program (SNAP) or some other means of government assistance. In order to meet the needs of the county, mitigate workload issues and avoid the threat of privatization, several California counties have moved, or are in the midst of moving, from the traditional case-based processing to a task-based workflow. In April 2011, Santa Clara County launched its multi-program intake model in a task-based environment, utilizing integrated document management (IDM), Voice-over Internet Provider (VoIP), Integrated Voice Response (IVR) and task management tools (TMT). With that in mind, this study examines Santa Clara County's Central Client Service Intake Model to compare and determine recommendations for Contra Costa County's Office of the Future business process, including a look at Santa Clara's successes and challenges and how they overcame them.

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Introduction

With the continuation of high unemployment rates and a state budget deficit, California counties have had to work more efficiently with less. By mid-2010, one in three Americans lived in a household that received Medicaid, Supplemental Nutrition Assistance Program (SNAP) or some other means of government assistance. Despite the increased demand for services, counties were forced into cost-cutting measures, which included downsizing staff and cuts to aid programs. In order to meet the needs of the county, mitigate workload issues, and avoid the threat of privatization, several California counties have moved, or are in the midst of moving on, from the traditional case-based processing to a task-based workflow. Santa Clara County entered into their task-based model in April 2010 with final implementation in October 2011. Since that time, Santa Clara's business model has continued to evolve utilizing their experience with their prior successes and lessons learned.

In November 2011, the unemployment rate for Santa Clara County was 9.1%, with the State of California at an overall 10.9%, and the nation at a slightly lower rate of 8.2%. As of April 1, 2012 Santa Clara County served over 32,000 families eligible for CalWORKs, over 81,000 CalFresh cases, and in excess of 258,000 families and individuals receiving Medi-Cal. Two years after entering into a task-based model and six months after final implementation, Santa Clara County has hit their stride in managing the increased demand for intake services with more refinements to come. Their successful multi-program intake model in a task-based environment offers many lessons for Contra Costa and other counties to learn from.

The Model

In April 2011, Santa Clara County began the planning phase of their multi-program intake model in a task-based environment utilizing their technology capabilities and lessons learned with the implementation of their Medi-Cal Service Center in 2004. These technologies included integrated document management (IDM), Voice over Internet Provider (VoIP), Integrated Voice Response (IVR) and task management tools (TMT). Some of their key objectives were to increase participation and ease access for clients through phone, fax, mail and internet while continuing to provide walk-in services as needed. Additionally, Santa Clara wanted to improve cost-effectiveness for services provided to the public. They had two other hurdles cleared prior to implementation, which were pre-existing strong relations with approximately 60 community-based partners and staff experienced in the multi-program intake function.

Santa Clara's integrated intake model begins for the client with a self-check-in station, staffed by a "greeter" who is knowledgeable with aid programs and eligibility. The "greeter" is most often a retired Eligibility Worker or a Work Experience staff person (WEX). The "greeter" determines the purpose of a client's visit and issues them a ticket, which denotes the order in which they will be seen. Reception calls clients to the window, clears the client in CalWIN to determine if they can ascertain any case status and provides them with the appropriate forms. Once

the client completes the paperwork and returns them to Reception, all immediate and expedited requests are given to the Triage Eligibility Worker. All others are scheduled for a future appointment by reception.

The Triage Worker receives the paperwork for Immediate Need (IN) and/or Expedited Services (ES), and screens the client for these services. This worker also explains options to clients, completes the eligibility verification checklist of items needing to be provided at the group orientation or intake interview, and makes any copies of verifications provided. The client is then referred back to Reception to schedule an interview for a phone appointment or group orientation.

Group Orientation is an information-gathering session. After the Group Orientation, clients are provided a one-on-one interview in person to disclose personal information to their worker that they could not disclose during group orientation and for the worker to explore and resolve with the client(s) any unclear and/or incomplete information. Verifications are also gathered during Group Orientation. Intake packets with complete verifications are then assigned to workers for processing. All other cases are scanned pending verifications and followed up on by a Verifications Reviewer. The Verifications Reviewer denies cases where verifications are not completed by the designated due date. Those that are complete are assigned with the Task Management Tool for eligibility determination.

Challenges, Discoveries and Successes

During their initial launch, Santa Clara discovered that left unstaffed the "self-check-in station" became backlogged with clients navigating the kiosk functionality and children finding the kiosks a source of entertainment and creating tickets that presented a workload challenge for reception staff. At the launch of their task-based intake model Santa Clara had acquired seven kiosks for their Senter Road office. Since launch, the kiosks have been reduced to three touch screen computer monitors. Tickets are also not issued for clients appearing for their group orientations, minimizing wait times in the lobby.

One of the goals that many counties share is the 24-hour turnaround time from application to granting, which Santa Clara had also envisioned. Impacted by budget constraints, thus affecting staffing, and the lack of a statewide multi-agency integrated computer system that shares and connects agencies throughout the state, many have learned that often times this is not an attainable reality. Clients often need assistance and/or time in obtaining bank statements, birth verifications, applications for other available income and many other items to establish eligibility to cash aid programs.

Although Santa Clara continues to inform and offer clients phone appointments, they discovered that a significant amount of applicants either were not available or did not pick up the phone when the worker called at the scheduled appointment time. However, they found that when the clients chose to call workers instead for a phone interview, they experienced a higher show rate. Additionally, the majority of clients chose to participate in group orientation over any type of phone interview. Reasons given by many clients was the preference for face-to-face interviews due to the ease of communication for questions and answers. Santa Clara also discovered that approximately 70% of cases were ready to grant/deny after group orientation due to triage, the checklists, and upfront communication given by the "greeter" and Reception staff.

Shortly after launch, Santa Clara realized that the majority of clients were not utilizing the scanners provided for them. They found the main reasons for this was unfamiliarity with the scanners and general difficulty clients had in using them. The lines at the scanners continued to bottleneck with clients who were not ready to learn new unfamiliar business tools. They also discovered that upfront scanning at the initial point of application was problematic for many reasons, which included an influx of applications, lack of staffing, IN/ES identification for compliance and general visual organization for workers.

Initial paperwork, such as the SAWS 1 and supporting documents, are scanned at application/registration and put in a color-coded red folder with a transparent cover displaying the screening worksheet. IN/ES are stamped on the appointment letter if eligible for the next day appointment. After screening IN and ES requests are moved to a yellow folder with transparent cover and regular appointments are put in orange folders for workers to quickly identify priorities. All folders are stacked in a designated area according to color and disseminated to eligibility staff. Scanning of the intake documents is completed after the intake appointment in order to expedite processing by avoiding a backlog of scanning. Although color-coding appears elementary, it is visually an organizational tool and created a feeling of stability for staff who at times temporarily forgot eligibility that comes with a massive change such as this.

Recommendations for Contra Costa

During the period shortly after my visit to Santa Clara County, Contra Costa County decided to delay the full launch for a couple of months and launch one office at a time. This was to be one of my recommendations from my BASSC visit for my home county. Santa Clara identified that their launch needed to go forward more thoughtfully and deliberately for the best outcome. If counties came up against issues during planning stages, the delay of launch was easier for clients and staff than meeting a deadline that entailed compromises that would jeopardize services and morale.

Santa Clara also stressed the importance of Program Analyst and Trainer participation in workgroups and training. This is an area that Contra Costa should consider implementing. Another recommendation shared by Santa Clara was to share what was working and what was appearing to be an issue with staff, both the positive and the negative, frequently and thoroughly in all staff meetings throughout implementation. Santa Clara County listened, learned and confirmed from their staff what

was working and what was not along with suggested solutions.

The county provided soft skill training for staff at implementation and recommended it continue throughout implementation. This included job coaching for managers, management techniques for change management supervisors, handling difficult client situations for the "greeter" on up the ranks, and phone protocol with scripts for staff assigned to phones and phone interviews. Many line staff became fragmented during the phone interview without a script to guide them. This issue became apparent to Santa Clara after launch and was subsequently addressed with guided written scripts for staff. Another recommendation for Contra Costa is to continue to address any backlogs prior to implementation as this becomes a difficult albatross for staff and the agency when attempting to move staff toward a task-based system.

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