

# COUNTY SERVICE CENTER GROUP

## CSCG MISSION STATEMENT:

The County Service Center Group is committed to maintaining a membership organization which promotes continuous learning and the exchange of information and ideas between California County Needs-Based Service Centers. We partner in an ongoing effort to improve work processes and deliver quality service in a professional, timely and efficient manner.

Welcome 2012!!

The California County Service Center Group (CSCG) is planning a full year of topics and webinars to assist with information sharing, networking and education. Last year was really busy and this year looks to be the same. However, it is our belief that together we are stronger – sharing information and supporting each other through lessons learned – and collective knowledge will allow us to simplify our decision making on how to deliver service to our clients. With that in mind, the Q1 newsletter and webinar will focus on intake and the evolution of the Needs-Based Service Delivery Model<sup>SM</sup> (remember, last year was busy). With the federal health care reform deadline just around the corner, there are a lot of changes that will be taking place.

### *How will you prepare for the federal health care reform amidst an environment of continuing budget constraints?*

As the State of California continues to enforce substantial reductions to Health and Human Services (HHS) Programs and begin preparation for the federal health care reform, significant challenges remain to the 58 California counties in administering and providing aid. Although the State has not fully outlined how the federal health care reform will be implemented, initial guidance emphasizes that counties will play a significant role in the funding and delivery of health care. With over 8 million Californians estimated to receive Medi-Cal in 2012-2013, it is projected that an additional 2 million who are currently not participating in Medi-Cal could join under the federal health care reform by 2019, with enrollment beginning as early as 2014.

By reading the following pages and attending the webinar on March 16 it is our hope you will learn how many counties are planning to cope with reduced administration budgets and rising projected new client need while providing acceptable customer service levels to their clients through Needs-Based Service Centers.

We look forward in supporting you through this transition period.

*Vail Dutto-CEO, InTelegy*

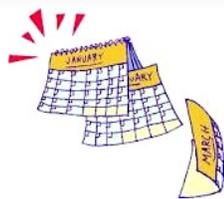
## The Intake Migration to a Needs-Based Service Center

### *Intake Needs-Based Service Centers*

Some are already beginning to prepare for the projected growth in new client demand by adopting the Needs-Based Service Delivery Model for their intake function.

The following chart lists the counties with Needs-Based Service Centers, their original launch dates and those moving intake to the Needs-Based model:

| County        | Continuing Launch Date   | Intake Launch Date  |
|---------------|--|---|
| Placer        | September 2011- Medi-Cal, CalFresh, CalWORKS, GR                                   | September 2011- Medi-Cal, CalFresh, CalWORKS, GR            |
| Sacramento    | June 2010- Medi-Cal<br>October 2011- CalFresh                                      | October 2011- CalFresh & Medi-Cal                           |
| Santa Clara   | July 2004- Medi-Cal & CalFresh<br>August 2011- CalWORKS                            | April 2011- Medi-Cal, CalFresh, CalWORKS                    |
| Santa Cruz    | March 2006- Medi-Cal & CalFresh<br>March 2009- Foster Care & CalWORKS (child only) | March 2009- Medi-Cal (mail-in intake)                       |
| Tulare        | December 2007- Medi-Cal & CalFresh   | January 2012- Medi-Cal, CalFresh & CalWORKS, GR             |
| Contra Costa  | November 2005- Medi-Cal & CalFresh   | Planned 2012- Medi-Cal, CalFresh, CalWORKS                  |
| San Francisco | October 2007- CalFresh   | Planned 2012- CalWORKS & CalFresh<br>Planned 2013- Medi-Cal |
| San Mateo     | November 2003- Medi-Cal and CalFresh   | Planned 2012- Medi-Cal & CalFresh                           |
| Fresno        | Planned 2012- Medi-Cal, CalFresh & CalWORKS  | Planned 2012- Medi-Cal, CalFresh & CalWORKS                 |
| Humboldt      | Planned 2012- Medi-Cal & CalFresh  | Planned 2012- Medi-Cal & CalFresh                           |



### Healthcare Reform Preparation

The federal healthcare reform is less than twenty-four months away from implementation. How do you plan to service the increase in client demand?

One solution is adopting the Needs-Based Service Delivery Model for your intake program. Your intake program can be transformed to provide the following:

- Needs-based client experience vs. current case-based model
- 24/7 accessible service center
- Flexible staff scheduling based on client requirements
- Point-of-entry document imaging
- New technology to support work redistribution and needs-based business process
- Increased utilization of online application processing
- Multiple client contact points
- Client self-help options
- Modernized lobby

Remember that implementing a Needs-Based Intake Program will take approximately 12-16 months to execute so it is crucial that you evaluate your county's needs and determine how your county will prepare for the federal healthcare reform.

## Building a Successful Needs-Based Intake Program

### Lessons Learned

As you consider expanding the Needs-Based Service Delivery Model to include your intake process, there are 4 fundamental items that are critical for ensuring the success of your needs-based client experience.

- ✓ **Needs-Based Technology Investment**  
In order to achieve a successful intake Needs-Based Service Center, significant investment in new technologies will be required to support work redistribution and provide multiple client access points (online applications, service center, self-help) that will drive efficiency improvement within your HHS department. It is also imperative that eligibility workers and supervisors are confident in using the new Needs-Based technologies in their daily practice so that daily individual and team performance goals are met.
- ✓ **Match your Staffing Level to your Service Level**  
Although adopting the Needs-Based Service Delivery Model into your county's HHS Department maximizes the efficiency of your staff to service more clients, your ability to meet service level goals are determined by the amount of staff you dedicate to work on service center tasks and answering phone calls. Employee morale can be severely undermined if the goals you set are unrealistic based on the staff level you have. There is a mathematical equation that you can employ to understand the impact staffing has on service level. For example, if the staff level you have can only reach a service level goal of 60% of calls answered in 4 minutes then that should be the goal that is set.
- ✓ **Consistently Measure Performance Outcomes**  
It is important that each individual eligibility worker completes their regular work assignments as it directly correlates to the overall team's performance goals and impacts customer service levels. It is also essential that supervisors synchronize work to support busy periods, work functions are divided equally amongst the team and staff workload capacity is optimized. Consistently measuring performance outcomes and instilling a sense of accountability at an individual and team level will ensure first-class intake customer service levels and the ability to support increased new client demand.
- ✓ **Internal and External Communication**  
When adopting the Needs-Based Service Delivery Model into your HHS Department, it is important to educate your clients on the newly available access points to encourage their utilization of these new channels. In order to maximize efficiency improvements at your county HHS Department, it is imperative that client behavior adjusts towards utilizing the service center, online applications and other self-help tools offered to them.

## In The News: Service Center Updates

Congratulations to **Tulare County's** TulareWORKS Division who launched their expanded service center operation in January 2012. Tulare County Health and Human Services Agency's service center now includes intake and continuing functions for Medi-Cal, CalFresh, and CalWORKs in 5 offices and a phone center countywide.

**Humboldt County**, one of the newest members of CSCG, launched their design and build process in February with the plan to build a Benefits Service Center for continuing and intake support for Medi-Cal, CalFresh and CMSP clients.

**Fresno County** is now designing a strategy to implement a Need Based Service Delivery model that leverages the latest technology and process to better support Medi-Cal, CalFresh and CalWORKs clients.

## Upcoming CSCG News

**CSCG Quarterly Conference Call** — Mark your calendars for the next CSCG conference call which will be held on Friday, March 16 at 11:00am. Topic: **How the Needs-Based Service Delivery Model Can Help You Prepare for the Federal Healthcare Reform.** Your conference call access information will arrive in your email box. Please contact **Kim Van Horn** if you need more information.