



**County of San Diego**

**San Diego Health and Human Services Agency**

Client Services Improvement Project  
**Strategy and Plan**

Presented by *inTe|egy*

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**Summary of Assessment Findings**

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### Summary of Assessment Finding

An assessment was presented on December 5 detailing the current strengths and challenges of the customer service delivery model through the ACCESS Center and FRCs.

Summary of Findings:

- Client satisfaction surveys indicate clients do want to use ACCESS call center due to convenience and quality of service.
- San Diego County is delivering a simple and accessible customer experience by way of the "no wrong door" policy and multiple access points however many challenges exist;
- ACCESS
  - Insufficient trunking resulting in 350,000+ hang-ups per month
  - Call service levels are low; 24% abandonment of call and average wait time of +30 minutes
  - Staffing levels are not sufficient to handle current or projected "should be" call volumes- between 20% and 35% below required to handle call volumes within acceptable service levels
  - Technology does not support an efficient flow of work within ACCESS and between ACCESS and FRCs
- FRC
  - Clients are unintentionally encouraged to walk into FRC - "All roads lead to the FRC"
  - There is no centralized and robust task tracking tool: Each FRC and each task unit within the FRC have "home grown" tracking tools that are all excel based
  - Lobby Lines are long, directions are confusing, there is no automated check in, EW notification or auto receipts of documents

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### Summary of Assessment Findings

Overall Organizational Challenges

- Operational processes require **too many hand offs** to effectively offer the customer either:
  - 1<sup>st</sup> call resolution; Sharepoint hand off to FRCs (16.5%), 211 transfers back to ACCESS
  - "No Wrong Door" process to clients but work still transferred by zip code between FRCs
- Imaging delay and receipt requirements at the FRC encourage clients to call, email and return visit to an FRC
- Organization is not prepared for the online application processing and remote benefits issuance
  - Online applications (BCW) and IVR self service is not well publicized and slower operational processes make this a less desirable channel for customers
  - Phone interviews not currently the default method for conducting CalFresh Intake, RRRs or CalWORKs RRR interviews
- There is no evidence of a joint technical plan to support the current service delivery model, operational needs of ACCESS or the FRC's or requirements of a future "online" service delivery model. Technology solutions are insufficient for the size of HHSA and not pro-actively anticipating the needs of the organization

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### High Level Recommendations

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## Design & Implementation Plan

Timeline for implementation  
Committee structure  
Budget requirements

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## Timeline Recommendations

- Stage 1
  - Implement changes at ACCESS and those FRCs designated at Inbound/Outbound phone interview locations.
    - Allows for required time to retrain all staff on processes and on new technologies (especially TMT)
    - Smaller launch enables quick changes or modifications to be made before full roll out
- Stage 2
  - Roll out process and technology changes to all remaining FRCs

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## Key Design and Build Milestones

	Key Milestone	Target Date
	Assessment Delivered to Executives and Managers	Completed
	Strategy and Plan Draft Delivered	Completed
	Design and Build Process Kick Off	Completed
	Strategy and Plan Delivery to Staff	Completed
	Design and Build Committees Operational	March
	ACCESS and FRC Future Staffing Levels Approved	Completed
<b>Stage 1</b>	Technology Requirements Finalized and Programming or Procurement Starts	April 15
	Technology/Infrastructure Requirements and Procurement Starts	June 15
	TMT Development and UAT Complete	Aug 30
	Other Technology Testing and Implementation Complete	Aug 30
	Lobby Redesign Complete in Stage 1 FRC (s); Imaging at Point of Entry – all FRCs	Aug 30
	Stage 1 FRC and ACCESS Staff Trained in new processes and technology; moved if required	Oct 19
	TMT Task Distribution in ACCESS Center and Stage 1 FRC(s)	Oct 24
	ACCESS Process redesign launched; FRC Phone Units for Inbound/Outbound Phone Interviews Implemented- Stage 1 FRC(s)	Oct 24
	Lobby and Process Redesign Complete in all remaining FRC subject to space availability	Mar 2013
	Stage 2 FRC Staff Trained in new processes and technology	Mar 2013
<b>Stage 2</b>	Stage 2 FRC Launch	April 2013

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