

Deloitte.



Travis County HHS

Business Process Assessment Services – Efficiency Assessment & Recommendations

September 11, 2020

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Introduction

The Efficiency Assessment & Recommendations Report provides Travis County stakeholders with a set of actionable recommendations intended to address the challenges identified in the Sense Phase of this project, inform decision-making aligned with HHS overall goals, and provide the foundation for the ECMS business requirements. These recommendations were developed through a variety of activities conducted during the Aspire Phase.

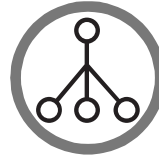
Purpose of This Report

- Provide Travis County stakeholders with a set of **actionable recommendations with particular focus on the ECMS**
- Provide **efficiency and performance metrics** that HHS can incorporate into its operations and ECMS implementation to measure business outcomes and develop data-driven insights
- **Inform system requirements** for the next phase of the project by:
 - Identifying vital functionality for business users aligned with operational needs
 - Clarifying the reporting and data management needs for HHS executives and decision-makers

Aspire Phase analysis and outputs...



Goals & Priorities from the Ambition Lab



Service Blueprint Insights



HHS and Divisional Recommendations



Efficiency & Performance Metrics



...inform Decide activities



Program Data Elements & Reporting Requirements



ECMS Requirements Designed for HHS Workers



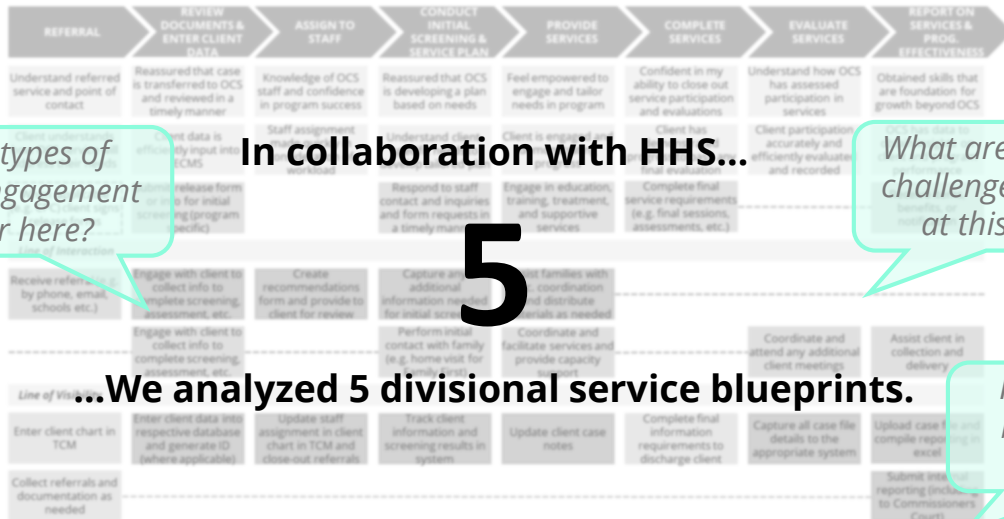
Prototype of ECMS Design



“Lessons Learned” to Inform Future ECMS Project Management

Executive Summary

Based on HHS goals and challenges identified during the Ambitions Lab, the Deloitte team developed Service Blueprints to **assess the client and worker experience across divisions**. Through facilitated discussions around the key challenges and opportunities within these processes, our team developed recommendations to **improve efficiency in HHS service delivery, particularly within the context of the ECMS implementation**, in addition to offering a set of metrics to **measure performance** based on identified business drivers.



What types of client engagement occur here?

In collaboration with HHS...

What are the main challenges for HHS at this stage?

How could HHS better facilitate questions?

OUR ASSESSMENT YIELDED THE FOLLOWING "BIG PICTURE" RECOMMENDATIONS...

- Implement Digital, Task-Based Case Management
- Make ECMS the "Source of Truth" for Data
- Clarify HHS-ITS Interactions & Processes
- Expand Client Self-Service Capabilities

...AND THE FOLLOWING BUSINESS DRIVERS FOR METRIC MEASUREMENT

- Improve Client Experience & Satisfaction
- Improve Worker Experience & Satisfaction
- Optimize Service Delivery
- Enhance Planning & Budgeting
- Improve Client Outcomes & Program Performance

Project Approach & Activities

	SENSE Months 1-3	ASPIRE Months 3-7	DECIDE Months 7-11
Project Management	<ul style="list-style-type: none"> ✓ Establish Project Governance ✓ Develop Project Management Plan 	<ul style="list-style-type: none"> ✓ Continue Project Management • Design Project Governance ✓ Deliver Ambitions Lab 	<ul style="list-style-type: none"> • Continue Project Management and Pilot Governance • Capture Lessons Learned and Conduct Project Closeout
Business Process Assessment	<ul style="list-style-type: none"> ✓ Perform Stakeholder Interviews ✓ Review Procedural & Operational Documentation ✓ Develop As-Is Business Process Maps 	<ul style="list-style-type: none"> ✓ Assess Improvement Opportunities & Identify Future-State Recommendations ✓ Hold Future-State Sessions 	<ul style="list-style-type: none"> • Finalize Future-State Recommendations & Next Steps
System Discovery	<ul style="list-style-type: none"> ✓ Explore CABA System Functionality & Understand Technical Components ✓ Hold Discovery Sessions to Map CABA Functionality 	<ul style="list-style-type: none"> ✓ Begin Documenting Program Data Elements & Reporting Requirements ✓ Capture High-Level ECMS Functionality 	<ul style="list-style-type: none"> • Confirm ECMS Data Elements and Reporting Requirements • Hold Discovery Sessions to Document ECMS System Requirements
Service Design	<ul style="list-style-type: none"> ✓ Perform User Research & Center Observations ✓ Develop Modes/Mindsets & Journey Maps 	<ul style="list-style-type: none"> ✓ Service Design Planning ✓ Draft Service Blueprints 	<ul style="list-style-type: none"> • Prototype ECMS Design & Develop Wireframes/Mockups
Deliverables	<ul style="list-style-type: none"> ✓ Project Kick-off ✓ PM Plan ✓ Task 1: Business Process Review and Documentation: <ul style="list-style-type: none"> ✓ Current-State Insights Report ✓ Business Process Flows 	<ul style="list-style-type: none"> ✓ Task 3: Efficiency Assessment <ul style="list-style-type: none"> ✓ Efficiency Assessment & Recommendations Report 	<ul style="list-style-type: none"> • Task 2: Data Mapping & Reporting Requirements • Task 4: System Requirements & Design Document • Project Closeout



Overview of Approach, Inputs, & Activities

The activities conducted during the Aspire Phase were built upon the insights and challenges identified during the Sense Phase. We first aligned on HHS' ambitions and goals, and then analyzed and synthesized opportunities for achieving these goals, as well as identified tools, processes, and metrics to help Travis County move forward.

Approach

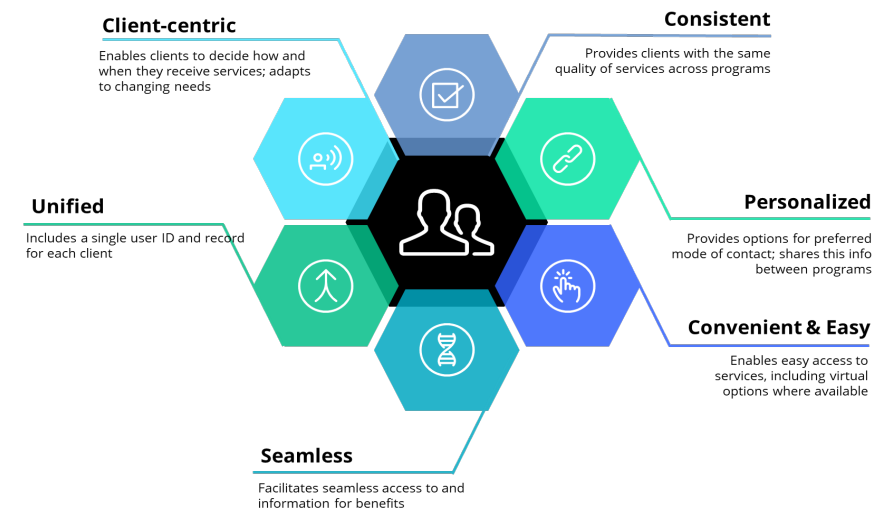
Building from the Insights Report..

The focus of this phase of our work was on addressing the challenges discussed in the [Insights Report](#).

To do so, we introduced a [Customer Experience](#) lens into future-state discussions in order to more precisely identify improvement areas within HHS service delivery. From there, we developed [Recommendations](#) that address these challenges and enable HHS to make progress toward the [Goals](#) identified in the Ambitions Lab.

Focusing on the Customer Experience (CX) has increasingly been recognized as foundational to government services:

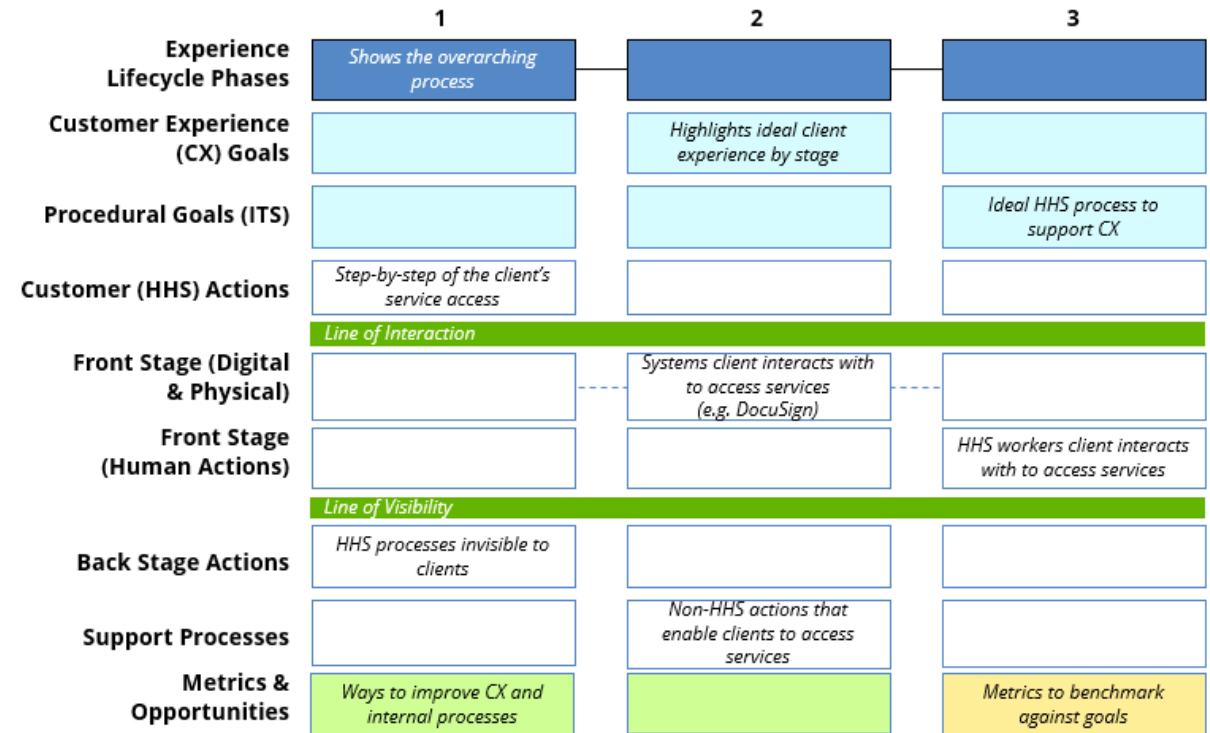
- Despite **customer satisfaction** being a priority for the public sector, governments have traditionally struggled to raise the resources needed to prioritize CX.
- CX service design marries **process tools and technologies** with **human-centered design principles** to improve the quality of interactions between residents and the government.
- When used effectively, CX can deliver a **“triple-value impact”** by improving worker productivity, processing efficiency, and mission-effectiveness.



ANALYZING DELIVERY THROUGH THE SERVICE BLUEPRINT

The **Service Blueprint** allows us to explore how internal HHS processes support the **Client Experience**...

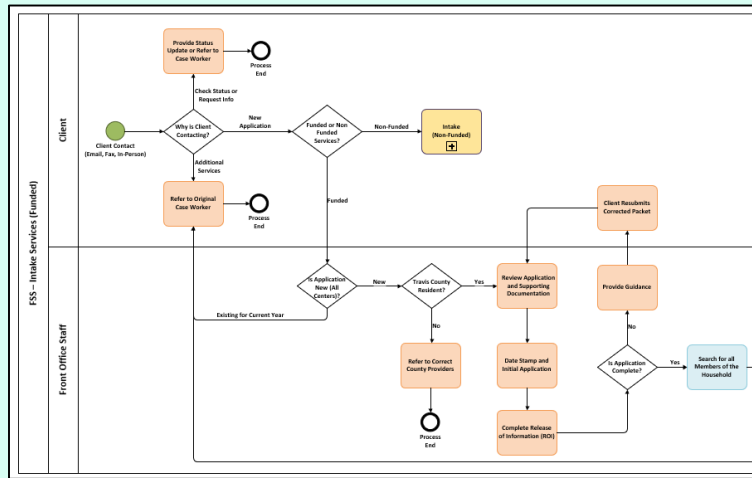
- **Experience Lifecycle Phase** shows the overarching process of the client interaction with HHS
- **Customer Experience and Procedural Goals** show the ideal end result for each step of the process
- **Customer Actions** detail the steps the customer is taking as they engage with an HHS service
- **Front Stage Actions** are those actions HHS takes that are visible to the client
- **Back Stage Actions and Support Processes** are those that happen behind-the-scenes
- **The Lines of Visibility and Interaction** delineate where the client is engaged and which processes are visible to them



Service blueprints highlight the **impact of challenges on the client and worker experience**, enabling HHS to **identify specific opportunities** to improve service delivery.

CREATING THE SERVICE BLUEPRINT

Through our understanding of your existing processes and insights developed during the Sense Phase, we developed a service blueprint that clarified areas in the FSS service delivery process most impacted by future-state recommendations, as well as which recommendations best align to HHS' overarching goals.



TRIGGERING LIFE EVENT	INITIAL CONTACT	SUBMIT APPLICATION	REVIEW APPLICATION	INTAKE APPLICATION	ASSIGN	PROCESS APPLICATION	DISTRIBUTE BENEFITS	FINALIZE CASE INFO
Easy service identification	Informed and supported app-decision	Confidence in preparing app.	Reassured by submission confirmation	Reassured by comms. on status	Understand how to engage FSS with questions	Confident in timely processing of application	Relieved to receive timely benefits	Developed confidence and trust in HHS
Clear messaging for inquiries and service app.	Simple steps for engaging FSS	Minimal back-and-forth in app-submission	Application is complete with easily-verifiable info.	Efficient capture of client info into ECMS	Efficient waitlist prioritization and assignment	Timely eligibility and process determination	Prompt distribution of benefits	Consistent capture of case info
Identify client readiness for assistance	Check to request for needed advice	Collect and submit all required docs.					Receive timely benefits for needs	
Line of Interaction								
Client accesses HHS website or arrives at office	Client enters info and reason for visit	Submit app. on DocuSign				Provide client notification letter or email		
HHS staff provide info on services	Staff engage to identify reason for visit	Contact client for required materials	Confirm app. is accurate and complete			Collect items and notify client	Assist client in collection and delivery	
Line of Visibility								
	Refer to CW or identify new submission	Track and organize client materials	Review app. and initial eligibility	Complete client data entry in CABA	Inform inventory staff app. approved	Finalize eligibility and invoice in CABA		File and record app. and billing info
		DocuSign confirmation generated				Contact vendor and complete billing process	Process vendor payment	

SERVICE DELIVERY CHALLENGES

- Navigation
- Integration
- Adaptability
- Task Double-Take
- Cognitive Overload
- Time Vacuum
- Collaboration
- Communication
- Reporting
- Service Fragmentation
- Siloed Channels
- Accountability Concerns

PROCESS MAPS AND INSIGHT STATEMENTS

RECOMMENDATIONS

HHS-WIDE RECOMMENDATIONS			
OVERARCHING HHS RECOMMENDATIONS			
The following recommendations were identified as specific for HHS overall, with subgroups, sections focusing on division-specific recommendations.			
RECOMMENDATION	DETAIL	MUST HAVE	VALUE HYPOTHESIS
FSS SERVICE DELIVERY			
FSS DIRECT SERVICES RECOMMENDATIONS			
Case Processing			
ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
FD-10	1 Unified client records	Structure household data and program information for a given application around a unique client ID in ECMS	<ul style="list-style-type: none"> Supports data quality and reduces duplicate records by connecting information around client ID Supports enhanced system queries including cross-program and multiple search criteria
FD-11	2 System driver flow	Implement driver flow that guides user to process applications based on program and system logic	<ul style="list-style-type: none"> Streamlines the data collection/intake process Simplifies system navigation and reduces duplicative data entry
FD-12	3 Automated eligibility determination	Include automated eligibility determination in ECMS that uses collected client data to evaluate against program requirements	<ul style="list-style-type: none"> Supports accurate eligibility determination and reduces errors Mitigates cognitive overload through automation
FD-13	4 Task-based case management	Implement task-based management (integration of alerts and tasks in ECMS) to digitize the workflow of case processing	<ul style="list-style-type: none"> Streamlines workflow, clarifies division of labor Supports tracking of timeliness across app lifecycle
SHOULD HAVE			
FD-14	5 System reminders	Use automated system reminders (notifications within ECMS) to prompt staff on tasks or other case management activities	<ul style="list-style-type: none"> Mitigates cognitive overload and allows staff to work on multiple cases simultaneously Encourages collaboration across workflow
FD-15	6 Secondary review function for billing	Utilize secondary review function through system tasks to review and authorize eligibility results before benefits issuance	<ul style="list-style-type: none"> Allows managers to review complex cases Helps minimize discrepancies/problems when reviewing invoices and bills
FD-16	7 Presumptive eligibility	Use ECMS to perform presumptive eligibility and allow clients option to opt in to programs	<ul style="list-style-type: none"> Reduces instances where clients "fall through the cracks" Allows FSS to more holistically serve a client
FD-65	8 Enhanced consumption history documentation	Improve how consumption history is captured in case management systems, including the alternate billing method (ABM)	<ul style="list-style-type: none"> Improves system navigation Reduces billing calculations and duplicative data entry

OUR ACTIVITIES

INPUTS

AMBITIONS LAB

- Aligned on HHS goals and priorities for ECMS and discussed challenges with the current system
- Prioritized future-state ambition themes and what “must be true” to achieve them

EXECUTIVE INTERVIEW SESSIONS

- Refined challenges and opportunities for selected divisions to inform blueprints
- Expanded assessment of Ambition Lab findings

BLUEPRINT REVIEW SESSIONS

- Analyzed service delivery through a client experience lens
- Identified pain points, opportunities, and performance metrics for stages in delivery

PRIORITIZATION SESSIONS

- Prioritized pain points by customer and worker impact to inform recommendations
- Ranked opportunities by division preference and impact

SUBJECT MATTER EXPERT INTERVIEWS

- Researched industry best practices for ECMS efficiency metrics and recommendations
- Evaluated best practices against prioritized recommendations

1

AMBITIONS LAB

5

BLUEPRINTS REVIEWED

13

SESSIONS WITH HHS

133

PAIN POINTS EVALUATED



92

PRIORITIZED RECOMMENDATIONS

OUTPUTS

AMBITIONS LAB REPORT

Highlights alignment on HHS goals and priorities, key challenges and pain points, as well as opportunities for the system to leverage technology to achieve HHS future-state goals

CURRENT & FUTURE STATE SERVICE BLUEPRINTS

Breaks down HHS service delivery by division or program to pinpoint challenges and identify specific areas for improvement, and synthesizes how recommendations impact this delivery

HHS FUTURE-STATE RECOMMENDATIONS

Provides recommendations for HHS overall, as well as at the division level, that are aimed to help improve service delivery, particularly through the ECMS implementation

PERFORMANCE METRICS

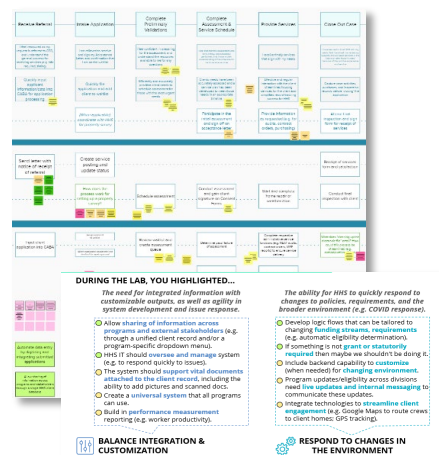
Offers a set of metrics to track and measure targeted HHS business outcomes, including client and worker satisfaction, optimal service delivery, planning and budgeting, staff productivity, and client and program outcomes

TURNING CHALLENGES INTO RECOMMENDATIONS

ALIGN ON CHALLENGES & OPPORTUNITIES

5

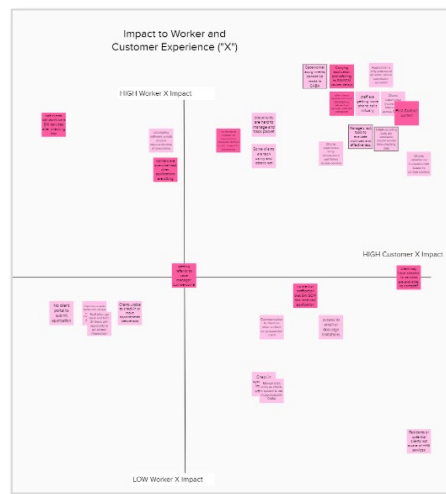
DIVISIONAL SERVICE BLUEPRINTS GENERATED



MEASURE CHALLENGES BY IMPACT

133

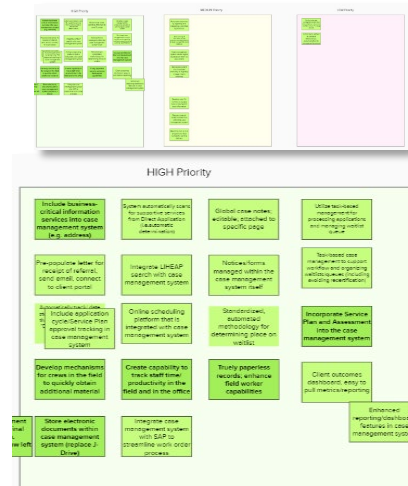
PAIN POINTS EVALUATED



RANK & SYNTHESIZE OPPORTUNITIES

114

OPPORTUNITIES PRIORITIZED



DEVELOP FINAL RECOMMENDATIONS

92

RECOMMENDATIONS GENERATED

ID	RECOMMENDATION	DETAIL
MUST HAVE		
FS-5	E Digitize forms and notices	Incorporate forms management and gen
FS-9	E ECMS scheduling	Incorporate scheduling functionality in EC
FS-35	E Global case notes	Implement global case notes that can be in the active client record for a designate
FS-46	E Digitize Service Plans	Include SW/SCM service plans in the ECM
SHOULD		
FS-13	E Task-based case management	Implement task-based management (inte tasks in ECMS) to digitize the workflow of
FS-42	E Digital case files in the field	Invest in hardware (tablets, mobile phone) a responsive ECMS design to support SW digital case files
FS-43	E Field staff productivity	Use ECMS functionality (e.g. manual task) to track staff time spent in the field
FS-49	E Standard video conference platform	Select a standard platform for video conf contacts or internal meetings

During the **Ambitions Lab**, **Executive Interviews**, and **Future State Sessions**, HHS staff discussed the challenges and opportunities that most impacted their division.

During the **Future State Sessions** pain points and opportunities highlighted in previous sessions were weighed by divisional impact to client and worker experience.

Following the initial **Future State Sessions**, HHS staff prioritized opportunities to address these pain points based on divisional priority for the new ECMS system.

Finally, using **input from the prioritization session**, our team synthesized the prioritized opportunities and further ordered according to business need, best practices, and feasibility in implementation.

INPUTS/OUTPUTS ACROSS DIVISIONS

Divisions	Inputs and Activities					Report Deliverable	
	Ambitions Lab	Executive Interviews	Future-State Sessions	Service Blueprints	Recommendation Prioritization Sessions	Recommendations	Efficiency Metrics
Family Support Services	✓	✓	✓	✓	✓	✓	✓
Community Services Division	✓	✓	✓	✓	✓	✓	✓
Office of Children Services	✓	✓	✓	✓	✓	✓	✓
Finance ²	✓		✓			✓	✓
Human Resources ¹	✓						
Research & Planning*	✓	✓					
IT Services*	✓		✓	✓	✓	✓	✓

¹Not originally included in RFP scope

²Finance considerations have been incorporated with divisional recommendations in support service delivery



Overarching HHS Recommendations

The recommendations highlighted in this section were identified through activities and analyses across all divisions and are intended to provide suggestions for improving efficiency in HHS service delivery, particularly within the context of ECMS implementation.

REFRESH ON HHS GOALS

The recommendations provided in this document are aligned with the four HHS goals identified from the Ambitions Lab:

EMPOWER STAFF TO FOCUS ON CLIENTS

Give staff more time to deliver high-impact services and work with clients.

PRIORITIES:

- Improve **usability of technology** to streamline staff experience
- Leverage **technology to automate processes** and increase efficiency

OUTCOMES:

- Reduced duplicative tasks, rework, and administrative work
- Increased interaction with clients or performing high-impact work

EVOLVE TO AN INSIGHT-DRIVEN ORGANIZATION

Use data to measure program performance and enable data-driven decision-making.

PRIORITIES:

- Establish **ECMS as a “one stop shop” for data**, reporting, and management needs
- Provide **accessible, accurate data** across programs and divisions

OUTCOMES:

- Ability view and interpret data from a single source
- Better able to understand program performance and make decisions from data

ENHANCE COLLABORATION ACROSS HHS

Expand HHS’ ability to coordinate, plan, and communicate across all divisions and programs.

PRIORITIES:

- Leverage **technology to help break down organizational siloes**
- Use **ECMS to share information and track clients**

OUTCOMES:

- Improved communication and planning across the organization
- Ability to understand the complete client picture

ELEVATE CLIENT EXPERIENCE & ACCESS TO SERVICES

Improve residents’ ability to access HHS programming through faster, more streamlined service delivery.

PRIORITIES:

- Use **technology to expand how residents engage services** (self-service portals, digital forms, etc.)
- **Streamline service delivery** from application/referral to services received

OUTCOMES:

- Improved client ability to apply and participate in services
- Reduced cycle time for clients to receive services

GETTING STARTED ON DETAILED RECOMMENDATIONS








How they are defined

Recommendations are the output of the **synthesis from the Ambitions Lab and future-state sessions with HHS leaders and staff.**

Detailed recommendations have been prioritized by divisional stakeholders and are intended to be **concise, actionable strategies for improving efficiency in service delivery** for both HHS clients and staff. Specific ECMS system requirements will be captured in the upcoming Decide Phase.

How they will improve service delivery

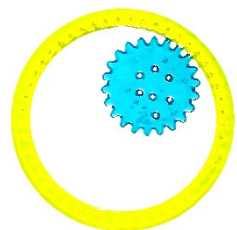
The HHS-wide recommendations included in this section have been synthesized from the divisional recommendations across FSS, CSD, OCS, Finance, and ITS. These overarching recommendations focus on:

-  Addressing client service needs
-  Enhancing technological capabilities
-  Improving process efficiency and cycle time
-  Eliminating redundancies and standardizing processes
-  Simplifying workflow organization
-  Incorporating industry best practices
-  Revamping policies and requirements

Please see a Appendix A in this document to access a spreadsheet of all consolidated recommendations with additional details. The spreadsheet also allows sorting by area of improvement, impacted division, and alignment with broader HHS goals.

WHAT ARE THE MAJOR TAKEAWAYS?

We identified four critical, “big picture” recommendations that will assist HHS address current challenges and work toward achieving their future goals.



Implement Digital, Task-Based Case Management

HHS staff highlighted the need for the new ECMS to match their workflow processes through **role-based tasks and a system driver flow** in order to support improved caseload management for **fully digital case files**.



Make ECMS the “Source of Truth” for Data

HHS also emphasized the need for the new system to offer **more robust and comprehensive reporting and data management**, accomplished which will be in-part through **unified, aggregated client data** with critical information accessible across divisions and stakeholders



Clarify HHS-ITS Interactions & Processes

Established **system accountability and oversight** will be essential to successful adoption of the new ECMS. Staff highlighted the importance of **configurability, as well as training** to help them fully leverage technology to help clients.



Expand Client Self-Service Capabilities

HHS staff expressed interest in a system that offers increased “pre-client” interactions through **self-service options, including a client intake portal**, online appointment scheduling, and digital document submission.

OVERARCHING HHS RECOMMENDATIONS

The following recommendations were identified as impactful for HHS overall, with subsequent sections focusing on division-specific recommendations.

RECOMMENDATION	DESCRIPTION	IMPACTED DIVISION	VALUE HYPOTHESIS
IMPLEMENT DIGITAL, TASK-BASED CASE MANAGEMENT			
Transition to Fully Digital Case Files	Digitize all client records and house them within the ECMS for virtual access and enhanced search capabilities	FSS, CSD	<ul style="list-style-type: none"> • Supports move to paperless, reduces printing costs • Maintains client data and progress in a single location
Incorporate Task-Based Management	Prioritize a task-based management flow in ECMS for applications and caseload management	FSS, CSD, Finance	<ul style="list-style-type: none"> • Streamlines workflow, clarifies division of labor • Supports tracking of timeliness across app lifecycle
Utilize Integration & Prioritization Processes	Leverage system integration and task management to prioritize case processing (e.g. integrated check-in system, centralized waitlist)	FSS, CSD	<ul style="list-style-type: none"> • Supports effective workload management • Reduces time client spends on waitlist
Empower Staff Decision-Making	Develop processes and implement policies that allow HHS staff to make independent decisions in client management or completing tasks	FSS, CSD, OCS, Finance	<ul style="list-style-type: none"> • Promotes staff well-being and focus on mission-critical work • Streamlines service delivery and reduces “red tape”
MAKE ECMS THE “SOURCE OF TRUTH” FOR DATA			
Enhance Reporting & Performance Management	Develop HHS-wide reporting mechanisms and dashboards that aggregate program data and track metrics on program efficiency	FSS, CSD, OCS, R&P, Finance	<ul style="list-style-type: none"> • Offers insight into complete client history and long-term program performance • Supports collaboration between divisions • Offers real-time view into client, workload, and staff activity data
Establish a Unified Client Record	House all client information under a unified client ID in ECMS that is viewable across HHS programs	FSS, CSD, OCS, R&P	<ul style="list-style-type: none"> • Supports data quality and reduces duplicate records by connecting information around client ID • Supports enhanced system queries, including cross-program and multiple search attributes
Integrate Systems & Information Services	Incorporate integration mechanisms between technology platforms (e.g. ECMS with SAP) and information sharing services (e.g. income verification)	FSS, CSD, Finance	<ul style="list-style-type: none"> • Reduces manual tasks and duplicative data entry, including client intake and billing processing • Supports accurate eligibility determination and faster delivery of benefits

OVERARCHING HHS RECOMMENDATIONS

The following recommendations were identified as impactful for HHS overall, with subsequent sections focusing on division-specific recommendations.

RECOMMENDATION	DESCRIPTION	IMPACTED DIVISION	VALUE HYPOTHESIS
CLARIFY HHS-ITS INTERACTIONS & PROCESSES			
Designate a System Administrator	Invest in a dedicated ECMS administrator responsible for system oversight and management	FSS, CSD, OCS, R&P, Finance	<ul style="list-style-type: none"> Allows for faster configurations/changes to ECMS Supports system training and technical assistance
Prioritize System Configurability	Prioritize a client management system (ECMS) that allows fields or rules to be modified without coding or other system change	FSS, CSD, Finance	<ul style="list-style-type: none"> Accommodates faster changes to policies or grant requirements Supports better alignment of system design with business needs
EXPAND CLIENT SELF-SERVICE CAPABILITIES			
Develop a Client & Partner Portal	Invest in an online portal integrated with ECMS that allows clients and HHS partners to securely submit applications and documents, view information/ status, and contact staff	FSS, CSD, OCS	<ul style="list-style-type: none"> Reduces duplicative data entry for information submitted through portal Offers easier, user-friendly document submission
Automate "Pre-Client" Contact	Increase pre-client interactivity on the Travis County website to inform potential clients of eligibility, services available, etc.	FSS, CSD, OCS	<ul style="list-style-type: none"> Provides clients with a better understanding of which HHS services are right for them Reduces phone and email inquiries
Enhance Client Communications	Develop standardized, automated correspondence and communication platforms for staff and clients to interact and share information through ECMS	FSS, CSD	<ul style="list-style-type: none"> Reduces duplicative data entry and manual tasks Keeps client informed, aware, and engaged Supports sharing of data between HHS and clients

WHAT WOULD THE FUTURE LOOK LIKE FOR STAFF?

Recalling the four worker mindsets we identified in the Sense Phase, implementing the overarching recommendations would directly improve the worker experience for HHS staff across these mindsets.

I just want to help

High Collaborative, High Reactive

- Stray from the process, creating a **culture of partnership to go above and beyond** to accommodate individual client needs
- **Motivated by client experience**, they focus on the emotional experience of clients and overlook operational efficiency

I follow the standards

High Collaborative, High Proactive

- Follow the process and best practices creating a **culture of collective shared knowledge** to optimize performance based on **client outcomes**
- **Motivated by client experience**, they focus on programmatic evaluation and overlook operational efficiency

I just stay the course

High Separate, High Reactive

- Follow the general process, creating a **culture of order** by assisting one client at a time to accommodate their own needs
- **Motivated by individual workflow**, they focus on limiting disruption and overlook client experience

I follow my own path

High Separate, High Proactive

- Follow the process by their own book, creating a **culture of efficiency** to optimize performance based on **operational outcomes**
- **Motivated by individual workflow**, they focus on total number of clients served and overlook individual client experience



The new ECMS unified client record makes it **easier to determine eligibility** across programs, allowing staff to **help clients receive tailored services** by leveraging – rather than bypassing – system processes.



Enhanced reporting and performance management enables **real-time insight** into client outcomes and service trends, which can help direct an **agency-wide strategy** for enhancements to service delivery.



Improving client communications **refocuses staff attention** to mission-critical activities (e.g. case management, client assistance) **without compromising client awareness** and understanding of program processes.



Integrating task-based management with digital case files allows HHS staff to **quickly and accurately process client information** and eligibility, enabling the agency to **serve a greater number of clients** while maintaining data integrity.



Divisional Recommendations

FSS Direct Services

This sections provides an overview of priority recommendations that will help FSS address challenges in delivering direct services, including rent/mortgage, utilities, food, clothes, and burial assistance.

FSS DIRECT SERVICES OVERVIEW

What are “Direct Services?”

Direct Services are those FSS provides that are **primarily transactional in which the client receives material or financial support** for a life event. Services are typically provided by FSS Case Workers in a shorter timeline and include...



Utility Assistance/
CEAP



Clothes



Food Pantry



Rent/ Mortgage



Burial

FSS DIRECT SERVICES: CURRENT SERVICE DELIVERY

What are the Key Challenges in the Current Service Delivery Process?

The highlighted boxes in this service blueprint depict specific pain point areas.

Inefficiencies during the beginning of the client lifecycle (e.g. application submission and approval tracking processes) have downstream effects on client wait times and impact delivery of benefits.

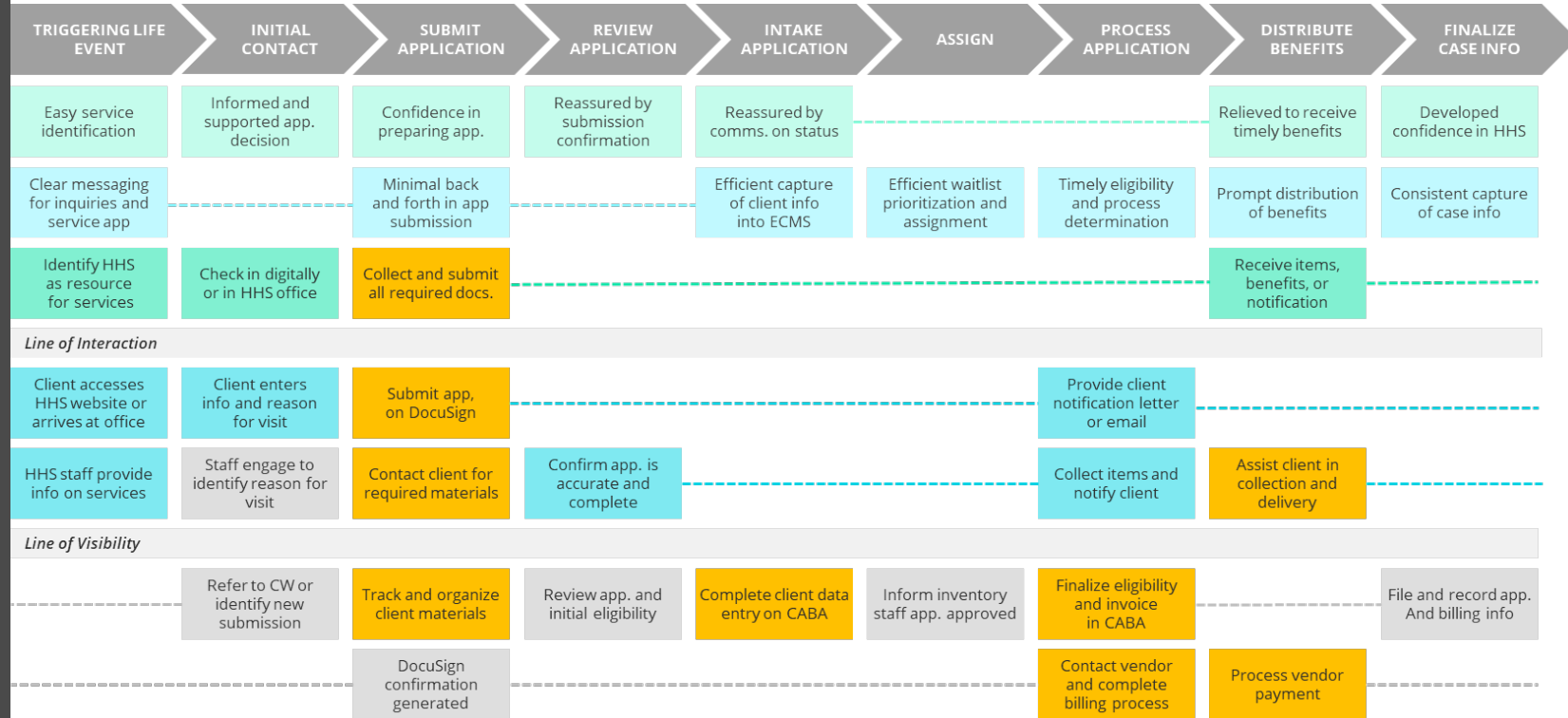
CHALLENGES

1 Protracted application submission process, caused by difficulties in tracking and managing client information, with staff often having to go back and forth with the client to get complete and accurate information.

2 Limitations in accessing and sharing client information due to lack of consolidated client records, poor search functionality, and no integration with other systems and external data sources.

3 Constraints in processing cases in the system due to lack of centralized intake to assist in managing workload, as well as system navigation and intake issues.

4 Delays in clients receiving benefits caused by duplicative processes and lack of automation in financial processes (e.g. hand sorting and reviewing invoices).



Please see Appendix B for larger views of the service blueprints.

FSS DIRECT SERVICES RECOMMENDATIONS

We've organized a set of recommendations by functional service area to help Travis County address the challenges identified across service delivery, including backstage processes. These have been further prioritized according to relative business need, industry standards, and feasibility in implementation.

Client Inquiry & Intake

Recommendations related to client activities, including implementation of a dedicated client portal, digital form submission, enhanced inquiry functionality from the Travis County website, centralized intake, and integrating the check-in system with ECMS.

Case Processing

Recommendations related to worker activities in processing cases, including enhanced system navigation, task-based case management, system alerts and reminders, and automated eligibility determination.

Benefits Delivery

Recommendations related to delivering benefits to clients, including integration of ECMS and SAP, streamlined finance processes, digital forms and notices in the system, and logging/tracking appeals.

Information Sharing, Tracking, & Reporting

Recommendations related to accessing and sharing information, including enhanced reporting and analytics in ECMS, global case notes, integrated verification services, and using ECMS to track application lifecycle.

The recommendations in this report include those designated as higher priority items by FSS stakeholders.

Please see Appendix A in this document to access a spreadsheet of all consolidated recommendations with additional details. The spreadsheet also allows sorting by service area, priority, whether it was prioritized by another division, and alignment with broader HHS goals.

FSS DIRECT SERVICES RECOMMENDATIONS

Client Inquiry & Intake

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
FD-26	DocuSign staff training	Develop and deliver additional staff training for DocuSign	<ul style="list-style-type: none"> • Supports easier application receipt and intake • Prevents delays in processing completed apps
FD-28	Online portal or digital submissions	Develop client portal or online form that allows clients to submit client data (usable through mobile phone and other platforms)	<ul style="list-style-type: none"> • Reduces duplicative data entry in case management system for information submitted through portal • Offers easier, user-friendly application submission
SHOULD HAVE			
FD-27	Initial eligibility inquiry	Allow clients to enter basic information through the Travis County website or a client portal to determine services they may be eligible for	<ul style="list-style-type: none"> • Reduces phone or email inquiries • Provides client with information easily and independently
FD-29	Digital submission requirements	Use client intake portal or online forms to require certain documents and information be provided before submitting an application	<ul style="list-style-type: none"> • Reduces instances of incomplete application submissions • Assists client in understanding which info to provide
FD-31	E Centralized intake	Leverage task-based management structure to implement centralized intake across centers (and centralized waitlist)	<ul style="list-style-type: none"> • Supports effective workload management • Reduces time client spends on waitlist
FD-30	E Digitize admin functions	Incorporate administrative functions into case management system where possible, including check-in system, document upload/scanning, and outlook calendar	<ul style="list-style-type: none"> • Streamlines client interactions and management of incoming data and documents • Reduces duplicative data entry and manual tasks • Supports complete digitization of case file

FSS DIRECT SERVICES RECOMMENDATIONS

Case Processing

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
FD-10	E Unified client records	Structure household data and program information for a given application around a unique client ID in ECMS	<ul style="list-style-type: none"> • Supports data quality and reduces duplicate records by connecting information around client ID • Supports enhanced system queries, including cross-program and multiple search attributes
FD-11	E System driver flow	Implement driver flow that guides user to process applications based on program and system logic	<ul style="list-style-type: none"> • Streamlines the data collection/intake process • Simplifies system navigation and reduces duplicative data entry
FD-12	E Automated eligibility determination	Include automated eligibility determination in ECMS that uses collected client data to evaluate against program requirements	<ul style="list-style-type: none"> • Supports accurate eligibility determination and reduces errors • Mitigates cognitive overload through automation
FD-13	E Task-based case management	Implement task-based management (integration of alerts and tasks in ECMS) to digitize the workflow of case processing	<ul style="list-style-type: none"> • Streamlines workflow, clarifies division of labor • Supports tracking of timeliness across app lifecycle
SHOULD HAVE			
FD-14	E System reminders	Use automated system reminders (notifications within ECMS) to prompt staff on tasks or other case management activities	<ul style="list-style-type: none"> • Mitigates cognitive overload and allows staff to work on multiple cases simultaneously • Encourages collaboration across workflow
FD-15	E Secondary review function for billing	Utilize secondary review function through system tasks to review and authorize eligibility results before benefit issuance	<ul style="list-style-type: none"> • Allows managers to review complex cases • Helps minimize discrepancies/problems when reviewing invoices and bills
FD-16	E Presumptive eligibility	Use ECMS to perform presumptive eligibility and allow clients option to opt-in to programs	<ul style="list-style-type: none"> • Reduces instances where clients “slip through the cracks” • Allows FSS to more holistically serve a client
FD-65	E Enhanced consumption history documentation	Improve how consumption history is captured in case management system, including the alternate billing method (ABM)	<ul style="list-style-type: none"> • Improves system navigation • Reduces offline calculations and duplicative data entry

FSS DIRECT SERVICES RECOMMENDATIONS

Benefits Delivery

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
FD-2	E Batch processes for invoices	Develop batch processes or improved handoff mechanisms for FSS invoices that require vendor payment	<ul style="list-style-type: none"> • Reduces manual tasks when reviewing invoices • Supports integration of ECMS data with SAP and streamlines backstage finance processes
FD-3	E Log and track appeals	Establish processes to log and track appeals in case management system	<ul style="list-style-type: none"> • Supports efficient resolution on behalf of client • Provides clarity and details for audits
FD-4	E Integrate SAP with ECMS	Integrate ECMS with SAP to share invoice, billing, funding, and vendor information	<ul style="list-style-type: none"> • Reduces manual tasks when reviewing bills, processing invoices, and performing finance tasks • Supports faster delivery of benefits • Offers stakeholders with funding information and status of benefits delivery • Supports shifting of vendor management from HHS
FD-5	E Digitize forms and notices	Incorporate forms management and generation into ECMS	<ul style="list-style-type: none"> • Reduces manual, duplicative data entry • Reduces errors/issues in generating forms from an external system • Improves system navigation for end users

FSS DIRECT SERVICES RECOMMENDATIONS

Information Sharing, Tracking, & Reporting

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
FD-34	E ECMS cross-program reporting	Allow sharing of information (e.g. reports) across programs and stakeholders through ECMS database that aggregates client data	<ul style="list-style-type: none"> • Offers insight into complete client history, when/where they have received HHS services, and helps measure outcomes across programs • Supports collaboration between divisions • Supports back-end finance processes, including reducing offline reporting and data tracking
FD-35	E Global case notes	Implement global case notes that can be accessed from anywhere in the active client record for a designated user role	<ul style="list-style-type: none"> • Improves system navigation for case workers to access case notes from any page • Assists in understanding client history
FD-36	E Integration of verification services	Integrate business-critical information services into case management system, including income, address, SSN, and citizenship	<ul style="list-style-type: none"> • Reduces manual tasks and efforts to validate client data • Supports accurate eligibility determination
FD-37	E Implement role-based access	Utilize role-based access to offer read-only or read-write access based on staff responsibilities	<ul style="list-style-type: none"> • Provides staff with access to needed client info • Better aligns system role with operational role
FD-38	E Dashboards and analytics	Incorporate dashboard features and analytics in ECMS that visualize targeted metrics	<ul style="list-style-type: none"> • Offers real-time views into client, workload, and worker activity data • Allows decision-makers to understand center demands, access demographic info, and communicate divisional needs
SHOULD HAVE			
FD-39	E Track application lifecycle	Track application across lifecycle to measure timeliness and inform clients of status (e.g. on waitlist, processed)	<ul style="list-style-type: none"> • Provides insight into service efficiency • Can be leveraged to provide clients with application status



Divisional Recommendations

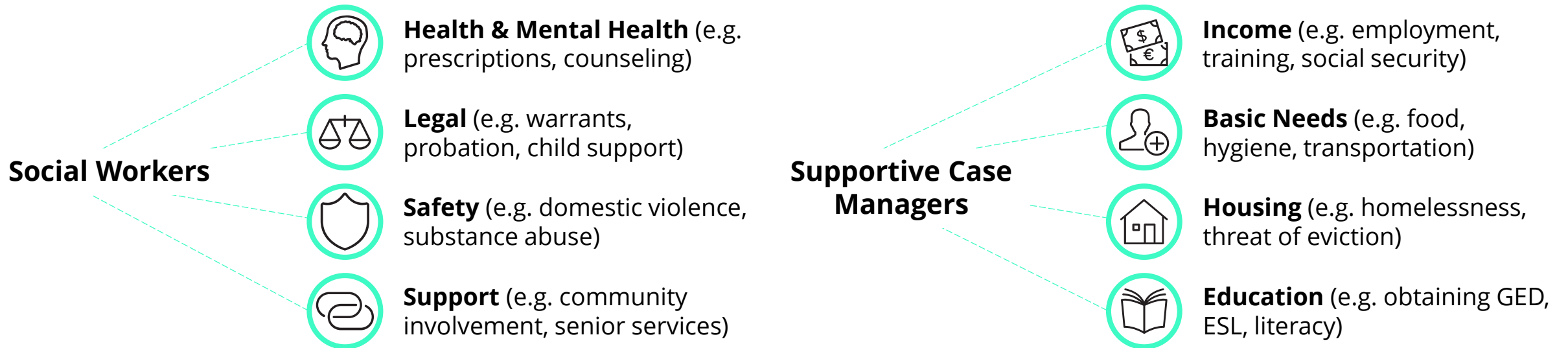
FSS Supportive Services

This sections provides an overview of prioritized recommendations that will help FSS address challenges in delivering supportive services, including social work services and supportive case management.

FSS SUPPORTIVE SERVICES OVERVIEW

What are “Supportive Services?”

Supportive services are those FSS provides that **involve multiple touch points with the client to guide and support them** across one or many life events. Services are typically provided by FSS Social Workers and Supportive Case Managers in a shorter timeline and include...



FSS SUPPORTIVE SERVICES: KEY DELIVERY CHALLENGES

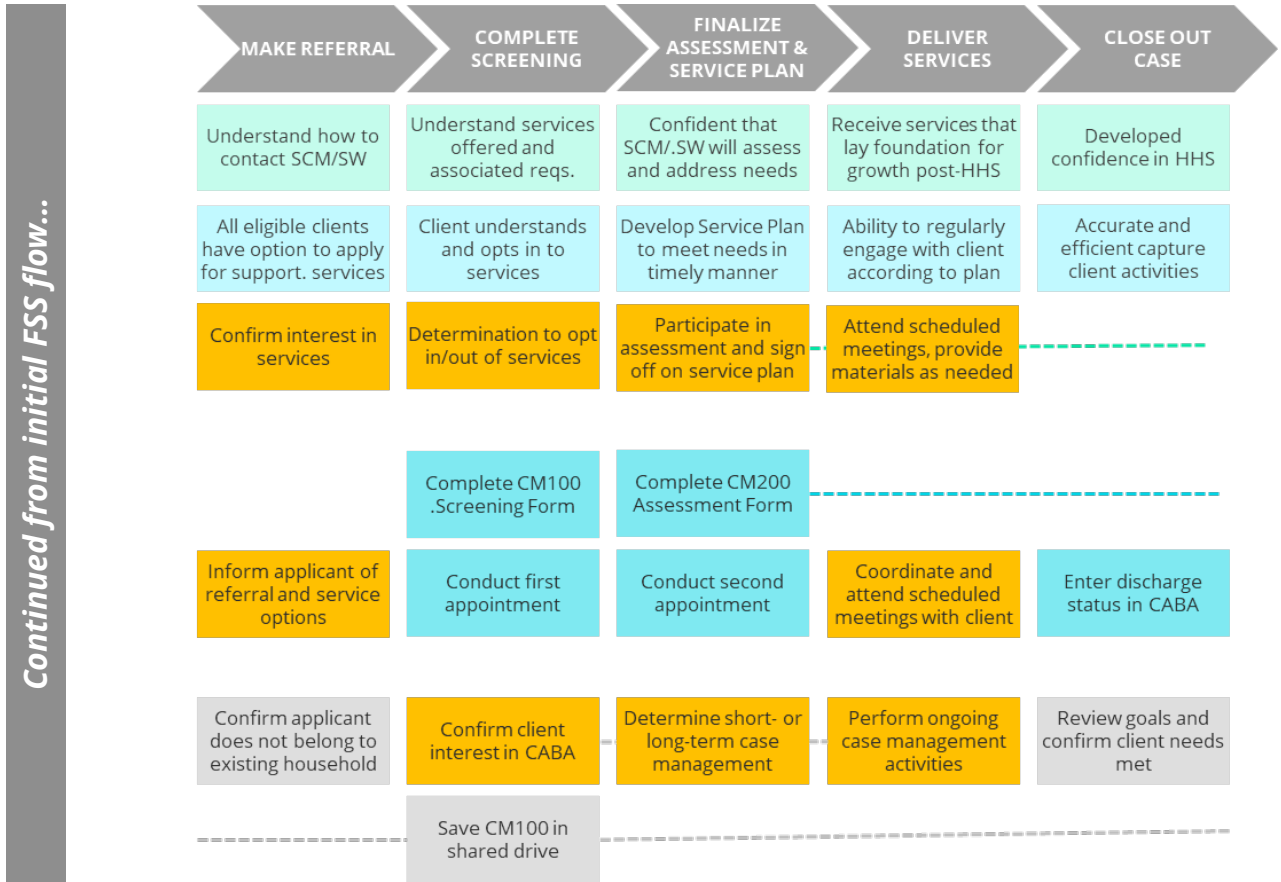
The highlighted boxes in this service blueprint depict specific pain point areas.

Inefficiencies in transitioning the client to their respective supportive service after initial intake, in addition to technology and resource limitations that may inhibit client communications, create inconsistencies in the client experience that can lead to varied outcomes.

CHALLENGES

- 1 Inconsistencies in client access to technology and lack of self-service options** create limitations in service delivery and potentially act as barriers to those truly in need of services.
- 2 Clients experience uncertain and lengthy time on waitlist** due to the lack of workload management tools, screening efforts, and an inefficient referral process.
- 3 CABA's design is not aligned with the supportive services workflow**, creating barriers to digital case management from the field and resulting in offline tools (like service plans and assessments) and dispersed, less accessible client data.
- 4 Lack of clear information on what supportive services offer and other client communication** can create confusion about client interest in opting in to services, as well as planning and providing services that truly align with client needs.

What are the Key Challenges in the Current Service Delivery Process?



Please see Appendix B for larger views of the service blueprints.

FSS SUPPORTIVE SERVICES RECOMMENDATIONS

We've organized a set of recommendations by functional service area to help Travis County address the challenges identified across service delivery, including backstage processes. These have been further prioritized according to relative business need, industry standards, and feasibility in implementation.

Client Intake & Screening

Recommendations related to initial client contact, including digital referrals, accepting documentation, managing appointments, and client portal functionality.

Planning & Providing Services

Recommendations related to organizing, planning, and delivering services, including digital service plans, scheduling, accessing case files in the field, documenting case notes, and using ECMS workflow to process cases.

Assessing Services & Measuring Outcomes

Recommendations related to assessing services and measuring outcomes, including enhanced reporting, digital assessments, and implementation of analytics dashboards.

The recommendations in this report include those designated as higher priority items by FSS stakeholders.

Please see Appendix A in this document to access a spreadsheet of all consolidated recommendations with additional details. The spreadsheet also allows sorting by service area, priority, whether it was prioritized by another division, and alignment with broader HHS goals.

FSS SUPPORTIVE SERVICES RECOMMENDATIONS

Client Intake & Screening

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
FS-24	Digital document submission	Invest in secure, HIPAA-compliant digital document submission with electronic signature	<ul style="list-style-type: none"> • Provides a secure, virtual method to capture needed client information • Mitigates transportation issues for both clients and staff • Supports move to paperless
FS-33	Online client appointments	Develop functionality that allows clients to make appointments online through the Travis County website or client portal	<ul style="list-style-type: none"> • Accommodates client planning and transportation challenges • Allows centers and offices to better manage foot traffic • Supports better planning for SW field staff
FS-45	Client portal validation messages	Include validation messages or notifications in a client portal or digital form, including additional confirmation that a client is looking for SW/SCM services	<ul style="list-style-type: none"> • Increases the number of accurate, completed applications • Assists clients with navigating fields or forms • Reduces client screening effort for staff
SHOULD HAVE			
FS-48	E Referral alert/task	Generate and assign a task in ECMS for a SW/SCM referral	<ul style="list-style-type: none"> • Offers an improved, digital hand-off mechanism for SW/SCM referrals • Improves response time to client • Reduces risk of missed referrals or paperwork

FSS SUPPORTIVE SERVICES RECOMMENDATIONS

Planning & Providing Services

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
FS-5	E Digitize forms and notices	Incorporate forms management and generation into ECMS	<ul style="list-style-type: none"> • Reduces manual, duplicative data entry • Reduces errors in generating forms from an external system • Improves system navigation for end users
FS-9	E ECMS scheduling	Incorporate scheduling functionality in ECMS	<ul style="list-style-type: none"> • Simplifies navigation across tools through integration • Allows staff to review client info and schedule appointments in a single application
FS-35	E Global case notes	Implement global case notes that can be accessed from anywhere in the active client record for a designated user role	<ul style="list-style-type: none"> • Improves system navigation for SW/SCM staff to access case notes from any page • Assists in understanding client history
FS-46	E Digitize Service Plans	Include SW/SCM service plans in the ECMS data collection pages	<ul style="list-style-type: none"> • Supports building a consolidated digital case file • Reduces documentation stored outside of ECMS
SHOULD HAVE			
FS-13	E Task-based case management	Implement task-based management (integration of alerts and tasks in ECMS) to digitize the workflow of case processing	<ul style="list-style-type: none"> • Provides a faster hand-off mechanism for SW/SCM referrals • Allows tracking of time spent with client for particular tasks
FS-42	E Digital case files in the field	Invest in hardware (tablets, mobile phones, or hotspots) along with a responsive ECMS design to support SW field staff with accessing digital case files	<ul style="list-style-type: none"> • Reduces duplicative data entry from field notes • Supports more time in field with clients
FS-43	E Field staff productivity	Use ECMS functionality (e.g. manual task creation, appointments) to track staff time spent in the field	<ul style="list-style-type: none"> • Gathers data to help staff and management understand effectiveness of field work • Keeps management informed of SW staff field activities
FS-49	Standard video conference platform	Select a standard platform for video conferences for client contacts or internal meetings	<ul style="list-style-type: none"> • Offers clients with a consistent experience in digital SW or SCM • Allows ITS to provide more robust, predictive services

FSS SUPPORTIVE SERVICES RECOMMENDATIONS

Assessing Services & Measuring Outcomes

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
FS-34	E ECMS cross-program reporting	Allow sharing of information (e.g. reports) across programs and stakeholders through ECMS database that aggregates client data	<ul style="list-style-type: none"> • Offers insight into complete client history, when/where they have received HHS services, and service outcomes • Supports collaboration between divisions
FS-38	E Dashboards and analytics	Incorporate dashboard features and analytics in ECMS that visualize targeted metrics	<ul style="list-style-type: none"> • Offers real-time views into client, workload, and worker activity data • Allows decision-makers to better understand client outcomes, demands for services, and demographic info
FS-47	E Digitize Assessments	Include SW/SCM assessments and associated data in ECMS workflow	<ul style="list-style-type: none"> • Reduces manual efforts to gather and report on aggregate assessment data • Supports a more complete digital client record
SHOULD HAVE			
FS-44	E Track application lifecycle	Track application across lifecycle to measure timeliness and inform clients of status (e.g. on waitlist, assessment appointment, check-ins)	<ul style="list-style-type: none"> • Provides insight into duration of client interaction for SW/SCM services • Can be leveraged to provide clients with statuses while participating in services

Divisional Recommendations

CSD Services

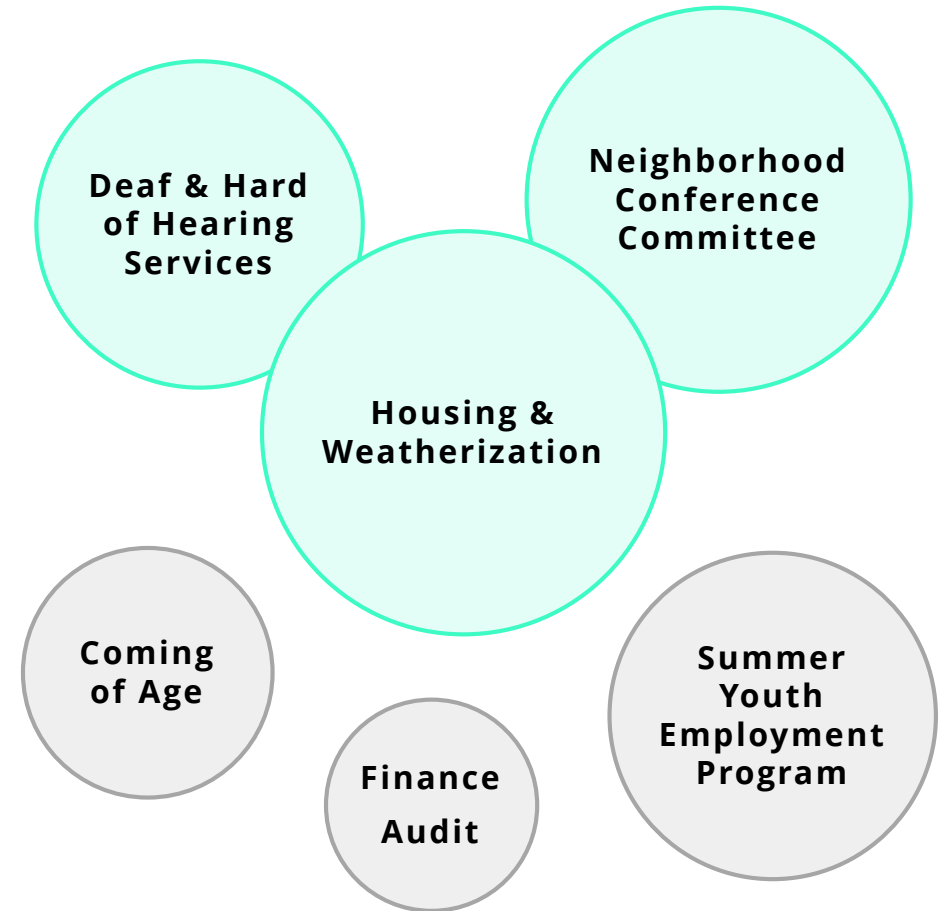
This sections provides an overview of prioritized recommendations that will help CSD address challenges in service delivery, including those across the following programs: Housing/Weatherization, Neighborhood Conference Committee, Deaf & Hard of Hearing Services, Coming of Age, and Summer Youth Employment Program.

CSD SERVICES OVERVIEW

Why Housing and Weatherization?

CSD's Housing and Weatherization Services were selected for evaluation due to the programs' **complexity** and **use of CABA** for its ECMS.

While assessment of the service blueprint focused on housing, the recommendations are **inclusive of other CSD programs**. Additionally, integrating **challenges and opportunity insights** from Housing and Weatherization Services revealed agency-wide themes for streamlining service delivery.



CSD SERVICES: KEY DELIVERY CHALLENGES

The highlighted boxes in this service blueprint depict specific pain point areas.

Disparate integration and information management capabilities and tools limit CSD's ability to efficiently engage with its vendors and track performance in service delivery, which can restrict insight into key process challenges in order to resolve them.

CHALLENGES

1 Lack of integrated, digital tools creates inefficiencies in information entry and storage, including field workers double-entering handwritten notes that have been taken in the field. Additionally, this can also lead to case notes not being updated as often, limiting their accuracy and efficacy.

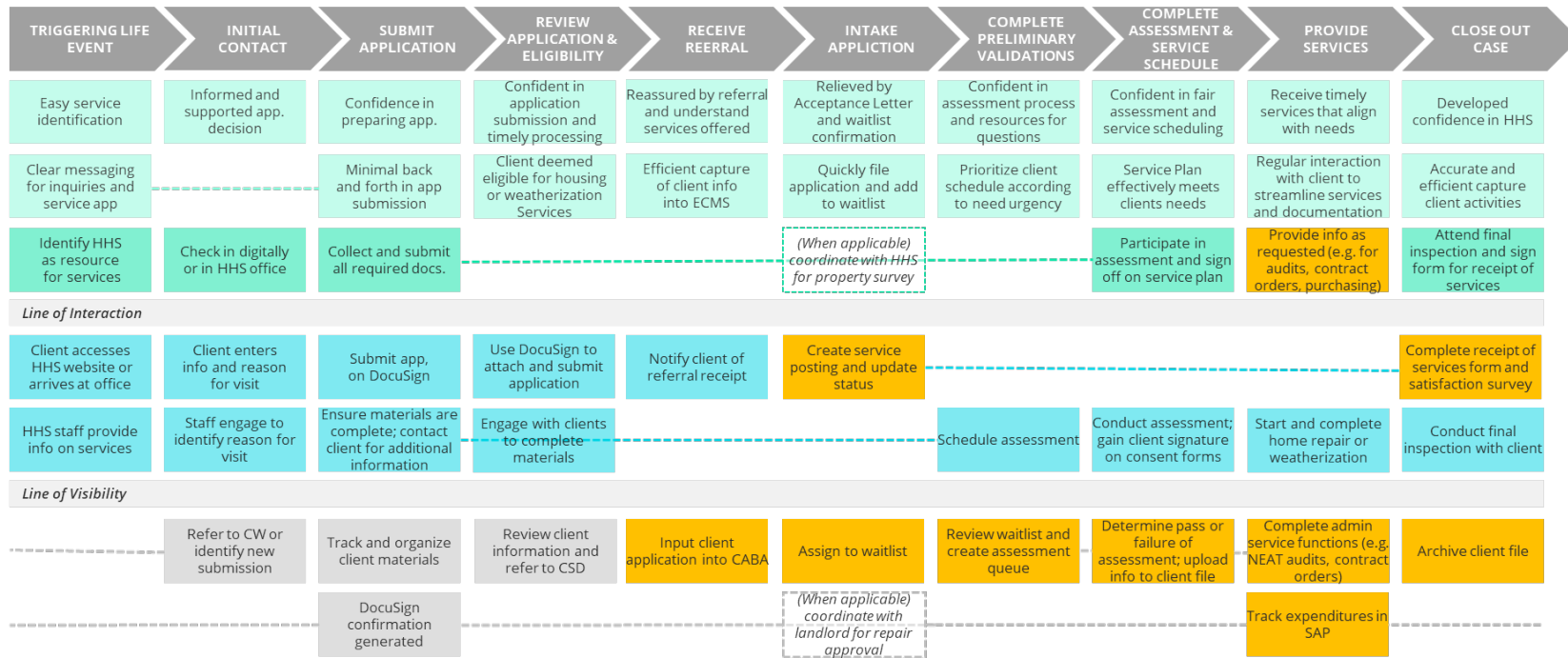
2 Lack of system integration with CABA creates inefficiencies, both for inventory/finances (SAP) and general client information that must be newly input into CSD records, increasing room for error and decreasing visibility into the holistic client lifecycle.

3 Limited vendor management tools impedes visibility into vendor processes, such as where the vendor is at in the service delivery process, and ability to track performance indicators to obtain insight into vendor efficacy (e.g. knowing if a project is complete or over budget).

4 Limited reporting and forecasting capabilities reduces CSD's ability to track and articulate its impact, as well as plan for future surges in service requests.

What are the Key Challenges in the Current Service Delivery Process?

While the blueprint below (and in the Appendix) focuses on housing services, this process reflects challenges across CSD:



Please see Appendix B for larger views of the service blueprints.

CSD SERVICES RECOMMENDATIONS

We've organized a set of recommendations by functional service area to help Travis County address the challenges identified across service delivery, including backstage processes. These have been further prioritized according to relative business need, industry standards, and feasibility in implementation.

Client Inquiries & Referrals

Recommendations related to client interactions and data, including integrated verification services, automated notices, scheduling, and enhancements for client self-service.

Delivering & Documenting Services

Recommendations related to worker actions in delivering services, including enhancements to digital case management, additional functionality to support field staff, and capturing client information and documents.

Tracking & Reporting

Recommendations related to monitoring and reporting on services, including integration of SAP with ECMS, dashboards and analytics, and cross-program reports.

The recommendations in this report include those designated as higher priority items by CSD stakeholders.

Please see Appendix A in this document to access a spreadsheet of all consolidated recommendations with additional details. The spreadsheet also allows sorting by service area, priority, whether it was prioritized by another division, and alignment with broader HHS goals.

CSD SERVICES RECOMMENDATIONS

Client Inquiries & Referrals

ID	RECOMMENDATION	DETAIL	PROGRAMS	VALUE HYPOTHESIS
MUST HAVE				
C-36	E Integration of verification services	Integrate business-critical information services into case management system, including income, address, SSN, and citizenship	Housing, NCC, Deaf Services	<ul style="list-style-type: none"> Reduces manual tasks and efforts to validate client data Supports accurate eligibility determination
C-57	Spanish language training	Invest in training or language classes to support SYEP staff with Spanish-speaking inquiries	SYEP	<ul style="list-style-type: none"> Helps staff to better address client needs and questions Improves overall client experience and access to program services
SHOULD HAVE				
C-50	E Automated receipt of referral	Automate the receipt of referral to send to client (either email or client portal) upon referral task generation from FSS to CSD Housing	Housing	<ul style="list-style-type: none"> Reduces manual tasks through automation Offers a mechanism for clients to be notified of their status via e-notice
C-9	E ECMS scheduling	Incorporate scheduling functionality in ECMS	Housing, NCC, Deaf Services	<ul style="list-style-type: none"> Simplifies navigation across tools through integration Allows staff to review client info and schedule appointments in a single application
C-59	Online client actions for SYEP	Use Travis County website or online client portal to share training dates and information, as well as RSVP for Job Readiness training	SYEP	<ul style="list-style-type: none"> Allows staff to better understand workload and manage class size Offers clients with an online option to RSVP Reduces call inquiries and offline scheduling
C-62	Online client actions for Coming of Age	Use Travis County website or client portal to submit inquiries and membership forms	Coming of Age	<ul style="list-style-type: none"> Offers clients with an online option to engage program services Reduces call inquiries and offline scheduling

CSD SERVICES RECOMMENDATIONS

Delivering & Documenting Services

ID	RECOMMENDATION	DETAIL	PROGRAMS	VALUE HYPOTHESIS
MUST HAVE				
C-35	E Global case notes	Implement global case notes that can be accessed from anywhere in the active client record for a designated user role	Housing, NCC, Deaf Services	<ul style="list-style-type: none"> Improves system navigation in accessing case notes Assists in understanding client history
C-5	E Digitize forms and notices	Incorporate forms management and generation into ECMS, including outgoing forms to court (NCC) and the CIF form (Deaf Services)	Housing, NCC, Deaf Services	<ul style="list-style-type: none"> Reduces manual, duplicative data entry Reduces errors in generating forms from an external system Improves system navigation for end users
C-53	E Inventory functionality in ECMS	Include functionality in ECMS that allows crews in the field to request additional material and obtain approval and delivery of this material.	Housing	<ul style="list-style-type: none"> Offers field staff greater independence when working on projects in the field Enables ability to order materials in the field
C-54	E Enhanced document storage	Implement robust electronic storage capabilities in ECMS for client documents, including Housing J-Drive documents and NCC contracts/amendments	Housing, NCC, Deaf Services	<ul style="list-style-type: none"> Supports move to fully digital case files Reduces paper and printing costs
C-63	E Case close functionality in ECMS	Develop new data collection fields to document project close and final inspection for Housing/Weatherization services	Housing	<ul style="list-style-type: none"> Supports both program and client accountability by documenting how the job site was left Provides managers with insight into a completed project
SHOULD HAVE				
C-42	E Digital case files in the field	Invest in hardware (tablets, mobile phones, or hotspots) and an adaptive ECMS design that allow field staff to access digital case files	Housing	<ul style="list-style-type: none"> Reduces duplicative data entry from field notes Supports the shift to enhanced field service delivery
C-52	E Digitize field assessments	Incorporate field assessments and associated data in ECMS workflow	Housing	<ul style="list-style-type: none"> Allows Housing assessors to capture information more accurately, immediately in the field Reduces duplicative data entry from field notes

CSD SERVICES RECOMMENDATIONS

Tracking & Reporting

ID	RECOMMENDATION	DETAIL	PROGRAMS	VALUE HYPOTHESIS
MUST HAVE				
C-4	E Integrate SAP with ECMS	Integrate ECMS with SAP to share invoice, expense, funding, and vendor information	Housing	<ul style="list-style-type: none"> Reduces manual tasks for moving invoice or other financial data from one system to another Supports faster delivery of services and materials Allows management to better track and understand project expenditures end-to-end
C-38	E Dashboards and analytics	Incorporate dashboard features and analytics in ECMS that visualize targeted metrics	All	<ul style="list-style-type: none"> Offers real-time views into client and program data Allows decision-makers to understand service demand, access demographic info, and communicate divisional needs
C-34	E ECMS cross-program reporting	Allow sharing of information (e.g. reports) across programs and stakeholders through ECMS database that aggregates client data	All	<ul style="list-style-type: none"> Supports back-end Housing finance and CEAP processes, including reducing offline reporting and data tracking Offers insight into complete client history and HHS services received, and helps measure outcomes across programs Supports collaboration between divisions
SHOULD HAVE				
C-39	E Track application lifecycle	Track application across lifecycle to measure timeliness and inform clients of status (e.g. time on waitlist, field assessment, first appointment)	Housing, NCC, Deaf Services	<ul style="list-style-type: none"> Provides insight into service efficiency Can be leveraged to provide clients with status Helps with waitlist management and prevents recertifications
C-43	E Field staff productivity	Use ECMS functionality (e.g. manual task creation, appointments) to track staff time spent in the field	Housing	<ul style="list-style-type: none"> Gathers data to better understand effectiveness of field work Keeps managers informed of crew activities and project status
C-56	E Integrate NEAT with ECMS	Integrate SAP with NEAT to share required weatherization information	Housing	<ul style="list-style-type: none"> Reduces manual tasks for moving Weatherization audit information from one system to another Reduces duplicative, potentially erroneous records that can occur across multiple platforms

Divisional Recommendations

OCS Services

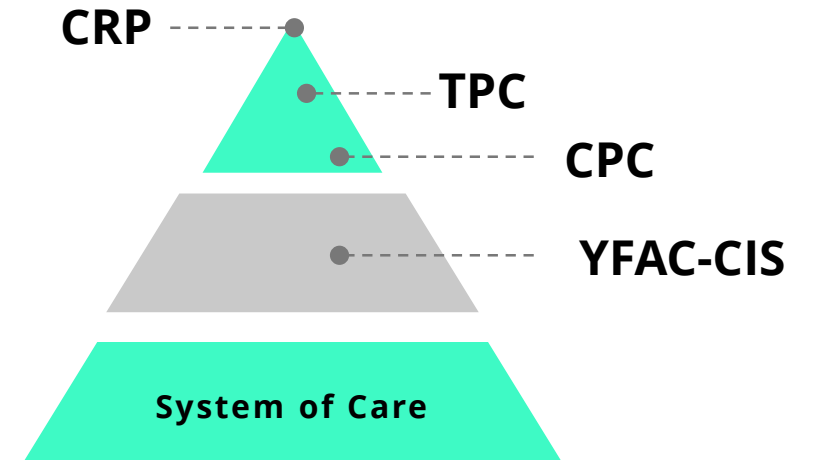
This sections provides an overview of prioritized recommendations that will help OCS address challenges in program service delivery, including Family First, Healthy Families, The Children's Partnership, Parenting in Recovery, CRP Reintegration Project, and the Youth & Family Assessment Center.

OCS DIVISIONAL SERVICES OVERVIEW

Why a Divisional Perspective?

OCS provides a **continuum of services** for families with a **variety of needs**, all of which must be considered when developing a new HHS client management system (**ECMS**) that aims to aggregate data and measure client outcomes.

Our team adopted a **“divisional perspective”** for OCS to assess how services are delivered overall.



OCS SERVICES: KEY DELIVERY CHALLENGES

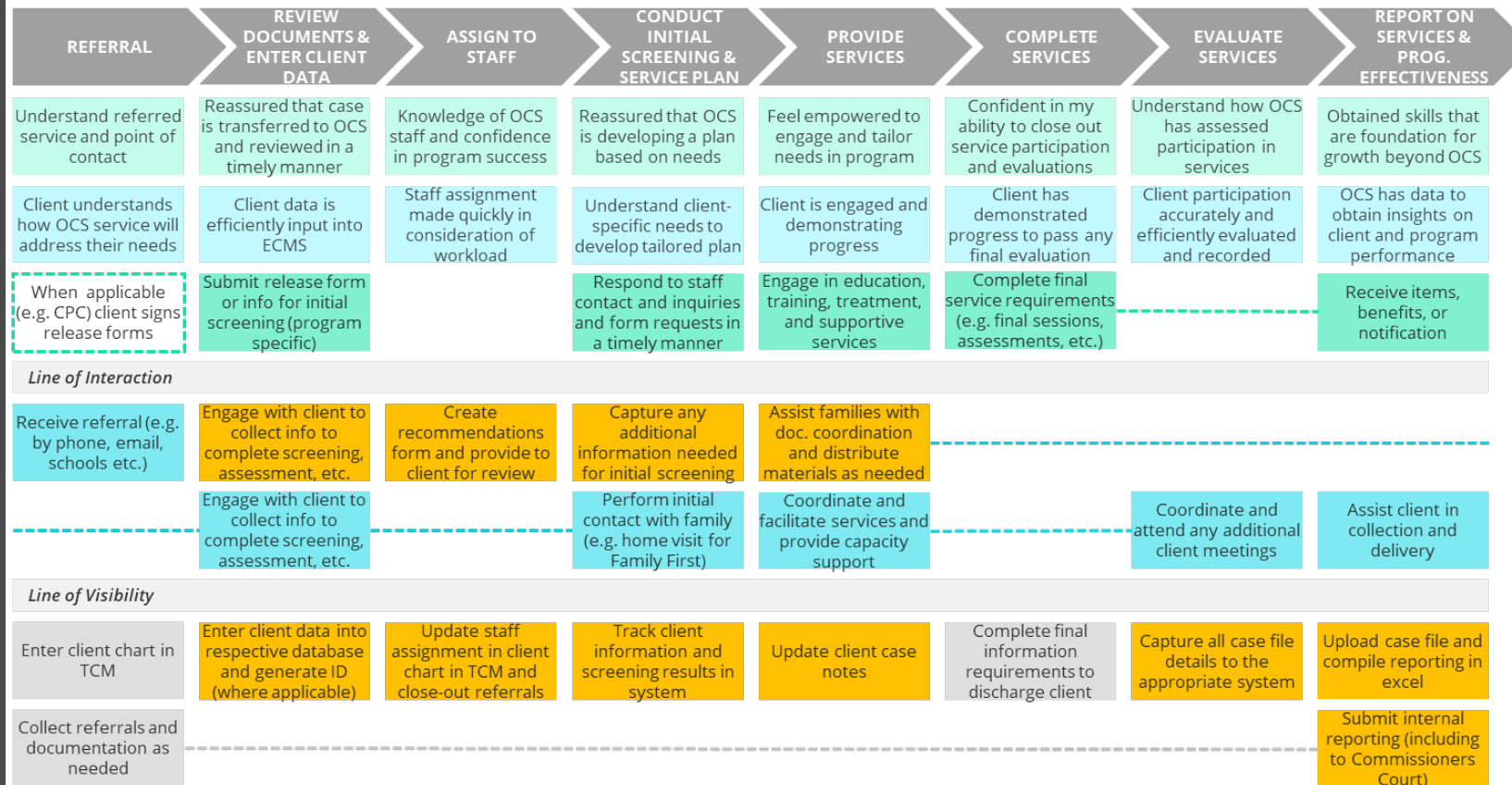
The highlighted boxes in this service blueprint depict specific pain point areas.

Unlike many other programs offered within HHS, OCS receives a lot of referrals (instead of applications) and looks to create a continuum of services for children and families. Therefore, capturing and aggregating data to better understand client outcomes, as well as storing and sharing sensitive data (HIPAA compliance) is of up-most importance.

CHALLENGES

- The various systems used by different OCS programs** creates challenges in obtaining division-wide insights regarding client outcomes and division performance.
- Differing levels of access to technology for both clients and staff** can create barriers to service, including clients getting information from a digital access point and staff needing to access from the field.
- Complying with HIPPA requirements during document submission** creates an additional layer of complexity in acquiring and sharing client information and documents, including lengthy meetings and other inefficient processes.
- Paper-heavy and manual, administrative processes** produce cognitive overload, inefficiencies, and increased possibilities of human error.

What are the Key Challenges in the Current Service Delivery Process?



Please see Appendix B for larger views of the service blueprints.

OCS SERVICES RECOMMENDATIONS

We've organized a set of recommendations by functional service area to help Travis County address the challenges identified across service delivery, including backstage processes. These have been further prioritized according to relative business need, industry standards, and feasibility in implementation.

Client Intake & Referrals

Recommendations related to initial client contact and self-service, including accepting digital documentation, providing information on the Travis County website, and development of a client portal.

Case & Program Management

Recommendations related to case management, including enhanced ECMS functionality for Family First, document sharing across partners, and additional support for field staff.

Outcomes Tracking & Reporting

Recommendations related to tracking and reporting on client outcomes, including using ECMS for cross-divisional client inquiry, dashboards and analytics, and enhanced reporting.

The recommendations in this report include those designated as higher priority items by OCS stakeholders.

Please see Appendix A in this document to access a spreadsheet of all consolidated recommendations with additional details. The spreadsheet also allows sorting by service area, priority, whether it was prioritized by another division, and alignment with broader HHS goals.

OCS SERVICES RECOMMENDATIONS

Client Intake & Referrals

ID	RECOMMENDATION	DETAIL	PROGRAMS	VALUE HYPOTHESIS
MUST HAVE				
O-24	Digital document submission	Invest in secure, HIPAA-compliant digital document submission with electronic signature	All	<ul style="list-style-type: none"> Provides a secure, virtual method to capture needed client information Helps to mitigate client and staff transportation issues Supports move to paperless
SHOULD HAVE				
O-25	Automated information response	Develop automated response when information is requested through Travis County website or client portal	Healthy Families, CPC	<ul style="list-style-type: none"> Provides clients with information regarding services faster Reduces phone or in-person inquiries
O-30	E Digitize admin functions	Incorporate administrative functions into case management system where possible, including document upload/scanning and outlook calendar	All	<ul style="list-style-type: none"> Streamlines management of incoming data and documents Reduces duplicative data entry and manual tasks Offers a single location to digitally store documents
O-67	Online information for partner organizations	Use Travis County website or online client portal to provide clients with referral information and resources for partner organizations	All	<ul style="list-style-type: none"> Helps direct clients to needed services Reduces call inquiries
O-28	Online portal or digital submissions	Develop client portal or online form that allows clients to submit client data (usable through mobile phone and other platforms)	PIR, CPC, TCP	<ul style="list-style-type: none"> Improves how client information is shared by offering a digital option Offers clients with easier, user-friendly method to share information
O-27	Initial eligibility inquiry	Allow clients to enter basic information through the Travis County website or a client portal to determine services they may be eligible for (without discouraging them from services)	All	<ul style="list-style-type: none"> Reduces phone or email inquiries Provides client with information easily and independently

OCS SERVICES RECOMMENDATIONS

Case & Program Management

ID	RECOMMENDATION	DETAIL	PROGRAMS	VALUE HYPOTHESIS
MUST HAVE				
O-66	E Automated AAPI outcome	Develop functionality in ECMS that supports automating the AAPI assessment status (i.e. attended, successfully complete, significant accomplishment)	Family First	<ul style="list-style-type: none"> • Supports effort to fully digitize case files • Improves how program outcome data is captured, stored, and analyzed
O-68	E Convert Family First Data to ECMS	Perform conversion of existing AAPI assessment data into ECMS without duplication	Family First	<ul style="list-style-type: none"> • Allows existing client assessments and information to be captured in ECMS • Reduces possibility of duplication and errors
O-69	E Digital Family First case file	Include all necessary fields in ECMS to include client information and AAPI record into a single digital case file	Family First	<ul style="list-style-type: none"> • Supports effort to fully digitize case files • Supports improved reporting for Family First from ECMS
SHOULD HAVE				
O-65	E Secure document sharing	Use ECMS to share and track documents with external partners that complies with HIPAA requirements	All	<ul style="list-style-type: none"> • Provides a single, shared access point to access secure documents • Streamlines document sharing • Supports move to paperless
O-70	Field staff support	Invest in hardware (tablets, mobile phones, or hotspots) and or other tools that support staff in the field	All	<ul style="list-style-type: none"> • Improves worker experience while in the field • Supports the shift to enhanced field service delivery, including documenting interactions on-the-go

OCS SERVICES RECOMMENDATIONS

Outcomes Tracking & Reporting

ID	RECOMMENDATION	DETAIL	PROGRAMS	VALUE HYPOTHESIS
MUST HAVE				
O-34	E ECMS cross-program reporting	Allow sharing of information (e.g. reports) across programs and stakeholders through ECMS database that aggregates client data	All	<ul style="list-style-type: none"> • Offers insight into complete client history, when/where they have received HHS services, and helps measure outcomes across programs • Supports collaboration between divisions • Provides a mechanism to integrate all OCS program assessment data into a single place • Enables HHS to benchmark against identified outcomes across divisions
O-38	E Dashboards and analytics	Incorporate dashboard features and analytics in ECMS that visualize targeted metrics	All	<ul style="list-style-type: none"> • Offers real-time views into client and program data • Allows decision-makers to understand service demand, access demographic info, and communicate divisional needs
SHOULD HAVE				
O-10	E Unified client records	Structure household data and program information for a given application around a unique client ID in ECMS	All	<ul style="list-style-type: none"> • Provides a mechanism to connect client records across programs, divisions, and systems • Offers OCS with the ability to perform enhanced system queries to better understand client history



Divisional Recommendations

ITS Services

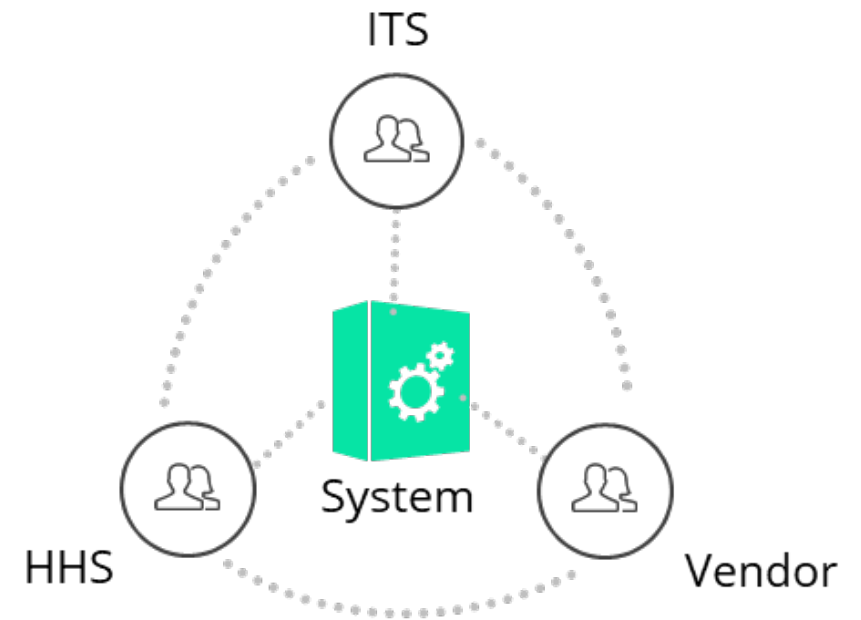
This section provides an overview of prioritized recommendations that will help ITS address challenges in supporting HHS, including the existing change request process and coordinating ongoing development services between HHS and the future ECMS system vendor.

ITS SERVICES OVERVIEW

Why a Customer Perspective?

ITS Services supports and manages **a variety of software applications**, including CABA and the upcoming ECMS, that deliver programs and services to HHS clients.

Through the lens of **“HHS as a customer”**, ITS can implement recommendations that look to connect all stakeholders, **streamline how change requests or system modifications are managed**, and include HHS end-to-end in the product development process.



ITS SERVICES: KEY DELIVERY CHALLENGES

The highlighted boxes in this service blueprint depict specific pain point areas.

ITS can improve how it provides services to HHS by implementing tools and procedures that will not only help them manage CABA right now, but will help define the process and stakeholder interactions for the ECMS implementation.

CHALLENGES

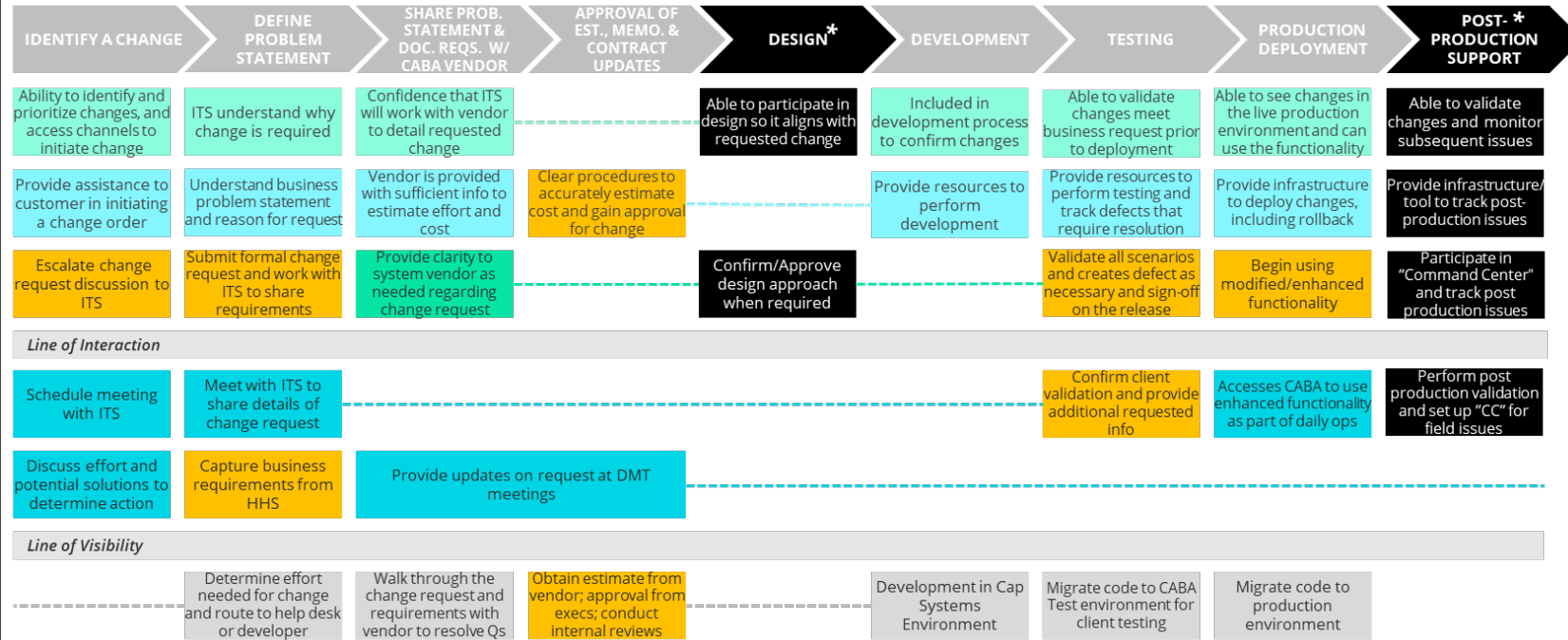
1 An undefined change request process creates challenges in implementing system modifications in terms of prioritizing, tracking, and approving changes in a way that keeps HHS and system vendor stakeholders involved throughout development.

2 A lack of tools or templates results in manual tracking of changes, using non-standard templates, and gathering requirements in various formats that could result in traceability issues during testing and defects logging.

3 Having no dedicated system administrator has created challenges in terms of dependency on vendor bandwidth, not taking advantage of system configurability, and potentially resulting in more costly than necessary modifications.

4 Communication inconsistencies and lack of dedicated post-production procedures impacts system users and management staff awareness for release planning, as well as preventing a clear process to report and resolve issues.

What are the Key Challenges in the Current Service Delivery Process?



*Design & Post-Production steps are not explicitly identified in the current state and hence color coded differently

Please see Appendix B for larger views of the service blueprints.

ITS SERVICES RECOMMENDATIONS

We've organized a set of recommendations by functional service area to help Travis County address the challenges identified across service delivery, including backstage processes. These have been further prioritized according to relative business need, industry standards, and feasibility in implementation.

Receiving Requests

Recommendations related to receiving change requests or initiating system modifications, including streamlining the CR and ticket submission processes, designation of an ECMS system admin, and growing the responsibilities of the current CCB.

Planning & Documenting Changes

Recommendations related to planning and documentation, including formalizing CR and LOE templates, as well as enhancing the requirements gathering process for all stakeholders.

Coordinating Development & Release

Recommendations related to facilitating development activities and release planning, including standardizing post-production activities, ensuring ECMS has high configurability, coordinating system training, and implementing new SDLC activities and tools.

The recommendations in this report include those designated as higher priority items by ITS stakeholders.

Please see Appendix A in this document to access a spreadsheet of all consolidated recommendations with additional details. The spreadsheet also allows sorting by service area and priority.

ITS SERVICES RECOMMENDATIONS

Receiving Change Requests

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
I-72	Streamline help desk/ticket resolution processes	Develop clear, predictable processes that allow HHS to submit tickets with all necessary details for resolution	<ul style="list-style-type: none"> • Allows HHS to better access ITS expertise • Improves response times and efficiency in resolving system issues
I-75	E ECMS system administrator	Designate an HHS system admin for ECMS	<ul style="list-style-type: none"> • Allows HHS to directly and independently make changes to system to support business processes • Enhances ITS and HHS coordination • Ensures system is more-aligned with HHS business needs
I-79	Streamline change request process	Develop processes and tools that prioritize, track, and manage change requests from beginning to end	<ul style="list-style-type: none"> • Provides HHS with a predictable, standardized process to submit change requests • Offers a structure to prioritize changes that better align with business needs
SHOULD HAVE			
I-80	Enhance HHS CCB responsibilities	Use the existing HHS Change Control Board to assess and prioritize potential change requests before formal submission	<ul style="list-style-type: none"> • Empowers HHS to prioritize changes that better align with business needs • Prevents low priority or extraneous change requests from submission

ITS SERVICES RECOMMENDATIONS

Planning & Documenting Changes

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
I-81	Change request template	Develop a change request template that allows HHS to clearly state business problem and high-level changes needed	<ul style="list-style-type: none"> • Helps ITS and system vendors capture details early to better plan for system changes • Provides HHS with a predictable, standardized process to submit change requests
SHOULD HAVE			
I-77	Vendor LOE template	Develop standard template for system vendor to complete level of effort estimate and quote	<ul style="list-style-type: none"> • Holds system vendor accountable in providing accurate details and cost estimates • Sets up consistent expectations around documentation
I-78	Invest in requirements software	Develop a tool or software platform to track requirements	<ul style="list-style-type: none"> • Provides an accessible repository and baseline for all implemented requirements • Supports accountability and alignment of HHS systems meeting business-approved requirements • Supports end-to-end project management and monitoring of the software development lifecycle
I-83	Enhance requirements gathering methods	Develop process in which HHS, ITS, and system vendor stakeholders participate in requirements sessions, with HHS providing formal sign-off of requirements	<ul style="list-style-type: none"> • Creates a forum in which all stakeholders can capture all necessary details for a system modification • Encourages alignment between HHS and system vendor before development begins



ITS SERVICES RECOMMENDATIONS

Coordinating Development & Release

ID	RECOMMENDATION	DETAIL	VALUE HYPOTHESIS
MUST HAVE			
I-71	Improve communication regarding system updates	Define clear maintenance and release communications (e.g. schedule, release notes) to all system users and management staff	<ul style="list-style-type: none"> Provides business users with details of new changes Helps HHS in planning work around changes
I-74	E Prioritize ECMS configurability	Ensure that ECMS has robust configuration functionality that allows an HHS system admin or ITS to make changes to the system	<ul style="list-style-type: none"> Reduces the need for code changes Supports long-term maintenance of ECMS Reduces "work arounds" and other short-term solutions
I-84	Standardize command center procedures	Implement standard procedures to set up "command centers" to monitor and address post-production issues	<ul style="list-style-type: none"> Allows HHS to perform post-production validation Ensures that defects/issues are addressed quickly
I-85	E Implement M&O procedures	Define post-production procedures following ECMS rollout (e.g. track issues, defects, resolution steps)	<ul style="list-style-type: none"> Ensures defects, issues, and required changes are addressed before ECMS vendor turns over M&O to ITS Supports knowledge transfer of ECMS maintenance to ITS
I-86	Help coordinate system training	Coordinate with HHS business stakeholders and testers to develop and deliver training as needed	<ul style="list-style-type: none"> Supports faster adoption of new functionality by business users Reduces help desk tickets or user inquiries
SHOULD HAVE			
I-76	Invest in testing software	Develop a tool or software platform track testing efforts (e.g. scenarios, success, steps, defects)	<ul style="list-style-type: none"> Captures all validation data prior to release Supports end-to-end project management and SDLC monitoring
I-82	Release readiness testing	Include a "release readiness" testing process for regression testing	<ul style="list-style-type: none"> Ensures newly released functionality does not have downstream impacts on existing functionality Offers additional validation that code is ready for production
I-87	HHS product demos	Implement product demonstrations with HHS during development to confirm that the changes are still aligned with business needs	<ul style="list-style-type: none"> Allows HHS to confirm business requirements are being met Keeps HHS informed of product development and design
I-91	Daily development meetings	Institute daily touchpoints (stand-ups) that allow HHS and ITS to remain engaged in product development	<ul style="list-style-type: none"> Keeps HHS informed of progress during development Provides forum for ITS and system vendor share statuses and respond to potential roadblocks



Efficiency & Performance Metrics

This section includes a set of recommended metrics HHS can employ that are aligned with key business drivers and HHS' overall goals. As HHS implements recommendations moving forward, these metrics will assist in measuring outcomes and developing data-driven insights.

WHAT BUSINESS DRIVERS ARE HIGHEST PRIORITY FOR HHS?

The following themes were identified as areas where HHS can measure efficiency and performance as it looks to achieve its future-state goals:



**IMPROVE CLIENT EXPERIENCE
& SATISFACTION**



**IMPROVE WORKER
EXPERIENCE & SATISFACTION**



OPTIMIZE SERVICE DELIVERY



**ENHANCE PLANNING &
BUDGETING**



**IMPROVE CLIENT OUTCOMES
& PROGRAM PERFORMANCE**

EFFICIENCY METRICS

IMPROVE CLIENT EXPERIENCE & SATISFACTION

Target Outcomes	Metrics for Measurement	Representative Industry Benchmarks*
<ul style="list-style-type: none"> • Improve accessibility to information and services • Reduce time on waitlist • Improve how services or benefits are delivered • Implement customer service measures • Reduce lobby traffic in centers • Align service delivery with expectations 	<ul style="list-style-type: none"> • Average wait time between initial check-in through client need addressed • Number of call drop rate or wait time per day • Number of client touches during service delivery • Number of days/weeks/months to receive benefits or services • Number of attempts to set up an appointment • Number of submissions through digital channels versus phone, email, in-person • Traffic on Travis County website by program and abandonment rate • Standardized customer satisfaction measures across all programs • Percentage of clients opting into digital notices 	<ul style="list-style-type: none"> • 75% of clients submitting digital applications at an HHS agency • 20% of clients opting in to receive e-notices only at an HHS agency • Government agencies have a customer satisfaction rate around 70-75% • 48-72 hour response time to address housing repair crisis per federal requirements • Average time to complete in-bound telephonic interview time 15-25 minutes at an HHS agency

IMPROVE WORKER EXPERIENCE & SATISFACTION

Target Outcomes	Metrics for Measurement	Representative Industry Benchmarks*
<ul style="list-style-type: none"> • Reduce time spent on administrative tasks versus client facing interactions • Provide a more collaborative and trusting environment • Develop worker skill sets for future operations 	<ul style="list-style-type: none"> • Time spent on designated system tasks (intake, data collection, eligibility) • Relative caseload or workload by role • Time spent in a given role or level • Standardized worker satisfaction measures, performance evaluation, and reviews • Year-over-year turnover • Percentage of staff working virtually • Hours spent in professional development or training 	<ul style="list-style-type: none"> • Average 40-50% of time spent on administrative tasks per cross-industry review • 40-50 hours of annual professional development hours recommended • Government agencies average annual turnover rates around 15-20%

EFFICIENCY METRICS

OPTIMIZE SERVICE DELIVERY

Target Outcomes

- Increase worker productivity
- Evaluate staff performance against division/center goals
- Evaluate vendor performance against division/center goals
- Identify underlying issue that impacts staff/vendor productivity
- Understand workload constraints or bottlenecks

Metrics for Measurement

- Average completion time per task (app received, intake complete, eligibility determined, benefits received) by staff
- Average productive hours per staff by week (hours spent on work tasks; excludes meetings, trainings, breaks, PTO, etc.)
- Total assessments completed per day by staff
- Average audit completion time by staff
- Average vendor response time per application
- Total hours reported by vendor/contractor against estimate
- Number of contract adherences prior and after deadline

Representative Industry Benchmarks*

- **81%** of household receiving LIHEAP support in Texas include a vulnerable member
- Timeliness to process SNAP application defined as within **30 days**‡
- **85%** of SNAP applications processed timely at an HHS agency‡
- **95%** of TANF applications processed timely at an HHS agency‡
- Averaging **30 productive hours** per week at an HHS agency

ENHANCE PLANNING & BUDGETING

Target Outcomes

- Understand workload across centers and programs
- Understand client demand for services
- Understand demographics changes in Travis County
- Optimize center infrastructure and space
- Reduce overtime spending
- Reduce paper/supply spend

Metrics for Measurement

- Total applications received, percent approved, and percent processed
- Total referrals between programs, across divisions, and to external partners
- Number of unique clients or families served by program (monthly, yearly)
- Demographic and location statistics year-over-year (gender, age, ZIP code)
- Aggregate household demographics by program, division, and HHS overall
- Average number of clients on the waitlist by program or center (monthly)
- Expected eligibility of general population versus number of clients served
- Average expenditure/benefit amount per application and by program
- Total overtime hours/cost by program and division
- Total cost of printing and supplies by program and division

Representative Industry Benchmarks*

- **25%** increase in demand for FSS services from 2019 to 2020
- **97%** of eligibility decisions determined to be accurate at an HHS agency
- **42%** of people income eligible for SNAP in Travis County have not enrolled‡

‡SNAP/TANF included here as a comparison to FSS Direct Services due to the similar transactional nature of service delivery.

*Collected as part of our research to capture best practices across HHS organizations, as well as broader government and commercial enterprises.

EFFICIENCY METRICS

IMPROVE CLIENT OUTCOMES & PROGRAM PERFORMANCE

Target Outcomes	Metrics for Measurement	Representative Industry Benchmarks*
<ul style="list-style-type: none"> Understand complete client history Continue to track clients post-completion of services Determine client success Evaluate program performance 	<ul style="list-style-type: none"> Types of HHS services received prior to active application or referral Number of prior applications, referrals, client touches Categorize and track level of crisis/need for services Categorize and track level of care received (e.g. financial support, case management, social work, clinical support) Aggregate program evaluation/assessment data Standard scale for client success post-service delivery Number of clients served year-over-year (recurring clients) Percent of pass/fail on program evaluations or assessments Percent of cases that pass/fail quality assurance (QA) tests Recidivism rate for clients that have received certain services 	<ul style="list-style-type: none"> 86% of adults in a given year maintained or increased income for a county rental assistance program 75% of SNAP recipients in Texas are recurring clients 95% of TANF recipients in Texas are recurring clients 20% of children in Travis County experience food insecurity

Representative benchmarks are intended to provide context around how similar organizations look to measure success for particularly business drivers.

Travis County HHS' Research & Planning division currently defines some of these goals and additional internal validation and analysis should be performed to identify benchmarks that align with operational outcomes and overall HHS goals.

‡SNAP/TANF included here as a comparison to FSS Direct Services due to the similar transactional nature of service delivery.

*Collected as part of our research to capture best practices across HHS organizations, as well as broader government and commercial enterprises.

Next Steps

Analysis and outputs from the Aspire Phase, including the Ambitions Lab, prioritized recommendations, and suggested metrics from this report will directly inform the ECMS requirements in the final Decide Phase of this work.

Project Approach & Activities



What's Next?

HOW CAN ECMS DRIVE THE FUTURE OF HHS SERVICE DELIVERY?

NEXT STEPS: HONING IN ON ECMS REQUIREMENTS



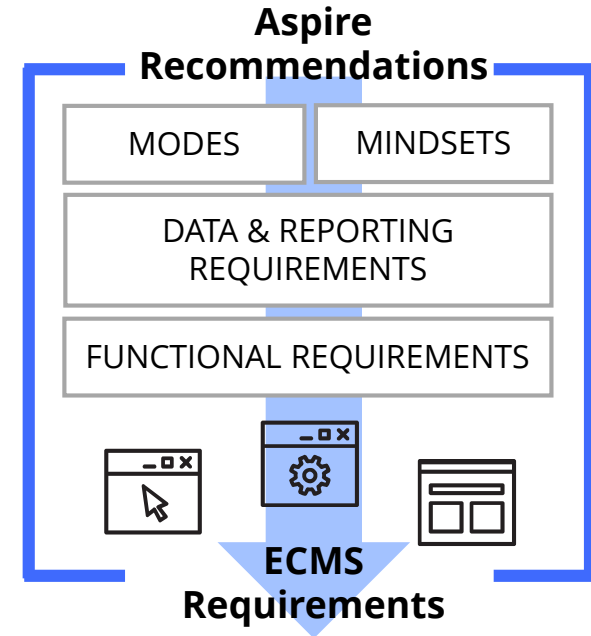
Build on Aspire Phase recommendations by **deciding on key recommendations** that inform ECMS and the HHS ideal future state



Develop a comprehensive report that captures key client **data elements** and program **reporting requirements**



Leverage all research to-date, including Modes and Mindsets, to **develop ECMS requirements** that align with business needs and overall HHS goals



ECMS is Beginning to Take Shape



Discussed current state and identified pain points



Aligned on processes to enable an ideal future state



Defined recommendations to enable future state

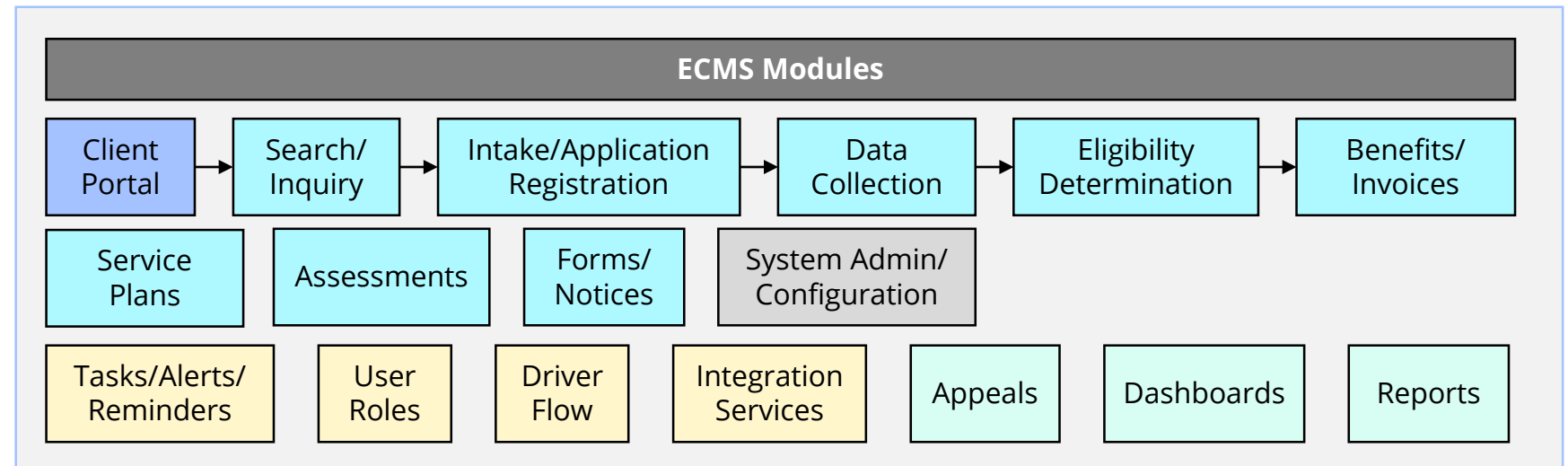
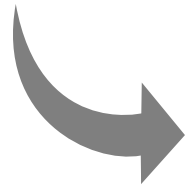


Identify common divisional data elements

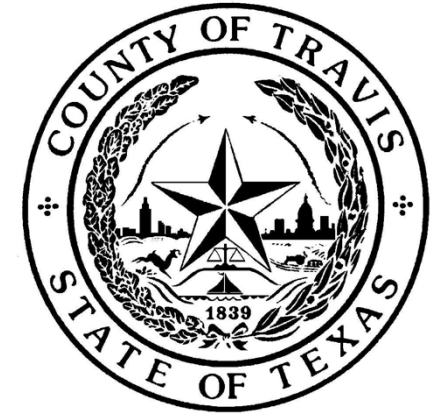


Map requirements that fulfill recommendations

Our process has informed a framework that will be used to guide more detailed requirements



Deloitte.



Thank you.

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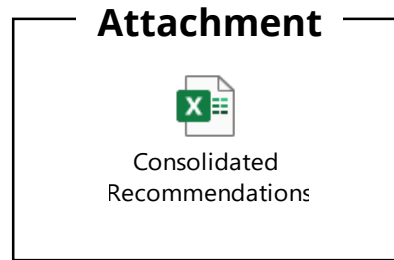
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CONSOLIDATED HHS RECOMMENDATIONS SPREADSHEET

The attached spreadsheet provides additional details for all consolidated recommendations identified in the Aspire Phase. The HHS-wide recommendations are sortable by the defined columns below.



Recommendation	Description	Value Hypothesis
Provides a short description/name for the specific recommendation in that row.	Provides a concise description of the recommendation focusing on an identified piece of ECMS functionality or operational enhancement.	Describes expected added value to business outcomes, including addressing client and worker needs, improving process efficiency, enhancing technology capabilities, standardizing processes, and simplifying workflows.

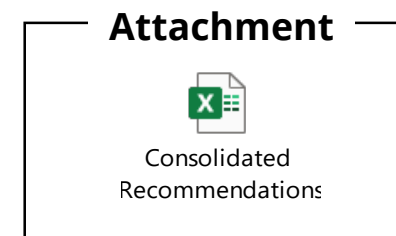
Divisions	Improvements to Service Delivery	HHS Goals
Designates when a particular division benefits from implementing the respective recommendation.	Designates when the recommendation offers improvement to a particular service delivery area.	Designates when the recommendation satisfies one or more of the HHS Goals defined from the Ambitions Lab.

CONSOLIDATED DIVISIONAL RECOMMENDATIONS SPREADSHEETS

The attached spreadsheet provides additional details for all consolidated recommendations identified in the Aspire Phase for FSS Direct Services, FSS Supportive Services, CSD, OCS, and ITS. These recommendations are sortable by the defined columns below and have been prioritized using the MoSCoW method according to relative business need, industry standards, and feasibility in implementation.

MoSCoW Prioritization

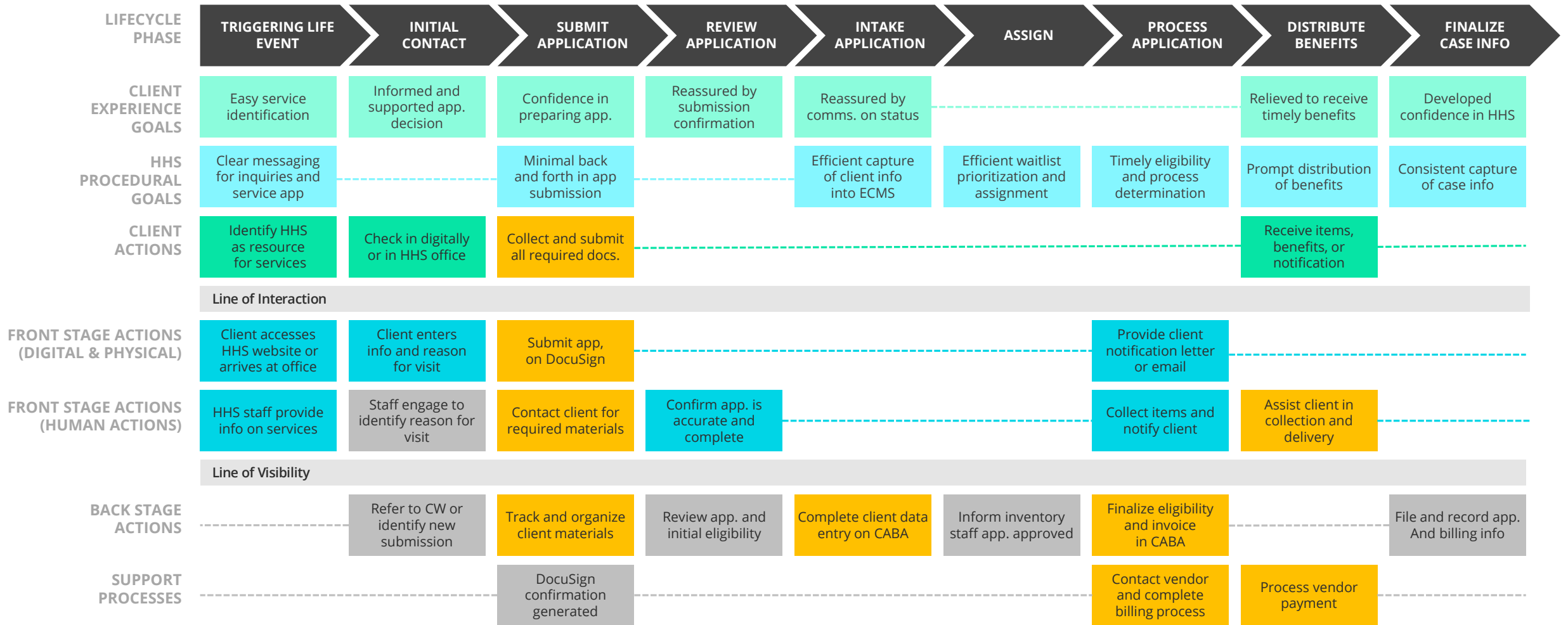
Must Have	Recommendations that have been determined as non-negotiable according to business needs	Could Have	Recommendations that would be nice to have, but have a small impact if left out
Should Have	Recommendations that are not vital, but add significant value	Will Not Have	Recommendations that are not a priority for this specific time frame



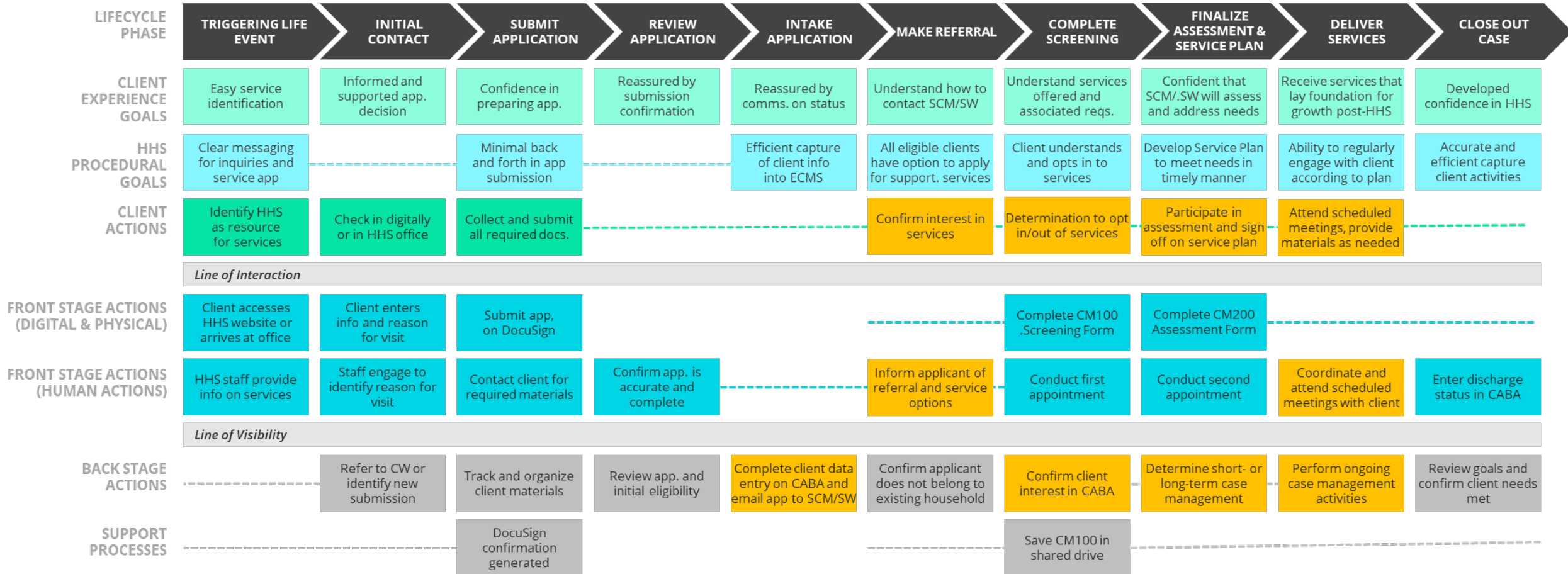
ID	Recommendation	Description	Considerations	Value Hypothesis
Provides a unique identifier for the recommendation.	Provides a short description/name for the specific recommendation in that row.	Provides a concise description of the recommendation focusing on an identified piece of ECMS functionality or operational enhancement.	Provides identified dependencies or other relevant considerations in implementing (when applicable).	Describes expected added value to business outcomes, including addressing client and worker needs, improving process efficiency, enhancing technology capabilities, standardizing processes, and simplifying workflows.

Service Area	Type	Priority	HHS Goals
Designates which functional service area the recommendation aligns with for a given division.	Specifies whether this recommendation is specific to the ECMS implementation.	Designates the MoSCoW priority described above.	Designates when the recommendation satisfies one or more of the HHS Goals defined from the Ambitions Lab.

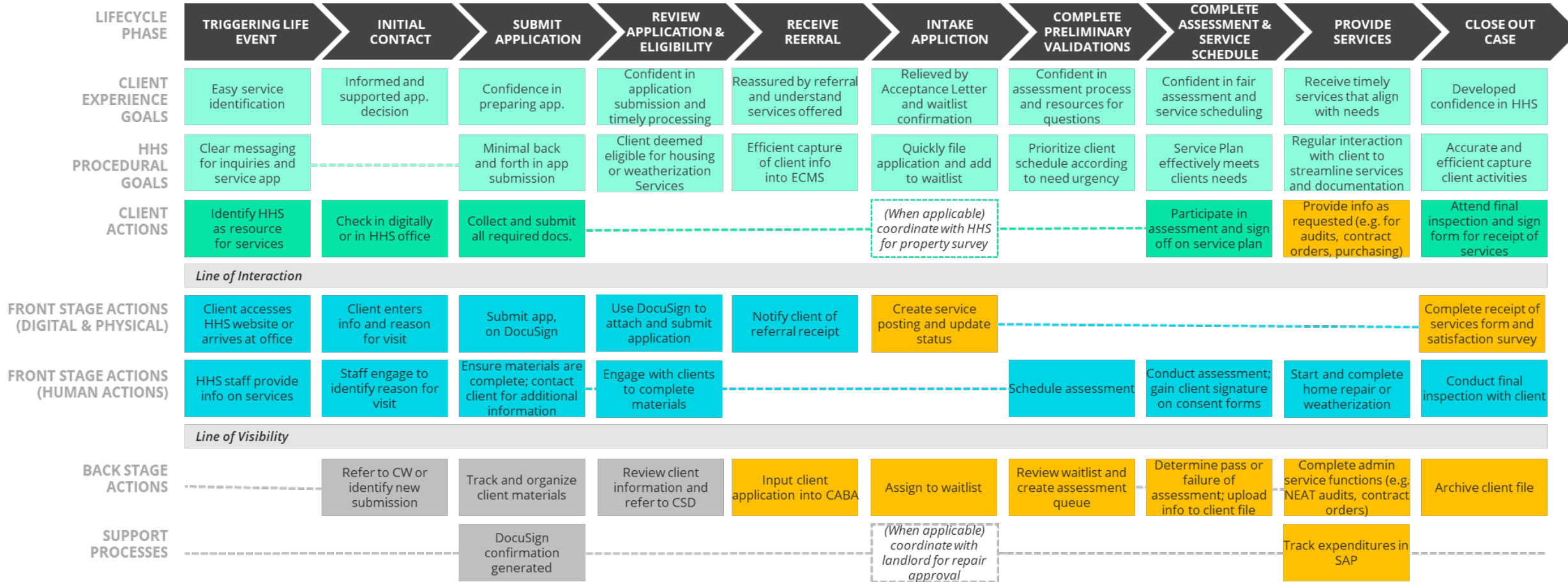
FSS DIRECT SERVICES: CURRENT STATE CHALLENGES



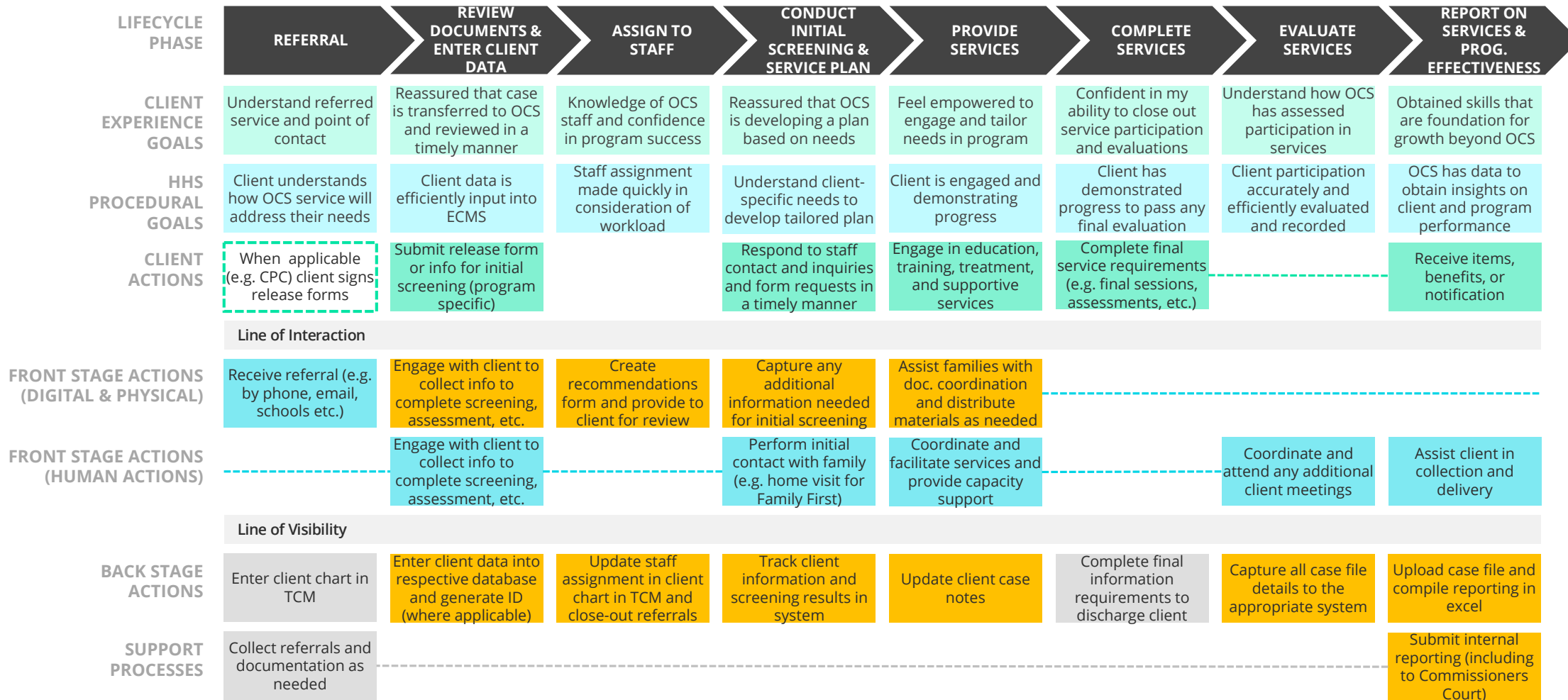
FSS SUPPORTIVE SERVICES: CURRENT STATE



CSD HOUSING SERVICES: CURRENT STATE



OCS OVERALL SERVICES: CURRENT STATE



ITS SERVICES: CURRENT STATE

