

Deloitte.



Travis County HHS

Business Process Assessment Services – Current-State Insights Report

May 7, 2020

Table of Contents

- 1 Introduction**
- 2 Research Approach**
- 3 Our Understanding**
- 4 Initial Findings**
- 5 Insight Statements**
- 6 The HHS Worker Experience**
- 7 Center Spotlights**
- 8 Next Steps**

Introduction

The Current-State Insights Report provides Travis County stakeholders with information and outputs of the Deloitte team's research activities during the Sense phase of the Travis County HHS BPA project. The team collected and synthesized data into insights regarding HHS current business processes, technology, and workforce.

Purpose of This Report

- Provide Travis County stakeholders with **insights into the current state of HHS' people, processes, and technology**
- Document **actionable information** on what's working, what's not, how staff operate, and best practices across community centers
- Outputs will be used to **inform focus areas for the next two phases including:**
 - Operational and client service recommendations
 - Requirements for the future enterprise client management system (ECMS)

Sense Phase analysis and outputs...



Initial Findings & Limitations



Business Process Documentation



Insight Statements



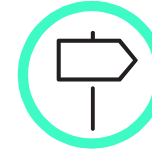
Worker Modes, Mindsets, & Journeys



...inform Aspire and Decide activities



Ambitions Lab & HHS Aspirations for ECMS



Future-State Recommendations



Determine Program Fit for ECMS



ECMS Requirements Designed for HHS Workers

Problem Statement

Travis County HHS offers a variety of services and programs to county residents across multiple divisions. Due to the nature of delivering these services and other requirements associated with managing these programs, **Travis County has stated a need to “improve and reduce redundant functions and services”** associated with service delivery.

Deloitte was tasked to provide a comprehensive business process review of existing operations for each division within HHS by documenting existing workflows and evaluating technology and tools—including case management systems like CABA—in order to identify opportunities for improvement. This analysis will directly inform the development of an enterprise-wide client management system (ECMS). Goals for this phase are to:



Gain a broad understanding of **HHS service delivery, including workers’ experience** in their day-to-day activities interacting with technology and clients.



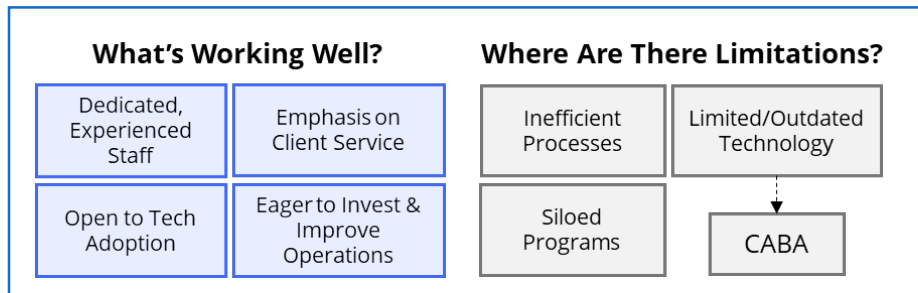
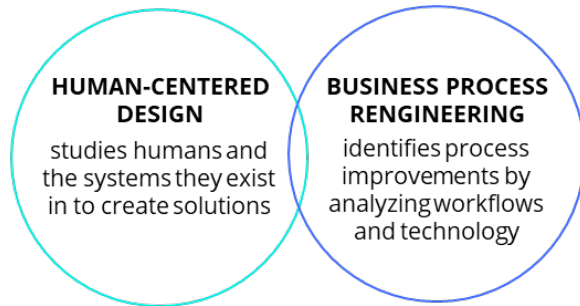
Document **key moments in the worker journey and discover barriers / enablers** associated with providing services to clients.



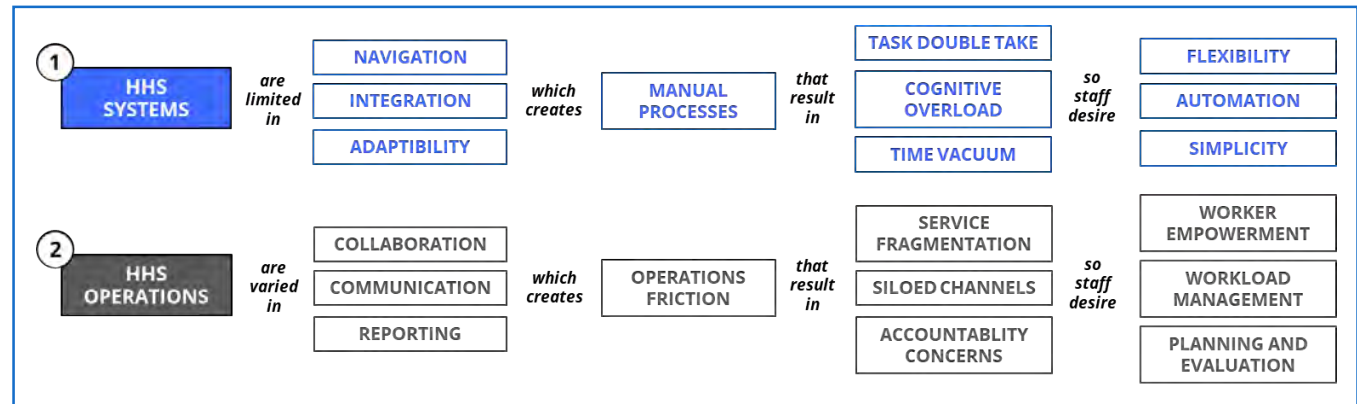
Leverage deeper understanding of the worker experience and technology needs to **inform future-state opportunities** and improvement areas.

Executive Summary

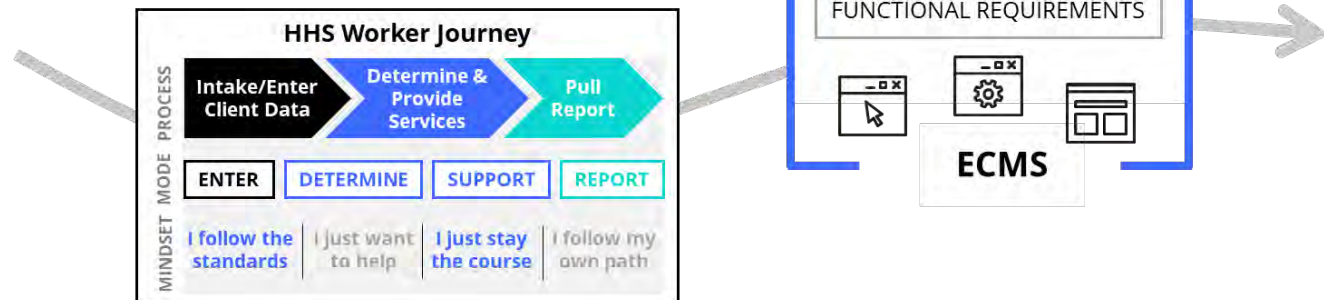
Through a combination of human-centered design principles and business process reengineering, the Deloitte team performed targeted research activities during the Sense phase of the Travis County HHS BPA project to acquire a **complete understanding of the HHS ecosystem and identify what's working well and what's not in the current state.**



Over 1,300 data points were collected, analyzed, and synthesized into specific themes and insights that highlight pain points and challenges in HHS' current systems and operations.



Understanding the complete HHS worker experience alongside identified insights, process and technology gaps, and improvement opportunities **provides direction for the subsequent phases** of the project where stakeholders will define priorities and begin planning for ECMS.



Project Approach & Activities





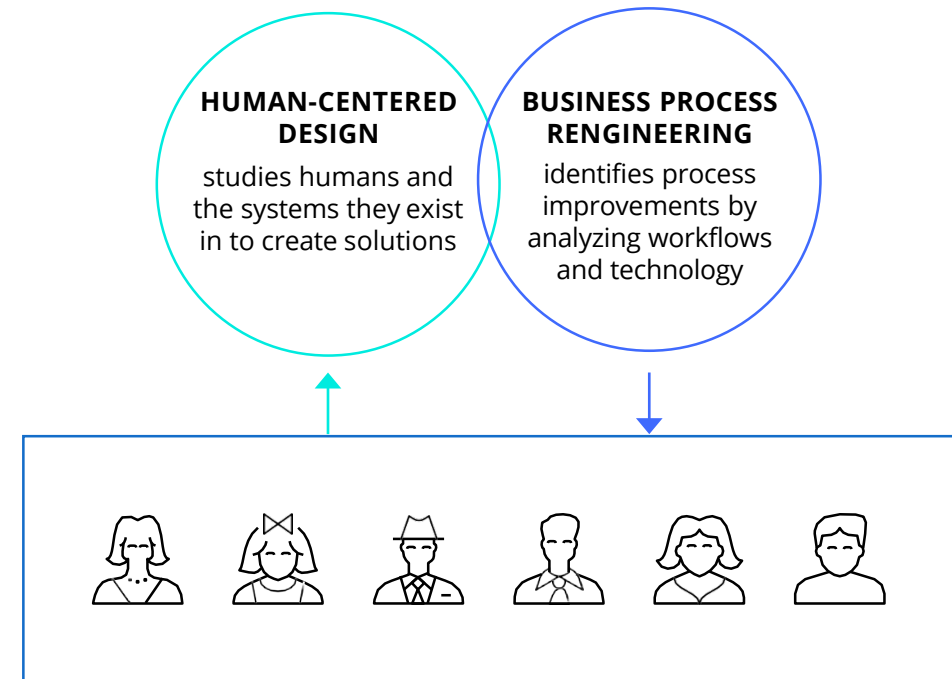
Research Overview

We integrated a traditional business process reengineering methodology with human-centered design to identify organizational improvement opportunities while keeping the HHS worker experience front-and-center for ECMS.

Approach

Human Centered Design (HCD) is a bottoms-up approach to systems development that starts by understanding people, their actions, decisions, and feelings. It is **best suited for complex, non-linear problems like implementing an enterprise client management system where services and staff roles vary from program to program.**

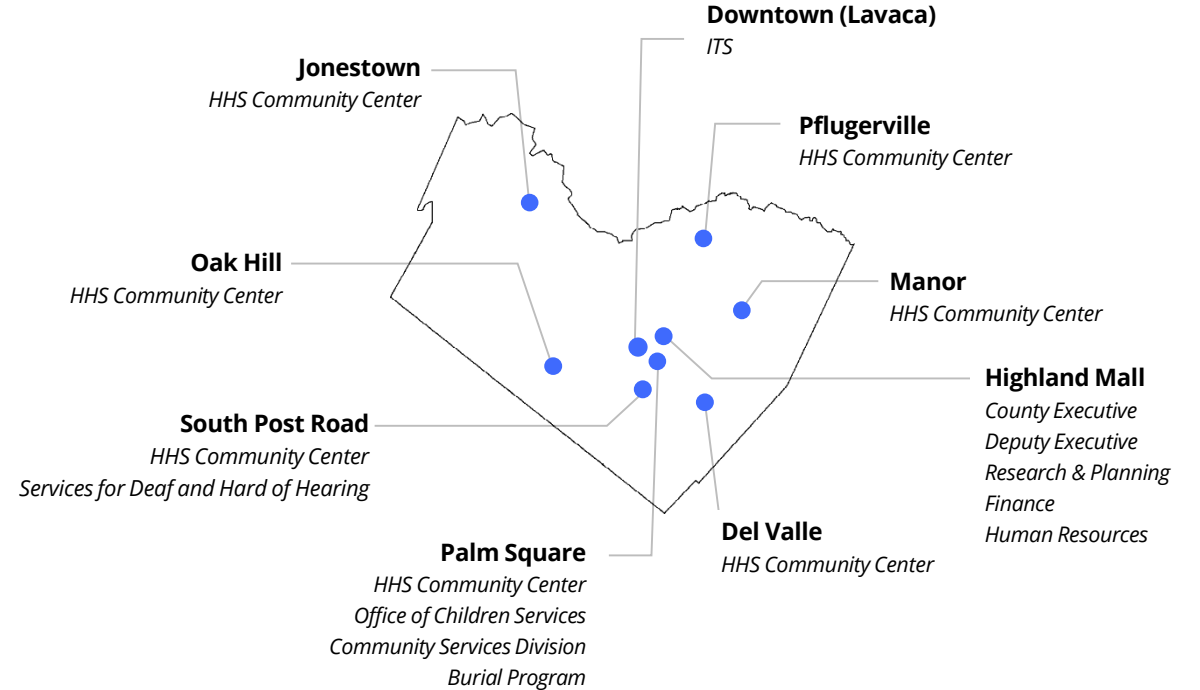
Whereas traditional business process reengineering focuses on a technology and process-driven hypothesis, combining an HCD approach means prioritizing the understanding of user needs upfront, then aligning outcomes with process and technology to create effective solutions.



OUR JOURNEY

We joined HHS program staff at Community Centers and offices across Travis County to gain first-hand **knowledge of the services, activities, and processes that HHS staff engage in daily**. We gave particular attention to the moments CABA or other applications were leveraged in the workflow to better **document existing behaviors and identify opportunities for improvement across all HHS divisions**.

Additionally, in response to guidance related to the COVID-19 pandemic, the Deloitte, ITS, and HHS project teams were able to **transition completely to virtual activities with little impact to project timeline or outputs**.



OUR METHODS

INPUTS

CENTER OBSERVATIONS

- Observed center operations and interactions between staff and clients applying for services
- Shed light on day-to-day processes and the emotional journey of case workers

CONTEXTUAL INQUIRY

- Sat alongside case workers while they completed tasks (including in CABA)
- Evaluated what worked well or could be improved in the process or flow

STAKEHOLDER INTERVIEWS

- Individual interviews with division leadership, center and program managers, and frontline staff
- Captured activities, responsibilities, and perspectives on technology and processes

CURRENT-STATE PROCESS SESSIONS

- Collaborative working sessions with subject matter experts to document end-to-end workflows across HHS programs
- Used to understand key moments, pain points, and bottlenecks

7

CENTER
OBSERVATIONS

73

INTERVIEWS

42

SESSIONS



1300+

DATA POINTS

OUTPUTS

INITIAL FINDINGS

Evaluated data points to understand the HHS ecosystem and identify initial findings regarding HHS' people, processes, and technology. These high-level findings are further refined through the development of insight statements.

INSIGHT STATEMENTS

Developed research insights by synthesizing observation, contextual inquiry, and interview data points into specific themes and areas of improvement.

MODES, MINDSETS, & JOURNEYS

Transformed themes and data points into meaningful, worker-centered patterns and relationships. Map interactions of modes based on the worker's perspective and needs in a journey-like format.

BUSINESS PROCESS MAPS

Captured key activities and decisions across targeted work streams to help visualize and identify existing pain points and challenges to inform both the worker journey and recommendations for the future state.

INPUTS/OUTPUTS ACROSS DIVISIONS

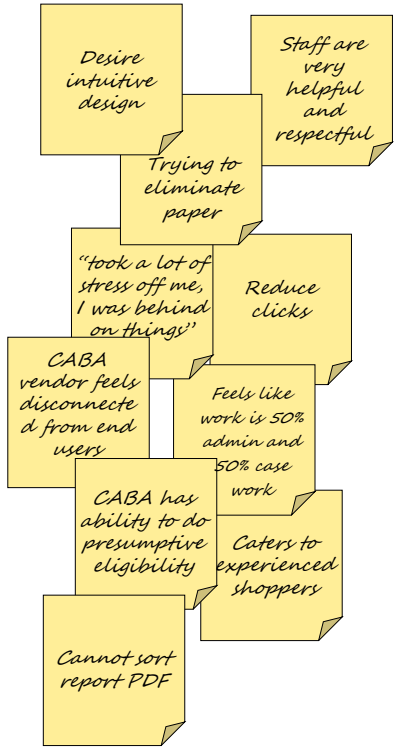
Divisions	Inputs				Outputs				Process Review and Documentation	
	Center Observations	Contextual Inquiry	Stakeholder Interviews	Process Sessions	Initial Findings	Insight Statements	Modes Mindsets & Journeys	Process Maps	Insights Report	Business Process Flows
Family Support Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Community Services Division			✓	✓	✓	✓	✓	✓	✓	✓
Office of Children Services			✓	✓	✓	✓	✓	✓	✓	✓
Finance			✓	✓	✓	✓	✓	✓	✓	✓
Human Resources*			✓							
Research & Planning*			✓							

*not originally include in RFP scope

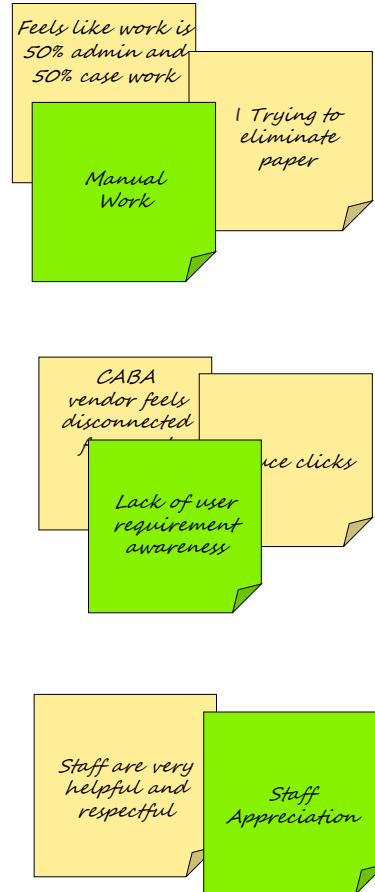
TURNING DATA INTO INSIGHTS

GATHER DATA POINTS

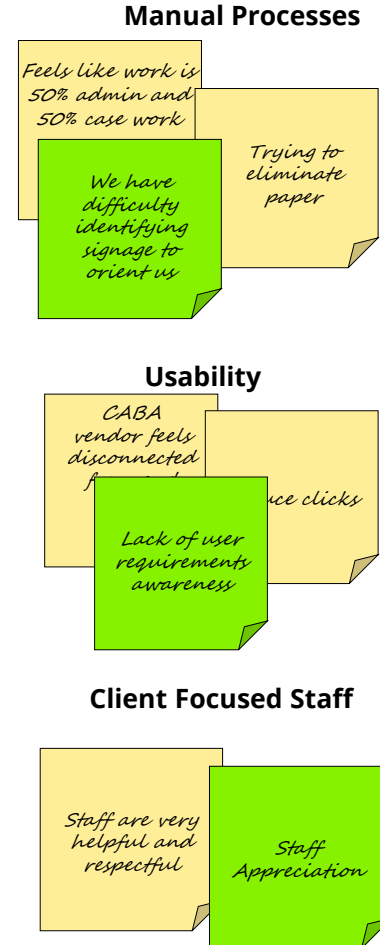
1300+
DATA POINTS



CLUSTER DATA



GENERATE THEMES



DEVELOP INSIGHTS

HHS SYSTEMS

I wish technology could help me make decisions and keep track of all the details.

HHS OPERATIONS

I wish there was a way to learn from staff in similar roles across HHS.

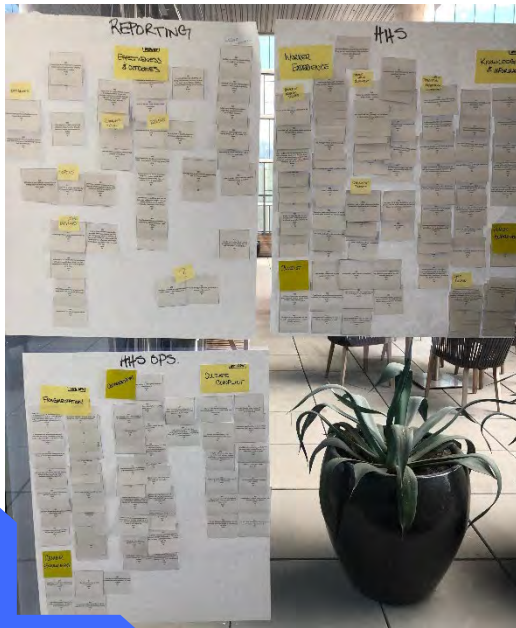
HHS SYSTEMS

I am constantly balancing client needs; I don't have time for a computer's needs.

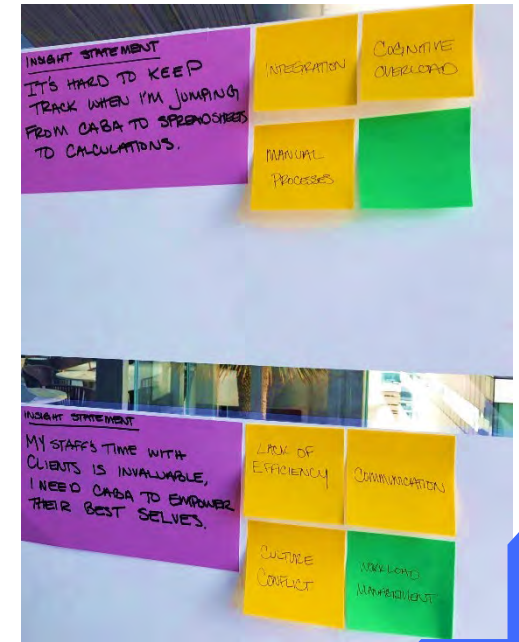
TURNING DATA INTO INSIGHTS

Using data from interviews, center observations, and current-state process sessions, **affinity diagramming** was performed to transform data into **meaningful insights**, customer-centered patterns, and relationships called **modes and mindsets**.

2. Each data point is read to begin grouping and identifying themes.



1. Notes, quotes, and observations are broken down into independent data points that are then printed.



3. From the themes identified, they are grouped by overlapping messages that then form meaningful insights.



Our Understanding

Through our research activities, the Deloitte team looked to acquire a complete understanding of the Travis County HHS environment, including programs offered, technology used, stakeholders involved, and clients served.

YOUR PROGRAM OFFERINGS

The Deloitte and ITS project team worked with managers, staff, and subject matter experts across the whole HHS to **fully understand your client service offerings.**

Family Support Services

- Utility Assistance/CEAP
- Clothes
- Food Pantry
- Rent/Mortgage
- Burial
- Supportive Case Manager Services
- Social Worker Services

Research & Planning

Community Services Division

- Housing/Weatherization
- Neighborhood Conference Committee
- Services for the Deaf and Hard of Hearing
- Summer Youth Employment Program
- Coming of Age

Finance

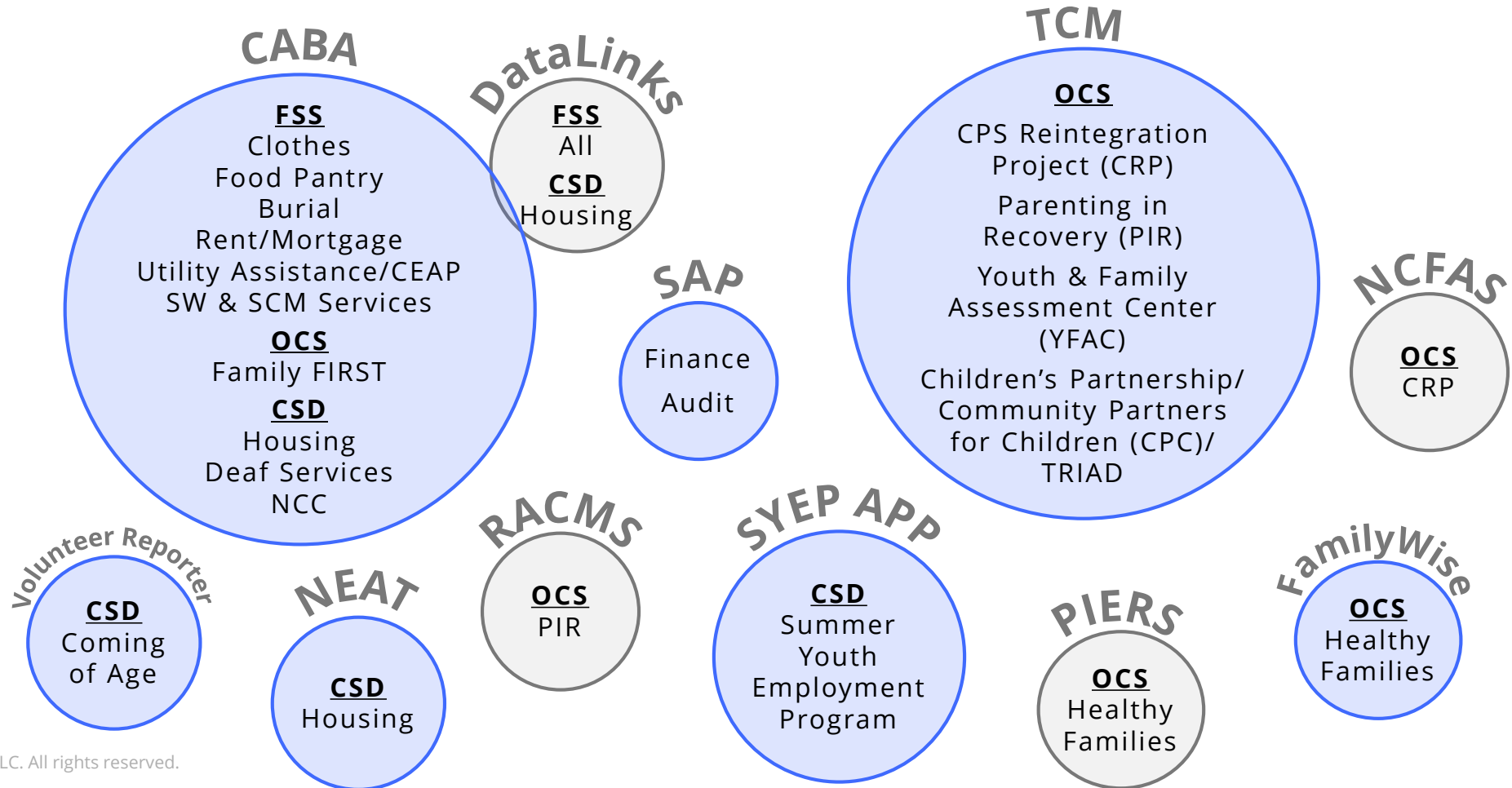
Office of Children Services

- Family FIRST
- Healthy Families
- Children's Partnership
 - Community Partners for Children
 - TRIAD
- Youth & Family Assessment Center
- Parenting in Recovery
- CPS Reintegration Project

Human Resources

YOUR TECHNOLOGY LANDSCAPE

HHS utilizes a **variety of software applications** to perform day-to-day tasks and deliver services to clients.

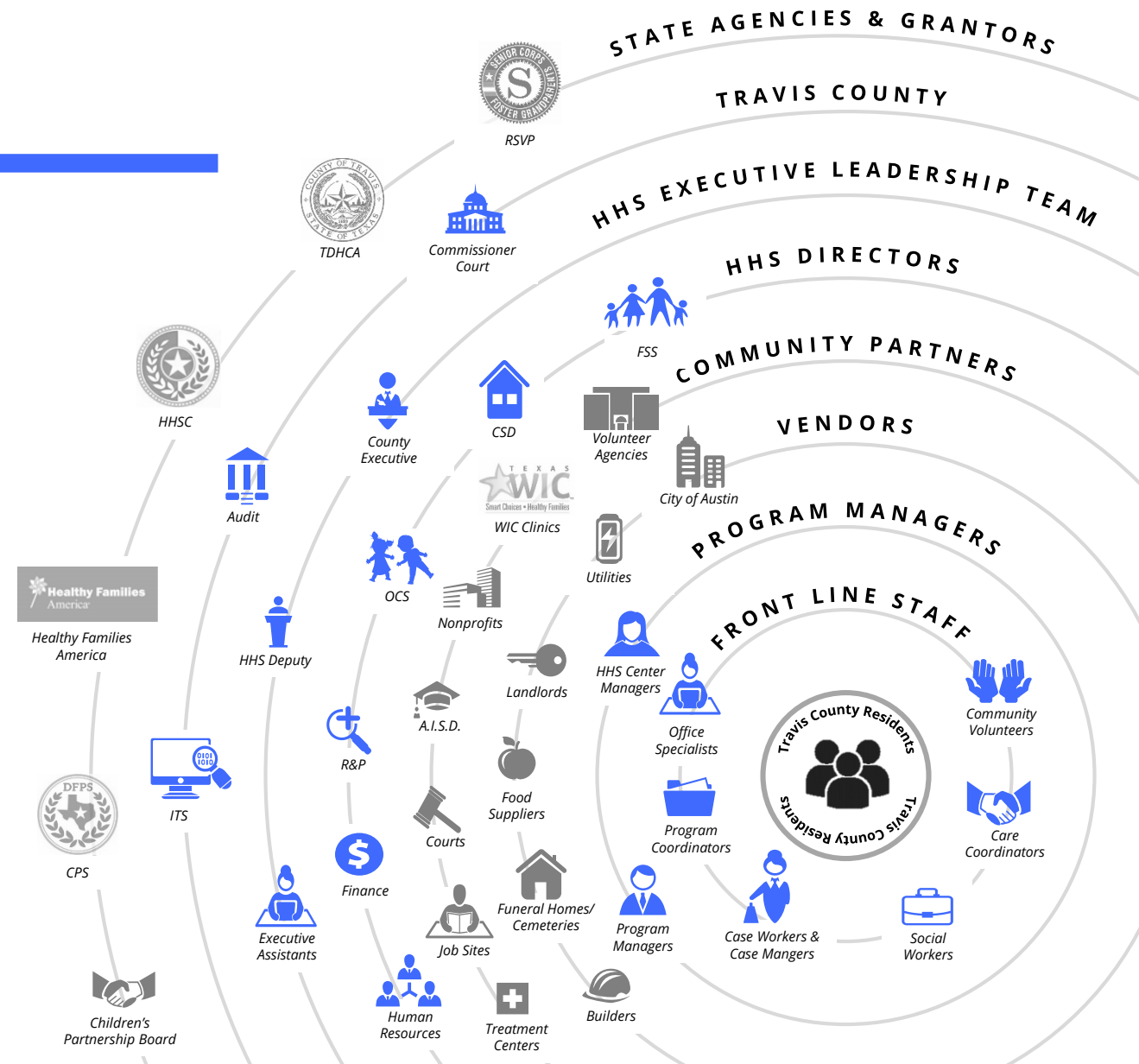


YOUR STAKEHOLDER ECOSYSTEM

We interacted with or identified a number of internal and external stakeholders who influence your funding, service delivery, and overall operations.

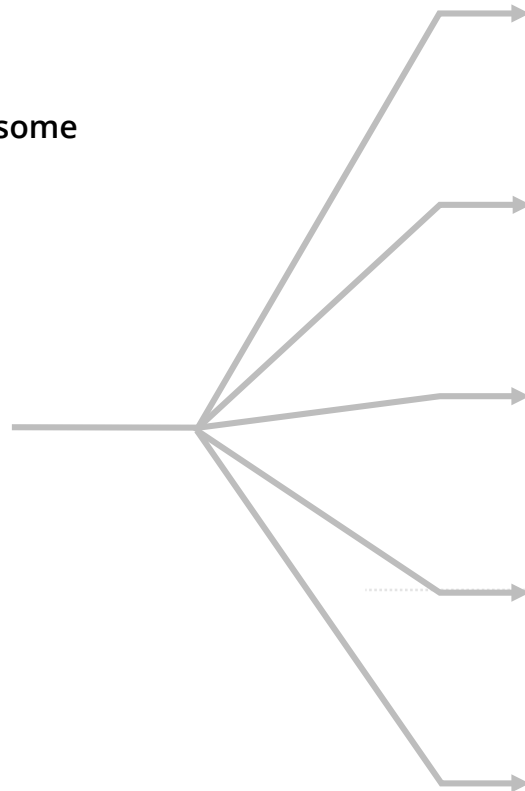
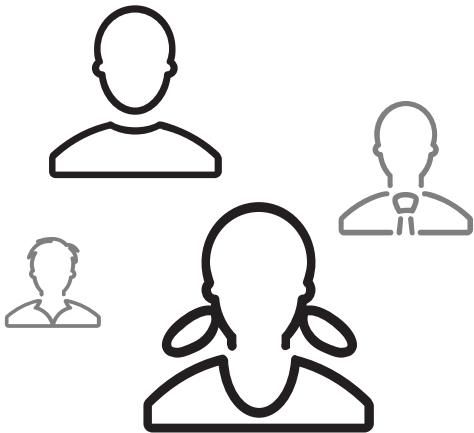
Understanding the role these stakeholders play within HHS helped us develop a holistic view of your organization.

- Internal Stakeholders
- External Stakeholders



WHO YOU SERVE

Through our center observations and conversations with program staff, the Deloitte team was able to extrapolate some [insights into the clients HHS serves](#).



- **Diverse client base**, including families, single and elderly individuals, children, single parents, homeless, and the formerly incarcerated
- Many **returning clients**, but some in the community are **not sure what HHS does** or how to learn about services
- Some **tech savvy**, others **averse to using computers**
- Some seeking **transactional services** (paying bills), others looking for more **hands-on support** (life coaching, education, parental guidance)
- Some accessing **compulsory services**, others taking advantage of **optional opportunities**
- May have **transportation difficulties** getting to centers or offices
- **Struggle submitting completed applications** with all required documentation



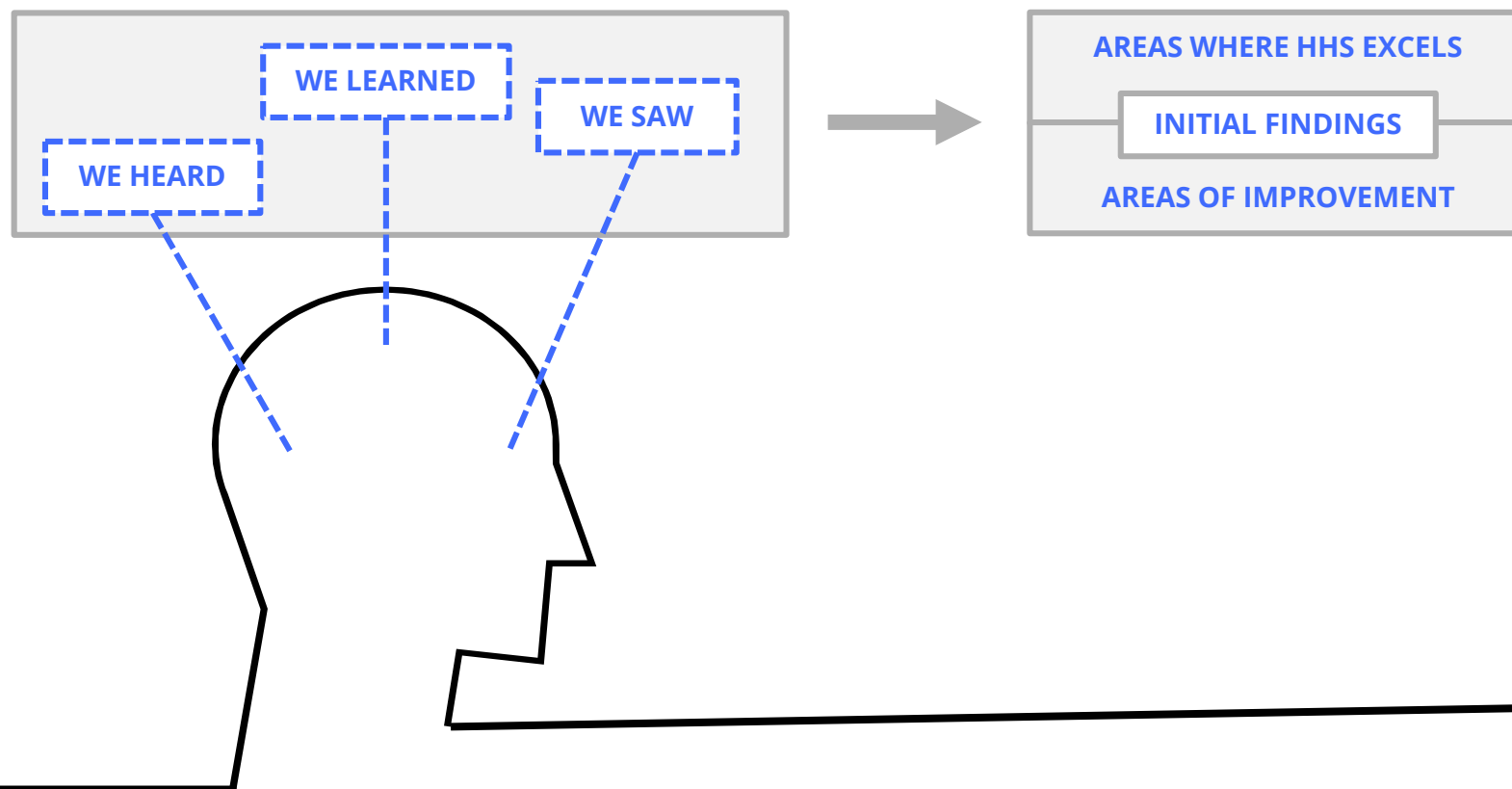
Initial Findings

After establishing a comprehensive understanding of the HHS ecosystem through research activities, the Deloitte team identified initial impressions and findings from the data we collected.

FIRST IMPRESSIONS

Through our various research methods, we collected a number of data points that revealed some **initial findings regarding what HHS is doing well and areas of improvement.**

Initial themes emerged which were subsequently refined through the rigorous affinity diagramming activity to develop deeper insights into this data.



WE HEARD

“Technology needs to support and ***enable us to deliver on our mission.***”

Reliance on Manual Processes

“It’s just ***paperwork, paperwork, paperwork.***”

“Much of my time is spent doing paper work unfortunately. **I would rather be in the community and working with clients**”

Accountability Concerns

“If we can't report on the program, ***we can't show value.***”

“It’s difficult to reasonably talk about or articulate ***if the resources are being used appropriately***”

Cumbersome Navigation

“CABA encourages human error because **it’s so clunky**”

“You have to open **multiple browsers on different screens to be able to navigate** multiple cases in CABA”

Desire for Simplicity

“Anything that we can do to **help make the front desk and caseworker job easier** is the most important”

“Computers need to do what computers do so that **humans are freed up to do human work**”

WE LEARNED

HHS leaders are committed to **empowering staff on the ground** to provide services quickly to clients
Worker Empowerment

There are **many programs, policies, and data systems** that require staff to expend a huge amount of mental energy to remember all the rules and how to use the systems
Cognitive Overload

HHS leadership and staff would like to be able to understand **program effectiveness and track clients** over time, but struggle with reporting functionality and data quality
Accountability Concerns

Office of Children Services **program staff feel isolated from HHS** despite shared clients
Limited Collaboration

There's a **heavy burden on the billing process** given an increase in transactions and CABA not communicating with SAP
Limited Integration

The **variety of active funding sources creates complexity** in delivering and reporting on client services
Reporting

WE SAW

Service Fragmentation

Center waiting rooms and program offices are organized to support and comfort clients...

...but clients also experience inconsistent interactions and initial contact across centers.

Staff are capable multi-taskers who go the extra mile to assist clients...

...but many departments and programs are understaffed and experiencing delays in filling these roles.

Siloed Channels

Program managers and staff utilize a variety of manuals, reference guides, and support documentation...

...but overly rely on super users, subject matter experts, and workarounds.

Managers look to improve day-to-day experience of their staff and understand workload constraints...

...but have to navigate communication silos and fragmented technology that restrict visibility into operational metrics.

Manual Processes

Experienced and knowledgeable staff understand how to process services (and try to do so quickly)...

...but are bogged down in manual processes, lack necessary software training, and do not fully utilize available technology tools.

Cognitive Overload

Operations Friction

WHAT'S WORKING WELL

Initial Moves Toward Standardization

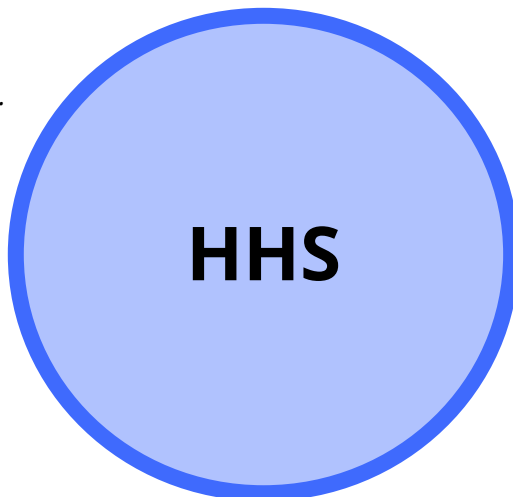
HHS community centers offer a variety of services, many of which require considerable effort in processing and delivering. FSS has successfully streamlined components of their service delivery through their single application approach and standardizing application processing procedures.

Breadth of HHS Service Offerings

In comparison to other counties, Travis County offers a wide array of programs. Additionally, the same services offered at Travis County are often more robust and complete than those in other counties which are sometimes managed by other entities entirely (e.g. nonprofits).

Emphasis on Client Service

From top to bottom, HHS staff value client service above all else and are aligned to the agency's mission to support vulnerable residents and invest in quality programming. This is reflected in the FSS customer satisfaction surveys, in which 98.5% of clients who responded reported being "satisfied" or "very satisfied" with services received.



Supportive of Talented Staff & Volunteers

HHS leadership frequently mentioned how improving the day-to-day of their experienced staff and volunteers was an extremely high priority. Not only by making their jobs easier, but also empowering staff to succeed and get more fulfillment through delivering client services.

Proactive Solutioning for Manual & Tech Processes

Though HHS lacks a number of technology tools and resources for formal training delivery, staff have been able to creatively identify workarounds or develop offline documentation to assist them with their work.

Alignment Around Push for Paperless

HHS leaders and staff are driven to get to a future state where the agency does not rely so much on paper or physical case files. This includes pushing applications and documents to online storage platforms allowing for more long-term sustainability and less paper and files in offices.



"Best part of my day is knowing that I've helped a lot of people who are really in need."

AREAS OF IMPROVEMENT

Inconsistent Program Delivery Across the Enterprise

While the emphasis on customer service is prevalent across HHS programs, the manner in which a client receives services varies considerably. The broad variety of services offered has resulted in a number of operationally distinct delivery methods and creates a challenge in standardizing enterprise-wide.

SERVICE FRAGMENTATION

Inability to Understand Complete Client Story

Due to limitations in technology integration and organizational collaboration, program staff have difficulty understanding the holistic client story. This has made it difficult for HHS staff to more fully understand client needs and better align services.

INTEGRATION

Varied Technology Adoption & Knowledge Sharing

Technology adoption has evolved and transformed independently within divisions and programs, leading to a wide range in the techniques the organization applies while working with client population. Efficiencies gained in one program are often not shared with another, leading to missed opportunities for organizational growth.

SILOED CHANNELS

HHS

Overreliance on Paper & Manual Processes

The lack of client intake portals and digital forms creates paper trails and results in increased data entry and manual processes. HHS still relies heavily on paper files over electronic storage, restricting how staff access information and organize client service activities.

MANUAL PROCESSES

Issues Managing Workload & Staffing Needs

Many programs reported staffing vacancies or concerns regarding long-term staff turnover (due to retirement). Program managers and staff expressed frustration in the process to fill these vacancies and challenges in managing workload.

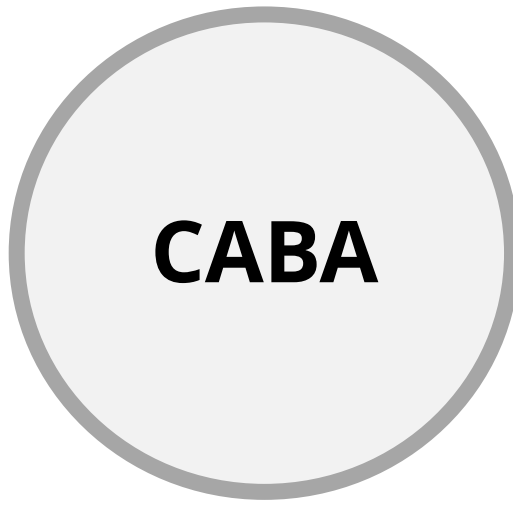
WORKLOAD MANAGEMENT

Poor Reporting & Program Evaluation Tools

Managers, division heads, and R&P staff have developed a variety of different methods to comply with grant and funding reporting requirements. However, without access to quality data and the right tools, HHS decision-makers and stakeholders are unable to truly understand what's happening across the enterprise or accurately measure program effectiveness.

REPORTING

CABA LIMITATIONS



Frustration with CABA Navigation

Staff expressed frustration with CABA requiring “too many clicks” to perform basic tasks like printing or searching. Other challenges include: navigating from CABA to DataLinks, accessing case notes, sifting through visible but unused fields, and not being able to easily save progress.

NAVIGATION

No Integration With Other Systems

CABA is not integrated with other key systems, such as the check-in system, or SAP. This requires staff to perform manual or duplicative data entry, validate information across multiple sources, and create workarounds to deliver services.

INTEGRATION

Limited Reporting Functionality

Programs use a combination of CABA, SharePoint, and manual tracking in Excel for reporting purposes due to a limited ability to collect and export reliable data. CABA does not currently provide any dashboards or “quick view” options for managers or frontline staff to access useful metrics.

REPORTING

Strained IT Channels & Varied System Knowledge

With no designated system admin, knowledge gaps pertaining to CABA are wide spread within HHS and ITS with most staff relying on “super users” for guidance. Additionally, the limited communication channels between HHS, ITS, and the CABA vendor have created in a disconnect in configuring CABA to better align with HHS needs.

COMMUNICATION

COLLABORATION

Limited or Absent System Checks

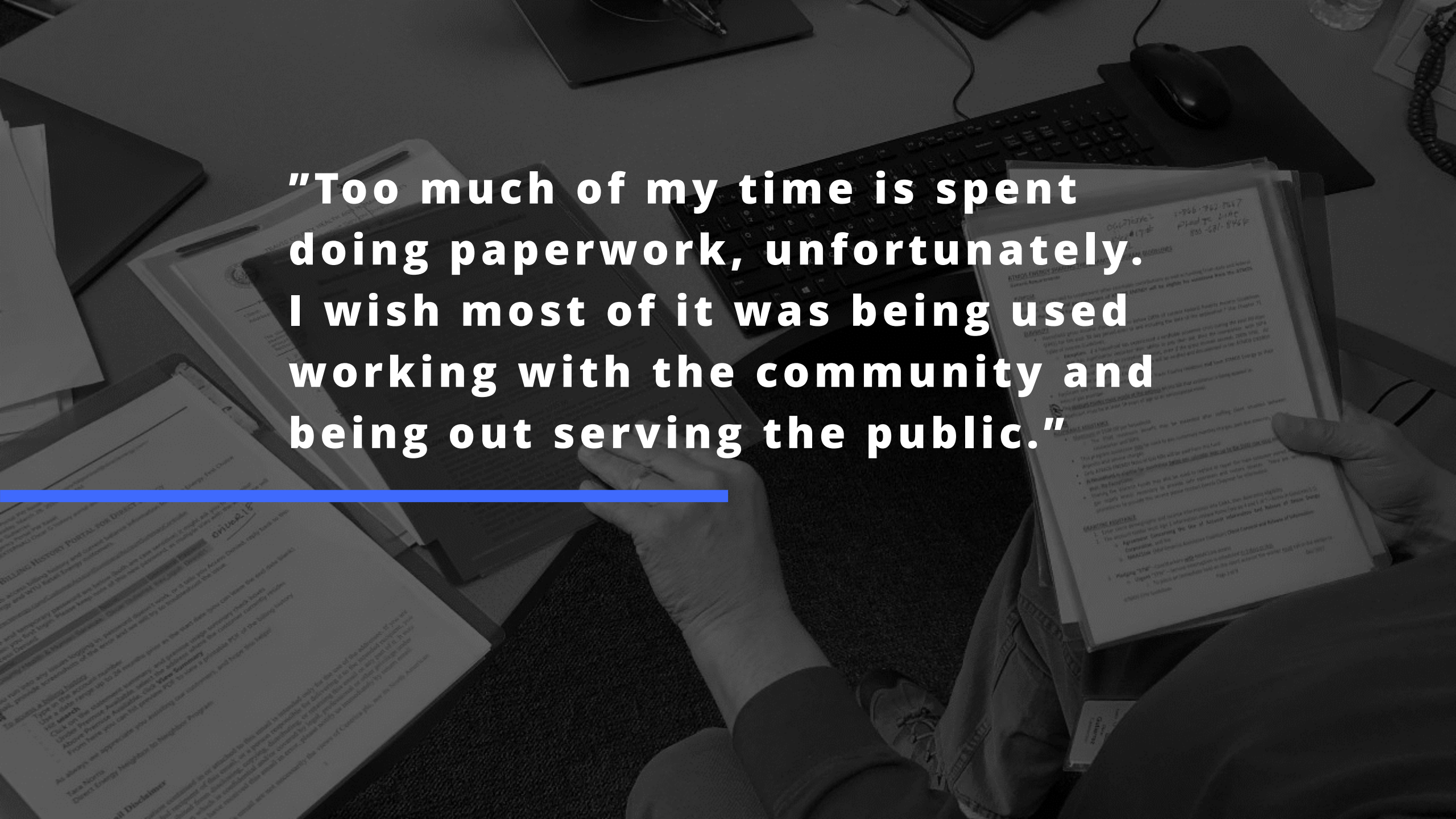
CABA is missing a number of components that could assist workers with application processing, including eligibility determination, more robust budget calculation, alerts or reminders, and validation messages to catch user error. Staff also expressed a desire for improved address, income, and citizenship verification services.

INTEGRATION

Poor Search Functionality & Limited Visibility Into Client Data

Staff struggle considerably with CABA’s search functionality when looking to identify individuals or perform client inquiry activities. Similarly, the partition structure restricts visibility into client data and case notes. Case workers expend time calling or emailing colleagues to get basic client information or outcomes instead of simply accessing from the system.

NAVIGATION



**“Too much of my time is spent
doing paperwork, unfortunately.
I wish most of it was being used
working with the community and
being out serving the public.”**

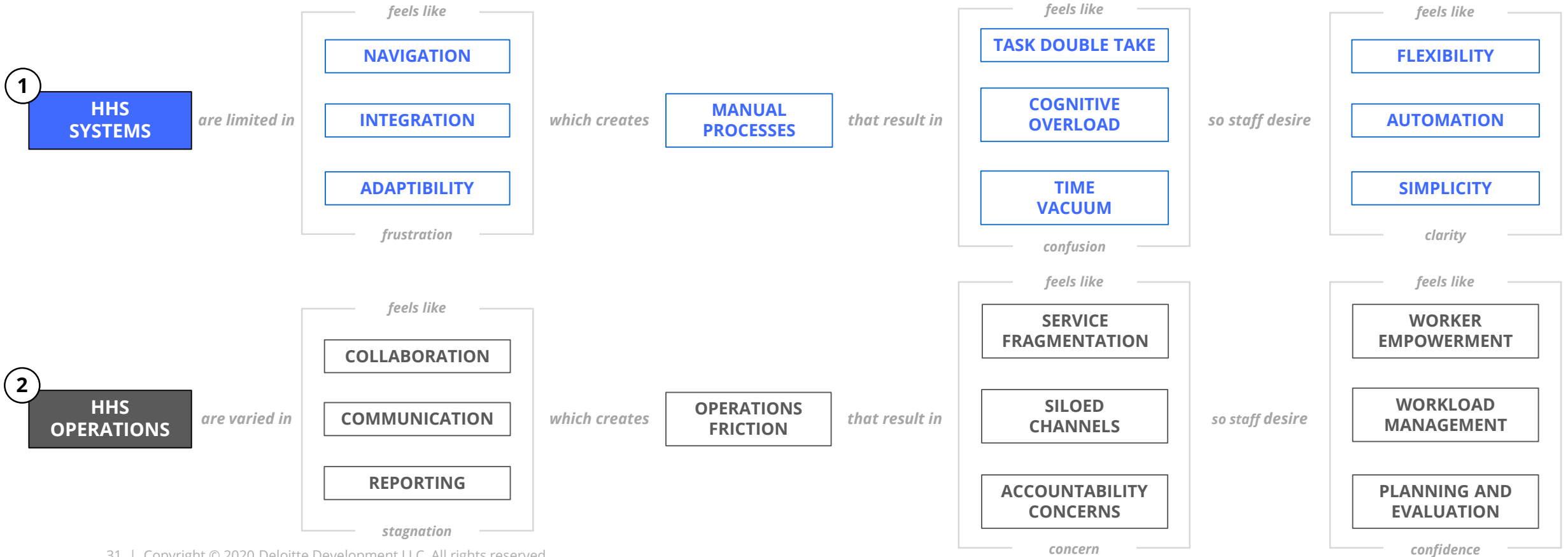


Insight Statements

Initial findings are further refined through the development of insight statements, which are formed by synthesizing observation, contextual inquiry, and interview data points into specific themes that detail pain points and areas of improvement.

RESEARCH THEMES STORYLINE

By analyzing 1300+ data points and coupled with our initial findings, a storyline for the CABA system, HHS systems overall, and HHS operations emerged with themes for the worker experience. Each storyline is intended to be read across and insight statements about each of these themes are in the subsequent pages.



Insight Statements

WHAT THEY ARE

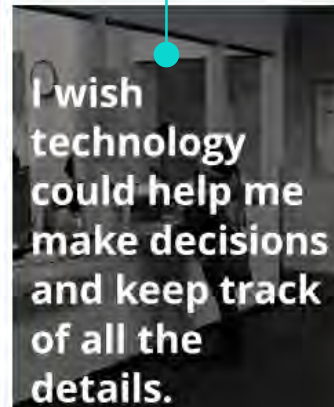
Insights are the **output of synthesis from observations, interviews, and current-state process sessions**. They represent staff feedback that is consolidated into common sentiments of various worker mindsets within their journey.

WHY THEY ARE IMPORTANT

Insights **help us to understand a system or situation based on evidence from real workers**. Using insights, we're able to empathetically determine workers' sentiments and challenges to develop real, actionable opportunities to improve a worker's experience.

Insight statements describe a common problem or a sentiment from worker data.

Theme comments describe the impact, importance, or significance of the insight statement.



I wish technology could help me make decisions and keep track of all the details.

Cognitive Overload

Clients accessing Travis County's services are often in high-need situations and require staff's full attention and intellectual reserves to address their needs. Very quickly, **workers are overwhelmed by balancing the needs of clients with the amount of information required to process an application** or referral from multiple vendors, policies, and client details. Add in constant updates to software, changing eligibility and program requirements, and a lack of knowledge of how to operate technology efficiently, and **workers find themselves distracted and making mistakes they otherwise would not have due to the demands to stay organized**.

"When they [workers] think they are finished with something and someone catches an error and has to rework - its frustrating."
"Need a system that works, doesn't put so much of the liability and reliability on them [workers], some days they just miss."
"You learn different strategies and techniques."

- Workers are consistently looking to tools or asking colleagues for guidance on policy
- Workers believe that 50% of their daily work is administration and data entry because of the multiple checks and backsteps in CABA
- Workers have created personal systems such as individual folders for each vendor to remember key guidelines increasing duplication and manual processes
- Reporting priorities to grantors, eligibility requirements for programs, and forms are frequently changing
- Staff are often determining eligibility or making decisions on behalf of clients from the "top of their heads"

Examples of pain points, barriers, and frustrations for workers in context to theme and statement.

Worker quotes from the field research to substantiate and support themes.



I want
technology
to partner with
me as much as
I do with my
clients.

HHS SYSTEMS

Navigation

Users across HHS' software applications feel bogged down by paperwork and data entry. Staff expressed a **desire for technology to streamline processes and allow easier navigation between systems and tasks**, so that they can spend more time on direct client services.

Workers using CABA experience difficulties ranging from system errors to limited search issues to irrelevant functions. **Workers do not feel like they can rely on CABA for predictable workflows each day** as they navigate through multiple clicks to complete tasks and feel like **time is taken away from client interactions**.

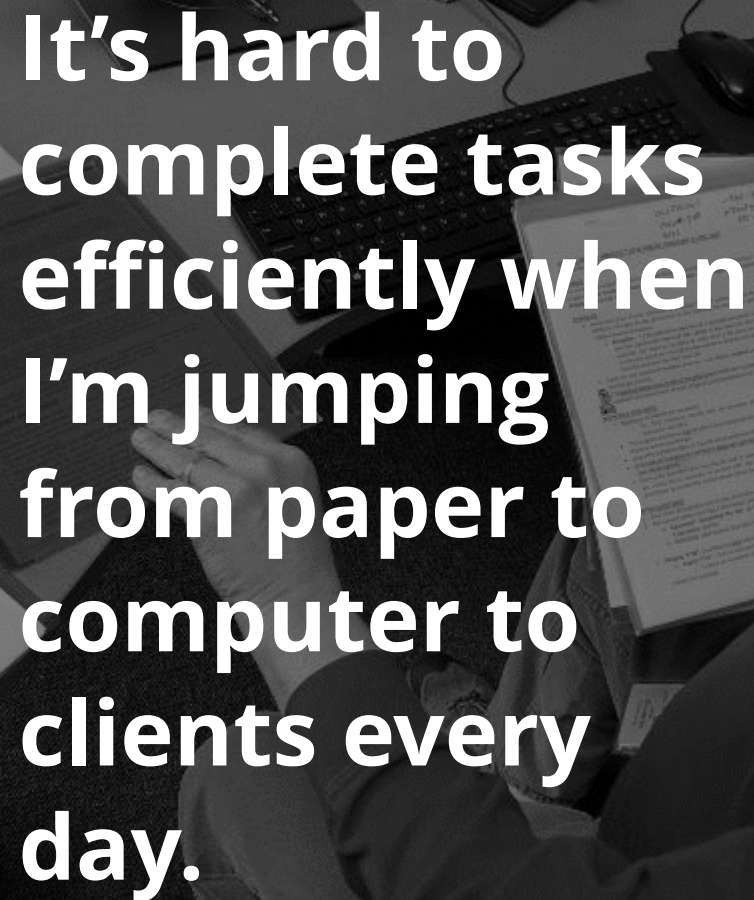
"Oh wait, I forgot I have to go here [in CABA]."

"[I want] one or two touches of a button and I'm there"

"I can't enter notes throughout the whole process because CABA will not let me edit them."

"50% of day wasted navigating various platforms and systems"

- Unable to view two cases at once, users often have CABA open across multiple web browsers to more efficiently perform daily tasks
- HHS staff across all divisions feel that client intake software is not well-aligned with their day-to-day tasks or service delivery models
- Searching for an individual in CABA is cumbersome, inefficient, and unreliable, often requiring additional tasks to resolve due to duplicate records
- OCS and CSD staff that currently use CABA feel their programs have been "force fit" out of necessity rather than designed to compliment program delivery



It's hard to complete tasks efficiently when I'm jumping from paper to computer to clients every day.

HHS SYSTEMS

Integration

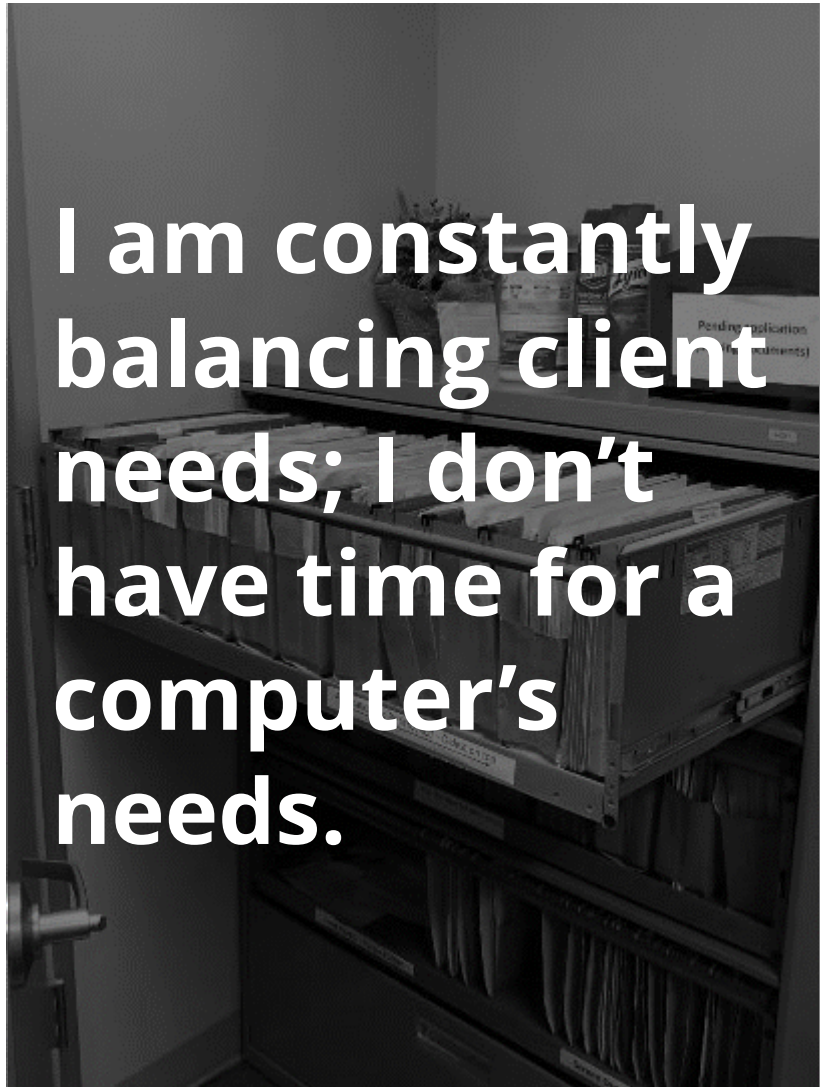
Limited integration across HHS' software applications restricts visibility into client information, limits worker capacity, and slows workflow while processes become fragmented. Workers move from paper forms to software programs to Excel to phone calls just to process a single individual. In CABA, client addresses and income can't be verified, requiring manual searches to external websites or other tasks to determine eligibility. Staff feel the **burden to process applications or referrals accurately and efficiently using a variety of disconnected tools and information sources.**

"Desperation breeds falsification, and our income verification system is very weak."

"The export/import to Datalinks is where the big mess is."

"Fragmentation of the IT systems and lack of integration...it's bad stewardship of resources."

- A lack of client intake portals or check-in systems and digital applications not integrating with program software results in manual data entry
- Workers scan and print paperwork to enter client information and create paper files
- Program software is not integrated with finance/funding applications (SAP) or other external applications or services, such as income verification or Child Protective Services
- Workarounds like Datalinks have been established in order to integrate worker portals like CABA with notices or forms, but data exported to DataLinks is inconsistent and not trusted by users
- Users are required to access external resources (e.g. Immigration website to verify SSNs), causing staff anxiety regarding inputting incorrect information and delays in processing services



I am constantly balancing client needs; I don't have time for a computer's needs.

HHS SYSTEMS

Adaptability

Some HHS software applications have **limited ability to adapt to the changing demands of Travis County HHS, thus restricting capacity of workers on the ground**. While program policy, grant reporting, and state/federal requirement changes are to be expected in an HHS organization, these updates can directly affect workflow and increase end-user frustration if technology is incapable of adapting accordingly.

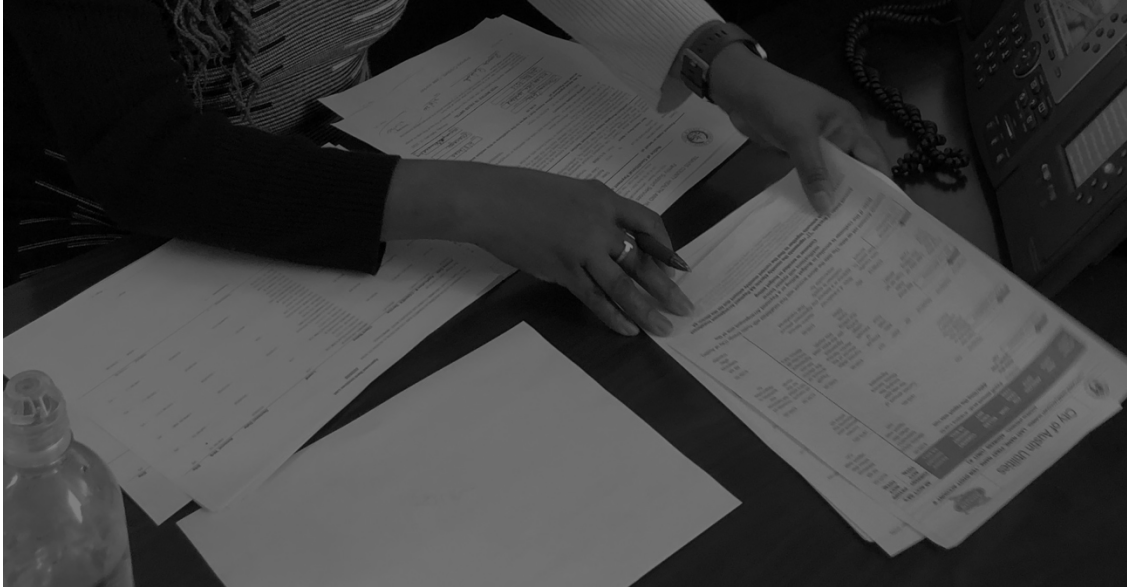
Additionally, without clear communication of the various updates, **CABA feels like a fragmented system, increasing opportunities for workers to make mistakes which leaves them frustrated and resigned**. Similarly, updates to TCM pull staff resources away from clients and often result in work stoppages.

“Support the work that we do without workarounds or things like Datalinks.”

“There have been cases where we go by the address in CABA and a client that wasn't supposed to receive benefits was validated.”

“TCM is unwieldy and difficult to manage”

- Trying to print from CABA takes an excess of 4-8 clicks leaving workers uncertain as to why the process is redundant
- There is currently no CABA System Admin to support configurations that may better support staff and program needs
- Workers receive client documents via email or paper, which can't be uploaded to CABA
- Workers employ workarounds like accessing external websites or using offline spreadsheets to validate or track information



Manual Processes

HHS workers are a group of proactive problem solvers supporting the complex service needs of clients which require attention and time. Technology gaps and CABA's limited navigation, integration, and adaptability have resulted in a reliance on manual processes to complete even basic tasks, creating a frustrating and confusing worker experience.

Task Double Take

Center Managers are manually sorting upwards of 300 invoices, hand verifying client information to complete billing, and pulling reports from CABA at least twice in the process.

Creating both paper files and using software programs (case notes) to keep track of serving clients often requires duplicate data entry or repetition of a task.

Cognitive Overload

Contacting vendors, community partners, and clients uses a lot mental energy and troubleshooting, including additional emails, calls, or home visits.

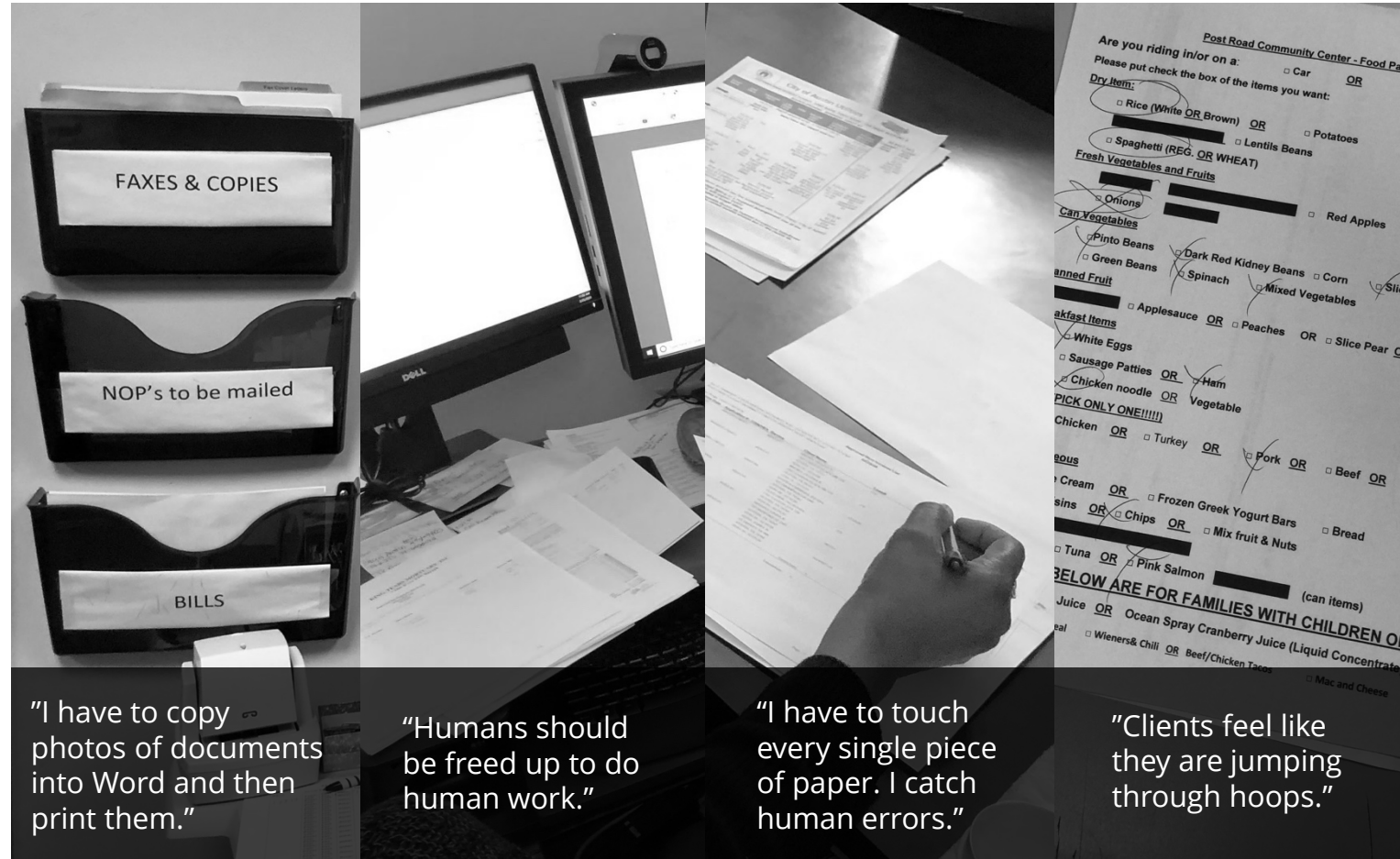
With multiple excel spreadsheets to keep track of vendor payments, appointments, missing client information, workers can get lost in the details at times.

Time Vacuum

Even with heavily utilized tools to support workflow efficiency, workers often have to access various information sources to at a time to complete basic tasks.

Workers are individually conducting hand calculations or “mental math” to determine if a client is eligible or a good fit for services and then entering information into program software.

MANUAL PROCESSES

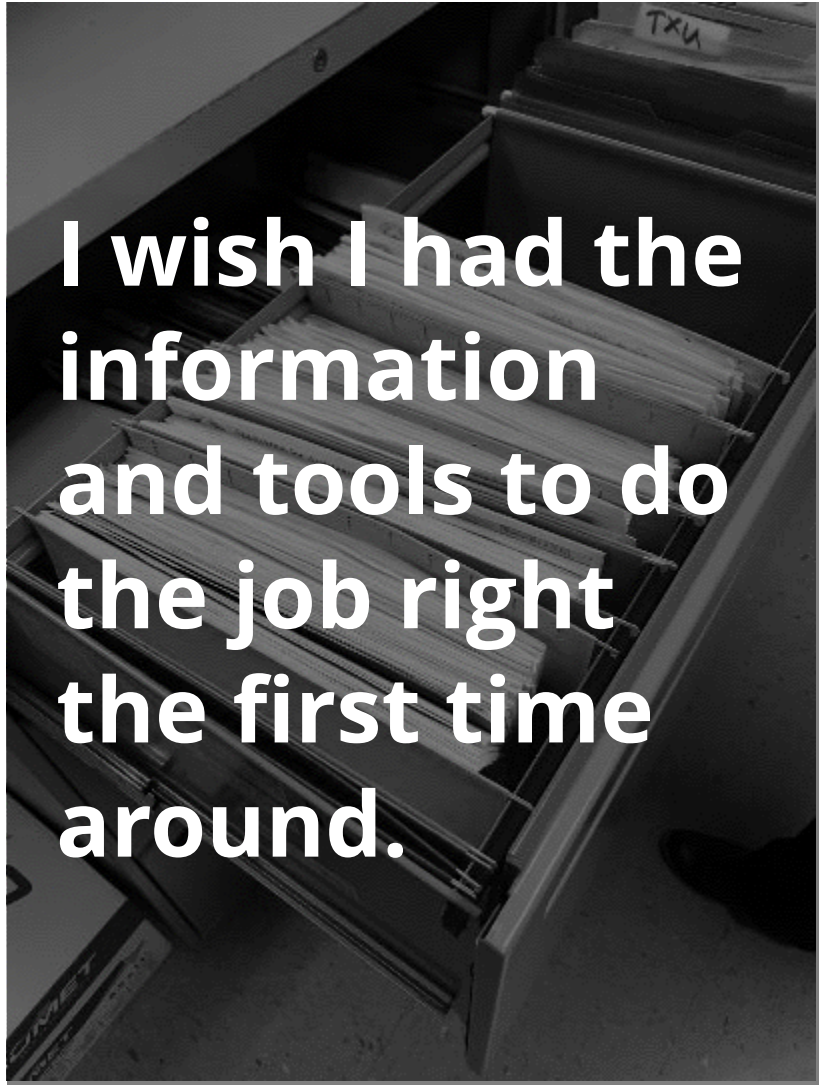


"I have to copy photos of documents into Word and then print them."

"Humans should be freed up to do human work."

"I have to touch every single piece of paper. I catch human errors."

"Clients feel like they are jumping through hoops."



I wish I had the information and tools to do the job right the first time around.

HHS SYSTEMS

Task Double Take

Due to the navigation limitations of CABA and lack of robust client intake software overall at HHS, **workers are spending time duplicating tasks. This includes tracking applications and referrals in paper form, spreadsheets, emails, and software applications.** Case notes are often tracked offline then later entered into the respective software program. With CABA, **system errors and manual data updates require workers to constantly double-check fields when entering client information.**

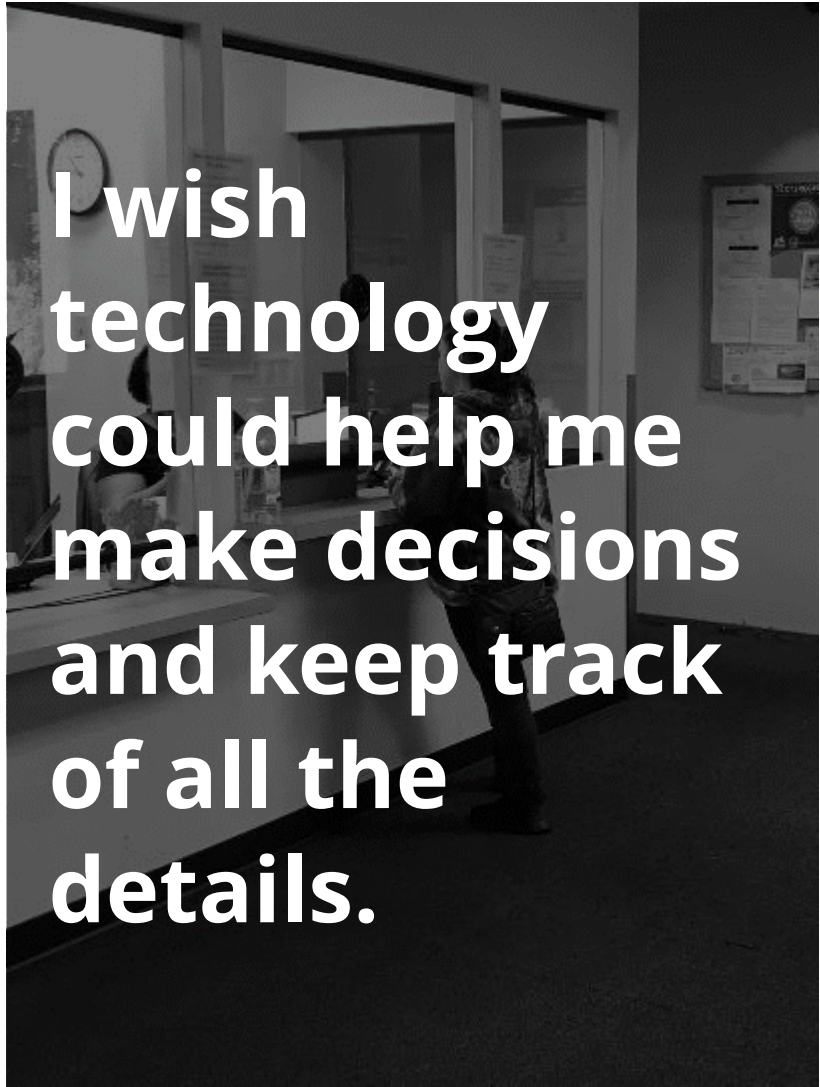
“Sometimes you get lost [toggling].”

“I don’t like to do double work. It’s a huge waste of staff time.”

“I want us to be efficient in every process. We take a lot of time.”

“Instead of being a solution, more often than not [CABA is] a problem.”

- Manual processes and lack of integration between software results in different groups repeating tasks when processing FSS service postings
- Workers consistently noted overwhelming frustration in using CABA, losing track of what task they are on, and described it as the “worst part of their day”
- Workers making home visits or who are otherwise out-of-office to assist clients often have to transfer hand-written or offline case notes into a system
- The partition system and limited visibility of case notes requires workers to toggle between program partitions and continuously handwrite client case numbers to find accurate files



I wish
technology
could help me
make decisions
and keep track
of all the
details.

HHS SYSTEMS

Cognitive Overload

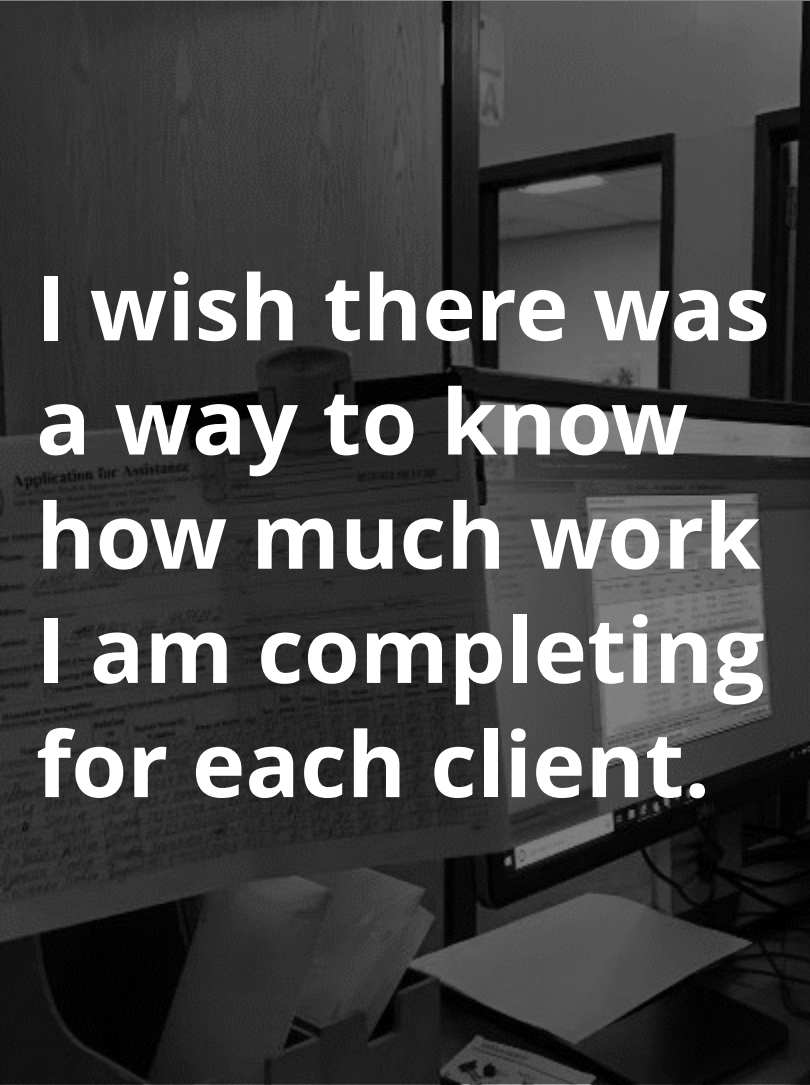
Clients accessing Travis County's services are often in high-need situations and require staff's full attention and intellectual reserves to address their needs. Very quickly, **workers are overwhelmed by balancing the needs of clients with the amount of information required to process an application** or referral from multiple vendors, policies, and client details. Add in constant updates to software, changing eligibility and program requirements, and a lack of knowledge of how to operate technology efficiently, and **workers find themselves distracted and making mistakes they otherwise would not have due to the demands to stay organized.**

"When they [workers] think they are finished with something and someone catches an error and has to rework - its frustrating."

"Need a system that works, doesn't put so much of the liability and reliability on them [workers], some days they just miss."

"You learn different strategies and techniques."

- Workers are consistently looking to tools or asking colleagues for guidance on policy
- Workers believe that much of their daily work is administration and data entry because of the multiple checks and backsteps in CABA
- Workers have created personal systems such as individual folders for each vendor to remember key guidelines increasing duplication and manual processes
- Reporting priorities to grantors, eligibility requirements for programs, and forms are frequently changing
- Staff are often determining eligibility or making decisions on behalf of clients from the "top of their heads"



**I wish there was
a way to know
how much work
I am completing
for each client.**

HHS SYSTEMS

Time Vacuum

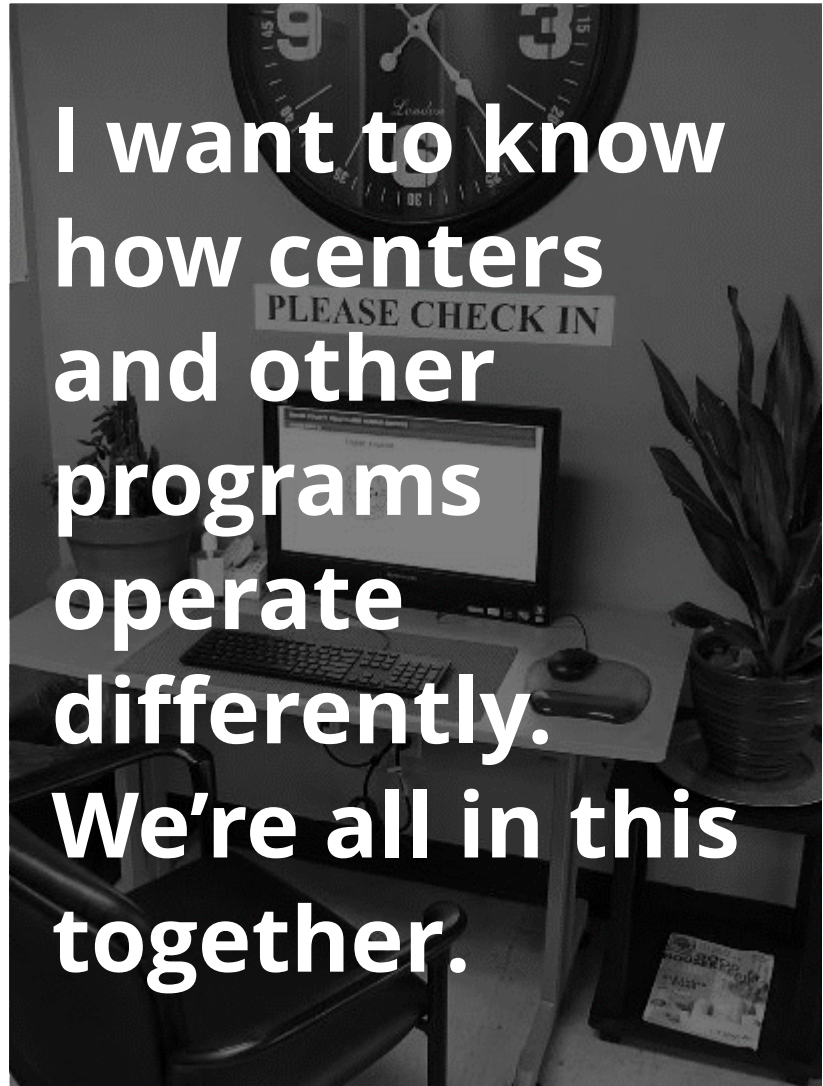
The **limited adaptability of CABA leaves workers feeling stagnant to adapt to the changing needs of clients in Travis County.** Quite often staff are completing additional tasks like calling IT when locked out of CABA or sorting duplicate information on paper. Workarounds are utilized to move applications forward, but workers are often left thinking that “there has got to be something better”. Similarly, other HHS program staff want to better understand time spent on certain tasks or assisting clients. In general, **staff expressed that wasted time feels like a disservice to clients and county funds.**

“I feel like a documenter. 50% of my time is documenting.”

“I want to know how much money we are passing out in assistance vs. how much money were paying to pass out assistance.”

“We are always winging our work right or left.”

- Alternative billing methods allow staff to average consumption and mark no service history, creating a potential audit risk for HHS
- Workers are unable to assign and hold dollar amounts for clients, inspiring “shark hunting” where workers keep their eyes on low grant funds to ensure their clients are allocated funding opportunities first
- Workers have created a color-coded flag system in Outlook as a workload tracker and assignment tool
- Care coordinators spend time gathering documents, signatures, etc. that take time, which decreases capacity to be able to do the rapport building, and engagement with family



HHS OPERATIONS

Collaboration

Within HHS programs and community centers, there is a **desire and drive toward collaboration when troubleshooting and knowledge sharing in real-time.**

Workers pick up the slack when needed, often covering the front desk, gathering a food pantry package, or simply providing guidance to a colleague. However, at a procedural and enterprise-wide level, collaboration varies considerably across HHS despite most staff expressing a clear desire to better understand how other centers or programs serve clients. Within FSS, social workers specifically stated their collaboration experience varies based on location, often due to the nature of the work. Staff relayed that **collaboration is particularly important given increased demand for services, understaffed programs, and greater reliance on technology.**

“We work very independently but will Skype and text each other with question such as how to handle different cases.”

“I want to visit other centers to learn how they set up services.”

“I feel like a mobile employee. It feels like I’m just using an office.”

“Use to collaborate a lot with FSS, not as much now; centers, programs, areas feel siloed.”

- While certain executive-level staff “touch” operations across divisions, there is not a well-defined relationship between programs
- Workers are at times unsure how to problem solve or provide status updates for programs outside their caseload
- Many program staff have expressed feelings that their role or program is deemed lower priority and that they operate in two different entities instead of a unified HHS



My staff's time with clients is invaluable. I need tools to empower their best selves.

HHS OPERATIONS

Communication

Communication across HHS divisions, centers, programs, and partners is often limited or sometimes absent altogether. Due to the variety of services provided, **workers find themselves uncertain regarding policy updates, workload management, and delays in processing services.** These challenges exist both operationally through mixed guidance from managers and leadership, as well as with technology via restricted communication channels between HHS, ITS, and software vendors. **Without tools or processes to share knowledge, workload, and best practices, workers are relying on trust and best judgement to aid in decision-making.**

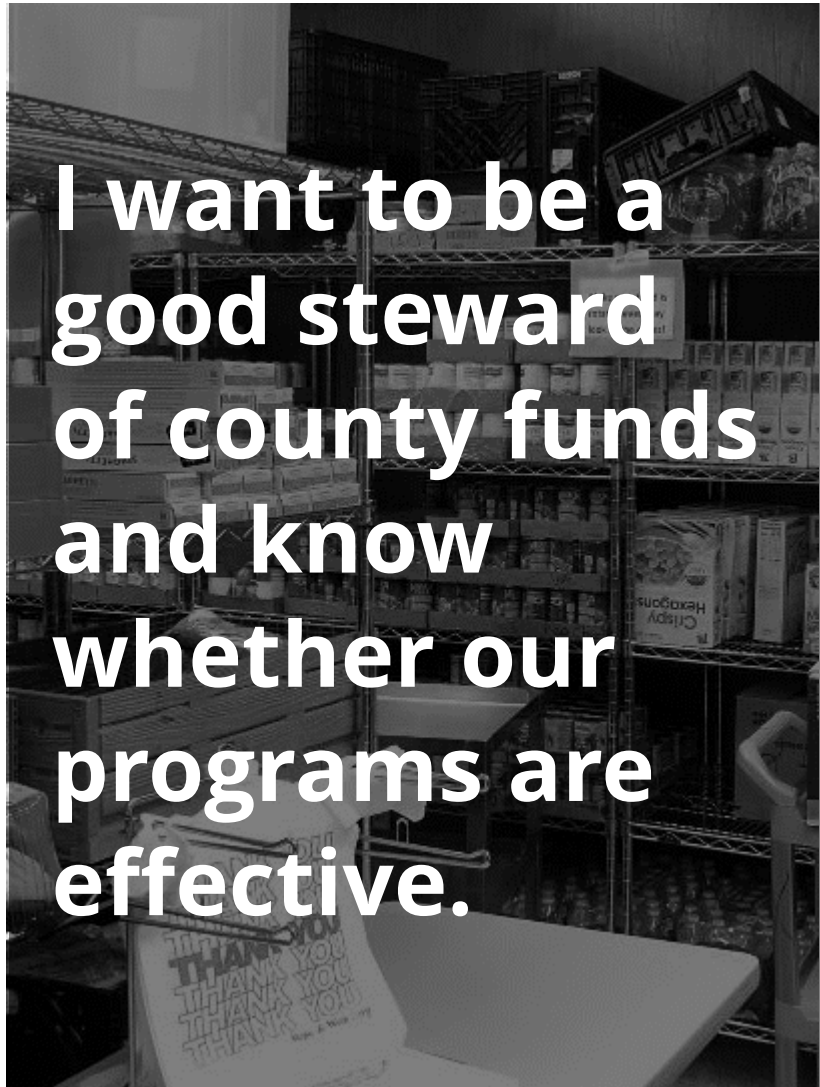
“CABA changes don’t always align with policy changes of FSS.”

“[I want] more inter-office communication to do warm hand offs”

“IT makes changes and does not communicate to front line staff.”

“A lot of emails that go around between staff, sometimes emails don’t make sense to me. I have to make judgements.”

- With a lack of formal training resources to learn how to use CABA and without system administrator currently staffed, knowledge is held by a handful of workers
- End-users often do not receive notice when a program software has been updated or scheduled maintenance occurs
- Workers consistently reach out to fellow program staff for resources and knowledge rather than having tools and guides available to them
- Workers are unsure of IT reliability as they do not have clarity regarding policies and procedures for software updates and hardware tracking



HHS OPERATIONS

Reporting

HHS leadership, managers, and staff across the organization **desire greater reporting and monitoring tools integrated into their everyday workflow.** From population health metrics to workload management, all staff are eager to have better access to quality data to better plan for the future of Travis County. **Reporting functionality, data integrity issues, and fragmented databases have limited the capacity of decision-makers and frontline staff to determine effectiveness and access performance outcomes.**

“Right now [reporting] means export to Excel, manipulate [the data] and then create your own report. I’m not doing all that... I need the information faster than that.”

“A lot of hand counting”

“I know there’s a report that can kick out this information, but it’s not very accurate.”

“I would love a single view of multiple databases to understand common measures across divisions.”

- Because of the nature of services offered at HHS and how they are funded, grant and reporting requirements can be specific and are frequently changing
- Staff have concerns regarding data integrity based on experience with CABA and witnessing auto-population and human errors
- HHS service offerings are varied and requires tracking where the money is, frequency of services, staff counts, client counts, funding levels, etc.
- Staff relayed that there was a lack of training in pulling reports and often had to rely on experts or other knowledgeable staff to assist



Operations Friction

HHS workers are committed to the organizational mission and share a similar mindset in assisting clients with financial independence and promoting the overall well-being of Travis County residents. However, the manner in which programs seek to achieve the mission diverge across the organization, leading to operations friction. Collaboration and communication fluctuate between divisions, centers, and programs, while inadequate reporting features prevent enterprise-wide decision-making and strategy.

Service Fragmentation

Staff desire greater collaboration within HHS, but the independent manner in which program services are delivered fragments the organization and limits capacity to share resources across centers and divisions.

Furthermore, some program staff prioritize personal processes and operation styles that results in a resistance to change at the individual level.

Siloed Channels

Technical expertise and institutional knowledge is held with a few staff members, which has limited the capacity of training and building workers' skillsets across the organization.

Workers desire more structured opportunities to collaborate with ITS and subject matter experts to better share information and adapt technology to their needs.

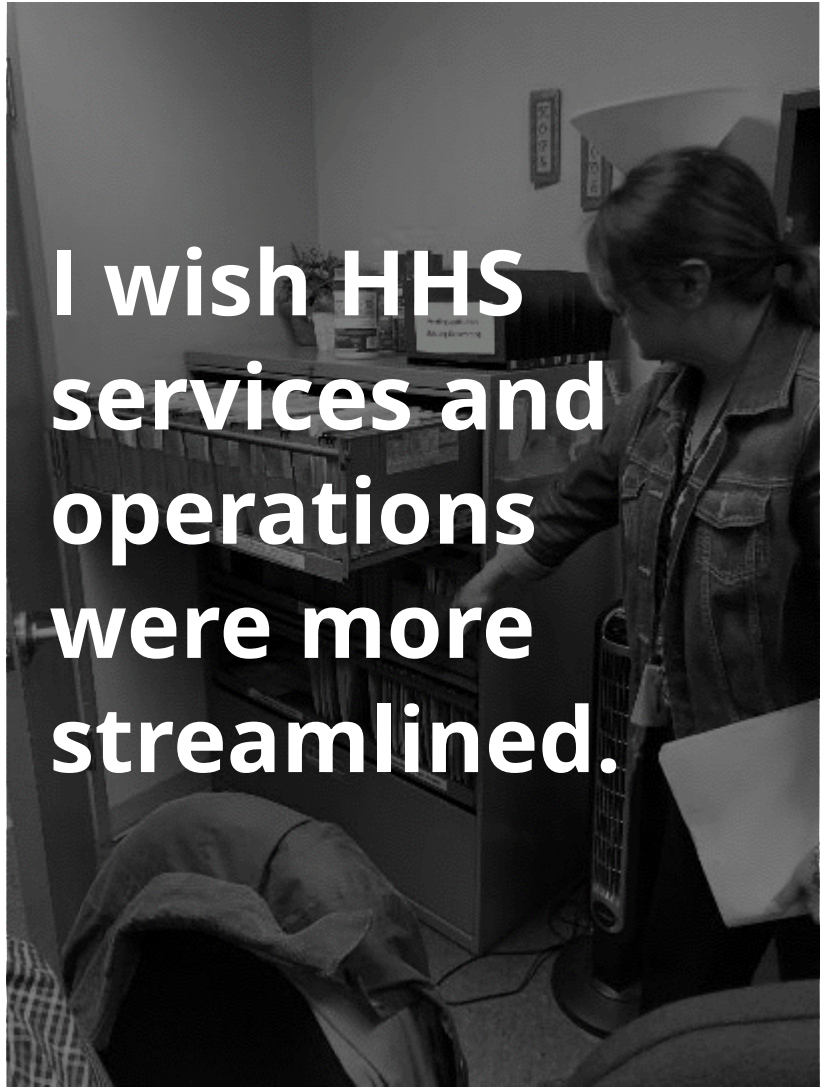
Accountability Concerns

HHS staff at all levels are feeling the pressure to substantiate performance to external partners and the public. The public doesn't always see the connection of client success and social services.

With rising costs of living and increasingly limited resources, HHS needs better reporting tools to clearly demonstrate the value of their service offerings that many residents rely on.

OPERATIONS FRICTION





I wish HHS services and operations were more streamlined.

HHS OPERATIONS

Service Fragmentation

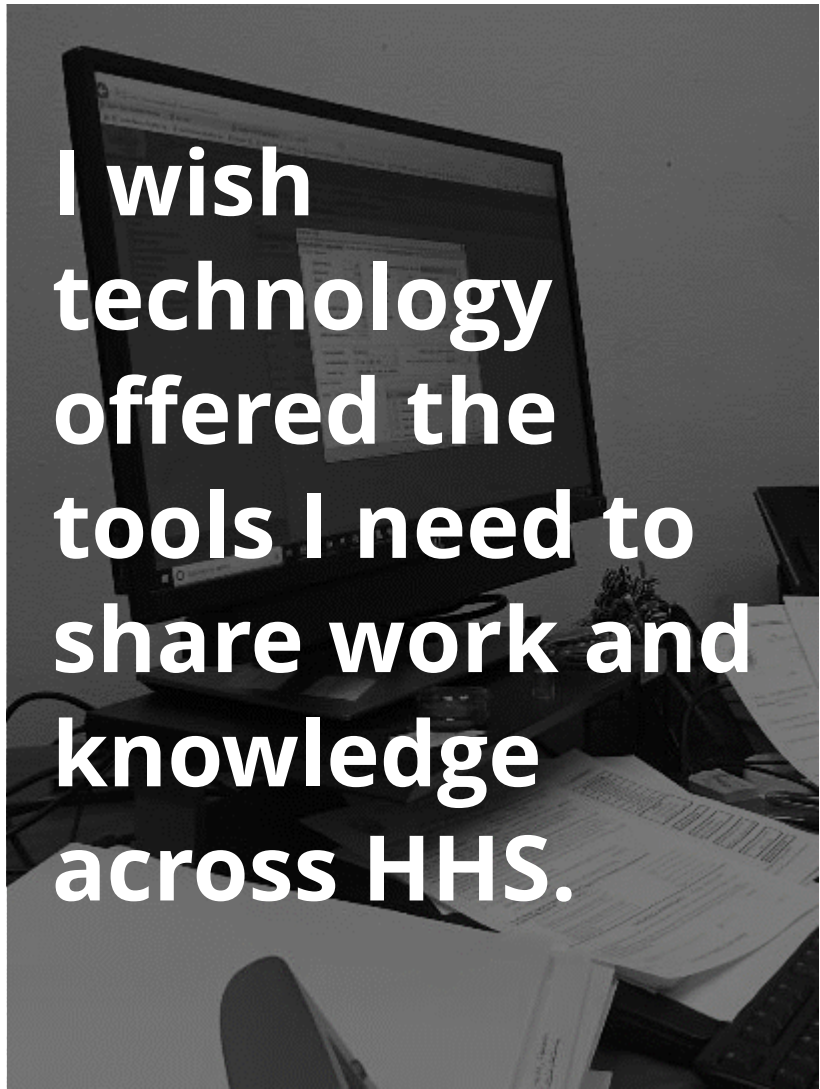
A lack of enterprise-wide procedures has resulted in operational fragmentation across centers and programs within HHS. Though HHS offers a robust portfolio of services, centers and programs have relatively high amounts of discretion regarding service delivery and staff workflow. **While center and program managers enjoy the flexibility in directing the needs of their staff, this can result in a fragmented service experience for clients and restrict overall operational streamlining.** Additionally, without additional resources dedicated to collaboration between HHS and ITS, business needs and technology services delivered remain disconnected.

"Processes are all disconnected...why [are we] getting the same file multiple times?"

"People have their own way of doing things."

"We've got to be touching clients in multiple programs, but we don't have a way of knowing that"

- Most of HHS' software applications remain decentralized or unintegrated
- Lack of centralized intake, information held in paper files, excel workbooks, or fields in software programs prevents staff from easily accessing a client's status
- Clients often experience extended waiting periods due to workload issues, staff availability, and weak collaboration between groups delivering services
- Lack of coordinated efforts has the potential to limit worker resiliency over time as client demands evolve



I wish
technology
offered the
tools I need to
share work and
knowledge
across HHS.

HHS OPERATIONS

Siloed Channels

Workers are **operating in silos across HHS and desire stronger communication to share knowledge, particularly for training, best practices, and accessing client information.** Communication channels for technical expertise, such as how to access CABA's enhanced functionality, as well as programmatic or procedural expertise are limited, creating operational risk and preventing collective knowledge sharing across the organization. Staff time is spent calling coworkers to address knowledge gaps for tasks that should be handled independently.

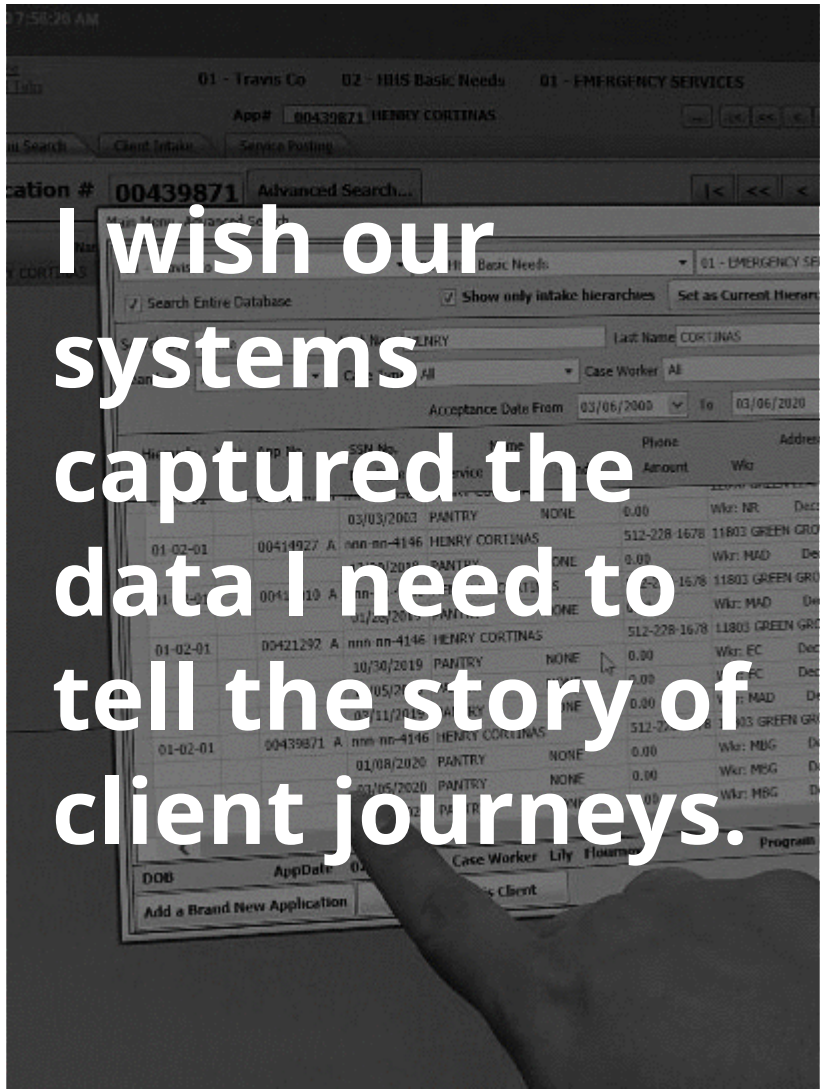
"We don't know how many times we are touching clients...we don't know what is happening across programs."

"[We have] disparate databases that don't talk. [We] can't even tell how many people total we serve. [It's] really hard to get a big picture view."

"You're on your own [CABA training]."

"[We] still operate in silos and are not interconnected the way we should be. Each division operates on its own."

- While managers across HHS clearly trust their staff to perform responsibilities, they also desire better tools to evaluate utilization and effectiveness
- Knowledge on software applications, including shortcuts, workarounds, and reporting is highly dispersed across staff
- Despite the fact that HHS programs share clients and due to the fact that HHS has no centralized data repository, frontline staff are unable to access pertinent client information across programs or even within single systems like CABA
- CABA system vendor has expressed desire to be better connected to HHS and end-user needs



I wish our systems captured the data I need to tell the story of client journeys.

HHS OPERATIONS

Accountability Concerns

Lack of robust reporting tools has created a sense of anxiety and concern across divisions, community centers, and program staff. While leadership require the tools to report to the County Commissioner’s Court and community partners, **frontline staff are eager to demonstrate the value of services provided and the story of client experiences within Travis County.** Workers don’t feel equipped to plan for or report on services and resources, and also can’t count on program software to do so either.

“It’s difficult to reasonably talk about or articulate if the resources are being used appropriately.”

“[The revenue cap] is changing how we approach our work, how we meet the needs. There are a lot of unknowns.”

“Eventually you have to get to a point where you can justify what you’re doing. It can’t just be because we care.”

- Limited data collection and data quality prevents more fruitful collaboration between program delivery staff and the Research & Planning division
- Multiple staff referenced the upcoming revenue cap which could limit resources and increase need for performance outcomes
- Division leadership and center managers struggle to keep track of budgetary needs or make informed decisions without robust tools, and limited reporting functionality across programs has resulted in HHS leaders making decisions based on impressions or opinions rather than data
- Workers find CABA reporting tools unreliable, and so spend extra time and mental energy to double and triple check data entry

EMPLOYEES
ONLY

**"Are we getting back what
we are investing? I don't know."**

Tide
DRIY CLEANERS

ST. PHILIPS
METHODIST
CHURCH
GO
GO

Future-State Themes

HHS Systems

In addition to pain points and challenges described in this section, future-state desires also emerged through this analysis. These future-state themes will continue to be refined and tested in the Aspire phase of the project to define HHS priorities for ECMS.

	FLEXIBILITY	AUTOMATION	SIMPLICITY
Description	<p>Workers want ECMS to adapt to the ongoing changes in policies and processes to help them meet clients where they are – whether in person or through electronic communication.</p>	<p>HHS staff want a system that automates tasks that are currently completed manually, such as scanning documents, determining eligibility, and verifying income, SSN, and addresses.</p>	<p>Staff desire a user-friendly experience and seek simplicity in technology tools to enable them to easily search and track clients throughout the application process.</p>
What this looks like	<ul style="list-style-type: none"> • Software that is more easily customizable and maintainable over time • Ability to adjust quickly to precinct boundary changes • Secure communication channels with clients (e.g. portal, email) 	<ul style="list-style-type: none"> • Automatically read scanned documents (e.g. W9 forms) • Scheduled automated payments for bills • Verification for income and SSN • Automated alerts and reminders • Automated driver flow 	<ul style="list-style-type: none"> • Easier to search for clients with an overview of the historical record • Track incomplete applications and view all client touchpoints for those on the wait list • A user-friendly tool that works for all staff • Clear language, hierarchy, and naming
Anticipated Benefits	<ul style="list-style-type: none"> • Improved adaptability • Improved navigation and integration 	<ul style="list-style-type: none"> • Decreased cognitive overload • Increased staff time savings 	<ul style="list-style-type: none"> • Decreased cognitive overload • Decrease in duplication

Future-State Themes

HHS Operations

In addition to pain points and challenges described in this section, future-state desires also emerged through this analysis. These future-state themes will continue to be refined and tested in the Aspire phase of the project to define HHS priorities for ECMS.

	WORKER EMPOWERMENT	WORKLOAD MANAGEMENT	PLANNING AND EVALUATION
Description	<i>Workers want resources and technology to empower them in their day-to-day tasks, and equip them with information that is accessible regardless of where they are.</i>	<i>Center and program managers want a better view of workloads in order to understand where workers are spending more time and how to better support their staff.</i>	<i>Staff at all levels want improved reporting capabilities that enable them to demonstrate effectiveness and inform decision-making.</i>
What this looks like	<ul style="list-style-type: none"> • Remote workers can see what bills are being paid to support integral case work or can capture case notes on the go • The system serves as “an extra set of hands to do my job effectively” 	<ul style="list-style-type: none"> • Dashboard to see daily, weekly, monthly metrics and funding levels • Centralized, universal wait list across centers • Time tracking to understand how long certain processes take and to monitor trends 	<ul style="list-style-type: none"> • Reporting at the various levels (individual, household) to monitor outcomes over time • Data that demonstrates program effectiveness • Reports and data to better understand client population and their needs
Anticipated Benefits	<ul style="list-style-type: none"> • Improved collaboration and communication • Decrease in silos across programs 	<ul style="list-style-type: none"> • Increased accountability • Decreased service fragmentation 	<ul style="list-style-type: none"> • Improved reporting • Increased accountability



The HHS Worker Experience

While the insight statements provide detailed pain points and challenges across HHS, this section focuses on how modes, mindsets, and journey maps produce opportunity-driven, user-focused outputs regarding how HHS staff work and what they do, including behaviors and motivations.

Overview

Modes and Mindsets help us understand the ways that workers interact with services and processes, as well as worker attitudes and behaviors. This methodology translates the findings obtained during the Sense research phase into opportunity-driven, user-focused insights, and scales to depict the potential behaviors and motivations of future workers (end-users of the future ECMS solution).

Modes: the ways in which workers engage with HHS services and processes

Unlike a linear process flow, modes outline the state of the worker through common activities.

Mindsets: workers' outlook & approach toward HHS services and processes

Mindsets help us understand distinct behaviors that define groups of people.

Modes and mindsets are not intended to be a static representation of the worker landscape, but a dynamic one. Workers can embody any of the modes and mindsets depending on their context and environment.

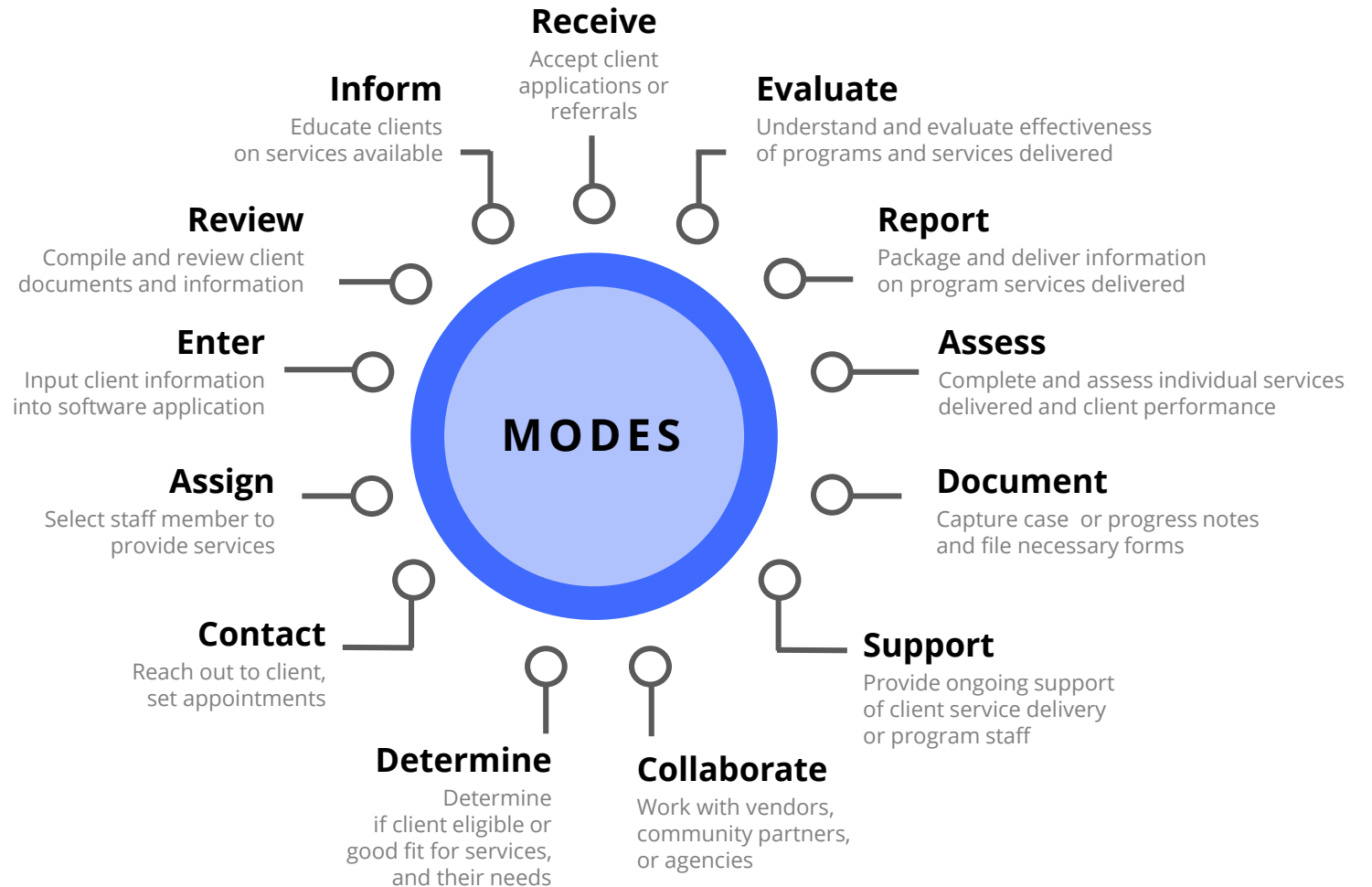
Journeys: the worker experience through various modes with considerations for mindsets

By understanding how workers engage in a process through a mode, or several modes, we can begin to identify the worker's perspective, needs, and pain points across a journey.

HHS WORKER MODES

Modes represent the ways in which workers engage in their current-state business processes.

Understanding the various modes HHS staff engage while providing client services translates to an ECMS solution that is truly enterprise-wide, supporting worker processes and activities across departments and programs.



Mindset Characteristics

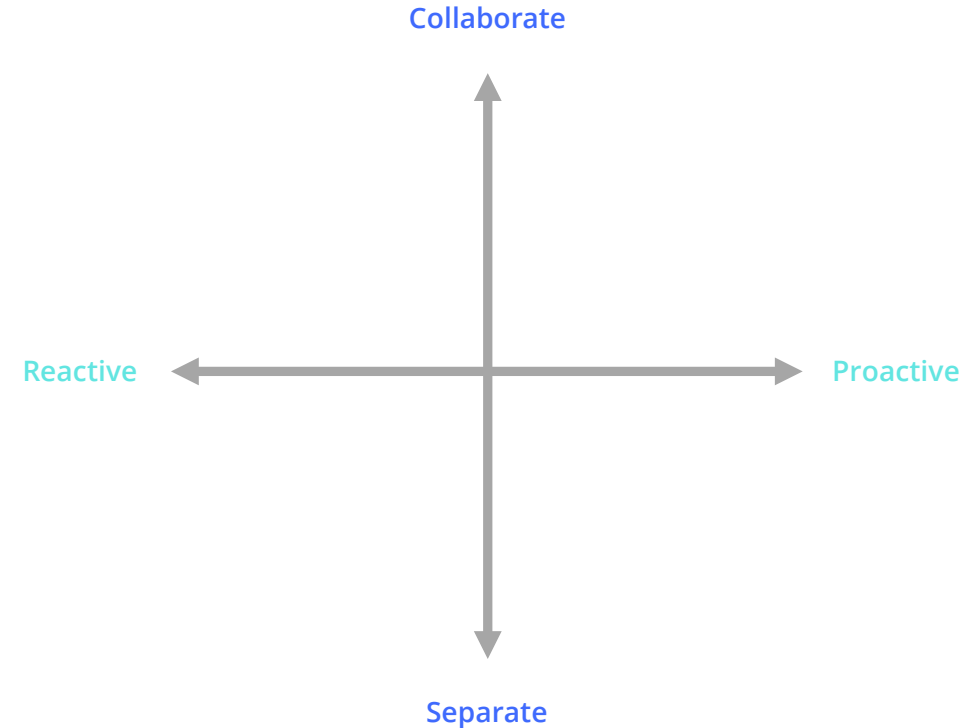
Each of the mindsets are defined by **two binary attributes**, which illustrate the attitudes and beliefs that guide workers' approaches to HHS operations and processes.

Proactive or Reactive

Does the mindset create proactive or reactive client interactions?

Collaborate or Separate

Does the mindset desire collaboration or separation in managing their workflow?



Mindsets

Four mindsets **represent common worker perspectives** the Deloitte team observed during community center visits, interview, and other sessions. The mindsets are a combination of two binary attributes and qualities of each are reflected in the respective quadrant.

Understanding worker mindsets, behaviors, and pain points **enables an organization to design software that both enables business processes and supports the workforce.**



I just want to help...

Workers with this mindset stray from the general process, creating a **culture of partnership to go above and beyond** to accommodate individual client needs. **Motivated by client experience**, they are focused on the emotional experience of clients and overlook operational efficiency.

CHARACTERISTICS



KEY BEHAVIORS

- **Assists clients in the moment** with applications or immediate emotional needs
- **Calls colleagues or other Centers to aid in troubleshooting** client needs
- Provides **coverage to colleagues** to ensure programs and services run smoothly
- **Program software is not a priority in the workflow**, only necessary to manage data

KEY SENTIMENTS

- **Desires external validation** gained from helping clients to be successful
- Believes **clients' knowledge and experience should inform procedures**
- **HHS isn't doing enough to tell the story of client experience** and success to public
- Mental **energy should be spent supporting clients** not troubleshooting software

PAIN POINTS

- **Unable to provide clients up-to-date status information** without checking multiple documents
- **Leveraging external sites, tools, or other workarounds to perform tasks** which takes valuable time away from client interactions
- Having to keep both paper and electronic case files, **duplicating tasks**

I follow the standards...

Workers with this mindset follow the process and best practices book, creating a **culture of collective shared knowledge** to optimize performance based on client outcomes. **Motivated by client experience**, they are focused on programmatic evaluation and overlook operational efficiency.

CHARACTERISTICS

High Collaborate

Separate

High Proactive

Reactive

KEY BEHAVIORS

- Develops organization-wide strategies based on **known best practices to be shared across HHS organization**
- Seeks out and **leverages data where possible to inform decision-making**
- Prefers to **work collaboratively** to ensure equal representation
- Directs colleagues to **known resources and software capabilities** to improve workflow

KEY SENTIMENTS

- **Desires knowledge sharing** and performance data to stay up-to-date
- Believes the **organization isn't adapting to the on-going needs of clients**
- Workflow and organization **procedures should adapt to meet the needs of clients**
- HHS isn't providing enough wraparound services to move clients towards independence

PAIN POINTS

- Centers, programs and staff **operating in silos limits performance evaluation** across the organization
- **Data integrity is concerning and data availability is limited** in scope
- **Institutional knowledge of CABA, TCM, or other applications isn't shared widely** to improve access to data

I follow my own path...

Workers with this mindset follow the process by their own book, creating a **culture of efficiency** to optimize performance based on operational outcomes. **Motivated by individual workflow**, they are focused on total number of clients served and overlook individual client experience.

CHARACTERISTICS

Collaborate

High Separate

High Proactive

Reactive

KEY BEHAVIOR

- Develops **localized strategies based on own experience** to be shared with staff
- **Exports data to Excel to track workload** and manage case load
- **Troubleshoots client and software issues individually** based on personal experience
- **Creates training materials** and tools to improve workflow

KEY SENTIMENTS

- Desires **rules and external systems of accountability** to be successful
- Believes **own experience and knowledge is best** to create practices and procedures
- What works in one Center/program may not work for their Center/program
- **Argues there is less time for client interaction** because there is always another client in line or necessary paperwork to complete

PAIN POINTS

- **Unable to create benchmarks** to evaluate progress and workload over time
- Limited integration between software results in **duplicate tasks, slowing workflow and efficiency**
- **Not enough training, manuals, or tools to troubleshoot** software or business process issues

I just stay the course...

Workers with this mindset follow the general process, creating a **culture of order** by assisting one case at a time to accommodate their own needs. **Motivated by individual workflow**, they can become focused on limiting disruption and overlook client experience.

CHARACTERISTICS

Collaborate

High Separate

Proactive

High Reactive

KEY BEHAVIORS

- Develops **personal organizational systems** and strategies to manage case load
- Uses **case notes, digital or otherwise, as personal accountability tool** and progress tracker
- **Prefers to work individually** to limit feeling scattered and overwhelmed
- **Waits for colleagues to come to them** to ask questions or make suggestions regarding software concerns

KEY SENTIMENTS

- Desires **freedom and flexibility in managing workflow** to be successful
- Believes **managing multiple cases at once is distracting** and not efficient
- **View their caseload as their “own” clients** and may advocate for their clients’ needs over others
- Getting clients **basic needs is enough to feel successful**

PAIN POINTS

- Must **rely on ITS or others** to address issues with software or technology
- **Struggles by managing individuals over time** as they look address a circumstance then and there
- Having to create **multiple workarounds** rather than a streamlined process with one software program

HHS WORKER JOURNEY

Offers a view of common business process activities performed by program staff across HHS overlaid against identified modes, as well as pain points and mindset considerations for future-state planning.

● Front Office/ Intake ● Service Provider Staff ● Manager/ Evaluator

PROCESS



MODE



PAIN POINTS & GAPS

<ul style="list-style-type: none"> No client self-service portal for digital apps No integration with check-in systems or referrals Dispersed documents, procedures, and manuals Underutilized scanning or uploading of files Must toggle between paper, computer, and client 	<ul style="list-style-type: none"> Difficulty acquiring all necessary client information or verifications Repetitive, duplicative data entry Varied workload by program Cumbersome navigation/search within software programs Inconsistent address validation No system checks or validations Overreliance on ITS and workarounds to address issues 	<ul style="list-style-type: none"> Varied client contact, appointment, and tracking methods Manual processes and duplicative tasks (eligibility determination, case notes, validate documents) Limited view into client data Support tools are in different places and limited (digital, paper, SMEs) Lack of user training for software Staff vacancies, shortages 	<ul style="list-style-type: none"> No income, address, or citizenship validation services in software Unable to easily track or provide status of service delivery Out-of-office technology tools to capture data varied or unused Missing or poor integration of service plans or assessment tools Challenges reporting on or evaluating program effectiveness 	<ul style="list-style-type: none"> Lack of training in reporting Reporting/grant requirements change frequently No ability to aggregate client data across programs No executive dashboards to quickly access program data Data quality and access issues restrict long-term program evaluation
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MINDSET CONSIDERATIONS

<ul style="list-style-type: none"> Critical client touchpoints occur at the beginning of the journey. Test improvement opportunities through the lens of mindsets focused on client experience 	<ul style="list-style-type: none"> Manual processes, duplicative tasks, and lack of integrations occur during this portion of the journey. Leverage perspectives of mindsets focused on operational efficiency to identify process improvements Balance process improvements opportunities with client experience 	<ul style="list-style-type: none"> At the end of journeys, there are opportunities to demonstrate effectiveness and for building shared knowledge to support continuous improvement Design recommendations based on perspectives of mindsets focused on evaluation, efficiency, and shared knowledge
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Center Spotlights

Provides a high-level snapshot of HHS Community Center operations, as well as offers some best practices identified during our center observations.

CENTER MATRIX

The below table provides a comparison of certain operational procedures across the seven HHS Community Centers.

	Jonestown	Pflugerville	Palm Square	Oak Hill	Manor	Post Road	Del Valle
Check-In	Computer & In-person	In-person	Computer	In-person	Computer	Computer	Computer
Waitlist	CABA & Excel workbook	Paper files with cabinet	Check-in system	CABA & paper files	Paper files with CW	N/A	CABA
Intake Process	All apps entered in CABA	Only complete apps in CABA	Only complete apps in CABA	Only complete apps in CABA	Apps mostly complete in CABA	Only complete apps in CABA	Only complete apps in CABA
Most frequent clients*	Adults, homeless & seniors	Seniors & families	Homeless & families	Single over 50 & families	Families	Homeless	Families & formerly incarcerated
Application Approach***	Supportive	Mixed	Transactional	Supportive	Transactional	Transactional	Mixed
Workload Management	OSS assigns/rotates emergency cases	CW pulls as needed/rotates emergency cases	ES** rotate assigns/rotates emergency cases	CW pulls as needed/rotates emergency cases	OSS assigns to lead CW/rotates emergency cases	ES assigns/CM assigns emergency cases	OSS assigns by rotation
Food Pantry	Staff disperse	Volunteers disperse	Volunteers disperse	Clients supervised	Staff/ volunteers disperse	Volunteers disperse	Volunteers disperse

*Based on staff assumptions through engagement with clients. **ES = Eligibility Specialist

***Majority of Caseworkers stated a desire to take a supportive case management approach to engage with clients; Center client demand has led to a more transactional approach in some locations




Jonestown

QUICK WIN

Food Pantry Client Survey

As a new center manager, Megan was interested in learning more about who the pantry serves on a regular basis and the type of items most often used. Jonestown pre-packages pantry items and disperses the same items to all clients.

From the survey, Megan learned that seniors and single adult households are the most frequent clients utilizing the pantry. The **survey created an opening to connect with and learn about the ways clients are using food and their preferences.**

-  Improves knowledge of client base
-  Builds connection between staff and clients
-  Streamlines operations






Jonestown

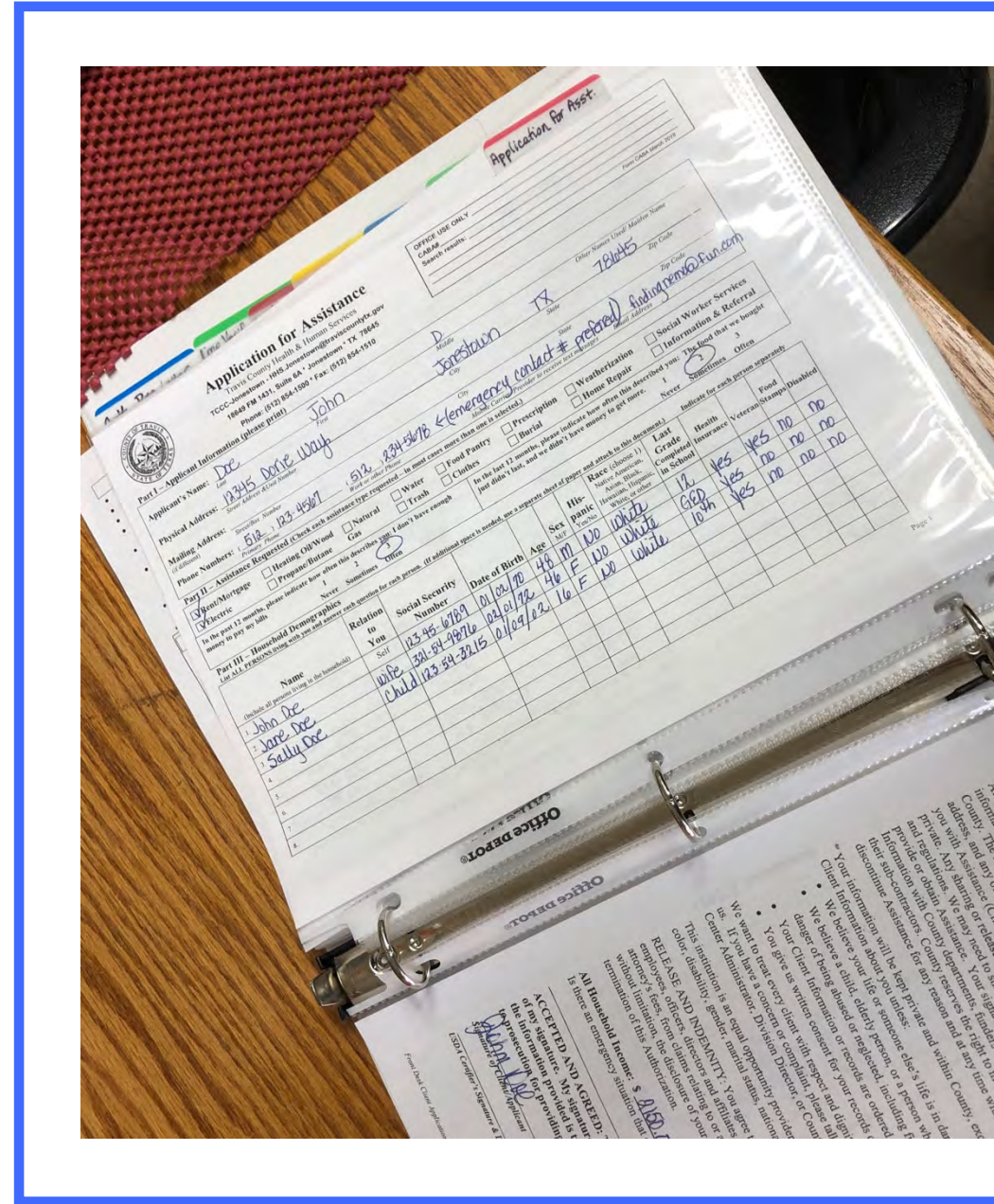
QUICK WIN

Sample Application Binder

Barbara, an Office Support Specialist shared a binder full of sample applications and forms. Barbara mentioned clients struggle at times to know what information to enter or may accidentally skip certain sections.

By providing the binder, clients can follow along while completing an application or review while in the waiting room. This binder can be especially **handy in a busy waiting room to set expectations when staff are assisting other clients.**

-  Improves client experience
-  Sets client expectations
-  Streamlines operations






Pflugerville

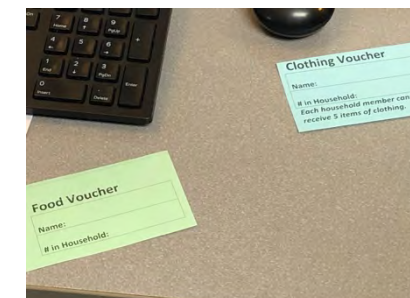
QUICK WIN

Color-Coded Voucher System

Volunteers like Marilyn manage the food pantry and clothing closet in Pflugerville. Marilyn spends up to 40 hours per week managing the clothing closet and uses a voucher system to assist clients.

Staff use the color-coded voucher system to communicate eligibility to volunteers working in the food pantry and clothing closet, which are both located away from the intake area. Office specialists process applications, determine eligibility, and hand a voucher to clients. Clients take the vouchers to volunteers in the food pantry and clothing closets for assistance or can hold onto the voucher if they prefer to return later.

-  Improves client experience
-  Simplifies selection process
-  Streamlines operations



Pflugerville

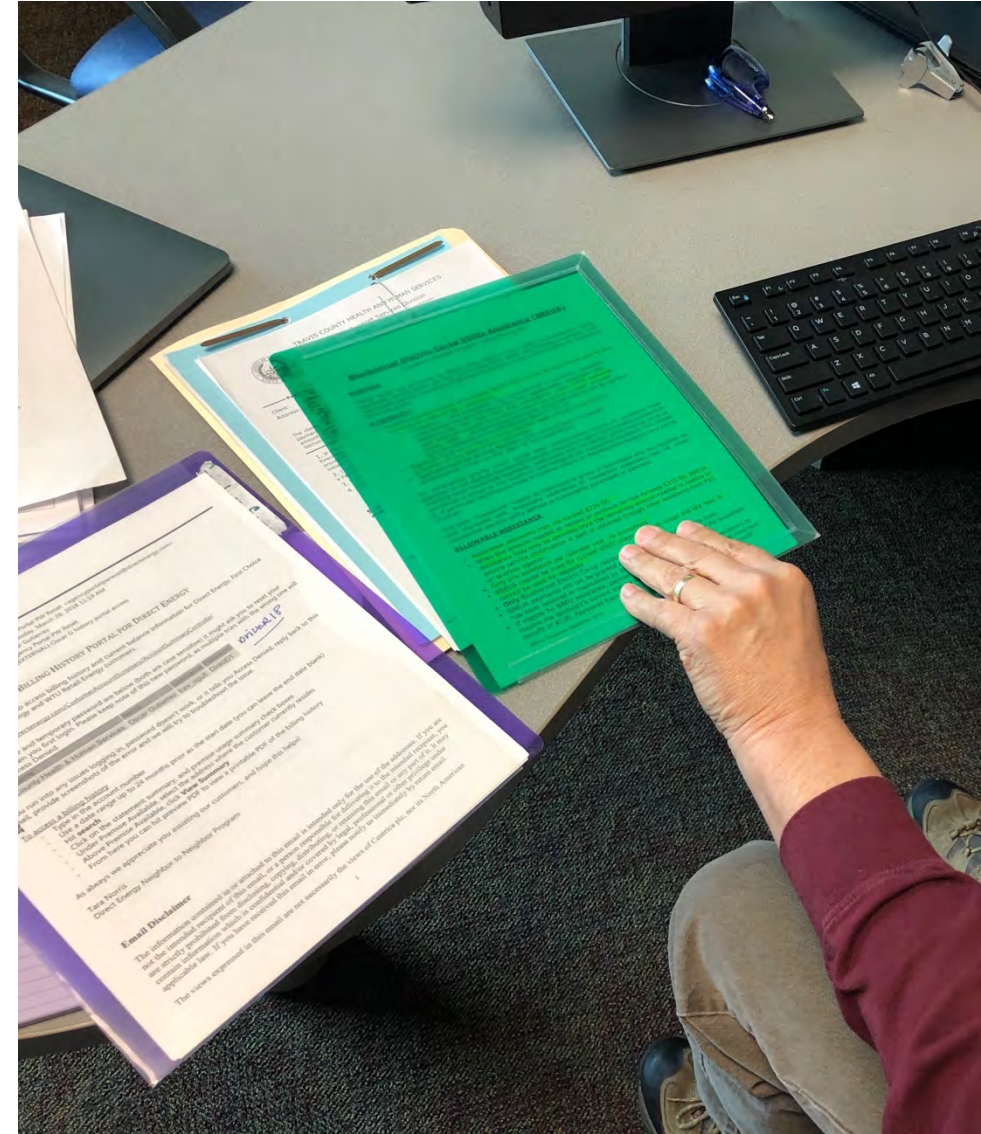
QUICK WIN

Quick Reference Guides

Oscar, a case worker in Pflugerville, walked us through the housing referral process and commented on how much information there is to remember, especially for a referral which isn't requested as often as utility assistance.

Oscar organizes information for each program, vendor, and funder in translucent colored folders. He can **easily reference these in his workflow when needed to keep him on track**, and helps him avoid sorting through excess papers to find answers to his questions.

- ✓ Aids in efficiency
- 👤 Off-sets cognitive overload
- 📁 Streamlines operations






Palm Square

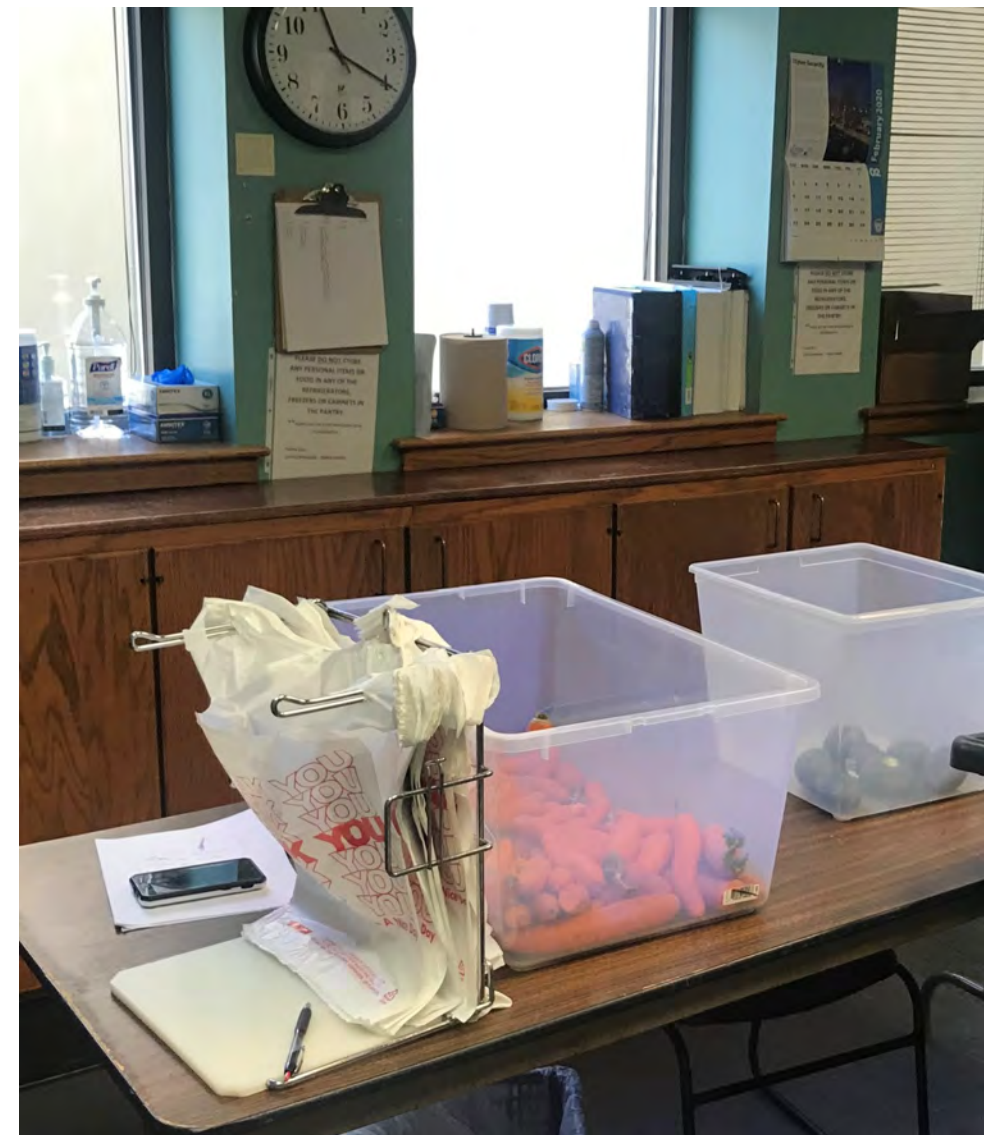
QUICK WIN

Food Pantry Choice List

At Palm Square, Ivette, an Office Support Specialist, stays up-to-date on food pantry inventory and availability. When clients come in to access the food pantry service, she hands them the list of options to complete. Once completed, Ivette is able to **offer additional suggestions for certain items they might be interested in** due to her awareness of the food pantry inventory. In addition, when food pantry volunteers come to gather the list, she tells them to **prepare meals according to the protein** the client is being provided.

In special instances such as holidays, Palm Square also tries to **order specific food items correlated with those holidays**.

-  Improves client experience
-  Simplifies selection process
-  Sets client expectations






Oak Hill

QUICK WIN

Client Self-Shopping Food Pantry

Staff at the Oak Hill food pantry allow clients to select and package their own food with staff assisting as needed. English and Spanish **labels throughout the pantry detail allotments for clients based on eligibility.**

To **limit plastic bag use, staff and volunteers have repurposed donated t-shirts to create bags** for clients to package their food items. (A practice employed in Pflugerville as well.)

-  Improves client experience
-  Simplifies selection process
-  Streamlines operations



Manor

QUICK WIN

Clothes Closet Badge System

The clothes closet in Manor is set up to resemble a small shop with sections labeled throughout and is managed by volunteers in the Coming of Age program.

Upon eligibility determination, clients receive a badge to shop for clothing items in the closet. The badge system, similar to the vouchers in Pflugerville, **enables coordination between front desk staff and volunteers, and helps staff easily direct clients to their service destination.**

 Improves client experience

 Simplifies selection process

 Streamlines operations






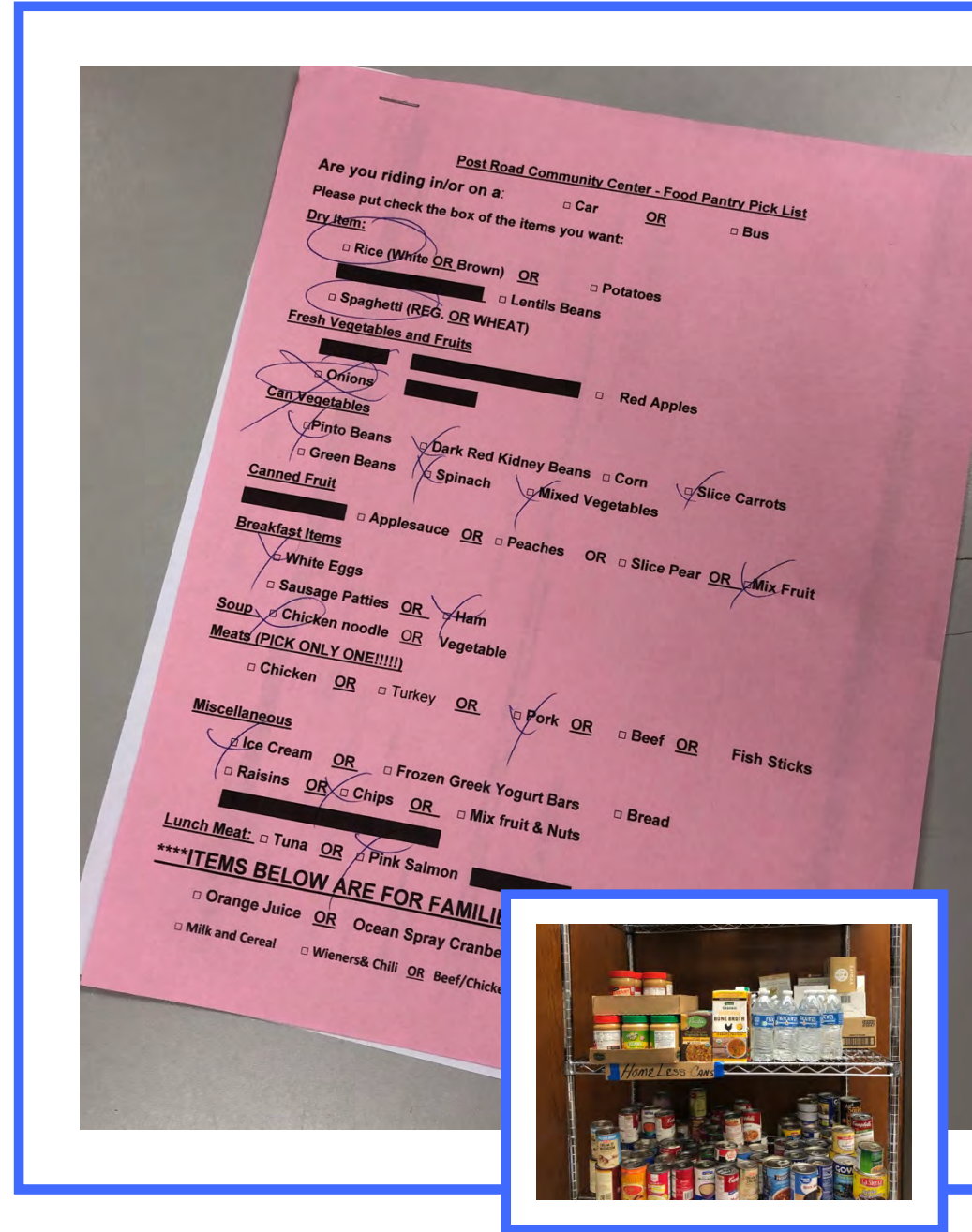
Post Road

QUICK WIN

Food Pantry Pick List

Located in South Austin, the Post Road food pantry has a fair amount of clients experiencing homelessness who require specific items such as canned foods and snack bars that are easy to carry. To **make the selection processes easier and accommodate needs, staff created a “pick list” for clients to select the food items they desire.** Staff and volunteers then package the selections and distribute to clients. There is also a shelf dedicated to the homeless population to aid in organizing and speeding up the process.

-  Improves client experience
-  Simplifies selection process
-  Streamlines operations



Post Road

QUICK WIN

Check-In System Reporting Tool

Check-in procedures vary from center to center- some don't use the computer check-in system at all, while others like Post Road use it as a reporting tool.

At Post Road, all clients check-in via the computer terminal and answer the required questions. Carolyn, the center manager, then generates a report once a month to understand foot traffic and which services people are coming in to apply for. This **report helps Carolyn to make informed decisions regarding ongoing operations and workload management at Post Road.**

- 💡 Informed decision-making
- ✓ Strategic planning tool
- 📁 Streamlines operations



Del Valle


QUICK WIN

Special Occasion Clothes Closet

At Del Valle, professional and special occasion clothing is placed in a separate section to give clients access to pieces that are specifically for job interviews, professional events, career fairs, etc.

Volunteers are in charge of looking through the clothes donated and identifying garments that are appropriate for special occasions. Clients come in and are able to select from new or lightly used clothing that has been donated and gives them the opportunity to have professional clothing for attending job opportunity events.

 Improves client experience

 Simplifies selection process

 Streamlines operations



Next Steps

Analysis and outputs from the Sense phase are directly applied to activities for the subsequent Aspire and Decide phases, including the Ambitions Lab, future-state recommendations, and detailed requirements for the ECMS solution.

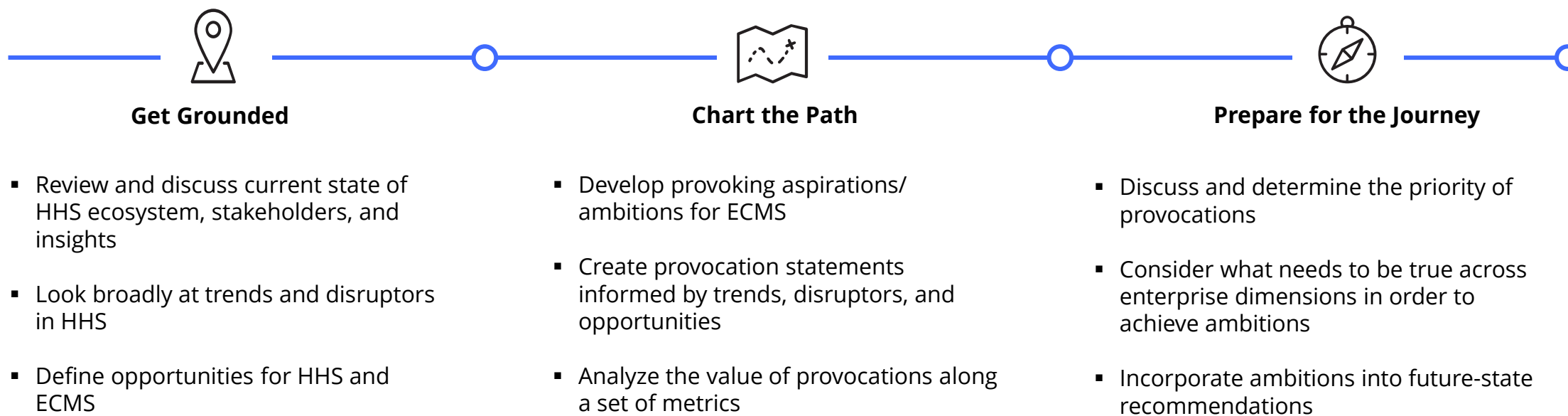
Project Approach & Activities

	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 • Launch Project Governance • Deliver Ambitions Lab 	<ul style="list-style-type: none"> • Continue project management and 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 & Plan Future-State • Develop Future-State Business Process Maps 	<ul style="list-style-type: none"> • Incorporate Future State Business Process Maps into Recommendations • Finalize Future-State Recommendations
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"> • Document CABA System Inventory • Hold Discovery Sessions to Map ECMS Future-State Functionality 	<ul style="list-style-type: none"> • Document ECMS data elements and reporting • 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 Blueprint 	<ul style="list-style-type: none"> • Prototype ECMS Design
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 Insight Report ✓ Business Process Flows 	<ul style="list-style-type: none"> • Efficiency Assessment 	<ul style="list-style-type: none"> • Data Mapping & Reporting Requirements • System Requirements & Design Document • Project Closeout

AMBITIONS LAB

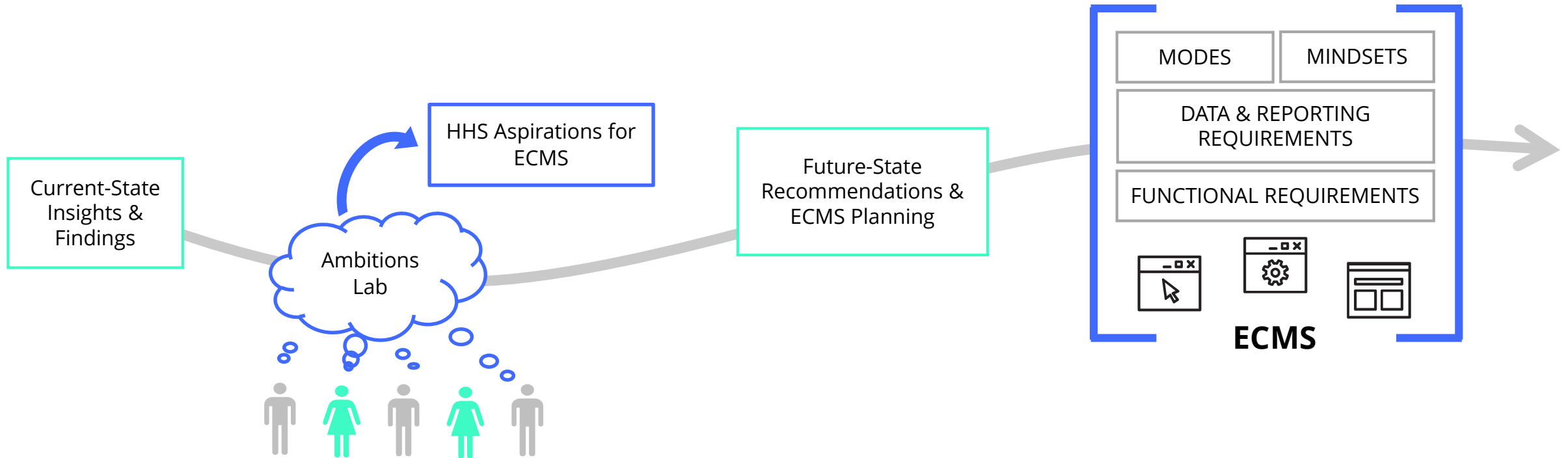
The Ambitions Lab anchors the Aspire phase. The current-state insights and findings captured in this report serve as the launching point for setting ambitions that define Travis County HHS' priorities for ECMS.

Ambitions Lab Preview

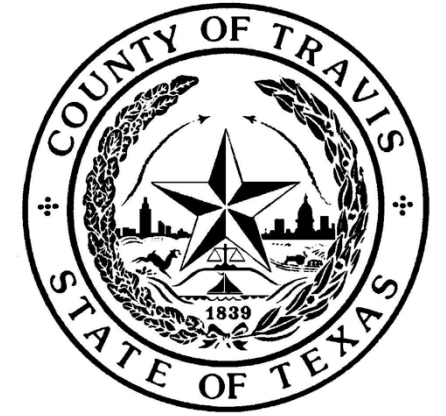


WHAT'S NEXT?

Insights from this report and HHS priorities for ECMS defined in the Ambitions Lab will be used to inform future-state recommendations and subsequent deliverables for data mapping, reporting, and ECMS software requirements.



Deloitte.



Thank you.

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