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Evaluation of the Clerical Triage Pilot Program's Implementation Process

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Abstract

The Monterey County Department of Social Services (MCDSS) has created a pilot program to their caller system in an effort to increase the caller satisfaction. The name of this pilot program is the Clerical Triage pilot program; which will be implemented at the administrative area of MCDSS. This capstone project will focus on following the implementation of the Clerical Triage Pilot Program and the short term results that occurred. This project gives a clear representation of how an implementation will look like if implemented to a caller system. The results will affect the call volume, and caller wait time; this will ultimately lead to the overall success or failure rate of the Caller System.

The Macro level problem is the increased lack of accessibility to services in MCDSS can potentially contribute to a lack of social welfare. The Micro level problem is the caller satisfaction rate is too low for the caller system in MCDSS. For both the Micro and Macro level problems the recommendations both apply. They are the following; create an equal training system and language for all workers in all queues, build reports frequently in order to view updates and alter the implementation, all findings to be used as a basis for future programs

Key Terms: *Caller System, Pilot Program, Monterey County, caller wait times, Clerical Triage,*

Agency and their Partnerships

The Monterey County Department of Social Services (MCDSS) is a public agency that is part of the Monterey County government and dedicated to helping the community of Monterey County with various social services. Their mission is “to promote the social and economic self-reliance of each individual and family served” (mcdss.co.monterey.ca.us.,n.d, 2008).

MCDSS was established under the Economic Opportunity Act of 1964 in an attempt to combat the “War on Poverty.” Under President Lyndon B. Johnson’s administration, funding and guidance was provided for the development of public agencies that would focus on expanding both the federal government’s role and the local public government’s role. With a variety of areas designed to improve the health and social conditions of the population; such as social services, education, health care, and family planning. The main goal of this legislation was to allocate funds for programs and services, in an effort to decrease poverty within the United States. Based on MCDSS’ main purpose, the services provided include; employment assistance, temporary financial assistance, social support services, protective services for children, dependent adults and seniors, and partnering with the community to develop change (mcdss.co.monterey.ca.,n.d.,2008).

MCDSS has many branches that provide these services, including the Community Benefits (CB) branch where the capstone project will be implemented. This branch supports the community by providing temporary financial assistance and services to residents in Monterey County. The specific types of aid provided includes cash assistance¹, general assistance²,

¹ Cash Assistance: monetary aid for an individual or individuals social welfare.

² General assistance: information aid for residents who are in need for better social welfare.

Medi-Cal³, CalFresh⁴, and CalWorks⁵. All of these services have one aspect in common; to determine eligibility for MCDSS and other government services, a person's Modified Adjusted Gross Income (MAGI) is established by taking their income into account (mcdss.co.monterey.ca.,n.d.,2008).

MCDSS collaborates in partnerships with other public agencies and community-based organizations to carry out its services. One important example is the Community Action Partnership (CAP) is composed of 15 Commissioners assigned from each county district who meet monthly in order to discuss the needs of their districts and to carry out three main functions; connecting with nonprofit and public agencies for services, collaborating with community stakeholders, and supporting educational community activities. These three main functions help the MCDSS with serving Monterey County. (mcdss.co.monterey.ca.us, 2008).

In collaboration with their community partners and other public agencies that fund MCDSS; its primary funding comes from two specific programs from the Department of Social Services of the United States. The Area Agency on Aging (AAA⁶) and the Community Action Partnership (CAP⁷) are among those that help MCDSS with the allocation and monitoring of funds of almost \$7.4 million that are distributed (MCDSS, 2020). All the funds are meant to provide services for Monterey County residents' needs.

³ Medi-Cal: Governmental Healthcare

⁴ Cal Fresh: also known as Food Stamps

⁵ CalWorks: Employment Assistance

⁶ AAA: Area Agency on Aging mission is to plan, advocate, and coordinate services for persons 60 years of age and older.

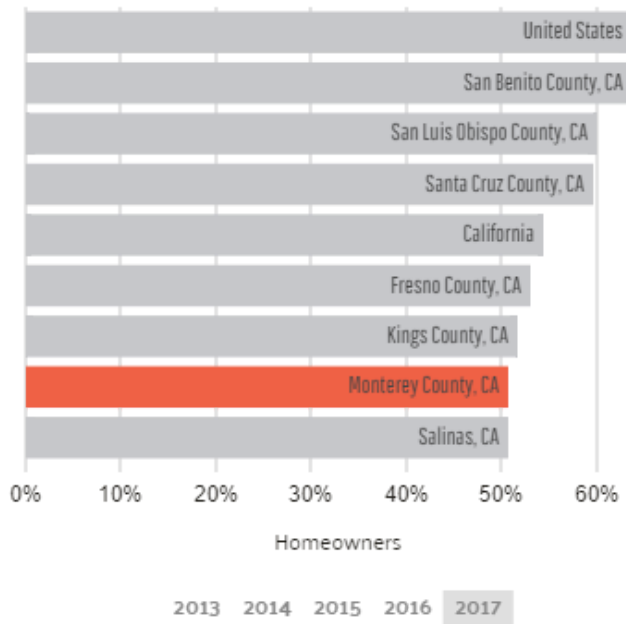
⁷ CAP: Community Action Partnership mission is to provide a focal point to coordinate and plan for the provisions of community services that support, assist, and empower low income people and to improve their quality of life.

Communities Served by the Agency

MCDSS serves residents of Monterey County. In 2018, Monterey County’s population was 437,907. The average salary for an employed male in the County was \$75,050 and the average salary for an employed female was \$59,658. The median age is 34.3 years, and the median income per household is \$71,274. When it comes to who the MCDSS serves, there is no emphasis on any characteristic pertaining to the public. It does not matter the gender, race, ethnicity, or language spoken when it comes to receiving help from MCDSS.

In Monterey County the poverty rate is slightly higher at 14.7% than the national average of 13.4% (n.d., datausa.io.2018). The most common jobs in Monterey County are in the farming, fishing, and forestry industries (datausa.io.2018). Table 1 illustrates the percentage of homeowners within Monterey County cities.

Table 1: Percentage of Homeowners in Monterey County (2013 - 2017)



In 2017, 51.3% own a home; this is lower in comparison to the national average of 63.9% (see table1) (datausa.io.2018).

In addition, the percentage of homeownership is lower than the national average; and the poverty rate is significantly higher than the national average. This information leads to the conclusion that the poverty rate affects who can own a home

(County of Monterey, 2020). Homeownership is just one representation of what Monterey County's population looks like. Ultimately, this information is taken into consideration when providing services.

Capstone Project Description and Justification

Clerical Triage Unit

This capstone project is an evaluation of a new Clerical Triage Unit created within MCDSS to improve the client's experience calling into the department for service information. The objective of the project is to determine the overall effectiveness of the Triage program for future use. This capstone project will reflect on how the Clerical Triage Unit has affected the department's overall customer service quality.

The Clerical Triage Unit is composed of current DSS employees who have been moved to the newly created unit to provide the necessary personnel resources to implement it. This unit is redesigning a new caller queue system in order to improve the agency's interface and communication with their clients and the general community. A caller queue system provides overall organization of incoming calls based on the topic of the call and caller's primary language. Once the calls have been separated into their corresponding queue, they are sent to the appropriate queue that represents the topic of the call which will have the necessary resources to answer client's non-technical questions in regards to their case. This Triage unit is a pilot program that has not been implemented in other offices in Monterey County.

The objective of the project is to determine the overall effectiveness of the implementation of the Triage program for future use. This project will reflect how the caller system in MCDSS will ultimately be affected by the pilot program. This evaluation project will

provide important information about how the Clerical Triage Unit is implemented, in part by analyzing the different phases that will determine how well the program has been applied. Beforehand, data will require to be analyzed and interpreted. Secondary data that has been collected during the initial pilot period (Jan-Dec 2019), wont need to be analyzed or interpreted as it will be in the correct format. The data collected will be organized by number of calls received, the amount of time per call, the caller's wait time, and the average number of calls per minute, hour, and day. The evaluation of this pilot program will consist of analyzing data that will be collected biweekly as well as data created by the caller system itself. The caller system takes all data, regardless of priority level; whereas, biweekly data collection does take prioritization into account. Only the necessary data will be used to analyze the implementation of the Triage Program. There will be data that will be eliminated in order to evaluate the pilot program on its effectiveness. An example of data that will be removed will be the separation of languages, because this information is not needed. Pivot tables, charts, and graphs will be created, and interpreted based upon criteria that indicate whether the caller had a positive or negative experience.

A survey will be created and distributed to the Triage unit staff to determine how the training they received has impacted their work in this pilot program. It is crucial that participation among employees is high in order to create a clear representation of what the staff's experiences have reflected upon the caller system. The survey will be designed to include the different levels of staff and will allow them to freely express how they feel about the Clerical Triaging Unit. All the questions will be multiple choice except the last question which asks for an open-ended response. Once the data has been compiled and analyzed, a report will be

provided to the agency that discusses how well the pilot Triage program worked and recommendations on if it has improved the Customer Service with suggestions about ways to improve the Triage program.

The short term goal for this capstone project is to provide the agency with information on the effectiveness of the Triage program for future use. It will shed light on how a program should be implemented if the main focus is to improve Customer Service. The long term goal is to help the agency determine if it should permanently institutionalize the Triage program and introduce it across the various MCDSS departments.

The capstone project will have a long lasting impact for the agency as it will help them determine if the Clerical Triage unit is successful in improving the Customer Service Center (CSC) as a whole. Success is defined as reducing the Average Speed to Answer (ASA) and Average Handle Time (AHT) which if improved, will increase the overall effectiveness of Service Level. By reducing the caller wait times, it will eventually increase the level

The results of this capstone project will provide the agency with important information about how it can refine its services to better serve the community. If the evaluation of this project shows a positive impact, then it will be implemented in other government agencies throughout Monterey County as well.

Project Implementation Plan

Implementation Method:

The capstone project first began when the actual implementation of the Clerical Triage Unit was in place. All the data were to be properly analyzed to give a clear view at the progress being made. Once a week ,a required report was due that would summarize the activity of the Clerical Triaging Unit. In this report (Appendix 1.), two aspects of the calls are summarized: the timing and duration of each call received.

The capstone project will be carried out in a number of phases that will follow the continuous phases of the Clerical Triage program.The following describes the capstone project's process that began with implementation of the pilot program.

Before the Clerical Triage Unit was implemented, there was a Pilot testing that was conducted for only seven days. It began its seven day trial on September 27, 2018 and ended October 5, 2018. During the trial, it required its workers to capture data from each call, and report the duration of each call, and the ASA at the end of each day. After collecting all the data, it was decided that the pilot testing would be separated into three phases that will each analyze different sections of the Clerical Triage Unit. Those involved in the Clerical Triaging unit will be the workers in place, no recruiting will be needed (Monterey County Department of Social Services, 2019). The capstone project was tasked to follow this change by shadowing a set

number of workers to determine what changes needed to be made that would result in a lower caller wait time.

Following this, data collection began September 27, 2018 and ended October 5, 2018. This first phase only lasted seven days due to the lack of workers who were trained for the new pilot. The workers were only able to receive calls and answer non-technical questions from customers during this phase. The Second Phase began October 8, 2018 and ended October 21, 2018. During this time, a call log was created by each worker to send to their immediate supervisor and also to be used for the capstone project. In the course of the second phase, the workers were also able to conduct more services for the customer such as setting tasks⁸. By setting tasks, it meant that they could leave a note for the social workers assigned for each case to signal what the direct problem is. The third phase began November 1, 2018 and ended November 30, 2018. In the course of this phase, there was more supervision as to the number of calls and the duration.

For the weekly reports, charts and pivot tables were created from the data collected from each phase of the pilot to determine how the Clerical Triaging Unit is being implemented. The resources that will be used for this project are mainly provided by the agency. All the data can be accessed electronically, and all the work will also be conducted electronically. The only information that will require outreach will be conducting the survey that will be sent out to all the Clerical Triage staff.

⁸ Setting Tasks: It refers to adding a note section to any case; letting the workers know assigned to the case that there is an issue that needs to be resolved.

In addition to analyzing secondary data and creating charts and pivot tables that show the results of caller's experiences and satisfaction, a survey will be conducted for all workers involved with the Clerical Triage Unit that asks about their involvement with the unit and their expectations. This will provide important information about how well the new unit is working for the employees. Based on the responses collected, this information will be taken into consideration for future recommendations to the Clerical Triage program regarding the implementation section.

A potential challenge that can arise would be a lack of participation in the survey. The survey must be answered truthfully and without holding anything back. Because this is a newly implemented unit, it is crucial that feedback is given without any judgement. Another challenge would be if the data collected is not accurate.

Scope of Work and Timeline

The following table summarizes the steps taken while evaluating the implementation of the Clerical Triage Pilot Program. It provides the deliverables and timelines for each activity that will eventually lead to completing the capstone project.

Table #2: Scope of Work

Scope of Work		
Title: The Evaluation of the Implementation of the Triage Unit		
Project description: This evaluation project will analyze secondary data for the Clerical Triage pilot program to determine the success or failure of the program; as well as primary data for the employee survey.		
Goal: To determine if the Clerical Triage unit will lead to an improvement to the caller system by reducing caller wait times and increasing overall caller satisfaction.		
Primary objective of the project: To provide enough data to support or oppose the implementation method of the Clerical Triage Caller system.		
Activities	Deliverables	Timeline/ deadlines
Discuss capstone project ideas with mentor	Final capstone project idea approved	9/19/2019 - 9/23/2019
Shadow workers who are part of the Triage Pilot program	Mentor will review the data given of the Clerical Triage Unit	9/23/2019 - 11/21/2019

Organize pre-pilot program implementation data (Timeline frame previous to implementation of the Clerical Triage program)	Submit preliminary data analysis to mentor for review	10/10/2019 - 11/21/2019
Create first pivot table and charts for triage program data	Submit preliminary pivot tables and charts to mentor for review/approval	10/10/2019 - 11/21/2019
Analyze the 3 phases of the Triage program	Submit preliminary data analysis results to mentor for review/ approval	10/21/2019 - 11/21/2019
Create reports to data prior to testing period (Implementation period)	Pivot tables created Charts/data combined with previous information.	11/18/2019 - 11/21/2019
Create surveys for employees who worked before and after implementation of the pilot program.	Submit draft survey questions to the mentor for review/ approval	12/5/2019 - 12/6/2019
Complete survey data collection	Generate charts/tables that will show pros/cons about pilot program	11/27/2019 - 12/20/2019
Will begin interpretations of comparisons between data before and after the Clerical Triage program implementation	Approve by mentor before final graphs are used	12/5/2019 - 1/30/2020
Meet up with other intern to discuss data collecting	Charts done with data collected, and submitted for approval	12/11 - end of break
Complete questions for survey	Submit data questions for approval	1/13/2020 - 1/24/2020
Complete final revisions from data/charts/graphs	Submit questions for approval	2/3/2020 - 2/14/2020
Complete final revisions from Capstone paper	Submit final revisions for approval	2/17/2019 - 2/21/2019

Team up with intern for final revisions	Final corrections/updates	2/24/2020
Completing final Capstone Report	Final corrections/updates with the help of Capstone class professor	4/29/2020
Complete final Capstone Festival Presentation	Final corrections/updates with the help of Capstone class professor	5/7/2020

Conclusion

The Clerical Triage Unit was designated to help the community with a better quality of services. With the new added unit, providing answers to client's questions about their case became easier and with a shorter wait time. At the agency, MCDSS has created a unit that's main purpose is to give the caller a better experience.

In this report, I described how the Clerical Triage Unit was implemented, as well as the purpose of it. The data collected is also explained, how it will be collected and the main purpose of it. Within each phase, data was collected and organized to fit into an organizational chart. Using charts and pivot tables, it will allow us to elaborate on what the prognostic will be at the end of the Trail.

At the end of the implementation trial, the data will be analyzed to determine the validity of the Clerical Triage Unit. As previously mentioned, the data provided will dictate whether the new program will work in both the short and long term. The end goal of this capstone project is to find enough data to support the Clerical Triage Unit or not. This information will become very beneficial, and will potentially be used for future reference when implementing similar programs.

Conclusion

As previously stated, the circumstances of this program has not facilitated a smooth advancement. The Clerical Triage program is unique in its kind, as there is no program like it in place. Because of this reason, there is no set standard that allows the program to use another project as a base to build upon. This program is aimed to increase the overall caller satisfaction when clients call the MCDSS regarding their case.

In the following chart, the *Problem Description* will be explained in both the Micro-Level and Macro-Level. It will also elaborate on what is the cause for the problem and the consequence for each type of problem.

Problem Description

Before the Clerical Triaging Unit was implemented, there was no formal program that was specifically focused on specified in lowering the cCaller wait time and improving the overall caller satisfaction for the MCDSS caller system. This being said, there were many barriers that needed to be overcome before it could be implemented within the agency. In the following section it will describe both the Macro and Micro level problems that target the Triage Program main goal. The main consequences and the primary causes of each problem statement, will also be analyzed and interpreted as to how it relates to the primary focus.

Table #3: Problem Description-Macro and Micro

<p>CAUSES TO AGENCY PROBLEM</p>	<p>AGENCY-SPECIFIC “MICRO-LEVEL” PROBLEM ADDRESSED BY PROJECT</p>	<p>CONSEQUENCES TO AGENCY</p>
<p>Lack of communication between clients and eligibility workers/social workers when they call requesting a service.</p>	<p>The Caller Satisfaction rate is too low for the caller system in MCDSS.</p>	<p>Leading to an increased number of delays that can potentially affect the process of the clients’ cases.</p>
<p>No previous training in place for Triage pilot program employees, therefore no proper etiquette in place</p>		<p>Work load won’t be evenly distributed among all workers. Therefore, less calls will be taken by each queue.</p>
<p>No previous caller system program at MCDSS</p>		<p>The caller system will receive negative reviews from other county offices who have similar programs in place.</p>
<p>CAUSES/RISK FACTORS TO BROADER PROBLEM</p>	<p>BROADER “MACRO-LEVEL” HEALTH/SOCIAL PROBLEM</p>	<p>CONSEQUENCES TO SOCIETY</p>
<p>No system is in place to answer non-technical questions</p>	<p>The lack of access to services in MCDSS can potentially contribute to a decrease in the community’s social welfare.</p>	<p>Low enrollment in public social services aid programs</p>
<p>No official caller system program has been implemented.</p>		<p>Increase in poverty and lack of social welfare for the community.</p>
<p>No community outreach.</p>		<p>A higher percentage of uninformed residents in Monterey County</p>
		<p>Can contribute to a lack of enrollment of services</p>

Micro-level Problem

The agency specific problem is the caller satisfaction level is too low for the caller system in MCDSS. In order to meet the standards that MCDSS sets in place, there is a strong push to increase the overall satisfaction level.

An important aspect of the Clerical Triage unit implementation process was no plan for implementation and training for its employees was established beforehand. The primary causes to this problem for the agency are a lack of communication between social workers and clients, no training in place for Triage pilot program, and no previous program meant for the caller system in place to use as foundation. Because of this, the Triage pilot program workers are learning a new system that is different to the one that the social workers are used to. The Triage workers have been trained first, then the social workers will follow. All of this brings into question what the guidelines will be like, and if they will change along the way (Gonzales, 2019). Taking all of this into account, it will not have an ensured success rate for the program.

Consequences to the agency would include; miscommunication between clients and social workers, work load will not be evenly distributed among all workers. An example of this is the *Top 10 Priorities*⁹ that consists of a list of 10 topics that social workers and Triage workers focus on within a time period when there is a high frequency of related calls (n.d., Co.monterey.ca.us, 2019). Table # 4 shows an example of how calls related to the Top 10 Priorities were addressed for the month of December 2019. (Monterey County Department of Social Services, 2019). These, Top 10 Priorities are what define what the queues

⁹ Top 10 Priorities: a list of 10 topics that social workers and Triage workers give priority first before other cases. This list changes over time as frequency of other topics can increase or decrease.

Table #4: MCDSS Top Ten Priorities

Priority Level	Task Types	Sub-Types	Assignment paramotors
1	<ul style="list-style-type: none"> Add/Remove Person MC 604 IPS - Focus 	<ul style="list-style-type: none"> Add Baby/Person Application Received Apply Sanction Deceased Pregnancy Reported Remove Person Remove Sanction Focus-Sent Focus – Received Focus- IC 	Assign All CF and MC Tasks
2	Potential Rescind		Assign All CF and MC Tasks
3	Initiate ICT/IDT	<ul style="list-style-type: none"> 1st Follow Up 2nd Follow Up Initiate 	Assign All CF and MC Tasks
4	<ul style="list-style-type: none"> Felons Fraud 		Assign All CF and MC Tasks
5	<ul style="list-style-type: none"> Income Change Mid-Period Change 	<ul style="list-style-type: none"> Verif Received, IEVS Discrepancy, New Hire/PVS/ IEVS 	Assign all CF oldest to newest
6	<ul style="list-style-type: none"> Shelter/ Utilities Address Change 	<ul style="list-style-type: none"> New Address Returned Mail 	Assign All <u>CF only Tasks</u> that are Due beginning in December <u>2017 going forward</u>
7	OP/OI	<ul style="list-style-type: none"> Admin ICT IHE IPV Repayment Agreement Received 	Assign All <u>CF only Tasks</u> that are Due beginning in December <u>2017 going forward</u>
8	Verif Requested	<ul style="list-style-type: none"> 40 Qtr Change Reported CF/MC EDC Follow Up Excess Shelter New Hire Tax HH 	Assign All <u>CF only Tasks</u> that are Due beginning in December <u>2017 going forward</u>
9	<ul style="list-style-type: none"> Craig v Bonta Disability/ Incapacity 		Assign oldest to newest
10	MEDS Alerts	<ul style="list-style-type: none"> Critical 	Assign Critical only oldest to newest
Assignment & Processing			

Macro-level Problem

The lack of accessibility to services in MCDSS can potentially contribute to a lack of social welfare. There is no additional community outreach system in which MCDSS can enforce when promoting the new program. Unfortunately there are only a few alternatives that someone could take in order to reach out for services in MCDSS. Most of the cases it will be through in person communication with the assigned social worker to the case, or call the main line with the caller system in place. There is a main website where the information can be found, as well as

frequently asked questions (n.d., Co.monterey.ca.us, 2019). Interestingly enough, there is no outreach to the community that allows them to obtain these services, other than the actual social services building.

Because these services are aimed at Monterey County residents, it primarily affects those living in the County. There is no set age, gender, or nationality for those affected by this problem. Because the program essentially serves those who have questions about their care or about a case; this problem will predominantly affect this group the most. The risk factors that have contributed to the Macro-Level problem have been no system in place to answer non technical questions, no official program implemented, and no community outreach. As mentioned before, the Triage Unit program is a pilot program that is attempting to resolve many issues within the MCDSS; one which is lack of community outreach. Also, presently the website has no community outreach program that allows the community to apply for services. Consequences to society because of this problem are; low enrollment of government aid, contribution to low income, a higher percentage of uninformed residents in Monterey County, and can contribute to a lack of enrollment services. If there is a lack of community outreach, then there is a lower chance that the residents will take advantage of the services provided (Monterey County Department of Social Services, n.d.).

Project Assessment Plan

The overall goal of this project is to increase caller satisfaction and decrease the caller wait time with the help of the Clerical Triage Unit. The implementation process consists of mainly gathering information through reports, and secondary data collection. Twice a week, the report due is called the *Task Report*¹⁰ (Appendix 1). This report gives an insight as to what the present changes are on a daily basis. The changes occur as they go on. These types of reports will also be used to measure the effectiveness of the Triage Unit at MCDSS. This change provides more accurate responses of the program; that can be used to change or alter the number of employees assigned to the Clerical Unit. For example if the caller wait time is too high, then more workers can be assigned to the case to decrease the caller wait time. This information is important as it will be taken into consideration when conducting the weekly reports that will measure the overall success rate of the Clerical Triage program.

The expected outcome for the overall Triage Project will provide MCDSS a clear view as to how a program such as the Clerical Triage pilot program, that can affect the caller system should be implemented. The expected outcome of this capstone project is to provide enough data to support or oppose the short term outcomes of Clerical Triage program. Although success in this pilot program is not guaranteed, the main outcomes would be to decrease caller wait times and increase the overall satisfaction rate for people who called into the (Triage Pilot Program) system for assistance. The results of this project will be used, in part, for MCDSS to decide

¹⁰ Task Report: a report that shows the compilation of caller wait times per section of the Call center. It is divided by topic and language.

whether to continue the Triage Pilot Program and also for other County departments considering implementing a similar caller system.

At the end of the capstone project, the arrangement was to assess the overall data that was collected, as the survey responses to be used for the final recommendations. The data from all the reports made will be used in summary of the assessment of the project. The survey responses will be analyzed to make connections between the overall performance of the Triage program. However, due to COV-19 the data collection was cut short, and the survey responses were not gathered on time.

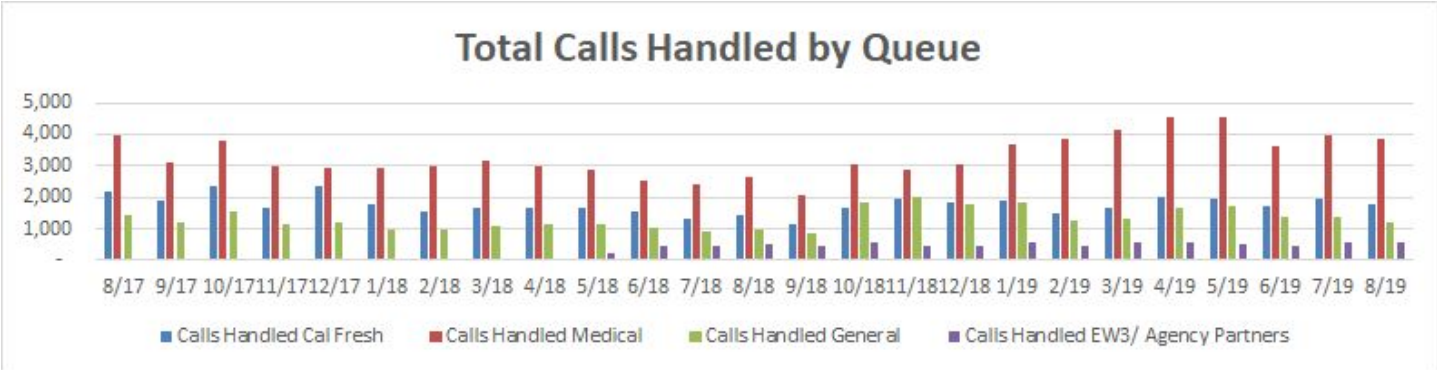
Confidently, the data collected will be used as a foundation for the implementation should run for similar programs with the caller system within Monterey County and other counties as well.

Project Findings and Results of Assessment

The main purpose of the capstone project was to analyze the implementation of the Clerical Triage project. There was no set standard of what information was expected to be found; but rather data that would show how the Clerical Triage pilot program interacted with MCDSS.

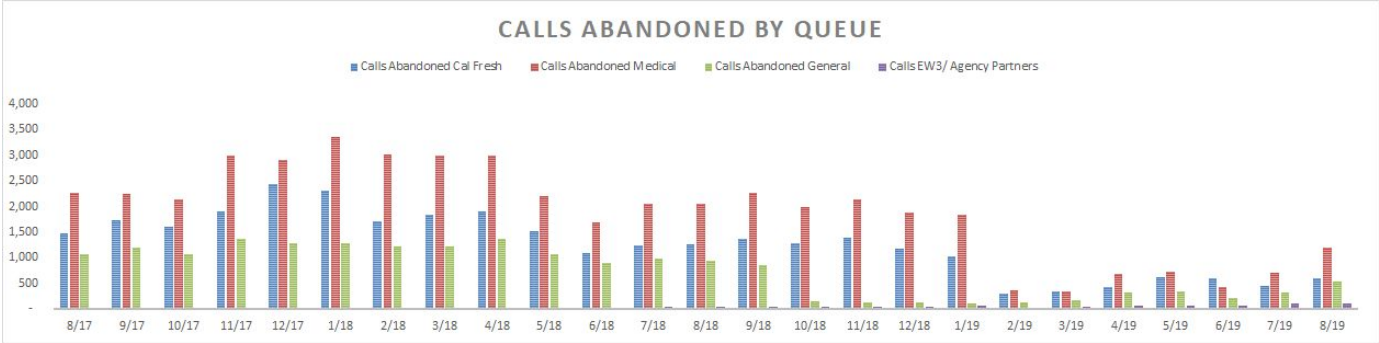
The results showed a significant change as to how many calls were taken since the implementation of the pilot program. Below, (Table 5) depicting the “Total Calls Handled by Queue”. This graph shows the number of calls taken each month within the four different queues; CalFresh, Medical, General, and Agency Partners. As shows, the number of calls have remained high, with the use of the Clerical Triage pilot program in place.

Table 5: Total Calls Handled by Queue (n.d, 2019, *CSC Processing Data*, MCDSS)



Another result of the short term outcomes of the Clerical Triage pilot program was the decrease of abandoned calls taken by each queue. The table below demonstrates the overall decrease of abandoned calls taken each month. As seen, the number of abandoned calls have decreased compared to the earlier months. The projection is for the number of calls to remain relatively low.

Table 6: Calls Abandoned by Queue (n.d, 2019, CSC Processing Data, MCDSS)



The capstone project achieved the expected outcome that was to provide information as to what the short term results would be. The evaluation of the implementation of the Clerical Triage program provided evidence that would possibly contribute to future programs. Due to COVID19, this will not be possible in the near future. Data collection had to be stopped early, therefore long term results won't be available.

The capstone project did achieve a level of success; as it did provide information that will be used when implementing similar programs to the MCDSS caller system. However, there was a time limitation that affected the capstone project for future projections. Due to COVID19, the time was limited when conducting the final outcomes of the project. Because of this limitation, future projections were not able to be completed efficiently.

Recommendations

All the reports were made, and all data was collected. A survey was sent to all Triage workers in order to evaluate their participation in the Clerical Triage pilot program. These questions were meant to give the staff an opportunity to express their honest opinions about the implementation process. This information was used to suggest recommendations for this capstone project. Below, staff responses will be used to support the following recommendations; create an equal training system and language for all workers in all queues and build reports frequently in order to view updates and alter the implementation.

The following are responses from current staff,

“Changes implemented without sufficient notice and no time given to review changes, not enough time given to adapt new procedure correctly and no unit huddles to review changes when they occur. Most of it if not all all the time workers are troubleshooting issues as they occur” (Anonymous, Triage Survey. 2020).

Based on the responses from the Clerical Triage staff, it gives us an idea of how disunited the Clerical Triage staff can be. The training is not being followed properly by the staff, as they have different processes in which they adhere to. A recommendation would be to agree to a specific format and training in which everyone can follow. This would also include creating focus groups that would create reports to better provide updates about the Clerical Triage unit to the staff. By doing this, there would not be any issues to perform a certain task if the steps were unknown.

Lastly, due to COVID19, it is crucial for the data collection to continue once the shelter in place guide expires. For the best possible results data collection is important to provide results that will demonstrate how the Clerical Triage pilot program is operating with the caller system with MCDSS.

These recommendations are ultimately to improve the service of the Clerical Triage caller system to the community. The project relates to the broader “macro-level” social problem as it aims to increase the accessibility to the community's social welfare services. When MCDSS increases the overall satisfaction rate of the Clerical Triage system, then it will impact the accessibility of services for the benefit of the community. This capstone report is over, but the improvements will be ongoing. There will always be some type of improvements that can be made to improve the quality of services. The end goal for MCDSS is to provide the best quality service possible for the community.

Conclusions and Personal Reflection

Working at MCDSS has led me to become more adaptable at projects I was assigned. This year-long project pushed me to be more self aware and be more self reliant. Not having anyone to depend on but myself pushed me out of my comfort zone completely. For some, this idea might seem impractical, or perhaps even irritating; but this is a good way to learn something new. This was a huge lesson that I will take away with me, to not be afraid to be out of my comfort zone.

The MLO¹¹ that helped me the most with my professional career would be MLO #7; policy, politics, and public action. This MLO in particular “evaluates alternatives strategies to promote equitable public action” (Collaborative Health & Human Services MLOs-Original and New MLOs-Alignment Matrix, n.d.). It is very important to never stop learning when it comes to providing a service that is beneficial to the public. In the world of public service, learning new ways to help a community will be a priority to better impact them in a positive way.

By collaborating with this project, various lessons were learned. In research like this, it is important to maintain an open mind and be flexible when analyzing various types of data. For someone who would want to intern at MCDSS, one must be willing to put themselves out there. You will work with important people that will know a lot more than you. You are expected to make mistakes, as this is how you learn new techniques to complete assignments and projects. My advice to future interns at MCDSS, would be to become hungry for knowledge. A lot will be learned that will ultimately help you grow in your professional career.

¹¹ MLO: Major Learning Outcome

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APPENDIX

1. IAR Report (Images Awaiting Review)

Row Labels	Count of Type
- Images Awaiting Review	3711
+ Do Not Use	5
+ Images Awaiting Review Bank	356
+ MAQ-In House Images	6
+ Returned Mail Bank	9
+ Unit 16 ABD CF Images PN Review	60
+ Unit 16 ABD CF Tasks PN Review	1
+ Unit 16 ABD MC Images PN Review	392
+ Unit 16 ABD MC Tasks PN Review	1
+ Unit 31 MC Images PN Review	10
+ Unit 75 MC Images PN Review	33
+ Unit E2 MC Images PN review	16
+ Unit R1 CF Images PN Review	1
+ Unit R1 MC Images PN Review	23
+ (blank)	2798
Grand Total	3711

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