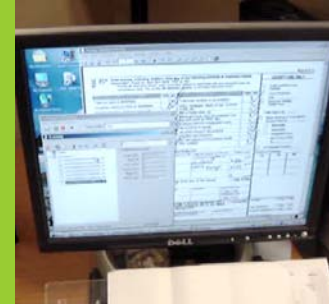


Document Imaging Work Shop 2011



Alameda County Social Services' WEBFILES: A Case Study



Topics of Discussion

- **Alameda County: In the Beginning**
- **A Decision to Change**
- **The Challenges & Opportunities**
- **The Imaging Center**
- **Lessons Learned**
- **Next Steps**





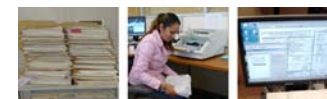
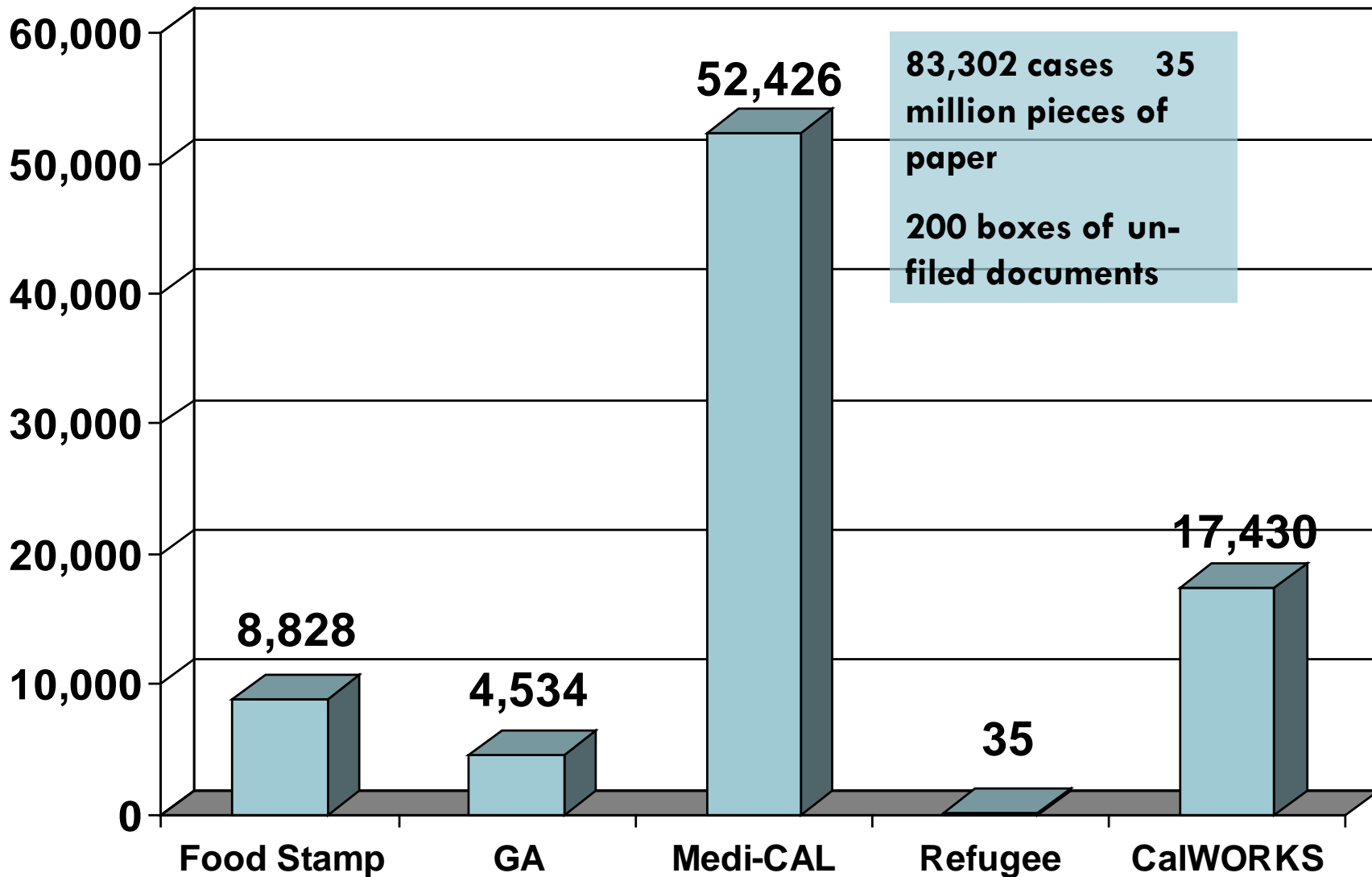
Alameda County Social Services

- **Departments:**
 - **Economic Benefits**
 - **Employment Services**
 - **Children & Family Services**
 - **Adult & Aging**
- **2,400 Employees**
- **Twelve Buildings including:**
 - **3 One-Stop Self Sufficiency Centers**
 - **North County**
 - **Center County**
 - **South County**
 - **1 Medi-Cal Services Building**





Cases Per Program 2005



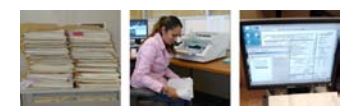
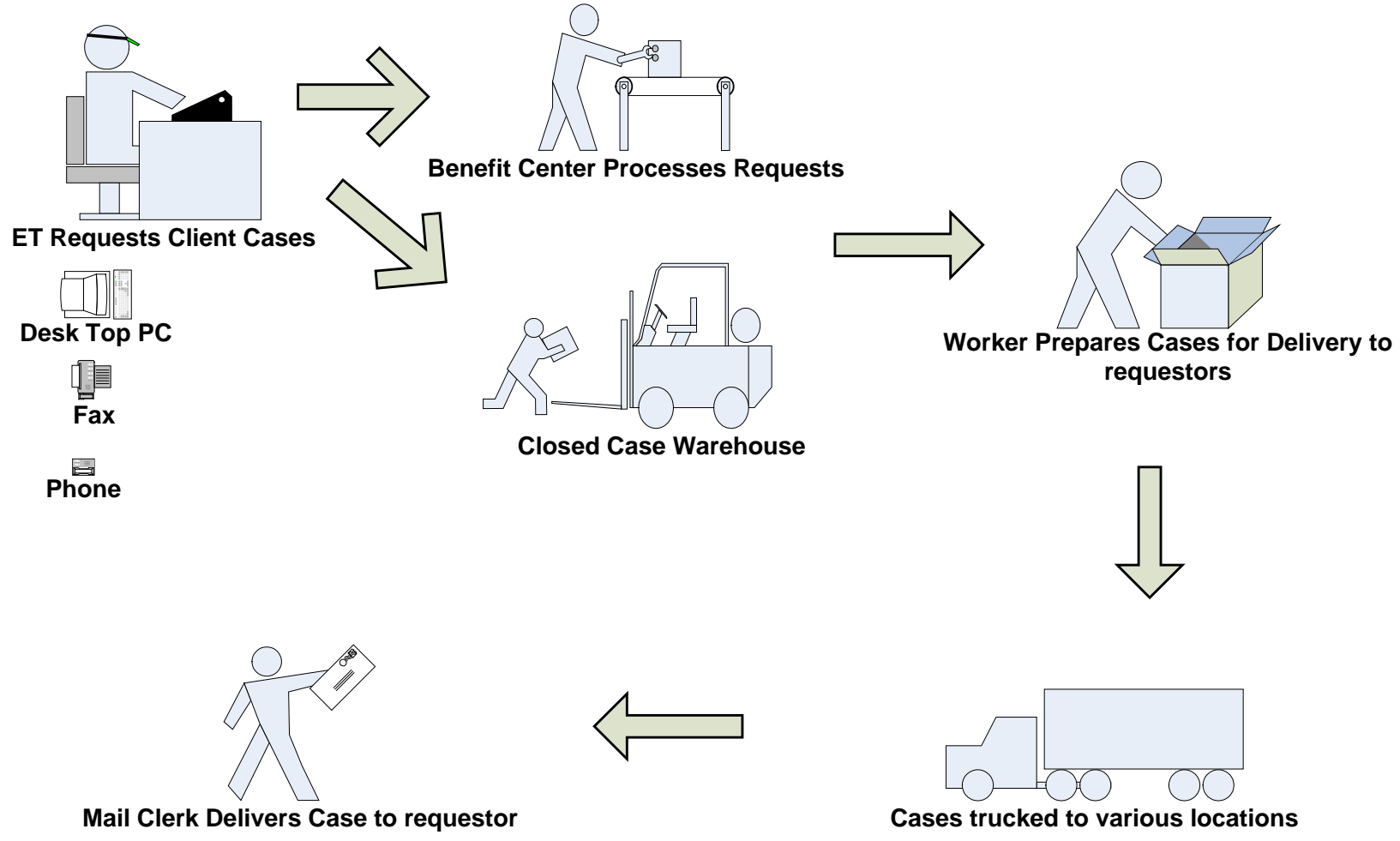


30,000 Square Feet of Hard Case Client Folders

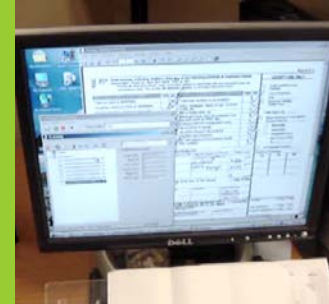




In The Beginning



A Decision to Change



Major Challenges



The 2005 Challenges & Opportunities

- **Request(s) for case folders could take 3 to 10 days**
- **Lost/Misplaced case resulted in new case folder created for same client**
- **Document filing got further and further behind**
- **Lost or missing documents**
 - **resulted in benefit errors**
 - **Clients asked to turn in duplicate documentation**
 - **resulted in lost Appeals**





The 2005 Challenges & Opportunities

- **Needed to close 2004 budget gap**
- **Closing of the Benefit Center could substantially cut facility cost**
 - **Freed up funds to pay for the new North Oakland SSC**
- **Technology was available**
- **December 2005 CalWIN implementation**





The 2005 Challenges & Opportunities

- **Agency's Human Resources**
Department move to a new facility
with no space for all employee hard
case files including:
 - **ADA**
 - **Workman's Comp**
 - **Medical**
 - **Payroll**
 - **Personnel**
 - **Administration**



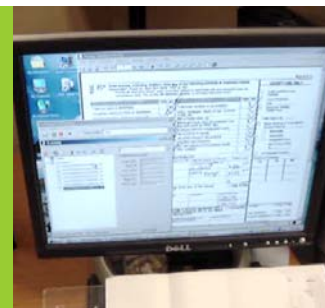


Implementation

- **Central Imaging Unit**
 - **Clerical Staff**
 - prepare documents for imaging
 - Batch documents
 - Scan and index documents
 - **All documents sent to Central Imaging Unit**
 - Us mail
 - Documents from the offices (documents already processed, for “filing”)
 - **All active case folders**
 - imaged by vendor



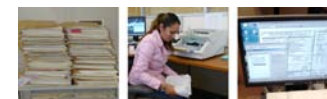
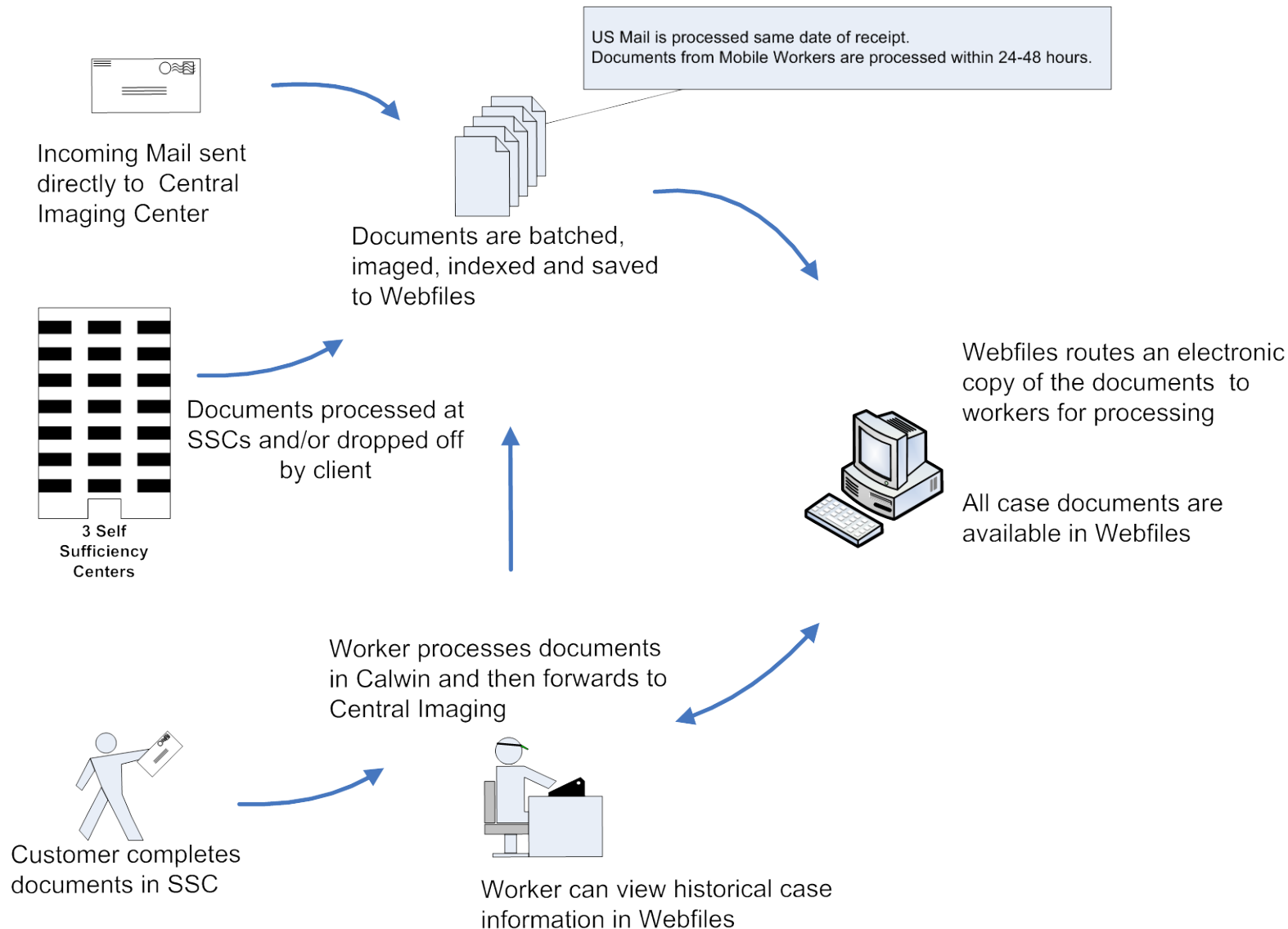
The Imaging Center



From Development to Daily Production



Current Process Flow





Scanning Log On

**Log-in to Disc Image**



User ID:

Password:

Application:

Copyright 1993 - 2011 All Rights Reserved





Scanning




DI BAUMGB's routes: 3/327


File Configuration Help


Alameda Social Services

WebFiles


DISC/Image

 [Scan](#)  [Index](#)  [Query](#)

 [Quality Control](#)

	Routes:	3
	Group Routes:	327

Route boxes last checked at 4:41:51 PM





Scanning QC

The screenshot shows a software window titled "Scanning" with a menu bar (File, Scanner, View, Preferences, Help) and a toolbar. The main area is divided into two panes. The left pane displays a tree view of folders and files. The right pane shows "Additional Information" for the selected file.

File List:

- AAAKJ061011153457609.TIF
- Document 76
 - AAAKJ061011153459484.TIF (Selected)
 - AAAKJ061011153500625.TIF
- Document 77
 - AAAKJ061011153502296.TIF
 - AAAKJ061011153503546.TIF
- Document 78
 - AAAKJ061011153505375.TIF
 - AAAKJ061011153506734.TIF
 - AAAKJ061011153507468.TIF
 - AAAKJ061011153508625.TIF
 - AAAKJ061011153509265.TIF
 - AAAKJ061011153510171.TIF
 - AAAKJ061011153511109.TIF
 - AAAKJ061011153512015.TIF
 - AAAKJ061011153512859.TIF
 - AAAKJ061011153513796.TIF
 - AAAKJ061011153514546.TIF
 - AAAKJ061011153515562.TIF
- Document 79
 - AAAKJ061011153517484.TIF
 - AAAKJ061011153518468.TIF
- Document 80
 - AAAKJ061011153520484.TIF
- Document 81
 - AAAKJ061011153523062.TIF
- Document 82
 - AAAKJ061011153525468.TIF
 - AAAKJ061011153526546.TIF
 - AAAKJ061011153527140.TIF
- Document 83
 - AAAKJ061011153529187.TIF
 - AAAKJ061011153531656.TIF

Additional Information:

Scan Date:	10/11/2006
Batch #:	6
Doc Count:	83
Image Count:	258
Region ID:	A
Batch Date:	10/11/2006

Current Scanning Mode: Blank Page Detect 10/11/2006





Scanning QC

Image Window [Scan]

File View Navigate Options Settings Window Help

ALAMEDA COUNTY
SOCIAL SERVICES AGENCY

GENERAL ASSISTANCE LANDLORD STATEMENT / FREE RENT STATEMENT

THIS FORM IS TO BE COMPLETED BY THE CLIENT'S LANDLORD.
The landlord is the person to whom the client's rent will be paid. The landlord could be the owner of the rented property, the person or company that manages the property for the owner, or the renter of the unit with whom the client shares rent. The landlord may also be the manager of a Homeless Shelter or the manager of a Drug/Alcohol Residential Recovery Program.
PLEASE PRINT ALL ANSWERS FOR SECTIONS 1 THROUGH 5.

Client's Name _____ SOCIAL SECURITY NUMBER _____
Client's Address _____ City _____ Zip Code _____

1) LANDLORD'S INFORMATION: (THIS NAME WILL BE THE PAYEE ON THE CHECK)

Name: _____
Address: _____
City/Zip Code: _____
Phone: _____
Relationship to Client: _____
I am the: (Circle One) Owner Manager Renter of the unit/house where client lives

2) CLIENT INFORMATION:

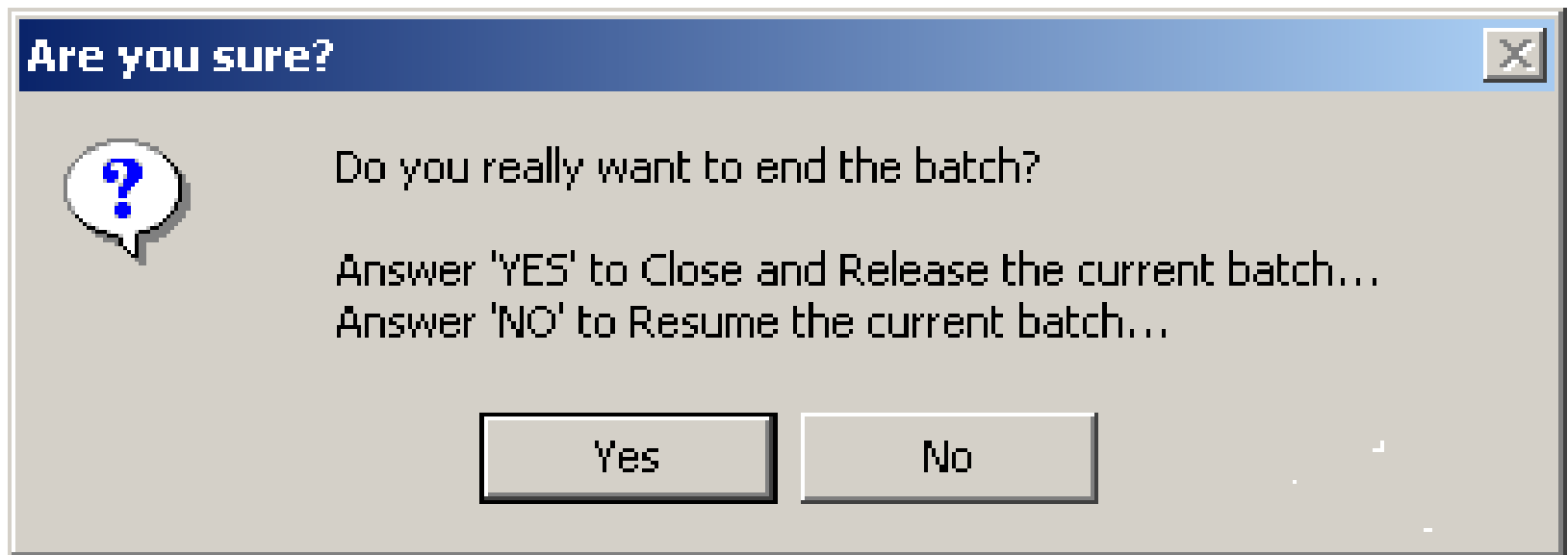
Date client moved in Oct 1 - 94
Date rent last paid Jun 1 - 06
Total Monthly Rent Amount _____
Client's Share _____
Number of people living in unit: 2
(Please list all individuals and give relationship to client)

AAAKJ061011153517968.DID Page 1 of 2





Completing Batch





Indexing




DI BAUMGB's routes: 3/327


File Configuration Help


Alameda Social Services

WebFiles


DISC/Image

 Scan  Index  Query

 Quality Control

	Routes:	3
	Group Routes:	327

Route boxes last checked at 4:41:51 PM





Indexing to Case Number

Indexer - Document Type: WBA CASE FILES

Actions Options Help

Index Information

Case Number:

Document Title:

Category:

Document Date: 10/11/2006

Last Name:

First Name:

SSN:

Sec SSN:

Elig Worker Num:

Emp Worker Num:

Document Instance: 1 | AAAKJ061011145600968.DID | 1 of 76

Image Window [Index]

File View Navigate Options Settings Window Help

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

MONTHLY ELIGIBILITY REPORT
For Cash Aid and Food Stamps

THIS REPORT IS FOR THE MONTH OF
SEPTEMBER 2006

Sample Name: sample case #
Sample Address:
946073953851
Worker: A Phone:
PO BOX: 1019
Oakland CA 94604-1019

Need help? Call your worker.

1 Did anyone get money from a job or training program?
If "YES," complete below. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week in the month. Attach pay stubs or other proof of earnings.
If self-employed: For Food stamps: List business costs on a separate sheet of paper and attach proof of income and costs. For Cash Aid: Attach proof of income. If you claim actual expenses, list business expenses on a separate sheet of paper and attach proof of expenses.

Who Got Income	Employer's Name (+)	Gross Amount	State Received	Fed. or State Received	Total Received
<input type="checkbox"/> Job <input type="checkbox"/> Training <td></td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td>		\$	\$	\$	\$
Who Got Income	Employer's Name (+)	Gross Amount	State Received	Fed. or State Received	Total Received
<input type="checkbox"/> Job <input type="checkbox"/> Training		\$	\$	\$	\$

2 If anyone above paid for care of a child, disabled person or other dependent while working, seeking work or in training, list here and attach proof of payment.

On Who Received Care	Cost	Name of Person Who Received Care	Cost
\$		\$	

3 Do we receive money or benefits from any other sources?
Include: Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, workers compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. If "YES," complete below. Attach proof.

Who Got Income	Source of Income	Gross Amount	State Received	Fed. or State Received	Total Received
		\$	\$	\$	\$
Who Got Income <td>Source of Income</td> <td>Gross Amount</td> <td>State Received</td> <td>Fed. or State Received</td> <td>Total Received</td>	Source of Income	Gross Amount	State Received	Fed. or State Received	Total Received
		\$	\$	\$	\$

4 If anyone gets food stamps and paid court ordered child support this month, list the amount they paid. Report any changes in the court order. Attach proof. \$

5 During this report month has any member in the household been evicted or running from the law to avoid a felony conviction, parole or probation after conviction, or incarceration of conviction or parole?

KJ061011145600968.DID Page 1 of 6





Indexing to Case Number

Indexer - Document Type: WBA CASE FILES [X]

Actions Options Help

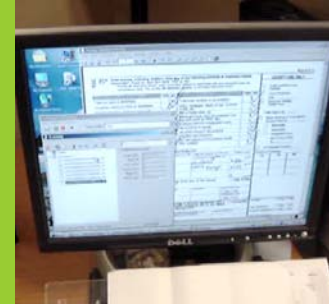
Index Information

Case Number:	1111111
Document Title:	Other
Category:	Absent Parent/DCSS
Document Date:	10/11/2006
Last Name:	Sample
First Name:	Sample
SSN:	000-00-0000
Sec SSN:	- -
Elig Worker Num:	N435
Emp Worker Num:	N354

Document Instance: 1 AA\LE061011143817250.DID 1 of 1



Viewing Documents



WebFiles



Viewing in WebFiles

Alameda Social Services i: Staff - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://alamedsocialservices.org/staff/index.cfm>

Alameda Social Services.org

Alameda County Social Services Agency

Web Files AlcoWeb Public Area

NEWS DEPARTMENTS SUPPORT WORK TOOLS CaWIN TRAINING FORMS HELP DESK

Thursday, September 28, 2006

Employee Directory

First Name:

Last Name:

Search

Quick Links

SYSTEMS & TOOLS


DOCUMENTS & FORMS

PROCEDURES & HANDBOOKS

SUPPORT SERVICES

Online eBenefits

Benefits have moved online! The new HRMS system allows you to complete your current benefits and leave balances. Staff in Administration and Finance will also be able to complete Timesheets through this system. Other departments continue to use paper timesheets.




The Open Enrollment period has been moved to later this fall. At that time you can change your current benefit elections and dependents, Flexible Spending Account and Dependent Care allocations, and purchase vacation. Open Enrollment will take place through the new HRMS system.

Use the new Quick Link under the "Systems and Tools" dropdown menu to access HRMS. If you have technical problems or have forgotten your user ID or password, please contact the ALCOLINK help desk at 2-3744. log in to HRMS Use the new Quick Link under the "Systems and Tools" dropdown menu to access HRMS. If you have technical problems or have forgotten your user ID or password, please contact the ALCOLINK help desk at 2-3744. [log in to HRMS](#)

Staff Photo Contest: Celebrating the Family

SSA announces our Staff Photo Contest "Celebrating the Family." Entries submitted will be considered for display in SSA offices. Prizes include a digital camcorder, digital camera, and dinner for two. **The deadline has been extended to Tues. October 31.** [more](#)



Pages: 1 of 48 Pages: 1 of 48

Done Internet

Bulletin Board

Adult & Aging VRU is now online!
IHSS clients & providers can access info via the SSA website

SSA Staff Web site upgrade complete
Staff Web site now fully functional

The Training and Consultant Team Presents
Something borrowed, something new

New temporary link needed to access staff Web site
Use a new link to access the staff site until further notice

Alameda County Learning Center Will Shut Down
No registrations allowed





Viewing in Webfiles

DISC Image Login - Windows Internet Explorer

http://webfiles:ssadom2.internal/DiscImageWebQuery/Login.aspx

File Edit View Favorites Tools Help

DISC Image Login

Feedback

Last updated: 2/2/2011 5:05:41 PM

Alameda County Social Services Agency

DISCImage Web Query

Login

Application: Alameda Social Services

Username: baumgb

Password: ●●●●●●

Login

Remember application

IKON DISCImage

Internet 100%

start

5:05 PM





Viewing in Webfiles

Route Box - Windows Internet Explorer

http://webfiles.ssadom2.internal/DiscImageWebQuery/Query/QueryRouteBox.aspx?m0=25m1=88m2=0

File Edit View Favorites Tools Help

Route Box

Logout | Feedback

Last updated: 2/2/2011 5:09:06 PM

Alameda Social Services

Alameda County
Social Services
Agency

Home Query

Simple Advanced **Route Box** Settings

Route Boxes **WBA CASE FILES documents in the Baumgb routeBox** [+ Add To Favorites](#)

View Document View Document History Route Document Search Remove

Calwin Case Number	Document Title	Category	Document Date	Last Name	First Name	Ssn	Sec Ssn	Elig Worker Num	Emp Worker Num	Import Date	Cds Case Number	Routecomment
<input type="checkbox"/> 111111	QR 7 Quarterly Eligibility/Status Report	Income Reports & Verifications	08/21/2006	Sample				W343			XXXXXX	Brenda - I found this one under case number B156304 - I did not know who could fix it so I am sending to you
<input type="checkbox"/> 111111	Eligibility II-D	Verifications	07/01/2005	Sample				VCLO	VCLO	11/08/2005	XXXX	f
<input type="checkbox"/> 111111	QR 7 Quarterly Eligibility/Status Report	Income Reports & Verifications	08/05/2005	Sample				W214			XXXX	yi

Change Page Number: GO << Previous Page 1 of 1 Next >>

Total records: 3

IKON DISCImage





Viewing in Webfiles

Documents

1111111 ✕

Main Viewer Only

Notes

+ **New Note**

No notes exist for this document.

Document Viewer

1 out of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CALIFORNIA DEPARTMENT OF HEALTH SERVICES

QUARTERLY ELIGIBILITY/STATUS REPORT
For CASH AID, FOOD STAMPS, AND STATE CMSP

COMPLETE, SIGN AND RETURN THIS FORM BY THE 5TH OF THE MONTH AFTER THE REPORT MONTH

1111111

NEED HELP? CALL YOUR WORKER.
Worker Name: _____ P#698
Worker Phone: _____
County of ALAMEDA
PO BOX: 1019
Oakland CA 94604-1019

BAR CODE:

TO BE FILED

THIS REPORT IS FOR THE MONTH OF JUNE, 2006

Request to Stop Benefits (If you fill in this part, sign and date the back of this form. You can reapply at any time.)
I ask that my Cash Aid Food Stamps Medi-Cal State CMSP be stopped on the last day of: _____ MONTH/YEAR

Part 1: What happened IN the Report Month?

1. Did anyone get income from a job or training program or any other source? YES NO
If "YES", list all income below and attach pay stubs or other proof. (See instructions for examples of income.)

Who got the income?	Source	Gross amount				
		\$	\$	\$	\$	\$
		Date received				
		No. of hours worked or in training				
Who got the income?	Source	Gross amount	\$	\$	\$	\$
		Date received				
		No. of hours worked or in training				
Who got the income?	Source	Gross amount	\$	\$	\$	\$
		Date received				
		No. of hours worked or in training				

2. Did anyone pay for the care of a child, disabled person or other dependent while working, seeking work, or attending school or training? YES NO
If "YES", list all costs below and attach proof.

Name of person who received care	Cost	Name of person who received care	Cost
	\$		\$

3. Did anyone, who gets Food Stamps, pay cost-ordered child or spousal support? YES NO
If "YES", list the amount paid and attach proof of payment.

Name of person who paid support	Cost	Name of person who paid support	Cost
	\$		\$

Part 2: What has happened SINCE your last Quarterly Report?

4. Has anyone moved into or out of your home, or did you move in with someone else? YES NO
If "YES", complete below.

Full name of person	Relationship to you	Explain what happened	Date of change

5. Did anyone buy, get, sell, trade or give away any property? YES NO
(See instructions for examples of property.)

Who owns or got rid of the property	Type of property	Value
		\$

QR 7 (4/02) QUARTERLY ELIGIBILITY STATUS REPORT - REQUIRED FORM - SUBSTITUTES PERMITTED

HSSA JUL18'06pm 1:37

Index Fields

Save Edit Master Fields Cancel

CALWIN Case Number: 111111

Document Title: QR 7 Quarterly Eligibili

Category: Income Reports & Veri

Document Date: 08/21/2006

Last Name: Sample

First Name: Sample

SSN: 000-00-0000

Routing

Route Document View Favorites

Dest: <select route>

Comment:

Add Route



Viewing in Webfiles

Query - Windows Internet Explorer

http://webfiles.ssadom2.internal/DiscImageWebQuery/Query/Default.aspx?m0=2&m1=0&m2=0

File Edit View Favorites Tools Help

Logout | Feedback
Last updated: 6/16/2011 11:00:42 AM

Alameda Social Services

Home Query

Simple Advanced Route Box Settings

Query

Folder
WBA CASE FILES

Fields

+	CALWIN Case Number:	is equal to	1111111
×	Document Title:	is equal to	SAWS 1 Application Fc

Search Show All

Query Options
Results:
Match All Criteria

IKON DISCImage

Done Internet 100%

start | Inbox - Microsoft ... | Baumgb on 'ssaed... | documentimaging... | Document_imagin... | Query - Windows ... | 11:08 AM





Viewing in WebFiles

Query - Windows Internet Explorer

http://webfiles:ssadom2.internal/DiscImageWebQuery/Query/Default.aspx?m0=2&m1=0&m2=0

File Edit View Favorites Tools Help

Logout | Feedback
Last updated: 6/16/2011 11:10:31 AM

Alameda Social Services

Home Query

Simple Advanced Route Box Settings

Query

Folder: WBA CASE FILES

Fields:

- + CALWIN Case Number: is equal to 1111111
- × Document Title: is equal to SAWS 1 Application Fo

Search Show All

Query Results

View Document Route Document

Calwin Case Number:	Document Title:	Category:	Document Date:	Last Name:	First Name:	Ssn:	Sec Ssn:	Elig Worker Num:	Emp Worker Num:	Import Date	Cds Case Number
<input type="checkbox"/> 1111111	SAWS 1 Application For Cash Aid Food Stamps And/Or Medi-Cal/State CMSP	Eligibility Applications	07/26/2007	Sample Name		000-00-0000		BCLO	P437		
<input type="checkbox"/> 1111111	SAWS 1 Application For Cash Aid Food Stamps And/Or Medi-Cal/State CMSP	Eligibility Applications	12/26/2007	Sample Name		000-00-0000		BCLO	P437		
<input type="checkbox"/> 1111111	SAWS 1 Application For Cash Aid Food Stamps And/Or Medi-Cal/State CMSP	Eligibility Applications	01/10/2008	Sample Name		000-00-000		BCLO	P437		

Change Page Number: GO << Previous Page 1 of 1 Next >>

Total records: 3

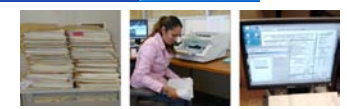
IKON DISCImage

Done

start | Internet | 100%

Inbox - Microsoft ... | Baumgb on 'ssaed... | documentimaging... | Document_Imagin... | Query - Windows ...

11:11 AM





Viewing in Webfiles

Documents - Windows Internet Explorer

Address bar: <http://webfiles.ssadom2.internal/Disc/ImageWebQuery/Documents/Documents2.aspx>

File Edit View Favorites Tools Help

★ Favorites ☆ Suggested Sites ▾ Web Slice Gallery ▾ Customize Links Free Hotmail Windows Windows Media

Documents

1111111 X
Main Viewer Only

Notes

+ New Note

No notes exist for this document.

Index Fields

Edit Master Fields Edit

CALWIN Case Number: 1111111

Document Title: SAWS 1 Application Fo

Category: Eligibility Applications

Document Date: 07/26/2007

Last Name: Sample

First Name: Sample

SSN: 000-00-0000

Routing

Route Document View Favorites

Dest: <select route>

Comment:

Add Route

Document Viewer

1 out of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES CALIFORNIA DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE CMSP

Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.

1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST) 2. SOCIAL SECURITY NUMBER (SSN)

3. NUMBER OF OTHER NAME (IF ANY) 2A. DATE OF BIRTH (MM/DD/YYYY)

4. HOME ADDRESS NUMBER STREET 5. MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP/CODE CITY STATE ZIP/CODE

Oakland CA 94621 Oakland CA 94621

6. TELEPHONE NUMBER(S) (510) 575-3065

7. Is your home address permanent? YES NO NO HOME

If not permanent, please explain:

8. Is anyone applying for: Cash Aid YES NO Food Stamps YES NO
Medi-Cal YES NO State CMSP YES NO

Any other Program(s) YES NO If YES, explain:

9. Has anyone ever asked for or gotten aid benefits, including Medi-Cal/State CMSP/Medicaid or Diversion cash or non-cash services? If YES, list: YES NO
Ebony Jackson Medi-Cal 11/01/2004 To 05/31/2006

10. The law says we must record your ethnic group, race and language. This will not affect your eligibility.

A. Ethnic Group Asian Indian White Hispanic Black Filipino Guamanian
 Alaska Native American Indian Hawaiian Japanese Korean Chinese Samoan
 Laotian Cambodian Other Asian or Pacific Islander

B. LANGUAGE English Cantonese Lao Tagalog American Sign
 Spanish Cambodian Vietnamese Russian Other (Specify):

11. Is anyone a migrant or seasonal farmworker? YES NO

12. Is anyone pregnant? YES NO If YES, did she get a Presumptive Eligibility card? YES NO

13. Does anyone have a personal emergency? If YES, check (1-3) type: Immediate Medical Need Pregnancy Child Abuse Domestic Abuse Elder Abuse Other emergency which threatens health or safety. Explain: YES NO

IF YOU NEED: CASH AID IMMEDIATE NEED PAYMENT..... FILL IN ITEMS 14 - 18
FOOD STAMP EXPEDITED SERVICE..... FILL IN ITEMS 14 - 17

14. How much liquid resources does everyone, including children, have?
 Cash, uncashed checks or money orders \$ 0
 Checking/savings or credit union accounts \$ 0
 Trust deeds, notes receivable, stocks or bonds \$ 0
 Other (explain) \$ 0

15. How much income did everyone, including children, get or will they get this month?
Date Amount Date Amount
\$ 0 \$ 0

16. How much is your rent or mortgage this month? \$ 300

17. How much are your utilities that are not included in your rent this month? \$ YES NO
18. Do you have an eviction notice or notice to pay or quit? X
Have your utilities been shut off or do you have a shut-off notice? X
Will your food run out in 3 days or less? X
Do you need essential clothing, such as diapers or clothing needed for cold weather? X
Do you need help with transportation to get food, clothing, medical care or other emergency items? X

I certify that I have been given a copy of the coversheet, I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand the statements I have made on this form may be checked and verified.
I certify that if I have applied for Food Stamps the county has told me of my right to Expedited Service.
I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

19. Signature of applicant (PRINT NAME OR INTERPRETER) DATE 6-9-07

Done

Internet 100%

start | Inboxes - Microsoft ... | Baumgb on 'ssae... | documentimagin... | Document_imag... | Query - Windows... | Documents - Win... | 11:18 AM





Alameda County Social Services: Imaged Cases by Department

- **Initial Implementation**
 - **Economic Benefits Department**
 - **Employment Services**
- **Implemented later**
 - **Children & Family Services**
 - **Foster Care Eligibility**
 - **Adult & Aging Services**
 - **In Home Supportive Services**



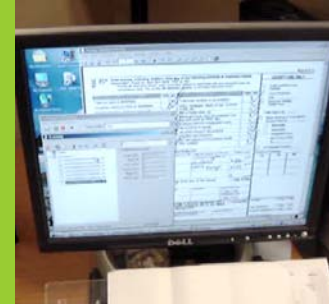


Central Imaging Center Stats

- **Total no. documents imaged to date:**
 - 19,396,562
- **Total no. pages imaged to date:**
 - 74,061,177
- **Average number of documents imaged weekly:**
 - 68,081
- **Average number of pages imaged weekly:**
 - 175,546



Lessons Learned





Lessons Learned – WebFiles

- **Documents that need to be filed in case folders MUST BE filed before sending cases for imaging**
- **Flow of documents** – oversight must allow for prompt movement of documents from workers to imaging
- Implement all offices at same time
- Emergency process when cases sent & not yet imaged





Lessons Learned – WebFiles

- **Gain executive management support**
- **Gain staff buy-in**
- **Understand the work flow of program staff prior to implementation**
- **Set clear goals**
- **Get Labor Unions involved up front**
- **Fully understand project cost**
- **Consider performance and online storage infrastructure and capacity needs before you begin**





Lessons Learned – WebFiles

- **Train your staff**
- **Re-train your staff**
- **Train them again**
 - **WebFiles is user friendly however learning how to query and search for documents takes practice**





Next Steps

- **Mobile Work pilot**
- **CFS services cases**
- **Closing Closed Files/Retention warehouse**
- **Interfaces between Webfiles**
 - One E App
 - BCW
 - E- ICT



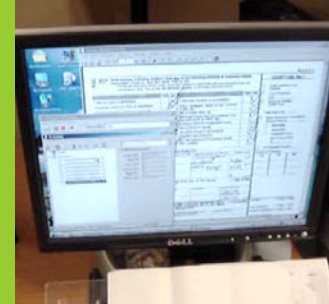


Contact Information

- Brenda Baumgartner
- baumgb@acgov.org
- Don R. Edwards
- Don.edwards@acgov.org



Thank You



WebFiles