

Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
“Celebrating Quality Service”

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: WIRELESS DEVICES BILLING SYSTEM

DATE OF IMPLEMENTATION/ADOPTION: NOVEMBER 9, 2015
(Must have been implemented at least one year - on or before July 1, 2016)

PROJECT STATUS: X Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

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The Department of Public Social Services (DPSS) implemented the Wireless Devices Billing System to automate the lengthy process of having to manually deliver and distribute over 1,600 billing statements to wireless-device users, thereby eliminating delivery backlogs and delays, reducing staff costs, expanding its paperless environment objective, and establishing electronic controls through system monitoring and reports. In collaboration with the Internal Services Department (ISD), DPSS leveraged the electronic billing method to allow wireless-device users to receive, review, and approve their monthly wireless usage charges using ISD’s existing Expense Management System (EMS).

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Public Social Services 12860 Crossroads Parkway South City of Industry, CA 91746	TELEPHONE NUMBER (562) 908-8600
PROGRAM MANAGER’S NAME Michael Sylvester	TELEPHONE NUMBER (562) 908-4521 EMAIL MichaelSylvester@dpss.lacounty.gov
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE <small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER’S NAME)</small> Kimberly White Original on File	TELEPHONE NUMBER (562) 908-6330 EMAIL KimberlyWhite@dpss.lacounty.gov
DEPARTMENT HEAD’S NAME AND SIGNATURE Sheryl L. Spiller Original on File	TELEPHONE NUMBER (562) 908-8600

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success. Use Arial 12 point font.

Challenge:

DPSS was receiving monthly AT&T and Verizon paper bill statements from ISD for distribution to departmental wireless-device users. Designated DPSS staff manually separated the billing statement detail pages by user, verified the user office, and then entered each individual user’s billing statement amount on a spreadsheet summary in preparation of the reconciliation. Once the reconciliation process was complete, staff sorted the users’ billing statements by bureau, division, and section, and drafted the distribution memos requesting users’ to review and validate the charges within the mandated 30-day period. Additionally, staff had to also make and keep copies of all billing statements and memos on file, as required by County policy. The distribution of over 1,6000 billing statements received from ISD posed a challenge to the Department due to the continuous movement of personnel and the large volume of billing statements needing to be routed to the correct office. The manual system of processing billing statements often resulted in distribution backlogs and subsequent delays associated with users being required to review and validate the billing statements.

Solution:

DPSS collaborated with ISD to modify the County’s existing EMS. The automation of the manual process ensures the timely distribution of monthly wireless charges and disposition of billing statements to wireless-device users. The following enhancements were made:

- Notification of billing via email to wireless-device users and approvers at the end of each month;
- Users are now able to review and submit for approval or dispute monthly charges, as necessary;
- Approvers are now able to review, approve or reject charges on-line.
- An automated email reminder is now sent within three business days for task completion; and
- System-generated reports are now available for data analysis.

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Benefits:

The implementation of the Wireless Devices Billing System allows DPSS wireless device users to receive, review, and submit for approval or dispute monthly charges electronically, within the required 30-day period, thereby eliminating the delivery backlogs and delays, reducing staff costs, and expanding the Department’s paperless environment objective. Additionally, DPSS is able to collect and analyze system-generated billing data to measure the actual use/lack of use of the wireless devices.

Costs:

There were no costs associated with the implementation of the Wireless Devices Billing System, because DPSS collaborated with ISD to tailor the County’s existing EMS, which the County uses for its landline telephone billing.

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

The Wireless Devices Billing System project addresses the following County Strategic Plan Objectives:

- II.3.4 Reduce Waste Generation and Recycle and Reuse Waste Resources. The Wireless Devices Billing System has effectively reduced paper waste in support of a paperless environment.
- III.2.3 Prioritize and Implement Technology Initiatives that Enhance Service Delivery and Increase Efficiency. The Wireless Devices Billing System has effectively eliminated wireless billing statement delivery backlogs and delays, and reduced staffing costs.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS	
INTERNAL SERVICES DEPARTMENT-1100 N EASTERN AVE., LOS ANGELES, CA 90063	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
LETICIA PEREZ Original on File EMAIL: LPEREZ@ISD.LACOUNTY.GOV	SCOTT MINNIX <i>Scott Minnix</i> EMAIL: SMINNIX@ISD.LACOUNTY.GOV
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____