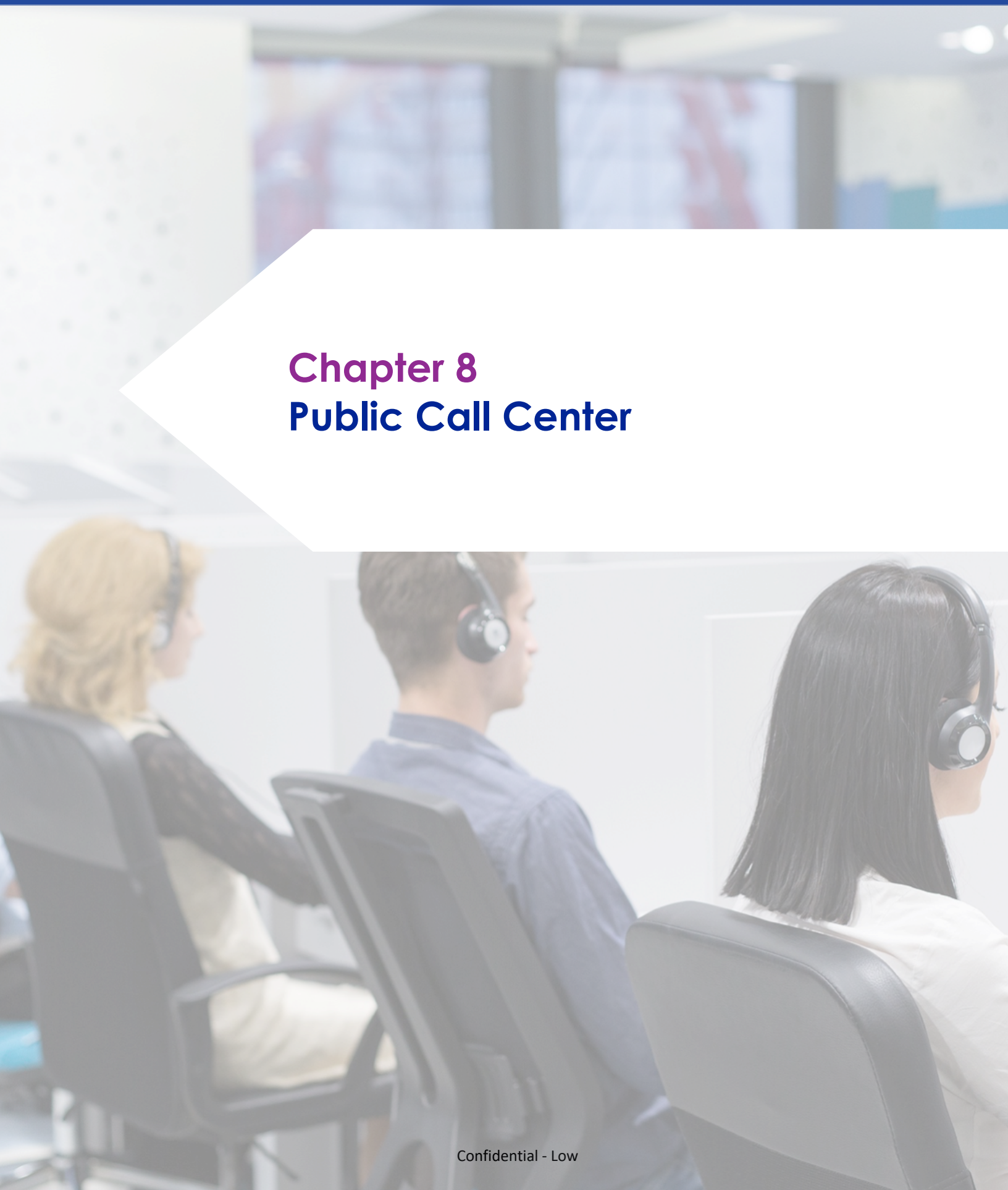
Chapter 8
Public Call Center



Version History

Version #	Date	Notes
0.1	3/30/2022	First Draft submitted to CPR Team
0.2	6/1/2022	Final Draft revised per review by CPR Leadership
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8. Public Call Center

Public Health Emergency Preparedness and Response Capabilities: Community Preparedness; Emergency Public Information and Warning; Information Sharing.

Related CDPH AAR chapters: Public Communications; Vaccines.

In this chapter, some abbreviations may be used interchangeably with their respective full spellings for ease of reading.

Chapter Summary

Overview

This section provides a high-level overview of milestones and activities related to this chapter.

CDPH operationalized its COVID-19 Public Call Center in March 2020 to assist with public access to COVID-19 information. In partnership with call center vendors, the State quickly expanded the public call center's operations and scope. This included adding new topics such as contact tracing and vaccinations, helping other departments respond to public inquiries on a variety of COVID-19 topics, and establishing a coalition with California's existing local 2-1-1 call center networks, the system that provides access to local community services.

Beginning in November 2020, CDPH expanded the public call center to support public vaccine information on a statewide scale. Eventually the call center offered unique services such as assistance with vaccine scheduling, arranging transportation to vaccine appointments, and providing real-time translation services for clinics. As one leader noted, "we call it the COVID call center, but it became so much more than that over time."

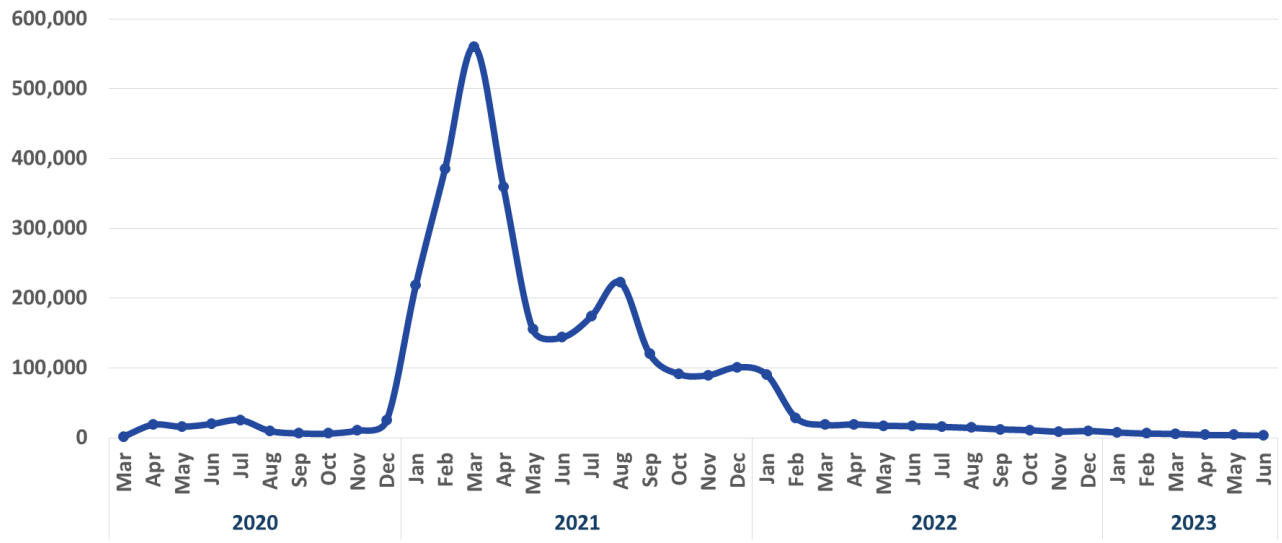
Equity was a central focus of the public call center and it was designed as a public service for California residents who lacked access to high-speed internet, mobile devices, and/or transportation. The call center in part existed to "help those who couldn't help themselves" as State leadership worked to identify and meet the needs of under-served and difficult-to-reach communities. The call center channeled guidance from subject matter experts to become a single focal point for the "conduit for information." The operation involved taking

technical information from approved sources and translating it into scripts for public consumption.

While the call center's primary purpose eventually became to answer the public's questions about vaccines, it fielded calls and emails on all COVID-19 related topics. The public call center functioned as the "front door" for the public, and was closely connected to other important touchpoints including the provider call center, the CAIR2 immunization registry helpdesk, the myCAvax and My Turn helpdesks, the Third-Party Administrator helpdesk, and various ticketing systems.

At its peak in 2021, the public call center included about 1,500 agents. In 2020, it received approximately 142,000 calls. This number increased to over 2.6 million calls in 2021. Over 1,000 pages of scripting were updated on a daily basis at the call center's height, and additional phone lines and email addresses were continually added to support new content areas. Through January 2022, the public call center was still receiving approximately 90,000 calls per month. As one leader noted, "this is an incredibly successful operation and we hope to make it more permanent. We took an impossible task and made it possible." **Figure 1** depicts the number of calls received from the beginning of operations through June 2023.

Figure 1: CDPH COVID-19 Public Call Center Monthly Volumes (March 2020 – June 2023)



CDPH also stood up and operated a Provider Call Center to deliver technical assistance for COVID-19 vaccine providers; this is discussed in the Vaccines chapter of this AAR.

In the Summer and Fall of 2022, the public call center merged with the CA Notify (digital contact tracing) call center and also developed resources for the public on where to obtain the Mpox vaccine. Although California's state of emergency for COVID-19 ended in February 2023, the public call center remained active as of Summer 2024.

Timeline and Key Milestones

	2020
Spring 2020	• **Early March:** State-led COVID-19 Public Call Center planned and formulated • **Late March:** CDPH contracted with vendors to staff the call center and assist with call scripting • **April:** Post-call satisfaction surveys added • **May:** Hold messaging added and scripting process refined
Summer 2020	• **June:** Call center staff began working on CDPH Medical Health and Coordination Center (MHCC) email backlog • **July:** Interactive Voice Response (IVR) added • **July:** Wildfires and Public Safety Power Shutoff Line added • **July:** 2-1-1 Coalition established • **August:** Contracted with vendor for call center reporting and data analytics
Fall 2020	• **September:** Vaccine Line and Influenza Line added • **October:** Testing Line added • **October:** Tenant/Landlord Line added
	2021
Winter 2020/2021	• **December/January:** Ramped up staffing to accommodate vaccine-related calls • **January:** Safe Schools Line added
Spring 2021	• **March:** CA Vaccination Translation Line added • **April:** At Home Vaccination Services Line added
Summer 2021	• **May:** Vaccine Incentive Lines and Safe Schools Email Line added • **June:** Digital COVID Vaccine Record Line and Email Line added
Fall 2021	• **September:** Flu Vaccine Line and Email Line added • **November:** Pediatrics Vaccination Line added and Long-Term Care Facility Email Line added
	2022
Winter 2021/2022	• **January**: School Vaccination Event Line added • **February**: Public call center reported receiving an average of 90,000 calls per month; vendor contracts extended to December 2022
Spring 2022	• **March – April:** Public call center reported receiving an average of 18,000 calls per month
Summer 2022	• **July**: CA Notify (digital contact tracing) call center was merged with the public call center

Fall 2022	• **September – October**: Public call center developed resources and information for the public on where to obtain Mpox vaccine
	2023
Winter 2022/2023	• **February**: Public call center vendor contracts extended to December 2024 • **February 28:** California's State of Emergency for COVID-19 ended
Summer 2023	• **July**: MHCC deactivated from the COVID-19 pandemic response

Main Strengths and Successes

This section describes the Main Strengths and Successes, including findings and corrective actions, related to this chapter. Further elaboration and a more detailed discussion of these strengths and successes can be found in the Analysis of Activities section.

1. CDPH partnered with private companies to quickly establish and scale up a call center to serve California's residents, especially traditionally under-served populations.

Initially, CDPH planned to establish a State-led call center, but after several weeks it became clear this would not be feasible with existing infrastructure. CDPH pivoted its approach and rapidly contracted with professional call center vendors. Ultimately, this successful public-private partnership allowed the State to respond nimbly to changing needs and situations. Over time, the public call center expanded in scope and complexity, especially with the arrival of vaccines in December 2020. In partnership with other departments and the local 2-1-1 network, the public call center offered many unique services—not usually associated with call centers—to California's under-served and hard-to-reach populations. These services included real-time clinic translation services, assistance with vaccine appointment scheduling, and assistance with coordinating transportation to appointments. The call center's emphasis on equity and direct public service was ultimately successful: "we were able to help so many people, especially those populations that are under-served, which was our ultimate goal."

Finding/Corrective Action: CDPH has the opportunity to document its public call center operations for future responses, including the innovative services that were deemed to be most successful. *(ID: Public Call Center 1)*

2. CDPH used emergency contracting authority enabled by the Governor's Executive Orders, and this authority was essential to establishing the public call center.

Operating under the expedited procurement processes enabled by the Governor's Executive Orders, CDPH was able to contract with private call center vendors quickly and seamlessly: "it was amazing that we did

this in 2 days, given the size of the contract." Leaders noted that maintaining this authority in emergencies is critical to the public health response. They voiced concern about potential legislation that could limit the powers of emergency orders, which would hinder the department's future response efforts.

Finding/Corrective Action: CDPH has the opportunity to document its emergency contracting and procurements processes used to stand up the call center for use in future responses. The documentation could be used to support the continuation of this authority, if needed. *(ID: Public Call Center 2)*

See the Contracting and Procurement chapter in this AAR for further discussion of contracting and procurement.

3. CDPH's leadership structure over the both the public and provider call centers allowed the State to respond quickly to changing circumstances and develop the best ways to reach different groups.

The joint leadership over the public and provider call centers proved essential to eliminating duplication, streamlining processes, clarifying roles, and resolving challenges associated with an increasingly complex vaccination campaign. The public call center team was able to provide much-needed assistance to establish the provider call center. Furthermore, the joint leadership enabled the call centers to collaborate and direct providers and the public to the most appropriate resources, since in early days of the State's vaccination campaign, there were many overlapping topic areas. Lastly, although the introduction of the Third-Party Administrator (TPA) into the vaccination campaign complicated call centers operations and confused providers, the State was ultimately able to clarify roles and responsibilities between the various teams.

Finding/Corrective Action: CDPH's call center joint leadership structure was successful and should be replicated in future responses. *(ID: Public Call Center 3)*

4. Data helped inform the public call center's operations, and was used to make staffing and other decisions to meet the changing needs of California's residents.

The public call center collaborated with a private vendor to create a robust data, technology, and reporting infrastructure that was managed by quality assurance and reporting teams. Data was processed hourly and combined into multiple reports that provided insights into a number of key metrics, including call volumes, hold times, call language, and call type. Call center leadership used these reports to adjust staffing levels and make other managerial adjustments in response to trends. In addition, the data also influenced script development and modifications, and was also provided to other agencies and departments as feedback.

Finding/Corrective Action: The use of data to help inform the public call center's operations was successful and should be continued. *(ID: Public Call Center 4)*

Main Challenges and Lessons Learned

This section describes the Main Challenges and Lessons Learned, including findings and corrective actions, related to this chapter. Further elaboration and a more detailed discussion of these challenges and lessons learned can be found in the Analysis of Activities section.

5. State departments who do not maintain ongoing, large-scale call centers (such as CDPH) should not try to establish them quickly without external help.

While CDPH has successfully established internal call centers in the past, the unique size and scope of the COVID-19 call center made it difficult to scale up internally at the speed required Leaders noted that unlike other State programs and departments (such as Medi-Cal or Covered California) who have large, long-established call center operations, CDPH "doesn't operate call centers on a day-to-day basis," making it difficult to stand up a call center from scratch. Instead, the State should partner with private industry, who are experienced in call center operations and can scale up and down very easily.

Finding/Corrective Action: In the future, if creating a brand-new call center of similar size and scope, CDPH should consider partnering with private industry to help establish and manage its call center operations. *(ID: Public Call Center 5)*

6. CDPH has an ongoing need for a public call center and some version of the current model should be maintained even after the end of the pandemic.

As indicated by the call center's broad scope and services, one of the major lessons learned is the need to provide the public with information on a variety of non-COVID topics. "We've demonstrated that there's a lot of information people need to know, and we do have a day-to-day need that we hadn't realized," one leader said. Subject matter experts recommended that a baseline call center should be maintained, and could be transformed into an enterprise-wide operation that encompasses all CDPH programs and possibly CalHHS programs, as well. Experts noted that during budget cuts, call centers are often "the first things that go," but agreed that the public call center created an

enormous amount of value by helping traditionally under-served populations access important public health information.

Finding/Corrective Action: CDPH should explore options to maintain a foundational public call center, including expanding it to support all CDPH programs and/or other CalHHS departments and should explore funding from across programs. *(ID: Public Call Center 6)*

7. Due to internal communication lapses and the lack of a communication protocol between the call center, Vaccine Task Force, and the My Turn team, the public call center was often the last to learn about upcoming policy changes, My Turn system changes, and other significant announcements, which hindered its ability to train agents to be able to respond to the public.

The lack of a communications protocol and standard operations procedures resulted in the public call center team often being caught by surprise by major public announcements, even well into the response. Even with its highly-visible role as the State's "front door" for public inquiries about COVID-19, the call center team was rarely given advance notice of major changes, such as new My Turn releases. As a result, call center agents were not as prepared as they could have been; in some instances, agents were pulled off of the phones in order to receive quick training on new, unexpected content areas. Over time, the call management team was better integrated into technology leadership discussions, which improved communications.

Finding/Corrective Action: CDPH should develop and document a communications protocol between the call center(s) and other key areas in future emergency responses. *(ID: Public Call Center 7)*

Analysis of Activities

This section elaborates and provides more detail on the findings, corrective actions, and lessons learned that are presented in the Main Strengths and Successes and the Main Challenges and Lessons Learned sections.

Early Efforts to Establish State-Led Call Center Were Unsuccessful

- In the first half of March 2020, CDPH realized it needed a process to handle the increasing volume of public questions coming in via multiple channels. Multiple programs, including the CDPH's Director's office, regional operational centers, and the Emergency Preparedness Office, were getting inundated with phone calls and emails from the general public and LHJs. As one leader noted, "We started getting hammered with calls, we were all looking for places to send these people. No one had resources to manage it, and it was overwhelming. We were going to continue to struggle unless we changed something."
- CDPH soon realized the need to identify questions that had commonalities based on general topics, draft questions, and research and script out answers in an FAQ format, as well as the need to set up a call center.
- In the past, CDPH's Center for Preparedness and Response (CPR) had run call centers for smaller emergencies, and as result had dedicated space along with call center equipment. CDPH decided to leverage this past experience to get a call center up and running, including the workspaces, equipment, and people. Leadership requested volunteer staff to help staff it.
- CDPH's early attempts to establish the call center ran into a number of problems, including difficulty with scheduling volunteer staff, the lack of professional scripting, and technical problems including the establishment of toll-free numbers and network systems.
- After several weeks, CDPH realized that the efforts to establish a State-led call center large enough to respond to COVID-19 calls and emails were not going to be successful. While CPR had stood up temporary call centers in the past, it did not maintain a dedicated, full-time call center infrastructure, such as those maintained by MediCal and Covered California. This lack of ongoing infrastructure made it difficult to activate a call center rapidly enough to handle the volume of inquiries.

- However, the ultimate success of the public call center revealed the need for public health information to be widely and publicly available, and leaders noted that many CDPH programs and CalHHS departments could benefit from a standing call center. SMEs and leaders agreed on the need to evaluate which daily operations could be enhanced by a standing call center that could be scaled up during emergencies.

Hiring Private Vendors Helped CDPH Quickly Launch and Expand the Call Center

- At the end of March 2020, CDPH shifted its approach and focused on bringing in a private vendor to set up a high-volume call center.
- Leveraging existing State relationships, CDPH identified and contracted with a call center vendor in a matter of days. Leaders noted that having this emergency contracting authority was "absolutely critical" to the call center's success. Two vendors were selected to staff the call center with customer service agents and assist with call scripting.
- Once onboard, both vendors were able to ramp up quickly, initially bringing on 100 call center agents and then adding 30 more staff. The vendors and CDPH partnered with the CalHHS Office of Innovation (Innovation Office) and the Joint Information Center (JIC) to develop call scripts. The scripting team was responsible for creating, maintaining, and distributing approved scripts for the call center's phone and email lines. The scripting team was responsible for monitoring media and other sources, collaborating with internal and external stakeholders to create accurate scripts, and obtaining script approvals.
- During the call center's early phase, much of the scripting revolved around changing guidance. The scripting team was a "24-hour operation," but the many layers of script approvals needed created challenging delays. One leader noted, "there were so many layers of people between the scripting team and the innovation team, early on it didn't go well. It was really challenging in the beginning to get things approved." However, after several months, the scripting team assumed full responsibility for scripting as the Innovation Office transitioned off, and "from that point forward it was a pretty well-oiled machine of scripting, meetings, and reviews," one SME noted.

- The "startup" phase of the call center lasted until approximately July 2020, during which time leadership continued to refine and build out processes. In June 2020, the call center assumed the responsibility for responding to MHCC emails to help alleviate pressure on MHCC staff.
- September 2020 marked the beginning of the call center's rapid expansion phase, which was largely driven by the arrival of COVID-19 vaccines in California in December 2020. From September 2020 through April 2021, the call center expanded dramatically: the number of call center agents grew from 100 to 1,500, and the pages of scripting grew from 200 to over 1,000 pages. The call center was also rapidly adding lines, including lines devoted to flu information, vaccine general information, vaccine appointment scheduling assistance, vaccine incentives, the Safe Schools initiative, testing results, wildfires, and the "Housing is Key" initiative. In the second half of 2021, more lines were added, including lines devoted to digital vaccine record, pediatric vaccinations, and long-term care facilities. The call center would also update its hold messaging to "push out" important messages to callers, as part of "changing with the times."
- At its peak, the call center was taking 35,000 calls per day while continuously developing scripts, and providing daily data reporting to the Legislature, the Governor's Office, Agency Secretaries, and other departments.
- Ultimately, the strength of this public-private partnership contributed directly to the call center's success. As one leader emphasized, "The overarching takeaway was the success of this partnership. Without it, we would not have been able to handle the volume during expansion phases." With the support of CalHHS, CDPH was able to leverage State's existing relationships with these private companies to quickly and flexibly "scale up" midstream: "if we hadn't had the ability to adjust contract midstream, hundreds of thousands of calls would have gone unanswered."

Collaboration with other Departments Expanded the Scope of the Public Call Center to Include Many Other Topics

- Once the infrastructure for the public call center was in place, CDPH began to collaborate and support other departments who were

struggling to handle questions from the public. Many departments were confronted with "a public-facing customer service need that they could not fulfill," including the Department of Aging (CDA), the Department of Managed Health Care (DMHC), the Department of Real Estate (DRE), CalHHS, and the Department of Health Care Services (DHCS), which relied on CDPH prior to the launch of its own Cal-Hope call center.

- Whenever certain topics entered the public eye, departments would be quickly flooded with calls. In such cases, departments could request help from CDPH, and the public call center would quickly scale up its operation, which involved adding new lines, developing new scripts, and training staff. For instance, CDPH supported the DRE when calls regarding eviction moratoriums and renters' protection peaked.
- To utilize the existing call center infrastructure for other topics, the call center leadership would first meet with the department's experts. The call center would then develop and validate scripts on various topics, add lines to the call center, and train call center staff on the script. Additionally, whenever existing scripts were updated, call center leadership immediately disseminated these updates via a distribution list to all impacted department directors: "we would send out the newest content to the directors and call out the changes were, so they could quickly assess what was important to them."
- Ultimately, the successful collaboration between CDPH and other departments in need of call center support allowed the State to provide services to other departments that lacked the necessary infrastructure to respond to COVID-19 related public requests. This collaboration was bolstered by the call center's representation on many key task forces, which fostered relationships and expedited solutions. As one leader noted, "it was a brilliant way to make sure we could get more content more quickly. It was wonderful to be able to move quickly instead of reinventing the wheel." Ultimately, what was initially envisioned as a CDPH call center devoted primarily to vaccines evolved in a much broader operation, encompassing a wide range of topics and departments not limited to public health yet related to the impacts of COVID-19 on citizens.

Successful Partnership with 2-1-1 Network and Expansion of Scope and Services

- The call center established an important partnership with California's 2-1-1 network in July 2020. 2-1-1 is a free information and referral service that connects people to health and human services in their community 24 hours a day, 7 days a week. CDPH established a coalition with California's 14 local 2-1-1 call centers to promote information sharing, consistent messaging, and call transfer services. The partnership with the 2-1-1 network provided the State with a valuable "boots on the ground" perspective, especially related to vaccines. The 2-1-1 call centers received and aggregated feedback on public concerns, which were then communicated upwards to the State. CDPH established weekly reporting on call data and common themes across the 2-1-1 network, and this feedback informed State-level policy and technology decisions. Due to the success of the 2-1-1 coalition, "we would learn of issues that were starting to bubble up in communities, and we had a great pulse on the existing wrap-around services for under-served communities." Ultimately, the 2-1-1 network helped the State "put on an equity lens" and identify what under-served and difficult-to-reach communities needed during COVID-19.
- Over time, the call center's scope evolved and expanded to include responsibilities not traditionally performed by call centers. For instance, in addition to providing general COVID-19 information, the call center also began offering many expanded services, including:
  - My Turn appointment booking assistance: Call center agents registered or scheduled an appointment through My Turn on behalf of residents who called.
  - Transportation assistance: Call center agents coordinated transportation assistance (including medical transportation) to help residents get to their COVID-19 appointment. Agents help connect Medi-Cal members to existing transportation services depending on their type of plan.
  - In-home vaccination services support: Call center agents confirmed a resident's need for in-home vaccination and gather relevant and minimum necessary information (address, # in household, etc.), and make that information available to the resident's Local Health Jurisdiction (LHJ).

- Live translation services: The call center was staffed by agents that speak Spanish and English, and it also offers translation services in 254 languages. Translations occur in real-time, in a "back and forth" format between the resident, agent, and translator.
- Vaccine clinic translation line: The call center also has a translation line devoted to vaccine clinics. As of February 2022, that line was still receiving around five calls per day.

Interconnectivity: Public Call Center, Provider Call Center, and the TPA

- In early 2021, vaccines were in very limited supply and the State was scrambling to operationalize its vaccination program while fielding a deluge of calls from the public, and increasingly, providers. One leader described it as a "an absolute madhouse," with physicians calling repeatedly for help. "Everyone wanted to know how to order, store, and handle vaccines. It was a game stopper if you couldn't get access to the vaccine," one SME noted.
- While the public call center had been established in spring 2020, the provider call center was initiated in early 2021 in response to the arrival of COVID-19 vaccines. The Immunization Branch (IZB), which oversaw the State's early vaccine planning efforts, had already identified need for a separate provider call center in late 2020.
- As vaccines started to arrive, the IZB had difficulty hiring staff for the provider call center. Providers continued to inundate the Branch with emails and calls, but without enough staff to respond timely, a large backlog grew, and questions from providers went unanswered. Many tried repeatedly to contact the Branch but did not receive a response.
- One subject matter expert noted that the backlog was created because the Branch was put in the "terrible position" of redirecting staff from the CAIR2 helpdesk, which created a backlog on that helpdesk.
- After several weeks, CDPH leadership asked the public call center team for help in establishing a provider call center. Using the same vendors and their established infrastructure, the backlog was cleared within two weeks and a separate provider-specific call center was established that offered expanded hours and services to providers. This quick turnaround was the result of effective joint leadership over both the provider and public call

centers, which was essential. However, staff noted that it took the IZB too long to ask for help.

- The existence of two call centers—one for the public and one for providers—initially created some confusion. Large numbers of public residents began calling the provider call center; likewise, many providers started calling the public call center regarding their personal vaccines. Updating the call center menu options and unpublishing the provider call center number from public websites helped direct calls more appropriately, because at certain times the smaller provider call center was at risk of being overwhelmed by public inquiries. However, at one respondent noted, "at the end of the day, we cared that people got the information they needed, whichever door they used. Because of how vaccines were rolled out, all the information was coming at once. When we couldn't get rid of the overlap, we happily helped them."
- Operations for both call centers became increasingly complicated as new versions of My Turn and myCAvax were released. Each new module required its own distinct customer support, including My Turn Public (for members of the public); myCAvax (vaccine ordering for providers), and My Turn Clinic (for providers setting up clinics). CDPH created a customer flow in order to create a seamless experience, with complex call routing options. These options included not only the different call center lines, but also connections to various other helpdesks and ticketing systems, including the CAIR2 helpdesk, the myCAvax helpdesk (staffed by Accenture), and the Third-Party Administrator (TPA) helpdesk (staffed by Blue Shield).
- For the public and provider call centers, the introduction of the TPA into the State's vaccination program created more complications. While the TPA was brought in to help expand the provider vaccine network and equitably allocate the initial limited supply of vaccine, "they were brought in under the perspective that everything was broken and didn't understand that the public and provider call centers weren't part of the issue that we needed their help with."
- For additional information on the TPA, see Vaccines chapter in this AAR.

Equity

This section describes equity considerations specific to this chapter.

- Equity was a central focus of the public call center from its inception in early Spring of 2020. The call center itself was in many ways an equity initiative, since it focused on supporting California residents with limited technology capabilities and/or mobility. As one leader noted, "We provide a wide range of services to underserved populations. We are a resource for those in the State who don't have high-speed internet, who don't have digital devices, and who lack transportation. Equity was at the forefront."
- CDPH's early equity focus involved providing call center assistance in multiple languages, beyond the 13 "threshold languages" required by Medi-Cal. This evolved into real-time translation services in 254 languages, as well as a translation line devoted to vaccine clinics and providers. "On average, 25% of the calls we took were in Spanish, but we could do any language," noted one subject matter expert.
- In addition, the call center's partnerships with the 2-1-1 network (as well as other partners like the Spanish-language TV network Telemundo) helped CDPH expand its offering to include wrap-around services not traditionally associated with call center operations. For instance, as discussed earlier, the call center scheduled vaccination appointments for residents who lacked cell phones or email addresses and arranged transportation to clinics for those who lacked mobility. "In some ways, the call center could be considered an equity metric," one subject matter expert noted; "it was huge for us as a State to be able to accommodate our populations in these ways."

Data and Technology

This section describes data and technology specific to this chapter.

- The public call center created a robust data, technology, and reporting infrastructure. The reporting team collaborated with a private analytics company to develop and maintain daily reports. The call center also developed a quality assurance team, which was responsible for maintaining the integrity of the call and email lines. At their peak, these teams totaled over 20 people.
- The reporting team key metrics included call volume, average hold time, call abandon rate, call language, and call type. Data was received and processed hourly and synthesized into reports to provide insights about what was happening at the State level. Policymakers were able to analyze trends and make decisions based on these metrics. For instance, when data indicated that hold times were rising, leadership increased staffing levels to reduce hold times. The types of calls received also drove script changes and development and helped the call center provide feedback to other agencies and departments, including CDA and DHCS.
- After early internal communications challenges, the call center leadership team was eventually integrated into key COVID-19 task forces as well as the My Turn and Digital Vaccine Record teams, which allowed them to escalate issues or concerns on a daily basis. Since one of the call center's responsibilities included My Turn appointment scheduling assistance, agents often received feedback about this and related technology systems. As one leader noted, once this communication channel was established, "we collected and reported out our weekly top issues that got reported to the call center to influence improvements on the platform design."
- Overall, the call center data, technology, and reporting infrastructure were a success and allowed the state to analyze trends and make data-based policy decisions.

Communications

This section describes communications specific to this chapter.

External: Public

- See the Analysis of Activities and Equity sections of this chapter.

Internal: CDPH, CalHHS, and other State Departments

- Internal communication did not go as well as it could have, especially considering the fact that the call center was the public-facing entity of the State's COVID-19 response. In the call center's early days, when the scripting team was working with the CalHHS Office of Innovation and the Joint Information Center (JIC), communication was especially challenging, with multiple layers of approvals involved. However, "even a year into the response, with our massive operation, we were still the last to hear about things," noted one leader. As a result, the call center often scrambled to change scripts and conduct last-minute agent training on topics, including new releases of My Turn and the regional reopening tiers in mid-2021.
- Eventually, the call center management team connected with technology leadership, which improved communications and provided the call center with more advance notice of upcoming changes. Still, "there was no documented communication plan and standard communication operating procedures for CPR, CDPH, and CalHHS – but that's not hard to do," one subject matter expert noted.
- The call center also coordinated very closely with the CDPH VA58 Campaign Public Communications teams. Since much of the content overlapped, CDPH created a successful SharePoint content repository with approved answers so that "everyone was working off the same information" and subject matter experts could get access to questions.
- Additionally, the call center coordinated with communications teams from other departments and programs. Starting in 2021, the call center participated in weekly "COVID content" meetings across all of the channels, along with the Vaccine Task Force communications team, the CDT communications team, the Accenture communications team, the

teams for myCAvax and My Turn, and the Cal Digital team that was responsible for the covid19.ca.gov website. "We were aligning content across everything at that point," one leader noted.

- See the Public Communications chapter in this AAR for further discussion of the public call center's relationship to other communications workstreams.

Workplan

This section is designed to be used as a workplan for future pandemics.

Definitions:

- **Phase**: The phase of the response in which the major tasks should be conducted (Planning; Initial start-up, Ongoing operations, or Close-out).
- **Major Tasks:** The tasks and activities that have to be conducted as part of the public health emergency response to a respiratory pandemic.
- **Success Criteria:** Criteria used to assess whether a task has been achieved successfully.
- **Considerations Based on COVID-19 Response:** Things to consider, including pitfalls, risks, and lessons learned, based on the COVID-19 response.
- **Finding ID:** The ID(s) from the related Finding/Corrective Action (where applicable).
- **Lead:** The lead person(s) responsible for task completion.

Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
Planning	Create communications protocols and standard operating procedures	• Call center team has advance notice about upcoming announcements. • Call center team has adequate time to prepare and train agents on new topics and content areas.	• Ensure that there is a process in place to implement the communications plan once it is written. • Consider the scope of the communications plan (e.g., CDPH,	• Public Call Center 7	

Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			CPR, CalHHS, others).		
Planning; Initial start-up	Leverage Executive Orders to contract with external, private call center vendors	• Timely establishment of a successful public-private partnership. • Ability to scale call center operations up and down rapidly to meet changing needs.	• Leverage existing/past partnerships with vendors. • The State should avoid trying to launch a State-led call center from scratch. • Executive Orders are needed to expedite procurement and contracting process.	• Public Call Center 1, 2, 5	
Initial start-up; Ongoing operations	Establish joint leadership over public and other call centers	• Leadership team is able to manage multiple call center workstreams efficiently and share resources when needed. • Call centers can coordinate on best ways to reach different audience types.	• Anticipate and plan for the reality that there will be overlap (e.g., providers will call public call center and vice versa). • If a new call center needs to be established, leverage existing infrastructure.	• Public Call Center 3	

Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
Initial start-up; Ongoing operations	Collaborate with State and local partners to provide needed information and services	• The State can meet all public customer service inquiries, regardless of department and/or topic area. • The State has insight into the local "boots on the ground" perspective. • The State can provide new information and services as needs arise.	• Anticipate and plan for the expansion of the public call center to include non-traditional services (e.g., appointment booking assistance) and content areas (e.g., fire and safety shutoff, tenant/landlord notices, etc.). • Key partnership may include: CalHHS, CDA, other CalHHS departments, and local 2-1-1 networks.	• Public Call Center 1	
Initial start-up; Ongoing operations	Establish data reporting and analytics	• Leadership has access to timely, accurate, and high-quality data to make decisions. • The call center is able to adjust its operations (e.g., staffing, lines, etc.)	• Consider partnering with data analytics vendor. • Establish desired metrics but understand that the metrics needed may	• Public Call Center 4	

Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
		in response to data trends to better meet the public's needs.	evolve over the response. • Key COVID-19 public call center metrics include: call type; call volume; average call length; average hold time; call language.		
Close-out	Determine post-pandemic call center operations	• Ongoing needs are identified and existing call center infrastructure is maintained where appropriate.	• Consider other CDPH programs and other CalHHS departments with public inquiry backlogs. • Consider other State programs that have unmet public-facing customer service needs.	• Public Call Center 6	