

**COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY  
SOCIAL SERVICES ADVISORY BOARD**

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**SSAB Meeting Minutes**

October 11, 2012

**Members Present**

Bob Brandenburg  
Philip Thalheimer  
Sandy Pugliese  
Jennifer Tinsley  
Bruce Abrams

**Members Absent**

Don Stump  
John Hughes  
Charles Borra  
Linda Blair Forth

**Guests**

Amanda Schultz, Claire Oksayan, Marjorie Larson, Mary Alcook, Hilda Chan, Amanda Schultz, Jennifer Tracy, Maria Aceves, Joyce Abrams, Andy Hall, Daniel Beron, Mark D., Traci DelPurgatono, Joni Halpern

**Staff Present**

Nick Macchione, Director, HHS  
Rick Wanne, Deputy Director Eligibility Operations  
Dale Fleming, Deputy Director Office of Strategy & Innovation  
Anabel Poole, HHS  
Craig Sturak, HHS  
Kim Forrester, HHS  
Marie Brown-Mercadel, HHS  
Maggie Ramsberger, HHS  
Terra Wallace, HHS  
Roxanne Hernandez, HHS  
Rick Vicedo, HHS  
Nadia Privara, HHS  
Allison Boyer, HHS  
Nora Cortez, HHS  
Roxanne Buetel, HHS  
Thai Sukraztan, HHS

1. Chairman Phil Thalheimer called the meeting to order at 9:32 a.m.
2. Bob Brandenburg motioned to approve the August minutes. Sandy Pugliese seconded the motion. The minutes were approved unanimously. One change requested to add Ms. Tinsley to the present list and removed from the absent list.
3. **Public Comments on Items not listed on the Agenda:**
  - Maria Aceves, representing SPIN proposed some elements to the County's efforts on promoting nutrition. Before she discussed her proposal she thanked Dale Fleming for coming to the Nutrition Security Task Force meeting last month. Ms. Aceves stated Ms. Fleming made her feel her opinion counts. She also thanked SSAB for giving SPIN a place to speak about issues that concern the community, even when it makes people uneasy. She stated that currently the public conversation about calfresh is turning negative and that it is the County's responsibility and the SSAB's responsibility to tell the public that calfresh is important to the health of the community. She feels as if the county and the SSAB should express support for the Hunger Coalition's efforts to work with large grocery chain like Vons. She stated that Vons can attract more calfresh recipients if they reduce prices or increase incentives. She feels that people do not shop at grocery stores like Vons, even when they are close by, because it is too expensive. She mentioned that the Hunger Coalition can use the support of the SSAB and the County in this effort. Ms. Aceves finalized with saying that the problems with the County's business process are still serious. She said no one is responsible for a case. Clients do not know who to turn to when something goes wrong and even if they ask, they still get the wrong answer. She stated she has been saying this for four years. She expressed all of these things should be part of the County's actions to promote nutrition and good health.

- Hilda Chan, speaking on behalf of SPIN expressed her concerns regarding county case workers, stating they are not addressing their responsibility to help obtain verification necessary for applications when parents have been unsuccessful in obtaining this information despite best efforts. Ms. Chan went on to explain that regulations governing the administration of the calfresh program state that the County is responsible for helping parents obtain necessary verifications when the parent has done all they could to locate them (MPP40-107). Ms. Chan said this should especially be true when the information needed comes from one of the County's other agencies, like child support agency or the agency running IHSS. She gave the example of cases. First example involved a disabled parent; there is the added obligation of providing reasonable accommodations to assist the disabled parent in obtaining needed verifications. Ms. Chan described two recent examples of this problem. In one case, case was discontinued for a disabled mother of two adult children. IHSS was late in issuing a paycheck to this parent's daughter. As a result the parent was unable to provide one of two bi-monthly paystubs. The parent explained this when she turned in her QR7, but she still received a NOA discontinuing her case. When the other stub finally came the next month, she immediately turned it in. But it was dated the subsequent month because it was late. The worker would not accept it, and insisted customer provide the prior month's stub, despite the customer's explanations. The family has gone over 2 months without calfresh. Once the parent provided all the information she could, and explained why the requested pay stub could not be provided, Ms. Chan stated it was the worker's responsibility to contact IHSS for further verification. Ms. Chan shared another example where a parent was receiving child support being collected by the County. After a brief period, the amount paid by the noncustodial parent fell sharply. The County reduced her calfresh payments because they assumed the original amount of child support had continued. The parent repeatedly tried to explain, via ACCESS, that the child support payments had dropped drastically. The worker advised the parent to fill out a form to report the child support reduction. The parent went into the FRC to try to get the form. However, no one at the FRC could tell her what form to get, and could not provide her with the form. Ms. Chan stated it was the worker's obligation to obtain the information required once the client had done all she could to comply with the County's request. Child support in this case is collected and distributed by the County Child Support Enforcement Services. The worker should have been able to access this source to resolve the inquiry. Ms. Chan noted that in both of these cases, it appears there is a failure by workers to assume the responsibility for obtaining information that should be readily available to them. Either they do not know this their responsibility, or they do not know how to gain access to information within the County itself. In either case, it is a loss of food to the family for, often, months. Ms. Chan said that the examples shared show that workers are falling short of their responsibilities and of the regulations to help families obtain the verifications they need.
- Joni Halpern, representing SPIN spoke to invite all to Wednesday October 17, 2012 meeting of the City of San Diego Human Relations Commission. She shared October 15<sup>th</sup> was birthday of lost colleague, Aida Reyes, passion was the well being of children. She stated that SPIN and she have seen the well being of children descend to places they should not go. She said children are more hungry and often more homeless and they have little to expect when their schools, their educations and their promises of a college education are farther off than ever before and they are suffering every day. Many people in this audience have been hungry as children. And many people's hunger persisted into adulthood and those people make different decisions about how to handle their lives, relationships and responsibilities to others. It is hard to come out of that without being scared and yet thousands and thousands of children are descending into that situation and not arising. She stated that government should no longer make decisions about policies and practices that affect the lives children's

without thinking of the effects they may have on children. Effects like making them poor or promote their health or degrade them. She again invited all October 17<sup>th</sup> as they make their presentation and proposal to the City of San Diego Human Relations Commission to make children a priority. She explained it is a stand for balance and for children. She said they do this in memory of someone who loved them well and do this because they care about children that they take care of. She stated she feels that HHSA knows that behind that parent is a child and that child's well being is often in their hands. When people tell you their stories of hunger and homelessness they are almost like prayers. If you hear them you must answer. So we are asking you to stand with us on October 17<sup>th</sup> please be with us as our kids ask for their lives to be a priority. 5:00pm to 7:30pm at 2150 Pan America Road, Santa Fe Room, Balboa Park Club.

SSAB board member also City Hall Councilman, Bruce Abrams, clarified meeting location had been changed to City Hall on the terrace level to accommodate large turnout and directed questions, if any to vice chairman.

- Marjorie Larson, representing SPIN, shared the experiences of parents who are currently on public assistance. She began with stating parents are reporting cordial conversations with workers that have assisted them. She stated parents express profound appreciation for the kindness of these workers, especially in situations in which the County is unable to assist the needy person. She and SPIN are grateful for this progress in changing the culture of HHSA. Ms. Larson added that clients are still struggling, however, with incapacity of business process re-engineering to make someone responsible for finding and fixing mistakes that leave parents for weeks and months without any aid, or with aid far below what the law provides. She said that in these cases, parents and children tumble all the way to the bottom of the economic system where homelessness and hunger are their constant companions. Ms. Larson shared typical problem areas in which mistakes are made, and clients cannot find anyone to fix the problem. First example related to documents submitted to the FRCs but never entered into the client's file or never processed. This causes cases to be closed or benefits to be cut. Ms. Larson's second example relates to people applying for CalWORKs who bring all documents required, only to be told there are more documents required. She stated this lengthens the application period and requires three and four day-long visits to the FRC. The third example Ms. Larson shared related to failure to process income information in a timely manner so that benefits reflect reduced income. Layoffs and reduced work hours are common in this economy, but the effects are much worse when public benefits are reduced because the income was not properly calculated. Ms. Larson concluded by saying thank you for being heard.

#### PRESENTATIONS/DISCUSSION ITEMS:

4. Information Item: Address from Director of HHSA: Nick Macchione, Director, Health & Human Services Agency (HHSA). Mr. Macchione address the board members and attendees. Mr. Macchione states he appreciates listening to the last two speakers and he appreciates the feedback and collaboration as HHSA works on re-engineering. Mr. Macchione began with saying we are not perfect but committed to making improvements. He thanked SSAB members for their volunteer services. It is valuable to Mr. Macchione, Board of Supervisors and to the community. He shared that a year ago a review was launched to review all eligibility programs with a strong focus on calfresh. The goal was to look for permanent solutions that would be persistent and maintain through difficult challenges. Mr. Macchione stated the challenges were unprecedented across all four corners of San Diego county and other counties in terms of human need and amount of humanity coming into the safety net because of the economy. Therefore, from non-profits to state government to local government to federal government have all been challenged. But, since launching the eligibility review Mr. Macchione feels there has been significant progress and there is still more progress to be made. He shared some of the progress made beginning with culture change. July 2010 the Board of Supervisors approved Live Well, San Diego, a documented 10 year plan with year to year accountability on improving the service delivery. He then shared how

HHSA helps adults and children with better choices and education and with policy working at building sidewalks where people can walk to looking at policies where support can be provided to community gardens. An additional example was the importance of changing culture from within by turning eligibility workers and eligibility functionality to people who care and see beyond an application. Mr. Macchione said that workers are helping a family by improving a family's health status and nutrition status. He explained that this is the journey in which HHSA is on and that there have been a number of accomplishments that have continued to support the board in moving in this direction which is evident by grants received by HHSA. These grants have been received because of the good plan working with the community and being transparent and getting SNAP education grants to begin to bring the health and social services side of the house together where HHSA can do better education at point of service. Another point Mr. Macchione feels is important is that through the SSAB the forum has been opened, where SPIN, Caring Council, and all nutrition partners can share their experiences good and bad. He stated that this way HHSA can receive feedback and respond with accountability of how it has been fixed and how arising issues are addressed. He said he is committed with the men and woman who work at HHSA in making a difference. He stated he always tells his team and his team knows "you can judge our words all you want, but you have to believe our deeds." "You have to believe what the results are and what the data shows." Mr. Macchione shared some of the progress made again making a note that this is a journey by which HHSA is going to have to move over some seven hundred thousand pieces in the public assistance program which probably represent four or eight thousand people which is a significant sea change that is lead as a community. Mr. Macchione shared putting in perspective the focus on customer experience in the last four years. He said that when HHSA was created 15 years ago Mr. Macchione was booed when he was the regional manager of an FRC and uttered the word customer, because FRC staff reminded him there was no such thing – they are client numbers. He said he was left to deal with a group of angry people who didn't have a vision. He explained that the staff were under the direction of rules and did not understand they were making the difference in lives of people and Mr. Macchione said " No, we are going to be talking about the lives of customers." Mr. Macchione shared that it took a decade to move toward customer service. He believes that the men and woman in HHSA, because of the proximity with HHSA partners and advocates, have really embraced and realized that these are human lives. Mr. Macchione talked about dignity and stated he heard a lot from Joan w/ SPIN and others about the lobbies. However, HHSA is not a Hyatt or a Marriot and will not be either, but agrees that the lobbies are inadequate. He explained that the lobbies have been expanded at several offices. Ambassadors have been added to FRCs to greet people as they enter the FRC and express lines have been created so that people are in the right line for the right purpose so that people are not waiting longer than they should and so that people are told what paperwork is needed so that customers are not having to come back if avoidable. He shared that customers, in the past, would come back to an FRC three, four or five times and that has now been cut down. He said HHSA would like for a customer to come into FRC once with the right paperwork. HHSA is trying to make it easier for the customer visiting FRC as a simple transaction when submitting a document or application or getting document scanned right away with designated areas. He shared that pilot projects have been launched at two FRCs to improve the process in which applications are taken and make it easier for customers by assigning them to one worker while their application is being processed is the idea about the accountability and from start to finish making sure someone knows the life of the case, keeping in mind thoughtfulness and effectively. Mr. Macchione stated HHSA will share the progress of the pilot and that he was the person who requested the implementation of ACCESS customer call center because of huge tidal wave of people coming into FRCs and HHSA not able to ramp up FRCs or number of staff to accommodate, therefore other alternatives were considered. He shared that Sacramento has not been giving San Diego County the cost of increasing cost of doing the administration for the last fifteen years and these details people seem to forget and are not aware of. HHSA is left with the current resources. The ACCESS customer call center came from the idea to consider the possibility to have customer go to any FRC for services. Mr. Macchione shared the example of when 211 was created it was a new competency and started as clumsy and inefficient and now a national leader. He said that ACCESS customer call

center is a new practice. Eligibility workers who have never worked at a call center are taking calls and HHSA is trying to give the workers skills and trying to learn. As a result a consultant from outside was requested to help. He stated he requested the help realizing it was needed to understand how to operate a call center. However there were not three hundred thousand calls a month. There were a lot of calls and a wait time and that is not in dispute. He said he is proud that a year ago call wait was thirty nine minutes and this month the wait was about eighteen minutes, which he feels is still not satisfactory, however progress has been made. Getting the right service to the right person is delivered, currently, in nine minutes at the quickest. Mr. Macchione points out that everyone has been heard and systematic improvements have been made as a result. Not so much from hiring more workers, which was approved by Board of Supervisors, but by the systematic improvements through operations research and listening to the community about other things that could be done to improve the calls and working with 211. He shared that last month it was discussed that HHSA will be strategic and flexible when hiring and will improve guides and tools that staff rely on in doing their jobs. He said that in a complex world of government it will not happen immediately. He assured that through leadership of the Board of Supervisors, CAO, Mr. Macchione and his team, and Human Resources this has been made a priority and movement forward is being made by working with IT department and vendors to fix problems that HHSA can control considering there are State systems HHSA of San Diego County has to operate on that cannot be controlled by HHSA. For example, Calwin is a system that HHSA has to use. The results from last months customer service satisfaction survey were shared. Mr. Macchione stated he wanted to know because he had heard from advocates and directly from providers, but wanted to know directly from customers visiting FRCs what was going on. Survey results showed 80% were pleased but Mr. Macchione is not pleased that 20% were not. He stated he will not be happy until 95% are pleased or better. The 80% was obtained and Mr. Machionne feels we are going in the right direction. Not all people will be happy because some people do not like coming into an area of welfare even if all improvements are made, but Mr. Macchione feels it must be made an encounter with dignity, respect, assistance and professionalism. He clarified the offices are not welfare offices. They are Family Resource Centers. Critical to any lasting change is structure follows function. And he thinks HHSA has a good plan in business improvements. He states that structurally he has made changes to the agency and created a new department dedicated to operations and self sufficiency, because prior, there was policy and operations in an attempt to be as lean as possible, but realizing this has grown and complex. Mr. Macchione announces Rick Wanne as the new director for Eligibility Operations and Rick will be working with Dale, who has been the lead on a lot of the broader agency policies, but Rick is going to be leading all of the facets of eligibility program with the team, advisory boards and community partners. He shared that Eligibility Operations will be a department within a department dedicated to continue the permanent solutions and tracking forward progress. He gave an example of more changes coming: the converse of Healthy Families to medi-cal. Mr. Machionne shared that Rick Wanne has a long history as a social worker in his upbringing and seventeen years of experience and he was recently public health administrator and HHSA is fortunate to have him. More challenges to come Nick is aware of concerns raised by the SSAB board and appreciate the feedback received. For example the issue with overpayment. Mr. Macchione will have a team member give a presentation on how calfresh benefits are issued. He wants all to know even though we have less than 2% error rate, it is not enough because the overpayments still need to be collected because they are taxpayer dollars. He mentioned that the hardships and inefficiency are not good. He said he doesn't want a person who has just gotten off public aid and on their feet and have a job to have to owe on overpayments. HHSA is trying to minimize error rates by working together on how to develop and maintain and come up with new solutions. Mr. Macchione finalized with saying he thinks it's important that it is known this is important to him because he was a recipient of public assistance in his upbringing on the east coast, he understands and therefore he wants to make a difference. He said everyone who has touched the system has gotten better off as healthier and more self sufficient. HHSA is trying to strive for 100% of people assisted. He thanked those present for their participation in SSAB because they have helped and are helping HHSA get to all those who need help. Mr. Macchione stated the chairman has met with him and embraced making

sure followed up occurs on how progress is being made. They have also been very kind on how the voices in this meeting are heard and how they have to be incorporated and holding HHSA accountable. He stated that this forum is coming together and solving problems being transparent and knowing all are in the same vision of making a difference and he thanked all for their participation.

5. **Information Item:** Eligibility Operations Review Tiger Team Update: Anabel Poole, Special Projects Manager, Executive Office, Health & Human Services Agency (HHSA) and Maggie Ramsberger, Executive Office, Health & Human Services Agency. Ms. Ramsberger presented the ACCESS Tiger Team. Ms. Ramsberger shared she was project manager for the ACCESS Tiger Team which began about 8 months prior. September 2011 82,850 calls came into call center. Between ACCESS and 211 32,717 of those calls were answered with a 42% abandonment rate which means 42% hung up before speaking to a live agent. The average wait time in September 2011 was 39 minutes. Ms. Ramsberger explained that at the end of every call the customer has the opportunity to engage in customer service feedback in form of a survey. Question number 8 of the survey states "I am satisfied with the call center." 59% of customers disagreed with that statement. She explains that the ACCESS Tiger Team looked at this and had a project scope that looked at key areas. One was staffing, the second was training and the third was call center performance. HHSA worked with vender, AT&T, on call center performance. Ms. Ramsberger shared that collaboration with AT&T occurred to develop a strategic vision for ACCESS, tactical day to day management of the call center recognizing HHSA was not expert at managing call center however wanting to learn. In addition Tiger Team and AT&T worked on the interactive voice response system (IVR) which is the front end piece self serve system that is the interactive part of calling in before talking to a live agent. It was reviewed for improvement. She talked about methods of inquiry and stated that the team approached this by doing data analysis, researching best practices, and visited peers in other counties like San Bernardino and Orange County who also have call centers to see what approach they were taking. Ms. Ramsberger went on to talk about Tiger Team Participation which included different levels of staff. They came together from ACCESS, FRCs, Human Resources Department to come up with recommendations. In addition to the customer service feedback a focus group with some provider communities who also use ACCESS and spoke to them to obtain their feedback. She went on to discuss staffing challenges: The right number of staff for the call center has been difficult to maintain because of retirement and promotions and simply because it was becoming difficult to replace vacancies at ACCESS. She explained that the Tiger Team researched why it was difficult to replace positions at ACCESS and came up with three primary themes to work on. First was the perception of ACCESS was negative and not desirable as a work place. Second was infrastructure or location as ACCESS is located centrally and not all potential candidates to work at ACCESS desired to work in the area of location which restricts lists of potential hires. On June 1<sup>st</sup> eighteen new workers started at ACCESS. Three new supervisors were hired to support the increase of staff. Last month eighteen bilingual staff started. She also announced ACCESS is now being managed by Central Region Operations and under Central Region two managers were brought on board and dedicated support from administration from Central Region during the transition. Ms. Ramsberger discussed additional staffing intervention stating that some of them have already been implemented. For example Human Resources Department assisted in targeting recruitment for staff that had call center experience prior. The Human Service Specialist interview questions have been updated to include call center experience. Job shadowing opportunities were increased so that those interested could spend time and experience the call center giving them an idea of what it would be like to work at ACCESS which has found to be very helpful. Ms. Ramsberger shared additional recommendations. These recommendations included increasing the flexibility of the assignment at ACCESS like looking into scheduling options and remote locations for more experienced workers so that ACCESS is more desirable place to work. She stated that overall improvement is obtainable with the communication regarding ACCESS internally and externally by communicating with peers at FRCs and informing them of what is happening at ACCESS. Then Ms. Ramsberger talked about the training aspect. Thirty six new staff that were recently on boarded had medi-cal

and calfresh training participating in on-the-job training days at ACCESS to prepare them. There was a focus on how staff was being prepared to be phone agents by immersing them in ACCESS protocols as far as using call center technology. The elements of customer service and call handling principles were also emphasized as part of culture movement. Additional recommendations for long term from the Tiger Team for ACCESS would include refresher program training for workers with CalWORKs as a priority, schedule larger trainings during slow periods of the month. Plus updating the program material and making it easy to find. Ms. Ramsberger shared that when working with AT&T the representative was a tactical management expert and with this assistance the scheduling tools for ACCESS have been revamped to minimize impact on calls and revamped the management report to focus on right matrix training for line staff to management. She discussed the key strategic recommendations that are being worked on now are securing a workforce management tool which is a key principle in call center operations so that time off and impact to call center can be forecasted and therefore planned for. She also pointed out call quality monitoring and taking it to the next level by improving the monitoring so to impact overall accuracy. Ms. Ramsberger shared that implementation of an email management system to be added to call center piece as advancements are made. Review of interactive voices response system and she shared that some recommendations received are moving forward with: One is making it easy to understand by using basic language to support first time callers who may not be as familiar with the system. Another is to make changes to support people who are calling in to find out how to fill out an application. Another recommendation is to implement a dedicated line for providers which was part of the feedback heard. Ms. Ramsberger finalized with saying progress has been made since a year ago. She shared examples of the progress made: a 23% increase of calls coming into ACCESS, a 40% increase in number of calls received by 211, 17% reduction in calls abandoned, 52% reduction in wait time, and 26% reduction in number of people who disagreed with the statement "I am satisfied with the call center." She stated progress is moving forward and in addition to the recommendation she shared key performance indicator goals will be continued to be monitored. She said she wants service levels to increase, increase answer rate and reduce abandonment rate, increase accessibility to access not only via telephone but also accessible through email and looking forward to increasing customer satisfaction. Agents have their own goals as well. For example become more efficient in their call handling skills and increase call quality.

Ms. Poole followed up on reporting on pending applications for calfresh. 64% of applications this month were processed timely. 29% are still pending but are still within the timely range and 7% exceeded the 30 day time period to process calfresh applications. For medi-cal applications 7% were timely, 40% still pending, 5% exceeded the time frame but those are the disability evaluations packets so those are pending because the state will notify HHS whether the person meets the disability, 8% were not timely. There are 45 days to process the medi-cal application. For Calworks there are 45 days to process application. 64% were timely, 34% were still pending within the time frame and 2% were not timely. She shared that data from previous month is going in the right direction when prepared. Ms. Poole reported on administrative errors. The administrative errors percentage is low however still unacceptable. Total benefits issued for calfresh is approximately four hundred twenty six million dollars annually. Out of those benefits there is about a 1.8% administrative error. To put in perspective: one hundred fourteen thousand cases every year and out of those eleven thousand cases come in every month out of the monthly less than 2% had administrative error the average overpayment was two hundred fifty dollars. A team has been established to look at the overpayment process. Nora Cortez, appeals representative and Roxanne Hernandez are assigned to deal with all constituents and they are impacted by the over issuances therefore lead the work group. One of the things they started to do was review all of program policy and procedures to see what instructions given to staff are followed as it relates to over issuance. They will be rewriting all the program guide material for all programs so that direction can be given to staff. This work group is also looking at error cost analysis as to why these errors result. They are working with the training department to do targeted training on those issues. Ms. Poole stated that the main thing that found, right now, is that the majority of the errors have to do with processing the status reports timely. The Centre City, El Cajon, and Escondido

FRC's will participate in a pilot. The pilot will look at continuing process and changing workflow so that status reports are processed at the beginning of the month. When a change is made on a case customer is given ten day notice that their benefits will change. For example, if status report is processed on the 21<sup>st</sup> of the month the 10 day notice is missed. As a result benefit cannot be changed and that is how an over payment is created which is an administrative error. Ms. Poole shared that hopefully this will have a big impact on the over issuances. She said that quarterly updates on progress will be shared in the future.

Sandy Pugliese asked for clarification on the obligation for the county to recover over issuances when it is not the client's fault, but is the county's fault. Ms. Poole replied that it is a federal law any errors are to be collected whether they are county caused or not. Ms. Poole added that there is a court case that says customer starts paying back administrative errors three years after the first payment, customer has made the remained of over payment can be forgiven by the county.

Ms. Pugliese asked if overpayments can be paid overtime and don't have to be a lump payment. Ms. Poole said that was correct. If the person is receiving benefits 10 dollars or 10% is collected from their benefits whichever is greater.

Ms. Poole then discussed pending applications and that updates will be provided to the Board monthly. She mentioned that 89% of the CalFresh applications had been processed timely within the 30 day timeline from the State, 11% of the applications had not been processed timely. She has been working with the FRCs and giving daily statistics of pending cases to bring the untimely numbers down. Ms. Poole shared that Medi-Cal currently has a timely processing rate of 69%, 11% are pending, and 20% do not qualify for Medi-Cal and a package is sent to the State to determine eligibility. She also shared that CalWORKs has a timely processing rate of 95% with a pending application rate of 5%. The goal for the State is 90% and the goal for San Diego is 97%. As targets are achieved, the goal will be moved up. She then shared wait times from the monthly Eligibility Operations Review Tiger Team Overview. The current average ACCESS wait time is just over 22 minutes and took approximately 20,000 more calls while keeping quality of calls. At the next SSAB meeting the team plans to come forward with their final recommendations for ACCESS.

- 6. Information Item:** Agency/Eligibility Stakeholders' Forum Update: Dale Fleming, Deputy Director, Strategic Planning and Operational Support, Health & Human Services Agency (HHS). Ms. Fleming provided an update on the Eligibility Stakeholder's Community Forum. During the Eligibility Stakeholder's Community Forum, at the request of the stakeholders, Ms. Fleming provided information about application processing time frames by channel, whether the channel be via FRC visit or application online or mail in application or fax or through 211. Ms. Fleming provided an update on the my benefits calwin web portal and what that will mean for client access. My benefits calwin was implemented September 30<sup>th</sup> and it will allow customers to begin and stop a process like an application or a status report with the work saved up to a point. It was clarified what that means for them. Also on the web portal cover page there are frequently asked questions for CalWORKs, Calfresh, and Medi-cal plus a link to allow them to register to vote online. Ms. Fleming explained that there is a federal law requirement that states customers to have access to voter registration materials where ever there are public assistance applications being processed. This was not a problem before online applications option existed. Ms. Fleming shared that it was also discussed that it was originally planned there would be ways community members could access the web portal on behalf of customer. Those changes have been delayed. An update timeline will be provided, subject to the change. She shared that it was developed by the calwin consortium which is a consortium of eighteen counties and it is one of three systems in California that the State allows to use for eligibility operations. Ms. Fleming shared that Louie Arevalo provided an update on the State's plan for transitioning the Healthy Families program to Medi-cal. Healthy Families is a publicly funded health insurance program for children. The state is preparing to merge that program into Medi-Cal and the State will be sending notices out to customers as soon as November and December 2012. Therefore, Ms. Fleming is sharing with community partners at these meetings. For the majority of San Diego kids affected by the transition of Healthy Families to Medi-Cal there would be no noticeable change. Customers will remain in the same health plan as it is an administrative change where the State vendor that offers Healthy

Families will be transferring all of it's work to the County to administer through the Medi-Cal program. Specific details from the State are not currently available, however preparation is underway via Medi-Cal training for workers in anticipation of receiving additional work load. Transition is anticipated to begin in January 2013. Ms. Fleming also provided an update on the dedicated access line for providers. Central Region has submitted work order to the vender and has been given an estimate of two months until completion. Also, the flyer that was provided to homeless providers and to all of all of homeless calfresh recipients that reminds them of their reporting responsibilities was shared at Eligibility Stakeholders' Forum. Ms. Fleming shared that the certification period for homeless has changed to twelve months which means the homeless recipient has a ten day reporting responsibility. The flyer was given to homeless recipient at certification and also given to homeless advocate and also to stakeholders at meeting so that same message is carried. Ms. Fleming went on to speak about the Nutrition Security Task Force meeting. She shared that at the October 2012 meeting Nutrition Security Plan was reviewed, which was adopted June of 2009, and it's end point was June 2012. As a result HHSA is in the process of putting together the accomplishments from that plan and taking what was learned from that process over the last three years to help develop the County Nutrition Action Plan. She stated that last month it was mentioned that nutrition education is being provided to Calfresh recipients and to those who are potentially eligible to Calfresh. Calfresh is a federal program and the federal requirement is that the County provides a County Nutrition Action Plan. What has been learned with community partners over the last three years will help populate the action and help continue efforts together. Ms. Fleming stated she announced that going forward the California Department of Public Health will be in charge of nutrition education and therefore agency Public Health Services Division will be the lead on nutrition education and partner with Eligibility. She added that moving forward, the Nutrition Security Plan, which traditionally chaired by eligibility staff, will be co-lead by public health and eligibility staff which will keep with the Live Well concept wanting to make sure people have access to Calfresh so that they can improve nutrition access.

7. **Information Item:** Standardized Case Comments: Adrienne Collins Yancey, Senior Program Manager, Eligibility Operations, Health & Human Services Agency (HHSA). Ms. Yancey presented a PowerPoint entitled Standardized Case Comments. She began with stating that at previous Eligibility Stakeholders' Forum meetings as well as at SSAB meetings it had been discussed that the documentation of contact with customers was a concern. These concerns as well as operation need as required a revision to existing case comments. In August 2012 Eligibility Operations Corrective Action units began to work on revising existing policy on case comments as well as the documentation process. Ms. Yancey explained that this was to include making certain that accurate information is received for all interaction with customers at intake, renewal or status report processing. The improvement of case documentation is desired especially on interactions that require case action. She shared that the revised guideline on case comments have been updated for instructions on all programs. Currently staff use an electronic case comment template where staff enter information regarding customer interaction and that information is populated into calwin. To address some of the concerns, HHSA is currently working with Hewlett Packert, the county's IT provider, to improve the case comment template. For example a navigation tool will be added and will help worker get to a section quicker. There will also be a quick content section for staff to document quick actions that are taken on a case. Additional questions have been added to sections to assist staff in documenting information required for the cases. Ms. Yancey explained that these revisions to the template will help to remind workers of information that are supposed to be asked when documenting a case. She added that in addition to the template, Calwin will be updated to better identify case comments made when interaction is made in lobby or at intake. Workers will be able to access case comment policy in eligibility desk guide. Staff will be trained on revisions of the guidelines and functionality of template. Jennifer Tinsley asked if the policy will address inaccurate case comments. Ms. Yancey confirmed that the policy will.

Bruce Adams shared his observations regarding two FRC visits he made. He stated the Centre

City FRC was very efficient; however the FRC on 9<sup>th</sup> avenue there was a sense of territory. He shared that he observed one customer going back into the line more than once struggling to get help and she could not read. He said another customer he spoke to quickly disclosed their HIV status to him. He suggested an ambassador type representative to greet customers as they come into the FRC is needed. He stated he asked questions to security guard in French and felt a sense of military. He also shared he had visited the call center and found that it was very efficient.

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**ADJOURNMENT/SET NEXT MEETING:**

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The meeting was adjourned at 10:56 a.m.

The next regular meeting will be held on December 13, 2012 at Health Services Complex, 3851 Rosecrans Street, San Diego from 9:30am to 11:30am

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***The SSAB Minutes were written and submitted by Mariana Soler.***