

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

MEETING NOTICE: Zoom ONLY

Join by phone: +1 669 900 9128

Phone Conference ID: 894 9965 8602

Join on your computer or mobile app:

<https://us02web.zoom.us/j/89499658602>

**November 10, 2021
9:30 a.m. to 11:30 a.m.**

AGENDA

- | | |
|-------------|---|
| 9:30 - 9:31 | 1. Call to Order |
| 9:31 - 9:33 | 2. Action Item: Authorization of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e).

1) Find that there is a proclaimed State of Emergency
2) Find that State and local officials have recommended measures to promote social distancing |
| 9:33 - 9:37 | 3. Action Item: Approval of October 13, 2021 Meeting Minutes |

PUBLIC COMMENTS

- | | |
|-------------|--|
| 9:37 - 9:47 | 4. <u>Guidelines for Public Comment on Items not listed on the agenda:</u>

➤ Members of the public may request to speak about any issue within the purview of the Board
➤ Each speaker will be limited to three (3) minutes
➤ Board members may not discuss or take action on issues raised during public comment unless the issue is listed in this Agenda |
|-------------|--|

PRESENTATIONS/DISCUSSION ITEMS

- | | |
|---------------|--|
| 9:47 - 10:05 | 5. Information Item: Update on Local Response to COVID19 Emergency for all Public Assistance Programs, Waivers, Enrollment, Service Delivery, Data: Assmaa Elayyat, Chief, Self-Sufficiency Services, Health and Human Services Agency (HHSA) |
| 10:05 - 10:20 | 6. Information Item: Update on Teleworking and Northeast FRC: Allison Boyer, Deputy Director, Self-Sufficiency Services, Health and Human Services Agency (HHSA) |
| 10:20 - 10:30 | 7. Information Item: Update on SSAB Ad Hoc Public Charge Subcommittee: Vino Pajanor, Vice Chair, Social Services Advisory Board |

- 10:30 - 11:30 8. **Information Item:** Update on SSAB Ad Hoc Enrollment Task Force Subcommittee and Review of Preliminary Findings: Anahid Brakke, Chair, Social Services Advisory Board and Alicia Koné, President, Koné Consulting

ADJOURNMENT/ NEXT MEETING

Next regular meeting will be held on December 8, 2021

ASSISTANCE FOR THE DISABLED:

Agendas and records are available in alternative formats upon request. Contact the Social Services Advisory Board staff contact at 619-338-2932 with questions or to request a disability-related accommodation. To the extent reasonably possible, requests for accommodation or assistance should be submitted at least 24 hours in advance of the meeting so that arrangements may be made. Additional information can be found on the Social Services Advisory board website:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ssp/social_services_advisory_board.html

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

**Held Via Microsoft Teams
Join by phone: +1 619-343-2539
Phone Conference ID: 511 766 066#
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[Click here to join the meeting](#)**

**SSAB Meeting Minutes
October 13, 2021**

Members Present

Jan Spencley
Anahid Brakke
Buck Martin
Carol Lewis
Rachel Morineau
Keara Pina
Greg Anglea
Vino Pajanor

Members Absent

Gary Knight

Staff Present

Rick Wanne, Director Self-Sufficiency Services
Albert Banuelos, HHSA
Allison Boyer, HHSA
Adriana Ramirez, HHSA
Assmaa Elayyat, HHSA
Jeannie Hufford, HHSA
Darlene Beltran, HHSA
Albert Garcia, HHSA
Claudia Gurrola, HHSA
Nanette Hartley, HHSA
Patty Baker, HHSA
Eric Rubio, HHSA
David Hopkins, HHSA
Michael Schmidt, HHSA
Terri Foster, HHSA
Paola Martinez-Montes, Board/Supervisors District 4
Amanda Berry, Board/Supervisors District 3
Kyle Sand, San Diego County

Guests

Lindsey Wade, Hospital Association of San Diego
Amanda Schultz Brochu, San Diego Hunger Coalition
Mauricio Medina, San Diego Hunger Coalition
Devin Ton, San Diego Hunger Coalition
Erin Shaner, San Diego Hunger Coalition
Jack Dailey, Legal Aid Society of San Diego
Luis Monteagudo, 2-1-1 San Diego
Karla Samoyoa, 2-1-1 San Diego
Jen Keyes, National University

1. Meeting called to order via WebEx at 9:31 by Chair, Anahid Brakke.
2. The September 8, 2021 Meeting Minutes were approved, with all Board Members present voting yes.
3. Authorization of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e), with all Board Members present voting yes.
4. Public Comments:
 - No Public Comment

5. Information Item: Update on Local Response to COVID19 Emergency for all Public Assistance Programs, Waivers, Enrollment, Service Delivery, Data: Assmaa Elayyat, Chief, Self-Sufficiency Services, Health and Human Services Agency (HHSA). Ms. Elayyat provided updates on CalFresh, Medi-Cal, CalWORKs and General Relief flexibilities and waivers. An informational flyer in relation to the end of Pandemic Unemployment Compensation was also presented for customer outreach purposes.
6. Information Item: Board of Supervisors Letter: Approval of Actions Related to the Spending Plan for the American Rescue Plan Act Program Funds Food Assistance Component: Jeannie Hufford, Chief of Finance & Contracts, Self-Sufficiency Services, Health and Human Services Agency (HHSA). Ms. Hufford presented a letter requesting the Board to approve the expansion of the ¡Más Fresco! and SNAP Nutrition Programs, the expansion of Food Banks food distribution programs and services as well as amending existing County of San Diego Senior Nutrition Program contracts. The SSAB took the action to support the Letter, with all Board Members present voting yes.
7. Information Item: Update on SSAB Ad Hoc Public Charge Subcommittee: Vino Pajanor, Vice Chair, Social Services Advisory Board. Mr. Pajanor presented examples of neighboring County websites' methods of displaying Public Charge information to customers. The subcommittee agreed to meet with Mr. Wanne and Ms. Elayyat to discuss the role of the new Office of Immigrant and Refugee Affairs in terms of improvements for the San Diego County website to simplify language, provide easier navigation, create positive messages and images to invite community residents to services with accurately translated information. A request was made to meet with County staff for follow up on making website changes.
8. Information Item: Update on SSAB Ad Hoc Enrollment Task Force Subcommittee: Anahid Brakke, Chair, Social Services Advisory Board. Ms. Brakke provided an update on the timeline of the submittal of Kone Consulting's survey findings presentation and a final discussion during November's SSAB meeting in relation to the Board of Supervisors Letter to be submitted for December 7, 2021.

ADJOURNMENT/SET NEXT MEETING:

The meeting was adjourned at 11:15 a.m. Next regular meeting will be held on November 10, 2021.



ITEM #5

UPDATE ON LOCAL RESPONSE TO COVID-19 EMERGENCY FOR ALL PUBLIC ASSISTANCE PROGRAMS, WAIVERS, ENROLLMENT, SERVICE DELIVERY, DATA

Assmaa Elayyat
Chief, Self-Sufficiency Services





PROGRAM FLEXIBILITIES & WAIVERS

Current Flexibilities & Options

- The following waivers granted by the Food and Nutrition Services (FNS) are set to expire on **December 31, 2021**:
 - Initial application and recertification interviews
 - Face to face interviews
 - Telephonic signature
 - Quality control face to face interviews
- The California State Department of Social Services (CDSS) is **requesting extensions from FNS on the following waivers**:
 - Initial and recertification interviews (through December 2022)
 - Telephonic signature (through October 2022)
 - Quality Control face to face interviews (through December 2022)



ADDITIONAL UPDATES

- Emergency Allotment – Approved for **October**, to be issued **November 14th**
 - **CDSS submitted a request to FNS for Emergency Allotments for the November benefit month, request pending**
 - All CalFresh households receive a minimum allotment of \$95 monthly as of April
- Able Bodied Adults Without Dependents – CA waiver extended through **June 30, 2022**
 - **CDSS will be assessing this waiver for eligibility beyond June 2022**
- Pandemic EBT (P-EBT)
 - All P-EBT cards have been mailed to young children under 6
 - P-EBT cards for school age children are currently being mailed
 - CDSS is currently drafting the P-EBT 3.0 plan which covers the 2021–22 school year
 - **Requires FNS approval**



PROGRAM FLEXIBILITIES & WAIVERS

- Executive Order N-71-20 signed on **June 30, 2020** extends the following provisions until the EO is rescinded or the state of emergency ends:
 - Telephonic/verbal signature on application – **extended permanently**
 - Flexibilities on identity and pregnancy verifications – **extended permanently**
- **Initial application interview waiver has expired, interviews for new applications will begin effective December 1, 2021**
- Time on Aid exemption for expiring time-clocks – **extended until further notice**
- **5.3% Maximum Aid Payment Increase effective October 2021**



GRANT INCREASES

General Relief grant payments increased by 5.3% effective October 1, 2021

- New maximum payment amount for individuals = **\$472** per month
- New maximum payment amount for married couples = **\$646** per month



PROGRAM FLEXIBILITIES & WAIVERS

Executive Order N-71-20 signed on **June 30, 2020** extends the following flexibilities until the EO is rescinded, or when the state of emergency ends:

- Annual renewal suspension
- Negative action suspension

Additional program flexibilities that remain in place:

- Telephonic and verbal attestation and signature
- Flexible verification requirements

Public Health Emergency renewed through January 16, 2022 by Federal Administration, DHCS will provide a 60-day notice prior to ending it

Medi-Cal Quality Control (MEQC) reviews resumed effective **December 1, 2020**



ITEM #6

UPDATE ON TELEWORKING AND NORTHEAST FRC

Allison Boyer

Deputy Director, Self-Sufficiency Services





SOCIAL SERVICES ADVISORY BOARD

UPDATE ON TELEWORKING AND NORTHEAST FRC

Allison Boyer, Deputy Director, Self-Sufficiency Services





TELEWORK PERFORMANCE SUMMARY OCTOBER 2021

Staff Teleworking

- Self-Sufficiency – 51% (1,379)
- HHSA – 40%
- SD County – 42%

Daily Attendance

- Feb 2020 – 85% of Staff Attendance
- October 2021 – 88% of Staff Attendance
- 3% Improvement in attendance

Access Call Center

- Feb 2020 – 140,000
- October 2021 – 152,005
- 8% increase in calls received

Access Average Speed of Answer

- Feb 2020 – 8 Minutes
- October 2021 – :27 Seconds
- 94% improvement in Average Speed of Answer

Access Calls Abandoned

- Feb 2020 – 13,430
- October 2021 – 1,196
- 92% Decrease in Abandoned Calls

Applications Received

- Feb 2020 – 30,310
- October 2021 – 35,188
- Total Apps Feb 2020 – Oct 2021: 738,136

Applications Processed

- Feb 2020 – 43,000
- October 2021 – 52,418
- All applications processed timely

Increase in Total Recipients

- Feb 2020 – October 2021 : 281,447
- 27.2% increase in total recipients

Benefits Issued Feb 2020 – October 2021:

- All Programs: \$1,629,047,888
- CalFresh: \$1,262,318,037

Performance

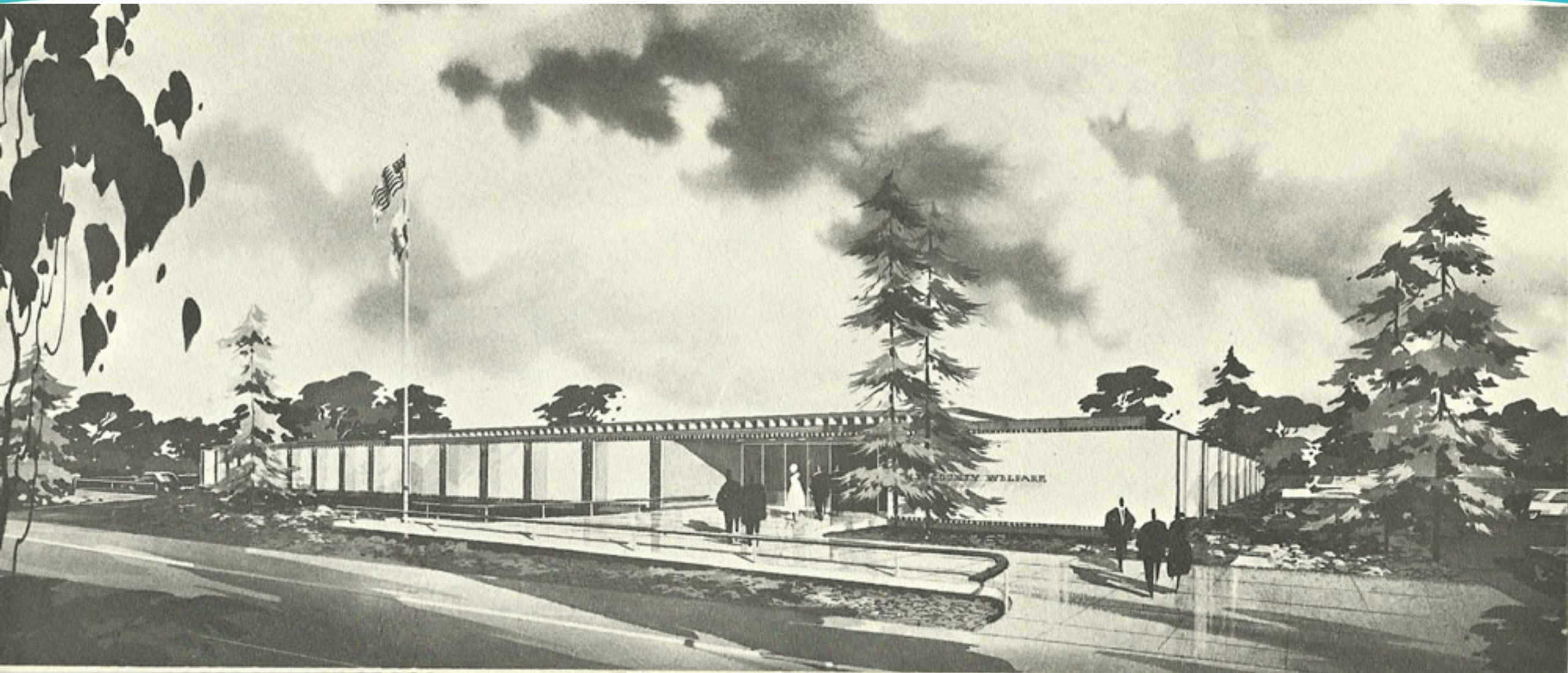
- CalFresh Accuracy Rate – 96%
- Customer Service Satisfaction Rate : 97%

SELF-SUFFICIENCY SERVICES



<u>Site Location</u>	<u>Square Ft.</u>	<u>Annual Lease Amount</u>	<u>Leave/Add (+/-)</u>	
			<u>Square Ft.</u>	<u>Lease Amount \$</u>
Northeast FRC- 5001 73rd Street	22,080	N/A- County Owned	-22,080	-
Viewridge - 4990 Viewridge Avenue	40,532	\$1,075,784.28	-40,532	(\$1,075,784.28)
HHSA -Seville Plaza (2 floors) - 5469 Kearny Villa Road	30,980	\$926,731.26	-30,980	(\$926,731.26)
Mills 8th Floor (exit) and Mills 1st Floor (new) - 1255 Imperial Ave	8,542	\$571,725.00	-8,542	(\$571,725)
Mission Valley - 7949 Mission Center Court	53,006	\$1,384,022.54	53,006	\$1,384,022.54
		Total (+/-)	-49,128	-\$1,190,218.00

NORTHEAST FRC CIRCA 1962



Proposed Northeast FRC Office

PURCHASING THE LAND



COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

DATE February 8, 1962

TO: Board of Supervisors

FROM: Purchasing Agent

SUBJECT: Northeast Welfare Building Site Hearing - 2/13/62
10:30 a.m.

As instructed by the Board of Supervisors, we have obtained an Option to Purchase the 1.26 acres of land at 73rd and El Cajon.

The conditions are as previously agreed upon that the owner will furnish the County a Title Insurance Policy, that escrow fees will be divided equally with tax prorated at time the Board accepts the deed, with the overall cost of \$62,500.00.

If the Board determines purchase of this property, Resolution of Intent To Purchase should be prepared and advertized and the Auditor directed to issue to Gifford Construction Company, a California Corporation, a warrant in the sum of \$1.00 to be mailed to Mr. Earl W. Gifford, P. O. Box 965, La Mesa, California.

Vernon O. Gehringer
VERNON O. GEHRINGER,
Purchasing Agent

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT TO:
Grantee:
4005 Rosencrans, Bldg #7
San Diego, California
Attn: Carlton Pippin

Order No. 569300 JI/ on Law
Kerns No. 569300 JI/ on Law

FILE/PAGE NO. 41454
RECORDED REQUEST OF
SECURITY TITLE INSURANCE COMPANY
MAY 11 9:00AM '62
SERIES 3 BOOK 1942
OFFICIAL RECORDS
SAN DIEGO COUNTY, CALIF.
A.S. GRAY, COUNTY RECORDER

ORDER'S USE ONLY

Grant Deed
(Individual)

CHARLES J. WHITING AND EVELYN M. WHITING, Husband and Wife
(GRANTOR - GRANTORS)

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Do Hereby Grant To

THE COUNTY OF SAN DIEGO

the real property in the
County of San Diego, State of California, described as follows:

Parcel One of the Resubdivision of WILSHIRE PARK as shown on
Record of Survey Map No. 5937, recorded as file No. 149080 in
the office of the County Recorder of The County of San Diego
on August 25, 1961.

Dated April 12, 1962
STATE OF CALIFORNIA
COUNTY OF San Diego } ss.
On April 24, 1962
before me, the undersigned, a Notary Public in and for
said County and State, personally appeared
Charles J. Whiting and
Evelyn M. Whiting

known to me to be the persons) whose names are subscribed to the within instrument and acknowledged that they executed the same.

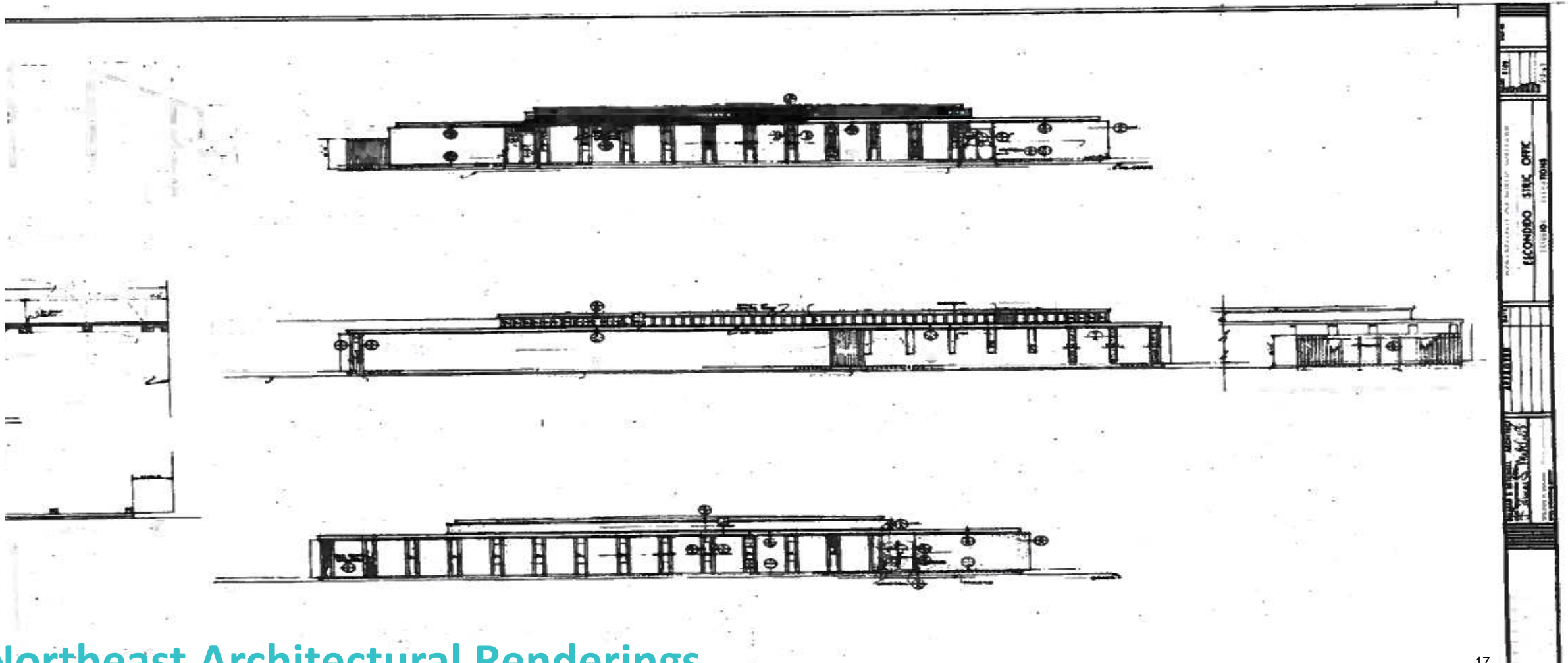
(Notary signature line)
John I. Loscher
John I. Loscher
(His name (notary's) shall be typed or legibly printed)

318595

CREATING THE VISION



LIVE WELL
SAN DIEGO



CONSTRUCTION MOVES FORWARD



New Northeast Family Resource Center, 73rd & El Cajon

NORTHEAST FRC OPEN HOUSE



BOARD OF SUPERVISORS

Robert C. Cozens, Chairman
Robert C. Dent, Vice Chairman
Frank A. Gibson
David W. Bird
De Graff Austin

T. M. Heggland, Chief Administrative Officer

THE SAN DIEGO COUNTY DEPARTMENT OF PUBLIC WELFARE

Cordially invites you to attend

OPEN HOUSE

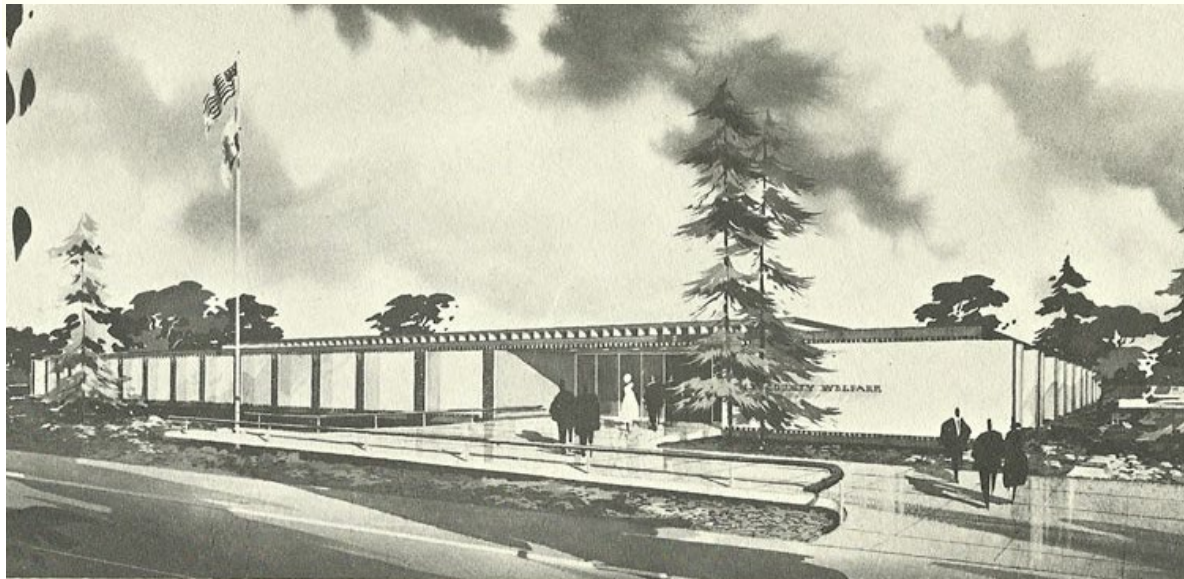
NORTHEAST DISTRICT OFFICE

5001 - 73rd. Street, San Diego, California

Friday, December 13, 1963; 2:00 to 4:00 p.m.

Homer E. Detrich, Director

William E. Rose, Jr., District Chief



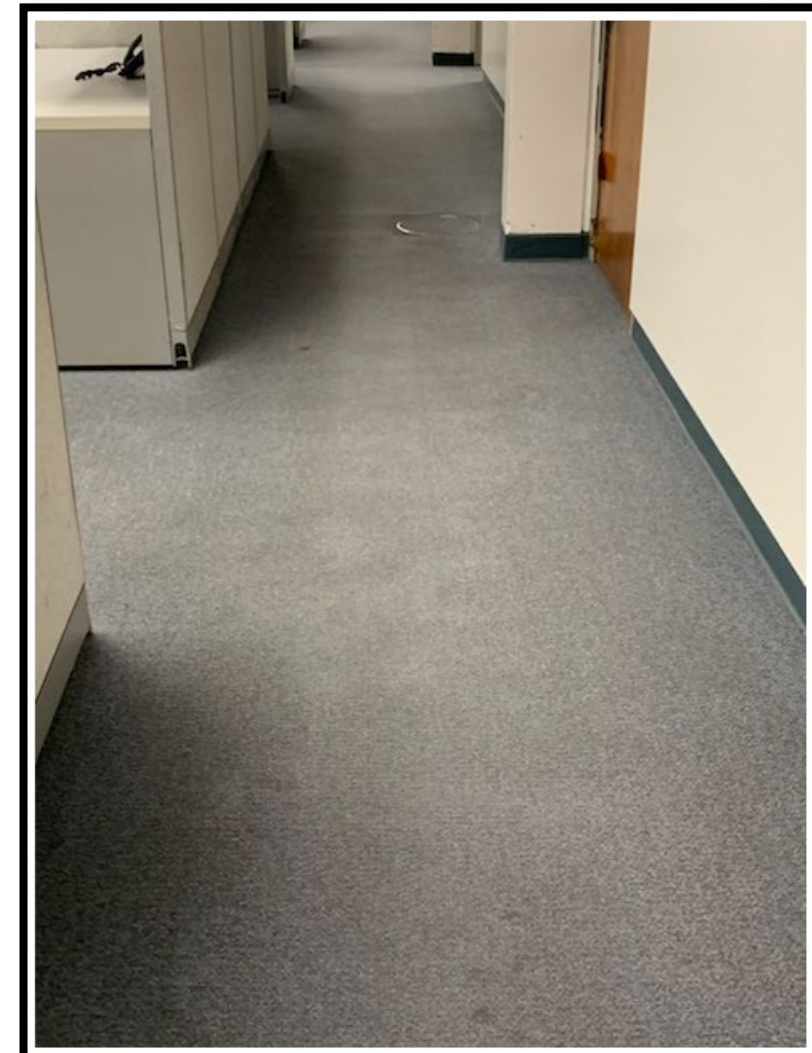
CURRENT CONDITION OF NORTHEAST FRC



LIVE WELL
SAN DIEGO



DECADES OF WEAR

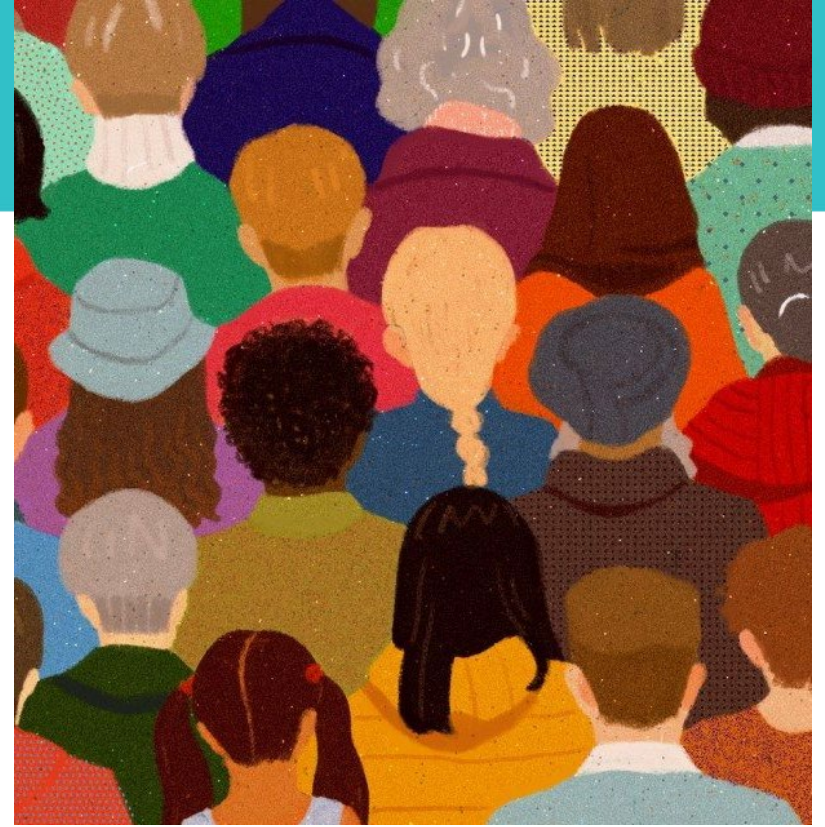


Current Northeast Photos

DECADES OF WEAR



Current Northeast Photos



SHIFTING OUR FOCUS

CITY HEIGHTS – PRICE CHARITIES BUILDING



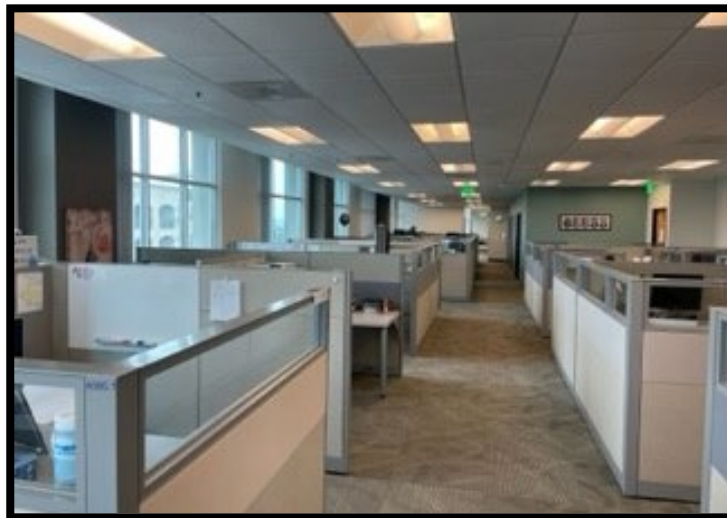
Also known as City Heights Center

CITY HEIGHTS – PRICE CHARITIES BUILDING



Main Hallway and Conference Room

CITY HEIGHTS – PRICE CHARITIES BUILDING



Self-Sufficiency Services Staff Areas

WHAT'S NEXT?



- Friday December 17th – last day at Northeast FRC @ 73rd Street
- Monday December 20th
 - Staff report to new location
 - Live Well Mobile Office support at Northeast FRC location
- HHSA working to secure a Storefront location in City Heights

December 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

NEXT STEPS



- Posting signage at 73rd Street FRC site
- Distributing informational flyers
- Updating website
- Scheduling tours of new location



ANY QUESTIONS?



CONTACT INFORMATION

Allison Boyer, Deputy Director

Self Sufficiency Services

(619) 338-2175

Allison.Boyer@sdcounty.ca.gov



ITEM #7

UPDATE ON SSAB AD HOC PUBLIC CHARGE SUBCOMMITTEE

Vino Pajanor, Vice Chair, SSAB





ITEM #8

SSAB ENROLLMENT AD HOC SUBCOMMITTEE

Anahid Brakke, Chair, SSAB

Alicia Kone, President, Kone Consulting



DATE: December 7, 2021

XX

TO: Board of Supervisors

SUBJECT

RECEIVE AND ACCEPT THE PRELIMINARY-INITIAL FINDINGS REPORT ON INCREASING ACCESS AND ENROLLMENT IN COUNTY SELF-SUFFICIENCY PROGRAMS TO SERVE EVERY COMMUNITY MEMBER IN NEED WITHOUT BARRIERS TO ENTRY (DISTRICTS: ALL)

OVERVIEW

Due to the COVID-19 pandemic, an increased number of San Diego County residents now depend on support from resources and services provided by the County of San Diego (County) to combat food insecurity, lack of access to adequate healthcare, and unemployment or underemployment. Although there has been increased enrollment in the County's self-sufficiency programs, such as CalFresh, CalWORKs, Medi-Cal, Cash Assistance Program for Immigrants (CAPI), and General Relief, barriers still exist that prevent qualifying individuals and families from accessing the services and benefits for which they may be eligible.

On April 6, 2021 (10), at the recommendation of Supervisor Lawson-Remer, the San Diego County Board of Supervisors (Board) requested that the Social Services Advisory Board (SSAB) establish a temporary ad hoc subcommittee called the Outreach, Accessibility, and Enrollment Task Force (Task Force) to undertake a comprehensive review of enrollment barriers and plans to overcome these barriers for the County's self-sufficiency programs. At that time, the SSAB was also requested to obtain the input of local experts and advocates and provide to the Board monthly status reports on the Task Force's progress, as well as to report on its initial findings with any interim recommendations and provide the Task Force's final report and recommendations.

Today's action requests that the Board accept and receive the SSAB Task Force preliminary report (Attachment A), per April 6, 2021 (10) Board Recommendation Item 1.e, in advance of the final report that will be provided to the Board in March 2022. In addition, the Board is also requested to accept and receive the Task Force consultant-provided initial recommendations developed by the County contracted consultant (Attachment B), per April 6, 2021 (10) Board Recommendation Item 3.

Today's action supports the County's *Live Well San Diego* vision by identifying and addressing barriers to access and enrollment in the County's Self-Sufficiency Services and programs to ensure individuals and families in need may obtain any benefits for which they may be eligible.

Additionally, today's action aligns with the Board's Framework for Our Future by incorporating an equity lens when developing and implementing programs and services, and ensuring fiscal stewardship of County resources, use of impact data, and contracting processes that align with community priorities.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive and accept the Social Services Advisory Board (SSAB) Outreach, Accessibility, and Enrollment Ad Hoc Task Force (Task Force) Preliminary-Initial Findings Report.
2. Receive and accept the County of San Diego Consultant to the SSAB Ad Hoc Task Force, Preliminary Report.

EQUITY IMPACT STATEMENT

Today's action presents recommendations to accept the preliminary reports of the Social Services Advisory Board (SSAB) Outreach, Accessibility, and Enrollment Ad-Hoc Task Force (Task Force) and the County of San Diego (County) Consultant to the SSAB Task Force as the first step in addressing existing barriers that prevent individuals and families in need from accessing and enrolling in the County's self-sufficiency programs. The preliminary findings and recommendations of the Task Force enable the County to better understand the root causes of under-enrollment in its assistance programs and to develop new strategies that target San Diego County residents in all communities and ensure qualifying individuals and families are able to easily access available services and benefits, regardless of their race, ethnicity, national origin, religion, gender identity, and/or sexual orientation.

FISCAL IMPACT

There is no fiscal impact associated with these recommendations. There will be no change in net General Fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This item was presented to the Social Services Advisory Board (SSAB) at its regular meeting on November 10, 2021.

BACKGROUND

On December 7, 2010 (20), the San Diego County Board of Supervisors (Board) received recommendations from the Social Services Advisory Board (SSAB) for increasing accessibility and enrollment for the County's Supplemental Nutrition Assistance Program (SNAP), also known as CalFresh. This set in motion CalFresh program and policy changes to improve service delivery for individuals and families in need.

As a result of the COVID-19 pandemic, an increased number of San Diego County residents are experiencing food insecurity, lack of access to adequate healthcare, and unemployment or underemployment. Individuals and families depend on various resources provided by the County of San Diego (County) and seek assistance and financial support from the County's self-sufficiency programs. Despite increased enrollment in these assistance programs, barriers still exist that prevent individuals and families in need from accessing the services and benefits for which they may be eligible.

There is clearly a need for the County to take steps once again to further understand the reasons for under-enrollment in its self-sufficiency programs, such as CalFresh, CalWORKs, Medi-Cal, Cash Assistance Program for Immigrants (CAPI), and General Relief, and to address these barriers to ensure access for all San Diego County residents, regardless of their race, ethnicity, national origin, religion, gender identity, and/or sexual orientation.

On April 6, 2021 (10), at the recommendation of Supervisor Lawson-Remer, the Board requested that the SSAB establish a temporary ad hoc subcommittee called the Outreach, Accessibility, and Enrollment Task Force (Task Force) to undertake a comprehensive review of enrollment barriers and plans to overcome these barriers for the County's self-sufficiency programs. The SSAB was also requested to obtain the input of local experts and advocates with knowledge of health and human services in outreach, analyzing, and increasing enrollment in self-sufficiency programs in California, as well as provide to the Board monthly status reports on the Task Force's progress. Additionally, the Board authorized the County to competitively procure and enter into an agreement for a comprehensive assessment of the outreach, enrollment, and accessibility of the County's CalFresh, CalWORKs, Medi-Cal, CAPI, and General Relief programs.

Status of actions taken on the April 6, 2021 (10) Board Recommendations:

- The Chair of the Board of Supervisors requested on April 19, 2021 that the SSAB establish a temporary ad hoc subcommittee called the 'Outreach, Accessibility, and Enrollment Task Force' (Task Force) comprised solely of less than a quorum of the SSAB's members. The SSAB established the Task Force as requested and held its kick-off meeting on April 20, 2021. (April 6, 2021 (10), Item 1.a.)
- The County of San Diego completed a competitive procurement process and awarded a contract on July 13, 2021 to acquire a contracted consultant to support the Task Force in conducting a comprehensive assessment of the County's outreach, enrollment, and accessibility of its self-sufficiency programs. The Source Selection Committee included members of the SSAB. (April 6, 2021 (10), Item 2)
- The SSAB Task Force has been undertaking a comprehensive review of enrollment barriers and is developing plans to overcome these barriers for CalFresh, CalWORKs, Medi-Cal, CAPI, and General Relief programs to increase outreach, accessibility, and enrollment for qualifying individuals in San Diego County. Stakeholder surveys with customers, community-based organizations, and HHSA County staff have been conducted. Focus

groups with customers and data walks with community stakeholders are still in progress. (April 6, 2021 (10), Item 1.b.)

- The SSAB Task Force has obtained the input of local experts and advocates with knowledge of health and human services in outreach, analyzing, and increasing enrollment in self-sufficiency programs in California. In-depth key informant interviews with various stakeholders, including community outreach providers and referral organizations, community partners, advocates, County leadership, and County eligibility supervisors and staff have been conducted to collect the necessary information. (April 6, 2021 (10), Item 1.c.)
- The SSAB has been providing monthly status reports to the Board describing the Task Force's progress. (April 6, 2021 (10), Item 1.d.)
- The SSAB Task Force's preliminary-initial findings and the County contracted consultant's initial recommendations are being reported in today's Board actions. (April 6, 2021 (10), Items 1.e. and 3)

Summary of Preliminary-Initial Findings:

- The County contracted consultant put together a preliminary report with key findings, and recommendations will follow with the final report. The preliminary report summarizes the key findings from the research, interviews, surveys, and data collection completed by the consultant and Task Force. The preliminary findings include more detailed information on the state of program outreach, eligibility processing, barriers to program access, and staffing and workloads.
- Three surveys were disbursed to existing Self-Sufficiency customers, Self-Sufficiency Services staff, and Community Based Organizations (CBOs) that work closely with Self-Sufficiency Services. A total of 7,576 survey responses were received which included 7,056 customer responses, 401 staff responses, and 119 CBO responses.
- Some of the key findings include information around the County's updated business processes to address customer service during the COVID-19 pandemic, the importance of collaborating with CBOs, and overall customer satisfaction.
- Over the coming months, the County contracted consultant will continue to analyze survey data to extrapolate cross tabulations on subpopulations. Three focus groups will also be conducted in November with San Diego residents who have attempted to access Self-Sufficiency Services programs. In addition, data walk planning, and implementation will be completed in November and December to better engage the community. Finally, the County contracted consultant will provide a final report that will include recommendations, to the Board of Supervisors in early March 2022.

In accordance with the April 6, 2021 (10) Board action, the SSAB was requested to report on the Task Force's preliminary findings and recommendations no later than October 4, 2021 and to provide its final report with recommendations to the Board no later than December 7, 2021. These deadlines were extended to allow the Task Force to extend its timeline of activities through January 2022 and for the SSAB to provide to the Board the Task Force's preliminary report by December 7, 2021 and the final report by March 8, 2022.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's action supports the Building Better Health Initiative in the County of San Diego's 2021-2026 Strategic Plan by creating a Task Force to obtain input from stakeholders, including customers, community-based organizations, County eligibility staff, local experts, and advocates to address issues within the County's Self-Sufficiency Services programs. Removing these barriers to enrollment increases access to critical services and programs and improves service delivery that is sensitive to the needs of all individuals and families in San Diego County.

Respectfully submitted,

USE "INSERT PICTURE"
FUNCTION TO INSERT
SIGNATURE

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A - SSAB Outreach, Accessibility, and Enrollment Ad Hoc Task Force Preliminary-Initial Findings Report

Attachment B - County of San Diego Consultant to SSAB Ad Hoc Task Force, Preliminary Report

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: ☐ Yes ☒ No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

☐ Yes ☒ No

PREVIOUS RELEVANT BOARD ACTIONS:

April 6, 2021 (10), Increasing Access and Enrollment in County Self-Sufficiency Programs to Serve Every Community Member in Need Without Barriers to Entry; December 7, 2010 (20), Improving the Efficiency and Effectiveness of the Supplemental Nutrition Assistance Program - SNAP

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

565127

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): N/A

CONTACT PERSON(S):

Rick Wanne

Name

(619) 338-2869

Phone

Richard.Wanne@sdcounty.ca.gov

E-mail

Click here to enter text.

Name

Click here to enter text.

Phone

Click here to enter text.

E-mail

Date: November 1, 2021

To: County of San Diego Board of Supervisors & Social Services Advisory Board

Subject: Preliminary Report for the Assessment of Access and Enrollment in Public Assistance Programs in the County of San Diego

Koné Consulting, LLC and our partner the Urban Institute, are pleased to present the County of San Diego Board of Supervisors and Social Services Advisory Board (SSAB) with this Preliminary Report on Access and Enrollment of Public Assistance Programs. Since our work began in late July 2021, we have completed all of the data gathering we planned to accomplish at this point in our assessment, and although much work is still left to be done, we have completed enough data analysis to present some preliminary findings in the accompany slide presentation. We want to thank the Enrollment Task Force for their time, guidance, and assistance with this work, including Chair, Anahid Brekke, and the other task force members including Greg Anglea, Keara (Piña) O'Laughlin, and Jan Spencley. We also want to thank the staff and leadership of the County of San Diego Health & Human Services Agency (HHSA), including Director Richard Wanne, Assmaa Elayyat, and Dr. Alberto Banuelos. We especially enjoyed meeting HHSA and partner CBO staff in-person during the onsite visits we conducted in September. The Koné team would also like to thank those organizations that opened their doors to our us during a time of unprecedented need in the community.

This is a report of key findings and does not include recommendations. Recommendations will be included in the Final Report. Subsections of the slide deck presentation include:

- Summary of Key Findings
- Current State of Program Outreach
- Current State of Applications & Eligibility Processing
- Current State of Renewals, Recertifications, and Change Reporting
- Current Barriers to Program Access
- Current State of HHSA County Staffing and Workload Levels
- What Comes Next

Summary of Preliminary Findings

It is important to keep in mind that this assessment is happening during the COVID-19 pandemic, making it even more difficult to gather data from people with lived experience. Although the consulting team is pleased with the number of survey responses from people who are current or former clients of the HHSA, it was still very difficult to connect with people who are not being served; the likely reason they are not getting assistance in the first place is they are disconnected from the network of County assistance. More work will be done to connect with underserved individuals with focus groups and data walks during the next phase.

San Diego County HHSA, the second largest operation in California after Los Angeles County, serves more people than nearly half the states in the country. HHSA has 13 Family Resource Centers (FRCs) throughout the county serving six regions, and also operates the Access Customer Service Center (Call Center) as an extension of the FRCs, and a Document Processing Center. Approximately 2,600 staff work in self-sufficiency programs. As of October 2021, HHSA serves:

- 912,435 Medi-Cal Recipients
- 346,119 CalFresh Recipients

- 36,895 CalWORKs Recipients
- 2,566 General Relief (GR) Recipients
- Approximately 500 Cash Assistance Programs for Immigrants (CAPI) Recipients

HHSA 13 FRCs by Region:

- Central – Centre City FRC, Metro FRC, Northeast FRC, Southeast FRC
- East – El Cajon FRC and Lemon Grove FRC
- North Central – North Central FRC
- North Coastal – North Coastal FRC
- North Inland – North Inland FRC, Ramona FRC, and Fallbrook FRC
- South – Chula Vista FRC, National City

Exceptional Circumstances

The COVID-19 pandemic impacted HHSA service delivery and demand for services beginning in February 2020. In-person services were quickly transitioned to virtual services provided by staff working from home, and the County effectively used the federal and state waivers of eligibility requirements to keep operations running as smoothly as possible.

Management data did not indicate any significant delays in processing or backlogs of work. Key informants reported there was a tremendous effort to adapt operations, meeting the increased demand for services during the pandemic. Client satisfaction stayed relatively high during the same time period.

Methodology

The consulting team used a mixture of quantitative data collection and analysis, and qualitative data gathered through observations and interviews. When possible, the qualitative data has been quantified and analyzed for themes. Our goal is to triangulate the findings from each data source to identify the themes and priorities. Our preliminary findings contained in this report are the result of our first round of analysis. More findings, and recommended actions, will be included in the Final Report.

Extant Data Review

We compiled and analyzed background information from more than 50 individual reports and documents. Our team started with synthesizing extant data, including recent focus groups, listening sessions, and information from other organizations supporting outreach, enrollment, and accessibility for self-sufficiency programs. We made sure to capitalize on existing research and stakeholder voices to ensure our approach identified the needs and gaps of this study. This review provided information for the rest of the study and for our preliminary finding's presentation and recommendations.

Interviews with Stakeholders

In conjunction with the extant data review the Koné team was learning about the perspectives of stakeholders by conducting preliminary key informant interviews with stakeholders, including County leadership, community partners, and

representatives of the SSAB. Subsequent rounds of interviews were conducted as the study progressed and as key informants were identified by our research and extant data analysis. The additional stakeholders that were identified included community outreach providers and referral organizations, advocates, County training leadership, and County eligibility supervisors and technicians who are active union members. The interview protocol included a subset of key learning questions set by the Enrollment Task Force (ETF). In total 30 interviews were conducted to collect the necessary information.

Key informant interviews were qualitative, in-depth interviews with stakeholders that were selected for their first-hand knowledge of relevant topics. The content of these semi-structured interviews was designed based on the results of background research, protocols used in earlier assessments, and our experience in California county self-sufficiency programs. These semi-structured interviews helped provide additional insights, interpreted previously collected data and generated recommendations.

Stakeholder Surveys

Stakeholders	No. of Responses	Details
Client / Customer	7,056	- 2,476 Spanish speakers - 145 Identified as Mixed-Immigrant Status Households
Community-Based Organizations (CBOs)	119	- 72% Provide Services County-Wide
HHSA County Staff	401	

We developed a web-based survey for staff, clients, and community organizations. This survey examined their experiences with barriers in the county's self-sufficiency programs, and the county's customer-centered culture. We used a web-based survey tool so the link could be easily distributed to different groups and entities, and it also gave us the flexibility to design the instrument and tailor the questions to the type of respondent. We expected to receive between 350-500 responses in total, based on our previous experience, so we were extremely pleased with the actual results. The survey data was validated by the information we gather through other methods.

The survey used information gathered during the previous two activities and the refined research questions. We helped with survey recruitment utilizing your existing communication channels and community partner network - to ensure a representative sample of responses was taken into consideration for geographic diversity, variety of service supports and demographically diverse county regions. The web-based survey was provided in English and Spanish with the survey response goal of 85% completions.

County San Diego HHSA Family Resource Center and Partner Community Based Organization Office Site Visits

The KC Team completed in-person and virtual site visits with eight San Diego County HHSA Family Resource Centers, as well as the Document Processing Center, Access Call Center, Centralized Training Center, and the Mobile Outreach Unit. Additionally, we completed three in-person and one virtual visit with Partner Community Based Organization Office Sites. The goals of the visits were to learn more about eligibility determinations and case management in self-sufficiency programs how self-sufficiency program policies are interpreted and implemented at the local level, to understand the processes for determining eligibility, and to walk through the steps that are taken to process applications, changes, and redeterminations from the client or user's perspective, a key component of human-centered design. Another important component of these visits was to complete an inventory of the information technology (IT) tools used for eligibility and case management. The

offices that were selected for review were determined by results created from data analysis and input from the ETF and the county. The timing and agendas for these visits took into consideration the impact on county office workloads, making sure we did not negatively impact customer service.

Status of Remaining Data Gathering

Additional Analysis and Data Collection

A secondary analysis, including cross tabulations on additional subpopulations, is to be conducted on survey results. Three focus groups will be conducted in November to capture the perspectives of San Diegans who have attempted to access self-sufficiency services. Data walk planning and implementation, in November and early December, will be presented as an interactive way for community stakeholders to engage in a dialogue around initial findings. This will include a facilitated virtual workshop and 2-way messaging on social media platforms to engage the broader community.

Final Report and Presentation

The final report, including recommendations, is to be drafted in January 2022. The presentation to the Board of Supervisors is scheduled to take place in early March 2022.

San Diego HHSA Assessment

Preliminary Report

November 1, 2021



Introduction

Report Contents

- **The data included in this report is preliminary as data collection and analysis – including focus groups and data walks- is still in progress.**
- This is a report of key findings and does not include recommendations. Recommendations will be included in the Final Report.

Subsections:

- Summary of Key Findings
- Current State of Program Outreach
- Current State of Applications & Eligibility Processing
- Current State of Renewals, Recertifications, and Change Reporting
- Current Barriers to Program Access
- Current State of HHSA County Staffing and Workload Levels
- What Comes Next

Study Objectives

Support the Social Services Advisory Board (SSAB) Enrollment Task Force in conducting a comprehensive assessment of the County's outreach, enrollment, and accessibility for the CalFresh, CalWORKs, Medi-Cal, Cash Assistance Program for Immigrants (CAPI), and General Relief (GR) programs.

Examining issues like:

- Outreach strategies and tactics
- Community partner opportunities
- Application requirements and processes
- Customer-centered culture
- Eligibility case management models & staffing levels

And barriers created by:

- State and federal regulations
- Language
- Technology

Methodology

Three Surveys

- Client/ Customer
 - 7,056 responses
 - 2,476 Spanish speakers
 - 145 identified as mixed-immigrant status households
- Community-Based Organizations (CBOs)
 - 119 CBOs responded and 72% provide services county-wide
- HHSA County Staff
 - 401 responses

Data Walks (in progress)

Focus Groups (in progress)

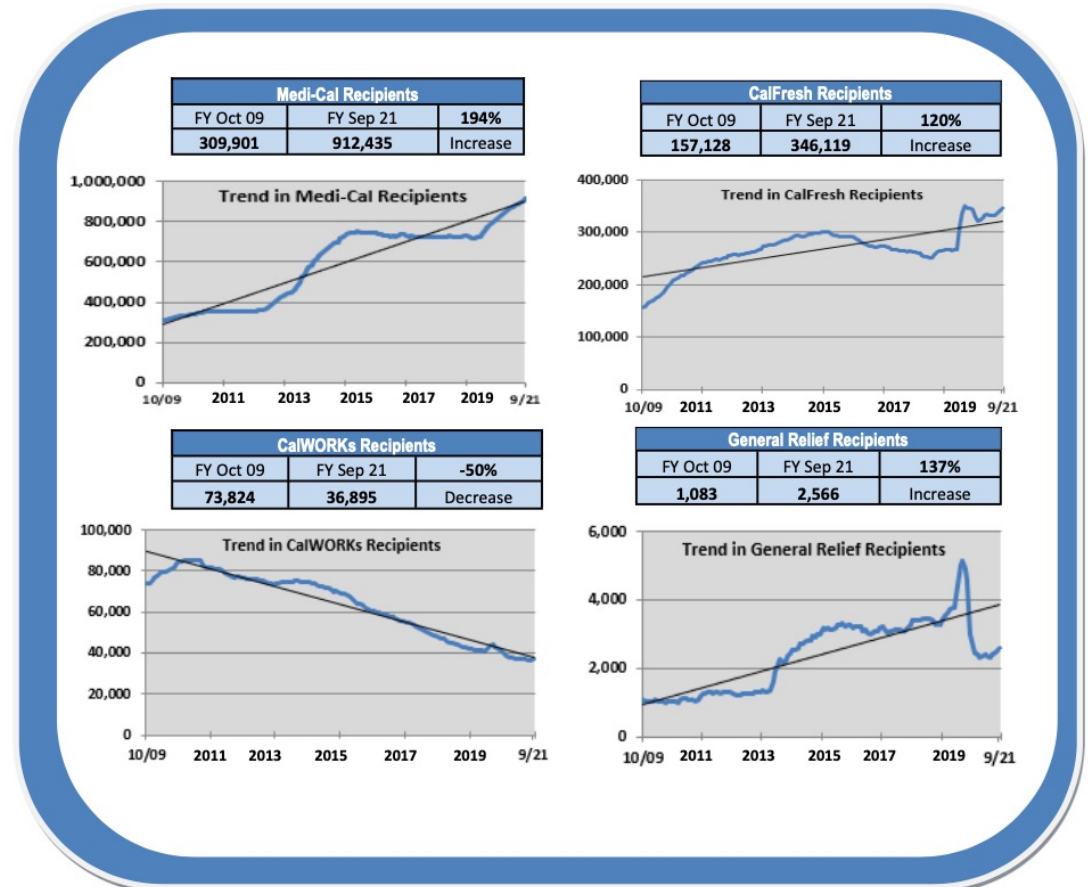
County of San Diego Health & Human Services Agency

San Diego County HHSA serves more people than nearly half the states in the country.

Total county population as of latest Census is **3,298,634**.

As of October 2021, **HHSA serves:**

- 912,435 **Medi-Cal** Recipients
- 346,119 **CalFresh** Recipients
- 36,895 **CalWORKs** Recipients
- 2,566 **General Relief (GR)** Recipients
- Approximately 500 **Cash Assistance Programs for Immigrants (CAPI)** Recipients



Trends in Recipients over time. Eligibility by the Numbers Report. October 2021.

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/ssp/documents/Eligibility_by_the_Numbers.pdf

County of San Diego Health & Human Services Agency

HHSA has 13 Family Resource Centers (FRCs) throughout the county, serving six regions:

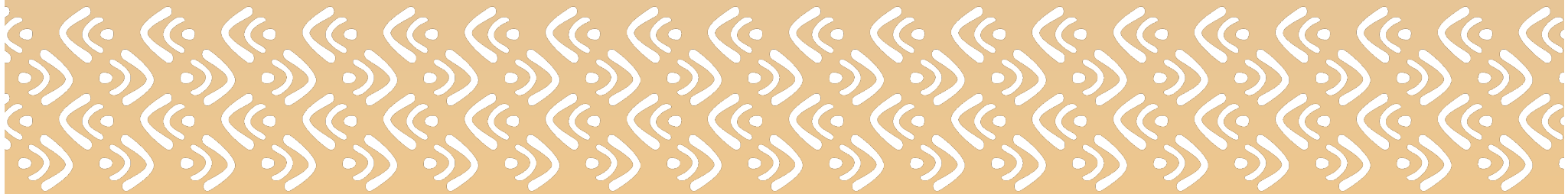
- **Central** – Centre City FRC, Metro FRC, Northeast FRC, Southeast FRC
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- **South** – Chula Vista FRC, National City

- HHSA also operates the Access Customer Service Center (Call Center) as an extension of the FRCs and a Document Processing Center.
- Approximately 2,600 staff work in self-sufficiency programs.

San Diego County HHSA is the second largest operation in the state, after L.A. County.



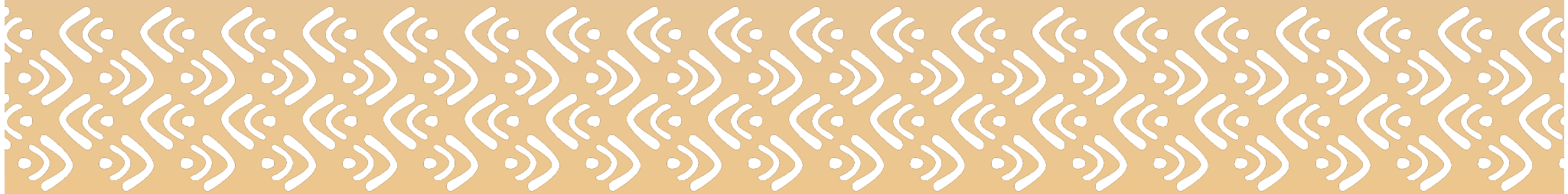
Summary of Key Findings



Exceptional Circumstances

- The COVID-19 pandemic impacted HHSA service delivery and demand beginning in February 2020.
- In-person services were quickly transitioned to virtual services provided by staff working from home, and the County effectively used the federal and state waivers of eligibility requirements to keep operations running as smoothly as possible.
 - Management data doesn't indicate any significant delays in processing or backlogs of work
 - Key informants report there has been tremendous effort to adapt operations and meet the increase in demand for services during the pandemic
 - Client satisfaction has stayed relatively high during the same time period

Current State of Program Outreach



Strategies and Tactics

- CBOs play an important role helping connect people to benefits – especially for San Diegans who face more barriers
 - 76 CBOs submitted **127,366 CalFresh** applications (55% approved) and **23,955 Medi-Cal** applications (62% approved) in FY20-21
- CBOs are excited about the **HHSA Mobile Outreach Unit** which has staff capable of processing applications and providing EBT cards on the spot.
- HHSA's Department of Homelessness Solutions & Equitable Communities is coordinating services for those experiencing homelessness, like street outreach by County staff.
- CBOs also provide additional opportunities to connect eligible San Diegans experiencing homelessness to benefits.



Types of Outreach

CBOs and County staff surveyed report that providing **flyers and brochures** is the most common type of outreach activity.

Hosting **in-person events** was also among the top three most common outreach strategies reported by surveyed CBOs and County staff.

- Information sent in the mail is also a common approach.

County staff surveyed also reported **collaboration with local organizations** is among the top three approaches to outreach to potential clients.

Client/Customer Preferences

Clients surveyed prefer to receive information via **text** and **social media** despite it being a less common method used by CBOs and HHSA for outreach.



- CBOs and County staff surveyed report social media is more likely to be used for CalFresh outreach compared to Medi-Cal and the cash programs.
- It is not common for CBOs or HHSA to use WhatsApp or texting for outreach.

Priority Subpopulations

- CBOs surveyed believe the most important subpopulations to focus outreach efforts on are people experiencing **homelessness**, **mixed immigrant status households**, and **seniors**.
- County staff surveyed believe that the County could focus on disseminating information about the program, how to apply and eligibility information to **seniors**, people experiencing **homelessness**, and people with **disabilities**.

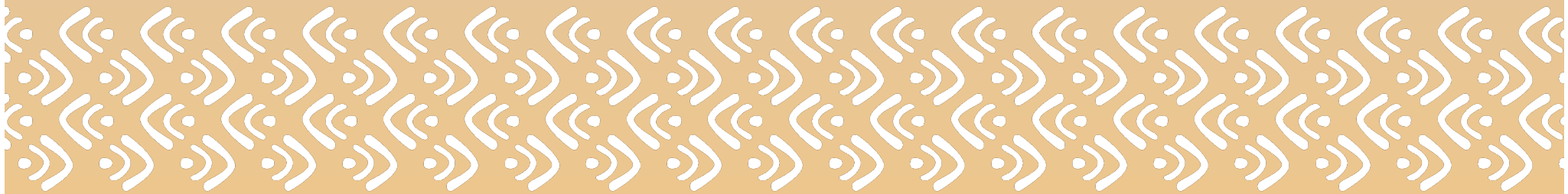


Importance of Community Partnerships

There was near consensus amongst key informants that a best practice in San Diego County outreach is the **strong partnerships between CBOs and the HHSA.**

- The **Outstationed eligibility staff** collaboration is highly valued by CBOs especially when staff speak a language pertinent to that site.
- The Access Customer Service Center (Call Center) **dedicated CBO line** is popular, has short wait-times, and has helped CBOs better assist residents
- **Access Call Center received over 1.2 million total calls in FY 20-21.**
 - Three percent were abandoned
 - Average wait time was two minutes and 18 seconds
- **Access Call Center received 56,042 calls from CBOs in FY 20-21.**
 - One percent were abandoned
 - Average wait time was 1 minute and 12 seconds

Current State of Applications & Eligibility Processing



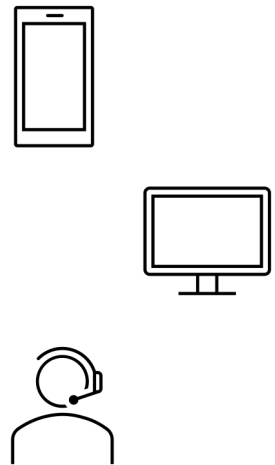
Pandemic Changes to Eligibility Processing

- Waived initial and recertification **interview requirements**
- CalFresh application **telephonic signature** requirements adapted to allow the documentation of the household's attestation without requiring a recorded verbal signature
- Extension of **certification periods** and adjustment of reporting requirements
- Provided **maximum emergency benefit amount** for CalFresh recipients with accompanied decrease in requirements for change reporting
- Reduced reliance on paper for verification of eligibility (more electronic, phone and collateral contacts)



How People Apply for Benefits

- In FY 20-21 over **360,000 applications were processed**
- Most (83%) of applications were received virtually (**electronically or by phone**)
 - 9% by U.S. Mail
 - 8% by walk-in (walk-in and outstation application sources)
- CBOs report online/electronic applications are the easiest for clients to apply with assistance from their organization.
- CBO and HHSA staff agreed that **paper is the least easy way** to apply. They reported that the paper application is lengthy, complex, and often **overwhelming** to applicants.



Where Applicants Seek Assistance



- Most clients surveyed (65%) said they **received help** with their application at a **County office** or over the **phone with County staff**.
 - FRCs assisted 357,918 for in-person services in FY 20-21
- County staff assistance was even greater for some programs: about 85% of clients surveyed said they received help with their CalWORKs, CAPI, and General Relief applications.
- **Six percent** of clients surveyed reported that they received help from a **CBO**. CBOs submitted over 150,000 CalFresh and Medical applications in FY 20-21.

Overall Satisfaction with Enrollment Process

CBO Satisfaction

CBOs surveyed are **relatively satisfied** with the enrollment process (3.6 out of 5 points).

- The lowest satisfaction is with CAPI (3.0) and the highest is with CalFresh and General Relief (3.8).
- No one reported being "very dissatisfied" with CalFresh, CalWORKs, or GR. By comparison, no one reported being "very satisfied" with CalWORKs enrollment.

Client/Customer Satisfaction

Overall, clients surveyed are **relatively satisfied**- 3.6 out of 5 points. This is consistent over time and across programs.

Staff Satisfaction

Of these three groups, HHSA staff surveyed are the **least satisfied** overall with the efficiency and effectiveness of the enrollment process across programs (3.5 out of 5 points).

Client/Customer Satisfaction

HHS regularly seeks client/customer satisfaction feedback.

- 3,907 clients responded to a survey during a visit to an FRC in FY 20-21. 80% indicated they received **courteous service** and 86% reported they were **satisfied** with the information they received.
- 24,346 clients responded to a survey after calling Access Customer Service Center in FY 20-21. 81% report a **positive** experience, 16% neutral, and 3% negative.
- During site visits and interviews, CBOs reported clients prefer to seek services at CBOs than FRCs because of better experience tailored to their needs.



Client/Customer Satisfaction

Clients surveyed that are **Spanish speakers, mixed immigrant status households**, and those that **did not submit** an application are **less satisfied** with the services they received than the general population.

- On a 5-point scale, clients who did not submit had the lowest satisfaction score of 3.0 compared to 3.6 for all clients. Spanish speakers 3.5 and clients in mixed immigrant households 3.4.
- Seniors are more satisfied than the general population (3.8 vs 3.6)
- In general, clients who applied for services before 2018 are more satisfied than clients who applied in the last three years. (3.8 vs. 3.6) *Must take into account recall bias and the general lack of consumer satisfaction in the post-pandemic economy.

Client/Customer Empathy and Respect

HHSA has a **strong stated commitment** to quality and doing everything possible to get eligible people connected to benefits.

- FRC staff observed during site visits were **friendly, respectful, and responsive**.
- When interviewed, CBOs reported clients receive **mixed messages** about application or eligibility status and sometimes aren't treated with respect.
- County staff surveyed agree that eligibility staff **demonstrate empathy** for their client (3.7 out of 5). Half of the staff agrees with the statement above, and less than 1% strongly disagree with it.



"My job is about just one thing, hospitality." – HHSA Staff

Understanding Application Denials

Nationally, verifying client information on an application is one of the most time-consuming and troublesome aspects of eligibility determination. Not surprisingly, then, in San Diego County, one common reason interviewees and clients surveyed believe applications are denied is **lack of required documentation**.

- The Document Processing Center imaged and indexed 4,366,628 documents in FY20/21.
- FRCs are approving about 61% of applications and are denying about 39%. Of the denials, 38% are for **failure to provide information**.



Clients with Unmet Needs

Application Quality and Completeness (FY 20-21)

- 62% of MediCal applications submitted by CBOs were approved.
 - 22% were denied
 - 10% were blank
- 55% of CalFresh applications submitted by CBOs were approved.
 - 29% were denied
 - 8% are blank
 - 5% were pended

115 clients surveyed said they started the application for one or more programs but **did not submit**.

- 56% of those who did not submit said they **did not ask for help or don't remember**, compared to only 38% of all clients surveyed.
- **English-speaking legal residents or citizens under 25 or over 65** years old were more likely to fall through the cracks and not submit an application compared to all clients surveyed.

Leveraging Pandemic Promising Practices

What best practices can be leveraged?

- Implementation of a **triage process** at FRCs has reduced wait times and improved customer service for clients needing help with a quick task like replacement EBT card.
 - The ability to verify income over the phone with recorded attestation (Medi-Cal) has reduced the burden for re-submitting documentation.
- 2-1-1's (state contracted CalFresh application assistor) **reading of abbreviated rights and responsibilities** content over the phone, coupled with mailing of the complete consent information, has reduced the time required to complete an application by phone.
- Document Processing Center innovations, such as an **electronic document drop box** for CBOs and an **automated return mail system**, has saved significant processing time and freed up staff to support other tasks.

Application Process Challenges

- During the height of the pandemic, clients seeking application assistance at a CBO could wait up to 10 days for a telephone appointment to complete an application due to high volumes, which delays the date of application used to start benefits.
- Those interviewed report lost documents continue to be a challenge - either getting lost on its way to DPC or when it's indexed at DPC.
- Multiple IT systems are involved in application processing and are not fully integrated and require staff to manually enter data.



Current State of Renewals, Recertifications, and Change Reporting



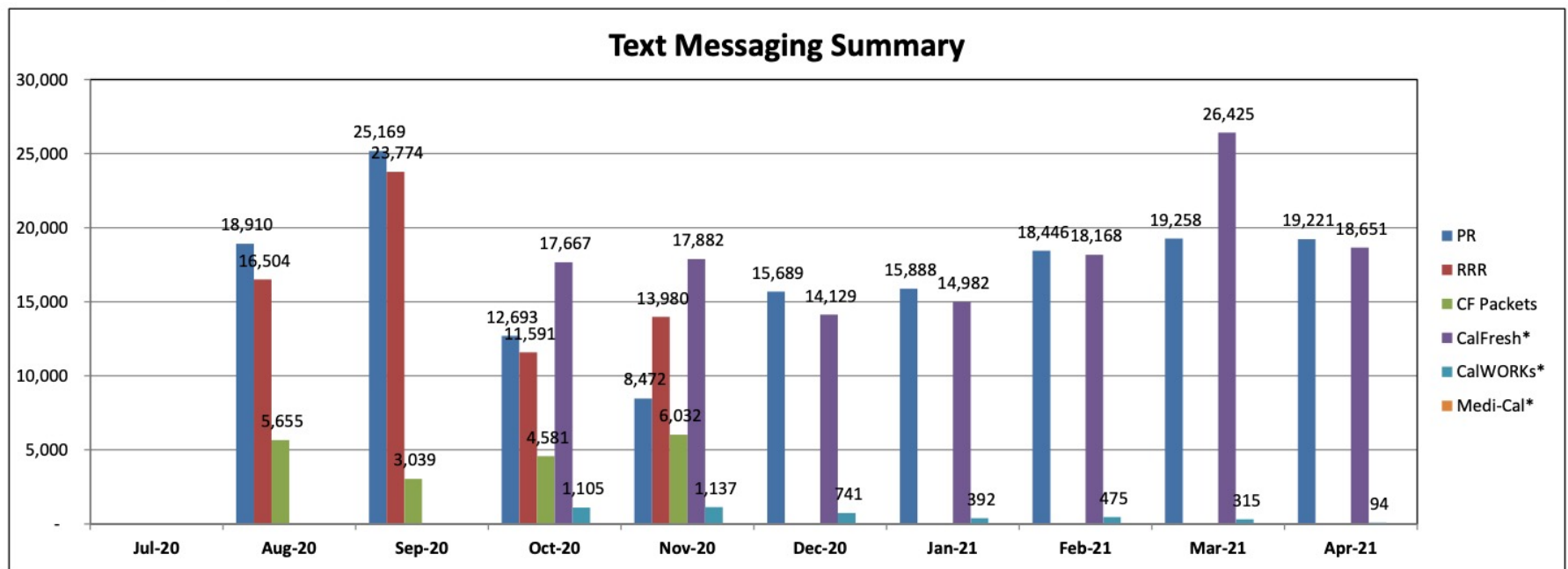
How People Maintain their Benefits

All programs require periodic redetermination of benefits and reporting of at least some changes in between redeterminations.

- CalFresh has eligibility certification periods of 6, 12, 24 or 36 months, depending on household characteristics. For most households, a mid-period report (SAR 7) is required.
 - SAR 7s can be submitted multiple ways, offering clients choice to submit via paper, online, or telephonically by calling Access Call Center.
 - Incomplete SAR 7s can also be completed over the phone.
- MediCal has an eligibility renewal period of 12 months.
- CalWORKs eligibility is on a 12-month certification period and also requires a mid-period report (SAR 7) at the sixth month.
 - Other cash program maintenance requirements vary and are generally more labor intensive because they have other participation requirements like work activities or SSI facilitation.

Reducing Program Churn

- In order to reduce the number of clients who would otherwise be eligible but lose benefits because they didn't submit the required information at redetermination (churn), HHSA provides **text reminders** and **robocalls**, which is a national best practice.
- Clients surveyed, regardless of program or subpopulation, said they prefer receiving communication via **email, texting and social media** (67% overall), followed by getting info from County staff that understands my community (15% overall), and organizations in my community (10% overall).



Monthly Text Messaging Report FY 2020-2021. No data is available for July 2020 due to Robo Call and text messaging campaign waivers

Why Eligible People Lose Benefits

33% of client/customers surveyed reported they **stopped receiving benefits** in CalFresh, Medi-Cal and CalWORKs even though they believed they were still eligible.

- The proportion of affected clients surveyed were higher (above 45%) for CAPI and General Relief.

Some of the **most common reasons** clients surveyed reported their benefits stopped were:

- Errors made at the County (30%)
- Not knowing they needed to do something to stay enrolled (30%)
- Forgetting to complete the renewal paperwork (17%)

One pattern difference was in the **General Relief** program.

- 32% reported the reason was they missed renewal reminders because they **don't have a permanent mailing address**, compared to only 10-12% in the other programs.
- Also 25% said the information was **confusing**, compared to 12-17% for the other programs.
- Significantly more people who **stopped receiving GR** said the reason was they didn't have **access to the internet** (14%) (compared to 5% for the other programs) or were **not able to provide the required documents** (25%) (compared to 11-14% for the other programs).

Why Eligible People Lose Benefits - Staff and CBO Perspective

Staff surveyed believe the main reason clients lose eligibility is because they **forget** to complete the renewal process (79%) and the second most common reason clients lose eligibility is **not knowing** they need to complete the renewal process (45%).



CBOs surveyed agreed with County staff that the most common reason people lose their benefits is they **forget** to complete the renewal process (71%).

- They also agreed another common reason includes they **do not know** they need to complete renewal paperwork (62%), and that they do not receive renewal reminders due to address change or **lack of permanent address** (58%)
- For **GR**, being unable to get in touch with someone to help with the paperwork and confusing wording on the paperwork are also common reasons.

Current Barriers to Program Access



Definition of Accessible

- Accessibility in this study means when the **needs of eligible San Diegans are considered** so that self-sufficiency services and facilities can be used by the people who would most benefit from them. Access can be made easier through reducing or removing barriers or obstacles such as transportation, technology, and language.
- **Collaboration between HHSA and CBOs is seen as an accessibility best practice - especially for reaching specific communities.**
- Examples of these efforts include eligibility staff out-stationed at CBOs, Application Assistors, CBO line at Access Call Center, CBOs educating HHS about their programs.

Barriers Related to Paperwork Burden

- The results from the client survey question about common issues that affect their experience during application is inconclusive as the most common answer was “**Other**” (60% across programs).
 - This is something that will be explored in further in focus groups and data walks.
- Key informants report application packets are overwhelming in size and complexity and **paperwork is a significant barrier**, especially for CalWORKs.
- Key informants report **over-verifying** documentation and lack of documentation and **missed interviews (pre-Pandemic)** are common reasons people are denied, not other factors.
- 59% of CBOs surveyed believe being **unable to provide the required documentation** is the main obstacle for clients to complete the application process and the most common reason **applications are denied (79%)**.
- HHSA Staff surveyed overwhelmingly agree with CBOs and each other that the main reason for an application being denied is **failure to provide required documentation (81%)**, followed by income being too high (64%).

Barriers Related to Language Access

HHS provides materials in 5 threshold languages and announcements at FRCs are made in all threshold languages for the area. In addition, the County hires staff who speak threshold languages when they can to facilitate in-person and phone services in native languages. As of August 2021, 55% of eligibility staff speak a language other than English more than 14 other languages.

- Key informants report language used in applications and client notices is legalese and difficult to understand, and that there is an opportunity to improve language diversity in outreach efforts and program materials – especially languages other than Spanish
- Key informants report translation of client notices into languages (other than Spanish) are sometimes poor quality and add to confusion
- CBOs reported in interviews that availability of program staff who speak multiple languages, applications not being available in primary language, online translations not being user friendly, and online interpreter assistance not being available are the most common barriers. For CalFresh, communications not being sent to the client in the requested language was also mentioned.
- CBOs surveyed report language barriers especially being an obstacle to complete CalWORKs and CAPI applications.

Barriers Related to Language Access Quality

- CBOs surveyed rate the **quality of interpreter services relatively low**-between 2.8 and 3.0 on a 5-point scale.
- Staff surveyed believe that the primary language access issue is that **paper or online applications are not in the clients primary language** (30%).
- CBOs surveyed report that the three most helpful solutions for getting information about programs to clients were:
 - Ensuring **partnerships** with CBOs (73%)
 - Making sure outreach materials are **easy to understand** (71%)
 - Making sure outreach materials are **available in multiple languages** (60%)

Barriers Related to Physical Access and Transportation



Physical Access

HHSA is working on creating physical spaces that are more welcoming, comfortable, and physically accessible.

Transportation

Key informants report some FRCs are more difficult to get to - either in urban areas where public transit is limited and especially in rural areas - where collaborating with CBOs is helpful.

Barriers Related to Technology-CBO Perspective

- 70% of surveyed CBOs believe **lack of technological literacy** is the main obstacle for clients to complete the application process, and 66% believe **lack of digital access** to be the main obstacle.
- CBOs report the most common **technology barriers** clients experience are:
 - **Don't understand** how to use **physical devices**, such as phones and computers (46%)
 - Lack of **access to a mobile device** or a computer
 - **Don't understand** how to use **the internet**
 - Lack of **access to the internet** (40%)

Technology has made access easier for some but remains a barrier for those who **don't have internet, devices, or digital literacy**



Barriers Related to Technology- Staff Perspective

- County staff surveyed stated that the main obstacle for completing an application is **lack of technological literacy** (62%), and **lack of digital access** is the second main obstacle (55%)- making technology the main barrier for clients completing applications from staff's perspective.
- By far, County staff surveyed believe that the **easiest way to enroll** in benefits is **online/electronic** (58%).
- These two findings- analyzed together- illustrates the digital divide affecting all of society. For people who have access to computers and the internet, technology improves access. Those that don't must use a "less easy" way to enroll or get help.

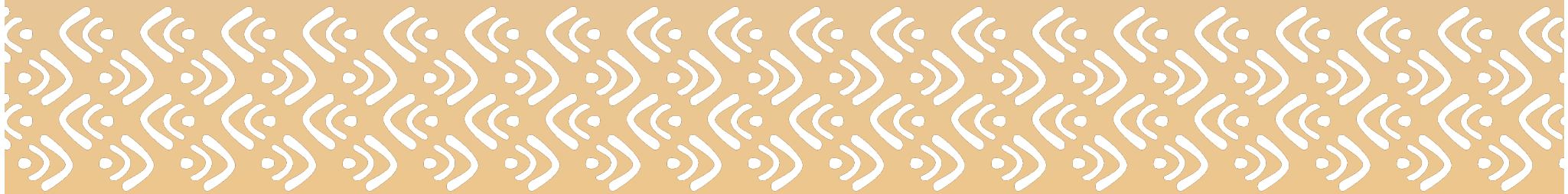
Barriers Related to Fears of Public Charge

- Key informants report **stigma and fear around public charge** remains a barrier and prevents New Americans from applying for benefits.
- 60% of CBOs surveyed report fear of the impact of receiving public benefits on immigration as the main obstacle to completing the application process.

Mixed immigrant status households that responded to the client survey were also **more likely to have stopped receiving benefits** because of fear of public charge.

- 4.3% of CalFresh recipients in mixed immigrant status households stopped receiving benefits due to fear of public charge compared to 2% of CalFresh recipients in the general population.
- 11.8% of mixed immigrant status households had stopped receiving MediCal because of fears of public charge compared to 2% of the general population.

Current State of HHSA County Staffing and Workload Levels



Staffing

Workloads

- HHSA manages workload through a **task-based** system meaning staff do not carry caseloads. In September of this year the total number of tasks created was around **422,000**.
 - Around 35,000 of those tasks were related to applications, 17,000 to periodic reporting, and 36,000 to annual renewals.
- Some interviewed report **workload distribution** is unequal and that the formula used to determine staffing budget is flawed.

Vacancy Rates

- Eligibility staff were **97% staffed** with Human Services Specialists- meaning there was a 3% vacancy rate which was the highest rate by positions as of August 2021. Office Assistants were 110% staffed due to extra hiring for attrition.
- Some interviewed report high **turnover** due to low wages, unfair promotion practices, and moving problematic staff and supervisors around rather than addressing their performance.

Staffing Level Data Analysis to be completed for final report

Case Management/ Workflow

- Staff surveyed have a neutral perception of the work processes for program enrollment in the county.
- When asked if the current eligibility and enrollment workflow **prevents unnecessary hand-offs** between workers (first contact resolution), the agreement was 3.0 out 5 points and less than 10% strongly agreed.
- Staff surveyed had a slightly above average experience (3.2 out of 5 points) with the current eligibility and enrollment workflow producing **timely and accurate benefits** issuance.



Training Overview

- HHSA does 12-week long rigorous **Universal Training** where all staff are trained on all programs (one at a time) through a mixture of curriculum (including videos and interactive games for different learning formats) and hands-on training in a training environment. Staff then progress to a training unit where they continue to have an advisor.
- Training has shifted from in-person to remote training due to COVID, considering a hybrid approach in the future.
- Training Center hosts a **monthly steering workgroup** where suggestions for new training or training refreshers are discussed, as well as monthly releases of "eligibility news" segments and training videos to support ongoing training.
- Recently received an award from APHSA IT Solutions Management for Human Services (ISM) for the **virtual reality component** of training which simulates interactions with families.

Training Performance

- The typical training pass threshold is 70%. The County reports **most people make it through the training** but may realize it is not the right fit for them once they begin working on the job.
- Some key informants believe the **training is insufficient for the amount of program information** staff are expected to know which leads to inconsistent information being provided to clients/customers.

On average, 3.2 out of 5 staff surveyed agreed that they have the training to do their job well.

Staff Satisfaction

- Observations during site visit:
 - Appears to be **meaningful involvement** of staff in the culture and workplace environment
 - Access Customer Service Center uses strategies to incentivize staff
- Some key informants report **organizational culture** has not caught up with current leadership vision for HHSA
- Staff surveyed are **slightly less than satisfied** with their job (2.9 out of 5). A notable 40% of staff stated that they are **dissatisfied or very dissatisfied** at their job.



What Comes Next...



Completing the Final Report

Additional Analysis and Data Collection

- **Secondary analysis**, including cross tabulations on additional subpopulations to be conducted on **survey results**.
- Three **focus groups** will be conducted in November to capture the perspectives of San Diegans who have attempted to access self-sufficiency services.
- **Data walk** planning and implementation in November and early December as an interactive way for community stakeholders to engage in dialogue around initial findings. This will include a facilitated virtual workshop and 2-way messaging on social media platforms to engage broader community.

Final Report and Presentation

- Final report, including recommendations to be drafted in January 2022.
- Presentation to Board of Supervisors in March 2022.



Thank You

Comments or Questions?

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(855) 981-5663

Feedback Form:
<https://koneconsulting.com/feedback>

Our purpose is to **inspire change** and **create lasting improvements** for our clients in the government and nonprofit sectors.

Our clients experience **joy** while we do the work, and the **impact we make** endures long after we're gone.



MONTHLY UPDATES



ELIGIBILITY SERVICES BY THE NUMBERS...

November 2021 (Data Month: October 2021)

PARTICIPANTS

- **CalFresh:** 352,643 recipients, up 6.85% from last year.
 - 124,904 child recipients (0-18), up 2.31% from last year.
 - 69,214 senior recipients (60+), up 15.44% from last year.
- **CalWORKs:** 37,930 recipients, down 5.95% from last year.
 - 29,439 child recipients (0-18), down 8.47% from last year.
 - Welfare-to-Work: 8,191 participants, up 9.08% from last year.
- **CMS:** 22 CMS recipients, down 8.33% from last year.
- **General Relief:** 2,895 recipients, up 9.45% from last year.
- **Medi-Cal:** 920,975 recipients, up 13.05% from last year.
 - 319,293 child recipients (0-18), up 6.91% from last year.

Program	Cases	Recipients	% Change in Recipients		Unduplicated Number of Recipients (October 2020-October 2021)
			Previous Month	Previous Year	
CalFresh	201,173	352,643	1.88%	6.85%	492,129
CalWORKs	14,283	37,930	2.81%	-5.95%	54,423
CMS	22	22	0.00%	-8.33%	87
General Relief	2,890	2,895	12.82%	9.45%	7,057
Medi-Cal	497,766	920,975	0.94%	13.05%	961,817
Total	716,134	1,314,465	1.27%	10.68%	1,066,740**

*Recipients include 324,867 under ACA Medicaid Coverage Expansion.

The number of **unduplicated recipients for **all** programs.

PROCESSING

Applications Registered		
Program	October 2021	FYTD
CalFresh	19,813	76,690
CalWORKs	2,386	8,579
CMS	65	263
General Relief	2,406	7,853
Medi-Cal	10,518	40,626
Total	35,188	134,011

Renewals Generated		
Program	October 2021	FYTD
CalFresh	9,648	35,261
CalWORKs	1,856	5,856
CMS	5	25
General Relief	97	413
Medi-Cal	40,284	156,921
Total	51,890	198,476

Periodic Reports Generated		
Program	October 2021	FYTD
CalFresh	12,889	61,296
CalWORKs	357	2,301
General Relief	3	7
Medi-Cal	22	70
Total	13,271	63,674

Documents Imaged	
October 2021	FYTD
424,642	1,574,707

Tasks Created	
October 2021	FYTD
429,824	1,559,860

ACCESS CUSTOMER SERVICE CENTER

Customer Service				
Month	October 2020	October 2021	Change	FYTD
Total Calls	163,843	152,005	-11,838	548,760
Abandoned	4,302	1,196	-3,106	3,994
Average Wait Time	2:07	0:27	-1:40	0:23

Community Based Organization (CBO)				
Month	October 2020	October 2021	Change	FYTD
Total Calls	4,975	4,373	-602	17,034
Abandoned	63	52	-11	184
Average Wait Time	1:24	1:05	-0:19	0:53

Emails Received	
October 2021	FYTD
4,656	17,008

FAMILY RESOURCE CENTER VISITS

Month	October 2020	October 2021	Change	FYTD
Total Tickets Issued	33,916	34,317	1%	144,589
Average Wait Time (min.)	(*)	(*)	N/A	

* Due to COVID-19 Waivers, Avg time is not available for October 2021

Processing Timeliness Applications, Periodic Reports, and Renewals

CalFresh

- Regular Applications: State required days to disposition = 30 Days
 - San Diego = 15 Days
- Expedited Applications: State required days to disposition = 3 Days
 - San Diego = 2 Days
- Semi-Annual Reporting Timeliness = 96.69%
- Annual Renewal Timeliness = 99.94%

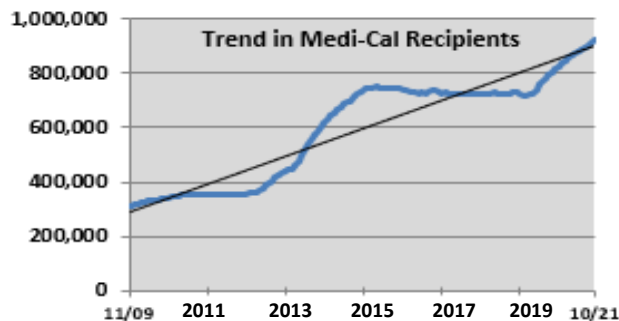
CalWORKs

- Regular Applications: State required days to disposition = 45 Days
 - San Diego = 20 Days
- Immediate Need: State required days to disposition = 1 Day
 - San Diego = 1 Day
- Semi-Annual Reporting Timeliness = 93.85%
- Annual Renewal Timeliness = 99.54%

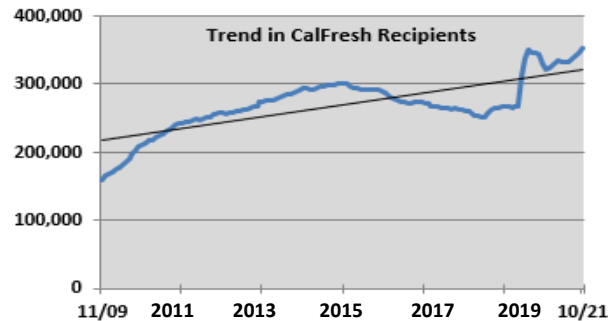
Medi-Cal

- Regular Applications: State required days to disposition = 45 Days
 - San Diego = 19 Days
- Annual Renewal Timeliness = 99.97%

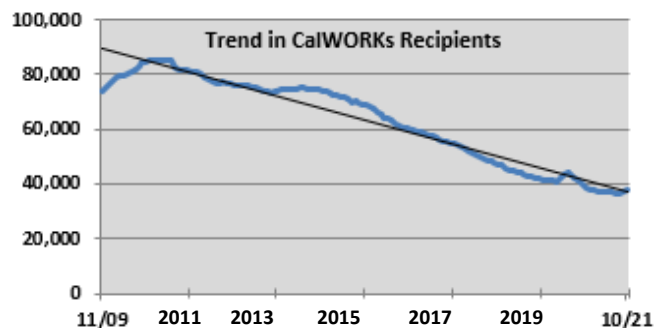
Medi-Cal Recipients		
FY Nov 09	FY Oct 21	196%
310,636	920,975	Increase



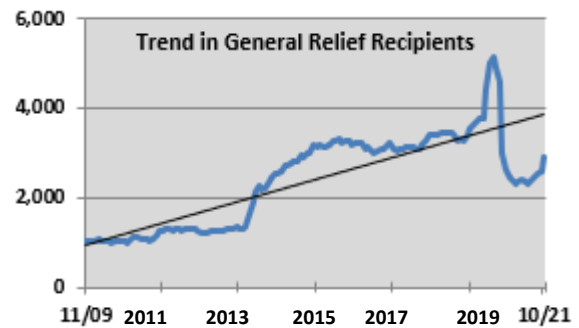
CalFresh Recipients		
FY Nov 09	FY Oct 21	120%
159,942	352,643	Increase



CalWORKs Recipients		
FY Nov 09	FY Oct 21	-49%
73,814	37,930	Decrease



General Relief Recipients		
FY Nov 09	FY Oct 21	176%
1,048	2,895	Increase

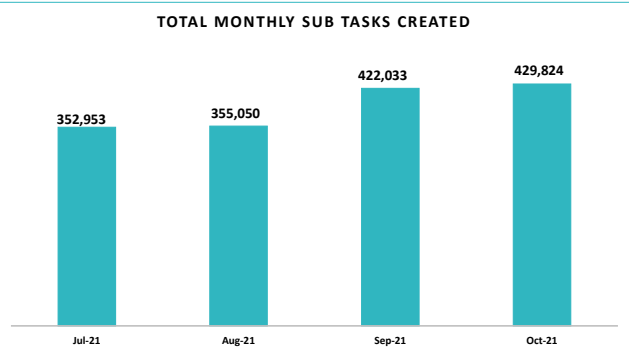


Monthly Self-Sufficiency Services Performance Dashboard (FY 21/22)

San Diego County

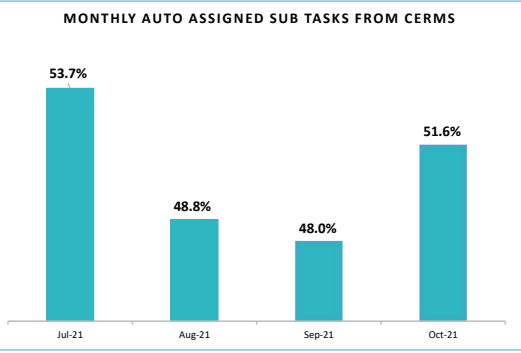
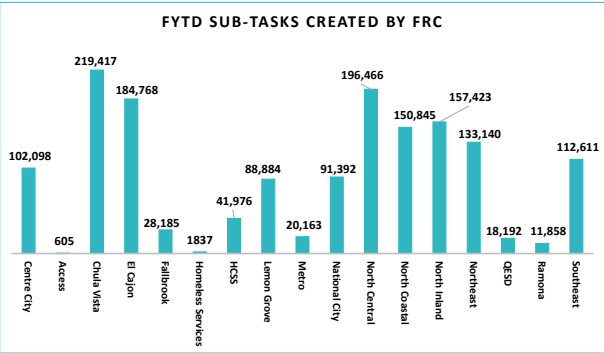
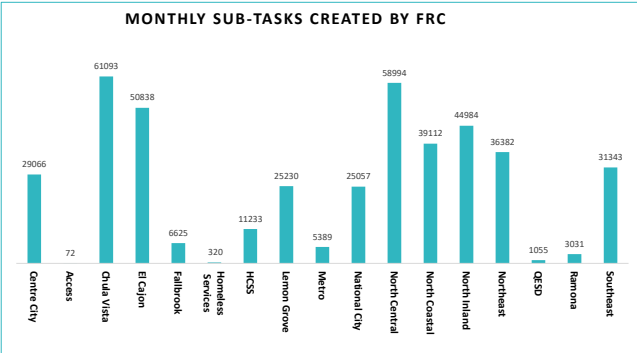
Data Month : October 2021

Work Management System (WMS) Subtasks Created



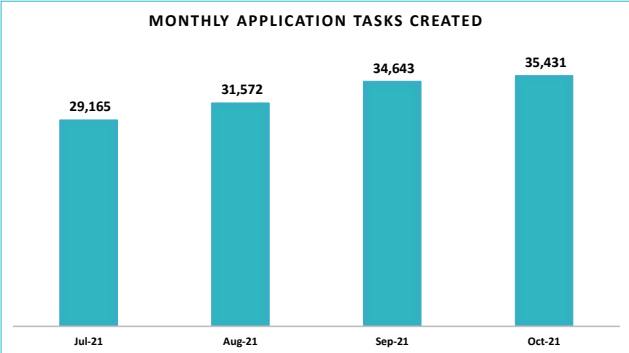
FYTD

1,559,860



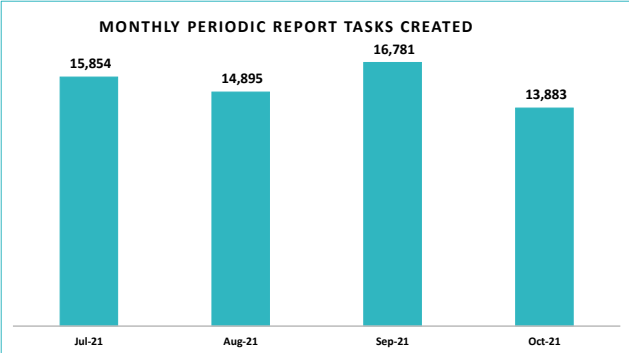
FYTD

50.5%



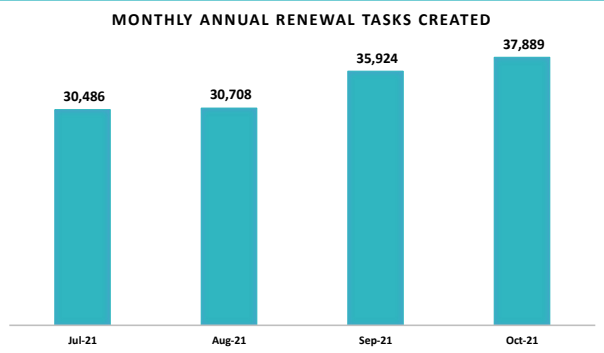
FYTD

130,811



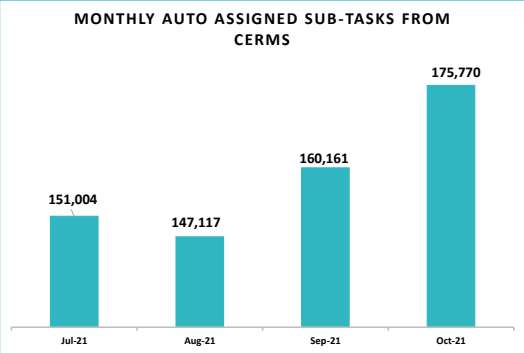
FYTD

61,413



FYTD

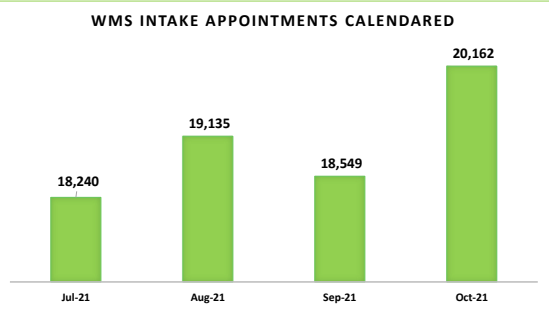
135,007



FYTD

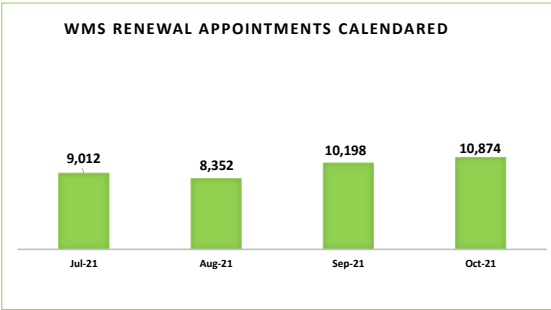
634,052

MONTHLY WMS CALENDARED APPOINTMENTS



FYTD

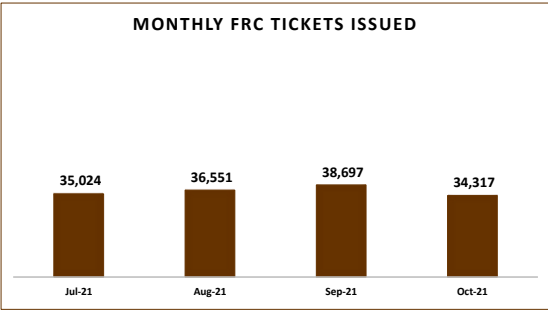
76,086



FYTD

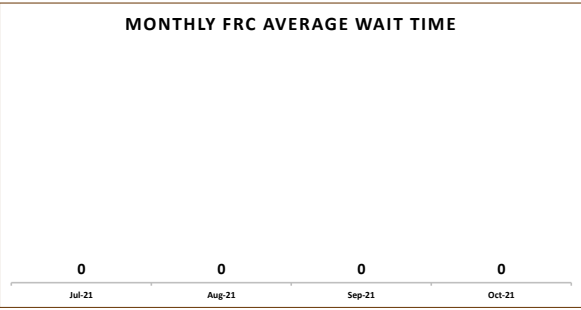
38,436

LOBBY MANAGEMENT



FYTD

144,589

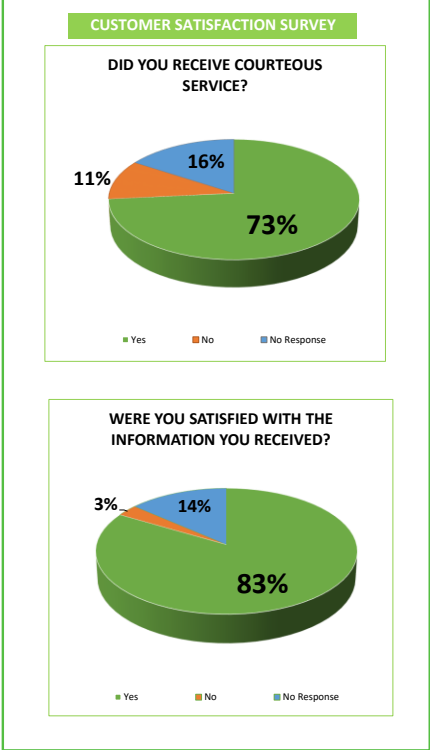
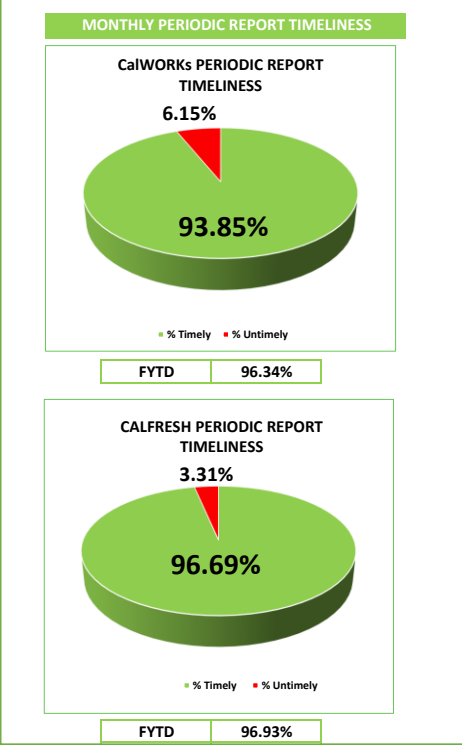
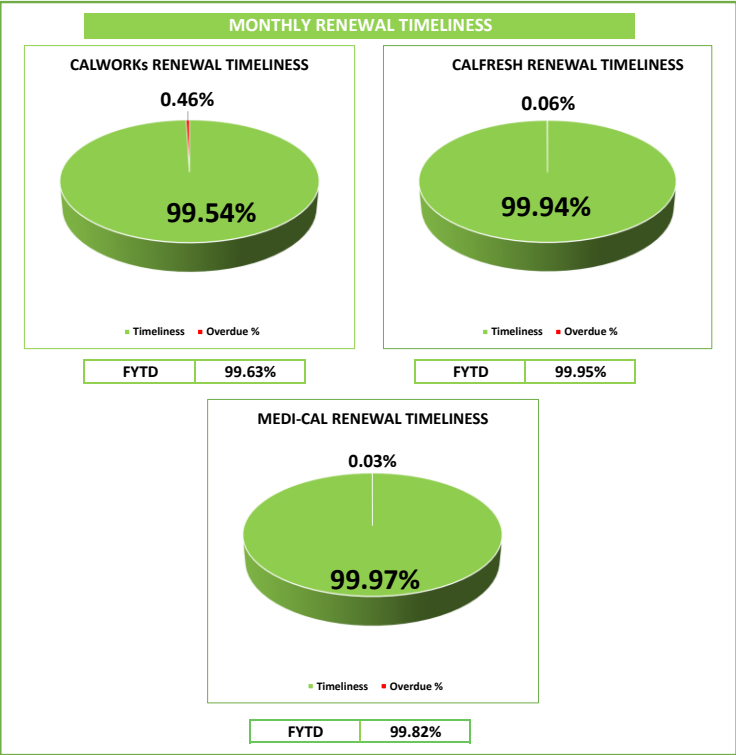
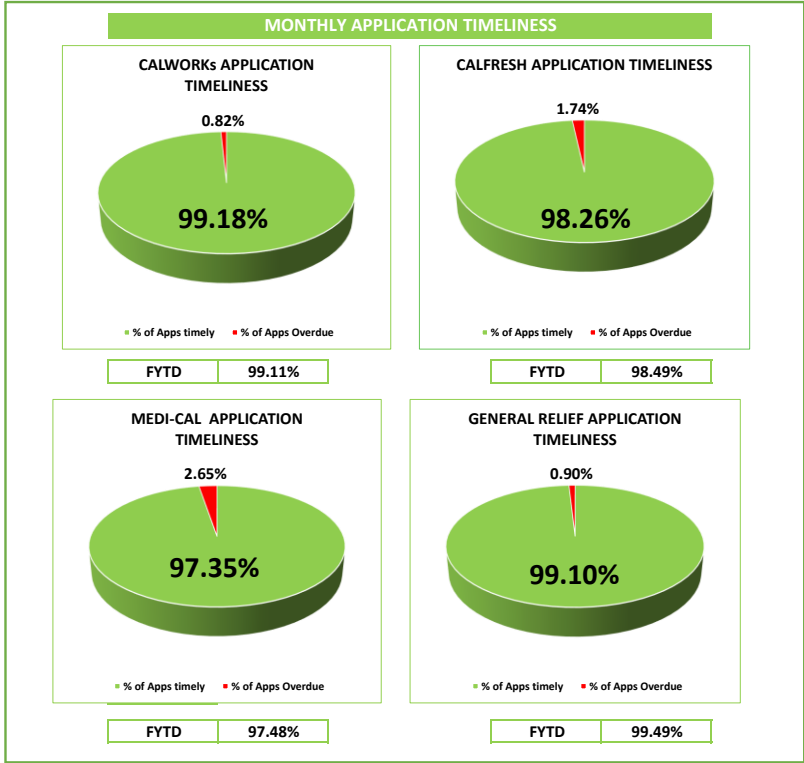


*Average time is not avaiible

FYTD

0.00

CASE PROCESSING PERFORMANCE (CALWIN)



ACCESS CALL CENTER

