



March 2012

Social Services Advisory Board CalFresh Work Group Recommendations

Annual Progress Report

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Introduction

In December 2010, the Social Services Advisory Board (SSAB) submitted its recommendations to improve the overall performance of the CalFresh Program to the Board of Supervisors. In March 2011 Health and Human Services Agency (HHSA) staff reported to the Board on their review of the recommendations, which concluded that all but one of the suggested actions would be adopted and some would require further study. Progress has been made on many of the recommendations – from high-level, conceptual recommendations like changing the culture, to more specific, system-oriented suggestions to improve application processing. The work has been started, but there is more to be done.

Meanwhile, challenges related to the CalFresh Program persist. HHSA's most recent Accuracy Rate – the figure used to determine how accurately staff process cases to determine eligibility – was 93.4%, slightly below the federal requirement of at least 94%. Similarly, HHSA's Negative Error Rate – the figure used to determine if staff was correct in denying benefits – was 20.41%, significantly above the State's threshold of 8%. These statistics reflect the period from October 2010 through September 2011. Despite this current performance, ensuring overall program integrity remains a top priority for San Diego County. In regards to the Negative Error Rate, it is important to note that although it is still high, local corrective action efforts have reduced it by 6.1% since 2007 when San Diego County had a 26.5% Negative Error Rate.

The Health and Human Services Agency (HHSA) is committed to implementing the SSAB's recommendations to strengthen administration of CalFresh, and better meet the needs of residents applying for and participating in the program. To meet this goal, HHSA will follow the path outlined in its *Live Well, San Diego!* initiative, a 10-year plan to improve the health and well-being of county residents. HHSA's efforts to strengthen its CalFresh program will focus on the four key pillars outlined in *Live Well, San Diego!*:

1) Building a Better Service Delivery System, 2) Supporting Positive Healthy Choices, 3) Pursuing Policy and Environmental Changes, and 4) Improving the Culture from Within County Government. All of the SSAB recommendations can be addressed through one of these four pillars outlined in *Live Well, San Diego!* Progress to implement changes will continue by using data-driven analysis, planned deployment, reflective learning to adjust new practices, and system-wide integration of established methods.

All recommendations that were adopted have been addressed in the past year, although progress on each item varies. This report is organized by the four pillars of *Live Well, San Diego!* Under each pillar are the relevant recommendations, what has been done to date, and next steps. An addendum listing all 69 recommendations can be found at the end of this report.

The year ahead for implementing the SSAB recommendations will likely be dominated by three projects. Each presents an action plan to make concrete progress on a number of the recommendations put forth by SSAB.

These projects are:

- InTelegy Assessment and Recommendations:
 - In June 2011, San Diego County HHSA engaged InTelegy, an expert in public sector contact center operations, to do an assessment of its self-sufficiency system operations. On December 4, 2011, an assessment was delivered to the HHSA Executive Team. In January 2012, InTelegy delivered a more detailed strategy and plan for improving the service delivery of self-sufficiency programs in San Diego County. Recommendations include:
 - Re-designing current processes that focus on improving the customer experience;
 - Enhancing existing technology, and;
 - Changing HHSA's eligibility process and structure to reduce foot-traffic to the Family Resource Centers (FRCs).
 - Work groups are currently being formed to implement InTelegy's recommendations.
- SNAP Participation Grant Project:
 - San Diego County was selected to receive the USDA Federal Nutrition SNAP Participation Grant of nearly \$900,000 over 3 years to reduce processing times and increase efficiencies for CalFresh. San Diego will use these funds to shift from a manual to an electronic document tracking and processing system. Anticipated results of this change include:
 - Faster document retrieval to address inquiries from customers (phone, in person, email, fax);
 - Fewer lost documents;

- Customers and authorized community representatives will be able to track case status online, similar to tracking a Fed-Ex shipment (reducing the need to call our centralized call center or visit one of the offices);
 - Decrease in call volume, wait time, and abandoned calls at our centralized call center;
 - Savings in postage costs and improved customer service and satisfaction.
- Initial work on this project has already begun and final implementation for all phases is targeted for Fall 2013.
- SNAP Education (SNAP-Ed) Grant Project:
 - San Diego County was selected by the State to participate in a pilot designed to implement a comprehensive public health nutrition program to promote the *2010 Dietary Guidelines for Americans*, and increase fruit and vegetable consumption and physical activity among the SNAP-Ed eligible population. As a result, San Diego will receive \$700,000 to be used in coordination between Self-Sufficiency and Public Health Programs in their efforts to implement community nutrition interventions that educate CalFresh participants on making healthier choices within their limited budget.

Through January 2012, more than 245,000 residents participate in CalFresh, despite the challenges reflected in the SSAB recommendations. HHSA is firmly committed to continuing its work with SSAB and the community to not only implement these recommendations, but improve the health and well-being of those served by the CalFresh Program.

Progress on Recommendations

I. Building a Better Service Delivery System

Building a better service delivery system is essential to a healthier community. Access to the right care at the right time is critical to achieving and maintaining the health of an individual. The CalFresh Program provides essential benefits that support good nutrition to vulnerable individuals and families in San Diego County, and is therefore a *critical component* to regional efforts to improve health outcomes.

The SSAB recommendations highlighted several areas to focus on to build a better service delivery system, including:

- Improving local infrastructure;
- Enhancing collection and deployment of operational data, and;
- Ensuring staff is up to date on policies and procedures.

Below are updates on progress in these areas and plans for next steps.

[Improve local infrastructure to support expanded access to CalFresh Program](#)

SSAB recommendations identified key points in HHSA's local infrastructure that need to be addressed to increase the system's capacity to meet the growing need for supplemental nutritional assistance. These include expanding the ACCESS Customer Service Center, addressing problems with document imaging, and increasing access to languages across the system.

Progress on increasing capacity at ACCESS (Recommendations 34, 37, 61, & 62):

- Starting in January 2011, ACCESS and San Diego's 2-1-1 Call Center collaborated on a unique, innovative partnership to better serve applicants and recipients of public assistance services in San Diego County. As of January 30, 2012, 2-1-1 staff has answered 128,746 phone calls, or 14.6% of the 881,869 total calls that came into the system. 2-1-1's handling of general information calls increases ACCESS's capacity to take calls and allows County Human Service Specialist (HSS) staff to focus on more complicated, transactional phone calls.
- To help reduce wait times at ACCESS, the following steps were implemented:
 - Effective November 18, 2011, 9 additional HSS staff was temporarily assigned to support ACCESS, increasing call center capacity pending the hiring of additional permanent call agents.

- Effective January 7, 2012, the ACCESS self-service feature was enhanced to allow customers to update their telephone number and check the status of Quarterly Reports without the assistance of a call agent. Additionally, CalFresh application assistants are now able to check the case status of multiple customers through self-service during the same phone call, eliminating the need to call back multiple times.
- Effective January 20, 2012, 8 additional fulltime call agents reported to ACCESS from the new Medi-Cal/CalFresh and CalWorks/CalFresh Initial Trainings for new hires.

Next Steps: *Based on the robust analysis provided by InTelegy, San Diego County is moving forward with plans to increase the phone staff at ACCESS over the next year by more than 90. As the staffing levels are increased, additional trunk lines will be added to increase the number of calls that can come into the system, thereby eliminating calls that receive a busy signal. Additional technological enhancements are also planned, including acquiring a task management tool to better coordinate work between FRCs and ACCESS, as well as a workforce management tool to better advise ACCESS management on optimum scheduling to support the call center.*

Progress on improving document imaging system (Recommendations 7, 32, 33, 40, 45, 59, & 68)

- The Mail Imaging Center (MIC) was a product of a HHSA process improvement project focusing on imaging documents received by U.S. Mail. In September 2011 the MIC began serving as the single point of entry for all U.S. mail sent to San Diego FRCs. From October 2011 to January 2012, the MIC imaged 272,999 documents.
- In June 2010, HHSA applied for a competitive, federal SNAP (CalFresh) Participation Grant to enhance technology for the eligibility system. In September 2011, HHSA was awarded nearly \$900,000 to help implement Customer Relations Management (CRM) technology to track documents throughout the system and to help automate workflow management. The grant will also be used to develop a web portal to allow clients and staff to track documents online. CRM is scheduled to pilot in Summer 2012. Once in place, case work (like processing applications and status reports) will be automatically assigned to specific workers, and progress on

completion of assignments can be tracked from a single point in the Agency, as well as by customers.

Next Steps: *While improvements have been made to the imaging process for documents received through the U.S. Mail, there is recognition that there is still work to be done in this area, particularly regarding documents dropped off at FRCs. InTelegy's assessment indicated that delays in document imaging are contributing to inefficient processing of cases system wide. Their strategy for improvement calls for ensuring imaging occurs immediately at the point of entry into the system. To support that goal, HHSA will explore tools like self-scanning stations in FRC lobbies that will allow customers to scan documents directly into the system and will provide a receipt with document image.*

Progress on increasing language access across the system (Recommendation 39)

- The Language Line service was made available to all FRCs in May 2011. This interpretation service provides over 150 languages and can be made available by phone call on demand. In addition to its use at the FRCs, Language Line is utilized daily to support the ACCESS Customer Service Center.

Next Steps: *In Spring 2012, HHSA's Human Resources Division will engage in targeted recruitment of bi-lingual HSS staff with Spanish, Somali and Arabic language skills to fill vacancies throughout the county.*

Enhancing collection and deployment of operational data (Recommendations 1, 5, 13, 14, 15, 16, 17, 18, 19, 20, 22, 35, 42, 44, 51, 65, & 67)

CalFresh is reflected in all levels of HHSA's planning and measurement – from long-term strategic planning to day-to-day office management. Several of SSAB's recommendations call for improving organizational use of data in administering the CalFresh program. Below are examples of how CalFresh figures into HHSA's multiple levels of planning and performance management.

- In July 2010 the County of San Diego adopted *Building Better Health*, the health component of the *Live Well, San Diego!* strategic plan. The use of data was the foundation of the development of *Live Well, San Diego!* and continues to be vital in monitoring progress towards strategic goals and improving program performance. CalFresh features prominently in this plan, particularly in regards to the strategies to encourage healthy eating in San Diego County. Performance objectives and related

performance measures were included in the annual *Live Well, San Diego!: Building Better Health* report to the Board of Supervisors, issued November 8, 2011.

- The County of San Diego recognizes that tying strategic goals to our operational plan is critical to making progress towards desired outcomes. CalFresh has been featured in the Operational Plan for many years and the program currently has performance objectives for Fiscal Years 2011-13 highlighted in the Adopted Operational Plan. These objectives are to increase participation of children and seniors in the program, and establish a restaurant meals program for homeless and senior CalFresh participants.
- Daily, weekly and monthly reports regarding CalFresh are provided to supervisors and managers, with the expectation that they use the data to make informed operational decisions. Daily reports include Pending Cases Reports (Regular and Expedited) and Timely Disposition Reports (Within 30 days and after 30 days for regular CalFresh; within 3 days for expedited requests), which are used to monitor progress and performance towards achieving the State target of 90% for timely dispositions. As of January 2012, San Diego County was performing at a rate of 96% timely disposition of CalFresh applications.
- The Office of Quality Assurance was merged with regional operational support to form the Office of Eligibility Improvement (OEI) in January 2011, which is responsible for quality assurance (QA), corrective action activities and other performance management activities.
 - In July 2011, OEI updated its case review system to make it easier to capture relevant case review data. One-on-one training was provided to frontline supervisors on how to do case reviews consistent with the QA approach, and supervisors began entering information from their Supervisory Case Reviews (SCRs) into the new system in November 2011. Comprehensive reports on SCRs, QA reviews and causal factor/element trends are available to Supervisors and Managers for their use in identifying operational trends.
- In November 2011, monthly statistical reports related to local CalFresh trends were made available to the public online at:
http://www.sdcounty.ca.gov/hhsa/programs/ssp/ssp_progtrend.html Reports include data on application and recipient trends, timely processing, and expedited services timely processing.

- ACCESS Customer Service Center has monitored key indicators from its data system since 2009, including:
 - Calls serviced by agent
 - Self-service calls
 - Average wait time
 - Abandoned calls

This data is shared at the Nutrition Security Taskforce and the monthly CCHEA/Legal Aid meeting as a standing agenda item. In January 2012, HHSA Executive Team received the InTelegy Report, which has the goal of improving performance on each of these outcomes through increasing service capacity at ACCESS and improving processes across the system.

Next Steps: *Reviews of current outcome data related to CalFresh have identified the following areas of focus in upcoming months:*

- *Addressing ongoing issues with our local negative error rate:*
 - *While San Diego County has been focused past efforts on this metric, progress towards improvement continues to be challenging. OEI will be working with federal, State and local partners, including members of the SSAB CalFresh work group, to identify new strategies to address the high negative error rate.*
- *OEI will capitalize on its new case review system to assist front-line supervisors in correcting identified error trends. This will include integration of best practices and providing consultation as needed.*
- *Identifying strategies to resolve Appeals at the lowest level possible to avoid customers going through the Appeals process unnecessarily.*
- *Effective use of data, including identification of performance goals, is a significant piece of the strategy and plan delivered to HHSA by InTelegy. This will include training managers and supervisors to effectively use data to manage resources to best meet demand. HHSA will continue to engage our partners, including the SSAB CalFresh work group members, in our efforts to monitor and improve our performance.*

Ensuring our staff is up to date on policies and procedures

County of San Diego staff is responsible for administering accurate and timely self-sufficiency benefits to eligible applicants and recipients. To support them in meeting that expectation, it is the responsibility of HHSA to provide clear and timely instructions, as well as appropriate initial and ongoing trainings. SSAB's recommendations called out the need to review existing methods for communicating CalFresh policies and procedures to make sure our staff are up to date.

Deliver Skills-Based Trainings Related to CalFresh (Recommendations 4, 23, 48, 49)

- HHSA's The Knowledge Center (TKC) is the organization's training department, and is responsible for delivering all Initial Training to new HSS staff, as well as ongoing skills-training. During 2011, TKC delivered the following in person trainings:
 - 92 new staff were trained in CalFresh as part of their Initial Training curriculum, including navigation of CalWIN in administering new and ongoing CalFresh benefits, as well as expectations for HSS staff.
 - 61 existing staff were provided CalFresh Fundamentals training, as a either a new program or a refresher to their existing knowledge of CalFresh and CalWIN.
 - 14 staff were trained in CalFresh Student Regulations, with the expectation that they would then serve as trainers on the material at their home office.
 - 296 staff were trained in CalFresh Non-Citizen training
 - 178 staff were trained in Electronic Inter-County Transfer (eICT), which ensures continued benefits for clients who move to and from other California counties.

- TKC also developed self-guided training, available to all staff through our online Learning Management System. In 2011, the following trainings were available online:
 - CalFresh Expedited Services
 - Reasonably Anticipated Income
 - Mail Imaging Center Reports

- In addition to the training provided centrally through TKC, the ACCESS Customer Service Center has a training plan that has specific technical skills and call-handling trainings identified throughout the year. Due to the operational challenges of delivering training to call center staff, ACCESS coordinates trainings onsite and

staggers the scheduling of staff to minimize the impact to our customers. In 2011, the following CalFresh trainings were delivered to ACCESS staff:

- May 2011 – Preventing Over-verification in CalFresh
- June 2011 – CalFresh Restoration Policy and Procedures
- October 2011 – Assisting ACCESS Callers with EBT Problems

Next Steps: *TKC plans to deliver Initial Training to more than 100 new HSS staff in 2012. Additional trainings related to CalFresh will be delivered as the need is identified, including any trainings required to support the implementation of the InTelegy strategy and plan.*

Update CalFresh Resource Material (Recommendations 9, 10, 11, 21, 24, 25, 26, 27, 28, 29, 41, 46, 50 & 52)

- Following SSAB's CalFresh Recommendations, HHSA developed and issued the following desk aids:
 - Desk guide to Victims of Human Trafficking and other serious crimes (April 2011)
 - Non-Citizen Eligibility Decision Chart (April 2011)
 - Federal CalFresh Immigrant Eligibility and Sponsor Deeming Determination Chart (April 2011)
 - CalFresh Non-Citizen Eligibility Evaluation Process (April 2011)
 - Federal CalFresh Eligibility Determination Chart (July 2008; Revised May 2011)
 - Federal CalFresh Eligibility & Sponsor Deeming Determination Chart (July 2008; Revised May 2011)
 - HHSA Interpretation Services Vendor List (March 2011)
 - Alternatives for Typical CalFresh Verification Requirements Chart (July 2011)
- To ensure workers have one place to find CalFresh Program rules, HHSA incorporated a total of 44 Special Notices and 2 Policy Inquiries into the CalFresh Program Guide (CFPG). Going forward, all new instructions will be issued via the program guide, unless they involve a limited-period change.
- In December 2011, a standardized case comment template, based on Orange County's process, was issued to all staff, along with revised instructions mandating its use. OEI's QA reviews now include the use of the standardized template.
- CalFresh Program staff reviewed and updated as needed the CFPG to cover the following application scenarios:

- Same day application and intake (CFPG Section 63-103.11)
 - Same day application but different day intake (CFPG Sections 63.103.11 and 63-109)
 - Applications received via One-E-App (CFPG Section 63-104)
 - Applications received by mail or fax (CFPG Section 63-103.11)
- The CalFresh Student Guide was revised to ensure compliance with Federal, State and County rules in May 2010. It was updated once again in July 2011 to reflect the change in program name to CalFresh.
 - A review of CalFresh Program forms was completed by staff to ensure that outdated forms were made obsolete and current forms were updated as appropriate. A new chapter was added to the CalFresh Program Guide to designate a central location for all required State and County forms and notices, associated desk aids, and guides. (CFPG 63.650.1)
 - OEI coordinates monthly Corrective Action Supervisor (CAS) meetings, where program updates and clarification are distributed. Each office's designated CAS then takes that information back to their location and works with the manager and fellow supervisors to ensure staff is informed of changes. OEI issues the *Chronicle Express*, a bi-weekly corrective action newsletter that highlights key items discussed at the CAS meetings to disseminate important information to frontline staff.
 - HHSA has benefited from the partnerships throughout the region in its efforts to promote the benefits of the CalFresh Program in supporting health outcomes. It is through many of those partnerships that needs for clarification in our resource material have been identified. For example, numerous community based organizations participate in the monthly Nutrition Security Taskforce meeting and Consumer Center for Health Education (CCHEA)/Legal Aid meetings, which have proven a valuable venue for feedback and collaboration. One example of HHSA's use of these feedback loops is:
 - Concerns regarding proper application of rules on how to treat non-citizen CalFresh applicants resulted in the following Desk Guides being issued in May 2011: CalFresh Noncitizen Evaluation Process; Federal SNAP Immigrant Eligibility & Sponsor Deeming Determination; Noncitizen Eligibility Decision Chart; and Desk Guide to Victims of Human

Trafficking and Other Serious Crimes. TKC provided in person training regarding the topic to 296 staff from May-July 2011.

Next Steps: *HHSA has also increased its capacity for business improvement projects, specifically Lean Six Sigma, a data-driven method for identifying efficiencies and increasing productivity. One project that is expected to be implemented is an online forms directory, which will create a centralized library of required program forms, to make sure the most current form is immediately accessible by staff.*

CalFresh Program, OEI, and the overall self-sufficiency system will continue to work together to update resource materials and communicate additions and changes to frontline staff in a way that is timely and clear. Feedback from community partners will be a valuable source of information to help identify ways to do this better.

II. Supporting Positive Healthy Choices

Supporting positive, healthy choices is about enabling our community to make the healthy choice the right choice. Because the healthy choice is not always the easy choice, it is critical to remove barriers to making the right choice. SSAB's CalFresh recommendations related to supporting positive, healthy choices include:

- Increasing information regarding CalFresh to the public.
- Improving accessibility of application process for CalFresh benefits throughout the region.

Below are updates on our progress in these areas and plans for next steps.

Increasing information regarding CalFresh to the public (Recommendations 43, 63)

- HHSA has developed ongoing relationships with CalFresh partners to promote information regarding the CalFresh Program, including:
 - Participating and helping to coordinate meetings of the Nutrition Security Task Force, a public/private stakeholder group that meets monthly to advance common goals regarding expanding efforts to improve nutrition in the region. Activities include developing common messaging about the CalFresh Program, and coordinating promotion and outreach efforts among the 35 members of the Task Force.
 - Continued collaboration with the San Diego Unified School District to coordinate outreach efforts and a marketing campaign in schools.
 - Collaborated with federal and State officials to provide technical assistance to local senior home delivered and center-based meals on the use of CalFresh EBT.

- San Diego County's \$700,000 SNAP-Ed grant includes media buys for nutrition education, which will provide information on where CalFresh benefits can be accessed.

Improving access of application process for CalFresh benefits throughout the region (Recommendations 43, 66)

- Continued to promote the use of electronic applications to CalFresh through use of telephonic signature for applications received over the phone and online applications received through Benefits CalWIN (BCW). From January 2011 to January 2012, San Diego County received:
 - 4,308 CalFresh One-E-Applications
 - 27,751 CalFresh BCW applications
- Worked with community partners to assist with application assistance activities at community events. On February 23, 2012, the following partnerships were recognized by the San Diego Hunger Coalition for exemplary work in collaborating to improve CalFresh access in San Diego:
 - 2-1-1 San Diego and the ACCESS Customer Service Center
 - County of San Diego and Legal Aid Society of San Diego
 - North Coastal FRC and the Community Resource Center
 - Chula Vista Community Collaborative and the South Bay FRC
- Expanded use of video interviewing, using web-based technology to allow workers and customers to conduct interactive interviews at different locations. This form of interviewing not only alleviates some of the transportation issues for our customers living in rural areas, but also allows specific populations with unique issues (residents of battered women's shelters or those in transitional housing, for example) to participate in a setting where they feel more comfortable.

Next Steps: *CalFresh will continue to play a vital role in the efforts to improve health outcomes in San Diego County over the next year. Focus will remain on both the internal partnership between social services and public health in improving access to good nutrition in the region, as well as on the growing collaborative network working towards improving understanding of and access to CalFresh benefits.*

Additionally, as HHSA moves forward with implementing recommendations from InTelegy on improving our customer services, revamping the system to streamline access to our local assistance programs, including CalFresh, will be a critical piece.

Although the local network of CalFresh assistance providers have already leveraged the electronic application pathways (BCW and One-E-App), recommendations for future improvements call for even greater promotion and utilization of these tools.

III. Pursuing Policy and Environmental Changes

Pursuing Policy and Environmental Change is an effort to review the current business model from a health perspective. By continuing to review policies, procedures and facilities to better impact health outcomes, HHSA can create sustainable change in the region that supports healthy living. It is important to note, however, that major policy changes related to CalFresh are driven by the State of California, which sets policies for the program.

Below are updates on our progress in these areas and plans for next steps.

Review of CalFresh policies and procedures ([Recommendations 30, 38, 47, 55, 56, 60, 64, 69](#))

- In February 2011, the State expanded Modified Categorical Eligibility (MCE), or asset waiver rules, to all CalFresh recipients. Prior to this, the rules applied only to families with children under 18 years of age. This was implemented locally in February 2011.
- In March 2011, HHSA began accepting quarterly CalFresh status reports and annual recertification paperwork through Benefits CalWIN (BCW), the online web portal. From March 2011 to December 2011, San Diego received 2,058 CalFresh status reports (QR7s) and 205 recertifications (RRRs) through BCW.
- In July 2011, the County of San Diego expanded Electronic Inter-County Transfers (eICT) to all CalFresh households, automating the procedure for recipients to transfer their eligibility to CalFresh from one California county to another, eliminating the need to reapply at the new county. From July 2011 to January 2012, San Diego received 470 eICTs for CalFresh cases.
- In December 2011, the State eliminated the requirement to fingerprint CalFresh applicants. This was implemented locally January 1, 2012 and during that month there were 10,400 CalFresh applications.
- In February 2012, the State amended Transitional CalFresh procedures for former CalWORKs recipients, so that customers are no longer required to reapply after

receiving these benefits for 5 months. Instead, a recertification packet is mailed to them and processed accordingly. This was implemented locally February 3, 2012.

- San Diego's CalFresh Program engaged Legal Aid Society of San Diego (LASSD) to provide technical assistance in reviewing its local policies and procedures. As of February 2012, LASSD has provided review of the Customer Service and State Hearings sections of the CFPG (63-000) and has reviewed and commented on all ongoing changes to the CFPG, including review of the revised program guide after staff incorporated 44 Special Notices and 2 Policy Inquiries.
- Instructions for the Customer Service and Complaint Process were issued in February 2012, mirroring the process outlined in the program guide. This implemented a consistent, streamlined process for customers to voice a concern. The new process includes a designated Customer Service Manager for each office and lobby posters informing customers how to reach that individual.
- SSAB has continued its practice of receiving public comment during their monthly meetings. Feedback from those comments has been heard by HHSA and continues to inform future plans for improvement to the local CalFresh program.

Review of Family Resource Center facilities (Recommendations 6 & 58)

While most FRCs offer the same services, they vary greatly in physical layout and capacity to provide those services. Therefore, FRC beautification is not a one-size-fits-all process. Below are some of the steps that have been taken at FRCs to make them more welcoming and friendly.

- Within the last fiscal year, the following Family Resource Centers (FRCs) had their lobbies painted and their lobby furniture replaced:
 - Metro
 - North Coastal
 - North Inland
- Recognizing that some customers may be visiting these facilities with children, the following FRCs have designated areas with children's books available:
 - Lemon Grove
 - North Central
 - North Coastal

- Although the North Inland FRC is currently the only facility with a copier located in the lobby, the following FRCs have staff available to make copies for customers:
 - Center City
 - Lemon Grove
 - Metro
 - Northeast
 - North Central
 - North Coastal
 - South Region

- Additional facility highlights include:
 - Centre City recently installed a drop box for verifications and instituted real-time imaging at the front window.
 - North Central FRC, HHSAs's newest FRC, has self-service booths available in their lobby.
 - North Coastal FRC has developed receipt stations, which expedite the visit of customers who simply want to drop off verifications and receive a receipt. Also, their staff maintains a modest, immediate need food bank at their facility, purchased with money donated by staff. Upon parental approval staff offers juice boxes to children in the lobby.
 - Northeast FRC implemented a check-in process in their lobby that includes a greeter who conducts a triage and hands out numbers to customers, thereby eliminating lines to speak to worker or drop off documents.
 - North Inland FRC implemented a check-in process that allows customers greater flexibility to move around the facility while waiting to speak with a staff member.
 - Lemon Grove FRC has instituted a receipt station in the lobby and uses an in-house number system to provide faster service.
 - South Region FRC offers a Customer Service table in lobby, which provides receipts to customers turning in verifications. During the first five days of the month, South Region opens up a conference room near the lobby to accept and log in customer Status Reports directly into CalWIN.

Next Steps: *The InTelegy recommendations for improving our service delivery system are expected to have significant impacts to FRC facilities. A primary goal of the plan is to reduce traffic to the FRCs in general. This will be done through a range of improvements – from how documents are handled to the capacity of the ACCESS Customer Service Center to handle a higher number of calls, thereby reducing the need to come to an FRC.*

HHSA recognizes that it will take time to not only make some of the changes outlined in the plan, but that it will also take time for customers to trust that the improvements will be effective. HHSA will develop a strategic plan for facilities in order to better plan services and operations in the future. To better handle the current volume of traffic to the FRCs, HHSA will also be adding self-service tools to the FRC lobbies to make tasks like document imaging, printing receipts, applying for assistance and checking case status easier and more efficient. The El Cajon FRC has been designated as the pilot site for the new lobby features. Plans for reconfiguring that lobby are underway and the work is expected to begin by Summer 2012.

IV. Improving the Culture from Within County Government

Improving the culture from within focuses on the County team. In order for staff to excel in serving customers, they must understand how the work they do in administering CalFresh benefits is vital to achieving the County vision of safe, healthy, thriving communities. SSAB's recommendations call for reinforcing the basic principles of good customer service when providing assistance to those applying for and receiving CalFresh benefits.

Below are updates on our progress in this area and plans for next steps.

Creating a mission-driven, service-oriented workplace (Recommendations 3, 8, 12, 31, 36, 54, 57)

- As part of the Agency's effort to develop the second component of its *Live Well, San Diego!* plan, 40 staff champions have been trained to outreach to all HHSA employees to solicit their input in the planning process. Central to this discussion will be reviewing the goals of *Live Well, San Diego!* and discussing how the work each staff member does supports this effort. This effort to engage frontline staff supports HHSA's goal to improve the culture from within.
- From 2011 to present, trainings have been implemented for HHSA staff to promote a service-oriented approach to delivering services. These include:
 - 121 staff completed Customer Service training, which focuses on basics of customer service communication skills.
 - 92 staff completed *People Principle: What to Say and How to Say It*, which goes deeper into essential skills of customer service.
 - 63 staff completed Conflict Resolution training.

- 130 HSSs completed Trauma Informed, a training that develops skills on serving customers who have been exposed to multiple types of trauma.
- A uniform complaint process (including consistent signage and forms) has been implemented in all FRCs.

Next Steps: *The Agency recently established a team to develop strategies for change management and internal communication to reinforce Live Well, San Diego! and better prepare staff for working in a dynamic work environment. Specific to the SSAB recommendations, work will continue between partner organizations on the Nutrition Security Taskforce to develop a training specific to poverty.*

Developing a culture that values quality (Recommendations 2, 8, 31, 38, 44, 53)

- In December 2010, the ACCESS Customer Service Center implemented a comprehensive training plan that focuses on both the level of technical accuracy and customer service provided during phone calls handled by ACCESS agents. As part of the plan, supervisors review a minimum of 2 calls per agent each month and use the results of those calls to inform their one-on-one coaching sessions with staff. Additionally, a designated ACCESS Training Coordinator conducts monthly continuous improvement exercises with groups of agents, where they listen to calls together and provide ideas on best practices for improving quality.
- As previously noted and referenced throughout, the Office of Eligibility Improvement (OEI) is tasked with assuring quality in order to provide superior customer service. It is an ongoing core function of the OEI to drive consistent, high-performing eligibility services in all offices.
- In an effort to engage and prepare staff to actively participate in identifying challenges and solutions to existing processes, HHSA developed an online training program focusing on Lean Six Sigma principles. To date, 3,150 employees have completed the two-part training.

Next Steps: *HHSA will continue to engage staff to develop solutions to existing challenges in an ongoing effort to develop a culture that values quality. This will be characterized by using methods that are data-driven, value the customer perspective and prioritizes the experiences of front-line staff. For example, the County of San Diego and Service Employees International Union (SEIU) will establish an Eligibility Continuous Improvement Committee that will provide input on ways to improve the*

task based eligibility system. The committee will also provide a forum for an open dialogue between line staff and management regarding eligibility processes. Progress on the efforts of the committee will be shared with SSAB as part of the regular updates from the county.

Conclusion

HHSA is dedicated to improving the local public assistance system, specifically the CalFresh program. HHSA is committed to continuing the work started last year as the result of SSAB's CalFresh work group recommendations. HHSA looks forward to reporting back to SSAB on progress implementing next steps on a monthly basis, as well as to continuing the dialogue that resulted in the initial recommendations.

1	Institute a Total Quality Management solution throughout the agency: <ol style="list-style-type: none">1. Acquire measurable, relevant, comparable data;2. Identify system strengths and limitations;3. Identify training opportunities;4. Assure quality of services, including the availability of accurate, up-to-date local information;5. Improve delivery and standardization of services; and,6. Improve overall performance.7. Process and Product Standards
2	Develop quality as a culture in all levels of delivery system
3	Create a Vision, Mission and Customer Service Statement by Reinforcing through training and staff buy-in
4	Implement skills based trainings
5	Ensure integrity of data (Metrics; Measurement; Gathering; Accuracy) and Add out-of-office phone based support by adding QR7 and recertification process
6	Make FRCs more inviting, includes copier, coffee and play area
7	Implement procedure for County staff to deal with loss of documents
8	Embrace culture change at the County to get benefits to those that are eligible
9	Use Community Based Organization partners as a form of quality control
10	Develop description of what is a pending case
11	Create a current desk aid for guidance on issues related to: immigrant households; options for translation services; types of eligibility verifications required; alternatives for typical verifications; what eligibility workers are required to do to assist applicants in getting verifications, etc.
12	Keep County staff engaged
13	Assess timeliness of processing applications using the four indicators: <ol style="list-style-type: none">1. Percent of cases pending at the end of month2. Percent of cases resolved over 30 days3. Percent of cases resolved within 30 days4. Percent of expedited cases pending at end of quarter

Rcmd 4	SSAB CalFresh Recommendations
14	Assess the accuracy of case determinations using: <ol style="list-style-type: none"> 1. The monthly negative error rate 2. The percent of cases to appeal 3. Length of time from appeal to decision 4. Outcomes of appeals (e.g., Out-of-hearing resolutions, overturning of decisions, etc.)
15	Assess the quality of service at Family Resource Centers. In particular, develop and maintain the means for assessing the following: <ol style="list-style-type: none"> 1. Length of time waiting at FRCs 2. Number of trips required to FRC 3. Conditions of facilities [see SPIN recommendations]
16	Assess ACCESS Call Center using the following: <ol style="list-style-type: none"> 1. Percent of callers who reach a worker 2. Length of time it takes to get through to a worker 3. Percent of callers who “hang-up” before they reach a worker 4. Percent of callers who are referred to an FRC and the reasons
17	Set goals for the measures identified above
18	Set benchmarks for assessing movement toward the goals for each measure
19	Review the benchmarks quarterly and re-convene the Workgroup if any or all of the benchmarks are not met. (SSAB comment: Resolving these issues will require time, and there will be a need for continuous oversight during that process. Reconvening a work group periodically to provide the oversight would not be a practical means of providing the required continuity. Therefore, the SSAB has created a standing SNAP agenda item for its monthly meetings, to provide avenue for monitoring progress and for Work Group CBO members to keep abreast of progress and to remain coupled to the process.)
20	Implement a phone reporting system to capture # of abandoned calls, # of hang-ups and how long a call waits.
21	Our analysis indicates that a county worker has absolutely no one place to go to get accurate information on how to properly administer the Food Stamp Program and this condition must be rectified before the adding/subtracting/moving of resources.
22	Supervisors or the most experienced Food Stamp workers should immediately begin review of all Food Stamp pending applications and cases older than 20 days
23	Proper and complete Case Notes must be required.
24	Different operational guides need to be created depending on how the application is received. <ol style="list-style-type: none"> A. Same day application and intake

Rcmd 4	SSAB CalFresh Recommendations
25	Different operational guides need to be created depending on how the application is received. B. Same day application, but not same day intake
26	Different operational guides need to be created depending on how the application is received. C. One E-applications
27	Different operational guides need to be created depending on how the application is received. D. Mail/Fax applications
28	Complete revamping of the Food Stamp Student Guide to comply with Federal, State and County rules.
29	Review of all County created Food Stamp Program forms to make sure that they are updated and obsolete forms are removed.
30	LASSD offers to be part of a technical workgroup that does a revamping of all benefit program materials used by County workers.
31	Hold training for County Employees
32	Build user friendly website
33	Develop application tracker
34	Open phone line on ACCESS
35	Improve training, monitoring & accountability
36	Improve capacity for and culture of accountability and customer service
37	Make ACCESS accessible
38	Create an accessible complaint process
39	Improve language access
40	Address high rate of lost documents
41	Address over-verifications
42	Address high negative error rates
43	Partner with CBOs to conduct out-of-office outreach
44	Ensure efficient use of limited HHSA resources.
45	Develop and maintain a case monitoring system that includes a record of the chain of possession of documents and records so that every document can be traced.
46	Set and maintain a standard for case notes so that a coherent story can be told for each client. [Check existing standards in health, mental health, etc.]
47	Create and maintain internal advocate(s) whose responsibility is to resolve problems in cases as they arise.

Rcmd 4	SSAB CalFresh Recommendations
48	Develop and maintain a means for reviewing Notices of Action being sent out daily in order to identify and prevent the mailing of multiple and/or conflicting Notices of Action.
49	All case files are to be updated daily
50	All clients are to be notified in a timely manner if there is any change in their case and/or status.
51	Workforce performance goals and incentives reflect the goal of increasing participation in HHSA programs.
52	Develop and maintain means of ensuring workers are keeping up to date with rules and regulations as published in Food Stamps Regulations, All County Letters, Special Notices, Program Guide, etc.
53	Institute a set of consequences to the worker/agency for errors that result in the delay, false denial, false termination, or incorrect reduction in food stamps award, etc.
54	Institute regular trainings focused on issues related to poverty, e.g., its causes, types of poverty, challenges facing families in poverty, role of government programs in addressing poverty, etc.
55	<p>Create a “complaint” process that allows clients to file complaints that go directly to the Social Services Advisory Board – not through HHSA.</p> <p>(SSAB comment: This would not be practical. The SSAB meets only once a month, and does not have the administrative resources to handle formal complaints. Clients can present brief comments to the board during the public comment portion of the monthly meeting agenda.)</p>
56	<p>Develop a mechanism for regular dialogue between clients and members of the Social Services Advisory Board to ensure the Board hears the client perspective directly.</p> <p>(SSAB comment: Client can present brief comments during the public comment portion of the monthly meeting agenda.)</p>
57	Develop and maintain a monitoring system that captures actions that prevent individuals from applying [e.g., verbal denials, raising immigration status issues, asking irrelevant personal questions, etc.]. [e.g. recording and/or video tapping interaction, secret shopper, etc.]
58	Upgrade all Family Resource Centers so that they include things such as space and material for children, free copiers, access to telephones, access to food and water, uplifting environment [color of walls, signs, etc.], eliminate search and scans, remove bulletproof glass between client and worker
59	A process should be implemented as soon as possible so that once a client has provided all requested information and has a receipt issued by the County of San Diego, the client's file is placed in expedited status, overseen by a supervisor, to insure [sic] that a timely resolution is forthcoming, with a minimum of additional requirements of the client.
60	Pursue legislative remedy for the current requirement that a FS recipient changing residence from one California county to another must reapply for FS in the new county.

SSAB CalFresh Recommendations

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| 61 | Assign the number of additional ACCESS agents necessary to reduce the average telephone answering delay time to approximately 10 seconds. The number of additional agents should be determined analytically, not by cut-and-try methods. |
| 62 | Revise the ACCESS telephone agent scheduling process so that all auxiliary time activities -- other than breaks and lunch -- occur when the agents are not assigned to telephone duty. |
| 63 | Use public service announcements on radio, TV, and buses, to advertise the FS program and where to get information about how to apply. |
| 64 | Establish and advertise a single point where clients can register complaints. |
| 65 | Post SNAP process performance data on-line, for ready access by the public. |
| 66 | Arrange mobile enrollment and case service for clients residing in remote areas, without convenient public transportation, or who for other reasons are unable to get to an FRC. |
| 67 | Institute measures to ensure -- without exception -- that all FS applications are resolved with 30 days. |
| 68 | Institute measures to ensure that every document presented by an applicant is immediately scanned into the system, and that a receipt certifying that it has been scanned is provided to the applicant. And if, for any reason, a document cannot be immediately scanned into the system, issue a receipt to the applicant and maintain a continuous written chain of custody of the document so that its whereabouts can be determined at any time. |
| 69 | Implement an urgent comprehensive overhaul -- with participation by the Legal Aid Society of San Diego -- of all program training and guidance materials, to ensure they are current, clear, and consistent. |