CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

EDMUND G. BROWN JR.
GOVERNOR

April 24, 2017

Iliana Rodriguez, Director
San Mateo County Human Services Agency
1 Davis Drive
Belmont, CA 94002

Dear Ms. Rodriguez:

This letter is to advise you that the Corrective Action Plan submitted by San Mateo County on March 22, 2017, in response to the results of our 2016 Civil Rights Compliance Review is approved.

We will be monitoring the implementation of your corrective action items through your Civil Rights Coordinator.

If you have any questions, please contact Daniel Cervantes at (916) 654-2107. You may also contact your consultant by e-mail at Daniel.Cervantes@dss.ca.gov.

Sincerely,

Original signed by Tiffany Marsh

Tiffany Marsh, Acting Chief
Civil Rights Unit
Welfare to Work Division

c: Mario De Jesus, Civil Rights Coordinator

Kim McCoy Wade, Chief
CalFresh Policy Bureau

Carlos Ocampo, Chief
Field Operations Bureau

Tami Gutierrez, Chief
CalFresh Management Operations Section

Paul Gardes
CalFresh Policy Bureau

Jacqueline Hom
State Refugee Coordinator

Joe Torres, Office of Civil Rights
USDA Food and Nutrition Services
Supplemental Nutrition Assistance Program (SNAP)
Western Region

Andrew Riesenberg
USDA Food and Nutrition Services
Supplemental Nutrition Assistance Program (SNAP)
Western Region

Kevin Aslanian
Coalition of California Welfare Rights Organizations, Inc.

Antoinette Dozier
Western Center on Law and Poverty

COUNTY OF SAN MATEO
HUMAN SERVICES AGENCY

Iliana Rodriguez
Agency Director

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Belmont, CA 94002
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650-631-5771 F
www.smchsa.org

March 22, 2017

Jim Tashima, Chief
Civil Rights Bureau
California Department of Social Services
744 P Street
Sacramento, CA 95814

Dear Mr. Tashima:

This letter is in response to the final report on January 31, 2017 Civil Rights Compliance review for the County of San Mateo Human Services Agency. Attached is the Corrective Action Plan which addresses compliance deficiencies identified in the report; and the steps and timelines to complete all corrective actions and recommendations.

If you have any questions or need additional information, please contact Mario De Jesus, Civil Rights Coordinator at (650)802-5192.

Sincerely,

Original signed by Iliana Rodriguez

Iliana Rodriguez
Director
Human Services Agency

Attachments:
Attachment A - Corrective Action Plan, date March 22, 2017
Attachment B – San Mateo County Civil Rights Language Template
Attachment C – San Mateo County Statement Regarding own Interpreter and Interpreter Confidentiality Statement (C-556 form)
Attachment D – California Notice of Language Services (Gen 1365)

Cc:
Christopher Rodriguez, Director, County of San Mateo Health System
Mario De Jesus, Civil Rights Coordinator

Corrective Action Plan for San Mateo County
Human Services Agency
March 22, 2017

Section III Dissemination of Information

Findings – None

Recommendation – Use the latest version of PUB 13, PUB 86, and Form AD 475B.

Corrective Action – No Corrective Actions. San Mateo County has the latest version of PUB 13. PUB 86, and Form AD 475B. Completed on February 24, 2017.

Section IV Facility Accessibility for Individuals with Disabilities

Findings – *"Facility location at 92nd St and Middlefield Rd has no additional signage or additional language below the symbol of accessibility "Minimum fine $250. (CA T24 11B-502.6.2)"*

Corrective Action – San Mateo County will install "Minimum Fine $250" signage below the symbol of Accessibility to both locations by March 31, 2017.

Findings – "*Facility location at 92nd St and Middlefield Rd. Men's and Women's Restroom door pressure is excessive. (CA T24 11B-309.4) (ADA 309.4)"*

Corrective Action – San Mateo County will adjust door pressure for the Men's and Women's Restroom door to 5 lbs. for both locations by March 31, 2017.

Section V Provision for Services to Applicants and Recipients who are On-English-Speaking or who have Disabilities

Findings – *"Information inserted into NOA were not translated into the client primary language. (DIV. 21-115.2)"*

Corrective Action – San Mateo County will continue to remind staff to translate all inserted information into NOA in the client primary language. San Mateo County will also add GEN 1365 (Notice of Language Services) when mailing NOAs or correspondence by March 31, 2017.

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Section VI Documentation of Applicant/Recipient Case Record

Findings - *"Documentation if client provided own interpreter. (DIV. 21-116.23)"*
- *"Documentation of Interpreter signed confidentiality statement. (DIV. 21-116.24)"*
- *"Documentation of primary language. (DIV. 21-201.21)"*
- *"Documentation that bilingual services were provided. (DIV. 21-116.22)"*
- *"Ensure proper documentation is kept in the file that identifies all the required elements to ensure compliance. (DIV. 21-116)"*

Corrective Action – San Mateo County Human Services Agency and Health System (IHSS and APS) have agreed to add an additional language to their Intake and Renewal case comment template by April 28, 2017 that will address all of the above findings on section VI. Also, both agencies will add the use of forms C- 556 (Statement regarding own Interpreter and Interpreter Confidentiality Statement) to ensure that the applicants/recipients are informed of potential misunderstanding when a self-provided interpreter is used and to obtain a consent of release when individual other than County Welfare Department employees are used as interpreters.

Attachment A

Civil Rights Case Comment Template for Intake/Renewal interview.

Civil Rights/Interpretive Services:
Name of Person interviewed:
Ethnic origin:
Primary language:
Interview conducted in _____ language.
Preferred language for written communication/forms:
Preferred language for verbal communication:
Pub 13 provided in _____ language.
Free interpretive services offered? (Yes or No) Used? (Yes or No)
Certified Interpreter's name:
Customer/client provided own interpreter? (Yes or No) If yes, Name:
Was the customer/client own interpreter used? (Yes or No)
If No, Why?
Was the customer/client made aware of possible ineffective communication? (Yes or No)
Was consent for release of information signed by the customer (C-556)? (Yes or No)
Interpreter statement signed and imaged (C-556)? (Yes or No)

Civil Rights Case Comment Template for any face to face or phone contact.

Civil Rights/Interpretive Services:
Conversation conducted in _____ language.
Free interpretive services offered? (Yes or No) Used? (Yes or No)
Certified interpreter's name:
Customer/client provided own interpreter? (Yes or No) If yes, Name:
Was the customer/client own interpreter used? (Yes or No)
If No, Why?
Was the customer/client made aware of possible ineffective communication? (Yes or No)

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Attachment B

CASE NAME _____

CASE NUMBER _____

STATEMENT REGARDING OWN INTERPRETER

(Claimants must use state provided interpreter in state fair hearings)

The County has explained that I must be provided with a bilingual worker, an interpreter, or other interpretive services in my primary language.

☐ I decline the offer of a county interpreter.

☐ I have brought my own interpreter. I wish to use _____ him/her instead of using the agency's language services.
☐ (Interpreter Name)

☐ I understand that my own interpreter may not be familiar with the technical language used in Human Services or Health Services Staff interviews. My own interpreter may not completely and competently translate the information in the interview.

☐ I authorize my case information to be released to the interpreter.

☐ This statement is valid only for today. I understand that for future appointments or meetings I have the right to get free services from a bilingual worker, interpreter, or other interpretative service provided by the agency, and will not be made to bring my own interpreter.

Date:_____ Signature of Client/Recipient: _____

INTERPRETER CONFIDENTIALITY STATEMENT

I, _____, understand that the meeting/conversation for which I interpreted today is confidential. I will not reveal the nature or content of anything I heard or saw today to anyone without the express written permission of the client/recipient.

Date:_____ Interpreter Signature _____

If you are denied services of a bilingual worker or interpreter, had an unreasonable delay getting these services, or if you are not given forms or letters in your primary language, you may file a complaint with a Civil Rights Officer. You may do this by telephoning the county/Civil Rights Officer at 802-5912 or the state Office of Civil Rights; toll-free at 1-866-741-6241.

この情報は、あなたの公的給付金の受領資格に影響を及ぼし、期限までに回答を要請するこ可能性があるため、ご送付いたします。情報をご理解できない場合は、郡の職員にお電話にてお問い合わせください。無料の言語支援サービスをご利用できます。
(*Japanese*)

이것이 공공 혜택에 대한 귀하의 적격성에 영향을 주고 귀하께서 정해진 날까지 이에 대해 응답해야 할 필요가 있을 수도 있기 때문에 이 정보를 보냅니다. 만약 귀하께서 이 내용을 이해하지 못하신다면, 귀하의 카운티 담당자에게 문의하십시오. 귀하는 무료로 언어 지원 서비스를 이용하실 권리가 있습니다.
(*Korean*)

ທ່ານໄດ້ຮັບຂໍ້ມູນນີ້ເນື່ອງຈາກວ່າ ມັນອາດສົ່ງຜົນກະທົບຕໍ່ການມີເງື່ອນໄຂໄດ້ຮັບຜົນປະໂຫຍດການຊ່ວຍເຫຼືອຂອງທ່ານ ແລະທ່ານອາດຈຳຕ້ອງຕອບກັບຄືນພາຍໃນວັນທີທີ່ກຳນົດໄວ້. ຖ້າວ່າ ທ່ານບໍ່ເຂົ້າໃຈຂໍ້ມູນ, ໃຫ້ໂທຣຕິດຕໍ່ພະນັກງານກຳກັບການຊ່ວຍເຫຼືອປະຈຳຄາວຕີ້ຂອງທ່ານ. ທ່ານມີສິດທີ່ຈະຂໍຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັ່ງຄ່າ.
(*Lao*)

Naaiv zeiv waa-fienx fungx daaih bun taux meih se wueic laaix benx zuqc ninh yaac haih maaih jau-louc mingh ging-dongz taux meih nyei pui-zipv gaux ginv longc nyei jauv liouh domh zuangx nyei fu'loqc nyaanh aengx caux haih oix zuqc heuc meih dau waac daaux nqaang nzuonx gan ziangx dunz daaih hnoi-nyeiq. Se gorngv meih maiv bieqc hnyouv naaiv deix waa-fienx nor, korh waac mingh buangh naaic taux meih nyei kaau div nyei zoux gong mienh. Meih corc se maaih ze-buonc do-leiz mingh tov longc tengx faan benx meih nyei fingz waac maiv zuqc cuotv gong-jaax nyaanh.
(*Mien*)

ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਤੁਹਾਡੇ ਲਈ ਭੇਜਿਆ ਜਾ ਰਿਹਾ ਹੈ, ਕਿਉਂਕਿ ਇਸ ਨਾਲ ਜਨਤਕ ਲਾਭ ਲਈ ਤੁਹਾਡੀ ਯੋਗਤਾ ਤੇ ਅਸਰ ਹੋ ਸਕਦਾ ਹੈ ਅਤੇ ਤੁਹਾਨੂੰ ਇੱਕ ਖਾਸ ਮਿਤੀ ਤੱਕ ਜਵਾਬ ਦੇਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝ ਨਹੀਂ ਆਉਂਦੀ ਤਾਂ ਤੁਸੀ ਆਪਣੇ ਕਾਉਂਟੀ ਵਰਕਰ ਨੂੰ ਕਾਲ ਕਰੋ। ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਵੀ ਕੀਮਤ ਤੇ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਦਾ ਹੱਕ ਹੈ।
(*Punjabi*)

Вам направляется следующая информация, которая может повлиять на Ваше право получать государственные пособия, а также от Вас может потребоваться ответ к определенной дате. Если у Вас возникнут вопросы, обратитесь к сотруднику администрации округа. У Вас есть право воспользоваться бесплатными услугами переводчика.
(*Russian*)

ท่านได้รับข้อมูลนี้เนื่องจากข้อมูลอาจมีผลกระทบต่อคุณสมบัติของท่านในการรับสวัสดิการของรัฐ และท่านอาจจำเป็นต้องตอบกลับภายในวันที่ที่กำหนด หากท่านไม่เข้าใจข้อมูล โปรดโทรติดต่อเจ้าหน้าที่สวัสดิการประจำเคาน์ตีของท่าน ท่านมีสิทธิที่จะขอรับบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่ายใดๆ
(*Thai*)

Ipinapadala ang impormasyong ito sa iyo dahil maaari itong makaapekto sa iyong pagiging karapat-dapat para sa mga pampublikong benepisyo at maaaring hilingin sa iyong tumugon bago ang partikular na petsa. Kung hindi mo naiintinidihan ang impormasyon, tawagan ang iyong manggagawa sa county. Mayroon kang karapatan sa mga serbisyo ng tulong sa wika nang wala kang babayaran.
(*Tagalog*)

Iliana Rodriguez
Agency Director

1 Davis Drive

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Ми надсилаємо вам це повідомлення, оскільки описана в ньому інформація може вплинути на ваші умови отримання допомоги по соціальному забезпеченню, а також може вимагати від вас відповіді не пізніше певної дати. Якщо ви не зрозуміли повідомлення, зателефонуйте працівнику місцевої служби. Ви маєте право на отримання безкоштовних послуг перекладача.
(*Ukrainian*)

Thông tin này được gửi đến quý vị bởi vì nó có thể ảnh hưởng đến điều kiện hợp lệ của quý vị để nhận phúc lợi công cộng và có thể yêu cầu quý vị hồi đáp trước một ngày cụ thể. Nếu quý vị không hiểu thông tin này, hãy gọi nhân viên của quận quý vị. Quý vị có quyền nhận được dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị.
(*Vietnamese*)