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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

September 23, 2022

Ethan Dye, Director
Sacramento County Department of Human Assistance
1825 Bell Street
Sacramento, CA 95825

Dear Mr. Dye:

This letter is to advise you that the Corrective Action Plan (CAP) submitted on August 10, 2022 in response to the results of our March 2021 Civil Rights Compliance Review is approved. We note the original date of submission as September 9, 2021, since which time certain components of the CAP itself have undergone revision while other components have been completed and implemented.

We will be monitoring the full implementation of your CAP through your Civil Rights Coordinator. Please have Elvia Leyva, Civil Rights Coordinator, provide our office with updates on corrective actions.

If you need technical assistance implementing corrective action, please contact Laura Watry at (916) 809-6411 or laura.watry@dss.ca.gov. You may also contact our office at crb@dss.ca.gov.

Sincerely,

Christina Teixeira

CHRISTINA TEIXEIRA, Manager
Civil Rights Unit
Office of Equity

c: Elvia Leyva, Civil Rights Coordinator

Cathi Aurich, Program Manager

Kathy Yang, Acting Chief
CalFresh and Nutrition Branch

Tami Gutierrez, Chief
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Human Assistance
Ethan Dye, Acting Director



Branches
Community Services
Customer Service Operations
Finance and Administration
County Veterans Services Office

County of Sacramento

September 9, 2021

Christina Teixeira
California Department of Social Services
Office of Equity, Civil Rights Unit
744 P Street
Sacramento, CA 95814

SUBJECT: Sacramento County Department of Human Assistance
Corrective Action Plan, Civil Rights Compliance Review 2021

Dear Ms. Teixeira:

We are writing in response to the Civil Rights Compliance Review Report received June 22, 2021, for the Sacramento County Department of Human Assistance.

Attached is our Corrective Action Plan.

If you have any questions regarding this matter, you may reach Kristin Gibbons, Division Manager, by telephone at (916) 875-8494, or via email at gibbonsk@saccounty.net. You may also reach Elvia Leyva, Civil Rights Coordinator, by telephone at (916) 875-4474 or via email at leyvae@saccounty.net.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ethan Dye", is written over a horizontal line.

Ethan Dye
Acting Director

Summary of Findings and Corrective Action Plan

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Summary of Findings and Corrective Action Plan

SECTION I. PUB 13 – DISSEMINATION OF INFORMATION

PUB 13 (1)

TRANSLATED PUB 13

1. **Finding** – The CWD shall ensure the PUB 13 is available in all program lobbies in all languages translated by CDSS. Div. 21-115.2, 21-107.22. The PUB 13 must be available in the most recent revision (rev. 08/20). To the extent that program materials are available outside (i.e., due to office closures), the PUB 13 should be available in all languages translated by CDSS. The County may access the most recent translated versions of the PUB 13 on CDSS' website. Please note that revisions will be made to the English and translated versions of the PUB 13 before the end of 2021. Civil Rights Coordinators will be made aware when they are available.

County Response – All DHA lobbies re-opened by March 31, 2021. Program materials are no longer housed outside of the office. The Program Managers at DHA bureaus with open lobbies were reminded, via e-mail, on August 19, 2021, to ensure that PUB 13 (Rev. 8/20) is available in the lobby in all of the translated languages. (Exhibit 1a) A formal process has been established for the Civil Rights Coordinator (CRC) and designated staff to spot check DHA open lobbies each month, to ensure that lobbies maintain compliance. This process will be implemented October 1, 2021. (Exhibit 1b)

PUB 13 IN ALTERNATE FORMATS (2)

2. **Finding** – The CWD shall ensure the availability of large print, braille, and auditory aids for participants in all of the programs for which CDSS has oversight responsibility. Div. 21-115.4. The CWD shall furnish all offices with braille, large print, and audio recordings of the PUB 13 based on the most recent revision of the PUB 13.

County Response – Current Braille versions of the PUB 13 (8/20) are available in all the open lobbies as of August 20, 2021. DHA's media team is in the process of creating an audio version of PUB 13. The large print format of PUB 13 is being developed by the CRC. Both audio and large print versions of PUB 13 will be available in the lobbies by November 1, 2021.

DISTRIBUTION OF PUB 13 (3)

3. **Finding** – The CWD shall ensure the PUB 13 is distributed and explained to program applicants/recipients in all programs for which CDSS has oversight responsibility. Div. 21-107.22. The PUB 13 must be distributed at intake and renewal/recertification because these bear on eligibility. Program Integrity

Summary of Findings and Corrective Action Plan

investigations also bear on an individual's eligibility therefore distribution and explanation of the PUB 13 is also required at key junctures in a fraud case (this also recognizes the potentially significant consequences associated with fraud referrals). Div. 21-107.1, 21-107.221. The CWD shall ensure that the available translated versions are given to applicants/recipients in their primary language and document when the PUB 13 is distributed and explained to participants and in what language. Programs shall document that the contents of the PUB 13 were explained and whether the individual had any questions.

As part of the CAP, please:

- Update Procedure 16-3, "Dissemination of Information to Customers," to include the following information to ensure compliance with civil rights obligations:
 - Create a procedure for offices to request new braille copies of the PUB 13 if a supply runs out and/or when revisions are issued.
 - Create a procedure to replace outdated versions from offices when revisions are issued.
 - Update the list of languages in which CDSS translates the PUB 13.
 - For each CDSS-covered program, explain when and how the PUB 13 is provided and explained to applicants/recipients (including Program Integrity).
- Designate the individual(s) in each office responsible for ensuring the PUB 13 is available in office lobbies and outside, as applicable.

County response – A management workgroup has been established to review current policies and develop recommendations regarding this finding. At the conclusion of this group's work, Department Procedure 16-3 will be updated. These revisions will be completed and submitted to CDSS by January 31, 2022. (Exhibit 2, Workgroup Outline)

DIRECTIONAL AND INSTRUCTIONAL SIGNAGE (4)

4. **Finding** – The CWD shall ensure that instructional and directional signs are posted in waiting areas and other places that are frequented by clients and that where such areas are frequented by a substantial number of non-English-speaking applicants/recipients, such signage shall be translated into appropriate languages. Div. 21-107.212. A substantial number of non-English-speaking clients encompasses languages spoken by 5% or more of persons visiting each location. It also encompasses languages spoken by 5% or more of persons in a program that is administered at each location. Div. 21-2014(s)(2).

County response – Analysis of the primary language data for CalWORKs, CalFresh, and CAPI were reviewed to determine the threshold language for each program. Based on this data, the overall threshold languages for Sacramento County were determined to be English, Spanish and Russian. Since DHA lobbies assist customers from all programs and do not carry ongoing cases, the overall threshold languages for each program will be applied to each open lobby including the Hearings office. (Exhibit 3a, 3b)

Summary of Findings and Corrective Action Plan

Please note that the Sacramento County CAPI cases were analyzed separately from the North State Orange CAPI Consortium (NSOCC) cases.

Program and Facilities managers will ensure that all lobby signage is updated to include the threshold languages. A formal process has been established whereby the CRC and designated staff spot check designated DHA locations each month to ensure lobbies maintain compliance. This process will be implemented October 1, 2021. (Exhibit 1a)

DISSEMINATION OF INFORMATION (5)

5. **Finding** – The County shall keep contact information posted on the County webpage for the Civil Rights Coordinator up-to-date. Div. 21-107.1.

County response – The contact information cited on the County webpage is correct. The Civil Rights Coordinator's phone number was incorrect in the annual plan and will be updated and submitted to CDSS by November 30, 2021.

NOTICES (6)

6. **Finding** – The County shall implement procedures to ensure that applicants/recipients, including person's disabilities, are notified of and can obtain information about programs or program changes. Div. 21-107.24. As part of the CAP, the County shall cross-reference the Reasonable Accommodation policy in the Home Visit Policy. If an applicant/recipient requests a home visit due to a disability, the County must treat that as a Reasonable Accommodation request. The County is reminded that applicants/recipients may request a home visit as an accommodation due to disability in programs other than CalWORKs. The County may consider whether the Home Visit Policy should be broadened to address home visit protocol more generally.

County response – A management workgroup has been established to review current policies and develop recommendations regarding this finding. (Exhibit 2, Workgroup Outline) Department Procedure 16-11 and the Home Visit Program Document will be revised as directed by this finding by January 31, 2022.

Recommendations

DISSEMINATION OF INFORMATION (7)

7. **Recommendation** – Consider posting the discrimination complaint form on the County website so complainants know what information to provide when filing a complaint. Update the protected bases on the County website, referring to the GEN 1179 Discrimination Complaint Form for applicable protected bases.

County response – DHA will consider this recommendation.

DISTRIBUTION OF PUB 13 (8)

8. **Recommendation** – Consider distributing PUB 13 at termination and denial. The PUB 13 has unique information which is absent from the Notice of Action (also known as NA Back 9). If a barrier to distributing the PUB 13 at termination and

Summary of Findings and Corrective Action Plan

denial is related to CalWIN system functionality, Auditors encourage the County to engage in CalSAWS development opportunities to address modifications to facilitate dissemination of the PUB 13 in the future.

County response – Division 21.107.221 states the PUB 13 pamphlet “shall be distributed and explained to each applicant/recipient at intake and reinvestigations of eligibility.” Since this recommendation is not required and would have both a cost and workload impacts, DHA will not be considering this recommendation at this time.

DOCUMENTATION OF PUB 13 DISTRIBUTION (9)

- 9. Recommendation** - Auditors recommend standardizing language used in case journal entries to indicate that the PUB 13 was provided at intake/application, recertification, and any points where benefits are reduced or terminated. Consider providing template language to staff and adding documentation of distribution to checklists or job aids for case processing and supervisor review to support compliance with documentation obligations. Illustrative language:

On [date] provided applicant/recipient with PUB 13 in [primary written language]. Explained contents and instructed applicant/recipient about how to make a discrimination complaint. Confirmed applicant's/recipient's understanding by asking for questions. Applicant/recipient had [none].

County response – The management workgroup established to address the findings in this report will consider this recommendation.

SERVICE CENTER (10)

- 10. Recommendation** – Consider adding more languages to the Interactive Voice Response (IVR) system, especially for threshold languages in any program and/or location that are not currently supported by the IVR. Auditors encourage the County to consider adding greetings in additional languages and an “other language” option. These changes would help inform callers that free interpretive services are available in their language.

County response – The management workgroup established to address the findings in this report will consider this recommendation.

EMERGENCY CIRCUMSTANCES (11)

- 11. Recommendation** – Consider developing a policy and/or protocol for ensuring access to services during emergency circumstances. Such a policy would address phone access, digital access, and mail retrieval for populations facing barriers to communication. Auditors encourage the County to consider guidance provided in All County Information Notice (ACIN) I-76-20, “Continued Provision of Timely Access to and Receipt of Benefits and Services to Clients During an Emergency or Disaster” and ACIN I-69-20, “Reminder of Counties’ Civil Rights Obligations During States of Emergencies” when developing a policy and/or protocol for emergency circumstances.

County response – The management workgroup established to address the findings in this report will consider this recommendation.

Summary of Findings and Corrective Action Plan

SECTION II. FACILITY CORRECTIONS

Fulton

PARKING (12-13)

12. Finding - Width of van accessible spaces is too narrow at 103 inches (Space 1 and Space 2) and 98 inches (Space 3). Applies to Parking Spaces 1, 2, and 3.

County response – A site review by DHA's General Services Manager revealed that each of the three van spaces measure 108 inches from mid-point of the line to mid-point of the line, and each van accessible space is adjacent to an access aisle that is 96 inches wide. The previously reported measurement was taken within line markings as opposed to at the center point of the line markings.

13. Finding – Distance between the hatched line of access aisle surface identification is too wide at 42 inches. Applies to all access aisles.

County response – The property manager had this finding reviewed by their architect and concluded that when measured perpendicularly the hatch lines are 36" apart. The previously provided measurement was not measured perpendicularly. The correct measurement indicates compliance and therefore this is not a finding.

STAIRWAYS (14)

14. Finding – Top gripping surface of handrails is too high at 41 inches above the stair nosing. Applies to handrails for Stairways 1, 2, and 3.

County response – A site review by DHA's General Services Manager revealed that the top of the handrail to the ground measures 36 inches. The previous measurement provided, of 41 inches, was incorrect and a result of a staff member being unfamiliar with the standards of measurement for this element.

INTERVIEW ROOMS (15)

15. Finding – Width of counter in interview rooms is inadequate at 24 inches long. Applies to all Interview Rooms 40, 41, and 114.

County response – A site review by DHA's General Services Manager revealed that the customer counter of each interview room (40, 41, and 114) is 72 inches wide. The previous measurement provided, of 24 inches, is the depth of the surface, not the width.

WOMEN'S RESTROOM (16-21)

16. Finding – Diameter of circle symbol at entrance to women's restroom is too small at 11 ¾ inches.

County response – A site review by DHA's General Services Manager revealed that the circle symbol on the entrance to the women's restroom is ¼ inch thick and

Summary of Findings and Corrective Action Plan

12 inches in diameter. The previous measurement provided, of 11 ¾ inches, was incorrect and the result of a staff member being unfamiliar with the standards of measurement for this element.

17. Finding – Hand dryer (operable parts) is too high above the finish floor at 41 inches.

County response – A site review by DHA's General Services Manager revealed that the measurement from the operational part of the hand dryer to the floor is 40 inches. The previous measurement provided, of 41 inches, is the distance from the floor to the bottom of the hand dryer case, rather than to the operational piece which hangs down one inch below the unit casing.

18. Finding – Distance from center-line of the toilet to side wall is too far at 33 inches.

County response – A site review by DHA's General Services Manager revealed that the distance from the center line of the toilet to the side wall is 18 inches. The previously reported measurement, of 33 inches, is the distance from the centerline of the toilet to the stall wall on the opposite side of the toilet.

19. Finding – Distance from the front edge of toilet to toilet tissue dispenser is too far at 24 inches.

County response – A site review by DHA's General Services Manager revealed that the distance from the front edge of the toilet to the tissue dispenser is 9 inches. The previous measurement provided, of 24 inches, is the distance from the rear of the toilet seat, rather than the front edge of the toilet.

20. Finding - Toilet tissue dispenser outlet is too low at 14 ½ inches above finish floor.

County response – A site review by DHA's General Services Manager revealed that the measurement from the floor to the mid-point of the tissue dispenser is 19 inches. This is right at the level where the top roll of tissue is dispensed. The previously reported measurement, of 14 ½ inches, is the distance from the floor to the very bottom of the tissue dispenser.

21. Finding – Height of grab bars on side wall of toilet are too low at 32 ¼ inches above the finish floor.

County response – A site review by DHA's General Services Manager revealed that the measurement from the floor to the gripping surface of the grab bar is 34 inches. The previously reported measurement, of 32 ¼ inches, is the distance from the floor to the bottom of the grab bar.

MEN'S RESTROOM (22-27)

22. Finding – Length of sign sides of restroom door signage is too short at 11 ¾ inch. Sign thickness is inadequate at 1/8 inch.

Summary of Findings and Corrective Action Plan

County response – A site review by DHA's General Services Manager revealed that the triangle symbol on the men's restroom entrance door measures $\frac{1}{4}$ inch thick and 12 inches wide on each of the 3 sides. The previous measurement provided, of $11 \frac{3}{4}$ inches diameter and $\frac{1}{8}$ inch thick, was incorrect and the result of a staff member's unfamiliarity with the standards of measurement for this element.

23. Finding – Hand dryer is too high at 41 inches above the finish floor.

County response – A site review by DHA's General Services Manager revealed that the measurement from the operational part of the hand dryer to the floor 40 inches. The previous measurement provided, of 41 inches, is the distance from the floor to the bottom of the hand dryer case, rather than to the operational piece that hangs down one inch below the unit casing.

24. Finding – Distance from center-line of the toilet to side wall is too far at 33 inches.

County response – A site review by DHA's General Services Manager revealed that the distance from the center line of the toilet to the side wall is 18 inches. The previously reported measurement, of 33 inches, is the distance from the centerline of the toilet to the stall wall on the opposite side of the toilet.

25. Finding – Distance from the front edge of toilet to toilet tissue dispenser is too far at 24 inches.

County response – A site review by DHA's General Services Manager revealed that the distance from the front edge of the toilet to the tissue dispenser is nine inches. The previously reported measurement, of 24 inches, is the distance from the rear of the toilet seat to the tissue dispenser.

26. Finding – Toilet tissue dispenser outlet is too low at $14 \frac{1}{2}$ inches above finish floor.

County response – A site review by DHA's General Services Manager revealed that the measurement from the floor to the mid-point of the tissue dispenser is 19 inches. This is right at the level where the tissue is dispensed. The previous measurement provided, of $14 \frac{1}{2}$ inches, is the distance from the floor to the very bottom of the tissue dispenser.

27. Finding – Height of grab bars on side wall of toilet are too low at $32 \frac{1}{4}$ inches above the finish floor.

County response – A site review by DHA's General Services Manager revealed that the measurement from the floor to the gripping surface of the grab bar is 34 inches. The previously reported measurement, of $32 \frac{1}{4}$ inches, is the distance from the floor to the bottom of the grab bar.

Summary of Findings and Corrective Action Plan

Galt

PARKING (28-30)

28. Finding – No van-accessible parking space is available.

County response – Per re-evaluation, there is adequate van accessible parking since there are other van accessible parking spaces for the building which are available to DHA customers. During the re-evaluation, it was discovered that the language on the parking stall signage is noncompliant as it reflects the incorrect fee amount. The landlord was sent an inquiry regarding the sign citation and DHA is awaiting their response. The lease for this building was negotiated prior to discovering this issue.

29. Finding – Height of parking stall signage is too short at 79 inches above the finish floor.

County response – A site review by DHA's General Services Manager revealed that the measurement from the ground to the bottom of the sign is 81 inches. The previously reported measurement, of 79 inches, is the distance from the top of the curb to the bottom of the sign. The sign pole is in the planter bed, not on the curb.

30. Finding – Ground surface on the route to the building entrance contains a change in level $\frac{1}{4}$ and $\frac{1}{2}$ inch without edge treatment.

County response – A site review by DHA's General Services Manager revealed that the previously reported change in level, from $\frac{1}{4}$ inch to $\frac{1}{2}$ inch, does not exist. There is a ramp from the access aisle up to the level sidewalk/path of travel. The ramp rises five inches over a distance of 104 $\frac{1}{2}$ inches – a 1:20 ratio. The response previously submitted was provided by a staff member who is not familiar with the standards of measurement for this element.

LOBBY (31)

31. Finding – Depth of knee clearance under accessible table or counter at 9 inches and 27 inches off the finished floor was requested, but not provided.

County response – DHA measured the depth of knee clearance and found that it did not meet CA T24 11B-306.3.3. Since this is a built in counter. DHA negotiated with the landlord, as part of a new lease agreement, to have it corrected as part of a lobby refresh scheduled to begin by August 31, 2022. In the meantime, a sign is posted next to the customer window alerting customers that the toe clearance is shallow when using a forward approach to the window. The counter toe clearance is currently meeting the requirements of 11B-904.4.1 for the parallel approach. After the lobby refresh, the requirements for both the parallel and forward approach will be met.

Summary of Findings and Corrective Action Plan

INTERVIEW ROOMS (32)

32.Finding – Width of counter is too small at 12 inches.

County response – A site review by DHA's General Service Manager revealed that each interview room has a counter of not less than 54 inches wide for the customer. The previous measurement provided, of 12 inches, is counter space depth - from the edge of the counter to the acrylic screen between the customer and the employee.

WOMEN'S RESTROOM (33-34)

33.Finding – Knee clearance under sink at 9 inches above the finish floor is too low at 9 inches.

County response – A site review by DHA's General Service Manager revealed that the knee clearance at nine inches above the finished floor is eleven inches deep. The previous measurement was done incorrectly by a staff person not familiar with the standards of measurement for this element.

34.Finding – Soap dispenser is too high at 41 inches above the finish floor.

County response – A site review by DHA's General Service Manager revealed that the measurement from the floor to the operational/activation area of the soap dispenser is 39 ½ inches. The previously reported measurement, of 41 inches, is the distance from the floor to the bottom of the soap dispenser unit. The operational/activation area hangs down below the unit itself.

MEN'S RESTROOM (35-37)

35.Finding – Soap dispenser is too high at 41 inches above the finish floor.

County response – A site review by DHA's General Service Manager revealed that the measurement from the floor to operational/activation area of the soap dispenser is 39 ½ inches. The previously reported measurement, of 41 inches, is the distance from the floor to the bottom of the soap dispenser unit. The operational/activation area hangs down below the unit itself.

36.Finding – Depth of accessible urinal is too short at 13 inches.

County response – A site review by DHA's General Service manager revealed that the depth of the accessible urinal is 15 inches. The measurement previous provided, of 13 inches, was incorrect and the result of a staff member being unfamiliar with the standards for measurement for this element.

37.Finding – Width of clear ground space in front of accessible urinal is too narrow at 29 inches.

Summary of Findings and Corrective Action Plan

County response – A site review by DHA's General Service Manager, the width of the ground space in front of the accessible urinal is 30 inches by 68 inches. The previous measurement of 29 inches was made in error.

Hearings

PARKING (38-40)

38.Finding – Length of the van accessible parking space is too short at 16 feet.

County response – A site review by DHA's General Service Manager revealed that the length of the van accessible space is 18 feet. The previous measurement provided, of 16 feet, was taken from the car side of the wheel stop to the end of the line marking, instead of from the curb to the end of the line marking.

39.Finding – Length of the access aisle adjacent to the van accessible parking space is too short at 16 feet.

County response – A site review by DHA's General Service Manager revealed that the length of the access aisle is 18 feet. The previous measurement, of 16 feet, was taken from the car side of the wheel stop to the end of the aisle marking.

40.Finding – Slope of the curb ramp is too steep at 1:10.

County response – A site review by DHA's General Service Manager revealed that the ramp has a slope of 4.3 degrees, making it a 1:13 ratio. The staff member who provided the previous ratio of 1:10 is unfamiliar with the standards for measurement for this element.

LOBBY (41)

41.Finding – PUB 13 is placed too high at 6 feet above the finished floor.

County response – A work request was submitted on July 27, 2021, to lower the display rack because the height of the display rack from the floor to the bottom of the display does not meet the ADA regulations. A different display rack will be ordered and installed. Planned date for completion is September 30, 2021, assuming that the new display rack is in stock and that there is no impact to the current supply chain due to the Coronavirus pandemic.

RESTROOMS (42-46)

42.Finding – Sign thickness is too thick at ½ inch. Applies to Restrooms A and B.

County response – A site review by DHA's General Service Manager revealed that each symbol sign on the doors of two all-gender restrooms is ¼ inch thick. Since these are both all-gender restrooms, the circle and triangle symbol signs are stacked, and the total thickness of the stacked symbols signs is ½ inch.

43.Finding – Soap dispenser is too high at 44 inches above the finish floor. Applies to Restrooms A and B.

Summary of Findings and Corrective Action Plan

County response – A site review by DHA's General Service Manager revealed that the measurement from the floor to the operational/activation area of the soap dispenser is 40 inches. The measurement previously submitted, of 44 inches, is the distance from the floor to the mid-point of the dispenser.

44. Finding – Hand dryer is too high at 41 inches above the finish floor. Applies to Restrooms A and B.

County response – A site review by DHA's General Service Manager revealed that the measurement from the floor to the operational/activation area of the hand dryer in both restrooms A and B is 40 inches. The measurement previously submitted, of 41 inches, is the distance from the floor to the bottom of the hand dryer case, and not to the operational piece, which hangs down one inch below the unit casing.

45. Finding – Distance of toilet to side wall or partition measured from center-line of the toilet is too short at 10 inches. Applies to Restrooms A and B.

County response – A site review by DHA's General Service Manager revealed that the measurement from the center-line of the toilet to the wall is 17 inches in both restrooms (A and B). The measurement previously submitted, of 10 inches, is the distance from the edge of the toilet bowl to the wall.

46. Finding – Distance from front edge of toilet to toilet tissue dispenser is too short at 6 inches. Applies to Restrooms A and B.

County response – This measurement was incorrectly reported. Another site visit and measurement verified the measurement from the front edge of the toilet to the center line of the toilet paper dispenser is 9" and in compliance.

Summary of Findings and Corrective Action Plan

SECTION III. PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH-SPEAKING

Identification of Primary Language (47)

47.Finding – The County shall collect primary language data for each applicant/recipient.

Div. 21-201.21. As part of the CAP, the County shall:

- Update the SOC 106 primary language form.
- Develop protocol for following-up with applicants/recipients when their SC 106 is incomplete or missing at each intake/recertification. Inform staff of the new protocol.

County response – A management workgroup has been established to review current policies and develop recommendations regarding this finding. (Exhibit 2, Workgroup Outline)

The SC 106 and the protocol for following up with applicants/recipients, when there is incomplete or missing information on the SC 106, will be updated by January 31, 2022.

Documentation of Primary Language (48)

48.Finding – The County shall ensure that case records identify applicants'/recipients' ethnic origin and primary language. Div. 21-201.21. As part of the CAP, the County shall:

- Return to case files reviewed during the Review to correct records that contained errors in the documentation of primary language.
- Select a sample of 30 “other-non English” cases from CDSS-covered programs to spot-check whether those cases are correctly coded and whether the language is documented in CalWIN. If over 25% are incorrectly coded, create a plan for verifying coding for all other-non English cases.

County response –

- On August 23, 2021, Sacramento County sent the list of cases, reviewed during the audit, to Program Managers of the bureaus where the cases are assigned. The Program Managers were instructed to have the cases corrected by September 5, 2021. (Exhibit 4a) As of September 8, 2021, the managers have reported that the work is complete.
- On August 3, 2021, Sacramento County's quality assurance team selected 30 random case files with “Other Non-English” selected and found that 7 of the 30 cases were incorrectly coded. This is an error rate of 23.3%, which is under 25%. (Exhibit 4b)

Summary of Findings and Corrective Action Plan

Interpreter Services (49-51)

49.Finding – Revise policies addressing language access to incorporate the following:

- An NEP/LEP applicant/recipient is not required to affirmatively request an interpreter. The County is obligated to offer free interpretive services, regardless of whether the applicant/recipient affirmatively requests interpretive services.
- Staff should ensure that applicant/recipient-provided interpreters understand what is being interpreted.

County response – A management workgroup has been established to review current policies and develop recommendations regarding this finding. At the conclusion of this group's work, Department Procedures 16-9 and 16-12 will be updated. These revisions will be completed and submitted to CDSS by January 31, 2022. (Exhibit 2, Workgroup Outline)

50.Finding – Train staff on revised policies.

County response – DHA's standard procedure is to communicate updated and revised Department Procedures to all staff. Supervisors are expected to review and discuss the changes at their weekly unit meeting.

A management workgroup has been established to review current policies and develop recommendations regarding this finding. (Exhibit 2, Workgroup Outline)

Documentation That Bilingual Services Were Provided (51)

51.Finding – Document the method used to provide bilingual services (i.e. assigned worker is certified bilingual, other certified bilingual employee acted as interpreter, volunteer certified interpreter was used, or recipient provided interpreter). Div. 21-116.22. To ensure compliance with documentation requirements, the County shall develop and provide standardized language or other templates to staff in all CDSS-covered programs to assist with consistent documentation for: primary language identification, method of providing interpretive services, and procedure followed when an applicant/recipient-provided interpreter is used. Instruct staff on where to insert language in case comments so that documentation is easily found by supervisors and other staff. The following information should be contained in standardized language:

- Free interpretive services were offered;
- Whether the applicant/recipient accepted or declined free interpretive services;
- Method of providing interpretive services (i.e., certified bilingual staff and name; or telephone interpretive services vendor name);
- Applicant/recipient preferred to use their own interpreter, staff explained the potential problems for ineffective communication related to the use of their own interpreter, and obtained a signed confidentiality agreement; and
- What language the services were provided in.

Summary of Findings and Corrective Action Plan

County response – A management workgroup has been established to review current policies and develop recommendations regarding this finding. At the conclusion of this group's work, Department Procedure 16-12 will be updated. These revisions will be completed and submitted to CDSS by January 31, 2022. (Exhibit 2, Workgroup Outline)

Bilingual Staff (52)

52.Finding – The County shall ensure that a sufficient number of qualified bilingual employees are assigned to positions and locations serving a substantial number of non-English-speaking persons. Div. 21-115.1. A “qualified bilingual employee” is defined as an employee who, in addition to possessing the necessary qualifications for the particular classification, is certified through a process approved or administered by CDSS to be proficient in oral and/or written communication in the non-English language of the persons to be served. Div. 21-104(q)(1). As part of the CAP, the County shall:

- Address whether bilingual staffing for Korean in CAPI is sufficient. Provide calculations to demonstrate if bilingual staffing is required, or if the computation results in a need for less than one full-time position, such that the County may provide interpretive services by another means. Div. 21-115.141.

County response – DHA acknowledges the need for a Korean speaking bilingual caseworker in the CAPI program. There have been no certified bilingual Korean candidates available since the previous Korean speaking bilingual caseworker retired.

Sacramento County Department of Personnel Services will continue to reach out to community organizations to attract Korean speaking candidates. As we recruit, CAPI staff will continue to use interpretive services to maintain the CAPI cases with Korean speaking customers. Most of the Korean speaking CAPI customers reside in Orange County and receive interpretive services as required by Orange County when they apply for CAPI in person or over the phone.

Temporary Use of a Minor as an Interpreter (53)

53.Finding – The County shall only allow the use of a minor (under the age of 18 years) to temporarily act as an interpreter under extenuating circumstances or at the specific request of the applicant/recipient. Div. 21-115.16. When a minor (under 18 years of age) is used as an interpreter, the County shall document the circumstances requiring temporary use of a minor interpreter in the case record. Div. 21-116.22. In the CAP, the County shall revise the policies addressing temporary use of a minor as an interpreter for alignment with Division 21. Auditors recommend addressing consolidating these procedures so that rules relating to interpretation are addressed in one policy document only. Additional reference materials or job aids addressing this issue should refer back to the official policy.

County response – A management workgroup has been established to review current policies and develop recommendations regarding this finding. At the conclusion of this group's work, Department Procedures 16-09, 16-12 and the SC

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106 form will be updated. These revisions will be completed and submitted to CDSS by January 31, 2022. (Exhibit 2, Workgroup Outline)

Recommendations

BILINGUAL STAFF (54)

- 54. Recommendation** – The Review uncovered that non-certified bilingual staff are providing interpretive services. The County should consider:
- Reminding non-certified bilingual to use the language line, even if they speak the applicant's/recipient's language.
 - Reminding staff of the certification process.
 - Pursuing opportunities to certify additional bilingual staff so that the County can more fully leverage the skills of its employees.
 - Collecting feedback from non-certified bilingual staff who use the language line to provide interpretive services. Their use of the language line presents an opportunity to collect feedback on the quality of contracted interpretive services, which could inform vendor selection.

County response – The management workgroup established to address the findings in this report will consider this recommendation.

EFFECTIVE SERVICES (55)

- 55. Recommendation** – Given supervisor-identified language services needs for languages that do not meet the required 5% threshold (Arabic, Chinese, Dari, Pashto, Punjabi, and Urdu), the County may consider further surveying supervisors (i.e., Are there problems of ineffective communication with language line contractors, such that bilingual staff provide a better quality service? Is there another reason that use of language lines are an ineffective substitute for bilingual staffing? Do staff need more training to effectively use the language line? Are resources for obtaining written translations inadequate for these languages?).

Auditors remind the County that bilingual staffing is one component of providing effective and compliant language services. The County must be able to provide equally effective services through various means of interpretation because of the impossibility of employing bilingual staff in all languages spoken by applicants/recipients.

Auditors encourage the County to engage community-based organizations to inform and support County language access efforts. Organizations such as REDA Center and Al-Misbaah may be relevant to consult in considering how to expand and improve language services for groups that were observed to face more challenges with language access.

County response – The management workgroup established to address the findings in this report will consider this recommendation.

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APPLICANT/RECIPIENT PROVIDED INTERPRETERS (56)

56. Recommendation - [ACL 8-65](#) addresses CWDs' obligations to provide certain admonishments to an applicant/recipient who chooses to provide their own interpreter ("admonishments" is used broadly to refer to informing the applicant/recipient of their right to free interpretive services, of the potential problems of using their own interpreter, of the need to disclose confidential information, of the availability of County-provided interpretive services when their interpreter is unavailable, and of their right to switch to a County-provided interpreter at any time). CWDs are required to inform applicants/recipients of this information yearly and document the case record. ACL 08-65 states that "The County does not have to inform the client again until reverification." Auditors found that County policies were consistent with ACL 08-65's requirements to provide this information on a yearly basis. However, Auditors encourage the County to provide this information more frequently, such as at each occurrence when an applicant/recipient-provided interpreter is used.

The requirement in ACL 08-65 reflects minimum obligations. Auditors believe there are numerous reasons why it is prudent and beneficial for more frequent reminders, including: many NEP/LEP persons may be unaware of their right to free interpretive services; applicants/recipients may have forgotten the admonishments with the passage of time; when an applicant/recipient is not initially correctly informed an opportunity to identify and rectify the issue is missed; and the confusing nature of the SC 106 form (addressed above) which contains some of these admonishments. Additionally, if County employees experience difficulty understanding the client-provided interpreter or believe there may be misunderstandings, it is appropriate to provide the admonishments more frequently. If the County decides to pursue this policy change, Auditors recommend revising relevant policies and providing staff training on this policy change.

County response – The management workgroup established to address the findings in this report will consider this recommendation.

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SECTION IV. PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO HAVE DISABILITIES

Auxiliary Aids (57)

57. Finding – The County shall ensure the availability of auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills where necessary to afford such persons an equal opportunity to access program services. Div. 21-115.41. As part of the CAP, the County shall:

- Create an updated inventory of all auxiliary aids, including instructions of how to obtain/procure/provide them. The description should explain which aids are suitable for over-the-phone or in-person communication.

County response – A management workgroup has been established to review current policies and develop recommendations regarding this finding. At the conclusion of this group's work, Department Procedures 16-12 and the SC 106 form will be updated. These revisions will be completed and submitted to CDSS by January 31, 2022. (Exhibit 2, Workgroup Outline)

Documentation of a Disability (58)

58. Finding – The County shall ensure that an applicant's/recipient's case record identifies the applicant/recipient as disabled. The County shall document an applicant's/recipient's request for services in writing. Div. 21-116.3 The County must ensure that proper and consistent documentation identifying all the required elements to ensure compliance is present in an applicant's/recipient's case file. Div. 21-116. The County shall document all requests for reasonable accommodations and subsequent actions taken by CWD staff in the individual's case file. ACL 19-45. As a part of the CAP, the County shall:

- Return to case files reviewed during the Review to correct records that contained errors in the documentation of disability and/or reasonable accommodation.

County response – The list of cases sent to the assigned bureaus for correction on August 23, 2021, included cases with Reasonable Accommodation flags. Staff were directed to correct the cases by September 5, 2021. The cases will be reviewed by the CRC, Elvia Leyva, by October 31, 2021, to confirm compliance. (Exhibit 4a)

Special Accommodation Flags (59)

59. Finding – The County must ensure that proper and consistent documentation identifying all the required elements to ensure compliance is present in an applicant's/recipient's case file. Div. 21-116. To the extent that the County continues to rely on Special Accommodation flags to identify where an accommodation is necessary, the County must develop a protocol for documenting the specific nature of reasonable accommodation requests. The County must require documentation of the reason for the flag to be raised. The CAP shall submit

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this protocol. If this protocol is not integrated into the Reasonable Accommodation Policy, the protocol should be referenced in that policy. The County must train staff in this policy to ensure consistent application.

County response – A management workgroup has been established to review current policies and develop recommendations regarding this finding. At the conclusion of this group's work, Department Procedure 16-1 will be updated. This revision will be completed and submitted to CDSS by January 31, 2022. (Exhibit 2, Workgroup Outline).

Reasonable Accommodation Policy (60)

60. Finding – The County shall adopt a written policy detailing how they will comply with the requirements set forth in ACL 19-45. This policy shall be submitted to CDSS annually as part of each CWD's County Civil Rights Plan pursuant to CDSS MPP Section 21-201.22. ACL 19-45. As a part of the CAP, the County shall:

- Submit a draft Reasonable Accommodation Policy for CDSS' review. This policy must incorporate all areas addressed by ACL 19-45 that are missing from Procedure 16-11, including defining who is protected, procedures for denying accommodation requests, instructions for documenting requests, and service animals. To the extent programs have different practices (such as varying practices for identifying disabilities), the policy shall contain program-specific guidance. The County is encouraged to consult the resources provided in section VI of ACL 19-45.
- Submit a revised Civil Rights FAQ brochure that is consistent with the revised Reasonable Accommodation Policy.

County response – A management workgroup has been established to review current policies and develop recommendations regarding this finding. (Exhibit 2, Workgroup Outline)

Recommendations

DOCUMENTATION OF A DISABILITY (61)

61. Recommendation - The County should consider undertaking regular quality control measures to ensure proper documentation of disability and reasonable accommodation.

Procedures 16-11 and 16-12 do not provide templates or boilerplate language that staff can use to document required information related to reasonable accommodation, which could assist in ensuring consistency and confirm that all required information is present.

County response - The management workgroup established to address the findings in this report will consider this recommendation.

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REASONABLE ACCOMMODATION POLICY (62)

62. Recommendation - Auditors recommend consolidating the portion of Procedure 16-12D related to auxiliary aids and Procedure 16-11 so that all information on assisting individuals with disabilities is located in a single written policy.

County response – The management workgroup established to address the findings in this report will consider this recommendation.

SECTION V. STAFF DEVELOPMENT AND TRAINING

Cultural Awareness Training (63)

63. Finding – The County shall ensure that all public contact employees receive cultural awareness training to ensure that public contact staff have an understanding of, and sensitivity to, various cultural groups including individuals with disabilities, to ensure equal delivery of services in the County's population. Div. 21-117.2. As part of the CAP, the County shall:

- Submit a plan to develop training that addresses the predominant cultural groups in Sacramento County, including information about national origin, primary language, race, ethnicity, and religion.
 - This training should be responsive to knowledge gaps identified in this Report, as well as others identified by the County.
 - The plan should explain how the training creation process will involve staff members belonging to different cultural groups. Auditors encourage engaging representatives from community-based organizations (such as organizations mentioned in Section V) to speak about their culture and languages as a component of cultural awareness training in areas where Auditors observed less familiarity.

County response – A management work group has been established to review training options and develop recommendations regarding this finding. (Exhibit 2, Workgroup Outline) A training plan will be developed and submitted to CDSS by January 31, 2022.

Division 21, Civil Rights Training (64)

64. Finding – The County shall ensure that employees receive Division 21 civil rights training at the time of orientation, as well as ongoing training to ensure that public contact staff has knowledge of Division 21, including familiarization with the discrimination complaint process. Div. 21-117.1. As a best practice, ongoing training should be required on an annual basis. As part of the CAP, the County shall:

- Provide revised staff civil rights training materials to address concerns and deficiencies identified in this Report.
- When revising the induction and annual civil rights training PowerPoints, the County shall:
 - Clearly state that interpretive services must be affirmatively offered and provided if an applicant's/recipient's primary language

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is not English, emphasizing that it is not the obligation of the applicant/recipient to request an interpreter.

- Clearly require that interpretive services be documented for every substantive contact.
 - Include the concept of primary consideration and effective communication in sections on auxiliary aids and reasonable accommodation.
 - Provide training on when to use the Special Accommodation flag and how to document the accommodation.
 - Provide examples of Reasonable Accommodation requests that constitute changes to policies or procedures.
 - Make clear that auxiliary aids such as braille or ASL interpreters are *options* available, not blanket requirements appropriate for all individuals with visual or hearing impairments, respectively.
 - Emphasize staff's role in handling discrimination complaints in-person *and* over the phone.
 - Train staff on the protected bases to improve their ability to recognize discrimination complaints.
- Update the staff FAQ brochure to reflect revised policies and staff training.

County response – The Civil Rights training materials for Induction and annual training will be revised with consideration to the items listed above. DHA will provide CDSS with the revised training materials and the updated FAQ brochure by January 31, 2022.

Reasonable Accommodation Training (65)

65.Finding – The County shall train public contact staff, program managers, and supervisors upon hire and, at a minimum, annually thereafter, on the CWD's policies for ensuring compliance with disability nondiscrimination laws and on providing reasonable accommodations for people with disabilities. ACL 19-45, Section I. As part of the CAP, the County shall:

- Submit a plan to train staff on the revised Reasonable Accommodation Policy (see Section VI) after the Policy is approved by CDSS.
 - Training should incorporate feedback provided by Auditors during the Review.
 - Training should incorporate training on the Special Accommodation flag so that staff are aware of when and how to use Special Accommodation flags in CalWIN to identify applicants/recipients with disabilities.

County response – A management work group has been established to develop recommendations to address the issues in this finding. (Exhibit 2, Workgroup Outline)

A training plan will be developed and submitted to CDSS by January 31, 2022.

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Recommendations

CIVIL RIGHTS ADVISORY GROUPS (66)

66. Recommendation - The County uses system of civil rights caucuses to ensure implementation of nondiscrimination laws and promote culturally competent services. Caucuses include the African American Caucus, Latino Caucus, LGBTQ Caucus, Native American Caucus, Asian and Pacific Islander Caucus. Auditors observed caucuses to be a strong support structure to facilitate culturally competent service provision for applicants/recipients. Auditors see an opportunity to consider forming form new caucus(es) to support additional predominant cultural groups represented in the County. Auditors encourage the County to consider feedback provided in this Report to improve services, especially language services. Creating new caucuses to track with changes and development in County population is especially important if caucuses continue to be the main vehicle for providing cultural awareness training to employees. Auditors recommend using caucuses as an advisory to relevant CAP activities, including around interpretive services practices, cultural awareness training, and establishing connections with community groups.

County response – The management workgroup established to address the findings in this report will consider this recommendation. Please note that there is also a Slavic Caucus.

REASONABLE ACCOMMODATION TRAINING (67)

67. Recommendation – Training on reasonable accommodation from CDSS is available online (the [training is posted on YouTube](#) and the [presentation slides are posted on the CDSS website](#)). This training was provided during the CalFresh expansion to SSI recipients in 2019. Auditors note this training is a resource for the County in developing its own reasonable accommodation staff training.

County response – The management workgroup established to address the findings in this report will consider this recommendation.

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SECTION VI. DISCRIMINATION COMPLAINT PROCEDURES

Employee Awareness of Complaint Process (68)

68.Finding – The County shall ensure staff can identify a discrimination complaint. The County shall ensure staff have knowledge of the discrimination complaint process and their role in assisting applicants/participants to file civil rights complaints. Div. 21-117 and Div. 21-203.

- The CAP shall include a plan to send a written reminder to all staff of staff responsibilities in complaint processing and to notify staff of forthcoming revisions to the FAQ Brochure. The written reminder should specifically address the misconceptions identified by the staff survey.

County response – An e-mail reminder was sent to all staff on August 23, 2021 notifying staff of their responsibilities in the complaint process and that DHA is working on improving our Civil Rights Department Procedures. (Exhibit 5)

Complaint Processing Procedure (69)

69.Finding – The County shall ensure policies addressing discrimination complaint handling are clear, consistent, and comport to the required complaint processing obligations. Div. 21-203.

- The CAP shall provide a revised Procedure 16-6 that is responsive to the comments made in this Report. The revised Procedure 16-6 shall describe the:
 - Process to determine if a complaint requires investigation including: explanation of threshold jurisdictional issues and prima facie elements, and a list of interview questions to elicit necessary information.
 - Process to reach complainants via all available methods before considering a complaint to result in “lost contact” including: minimum number of times that the CRC will attempt contact via different methods, if possible, and a policy to contact Authorized Representatives, when appropriate.
- The CAP shall submit a revised FAQ Brochure that is consistent with Procedure 16-6 and clearly describes how staff should assist applicants/recipients file civil rights complaints in-person and over the phone. The revised FAQ Brochure should reflect comments made in this Report and in other technical assistance. Revisions to Procedure 16-06 addressing staff responsibilities in complaint processing should be incorporated and/or referenced in induction and annual staff civil rights training materials.

County response – Department Procedure 16-6 will be revised by the CRC, Elvia Leyva, to address the above items. A draft of the updated document will be submitted for review to CDSS by December 31, 2021, and the FAQ brochure will be subsequently updated to reflect the changes.

Complaint Log (70)

70.Finding – The County shall keep a control log in which all complaints of discrimination are entered by year and date the complaint was received. The County shall ensure that all required information is entered for each complaint. Div. 21-203. 21.

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- The CAP shall provide a Complaint Log containing all complaints received in 2020, 2021 and any pending pre-2020 complaints, and applying all categories required by Div. 21-203.21. All civil rights complaints, regardless of origin, must be contained in the Log. The Log shall use “N/A” or “TBD” where applicable so that there are no blank cells. The Log shall be submitted as a spreadsheet file.
- The CAP shall create a list of definitions explaining how the County will use each column in the Log. This Log should use the definitions provided for Resolution and Decision in Div. 21-203.217-.218. Definitions may be located in a separate tab, separate document, Procedure 16-6, etc.

County response – The current Complaint Log will be updated by the CRC, Elvia Leyva, to contain all the required information. The revised template for the Complaint Log will be submitted to CDSS for review by October 30, 2021. Once the template is approved, the CRC will re-submit the log within 30 days with the complaint information for pending pre-2020 complaints, as well as all complaints received in 2020 and 2021.

Discrimination Complaint Form (71)

71.Finding – The County shall cease using the County-generated complaint form (SC 271) because the SC 271 omits several protected bases and require language regarding consent for release of information. The County shall immediately begin using GEN 1179.

- To the extent that the County intends to continue using the SC 271, the County must revise the form to include the omitted bases (Ancestry, Gender Identity, Gender Expression, Genetic Information, and Medical Condition). Gender Identity and Gender Expression have distinct meanings and should not be grouped together or under Sex discrimination. The GEN 1179 also includes an area for individuals to indicate any other bases they believe apply, which Auditors advance as a best practice.
- To the extent that the County revises and resumes using the SC 271 and does *not* translate the form into all languages provided by CDSS, the County must use the GEN 1179 in those languages. Div. 21-115.2.
- To the extent that the County revises and resumes using the SC 271, it must include Division 21-required language regarding consent for release of information. Div. 21-203.32.

County response – DHA has ceased using the county form SC 271. Staff were notified on August 23, 2021, to use the GEN 1179 complaint form, and it has been added to the DHA Civil Rights page on the department intranet page. The SC 271 form has been removed from the intranet website. (Exhibit 5)

Summary of Findings and Corrective Action Plan

Recommendations

CIVIL RIGHTS INVESTIGATIONS PROCEDURE AND STAFFING (72)

72. Recommendation – Identify an individual to conduct civil rights investigations and provide relevant training to this individual. Develop a practical investigation guide using Division 21, the CRC Introductory Training provided by CDSS in December 2020, the 2017 CDSS Handbook, relevant ACLs, and other relevant and appropriate materials.

County response – In addition to the CRC who conducts civil rights investigations for the department, DHA will consider identifying and training an additional individual to conduct civil rights investigations and will include them in future CDSS trainings.

SECTION VII. VENDOR CONTRACTS

Finding - No corrective actions needed.

SECTION VIII. CIVIL RIGHTS COMPLIANCE PLAN (73)

73. Finding - Please submit an updated Civil Rights Compliance Plan incorporating these items with your CAP for this review.

- Revise the Annual Plan to respond to the gaps/inconsistencies noted in this Report. Key areas for revisions include:
 - Provide 2-3 examples of self-monitoring activities over the last year. Explain what barriers to civil rights compliance were encountered in the last year, how they were resolved/addressed, and any new policies or procedures that resulted. In addition, describe how the County self-monitors for physical accessibility of facilities.
 - Complete Complaint Log from 2020-present, containing all pending complaints (see Section VIII, Corrective Action).
 - Include all civil rights related policies as attachments (see Section II, Documents Reviewed).
- In the Annual Plan and all civil rights policies, Auditors support the replacement of gender-binary language with gender-inclusive language (i.e., replacing “she/she” with “they/them”).

County response – The Civil Rights Compliance Plan is being updated to incorporate the items in this review. The updated compliance plan will be submitted to CDSS by November 30, 2021, and the civil rights related policies will be submitted as they are updated per the target date cited in this CAP.

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EXHIBITS

- Exhibit 1a: E-mail to Program Managers regarding PUB 13
- Exhibit 1b: Schedule for Compliance Review
- Exhibit 2: Civil Rights Audit Workgroup Outline
- Exhibit 3a: Case Language by Program Report
- Exhibit 3b: Sacramento CAPI Language Report
- Exhibit 4a: E-mail to Program Managers regarding case corrections
- Exhibit 4b: E-mail from Quality Assurance team regarding case review result
- Exhibit 5: E-mail to all staff regarding Civil Rights Complaint Process