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GAVIN NEWSOM  
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July 19, 2022

Dr. Jackie Contreras, Acting Director  
Los Angeles County Department of Public Social Services  
12860 Crossroads Parkway South  
City of Industry, CA 91746

Dear Dr. Contreras:

Thank you and the Los Angeles County Department of Public Social Services staff for your cooperation and assistance during the October 18 to October 22, 2021 and October 25 to October 28, 2021, Civil Rights Compliance Review. Please find the final report attached to this correspondence.

Compliance issues (deficiencies) identified in the Report require the development of a Corrective Action Plan (CAP) within 60 days of the date of this letter. Please address each deficiency, including proposed actions and timelines for completion of all corrective actions and recommendations listed in the Report.

Please submit your CAP and any required revisions to your Annual Plan and policies electronically to the Civil Rights Unit email ([crb@dss.ca.gov](mailto:crb@dss.ca.gov)). In an effort to comply with the Web Content Accessibility Guidelines (WCAG), we require the CAP and all other materials to be submitted as a PDF document. The PDF documents must be accessible. See *California Government Code 7405*. The Report and CAP will be published on the California Department of Social Services [Civil Rights Unit website](#).

If you need technical assistance developing a CAP, please contact James Urquizo at (916) 225-704 or by email at [james.urquizo@dss.ca.gov](mailto:james.urquizo@dss.ca.gov) or Laura Watry at (916) 809-6411 or by email at [laura.watry@dss.ca.gov](mailto:laura.watry@dss.ca.gov). You may also contact our office by email using the Civil Rights Unit email ([crb@dss.ca.gov](mailto:crb@dss.ca.gov)).

Sincerely,

*Christina Teixeira*

CHRISTINA TEIXEIRA, Manager  
Civil Rights Unit  
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**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL  
SERVICES  
CIVIL RIGHTS COMPLIANCE REVIEW REPORT**

**Conducted on**

**October 18 – October 22, 2021  
and October 25 – October 28, 2021**

**California Department of Social Services**

**Office of Equity**

**Civil Rights Unit**

**744 P Street, M.S. 9-7-041**

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## I. INTRODUCTION

The purpose of this review by the California Department of Social Services (CDSS) Civil Rights Unit (CRU) staff is to assess Los Angeles County Department of Public Social Services (County or County Welfare Department (CWD)) compliance with CDSS' Manual of Policies and Procedures (MPP) Division 21 Regulations (Div. 21), and other applicable state and federal civil rights laws and regulations.

A remote compliance review was conducted October 18 through October 22, 2021 and October 25 through October 28, 2021. An exit interview was held on October 18, 2021, to review preliminary findings.

### Key Findings of the Report

Overall, the Auditors found substantial compliance concerns. The main concerns are summarized below. Specific findings and corrective action related to these concerns can be found in Sections III-IX and XI of this report.

- **Dissemination of Information:** Some signs at building entries and in lobbies are not posted in the required threshold languages.
- **Dissemination of Information:** The brochure "Your Rights Under California Welfare Programs" (PUB 13) is not consistently disseminated and explained to applicants/recipients.
- **Facility Accessibility for Individuals with Disabilities:** Numerous accessible parking spaces are noncompliant with required widths and lengths. Interview counter heights are not at the required counter height, making it difficult for an applicant/recipient to utilize counter space. The pressure required to open doors to many offices and restrooms is excessive.
- **Documentation of Applicant/Recipient Case Records:** All programs reviewed had gaps and/or errors in documentation of applicant/recipient case records. Staff often fail to document information about interpretive services.
- **Reasonable Accommodation:** All programs reviewed failed to consistently offer accommodations when the County was aware of an applicant's/recipient's disability. The County improperly denies reasonable accommodation requests across reviewed programs.
- **Civil Rights Complaint Processes:** Entries in the County's complaint log are incomplete.

### Organization of this Report

Section II of this report summarizes the method used by the Auditors to inform their findings.

Sections III, V, VI, VII, VIII, and IX of this report contain specific regulatory requirements from Division 21, Section 504 of the Rehabilitation Act of 1973, and the American with Disabilities Act (ADA). Findings in these sections are based on information gathered

from case review, facility walk-throughs, and staff surveys. Each section is formatted to first provide findings, then required corrective actions, and ends with any Auditor recommendations.

Section IV is a review of the facilities and references Division 21, the United States Department of Justice's ADA Standards, Title 24 of California Code and Regulations, and the California Accessibility Reference Manual. This section is divided by facility locations and each sub-section includes findings, corresponding regulations, and any Auditor observations. There are no suggested corrective actions or recommendations because the County should use the findings and regulations to inform their corrective actions.

Section X highlights issues identified by community and advocacy organizations.

Section XI reviews the County's compliance plan, and provides either approval of the plan as submitted, or identifies information or modifications required prior to approval.

Section XII of the report provides a statement of overall compliance and concluding remarks.

Appendix 1 of this report contains detailed observations from case review.

## **II. SUMMARY OF METHODOLOGY**

### **Documents Reviewed**

To prepare for this review, Auditors reviewed the following documents:

- 2021-2022 Civil Rights Compliance Plan (Annual Plan) and attachments
- Civil rights discrimination complaint database for a complete listing of complaints filed 12 months prior to the Review
- Previous County Compliance Review reports and corresponding corrective action plans (CAP)

### **Locations Reviewed**

- 2615 South Grand Avenue, Los Angeles, CA (Metro Family District 13)
- 1740 E. Gage Avenue, Los Angeles, CA (Florence District 17)
- 21415 Plummer Street, Chatsworth, CA (West Valley District 82)
- 21615 Plummer Street, Chatsworth, CA (IHSS Ops I Chatsworth)
- 4680 San Fernando Road, Glendale, CA (Glendale District 2)

### **Programs Reviewed**

- CalFresh

- CalWORKs
- Cash Assistance Program for Immigrants (CAPI)
- In-Home Supportive Services (IHSS)
- Welfare Fraud Prevention and Investigation (Fraud)

## Review Procedures

- Electronic surveys of public contact staff, the Civil Rights Coordinator, and program managers
- Reviewing case files
- Reviewing County-reported information about facilities and parking areas
- Receiving feedback from the following community groups<sup>1</sup>:
  - [A New Way of Life](#) (9512 S Central Avenue, Los Angeles, CA 90002)
  - [Bet Tzedek](#) (3250 Wilshire Boulevard, 13th Floor, Los Angeles, CA 90010)
  - [Disability Rights California](#) (350 South Bixel Street, Suite 290, Los Angeles, CA 90017)
  - [Greater Los Angeles Agency on Deafness](#) (2222 Laverna Avenue, Los Angeles CA, 90041)
  - [Inner City Law Center](#) (624 S. Grand Avenue, Suite 2510, Los Angeles, CA 90018)
  - [Jewish Family Service LA](#) (330 N. Fairfax Avenue, Los Angeles, CA 90036)
  - [Justice in Aging](#) (3660 Wilshire Boulevard, Suite 718, Los Angeles, CA 90010)
  - [Legal Aid Foundation of Los Angeles](#) (1550 W 8th Street, Los Angeles, CA 90017)
  - [Neighborhood Legal Services of Los Angeles County](#) (13327 Van Nuys Boulevard, Pacoima, CA 91331)

## Compliance Review Areas

- Dissemination of information
- Facility accessibility for individuals with disabilities
- Program accessibility for individuals with disabilities
- Bilingual staffing/services for non-English-speaking individuals
- Documentation of applicants'/recipients' case records
- Staff development and training
- Discrimination complaint procedures

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<sup>1</sup> The following organizations did not submit feedback in response to Auditors' outreach: Asian Pacific American Legal Center, Cal State Los Angeles CalFresh Outreach Center, Cal State Long Beach CalFresh Outreach, Coalition of California Welfare Rights Organizations, Disability Rights Education & Defense Fund, Gender Justice LA, Los Angeles LGBT Center, Maternal and Child Health Access, Public Interest Law Project, SAHARA, Trans Latin@ Coalition, and Western Center on Law & Poverty.



## **Staff Survey Summary**

Auditors distributed a total of 61 surveys to County staff, including certified bilingual staff. Fifty-nine (59) surveys were completed. Two (2) surveys were not completed by staff, despite reminders from Auditors. Surveys were completed as follows:

*Eligibility workers:* 30 surveys distributed – 31 surveys completed.

More eligibility worker surveys were completed than distributed, indicating that selected staff disregarded survey instructions and forwarded the survey to additional employees. The analysis below does not take into consideration the extra survey received.

Additionally, 5 survey responses contained identical answers, wording, and/or phrasing, indicating at least 5 selected staff disregarded survey instructions to complete the survey independently, and instead worked together to complete the confidential surveys, adding significant time to the survey completion period. This is contrary to explicit survey instructions and impedes CDSS' ability to effectively test staff knowledge and training as part of this Review. As a result, and to preserve the accuracy of survey results, those 5 responses were discarded, and 5 additional staff were surveyed.

*Lobby receptionists/navigators:* 6 surveys distributed – 5 surveys completed.

*Program Supervisors:* 15 surveys distributed – 14 surveys completed.

*Adult program workers:* 10 surveys distributed – 16 surveys completed.

More adult program worker surveys were completed than distributed, indicating that selected staff disregarded survey instructions and forwarded the survey to additional employees, who may or may not be the intended survey participants. As a result, and in attempt to preserve the accuracy of survey results, the analysis below only takes into consideration the first 10 responses received.

## **III. DISSEMINATION OF INFORMATION**

Counties are required to disseminate information about programs, program changes, and Division 21 protections for applicants and recipients. This dissemination should occur through outreach and information to all applicants, recipients, community organizations, and other interested persons, including persons with no English proficiency or limited English proficiency (NEP/LEP) and persons with disabilities.

## **Findings: Access to Services, Information and Outreach**

*Does the County accommodate clients by modifying business hours or accepting applications by mail? Can clients, including those with disabilities, access services when they are unable to go to an office?*

Yes, however office closures in 2021 did, and will likely continue to, impact the ability of some applicants/recipients to obtain in-person services. The County accepts applications by phone, mail, online, and in-person (in-person services were temporarily stopped in 2020 due to the Covid-19 pandemic).

The County closed 4 locations during 2021 in response to the Covid-19 pandemic (one of which is permanently closed and the rest of which have transitioned to Call Centers): Cudahy (8130 Atlantic Avenue, Cudahy)(permanently closed), Exposition Park (3833 S. Vermont Avenue, Los Angeles), Southwest Family (8300 S. Vermont Avenue, Los Angeles), and Paramount (2961 E. Victoria Street, Rancho Dominguez).

*Does the County ensure the awareness of available services to individuals in remote areas? How does the County make services and outreach available to applicants/recipients who cannot read or write?*

Yes. The County utilizes media outreach through flyers mailed to applicants/recipients, social media platforms, the County website, and text messaging.

The County makes available information about services to applicants/recipients in remote locations, applicants/recipients who are NEP/LEP, and applicants/recipients with disabilities through social media, text messaging, outreach programs, using the Los Angeles County 211 information hotline, and through Your Benefits Now (YBN) (the County online portal for applicants/recipients).

Outreach efforts include public toll-free telephone numbers such as the Los Angeles County Health & Nutrition Hotline, radio and television public service announcements, billboard information messages, the County website, and departmental collaboration with [Los Angeles County's "LACountyHelps!" website](#).

*Does the County ensure the awareness of information related to the civil rights program?*

Yes. The CDSS poster "Everyone is Different, but Equal under the Law" (PUB 86) displaying the Civil Rights Coordinator's name and contact information is posted in office lobbies or reception areas. The [Civil Rights Section webpage](#) on the County's website contains robust information about applicant/recipient rights, how to file a discrimination complaint, and how to request a reasonable accommodation.

*Does the County have a Call Center/Service Center? Does the Call Center/Service Center answer calls for the entire County, by district, regional office, other?*

Yes. The County has Call Centers throughout Los Angeles County. Call Centers are accessed by calling (866) 613-3777 and applicants/recipients are assisted to obtain and continue services. The Call Centers answer calls by regional office but are able to take calls from other locations.

*Does the Call/Service Center have an Interactive Voice Response system? If so, does the Interactive Voice Response system have language options for all County threshold languages? Does the Interactive Voice Response system have an option to request free interpretive services?*

Yes, the County Call Centers have “phone trees” with options in 10 County threshold languages. The County has 3 regional and 1 toll-free customer service center telephone lines. Once an applicant/recipient selects their language the prompt connects applicants/recipients to staff who assist them in that language.

*Did the County ensure continuous access to services during office closures due to Covid-19?*

Mostly. In light of service interruptions due to City, County, and/or State health orders, the County worked to have continuous access to services for its applicant/recipient population by increasing staff support in Call Centers.

As reported above, the County permanently closed 1 location (Cudahy) and has transitioned 3 locations into Call Centers (Exposition Park, Southwest Family, and Paramount). Applicants/recipients are able to call and apply or recertify their services through the Call Center.

**Findings: Signage, Posters and Pamphlets**

*Are instructional and directional signs posted in waiting areas and other places frequented by a substantial number of non- English-speaking clients translated into appropriate languages?*

Not consistently. The County reported that 7 building entrance signs and 5 lobby signs at the Glendale District 2 office were not posted in the required threshold languages for the facility and its programs (Spanish and Armenian). The County reported that instructional and directional signs at other locations addressed by this Review were translated into the appropriate languages.

*Is the CDSS pamphlet “Your Rights under California Welfare Programs” (PUB 13) available in all waiting rooms and reception areas?*

Yes, the PUB 13 pamphlets were found to be available in the public waiting rooms and reception areas of each of the 5 buildings reviewed. The County has designated lobby

monitors for each district/regional office who are responsible for maintaining the availability of all public notice forms.

Is the current version (rev. 08/2020) of the PUB 13 available in Arabic, Armenian, Cambodian, Chinese, English, Farsi, Hindi, Hmong, Japanese, Korean, Lao, Mien, Portuguese, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese?

Yes.

Is the current version (rev. 08/2020) of the PUB 13 available in alternate formats?

Yes. The County reports the current version of the PUB 13 is available in large print, braille, and audio formats at reception counters at each reviewed site. The County reports that they maintain an inventory of PUB 13s, including braille, to supply to County offices. The County has also identified a vendor that facilitates the printing of braille PUB 13s as needed.

Is the PUB 13 distributed and explained to each client at intake and reinvestigation of eligibility?

No. The County's 2021 Annual Plan Section IV states that the PUB 13 is distributed and explained to all applicants/recipients at intake and redetermination interviews.

However, Auditors found that the PUB 13 was not provided at intake and/or redetermination in 33% of CalFresh cases, 47% of IHSS cases, 60% of CalWORKs cases, and 67% of CAPI cases. The CalFresh and CalWORKs programs do not consistently document the language in which the PUB 13 was provided to NEP/LEP applicants/recipients: 20% of CalFresh cases reviewed and 13% of CalWORKs cases reviewed do not reflect the language in which the PUB 13 was provided.

Auditors found that the PUB 13 was not explained in 40% of CalWORKs cases, 53% of CalFresh and IHSS cases, and 87% of CAPI cases.

Frequent failure to consistently distribute and explain the PUB 13 raises concerns that applicants/recipients may be unaware of their rights to free interpretive services, reasonable accommodation, complaint filing, and more (discussed in detail in Sections V and VIII of this Report).

The PUB 13 is not distributed by the Fraud unit. During case review, Auditors learned that it is not the policy or practice of the Program Integrity unit to distribute and/or explain the PUB 13 at any point. Auditors did not encounter any Program Integrity cases that documented distribution of the PUB 13.

Are current versions of the required posters present in the lobbies?

Mostly. The County reported that all required posters are prominently posted in all certification and issuance offices. During this Review, the County also reported that

each district/regional office has a designated a lobby monitor to ensure the latest version of the civil rights posters are prominently displayed.

Civil Rights Memorandum #12-05, “Prominently Displaying of Mandatory Civil Rights Posters in the Waiting Rooms or Reception Areas at All Times” dated December 10, 2012 (Appendix E) reminds staff that in accordance with CDSS Division 21 Regulations, civil rights posters are to be prominently displayed in waiting rooms and reception areas at all times. However, Memorandum #12-05 is out of date. It currently reflects the most recent revision date of the poster “And Justice For All” (AD 475B) as December 1999, though the latest revision of the AD 475B as of this Review was September 2019.<sup>2</sup> The Memorandum #12-05 includes contact information for the Civil Rights Coordinator because that contact information must be reflected on the poster “Everyone is Different But Equal Under the Law” (PUB 86). However, the Memorandum #12-05 includes contact information for the now former Civil Rights Coordinator.

Inconsistency in policies, or incongruity between policies and current staffing may tend to create confusion for staff charged with maintaining compliance with the presence of revised posters, which may in turn, result in outdated information being provided to applicants/recipients.

### **Corrective Action**

**Distribution of PUB 13:** 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 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. Div. 21-107.22. Programs shall document that the contents of the PUB 13 were explained and whether the individual had any questions.

**Instructional and Directional Signage:** All instructional and directional signs posted in waiting areas and other places frequented by a substantial number of non-English-speaking applicants/recipients shall be translated into appropriate languages. Div. 21-107.212; 21-115. The County shall post all instructional and directional signage at the Glendale District 2 office in each of the threshold languages for the facility and its programs.

### **Recommendations**

**Instructional and Directional Signage:** The County should consider designating individuals at each district/regional office responsible for regularly monitoring building entrances, lobbies, and any other areas for required bilingual signage.

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<sup>2</sup> The poster was subsequently revised following this Review in May 2022.

**Distribution of PUB 13:** Auditors encourage the County to post the PUB 13 in all languages provided by CDSS on the Civil Rights Section webpage of the County's website.

**Call Center - Interactive Voice Response System:** The County may explore adding reminders to the Interactive Voice Response System prompt stating that free interpretive services are available by phone or in-person.

#### **IV. FACILITY ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES**

The Americans with Disabilities Act (ADA) requires public accommodations to provide goods and services to people with disabilities on an equal basis with the rest of the general public. The goal is to afford every individual the opportunity to benefit from the services available. The federal regulations require that architectural and communication barriers that are structural must be removed in public areas of existing facilities when their removal is readily achievable; in other words, easily accomplished and able to be carried out without much difficulty or expense.

The facility review is based on four priorities supported by the ADA regulations for planning achievable barrier removal projects. The priorities include ensuring accessible approach and entrance to the facility, access to goods and services, access to restrooms, and any other measures necessary.

Regulations referenced in these materials include Division 21, the [United States Department of Justice's ADA Standards \(ADAS\)](#), and [Title 24 of California Code and Regulations \(CA T24\)](#). The worksheet also references the [California Accessibility Reference Manual \(CARM\) 2019 7th edition](#), developed by the California Division of the State Architect. The [United States Access Board's Americans with Disabilities Act Accessibility Guidelines](#) (ADAAG) is another resource for facility accessibility.

The County must ensure that programs and activities are readily accessible to individuals with disabilities, including building accessibility, the availability of accessible parking, and accessible public telephones and restrooms.

The County must take action to correct each of the findings identified below, using the citations provided to ensure all facilities visited by applicants/recipients conform to applicable structural and physical requirements. The County must describe corrective actions for each of the findings identified below in the CAP.

Auditors remind the County that they are encouraged and expected to self-monitor facility accessibility. Self-monitoring is important so that the County is continuously alert to accessibility considerations. This is especially relevant now, as social distancing necessitates changes in how County Welfare Departments (CWD) use space. The County cannot rely upon CDSS's compliance review schedule to identify facility compliance concerns.

**Facility Location: 2615 South Grand Avenue, Los Angeles (Metro Family District 13)**

**Interview Rooms**

Depth of knee clearance under both Interview Counter 1 (Accessible) and Interview Counter 2 (Overflow) is too short at 9 inches above the finish floor.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches minimum deep at 9 inches above the finish floor or ground and 8 inches minimum deep at 27 inches above the finish floor or ground. CA T24 11B-306.3.3; ADAS 306.3.3; CARM pg. 305.

**Restrooms**

Geometric symbols at entrances to both the men's and women's restrooms are too high at 60 ½ inches above the finish floor.

- **Regulation:** Geometric symbols at entrances to toilet and bathing rooms shall be mounted at 58 inches minimum and 60 inches maximum above the finish floor or ground surface measured from the centerline of the symbol. CA T24 11B-703.7.2.6; CARM pg. 376.

The force required to open both the men's and women's restroom door is too great at 8 pounds and 11 pounds, respectively.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

Exposed pipes under the sinks in both men's and women's restrooms lack sufficient insulation to protect against contact.

- **Regulation:** Water supply and drain pipes under lavatories and sinks shall be insulated or otherwise configured to protect against contact. There shall be no sharp or abrasive surfaces under lavatories and sinks. CA T24 11B-606.5; ADAS 606.5; CARM pg. 372.

Distance from centerline of the toilet to side wall or partition in the men's restroom (toilet #2) is too far at 18 ½ inches.

- **Regulation:** The centerline of the water closet shall be 17 inches minimum to 18 inches maximum from the side wall or partition. CA T24 11B-604.2; ADAS 604.2; CARM pg. 387.

**Facility Location: 1740 E. Gage Avenue, Los Angeles, CA (Florence District 17)**

**Building Entrance**

The force required to open the right entrance door and left entrance door is too great at 13 pounds and 11 pounds, respectively.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

**Lobby**

Depth of knee clearance beneath the Cashier accessible counter and the App window accessible counter is insufficient at 9 inches above the finish floor.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches minimum deep at 9 inches above the finish floor or ground and 8 inches minimum deep at 27 inches above the finish floor or ground. CA T24 11B-306.3.3; ADAS 306.3.3; CARM pg. 305.

PUB 13 is located too high on the wall at 67 ½ inches above the finish floor.

- **Regulation:** Where a forward reach is unobstructed, the highest forward reach shall be 48 inches maximum and the low forward reach shall be 15 inches minimum from the finish floor. CA T24 11B-308.2.1; ADAS 11B-308.2.1; CARM pg. 309.

There is no audible or visual emergency alarm in the lobby.

- **Regulation:** Visible alarm notification appliances shall be provided in public use areas and common use area, including but not limited to...lobbies. CA T24 907.5.2.3.1; CARM pg. 58.

**Regulation:** Audible alarm notification appliances shall be provided and emit a distinctive sound that is not to be used for any purpose other than that of a fire alarm. CA T24 907.5.2.1; CARM pg. 56.

**Restrooms**

The force required to open both the men's and women's restroom door is too great at 10 ¾ pounds and 9.5 pounds, respectively.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.



Depth of knee clearance beneath the sink in both the men's and women's restrooms is too short at 9 inches above the finish floor.

- **Regulation:** Where knee clearance is required under an element as part of clear floor space, the knee clearance should be 11 inches deep minimum at 9 inches above the finish floor or ground, and 8 inches deep minimum at 27 inches above the finish ground or floor. CA T24 11B-306.3.3; ADAS 306.3.3; CARM pg. 305.

Width of knee clearance beneath the sink in both the men's and women's restroom is insufficient at 19 inches and 19 ½ inches, respectively.

- **Regulation:** Knee clearance shall be 30 inches wide minimum. CA T24 11B-306.3.5; ADAS 306.3.5; CARM pg. 305.

Light switch is too high in both men's and women's restrooms at 54 inches and 53 ⅝ inches, respectively.

- **Regulation:** Where a forward reach is unobstructed, the high forward reach shall be 48 inches maximum and the low forward reach shall be 15 inches minimum above the finish floor or ground. CA T24 11B-308.2.1; ADAS 11B-308.2.1; CARM pg. 309.

Distance from centerline of the toilet to side wall or partition in the men's restroom is too far at 21 inches.

- **Regulation:** The centerline of the water closet shall be 17 inches minimum to 18 inches maximum from the side wall or partition. CA T24 11B-604.2; ADAS 604.2; CARM pg. 387.

Clearance around the toilet in both the men's and women's restroom measured perpendicular from the side wall is insufficient at 42 inches and 39 ½ inches, respectively.

- **Regulation:** Clearance around a water closet shall be 60 inches minimum measured perpendicular from the side wall and 56 inches minimum measured perpendicular from the rear wall. A minimum 60 inches wide and 48 inches deep maneuvering space shall be provided in front of the water closet. CA T24 11B-604.3.1; ADAS 604.3.1; CARM pg. 401.

The force required to operate the flush control in both the men's and women's restroom is too great at 10 pounds and 8 pounds, respectively.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

**Facility Location: 21415 Plummer Street, Chatsworth, CA (West Valley District 82)**

**Parking**

Parking Space 1 and 4: Width of parking space is short at 8 feet 6 inches.

Parking Space 3: Width of parking space is short at 8 feet 9 ½ inches.

Parking Space 7: Width of parking space is short at 8 feet 8 ½ inches.

- **Regulation:** Car parking spaces shall be 108 inches wide minimum. Van parking spaces shall be 144 inches wide minimum. Van parking spaces shall be permitted to be 108 inches wide minimum where the access aisle is 96 inches wide minimum. CA T24 11B-502.2; CARM pg. 163.

Length of Parking Spaces 4 and 7 is too short at 16 feet 10 ½ inches and 16 feet 1 inch, respectively.

- **Regulation:** Car and van parking space shall be 216 inches long minimum. CA T24 11B-502.2; CARM pg. 163.

Parking Space 1: Width of access aisle is too short at 4 feet 1 ½ inches.

Parking Space 2: Width of access aisle is too short at 4 feet 6 ½ inches.

Parking Space 5: Width of access aisle is too short at 4 feet 11 ½ inches.

Parking Space 7: Width of access aisle is too short at 4 feet 10 inches.

- **Regulation:** Width of access aisle serving car and van parking spaces shall be 60 inches wide minimum. CA T24 11B-502.3.1; ADAS 502.3.1; CARM pg. 165-167.

Parking Spaces 3 and 4: Length of access aisle is too short at 17 feet 5 inches.

Parking Space 7: Length of access aisle is too short at 16 feet 1 inch.

- **Regulation:** Access aisles shall extend the full required length of the parking spaces they serve. CA T24 11B-502.3.2; ADAS 502.3.2; CARM pg. 165-167.

**Building Entrance**

Maximus Entrance: Width of left front door entrance is too short at 28 inches.

Maximus Entrance: Width of right front door entrance is too short at 27 inches.

Entrance 2: Width of right front door entrance is too short at 30 inches.

Entrance 2: Width of left front door entrance is too short at 30 inches.

Entrance 3: Width of door 3 entrance is too short at 29 inches.

- **Regulation:** Door openings shall provide a clear width of 32 inches (813 mm) minimum. Clear openings of doorways with swinging doors shall be measured

between the face of the door and the stop, with the door open 90 degrees. CA T24 11B-404.2.3; ADAS 404.2.3; CARM pg. 219.

Maximus Entrance Right Door 1: The force required to open entrance door is too great at 13 pounds.

Maximus Entrance Left Door 2: The force required to open entrance door is too great at 15 pounds.

Entrance 2 Door 1: The force required to open entrance door is too great at 15 pounds.

Entrance 2 Door 2: The force required to open entrance door is too great at 13 pounds.

Entrance 2 Door 3: The force required to open entrance door is too great at 11 pounds.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

### Lobby

Maximus Lobby: Documents are placed too high at 66 inches above the finish floor.

Lobby 2: Documents located on the wall and in the document carousel are placed too high at 59 inches and 64 inches above the finish floor, respectively.

- **Regulation:** When a forward reach is unobstructed, the highest forward reach shall be 48 inches maximum and the low forward reach shall be 15 inches minimum from the finish floor. CA T24 11B-308.2.1; ADAS 11B-308.2.1; CARM pg. 309.

Depth of knee clearance beneath the counter in Lobby #2 is insufficient at 9 inches above the finished floor.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches minimum deep at 9 inches above the finish floor or ground and 8 inches minimum deep at 27 inches above the finish floor or ground. CA T24 11B-306.3.3; ADAS 306.3.3; CARM pg. 305.

### Restrooms

Geometric symbols at entrances to both the Maximus Restroom 1 and Maximus Restroom 2 are too high at 60 ½ inches and 62 inches, respectively.

- **Regulation:** Geometric symbols at entrances to toilet and bathing rooms shall be mounted at 58 inches minimum and 60 inches maximum above the finish floor or ground surface measured from the centerline of the symbol. CA T24 11B-703.7.2.6; CARM pg. 376.

The force required to activate the faucet in Maximus Restroom 1 and Maximus Restroom 2 is too great at 6 pounds and 8 pounds, respectively.

- **Regulation:** Force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 360.

Distance from front edge of the toilet to the toilet tissue dispenser in Maximus Restroom 2 is too far at 10 inches.

- **Regulation:** Toilet paper dispensers shall comply with Section 11B-309.4 and shall be 7 inches minimum and 9 inches maximum in front of the water closet measured to the center-line of the dispenser. CA T24 11B-604.7.1; ADAS 604.7; CARM pg. 389.

The force required to open the door in Restroom 1 and Restroom 2 is too great at 13 pounds.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

The force required to activate flush control at the toilet in Restroom 2 is too great at 13 pounds.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 360.

**Facility Location: 21615 Plummer Street, Chatsworth, CA (IHSS Ops I Chatsworth)**

**Parking and Building Entrance**

Length of access aisle for IHSS Parking Space 1 is too short at 15 feet 11 inches.

- **Regulation:** Access aisles shall extend the full required length of the parking spaces they serve. CA T24 11B-502.3.2; ADAS 502.3.2; CARM pg. 165-167.

IHSS Parking Space 3: Width of parking space is too short at 8 feet 6 ½ inches.

IHSS Parking Space 4: Width of parking space is too short at 8 feet 5 ½ inches.

IHSS Parking Space 5: Width of parking space is too short at 8 feet 10 ½ inches.

- **Regulation:** Car parking spaces shall be 108 inches wide minimum. CA T24 11B-502.2; CARM pg. 163.

Parking Space 3: Width of access aisle is too short at 4 feet 10 inches.

Parking Space 4: Width of access aisle is too short at 4 feet 10 inches.

Parking Space 5: Width of access aisle is too short at 4 feet 1½ inches.

- **Regulation:** Access aisles serving car and van parking spaces shall be 60 inches wide minimum. CA T24 11B-502.3.1; ADAS 502.3.1; CARM pg. 165-167.

Access aisles for IHSS Parking Space 3 and IHSS Parking Space 5 do not adjoin an accessible route to the building entrance.

- **Regulation:** Access aisles shall adjoin an accessible route. CA T24 11B-502.3; ADAS 502.3; CARM pg. 164.

Width of van accessible parking space is too short at 8 feet 7 inches.

- **Regulation:** Van parking spaces shall be 144 inches wide minimum. Van parking spaces shall be permitted to be 108 inches wide minimum where the access aisle is 96 inches wide minimum. CA T24 11B-502.2; CARM pg. 163.

Length of access aisle adjacent to van accessible parking space is too short at 15 feet 11 inches.

- **Regulation:** Access aisles shall extend the full required length of the parking spaces they serve. CA T24 11B-502.3.2; ADAS 502.3.2; CARM pg. 165-167.
- **Regulation:** Car and van parking spaces shall be 216 inches long minimum. CA T24 11B-502.2; CARM pg. 163.

Width of top landing of ramp is too short at 48 inches.

- **Regulation:** Top landings shall be 60 inches wide minimum. CA T24 11B-405.7.2.1; CARM pg. 232.

Length of top landing is too short at 52 ½ inches.

- **Regulation:** The landing clear length shall be 60 inches long minimum. CA T24 11B-405.7.3; ADAS 405.7.3; CARM pg. 232.

### Interview Rooms

Depth of knee clearance beneath the table in IHSS Accessible Interview Room 1 is too short at 9 inches above the finished floor.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches minimum deep at 9 inches above the finish floor or ground and 8 inches minimum deep at 27 inches above the finish floor or ground. CA T24 11B-306.3.3; ADAS 306.3.3; CARM pg. 305.

## Restrooms

Restrooms 1 (All-Gender Single Occupancy) and 2 (All-Gender Single Occupancy): The force required to open the door is too great at 13 pounds.

Restrooms 3 (Men's Multiple Occupancy) and 4 (Women's Multiple Occupancy): The force required to open the door is too great at 15 pounds.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

Depth of knee clearance beneath the sink in both Restroom 1 and Restroom 2 is too short at 9 inches above the finish floor.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches at 9 inches above the finish floor or ground, and 8 inches deep minimum at 27 inches above the finish ground or floor. CA T24 11B-306.3.3; ADAS 306.3.3; CARM pg. 305.

Dimensions of the clear ground space in front of the sink in Restroom 4 are insufficient at 29 inches by 83 inches.

- **Regulation:** The clear floor or ground shall be 30 inches minimum by 48 inches minimum. CA T24 11B-305.3; ADAS 305.3; CARM pg. 303
- **Regulation:** A clear floor space complying with Section 11B-305, positioned for a forward approach, and knee and toe clearance complying with Section 11B-306 shall be provided. CA T24 11B 606.2; ADAS 606.2; CARM pg. 371.

Width of knee clearance beneath the sink in both Restroom 1 and Restroom 2 is insufficient at 20 inches.

- **Regulation:** Knee clearance shall be 30 inches wide minimum. CA T24 11B-306.3.5; ADAS 306.3.5; CARM pg. 305.

Distance from centerline of the toilet to side wall or partition in Restroom 1 and Restroom 2 is too short at 11 inches.

Distance from centerline of the toilet to side wall or partition in Restroom 3 is too far at 19 inches.

- **Regulation:** The centerline of the water closet shall be 17 inches minimum to 18 inches maximum from the side wall or partition. CA T24 11B-604.2; ADAS 604.2; CARM pg. 387.

Distance from front edge of toilet to toilet tissue dispenser in Restroom 1 and Restroom 2 is too far at 11 inches.

Distance from front edge of toilet to toilet tissue dispenser in Restroom 3 and Restroom 4 is too far at 15 inches.

- **Regulation:** Toilet paper dispensers shall comply with Section 11B-309.4 and shall be 7 inches minimum and 9 inches maximum in front of the water closet measured to the center line of the dispenser. CA T24 11B-604.7.1; ADAS 604.7; CARM pg. 389.

**Facility Location: 4680 San Fernando Road, Glendale, CA (Glendale District 2)**

**Parking**

Parking Spaces 1, 2, and 3: Height of parking stall signage is too short at 53 inches above the finish floor.

Parking Spaces 4 and 5: Height of parking stall signage is too short at 53 ¼ inches above the finish floor.

Parking Spaces 6 and 7 (Van Accessible): Height of parking stall signage is too short at 50 inches above the finish floor.

- **Regulation:** Parking space identification signs...shall be 60 inches minimum above the finish floor or ground surface measured to the bottom of the sign... Signs located within a circulation path shall be a minimum of 80 inches above the finish floor or ground surface measured to the bottom of the sign. CA T24 11B-502.6; ADAS 502.6; CARM pg. 158.

Parking Space 1: Width of parking space is too short at 7 feet 8 inches.

Parking Space 2: Width of parking space is too short at 8 feet 5 inches.

Parking Space 3: Width of parking space is too short at 8 feet 8 inches.

Parking Space 4: Width of parking space is too short at 8 feet 4 inches.

Parking Space 5: Width of parking space is too short at 8 feet 10 ½ inches.

- **Regulation:** Car parking spaces shall be 108 inches wide minimum. CA T24 11B-502.2; CARM pg. 163.

Length of Parking Space 7 (van accessible) is too short at 17 feet 10 inches.

- **Regulation:** Car and van parking spaces shall be 216 inches long minimum. CA T24 11B-502.2; CARM pg. 163.

Width of the access aisle adjacent to Parking Space 1 is too short at 4 feet 9 inches.

- **Regulation:** Access aisles serving car and van parking spaces shall be 60 inches wide minimum. CA T24 11B-502.3.1; ADAS 502.3.1; CARM pg. 165-167.

Length of left access aisle adjacent to Parking Space 7 (van accessible) is too short at 17 feet 10 inches.

- **Regulation:** Access aisles shall extend the full required length of the parking spaces they serve. CA T24 11B-502.3.2; ADAS 502.3.2; CARM pg. 165-167.

### Building Entrance

Width of entrance doors 1, 2, and 3 is too short at 31 ¼ inches.

- **Regulation:** Door openings shall provide a clear width of 32 inches (813 mm) minimum. Clear openings of doorways with swinging doors shall be measured between the face of the door and the stop, with the door open 90 degrees. CA T24 11B-404.2.3; ADAS 404.2.3; CARM pg. 219.

The force required to open entrance doors 1, 2, 3, and 4 is too great at 20 pounds.

- **Regulation:** The force required activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

### Lobby

Documents located in the document carousel are placed too high at 59 inches above the finish floor.

- **Regulation:** When a forward reach is unobstructed, the highest forward reach shall be 48 inches maximum and the low forward reach shall be 15 inches minimum from the finish floor. CA T24 11B-308.2.1; ADAS 11B-308.2.1; CARM pg. 309. Restrooms

The force required to open the door to both Restroom 1 and Restroom 2 is too great at 24 pounds and 20 pounds, respectively.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

The force required to operate the flush control in Restroom 1 is too great at 8 pounds.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 360.

### **Recommendations**

1. Accessible parking spaces located at the Glendale site have faded paint and parking floor lettering that is faded and difficult to read. The County may consider re-painting to improve visibility.



2. Accessible parking spaces are sometimes shared by staff and applicants/recipients, which may lead to an accessible parking space shortage for applicants/recipients. The County may consider making additional accessible spaces available when a high number of applicants/recipients with disabilities visit a facility staffed by a high number of persons with disabilities.
3. CDSS recommends the County consider designating more interview counters/booths as accessible at several locations. Only 1 of 22 interview counters at 2615 South Grand Avenue, 1 of 20 interview counters at 1740 E. Gage Avenue, and 2 of 20 interview counters at 21415 Plummer Street are designated as accessible. Designating additional interview counters/booths as accessible may help to ensure there are no delays to persons with disabilities, particularly in light of the office closures addressed above, and a possible associated need for additional booths at some sites due to caseload redistribution.
4. CDSS recommends the County continue to utilize the Facility Self-Assessment Worksheets made available by CDSS during this Compliance Review to ensure all locations are accessible.

## **V. PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH-SPEAKING**

Division 21 requires that Counties ensure non-English-speaking individuals receive effective interpretive without undue delays.

Counties must collect primary language from applicants and recipients (primary language must be self-identified). Counties should use this information to determine 1) the number of public contact staff necessary to provide effective bilingual services, 2) how to best provide interpretive services absent bilingual staff, and 3) the language needs of individual applicants and recipients.

Counties must employ an appropriate number of certified bilingual public contact employees in each program and/or location serving a substantial number of non-English-speaking persons. Effective bilingual services must also be provided through an interpreter or other means in offices where bilingual staff are not required because non-English-speaking persons do not represent a substantial number. Translated written materials must be made available in individuals' primary languages if the materials are provided by CDSS in that language, and counties must ensure that information inserted in notices of action (NOA) is in individuals' primary languages.

Counties must also collect ethnic origin data from applicants and recipients.

## Findings: Language Services

### Does the County identify applicants'/recipients' language needs at first contact? How?

Yes. Applicants/recipients typically self-identify their language by requesting an interpreter in their language over the phone (during phone appointments) or at the reception desk. Staff use language identification cards and multi-lingual posters when in the office to help identify applicants'/recipients' language needs at first contact if needed.

Auditors observed a failure to identify the primary language of one IHSS recipient, who used a self-provided interpreter. Staff documented a language that is not identifiable as a language or dialect. Staff must seek clarity from the applicant/recipient when they are not able to verify or confirm their primary language. Failure to identify an applicant's/recipient's language may foreseeably lead to a delay in providing interpretive services, which is prohibited by Division 21. Div. 21-115. In the case reviewed, it could also lead to a complete failure to provide services if/when the self-provided interpreter is unavailable and the language cannot otherwise be discerned.

Auditors note that according to Appendix E Part B of the Annual Plan, four IHSS applicants/recipients declined to state their primary language. It is unclear how the County is meeting its language access obligations for these applicants/recipients if their language is unknown.

### Does the County use a primary language form? Do applicants/recipients self-declare on the County's primary language form?

No. The County does not use a primary language form.

However, 70% of surveyed Eligibility Workers, 60% of surveyed Adult Programs Workers and Receptionists, and 50% of surveyed Supervisors indicated that the County uses a primary language form. The County discontinued use of the primary language form (PA 481) in March 2017. This gap in staff awareness may be caused by out of date training materials. Auditors found reference to the PA 481 in the Civil Rights Handbook, which has not been updated to reflect discontinuation of the form.

### Are primary written and spoken languages documented?

Yes. Primary written and spoken languages are documented in case records.

In Fraud case files, Auditors observed discrepancies in six NEP/LEP cases between the primary language reflected on the CalSAWS Individual Demographics screen and the primary language reflected on the CalSAWS Fraud Special Investigation notes page. In these cases, the Fraud notes reflect the same primary spoken and written language, while the CalSAWS Individual Demographics screen reflect the spoken and written languages are different. The County informed Auditors that Fraud investigators may have populated the Special Investigation notes based on the language preferences

indicated on the original application or (now discontinued) primary language form, rather than referring to CalSAWS for the current language preferences and/or needs.

*After it has been determined that an applicant/recipient is limited-English or non-English speaking, is there a County process for procuring an interpreter? Does the County have a contracted language line provider, a county interpreter list, or any other interpreter process?*

Yes. The County's process for providing/g interpretive services is to connect an applicant/recipient with certified bilingual staff if one is available. The County interpreter list, the Bilingual Resource Utilization database, is available to staff through the County intranet. If no certified bilingual staff are available, staff use vendor-provided telephonic interpretation services through Language Line Solutions.

According to Civil Rights Memo 17-01 Language Services Policy (rev. March 2017) (Language Services Policy), "[i]f certified bilingual staff is not available to assist NE [Non-English]/LEP customers without undue delay, staff must utilize telephone language services" (pg. 4). The Policy also states that "[t]here is no hierarchy for using Language Services resources. The most appropriate language service resource that provides the best customer services (without undue delay) must be used" (pg. 3).

Staff survey responses, indicating that staff use the Language Line when certified bilingual staff are unavailable, reflect adherence to this policy. However, the Civil Rights Training and the Civil Rights Handbook both present a hierarchy for using Language Services resources (bilingual staff first, the Bilingual Resource Utilization database second, and the language line last). This disconnect in guidance to staff may foreseeably lead to staff confusion and delays in interpretive services.

*Are non-English- or limited-English-speaking applicants/recipients provided bilingual services?*

Mostly. Auditors found variation between programs in the degree to which LEP/NEP applicants/recipients are consistently provided bilingual services.

NEP/LEP applicants/recipients received interpretive services in all IHSS cases reviewed. NEP/LEP applicants/recipients were not provided interpretive services in 8% of CAPI cases reviewed, 10% of CalFresh cases reviewed, 11% of Fraud cases reviewed, and 27% of CalWORKs cases reviewed. This is concerning especially regarding the CAPI program, which specifically serves populations who are NEP/LEP, and the Fraud program, given the potential criminal and civil impact of miscommunication on applicants/recipients.

*Is there a delay in providing interpretive services? If so, why?*

Sometimes. Staff survey responses reveal disparities in wait time to obtain an interpreter by program. Auditors note that 63% of CalFresh, CalWORKs, and CAPI

Eligibility Workers surveyed report that it takes less than 3 minutes after identifying an applicant/recipient's language needs to obtain telephone interpretive services; 33% report a wait time of 3-10 minutes. In contrast, only 30% of IHSS staff and 40% of reception staff report wait times under 3 minutes; 50% of IHSS staff report wait times of 3-10 minutes and 20% report wait times exceeding 10 or 15 minutes; 40% of reception staff report wait times of 3-10 minutes and 20% report wait times of 10-15 minutes. The greater delay in IHSS and at reception may be attributable to the time staff are spending locating an available bilingual staff member in their office; 60% of IHSS staff and 80% of reception staff emphasized seeking a certified bilingual staff member to assist with interpretation.

This finding may reflect a gap between policy and operations around avoiding delays in providing interpretive services. While the Language Services Policy is explicit and clear that language services should be provided "without undue delay" and that certified bilingual staff should only be used when "readily available", staff may lack an understanding of what those terms mean in practice. The process of locating a certified bilingual staff member may vary based on a number of factors. This finding may reflect the disconnect noted between the Language Services Policy and the Civil Rights Training/Civil Rights Handbook regarding a hierarchy of language services resources.

Longer wait times increase the likelihood of significant disruption and delay in meeting the communication needs of NEP/LEP applicants/recipients.

*Does the County have adequate bilingual staffing levels?*

Somewhat.

Based on the Bilingual Authorization Report (Annual Plan, Appendix J), Auditors observe that the County has inadequate bilingual staffing levels at 17 district offices in the following languages: Armenian (one office), Cambodian (one office), Russian (one office), Farsi (two offices), Korean (two offices), Mandarin (three offices), Cantonese (three offices), and Spanish (nine offices).

Specifically, the following district offices have bilingual staffing shortages in the indicated language(s): Civic Center (Spanish), El Monte (Mandarin), Exposition Park (Spanish), IHSS Ops I Chatsworth (Farsi and Spanish), IHSS Ops II Pomona (Cantonese), IHSS Ops II El Monte (Cantonese and Mandarin), IHSS Ops III Metro IHSS (Farsi, Korean, and Russian), IHSS Ops V Burbank (Armenian), IHSS Ops V Rancho Dominguez (Cambodian), Metro Family (Spanish), Metro North (Spanish), Metro Special (Spanish), San Gabriel (Cantonese and Mandarin), South Central (Spanish), Southwest Special (Spanish), Southwest Family (Spanish), and Wilshire Special (Korean).<sup>3</sup>

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<sup>3</sup> Two of these locations, Exposition Park and Southwest Family, are among the three offices which transitioned to Call Centers in 2021 (see page 9 of this Report).

The Annual Plan does not describe a plan to address inadequate bilingual staffing levels at the 17 identified district offices. This raises concerns that the County is not aware of and managing bilingual staffing levels to ensure compliance with Division 21 requirements. Div. 21-115.1.

*Are County interpreters certified?*

Yes.

However, Auditors note that the Civil Rights Training conflates the terms “certified” with “competent”. The Training says bilingual staff must be “competent in the skill of interpreting” and that “competency does not necessarily require formal certification as an interpreter”. This is inconsistent with Division 21 requirements. Div. 21-104(q)(1).

*Does the County allow minors to be interpreters? If so, under what circumstances?*

Yes. According to the Language Services Policy, minors are allowed to serve as interpreters only under extenuating circumstances. The policy does not explain what qualifies as an extenuating circumstance. Auditors note that the Civil Rights Training and the Civil Rights Handbook are inconsistent as to whether interpretation by a minor is prohibited, or allowed but discouraged. This disconnect may foreseeably lead to staff confusion and misapplication of County policies.

Auditors did not encounter any instances in which a minor was used as an interpreter during case reviews.

*How does the County document interpretive services provided using bilingual staff/interpretive services?*

The County documents interpretive services in the CalSAWS journal or CMIPS case narrative for all applicant/recipient contacts, including telephone and in-person. The Language Services Policy requires the following information be documented: free interpretive services were offered; whether interpretive services were accepted or declined; and whether interpretive services were provided by language line or by a certified bilingual staff and their name. The Policy also contains a documentation template for staff reference.

Auditors observed inconsistency in documentation. According to Civil Rights Training and Civil Rights Training Handbook, a designated Reviewer in each district office conducts monitoring and Quality Control (QC) checks of case records in areas such as documentation of language in non-English cases, completion of the now discontinued PA 481, and translation of NOAs. Auditors observed errors in these areas, suggesting that QC Reviews may be infrequent, ineffective, or insufficient to reach all errors. Auditors observed errors in other areas not within the scope of Reviewers’ QC checks, suggesting that the QC protocol would benefit from enhancement and expansion to

identify and correct pervasive errors in documentation (refer to the section below on documentation of client-provided interpreters).

*Does the County allow applicants/recipients to provide their own interpreters?*

Yes.

Auditors observed heavy reliance on self-provided interpreters in the CAPI program (64% of LEP/NEP CAPI cases reviewed used self-provided interpreters to communicate), whereas usage of self-provided interpreters is much less common in other programs (11% for CalWORKs, 11% for CalFresh, 18% for IHSS). Auditors did not observe use of self-provided interpreters in Fraud cases. Auditors observed one instance of a self-provided ASL interpreter.

CWDs must advise applicants/recipients of their right to free interpretive services and affirmatively offer free interpretive services. ACL 06-20. As noted in Section III of this Report, the County failed to provide the PUB 13 in 67% of CAPI cases and failed to explain the PUB 13 in 87% of CAPI cases. Additionally, Auditors found that failure to distribute the PUB 13 in CAPI disproportionately impacted NEP/LEP applicants/recipients: 50% of English-speaking clients received the PUB 13, compared to 27% of LEP/NEP clients. Frequent utilization of self-provided interpreters may occur for a variety of reasons, including when there is inadequate bilingual staffing at office locations (see pages 26-27 of this Report), and/or when applicants/recipients are unaware of their right to a free interpreter. It is foreseeable that applicants/recipients may be unaware of their rights if the County does not meet its obligation to explain them.

In programs with overreliance on self-provided interpreters, the County may undercut their ability to ensure effective communication with NEP/LEP applicants/recipients. Overreliance may distort the County's accurate assessment of whether adequate language services are available through certified staff, contractors, etc. by minimizing the perceived need.

*How does the County document interpretive services provided using a client-provided interpreter?*

County Forms Manual Letter "PA 6181, Interpreter Services Statement and Confidentiality Agreement" (rev. February 2018) (FML 6181) requires use of Interpreter Services Statement and Confidentiality Form PA 6181 (PA 6181) when applicants/recipients choose to use their own interpreter. The PA 6181 advises applicants/recipients of the risk of miscommunication, informs applicants/recipients that the interpreter will interpret sensitive information, and contains an interpreter confidentiality agreement. Use of a client-provided interpreter must also be documented in the case journal.

The Language Services Policy contains outdated information pertaining to documenting self-provided interpreters: there is no reference to the PA 6181, instead staff is directed to obtain a signed affidavit (PA 853) to confirm and document the applicant's/recipient's authorization to release information. Civil Rights Training also directs staff to obtain a PA 853. The Civil Rights Handbook refers to the PA 481-A, which was discontinued and replaced by the PA 6181, however the FML 6181 does not refer to or rescind the PA 853. Discrepancies between County policies exist and, here, create staff confusion and lead to civil rights violations.

Most surveyed staff did not identify the PA 6181 when reporting how applicants/recipients are informed of the possibility of ineffective communication. Several staff reported clients are only informed verbally, one was unsure, and one said that they do not inform the applicant/recipient of the possibility of ineffective communication. County staff also report that the PA 6181 is not utilized when the interpreter is an Authorized Representative (AR) or household member. However, no exemptions are reflected in the above policies provided to CDSS, and the existence and application of exemptions is inconsistent with Division 21, [ACL 08-65](#), and [ACL 21-128](#). Div. 21-116.2.

Auditors observed frequent failure to use the PA 6181 and document this in case records. Incorrect documentation, including failure to use the PA 6181, was present in 58% of cases in which a self-provided interpreter was used: 1 of 1 CalFresh case, 1 of 2 IHSS cases, and 5 of 8 CAPI cases. Auditors observed correct documentation in 1 of 1 CalWORKs cases.

Auditors observed one case in which staff used the PA 6181 with a contracted ASL interpreter, despite this not being a requirement for contracted interpretive services if the contract includes language protecting the client's privacy and confidentiality. ACL 08-65. Misuse of the PA 6181 suggests that staff do not understand the purpose of the PA 6181 and are unfamiliar with FML 6181. In addition to the above policy discrepancies, this may be attributable to instruction in the Civil Rights Training and Civil Rights Handbook that staff should ensure that telephonic interpreters are competent to interpret. Auditors note that it is inappropriate to expect staff to assess the competence of telephonic interpreters (and especially those contracted by the County).

*Does the County ensure that applicant/recipient-provided interpreters understand what is being interpreted?*

Mostly. Staff survey results across programs reflect a moderate degree of variability and uncertainty regarding how to ensure that applicant/recipient-provided interpreters understand what is being interpreted. The most common responses were: ask the interpreter to repeat back information, speak slowly and clearly, and ask if the interpreter has any questions. A few staff said they would use a certified bilingual interpreter or Language Line to ensure effective interpretation. Several staff said they use the PA 6181, however this is not a tool for checking interpreter understanding.

While staff should not test competence of contracted interpreters, staff should ensure understanding of applicant/recipient-provided interpreters. FML 6181 advises staff to obtain a bilingual worker to determine competency of applicant/recipient-provided interpreters; however, the policy does not address how to assess quality of interpretation for languages in which the County does not have certified bilingual staff available, or if bilingual staff are unavailable. The County has bilingual staff certified in 13 languages and serves applicants/recipients in more than 35 languages (Annual Plan Section III), so the assessment method in FML 6181 is not universally applicable or achievable. Further, FML 6181 does not explain how to proceed if it is determined that the self-provided interpreter is not able to adequately interpret. Auditors remind the County that, if a self-provided interpreter is not able to adequately interpret, the County may bring in their own interpreter (certified bilingual staff or via Language Line) to interpret for the County.

*Does the County use CDSS-translated forms in applicant's/recipient's primary language?*

Yes. According to the Annual Plan Section V, the County maintains and distributes CDSS-translated forms through the Warehouse Logistics & Asset Management Section. Staff surveys confirm that staff provide CDSS-translated forms to applicants/recipients in their primary language.

*When limited- or non-English-speaking clients receive Notices of Action (NOA), is the standard NOA form provided in clients' primary written languages?*

Sometimes. According to the staff surveys, NOAs are usually provided in clients' primary written languages, principally in threshold languages. Any notice that is not translated into the applicant/recipient's primary language is sent in English with a copy of CDSS' "Notice of Language Services" (GEN 1365).

In case review, Auditors observed that in 29% of cases in which the applicant/recipient requested documents in a language other than English, translations were never provided.

See below for more detail regarding how ambiguity in County materials may underly staff's confusion about the County's obligation to translate NOAs.

*Is the information that is to be inserted into NOA translated into a recipient's primary language? If language to be inserted into NOA is not available, is there a procedure to ensure information translated to recipient's primary language?*

Sometimes. Auditors observed a high degree of variation in staff survey responses regarding the County's translation obligations, appropriate steps to obtain translations, and ensuring client understanding of the inserted information.



Only one survey respondent (a supervisor) demonstrated awareness of the Division 21 requirement to translate inserted information into the client's primary written language. Div. 21-115.2. Eight staff members were unsure how they would ensure the client understands the inserted information. Seven staff members said they would use a certified bilingual staff member to obtain a translation. Three employees would utilize the County's Translation Unit to obtain a translation (however, the Civil Rights Training states the Translation Unit is not responsible for translation of materials related to individual customers).

Nine Eligibility Workers indicated that Google Translate is sometimes used to translate information inserted in NOAs, though Auditors were informed by Civil Rights staff that the County does not authorize the use of Google Translate. Based on survey responses, this problem is most acute in the CAPI program, a program primarily serving NEP/LEP communities. Auditors discourage the use of Google Translate due to the high risk for inaccurate translation, especially considering the specialized and specific nature of programmatic terminology, and the possible immediate, negative consequences for applicants/recipients receiving inadequate notice of benefits changes (including a chilling effect on utilizing integral benefits).

Community input identified concerns regarding quality of translations. Auditors were informed that some translations are difficult for bilingual advocates to comprehend without also consulting the original English language document, which is an option unavailable to NEP/LEP applicants/recipients. This difficulty may be attributable to the use of Google Translate, which may produce documents that are unreliable or difficult to understand, cutting against the purpose of providing a translation in an applicant's/recipient's primary language.

Observed variation in staff responses may be attributable to lack of an overarching, comprehensive County policy and/or programmatic differences. County policy does not provide a procedure to ensure inserted information is translated into the applicant's/recipient's primary language. Civil Rights Training is unclear regarding the County's obligation to translation inserted information for both threshold and non-threshold languages. Conflation of "translation" and "interpretation" in the Civil Rights Training adds to the confusion about the County's language access obligations.

## **Findings: Ethnic Origin Information**

### **Does the County document ethnic origin data from applicants and recipients?**

Yes. The County documents ethnic origin information in the case record when provided by the applicant/recipient. Auditors found this information in a majority of cases reviewed with some discrepancies by program: 73% of CalFresh cases, 93% of CAPI cases, 93% of Fraud cases, 100% of CalWORKs cases, and 100% of IHSS cases.

## **Corrective Action**

**Identification of primary language:** The County shall collect primary language data for each applicant/recipient. Div. 21-201.21. As part of the CAP, the County shall:

- Return to case files reviewed during the Review to identify and document the primary language of a case observed during the Review to contain errors.
- Develop staff guidance for when staff are unable to identify an applicant's/recipient's language or when an applicant/recipient declines to disclose their language.

**Interpretive services, documentation that bilingual services were provided:** The County must offer and provide free interpreter services using qualified interpreters. Div. 21-104(q)(1), Div. 21-115. To ensure compliance with documentation requirements, the County must 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. As a part of the CAP, the County shall:

- Conduct analysis to identify the root causes of the observations related to the County's failure to consistently offer free interpretive services to NEP/LEP applicants/recipients and failure to consistently document how interpretive services were provided.
- Provide a written statement to CDSS identifying and explaining the root causes.
- Using the above analysis, create a plan to ensure that problems of a similar nature do not reoccur, and provide the plan to CDSS. The Plan should be detailed, and should include deadlines and individuals responsible for carrying out its different elements. The Plan should include a QC protocol that may be incorporated into an existing or a new process/structure, based on what the County determines is most effective. The proposed QC process should check for documentation of how bilingual services were provided and proper documentation of the use of self-provided interpreters (Auditors note that the PA 6181 will be replaced by CDSS Form CR 6181, pursuant to ACL 21-128). Ensuring that journal templates in CalSAWS and CMIPS include prompts that mention the CR 6181 is an additional tool to consider. Auditors encourage the involvement of direct supervisors and/or Civil Rights Liaisons in the QC process, so that the process is office-based and is not siloed from other business process. Based on survey responses, supervisors appear to have more robust knowledge of language access obligations than line staff. Auditors therefore encourage using supervisors to support staff, who displayed a high degree of variability in their survey responses.

**Timely services:** The County must ensure that bilingual/interpretive services are prompt and without undue delays. Div. 21-115. As a part of the CAP, the County shall:

- Conduct analysis to identify the root causes of delays and disparities in wait times for telephonic interpreters.
- Provide a written statement to CDSS identifying and explaining the root causes.
- Using the above analysis, create a plan to ensure that problems of a similar nature do not reoccur, and provide the plan to CDSS. The Plan should be detailed, and should include deadlines and individuals responsible for carrying out its different elements. The Plan should inform staff of any relevant changes.

**Notice of potential ineffective communication, documentation of interpreter**

**signed confidentiality statement:** Applicants/recipients must be informed of potential ineffective communication when providing their own interpreters. The County shall document that the applicants/recipients were so informed in the case record. Div. 21-116.23. Consent for the release of information shall be obtained from applicants/recipients when individuals other than County employees are used as interpreters, and the consent shall be documented in the case record. Div. 21-116.24. As a part of the CAP, the County shall:

- Revise existing policies to reflect the new requirement to use CDSS Form CR 6181. ACL 21-128. The revised policy should address requirements when the self-provided interpreter is a spouse, household member, or an AR of the applicant/recipient. The updated policy should also address how and when to determine interpreter competency, including when no certified bilingual staff are available in the customer's language and when service delivery is remote.

**Bilingual Staff:** 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. As part of the CAP, the County shall:

- Update the Annual Plan to include a list of the office and languages in which the County has insufficient bilingual staffing levels. Auditors note that the BAR report in the Annual Plan is dated February 17, 2021. Because of one permanent office closure and Call Center transitions of three district offices during 2021, some office caseloads have been redistributed. This changes the threshold language calculations of impacted offices. So that the product is actionable, the County should conduct this analysis based on *current* data for district office caseloads by language and *currently open* office locations (i.e., excluding the three district offices which transitioned to Call Centers).
- Using the above analysis, explain in the Annual Plan how the County will work towards compliance with Division 21 bilingual staffing requirements. The Annual Plan should describe interim measures being taking to provide effective bilingual services. The Plan should also explain how the County will regularly self-monitor bilingual staffing levels. This Plan should anticipate what steps the County will take to ensure compliance with Division 21 bilingual staffing requirements during future office closures, consolidations, call center conversions, and other changes impacting caseload redistribution.

**Written materials:** The County must use and provide translated forms in an applicant/recipient's primary language when translated by CDSS. Div. 21-115.2 As part of the CAP, the County shall:

- Update the Language Services Policy, Civil Rights Training, and Civil Rights Handbook to reinforce this requirement. Submit the updates to CDSS.

**Notices of Action:** When the County uses translated forms and materials, such as NOAs containing space in which the County must insert information for the applicant/recipient, such information must be in the primary language of the applicant/recipient. Div. 21-115.2. As part of the CAP, the County shall:

- Update the Civil Rights Training and Civil Rights Handbook to reinforce the requirement that information inserted into NOAs is translated into the primary language of the applicant/recipient. To the extent programs have different practices and considerations, the protocol shall contain program-specific guidance. The protocol shall explain the operational steps for staff to obtain translations of inserted information, including if the inserted information is not already available in the necessary language.
- Cease use of Google Translate as a translation tool.

## **Recommendations**

**Identification of primary language:** Auditors observed discrepancies in documented primary languages between the Individual Demographics screen and the Fraud Special Investigation notes page in CalSAWS. Because changes to primary language are reflected in CalSAWS but may not be reflected on paper forms, Auditors encourage the Fraud program to refer to CalSAWS Individual Demographic screen to obtain current language preference data. Auditors encourage this direction be incorporated into Fraud staff handbooks or protocols.

**Timely services:** Auditors recommend that the County provide guidance to staff about what constitutes an excessive amount of time searching for a staff interpreter.

**Use of self-provided interpreters:** According to Civil Rights training, the County discourages the use of self-provided interpreters. Yet, Auditors observed frequent reliance on self-provided interpreters in the CAPI program, which was disproportionate compared to other programs. Auditors encourage the County to assess whether there are any underlying challenges or staff misunderstanding/misapplication, causing this departure from the County's recommended practices.

**Community input:** Auditors recommend the County engage with community groups, especially those providing language services or ASL services, to collect feedback and suggestions on providing effective interpretive services. Community groups may be helpful in problem-solving certain challenges related to language access.

**Maintenance of County Policies:** The County maintains a large number of materials addressing language access obligations containing many inconsistencies and disconnects, including Administrative Releases, Forms Manual Letters, Call Outs, Civil Rights Memorandums, the Civil Rights Training, and the Civil Rights Handbooks. These inconsistencies are attributable in part to delayed updates and revisions. Auditors recommend the County reflect on the feasibility of maintaining so many sources with information addressing language access obligations. To the extent possible, Auditors recommend consolidating (or limiting the number of) active policies and materials to avoid inconsistencies and to reduce the administrative burden involved in coordinated revisions to active policies. When new information needs to be disseminated, Auditors encourage revising existing policies to avoid creation of additional documents. Superseded or canceled policies should be removed from circulation to avoid confusion.

## **VI. PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO HAVE DISABILITIES**

Division 21 requires that Counties ensure individuals with disabilities receive effective communication and disability-related services without undue delays.

Counties must provide auxiliary aids and services, including braille material, taped text, qualified interpreters, large print materials, telecommunication devices for the deaf (TDD), and other effective aids and services for persons with hearing, speech, vision, manual skills and other disabilities.

Counties have a responsibility to ensure that people with disabilities are not excluded from participation in or denied the benefits of the County's programs, services or activities, or otherwise subject to discrimination. This includes the obligation to provide reasonable accommodations to qualified individuals with disabilities.

### **Findings: Auxiliary Aids and Services for Persons with Disabilities**

*Does the County have a policy and/or procedure for assisting applicants/recipients with a disability? Does the County have a policy describing how it provides reasonable accommodation?*

Yes. The County's written policy "Administrative Release 5488 Americans With Disabilities Act Title II Accommodations Policy" (rev. July 9, 2020) (RA Policy) explains how the County assists applicants/recipients with a disability and how the County provides reasonable accommodations (RA).

Auditors reviewed the RA Policy and note the following concerns: conflation of the federal and the California definitions of a qualified person with a disability; failure to name the individual who is the Director's designee to deny an RA request; failure to define a direct threat; lack of information about direct threat analysis; and oversimplification of the notion that an applicant's/recipient's auxiliary aid request can be

denied if an equally effective means of communication is available. A key concern for Auditors is that the policy does not address situations where an RA request (including auxiliary aid requests) departs from the existing/available aids that the County maintains. Departing from existing/available aids is not a valid reason to reject an individual's request.

Several other County documents relate to applicants/recipients with disabilities, including the Civil Rights Memorandum #11-05 "Provision for Services to Applicants/Participants Who Are Blind or Have Visual Impairments" (dated March 15, 2011), the Administrative Release 5688 Service Animal Policy (rev. August 14, 2018) and the Civil Rights Memorandum #13-03 Departmental American Sign Language Interpreter Services Coordination (rev. December 9, 2013). These policies are not cross-referenced in the RA Policy.

Auditors note that maintaining multiple policy and procedure documents that address related or overlapping areas creates opportunities for inconsistencies between versions and revisions. This may foreseeably create confusion among staff and result in the misapplication of rules. For instance, Civil Rights Memorandum #11-05 contains information about the County's obligation to provide braille materials that may foreseeably result in an improper denial of an RA request, which is at odds with the process for RA denial described in the RA Policy.

*Does the County provide auxiliary aids and services, TDD's, and/or other effective aids and services for persons with impaired hearing, speech, vision or manual skills, including braille material, taped text, and/or large print materials (excluding the PUB 13)?*

The RA Policy states that "DPSS must provide auxiliary aids and services to customers with disabilities when necessary to communicate effectively" (pg. 2) and "[w]hen deciding what auxiliary aids or services are necessary to provide effective communication, staff must give primary consideration to a customer's preferred accommodation request" (pg. 8).

When asked what auxiliary aids and services are available, most staff mention providing the following: braille, ASL, TTY/TDD, large font, magnifying glasses, and audio formats. These responses are consistent with the list of available auxiliary aids listed in the RA Policy inventory of available tools (pg. 21). One staff member mentioned qualified readers and two mentioned electronic readers/laptops. Two eligibility workers were unsure of what auxiliary aids are available to persons with disabilities.

When asked what auxiliary aids staff have provided to applicants/recipients within the last 12 months, only 20% of surveyed IHSS staff and 40% of surveyed Eligibility Workers report using auxiliary aids in the last 12 months. No surveyed receptionists have provided auxiliary aids in that period. Of staff who provided auxiliary aids or services in the last 12 months, most staff utilized ASL interpreters, relay services, or large print materials.

Several staff attributed not providing applicants/recipients with auxiliary aids in the last 12 months to the fact that they have been serving customers over the phone due to Covid-19. Auditors remind the County that their obligation to ensure effective communication and provide auxiliary aids and services is unchanged regardless of remote or in-person services. The County must ensure it can provide effective communication in whichever manner the County is interacting with individuals with disabilities. Without observable cues present during in-person service delivery (such as observing that an individual is having difficulty hearing, seeing, writing, completing forms, etc.), the County may benefit from enhancements to screening for disabilities during remote service delivery (e.g., by referring to disability indicators before establishing telephone contact, by asking applicants/recipients over the phone in what format they prefer to receive written materials before dispatching documents).

During case review, Auditors observed at least three cases in CalWORKs and CalFresh in which the County failed to provide and/or failed to offer written materials in alternate formats (including large print or braille) to recipients who were known to be blind or have low vision. This suggests that the County is not consistently offering accommodations when a disability is known.

*Does the County identify an applicant/recipient with a disability? Does the County assist applicants/recipients to self-identify a disability?*

Inconsistently. The RA Policy states that “[s]taff must take reasonable steps available to identify and assist individuals with disabilities who are applying for or are currently receiving benefits.” (p. 5-6). The RA Policy does not describe how staff should identify an applicant/recipient with a disability. ADA Title II Staff Training minimally addresses identifying applicants/recipients with a disability, including one PowerPoint slide on the County’s obligation to recognize persons with a disability and another PowerPoint slide on the possible cues or indicators of disabilities (such as difficulty sitting, speaking, or comprehending information) (ADA Training, pgs. 9-10).

The DAI training directs staff processing new applications by mail, e-fax, online, and in-person to refer to the application question *Do you have a disability and need help applying?* in order to identify applicants with disabilities (Leader Replacement System Disability Accommodation Indicator Training, pg. 11-49). However, during case review Auditors observed that information transferred from applications to the electronic case record is inconsistent, suggesting that intake staff may be failing to follow-up on requests for disability-related assistance. In 17% of cases in which the initial application reflected a need for disability-related assistance, or in which a disability was otherwise indicated, the electronic case record did not reflect any documentation of a disability.

Additionally, in two cases involving applicants/recipients who also receive SSI/SSDI, the County failed to offer or provide an RA. Receipt of other disability-related benefits puts the County on notice that an individual is disabled, triggering the County’s obligations to offer an RA.

Failure to identify applicants/recipients with disabilities may foreseeably lead to disability discrimination if the County has knowledge of a disability but does not offer or provide accommodation or other assistance.

As mentioned above, increased remote service delivery limits reliance on in-person cues to identify disabilities. Auditors encourage distinguishing in training which means of identification are suitable for in-person or remote services, or both.

*Is there an established process for offering screening for disabilities, including screening for learning disabilities?*

Yes, in CalWORKs. CalWORKs applicants/recipients participating in employment-related services through Welfare-to-Work (WTW), known as Greater Avenues for Independence (GAIN) in Los Angeles County. According to the Annual Plan Section V, the WTW program screens applicants for learning disabilities during appraisal and refers applicants for a learning disability assessment and additional services if needed. WTW participants can also access screening for mental health and substance abuse (Mental Health Training, slide 47).

There is no established process in other programs for offering screening for disabilities.

*Does the County offer reasonable accommodations to applicants/recipients with a disability?*

Not consistently. Given Auditors' findings, inconsistency in providing RAs will also be addressed here.

Auditors viewed numerous cases in which the County failed to offer and/or provide assistance for applicants who indicated on their applications that they need help applying due to a disability. Of 18 cases in which individuals made the County aware of their needs on their applications, the County offered an accommodation to only 22%, failing to offer an accommodation to 72% (these percentages do not total 100% because one participant used relay service to reach the County, so a County-provided accommodation was not needed). Auditors do not assume that an absence of documented RA information means there are no RA needs. Rather, the data tends to suggest that even when staff are aware of a potential or actual disability, RAs are not consistently offered.

Failure to offer RAs is a concern across programs, including IHSS and CAPI which require individualized assistance and services to individuals with disabilities. Auditors note that applicants/recipients may require RAs different and apart from those associated with the disabilities underlying their program eligibility.

Auditors observed numerous cases in which the County failed to offer RAs to applicants/recipients with disabilities, and numerous cases in which applicant/recipient requests for accommodations were inappropriately handled including:



- Failure to offer RA: a CalFresh case record reflected that the applicant/recipient is blind and made an RA request for help with “seeing”. There is no documentation that the County asked the applicant/recipient how they prefer to receive written documents or offered to provide documents in alternate formats.
- Improper denial of an RA: A CalFresh case in which an applicant/recipient with difficulty seeing asked for written documents in large bold font. The staff member handling the request did not grant the RA request, and instead offered to read forms aloud to the customer. This raises concerns that the interactive process may be misused to emphasize alternate accommodations that are easily available and/or familiar to the County, without recognizing effective communication and primary consideration obligations, or confirming and documenting that the individual with a disability agrees the alternative is equally effective.
- Improper denial/inappropriate use of interactive process: A CalWORKs case in which an applicant/recipient with difficulty seeing requested large print documents and was told by staff that large print forms would be provided “when available.” As an alternative accommodation, staff offered to assign an AR to read documents to the applicant/recipient in standard font size, and they agreed. Following the RA request, documents continued to be delivered in standard font with no documents delivered in large print. As noted above, this raises concerns that the interactive process may be misused to emphasize alternate accommodations that are readily available and/or familiar to the County, without recognizing effective communication and primary consideration obligations or confirming and documenting that the individual with a disability agrees the alternative is equally effective. Here, Auditors specifically remind the County that the ADA contemplates preserving the independence of individuals with disabilities; auxiliary aids and services must be provided in a way that protects the privacy and independence of the individual with a disability. 28 CFR § 35.160(b)(2). Compelling individuals with disabilities to designate an AR, rather than provide auxiliary aids, may conflict with this provision of the ADA.
- Improper denial/failure to accommodate: In a CalWORKs case, an applicant/recipient with difficulty hearing asked for an in-person interview. Staff denied the request citing Covid-19 precautions and did not engage the individual any further to arrive at an alternative accommodation to meet their disability-related needs. This denial is improper because it is not based on one of the allowable reasons for a denial, the denial decision was not made by the Director or the Director’s Designee, and the denial was not followed by continued engagement in the interactive process to identify an alternative accommodation. 28 CFR § 35.150.

These cases raise a series of interlinked concerns:

- Staff are not sufficiently trained and/or aware of their obligation to offer accommodations when a disability is known or obvious. *Duvall v. County of Kitsap*, 260 F.3d 1124, 1139 (9th Cir. 2001). This concern applies to district

offices and the ADA Hotline; as Auditors observed cases in which ADA Hotline staff missed clear and key opportunities to ask customers with disability-related limitations about what accommodations they need.

- Staff are not consistently affording primary consideration to the requests of the individual with a disability in determining what type of auxiliary aid and service is necessary. The RA Policy's oversimplification of the concept of "equally effective" accommodations may undercut primary consideration obligations, leading to disability discrimination.
- Staff may be using the interactive process expressly to avoid denying requests and/or to avoid granting RAs that are not immediately familiar and/or available.
- Staff are improperly denying RA requests and failing to escalate requests to the Director's Designee or ADA Coordinator. 28 CFR § 35.150; see also ACL 19-45.

Some of these concerns may be attributable to omissions, inaccuracies and/or unclear wording in the RA Policy, especially in the areas of RA denials, "equally effective" means of communication, and situations in which RA requests depart from existing/available aids (see comments on the RA Policy above). Other concerns may be attributable to a gap between policy and practice, suggesting that more robust, regular, and effective training and greater accountability and oversight for staff conduct in the area of accommodating applicants/recipients with disabilities (such as enhanced Quality Control efforts) may improve outcomes. Auditors construe recommendations for enhanced staff training and accountability systems in the broadest sense, to include line staff, Customer Service Center staff, supervisors, Civil Rights Liaisons, and ADA Hotline Staff.

*Does the County appropriately document disabilities and reasonable accommodation requests?*

Not consistently.

Auditors observed numerous cases reflecting only partial documentation of a disability and/or requested accommodation. Auditors also observed numerous cases with inconsistencies between the CalSAWS case notes (including the DAI) and the RMR Case Journal. These observed errors in documenting disabilities and RA requests are repeat findings from past Civil Rights Compliance Reviews. Problems persist despite the County being made aware of concerns three years ago.

In the 2018 Civil Rights Compliance Review Report (2018 Report) and during the Compliance Review itself, CDSS Auditors identified concerns about the disconnect between the Reasonable Modification Request (RMR) database and the electronic case management system (formerly LRS, now CalSAWS). The 2018 Report observed that "information is not transferred or shared directly between the databases and must be entered, and reviewed for consistency, manually." The 2018 Report found errors in documenting and tracking RAs, including: failure to apply the DAI indicator; unclear or absent notes in the DAI indicator; inadequate documentation to demonstrate to the Auditor how the RA request was handled by staff; and absent case journal notes.

This Review observed some identical errors, including: unclear or absent notes in the DAI indicator and inadequate documentation to demonstrate to the Auditor how the RA request was handled by staff. This Review observed additional errors, including: misidentifying the individual who needs the accommodation when a third party (such as a family member or AR) calls the ADA Hotline to make a request on behalf of an applicant/recipient with a disability; failure to transfer the RA from RMR to the electronic case record; and documentation of requests as RA requests through the ADA Hotline that did not appear to contain all the elements of an RA request (i.e., disability-related need, request for accommodation, and a nexus between the need and the requested accommodation).

Auditors note related errors have been observed in disability discrimination complaints filed between 2019 – 2021, including: failure to consult RMR when a new program application is received to see if that individual has already requested an RA of the County as an applicant/recipient of a different program; and failure to adequately train ADA Liaisons, who are the staff the County designates as for transferring documentation of requests between RMR and CMIPS/CalSAWS. These issues occurred following CDSS' notification to the County of this risk of the RMR-LRS disconnect. The County failed to make changes to better connect RMR with CMIPS and LRS/CalSAWS.

Inadequate notes to inform staff about how to fulfill an RA request and inconsistencies between the RMR and CalSAWS are of particular concern, because this increases the risk that RA requests are overlooked and/or delayed. Auditors observed the former in a CalFresh case in which a recipient with a communication disability requested an ongoing accommodation to communicate by email, including for recertification interviews. The case did not reflect specific enough notes to enable staff to initiate the accommodation on time, compelling the recipient to re-request the accommodation each time they received a notice scheduling a recertification phone appointment. Auditors observed a CAPI case in which the RMR reflected that the recipient had difficulty standing, seeing, and being around crowds. The RMR reflected that no accommodation was offered or provided. Further, none of this information was transferred to CalSAWS. This impairs the County's ability to offer and provide RAs because line staff do not have access to RMR and rely solely on notes in CalSAWS/CMIPS.

Ambiguity in documentation also hampers the County's own ability to conduct quality control assessments to ensure that training is effective and staff are following County policies. Auditors observed documentation in CMIPS of IHSS case records stating "no accommodation requested." This creates ambiguity as to whether an RA was offered and declined or whether the applicant/recipient did not initiate a request. This ambiguity may tend to mean that RAs are overlooked or that inappropriate RA-handling may be compounded by other staff referencing the same documentation.

Auditors note that the RA Policy and County training materials contain substantial detail about how and where to document RA requests. However, adherence to the RA Policy

is inconsistent. The DAI Training for staff has robust illustrative DAI documentation notes, which are substantially more detailed than any DAI notes Auditors observed during case reviews. Auditors encourage more accountability and oversight (such as enhanced Quality Control efforts) to close the gap between policy and practice, and to close the gap created by the operational disconnect of these systems.

## **Corrective Action**

**Identification of disabilities:** When the CWD has actual knowledge of an individual's disability, or when an individual's need for an accommodation is obvious, CWD staff shall offer to assist the individual in self-identifying the disability and/or appropriate disability-specific accommodations. See *Duvall v. County of Kitsap*, 260 F.3d 1124, 1139 (9th Cir. 2001) cited in [ACL 19-45](#). As part of the CAP, the County shall develop policy (or incorporate into existing policy) regarding the provision of services for individuals with disabilities to include the following:

- An expanded range of tools and/or guidelines for use by staff to identify an individual with a disability, such as establishing a practice whereby staff review program application/renewal questions about disabilities with all applicants/recipients or whereby the explanation of the PUB 13 is used to identify disabilities and offer accommodation.
- Protocol for staff to assist an individual in self-identifying a disability and related needs when a disability is known or the need for accommodation is obvious. This might involve requiring staff to initiate inquiries about and/or offers of RA when certain indicators are present such as specific aid type(s) in electronic case records.
- To the extent programs have different practices and considerations related to the identification of disabilities, protocol should contain program-specific guidance. Guidelines should account for in-person and virtual service delivery.
- Inform staff of the new policy/protocol, including via revised staff training (discussed in Section VII).

**Documentation of a disability:** 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. As part of the CAP, the County shall:

- Identify the root causes of the concerns observed in this Review and Report, including the County's failure to consistently identify and document disabilities, offer RAs, and appropriately respond to RA requests.
- Provide a written statement to CDSS explaining the identified root causes.
- Create a plan to ensure that problems of a similar nature do not reoccur, and provide the plan to CDSS. The Plan should be detailed, and should include

deadlines and individuals responsible for carrying out its different elements. The Plan should include a QC protocol that may be incorporated into an existing or a new process. The County should determine the structure that will be most effective. The proposed QC process should check applicant/recipient case records to ensure proper documentation of disability and RAs, including proper transfer of information between RMR and CalSAWS/CMIPS and adequate operational details in DAI case notes. QC is of particular importance because the RMR was developed to be restricted to specific staff, excluding staff who most often and most typically interact with applicants/recipients, which impedes their ability to provide timely and continuous RAs. If staff training is needed to implement QC, describe the training to be provided.

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

**Reasonable Accommodation Policy:** The County shall adopt a written policy that reflects the requirements set forth in ACL 19-45. As a part of the CAP, the County shall:

- Revise the existing RA Policy to incorporate feedback provided by this Report. To the extent programs have different practices, the policy shall contain program-specific guidance. The County is encouraged to consult the resources provided in Section VI of ACL 19-45 and may also contact CDSS for feedback and technical assistance.
- Inform staff of the new revised RA policies by revising applicable staff training.
- Submit a draft of the revised policy for CDSS' review.

## **Recommendations**

**Maintenance of County Policies:** The County maintains a large number of materials addressing the obligation to serve applicants/recipients with disabilities including Administrative Releases, Civil Rights Memos, the Civil Rights Training, and the Civil Rights Handbook. This Review found inconsistencies across County policies and materials, and gaps between policies and practice suggesting that guidance may overwhelm staff or be overlooked when it is dispersed. To the extent possible, Auditors recommend consolidating active policies so that guidance is more easily located and accessed.

**Staff training:** Develop specific training for Civil Rights Liaisons (CRL) regarding using the RMR system and analyzing reasonable accommodation requests. Given the pivotal role that CRL's play in documenting and providing accommodations, offering dedicated training may help close gaps observed in this Review.

## **VII. STAFF DEVELOPMENT AND TRAINING**

Counties are required to provide training on civil rights, cultural awareness, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the ADA for all public contact

employees, including familiarization with the CDSS discrimination complaint process and all other requirements of Division 21. The information should be conveyed at employee orientation, as well in continuing training programs.

### **Findings: Staff Training**

#### **Do employees receive continued Division 21 Training?**

Yes. The County develops and provides mandatory web-based Civil Rights Training to staff and contracted staff every two years according to Section XI of the Annual Plan (also located in Appendix G). According to the training plan located in Appendix G, Civil Rights training addresses: understanding and recognizing state and federal civil rights regulations, identifying tools and resources for effective communication, awareness of translation and interpretation resources for customers, and understanding civil rights complaints. Refer to Auditors' findings in Section V and VI of this Report regarding the need to supplement staff training on awareness of translation and interpretation protocols and resources, and identifying tools and resources for effective communication.

Civil Rights training that is part of the County's web-based training is available on demand for make-up sessions, while trainer-led sessions must be scheduled as requested. It is unclear how the County monitors necessary make-up sessions and ensures their completion, or how the County assesses training efficacy.

The County also offers Customer Service and Cultural Diversity Awareness training (mandatory, conducted annually), disability accommodation indicator training (mandatory, conducted every 2 years), ADA Title II training (mandatory, conducted annually), and Specialized Supportive Services Awareness focused on substance abuse, mental health and domestic violence (required for new staff, frequency thereafter unclear in the Annual Plan).

#### **Does the County provide employees with Cultural Awareness Training?**

Yes. As described above, Cultural Awareness Training is required annually for staff. Surveyed staff report that they receive Cultural Awareness training as part of annual Division 21 training, however, this is inconsistent with the Annual Plan description of Division 21 training. Almost half of all surveyed reception staff could not confirm receiving training (20% report not receiving training, while another 20% are unsure). Other programs also varied: 15% of surveyed CalWORKs and CalFresh eligibility staff were unsure if they had received cultural awareness training; and 100% of surveyed IHSS staff report receiving cultural awareness training.

Inconsistency in providing and/or reinforcing cultural awareness training may foreseeably impact applicants'/recipients' experience accessing services, particularly for reception staff. Reception staff are likely to first encounter applicants/recipients visiting

office locations, and have opportunities to initiate interactions that are effective and appropriate.

*Are the employees knowledgeable about predominant cultural groups receiving services in their area?*

Yes. Employees are mostly knowledgeable about predominant cultural groups receiving services in their area. Sixty (60) percent of surveyed IHSS staff, 60% CalWORKs and CalFresh staff, and 60% of reception staff report feeling somewhat to extremely familiar with predominant cultural groups receiving services. However, while no IHSS staff report feeling unfamiliar, 15% of CalWORKs and CalFresh staff, and 40% of reception staff report feeling not so familiar or not familiar at all with the predominant cultural groups receiving services. These survey results, as above, indicate that the County's training program content is received and understood inconsistently across staff designations.

*Are employees trained in Section 504, ADA requirements, and disability awareness?*

Yes. As described above, the County delivers mandatory training for staff and contractors annually.

The County conducts mandatory annual ADA Title II training for all staff and contractors. Instructor-led training for contractors is available as needed. According to the Annual Plan, Section XI (6), the training objectives are to understand the ADA; recognize, identify, and assist persons with disabilities; communicate better with persons with disabilities; and understand how to provide RAs.

The County also conducts Disability Accommodation Indicator (DAI) Training for all public-facing staff including managers at district offices and GAIN Regions/Refugee Employment Program offices according to the Annual Plan, Section XI (7). Eligibility staff, GAIN Managers/Supervisors, and Clerical staff are required to complete the training biennially. The training provides an overview of how to apply the DAI on a customer's case who requests and/or is provided with an accommodation/modification.

*Does the County provide training on identifying applicants/recipients with disabilities?*

Yes, and refer to Auditors' findings in Section VI of this Report regarding the need to supplement this training. As described above, the County provides mandatory ADA Title II training for staff and contractors annually. This training addresses proactively recognizing, identifying, and assisting persons with disabilities as well as understanding the ADA generally, how to communicate better with persons with disabilities, and how to provide RAs when appropriate.

However, staff survey results demonstrate some confusion among staff regarding the County's obligations and provisions in the County's reasonable accommodation policy. When asked if the County assists applicants/recipients to self-identify their disabilities:

60% of IHSS staff said yes, while 20% said no, and 20% are unsure; 93% of managers said yes and 7% (1 staff) said no; 80% of reception staff said yes and 20% are unsure; 90% of CalFresh and CalWORKs eligibility staff said yes and 10% are unsure.

*Do employees receive training on reasonable accommodations for applicant's/recipient's with disabilities?*

Yes. The County provides mandatory ADA Title II training for staff and contractors, annually which addresses RAs and the required actions needed to service persons with disabilities. The County also provides training to staff on use of the disability indicator for use in case management systems. Staff survey responses support that staff receive training, however, there may be gaps in staff understanding of the County's policies based on the survey results reported above, as well as gaps in documentation identified during case reviews.

*Do the employees understand the County's obligation to provide reasonable accommodation to applicants/recipients with disabilities?*

Not consistently. Refer to Auditors' findings in Section VI of this Report regarding the need to supplement staff training on reasonable accommodation. While a majority of surveyed staff report receiving training, case review findings indicate that staff do not consistently recognize and appropriately process and document RA requests.

*Does the County provide other civil rights-related training?*

Yes. As described above, and in the Annual Plan Section XI and Appendix G, the County provides training on Title II of the ADA, Interpersonal Skills, Mental Health Awareness, Customer Service, the Disability Accommodation Indicator, Cultural Diversity Awareness, and Specialized Supportive Services Awareness.

## **Corrective Action**

Refer to required corrective action in Sections V and VI of this Report.

## **Recommendations**

The County should consider providing training on Division 21 annually to reinforce important complaint handling obligations, and aspects of Division 21 not addressed in annual disability-related training.

The County is encouraged to explicitly address in the Annual Plan how the County monitors necessary make-up sessions and ensures the completion of make-up session. The County is also encouraged to address measures employed to assess training efficacy.

The County is encouraged to increase alignment between the Civil Rights Training and duties of line staff. Information in the Civil Rights Training about civil rights



investigations (such as Division 21 deadlines for completing investigations and information to obtain from the complainant during investigation interviews) is not relevant for staff other than Civil Rights Investigators. Information in the Civil Rights Training for certified bilingual staff (such as interpreter ethics) is not relevant for all employees, and may be better addressed in a separate training for certified bilingual employees. Auditors see opportunity to make better use of training time by aligning training content with the information that all staff need to know to deliver services in a non-discriminatory manner.

## **VIII. DISCRIMINATION COMPLAINT PROCEDURES**

Counties are required to maintain a process for addressing all discrimination complaints. Counties must track discrimination complaints by using a control log in which all relevant information is kept, including when the complaint was received, the complainant's name, programs implicated, the basis of discrimination, and complaint resolution.

### **Findings: Discrimination Complaint Process**

#### **Can employees easily identify discrimination complaints?**

Mostly. Surveyed staff were presented with four theoretical complaints and asked to indicate which were examples of civil rights complaints (language of the four sample complaints can be found in Appendix II).

- Complaint 1: Example of a discrimination complaint; selected by 91% of surveyed staff
- Complaint 2: Not an example of a discrimination complaint; selected by 27% of surveyed staff
- Complaint 3: Example of a discrimination complaint; selected by 80% of surveyed staff
- Complaint 4: Example of a discrimination complaint; selected by 82% of surveyed staff

It is important for staff to be able to identify discrimination complaints so that they know when to assist an applicant/recipient in filing a discrimination complaint. Auditors note that overinclusion is preferable to being overly narrow because failing to identify civil rights complaints is a larger concern.

Auditors infer that staff do not consistently understand that a protected basis is a necessary element of a discrimination complaint because 29% of staff misidentified Complaint 2 as a discrimination complaint. Misidentification of Complaint 2 was higher in some programs/classifications (misidentified by 40% of IHSS workers and 60% of receptionists, compared to 16% of Eligibility Workers).

*Do employees understand the County policy regarding an applicant's/recipient's rights, and the procedure to follow when receiving a discrimination complaint?*

Yes. When a client expresses a civil rights complaint, staff provide the PA 607 Complaint of Discriminatory Treatment form, help the applicant/recipient complete the form if required, and forward the completed form to the Civil Rights Liaison in the district office. Many staff also provide the civil rights complaint hotline number. These responses are consistent with Forms Management Letter PA 607 (rev. March 31, 2021) (FML PA 607).

Auditors note that one surveyed staff member said they would try to resolve the applicant's/recipient's situation, rather than provide the complaint form or complaint hotline phone number. This is inconsistent with County policy and raises concerns about denying applicants'/recipients' access to the complaint process.

Feedback from community groups reflects that some applicants/recipients face and/or perceive a cost barrier to submitting a written complaint, due to the cost of postage and fax services. The County Civil Rights Webpage explains that complaints can be filed in writing by completing the Complaint Form and submitting it at a district office or via mail. However, between reduced office hours during the Covid-19 pandemic and the ongoing transition to increasing remote services, fewer applicants/recipients visit offices in-person. This has implications for complaint filing. Please see the Recommendation section below for Auditor's suggested measures.

*Can employees locate the civil rights poster, PUB 86, with information as to how and where a discrimination complaint may be filed?*

Yes.

*Is the complaint log complete and up to date?*

Mostly. The Complaint Log (Log) is up to date, but incomplete. The Log is missing one required category: Nature of the Complaint. Div. 21-203.216. Auditors reviewed the County complaint log covering January 2020 to August 2021 to provide general feedback and identified the following concerns:

- CDSS case number is incomplete for many complaints. CDSS provides a case number when remanding and/or closing a complaint. Therefore, all cases remanded by and/or closed by CDSS should reflect their assigned case number in the Log.
- Complaints regarding non-CDSS programs should be easily distinguishable from complaints regarding CDSS-funded programs. Currently, this information is difficult to distinguish, and Auditors are unsure how to clearly identify complaints involving CDSS-funded programs from other complaints. The ability to distinguish complaints involving CDSS-funded programs and non-CDSS programs is essential for Auditors to determine if CDSS has received

all appropriate discrimination complaint files and to ensure that jurisdictional matters were handled appropriately according to Division 21.

- Sixty-seven percent (67%) of cases on the Log contain inappropriate dispositions, such as “insufficient information”, which does not provide enough information to discern the case outcome (i.e. insufficient information can mean a failure to allege all required elements making an investigation inappropriate, or it can mean that an investigation was conducted with insufficient information to substantiate the allegations). CDSS provided robust and continuous technical assistance to the County regarding appropriate use of dispositions. Since a necessary system change was made, CDSS expects dispositions to be retroactively updated.
- The Log conflates the categories Resolution and Decision, which may contribute to the difficulty distinguishing information mentioned above.
- The Program field should distinguish between complaints from IHSS recipients (within CDSS’ jurisdiction) and complaints from IHSS providers (outside of CDSS’ jurisdiction).
- “Other” and “any other applicable basis” are not appropriate entries in the Basis of Discrimination category. This is inappropriate because the number of legally protected bases is finite and because complaint evaluations and investigations must identify precisely what bases are advanced by a complainant, when available, for clarity and to enable the County to reflect on complaint data to identify issues and/or trends. For example, “Other” could mean “not a legally protected basis” like eye color or “not specified” which would reflect a failure to allege all required elements.
  - Meaning of the basis “gender” is unclear (distinct from “gender identity” and “gender expression”).
- Blank cells could have numerous meanings, which is why Auditors encourage developing a “TBD” and “N/A” option for the “State Closure Date” and the “CDSS Case Number” fields.
- Meaning of the category “Action Taken” is unclear.

While counties may add additional information or complaints to complaints logs, complaints logs must minimally contain Division 21-required information about complaints related to CDSS programs. Div. 21-203.2.

*Does the County have a written policy explaining how it will process discrimination complaints?*

Yes. The Annual Plan Section XII contains an overview of the complaint handling procedure and describes how the County complies with the Division 21 complaint handling protocol. Information in the Annual Plan is general and lacks County-specific practical information for complaint processing. This gap is partially filled by the Civil Rights Section’s (CRS) Business Protocol Document, containing reminders and checklists related to complaint intake on the civil rights hotline, interviews with civil rights complainants, investigation reports, and eligibility documentation. The Business

Protocol Document is not a comprehensive explanation of the County's complaint processing protocol.

As mentioned above, the FML PA 607 provides guidance for the County to assist applicants/recipients with filing a discrimination complaint. The FML PA 607 does not address complaint handling protocol beyond the initial filing of the discrimination complaint.

*Is the County handling discrimination complaints appropriately?*

Yes. The County handles most discrimination complaints appropriately.

CDSS provides technical assistance (TA) to CRS on an ongoing, as-needed basis via email, conference call, and complaint closure letters (including at least 10 letters over 2021). CRS confirmed that TA is logged and shared with all Civil Rights Investigators. Continued use and refinement of this system will benefit appropriate complaint handling.

During this Review, Auditors shared data indicating that 60% of submitted investigation reports are returned to the County for follow-up before closure approval. CDSS notes and appreciates improvement in complaint processing as a result, with opportunities for continued improvement. Applying learnings from TA will help improve future investigations, reducing the number of reports returned for follow-up before approval. Creation of a comprehensive written policy may address gaps or inconsistencies in investigative processes that contribute to returned reports.

### **Corrective Action**

**Complaint Log:** 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. As a part of the CAP, the County shall:

- Create a reference sheet explaining the use and purpose of each column in the Log. The reference sheet should provide definitions for the entry options under each column. The Log should use the definitions provided for Resolution and Decision in Div. 21-203.217-.218. For clarity and accuracy, the Log should differentiate between complaint outcomes that are required to be reported to CDSS and those that are not. The reference sheet should be submitted to CDSS for review and feedback.
- Provide CDSS with an updated Log containing all complaints received from January 1, 2020 - August 31, 2021, applying all categories required by Div. 21-203.21 and incorporating the feedback provided in this Report and during the Review. The revised Log should be consistent with the new reference sheet (see above). The Log shall use "N/A" or "TBD" where applicable so that there are no blank cells. The Log shall be submitted to CDSS as a spreadsheet file.

**Discrimination Complaint Form:** Forms and other written material required for the provision of aid or services shall be available and offered to the applicant/recipient in the individual's primary language when such forms and other written material are provided by CDSS. Div. 21-115.2. To the extent that the County does not translate the PA 607 form into all languages provided by CDSS, the County must use the GEN 1179 in those languages and update the FML PA 607 accordingly.

## **Recommendations**

**Acceptance of complaints:** Auditors encourage the County to disseminate information to staff and the public about the ability to submit complaints via email and fax (note that there can still be a cost to faxing complaints, so Auditors consider email to be a more accessible format). Auditors recommend that the County develop a dedicated civil rights complaint email inbox for this purpose. Auditors encourage sharing this information with applicants/recipients via the Civil Rights Section website, the PA 2457 Civil Rights Information Notice, and other locations with complaint filing information. Auditors also encourage clarifying on the website that filling out the Complaint Form is not a condition of filing a complaint. Div. 21-203.221. Auditors recommend informing staff of these changes through training and by revising the FML PA 607.

**Complaint handling process:** Auditors recommend that the County develop a written complaint handling document that is a comprehensive resource for the CRS and a practical handbook/manual for Civil Rights Investigators.

**Complaint Log:** Conduct a QC check of the Log to ensure accurate entries. At least one incorrect basis was identified by Auditors when comparing the County's Log to CDSS' complaint records. Auditors encourage conducting regular (such as monthly or quarterly) QC checks on the Log to ensure information is accurate, up-to-date, and that discontinued options (such as "insufficient information") have been removed from the Log. Additionally, the Log should be clear about which legally protected basis applies, if any, and distinguish between bases which are not legally protected and complaints that do not specify a legally protected basis.

**Meetings with CDSS:** Auditors recommend setting up standing bimonthly or quarterly meetings with CDSS to facilitate ongoing alignment between case lists and complaint records.

**Complaint handling database:** When CRS is exploring changes to its complaint handling database, CDSS is available to contribute ideas/feedback. Auditors encourage CRS to request TA related to complaint database design, if beneficial.

## **IX. VENDOR CONTRACTS**

Counties are required to ensure contracted services with contractors, vendors, consultants, and other providers of service who receive state or federal assistance

(referred to as “Vendors”) provide a statement of assurance. Agreements must also state that the entity involved will compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws, regulations, policies, instructions, and guidelines.

### **Findings: Contract Review**

Auditors reviewed 10 vendor contracts. Auditors found that all 10 contracts contained similar nondiscrimination language, a Vendor Assurance of Compliance (i.e., an agreement to administer services and benefits in a nondiscriminatory way), and a statement that the vendor will compile data, maintain records, and submit reports to permit effective enforcement of all applicable nondiscrimination laws.

The County reports that Contract Monitoring Staff monitor vendor compliance through “civil rights compliance reviews, no less than on an annual basis” in Section VII(B) of the County’s Annual Plan. However, there is no description of what this review includes and/or what actions are taken if/when a contractor is out of compliance.

### **Corrective Action**

None.

### **Recommendations**

The County should expand and add detail to Section VII(B) of the Annual Plan regarding how the County monitors vendors and contractors, including what actions are taken if/when a vendor is found to be out of compliance with Division 21 requirements. Div. 21-103.4; [FNS Instruction 113-1](#), Section X.

The County Annual Plan should develop and include applicable policies and/or procedures for addressing complaints filed with or against a vendor/contractor.

## **X. COMMUNITY INPUT**

Feedback was sought from community and advocate groups regarding County services. The following summarizes their observations and identifies issues that the County may address to improve their civil rights program. Input from community groups is also infused in other sections of the report (see Section V and VIII).

### **Community Organizations’ Observations**

**Temporary office closures from March 2020 – October 2021:** Temporary office closures caused application barriers especially for NEP/LEP applicants/recipients, persons with disabilities, and persons experiencing housing instability (who tend to be disproportionately people of color and people with disabilities). At offices with limited in-person services, customer lines were often outdoors with neither shade nor seating,

which is a barrier for persons with disabilities and seniors. Interpretative services were not consistently provided to NEP/LEP applicants/recipients.

**Permanent office closures:** Advocates expressed concern about permanent office closures without advanced notice to clients or soliciting input from advocates and community groups. Office closures present disability access concerns if further travel is required for applicants/recipients to be served. Closure of the Cudahy office concerned advocates for these reasons.

**Expanded phone services:** Advocates support the expansion of services, but caution that some clients, especially NEP/LEP clients and persons with disabilities, may receive a lower quality of service over the phone.

**Long Customer Service Center (CSC) wait times:** Wait times commonly exceed 30 minutes.

**Law enforcement presence at district offices:** Presence of police and sheriff's deputies can lead to over-policing of applicant/recipient communities.

**Misinformation about public charge:** Some immigrant clients have been dissuaded from applying for benefits after receiving misinformation (or lack of clear information) from County employees around public charge laws.

**U- and T-Visa clients:** Advocates expressed concern that applicants with U- and T-Visas being wrongfully denied benefits because of the County's misapplication of eligibility rules that apply to these applicants.

**Awareness of the civil rights complaint process:** Some applicants/recipients are concerned about the cost associated with complaint filing (printing and mailing complaint forms). This perceived cost barrier may deter applicants/recipients from complaint filing. This feedback suggests a misunderstanding that complaints must be submitted in writing.

**IHSS:** There is no option to apply for IHSS online. Applying by phone or mail may be difficult for persons with certain types of disabilities. Once enrolled, relying on the IHSS helpline to reach workers is a challenge for recipients who face difficulty using the phone (e.g., due to speech and hearing disabilities). The English recording is difficult to understand and requires the caller to physically press a button (there is no option to say a numeric option) which is a challenge for some recipients with physical disabilities.

**CAPI:** There is no option to apply for CAPI online. Applying by phone or mail may be difficult for persons with certain types of disabilities (e.g., speech and hearing disabilities).

**Assistance to applicants/recipients who cannot read or write:** There is limited response to clients with low literacy, though many may be illiterate due to a disability (such as a learning disability).

**Screening for RA requests on applications:** Inconsistent screening for RA requests on applications, such that an applicant may be unaccommodated when they are contacted for the application interview.

**Provision of ASL interpretive services:** Applicants/recipients are often encouraged to visit offices on a walk-in basis, but rarely is an ASL interpreter available for a walk-in client. When the CSC schedules an in-person appointment for an applicant/recipient they do not consistently request an ASL interpreter, or their unfamiliarity with the ASL interpreter request process may cause a delay.

**Medical deductions in CalFresh:** CalFresh medical deductions are commonly misapplied by program staff and misunderstood by applicants/recipients (disproportionately impacting persons with disabilities).

**Quality of translated materials:** Translated materials are of inconsistent quality and some appear to be machine translated which can limit their effectiveness.

**Translation of position statements:** Position statements are not translated. Applicants/recipients can call for oral interpretation of the statement, but not having the statement in writing is a disadvantage during the hearing. Due to the length and complexity of many position statements, a verbal interpretation is not practical.

**Name/gender marker changes for transgender clients:** Lack of consistent practice to use (informally, such as in conversation) a transgender applicant's/recipient's chosen name, regardless of whether they have submitted documentation of a legal name change.

**Access to benefits for survivors of domestic violence (DV):** Verifications are commonly misapplied for DV survivors (disproportionately women), such as requiring a child's birth certificate after fleeing DV, even though this is not required for initial application. DV survivors are commonly referred for fraud investigations, due to their complex situations. DV survivors had a hard time during office closures because they are typically unable to use the online portal or the CSC, making them dependent on reaching the case carrying worker.

### **Community Organizations' Suggestions for Improvement**

**Permanent office closures:** Opportunity to collect community feedback, provide earlier and more effective notice to clients. Opportunity to consider colocation of CWD locations with other local community organizations to mitigate the impact of permanent office closures. Opportunity to create a policy around how much notice is given to applicants/recipients and how community organizations are informed.

**Long wait times:** Opportunity to create a callback option for all phone lines, including the IHSS help line.



**Civil Rights Section attendance at Joint Meetings:** Opportunity for a representative from the CRS to attend bimonthly Joint Meetings between the County and advocates.

**Awareness around filing civil rights complaints:** There is an opportunity to include phone and email contact information where information is disseminated about the complaint process.

**IHSS:** Opportunity to create an online or email portal for submission of IHSS applications, and for recipients to communicate with their workers.

**Misinformation about public charge:** Recognizing that the County cannot provide legal advice, there remain opportunities to provide clear, limited legal information about public charge rules.

**Assisting reentering clients:** Opportunity to create a streamlined process and/or specialized eligibility workers for applicants who are reentering after incarceration. Some application questions do not apply to this population, which has unique needs.

**Provision of ASL interpretive services:** Opportunity to modify the online appointment scheduling platform to include an option to request an ASL interpreter.

**ASL access to multi-media:** Opportunity to consistently provide captioning (or an ASL video) for informational videos produced by the County. Opportunity to include the ASL interpreter logo with information about upcoming workshops/events and instructions to request ASL interpreters a certain number of days in advance.

**Accessibility for low-literacy clients:** Opportunity to use plain English, provide clear explanations, and use visual symbols where appropriate to help applicants/recipients with low literacy.

### **Promising Practices Identified by Community Organizations**

**Quick response time for emergency homeless assistance:** Applications say to expect contact within 72 hours, but it is often the same day or within 24 hours.

**Identification for reentering individuals:** Accepting forms of identification generated from prisons until reentering individuals obtain California identification documents is a practice that supports access to County programs for formerly incarcerated individuals (who tend to be disproportionately African-American and Latino persons). Lack of identification can be a barrier and cause delays to reentering individuals obtaining benefits.

## **XI. CIVIL RIGHTS COMPLIANCE PLAN REVIEW AND APPROVAL**

The Los Angeles County Department of Public Social Services Civil Rights Compliance Plan for the period November 1, 2021 through October 31, 2022 was received on

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August 26, 2021. Thank you for submitting your agency's Civil Rights Compliance Plan. Before approving the Civil Rights Compliance Plan, we request the following augmentations. Also note the changes to the Annual Plan required in Section V and the recommended changes in Sections VII and IX.

- **Section I – Assurance of Compliance Statement**

- Ensure this document is titled correctly as “Assurance of Compliance Agreement.”
- Ensure that all the current legally protected bases are identified in the document. Missing bases include: Citizenship and Immigration Status. Please refer to the PUB 13 (rev. 8/20) for a list of bases.

- **Section II – Assignment of Resources**

- Provide a description and explanation of the role of the Civil Rights and ADA Liaisons in ensuring compliance.
- Identify how much time is allocated for civil rights for Civil Rights and ADA Liaisons in district offices responsible for ensuring civil rights compliance.
- Explain the training support provided to the ADA Coordinator and the duties that this position entails, along with what enhanced training they receive, and who is responsible for ensuring these positions are meeting their assignment obligations.

- **Section III – Community Profile**

- In reference to translating materials into more languages in Section A, explain the County's efforts to be “actively involved in enhancing its automated service delivery system”, including any relevant outcomes.
- Describe County efforts to work with community or advocacy organizations representing new, growing, and/or underrepresented communities in Los Angeles County.
- Provide a list of community-based organizations and advocacy organizations the County works with, including any regularly occurring meetings.
- Identify County staff responsible for managing Joint Dialogue Meetings with advocates.

- **Section IV – Dissemination of Information**

- Explain how individuals who reside in remote areas are supported with services, particularly in light of County office closures.
- Describe the County's plans to continue ensuring that civil rights information is available and distributed to applicants/recipients, which may include, but is not limited to, ensuring the County website is clear and accessible, and updating communications and information to advise

applicants/recipients about accessing services in light of County office closures.

- **Section V – Services to NEP/LEP Customers and Customers with Disabilities**

- Explain how the County identifies threshold languages (i.e., whether each language constitutes 5% or more of a caseload by program and/or location).
- Explain how the County complies with the Division 21 requirement that instructional and directional signs in CWD offices must be translated into all threshold languages. To the extent that signage is not posted in all languages at all sites, the Annual Plan should address how the County determines which translations are posted at each site, and who is responsible for making that determination.
- Revise Subsection C, Availability and Use of Translated Forms and Materials, to reflect all programs. To the extent programs have different practices and considerations, the Annual Plan shall contain program-specific information.
- Explain whether the County has adequate bilingual staffing levels for all offices and languages. Explain how the County will work towards compliance and regularly self-monitor bilingual staffing levels (see Section V, Corrective Action).

- **Section VI – Documentation of Customers Case Records**

- Describe all QC processes and/or protocols related civil rights-related documentation for all programs, who is responsible for conducting QC, and how often QC monitoring is performed.
- Provide a list and/or explain what policies or directives are in place to ensure civil rights-related information is documented in all case records.

- **Section IX – Significant or Proposed Program and Facility Changes**

- Update this section to identify all office closures since March 2020, including offices that transitioned to Call Centers. Include the address, CDSS programs previously administered at the office, and the offices' threshold languages, if applicable. Describe all actions taken to ensure continued access to applicants/recipients previously served at the closed and/or transitioned office locations.
- Ensure that any/all office closures are reflected in the Annual Plan in the future and that planned office closures and/or transitions are timely reported to CDSS.

- **Section X – Accessibility of Offices**

- Ensure list of facilities in Appendix H, Inventory of Facilities, includes facility addresses and CDSS programs administered at each building.
- Identify any offices that are, in whole or in part, inaccessible including addresses, and CDSS programs administered at the office location, describing the problem that prohibits accessibility the plans for correction or alternative methods for providing the program, service or activity.
- Identify all facility locations, including addresses and CDSS programs administered at the locations, which were closed during the previous plan year, or are expected to be closed, relocated, or opened throughout 2022 (the County may find some of this information overlaps with Section IX Significant or Proposed Program and Facility Changes, above).

- **Section XI – Staff Development and Training**

- Explain how the County keeps track of the number and classifications of public contact staff and contractors attending Division 21 civil rights training, ADA Title II training, Customer Service and Cultural Diversity training, Disability Accommodation Indicator training, Specialized Supportive Services Awareness, and any other relevant civil rights training, including how the County identifies and trains staff and contractors who are out of compliance with training requirements.
- Explain how the County tests and tracks training effectiveness, including ensuring staff can accurately identify a civil rights complaint.
- Identify how often and what training is provided to CRS staff, including the Civil Rights Coordinator, investigators, ADA Coordinator(s), ADA Liaisons, and other CRS staff, to the extent these staff designations receive additional training to meet the County's compliance obligations.
- Update the Civil Rights Coordinator and ADA Coordinator's information in Departmental CRS & ADA Title II Coordinator training found at Appendix G, Part 2.
- Update all training to reflect most recent revision date for clarity.

- **Section XII – Discrimination Complaint Procedure**

- Update the dispositions used when the County discontinues an investigation (Step 3 under Complaint Investigations subsection).
- Clarify that CDSS, not the County's Civil Rights Coordinator, has authority approve closure of a civil rights investigation. (Step 11 under Complaint Investigations subsection).
- Correct appeal information provided to complainants. There is no right to appeal with HHS within 30 days; there is a right to file a new complaint with HHS within 180 days. CDSS' mailing address is outdated and should include an email address (under Appeal Rights subsection).

- Expand section C to explain availability and use of translated forms and materials for all programs within CDSS' jurisdiction including CalFresh, CalWORKs, and CAPI.
- **Section XIV – Self-Monitoring**
  - Identify any barriers to civil rights compliance and how they were resolved in the past year.
  - Include the most recent Civil Rights and Enhanced Documentation Compliance Review as an attachment to this section. Ensure that, in the future, the most recent Civil Rights and Enhanced Documentation Compliance Review is attached for reference to this section of the County's Annual Plan.
- **Section XV – Non-Mandated Civil Rights Programs and Activities**
  - Identify how the Toy Loan and Volunteer Services Program is civil rights-related, and include such an explanation for all future additions to this section of the Annual Plan.
  - Identify any promising practices or special successes the County experienced during the Review period related to civil rights compliance.
- **Section XVI – Technical Assistance**
  - Identify technical assistance the County requires to ensure civil rights compliance.
- **General**
  - Remove attached policies, procedures, and memos that have been canceled, rescinded, or superseded from the Civil Rights Compliance Plan for clarity and to enhance its usefulness and usability.

## **Recommendations**

If appendices contain multiple documents (i.e., Appendix E Part A, Appendix E Part B, etc.), develop a table of contents for each appendix and ensure that all documents are clearly labeled to enhance its usefulness and usability.

Please submit an updated Civil Rights Compliance Plan incorporating these items with your CAP for this Review. The County may contact CDSS for feedback and technical assistance.

## **XII. CONCLUSION**

The CDSS Reviewers found the Los Angeles County Department of Public Social Services staff welcoming, informative, supportive, and receptive to new information and feedback. Particular thanks to Sheila Early and her Civil Rights Audit Team for organizing the details of the Review, members of the Facilities Assessment team who oversaw and assisted in the facility reviews, and newly installed Civil Rights Coordinator Marcia Blachman-Benitez who assisted in parts of the Review. In each program area, staff were helpful with the facility reviews and case reviews. County staff, including management, reflected a mission-driven commitment to ensuring access, assistance, and compliance.

The CDSS Reviewers found substantial compliance concerns. The Los Angeles County Department of Public Social Services must remedy deficiencies identified in this report by taking corrective actions. A CAP must be received by CDSS within 60 days of the date of the cover letter to this report; and the plan must include a schedule of all actions to be taken to correct the deficiencies, and an indication of who will be responsible for implementing the corrective action.

It is CDSS' intent that this report be used to create a positive interaction between the County and CDSS to identify and correct compliance violations and to provide the County with an opportunity to implement corrective action to achieve compliance with Division 21 regulations. Civil Rights Unit staff is available to provide technical assistance as requested.

## **APPENDIX 1: DOCUMENTATION OF APPLICANT/RECIPIENT CASE RECORDS**

Counties must ensure that case records clearly reflect applicants' and recipients' ethnic origin, primary language, the method used to provide bilingual services, information identifying an applicant or recipient as disabled, and requests for reasonable modifications, auxiliary aids, and services.

The following section summarizes CDSS' observations after reviewing the County's case files across CDSS-funded programs.

### **Reviewed Case Files**

Auditors reviewed sample case files in CDSS-covered programs to ensure the County is meeting documentation obligations.

**CalFresh:** Auditors reviewed 15 total cases, including 9 NEP/LEP cases and 8 cases with a documented disability and/or reasonable accommodation request in CalSAWS, the electronic case system.

**CalWORKs:** Auditors reviewed 15 total cases, including 9 NEP/LEP cases and 7 cases with a documented disability and/or reasonable accommodation request in CalSAWS.

**CAPI:** Auditors reviewed 15 total cases, including 11 NEP/LEP cases and 10 cases with a documented disability and/or reasonable accommodation request in CalSAWS.

**IHSS:** Auditors reviewed 15 total cases, including 11 NEP/LEP cases and 6 cases with a documented disability and/or reasonable accommodation request in CMIPS, the electronic case system.

**Fraud:** Auditors reviewed 15 total cases, including 14 NEP/LEP cases and 1 case with a documented disability and/or reasonable accommodation request in CalSAWS.

### **Findings: CalFresh, CalWORKs, and CAPI**

**Ethnic Origin:** Documented on the Individual Demographics Screen in CalSAWS.

**Primary Language:** Documented on the Individual Demographics Screen in CalSAWS.

**County-Provided Interpretive Services:** Documented in the case journal entry of CalSAWS.

**Applicant/Recipient-Provided Interpreter:** Documented in the case journal entry of CalSAWS.

**That applicant/recipient was informed of potential problem using own interpreter:** Documented on the PA 6181 form that the applicant/recipient was informed of the risks of using their own interpreter.

**Release of information to interpreter:** Documented on the PA 6181 form.

**Translation of Written Material:** Available in the Client Correspondence Screen in CalSAWS.

**Use of Minor as Temporary Interpreter:** Auditors did not review cases where minors were used as interpreters.

**Disability:** Applicant/recipient disabilities are flagged with a Disability Accommodation Indicator in CalSAWS. In some cases, disabilities are documented in the RMR system.

**Reasonable Accommodation:** Documented in the Disability Accommodation Indicator notes in CalSAWS. In some cases, information may also be documented in the case journal in CalSAWS and in the RMR system.

### **Findings: IHSS**

**Ethnic Origin:** Documented on the Person Home screen in CMIPS.

**Primary Language:** Documented on the Person Home screen in CMIPS.

**County-Provided Interpretive Services:** Documented in the Assessment Narrative in CMIPS.

**Applicant/Recipient-Provided Interpreter:** Documented in the Assessment Narrative in CMIPS.

**That applicant/recipient was informed of potential problem using own interpreter:** Documented on the PA 6181 form.

**Release of information to interpreter:** Documented on the PA 6181 form.

**Translation of Written Material:** Available in the Correspondence screen in CMIPS.

**Use of Minor as Temporary Interpreter:** Auditors did not review cases where minors were used as interpreters.

**Disability:** Documented on the Blind or Visually Impaired (BVI) screen in CMIPS. In some cases, information may also be documented in the Assessment Narrative and in the RMR database.

**Reasonable Accommodation:** Documented on the Blind or Visually Impaired (BVI) screen in CMIPS. In some cases, information may also be documented in the Assessment Narrative and in the RMR database.



## **Findings: Fraud**

**Ethnic Origin:** Documented on the Individual Demographics Screen in CalSAWS.

**Primary Language:** Documented on the Individual Demographics Screen in CalSAWS.

**County-Provided Interpretive Services:** Documented in the Special Units Case Notes in CalSAWS.

**Applicant/Recipient-Provided Interpreter:** Auditors did not review cases where interpretive services provided by the applicants'/recipients' own interpreter.

**That applicant/recipient was informed of potential problem using own interpreter:** Auditors did not review cases where interpretive services provided by the applicants'/recipients' own interpreter.

**Release of information to interpreter:** Auditors did not review cases where interpretive services provided by the applicants'/recipients' own interpreter.

**Translation of Written Material:** Written materials sent to the applicant/recipient are documented in the Special Units Case Notes in CalSAWS.

**Use of Minor as Temporary Interpreter:** Auditors did not review cases where interpretive services provided by the applicants'/recipients' own interpreter.

**Disability:** Documented in the Medical Condition screen of CalSAWS.

**Reasonable Accommodation:** Auditors did not review cases where reasonable accommodations were provided.

## APPENDIX 2: SELECTION FROM STAFF SURVEY

Section VIII addresses the discrimination complaint process. Surveyed staff were able to identify discrimination complaints most of the time. Surveyed staff were presented with four theoretical complaints and asked to indicate which were examples of civil rights complaints. The language of those complaints is presented here.

- Complaint 1: I received a letter saying my benefits were cut off but I need that money for my kids. How can I get my benefits back? I bet this is because in this office they don't like people who have my skin color. I always see workers being rude to people who look like me.
  - Example of a discrimination complaint
  - Recognized as a discrimination complaint by 91% of surveyed staff
- Complaint 2: My benefits were reduced. This isn't right. I deserve that help. I followed all the rules. I'd like to make a complaint.
  - Not an example of a discrimination complaint;
  - Misidentified as a discrimination complaint by 27% of surveyed staff
- Complaint 3: My aunt is confused about her eligibility. She had trouble understanding the customer service center representatives on the phone. She told me she spoke in English, but she actually prefers to speak Korean because she understands it better. I can help her with her paperwork if you just tell me what she needs to turn in.
  - Example of a discrimination complaint
  - Recognized as a discrimination complaint by 80% of surveyed staff
- Complaint 4: My kids were taken away by the County because I'm bipolar. It isn't fair to take my kids just because I have a disability. Disabled parents have rights too. I need help.
  - Example of a discrimination complaint
  - Recognized as a discrimination complaint by 82% of surveyed staff