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November 4, 2022

**Via Email Only** ([Diana.Alexander@hss.sbcounty.gov](mailto:Diana.Alexander@hss.sbcounty.gov))

Diana Alexander, Assistant Executive Officer  
San Bernardino County Human Services Administration  
385 N. Arrowhead Drive  
San Bernardino, CA 92415

Dear Director Alexander:

Thank you and the San Bernardino County Human Services staff for your cooperation and assistance during the November-December 2021 Civil Rights Compliance Review (Review). Please find the final report (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)). The CAP itself should be submitted first as a Word document to facilitate the initial review process. However, please note that once the CAP is approved by CDSS, in an effort to comply with the Web Content Accessibility Guidelines (WCAG), the CAP must be submitted as a PDF document. That PDF document 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 Jill Shallenberger at (916) 207-6344 or by email at [jill.shallenberger@dss.ca.gov](mailto:jill.shallenberger@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,

*Maureen Keffer*

MAUREEN KEFFER, Chief  
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**SAN BERNARDINO COUNTY HUMAN SERVICES  
CIVIL RIGHTS COMPLIANCE REVIEW REPORT**

**Conducted on  
November 29, 2021 – December 3, 2021**

**California Department of Social Services**

**Office of Equity**

**Civil Rights Unit**

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

**Sacramento, CA 95814**

**(916) 654-2107**

**Reviewer: Jill Shallenberger**

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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 San Bernardino County Human Services' (County) 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 on November 29, 2021 to December 3, 2021. An exit interview was held on December 3, 2021, to review preliminary findings.

### Key Findings of the Report

Overall, the Auditors found substantial compliance concerns in addition to demonstrated compliance in certain areas (e.g., well-developed civil rights policies). 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:** It is not clear whether the Publication 13 "Your Rights Under California Welfare Programs" (PUB 13) is available in all translations provided by CDSS in the most recent revision. Some locations distribute an outdated version of the PUB 13 in alternate formats such as braille and audio.
- **Accessible Facilities:** All facilities reviewed had inaccessible features, including barriers to equal, safe use of parking areas and bathroom facilities.
- **Documentation of Applicant/Recipient Case Records:** All programs reviewed had gaps, errors and/or inconsistencies in documentation of applicant/recipient case records, particularly related to reasonable accommodations (RA) for persons with disabilities and language services.
- **Reasonable Accommodation Policy:** The County's Reasonable Accommodation Policy and employee handbook provisions regarding RAs have deficiencies including incomplete and/or incorrect information regarding making, receiving, documenting and responding to RA needs and requests.
- **Civil Rights Complaint Processes:** The County's policies and procedures for discrimination complaint handling have deficiencies including a lack of clear, robust guidance for staff on receiving and assisting applicants/recipients with complaints and inaccurate and incomplete complaint evaluation information.
- **Civil Rights Staff Training:** Current civil rights training includes errors and omissions and lacks operational detail regarding topics such as identifying and responding to RA needs and requests.
- **Monitoring Vendor Compliance with Civil Rights Requirements:** The County's procedure for monitoring vendor compliance lacks clarity and

operational detail regarding topics such as staff training, discrimination complaint handling, and services for individuals with disabilities.

## **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 Civil Rights Compliance Plan (Annual Plan) and attachments
- Previous County Compliance Review reports and corresponding corrective action plans (CAP)
- Program Integrity Division Reasonable Accommodations policy



- Relevant portions of the Transitional Assistance Department (TAD) Operations and Reference Handbook (ORHB), the Children and Family Services Administrations Operations Handbook (AOHB), the Department of Aging and Adult Services Administrative Handbook (DAHB), and the In-Home Supportive Services Handbook
- Civil rights discrimination complaint database for a complete listing of complaints filed January 2020 through July 2021
- Complaint Logs for January 2020 through July 2021
- Language/interpretive services forms used by CalFresh and CalWORKs (TAD programs) and IHSS programs

### **Locations Reviewed**

- 15020 Palmdale Road, Victorville (Victorville CFS)
- 536 E. Virginia Way, Barstow (Barstow DAAS)
- 1627 E. Holt Boulevard, Ontario (Ontario TAD 75)

### **Programs Reviewed**

- CalFresh (TAD program)
- CalWORKs (TAD program)
- Children and Family Services (CFS)
- In-Home Supportive Services (IHSS)
- Fraud Investigative Unit (FIU)

### **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 community groups. The following organizations were contacted for feedback:
  - [Inland Counties Legal Services, Inc.](#) (455 N. D Street, San Bernardino, CA 92401)
  - [IHSS Advocates](#) (4195 Chino Hills Parkway #468, Chino Hills, CA 91709)
  - [Hope Consulting and Advocacy](#) (13657 Norton Avenue, Chino, CA 91710)
  - [American Advocacy Group](#) (2082 Business Center Drive, Suite 235, Irvine, CA 92612)
  - [Disability Rights California](#) (3602 Inland Empire Boulevard, Suite C-110, Ontario, CA 91764)

- [Legal Services of Northern California](#) (515 13<sup>th</sup> Street, Sacramento, CA 95814)
- [California Coalition of Welfare Rights Organizations](#) (CCWRO) (1111 Howe Avenue #635, Sacramento, CA 95825)
- [Public Interest Law Project](#) (449 15th Street, Suite 301 Oakland, California 94612)
- [Asian Pacific American Legal Center](#) (1145 Wilshire Boulevard, Los Angeles, CA 90017)
- [Western Center on Law and Poverty](#) (1107 Ninth Street, Suite 700, Sacramento, CA 95814)

### **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

### **Staff Survey Summary**

- Auditors distributed a total of 94 surveys to County staff, including certified bilingual staff. Fifty-four (54) surveys were completed. Forty (40) surveys were not completed by staff (approximately 43%), despite reminders from Auditors.
  - Eligibility workers (EW): 21 of 39 surveys were completed.
  - Adult program workers (APW): 9 of 15 surveys were completed.
  - Children's social workers (CSW): 9 of 17 surveys were completed.
  - Office assistants/navigators (OA): 8 of 13 surveys completed.
  - Program supervisors: 7 of 10 surveys were completed.

### **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 Non-English Proficient/Limited English Proficient (NEP/LEP) persons 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?*

Yes. The County accepts applications by mail, by phone, online, and in person. CFS and IHSS regularly offer extended contact hours, and TAD programs CalFresh and CalWORKs do so on a case-by-case basis.

*Can clients, including those with disabilities, access services when they are unable to go to an office?*

Yes. Clients who are unable to go to an office can access services via a home visit and/or telephone or video appointments. CWS and IHSS regularly conduct home visits, and CalFresh and CalWORKs do so on a case-by-case basis.

*Does the County ensure the awareness of available services to individuals in remote areas?*

Yes. The County provides program information via the [San Bernardino County website](#) as well as via social media. The County also participates in regular meetings with representatives from approximately 60 community- and faith-based organizations to share information, answer questions, and ensure those organizations have an understanding of available programs. The County also periodically participates in a live call-in program on the local Spanish-language radio station to provide information and answer questions. In addition, the County contracts with the 211 phone service to make applicants/recipients aware of a wide range of resources. The County also pairs EWs with Social Workers (SW) for monthly visits to Senior Centers, where EWs share information about CalFresh and assist seniors with online applications.

The County does not have an office in Trona, but it serves applicants/recipients at a Department of Public Health office there two days per month. Trona residents can also access the County's online services.

*How does the County make services and outreach available to applicants/recipients who cannot read or write?*

The County reaches applicants/recipients who cannot read or write via radio and social media outreach on YouTube, Facebook, and Instagram. The County also provides an audio CD version of the PUB 13 at office locations.

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

Somewhat. According to the Annual Plan, civil rights posters “And Justice for All” (AD 475B) and “Equal under the Law” (PUB 86) are posted in the reception areas of all office locations. Information is posted in English and Spanish in County offices to notify applicants/recipients with disabilities of their rights under the ADA. The PUB 13 is available in some languages and alternate formats at office locations (see additional information below), and staff in most programs are required to provide the PUB 13 to applicants/recipients at intake/application, re-evaluation/recertification, and whenever they express an allegation of discrimination.

Auditors observed that the [County's CFS webpage](#) includes information about how to file a discrimination complaint with the Civil Rights Coordinator's office that is clearly presented in a logical place. However, Auditors did not observe information regarding the County's civil rights program, Civil Rights Coordinator, or civil rights complaint process on its webpages for TAD or Department of Aging and Adult Services (DAAS), which includes IHSS.

*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? 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, for certain programs. TAD has a call center that answers calls for all TAD program offices in the County. Neither CFS nor DAAS has an analogous call center line. The TAD call center has an Interactive Voice Response (IVR) system with language options for English and Spanish. The IVR system lacks an option to request free interpretive services in other languages. Callers who speak other languages must select one of the available options and ask for an interpreter in their language.

This same call center number serves as the County point of contact for TAD program recipients with open cases. Callers with open cases are connected with available program staff who are assigned to rotating task-based groups. According to the Civil Rights Coordinator, this system eliminates the need to provide new worker contact information to recipients when there are staffing changes. High call volume is managed by assigning additional staff to respond to calls, as needed. However, as noted in Section X, below, community advocates report that this system often leads to jammed phone lines that prevent applicants/recipients from contacting County workers by phone, a problem that may tend to have a disparate impact on applicants/recipients who are NEP/LEP as well as applicants/recipients with disabilities.

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

Yes. According to the Civil Rights Coordinator, the County did not completely close any offices or lobbies during the pandemic. Instead, the County maintained limited staffing at all offices to continue providing in-person essential services.

### **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?*

Mostly. Spanish is the only non-English language that meets the 5% threshold for any County program or location, and TAD, CFS, and IHSS all treat Spanish and English as threshold languages for all programs and locations. Div. 21-104(s)(2), 21-207.212.

All informational and directional signs in the building entrances and lobbies of the facilities under review are posted in English and Spanish. However, according to the Facilities Assessment for the Barstow DAAS location, Interview Room signage is missing in Spanish.

*Is the CDSS pamphlet “Your Rights under California Welfare Programs” (PUB 13) available in all waiting rooms and reception areas? 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? Is the current version (rev. 08/20) of the PUB 13 available in alternate formats?*

Not in all languages or formats. According to the Annual Plan, the ORHB, the AOHB and the DAHB, the PUB 13 must be displayed and available in all lobbies/reception areas in English and Spanish and must be available through reception in all CDSS-translated languages, in audio CD format in English and Spanish, and in braille and large font. The County also reports that the CDSS website is checked twice per year for updated versions of the PUB 13.

The facilities reviews indicate that the current version of the PUB 13 is available in English and Spanish at all facilities under review but not in other CDSS-translated languages. Although the facilities reviews confirmed that the current version of the audio PUB 13 is available at these facilities, the County did not specify the available language(s) for this format. Braille and large font versions of the PUB 13 are available, but in an outdated version (2016).

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

Somewhat, with wide variation among programs. According to the Annual Plan, the ORHB, and the Program Integrity Division (PID) Reasonable Accommodation policy, TAD program staff provide the PUB 13 to applicants/recipients at application and re-evaluation and whenever they express a belief that they have experienced discrimination. The TAD policies are silent regarding explaining the PUB 13 to applicants/recipients. The DAHB requires IHSS workers to give and explain the PUB 13 to applicants/recipients at those same junctures. The AOHB requires CFS staff to provide and explain the PUB 13 at initial contact (e.g., investigation, dependency, or court information), and thereafter on a yearly basis if their whereabouts are known and the child is not placed in legal guardianship or adoption.

During CalFresh case review, Auditors observed that 5 of 7 total cases reviewed documented the provision and explanation of the PUB 13 in the CalSAWS Case Journal. For those cases involving applicants/recipients who are NEP/LEP, case journal entries did not specify the language of the PUB 13, but correct translated versions were observed in CalSAWS Distributed Documents in all but one case.

During CalWORKs case review, Auditors observed that all 11 cases reviewed documented the provision and explanation of the PUB 13 in the CalSAWS Case Journal. For all cases involving applicants/recipients who are NEP/LEP, the PUB 13 language was not specified but appropriate translated versions were observed in CalSAWS.

During IHSS case review, Auditors observed that all 9 cases reviewed documented the provision of the PUB 13 in the CMIPS Assessment Narrative, with 6 also documenting that the PUB 13 was explained. For those cases involving applicants/recipients who are NEP/LEP, the PUB 13 language was not documented or available for viewing in CMIPS. Program staff informed Auditors that they provide the PUB 13 in all CDSS-translated languages to applicants/recipients.

CFS program personnel informed Auditors that their workers have discretion as to how to document provision of the PUB 13, which likely contributes to the inconsistencies Auditors observed during CFS case review. Of 6 total cases reviewed, all documented the provision, but not the explanation, of the PUB 13 in various CWS/CMS locations: Delivered Service Log (DSL) Contact notes (2 cases); CWS/CMS Placement page (2 cases); in both of these locations (1 case); and by the application of the Case Management Service category "Provide Your Rights brochure" to a DSL Contact note that itself did not mention the PUB 13 (1 case). Auditors note that this inconsistency hinders the County's ability to ensure and demonstrate compliance with Division 21

requirements. The language of the PUB 13 was documented in 1 of 3 NEP/LEP cases reviewed.

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

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

Yes. Based on facility reviews, current versions of required posters are present in office lobbies of all reviewed locations.

### **Corrective Action**

- 1. Directional and instructional signage:** The County shall ensure that instructional and directional signs are posted in waiting areas and other places that are frequented by clients and that where such areas are frequented by a substantial number of non-English-speaking clients, such signage shall be translated into appropriate languages. Div. 21-107.212. A substantial number of non-English-speaking clients encompasses languages spoken by 5 percent or more of persons visiting each location. It also encompasses languages spoken by 5 percent or more of persons in a program that is administered at each location. Div. 21-104(s)(2). As part of the CAP, the County shall ensure that required signage is posted at the Barstow DAAS location.
- 2. Translated PUB 13:** As part of the CAP, the County shall ensure that the PUB 13 is available in all program lobbies in all languages translated by CDSS. Div. 21-115.2, 21-107.22. The PUB 13 must be available in the most recent revision.
- 3. PUB 13 in alternate formats:** As part of the CAP, the County shall ensure the availability of large print, braille, and auditory aids for participants in all programs for which CDSS has oversight responsibility. Div. 21-115.4. The County shall furnish all offices with braille, large print, and audio recordings of the PUB 13 based on the most recent revision of the PUB 13. As communicated to the County during this Audit, counties are responsible for ensuring the availability of the current PUB 13 in braille.
- 4. 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 PUB 13 must be distributed at intake and renewal/recertification because these bear on eligibility. 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. As part of the CAP, the County shall:

- a. Revise the ORHB and the PID RA policy to require that the PUB 13 be provided and explained.
- b. Revise the ORHB, PID RA policy, DAHB, and AOHB to require that workers document the language in which the PUB 13 was provided to each applicant/recipient.
- c. For CFS, work with program personnel to determine the best method of documenting the provision and explanation of the PUB 13 in a way that is readily identifiable and searchable in CWS/CMS and revise the AOHB to require such documentation.

## **Recommendations**

**Dissemination of information:** The County should consider adding the Civil Rights Coordinator's contact information and information about the civil rights complaint process to the TAD and DAAS web pages, including links to the PUB 13 and discrimination complaint form.

**Call Center:** The County should assess its Call Center line usage to determine whether the current system consistently and adequately handles call volume. This assessment should include feedback from applicants/recipients and community advocates. Deficiencies should be promptly remedied.

## **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 7<sup>th</sup> 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: Victorville CFS**

#### *Parking and Route to Main Door*

Required signage is missing.

- **Regulation:** The additional sign shall clearly state in letters with a minimum height of 1 inch the following: "Unauthorized vehicles parked in designated accessible spaces not displaying distinguishing placards or special license plates issued for persons with disabilities will be towed away at the owner's expense. Towed vehicles may be reclaimed at: \_\_\_\_\_ or by telephoning \_\_\_\_\_.  
Blank spaces shall be filled in with appropriate information as a permanent part of the sign. CA T24 11B-502.8.2; CARM pg. 159.

Height of parking stall signage for Parking Spaces 1-3 and 4-12 is too short at 75 inches above the floor/ground surface. There is no parking stall signage for Parking Space 4 identifying it as accessible.

- **Regulation:** Parking space identification 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.

- **Regulation:** A parking space identification sign shall be visible from each parking space. Signs shall be permanently posted either immediately adjacent to the parking space or within the projected parking space width at the head end of the parking space. Signs may also be permanently posted on a wall at the interior end of the parking space. CA T24 11B-502.6.3; CARM pg. 158.
- **Regulation:** Parking identification signs shall be reflectorized with a minimum area of 70 square inches. CA T24 11B-502.6.1; CARM pg. 158.
- **Regulation:** Parking space identification signs shall include the International Symbol of Accessibility complying with Section 11B-703.7.2.1 in white on a blue background. CA T24 11B-502.6; ADAS 502.6; CARM pg. 158.
- **Regulation:** Additional language or an additional sign below the International Symbol of Accessibility shall state "Minimum Fine \$250." CA T24 11B-502.6.2; CARM pg. 158.

Directional signage is missing at decision point(s) where the accessible route diverges from the general route.

- **Regulation:** Directional signs complying with Section 11B-703.5, including the International Symbol of Accessibility complying with Section 11B-703.7.2.1, indicating the accessible route to the nearest accessible entrance shall be provided at junctions when the accessible route diverges from the regular circulation path. CA T24 11B-216.6; CARM pg. 35.

Diameter of handrail gripping surface for Parking Ramp 1 is too great at 5 inches.

- **Regulation:** Handrail gripping surfaces with a circular cross section shall have an outside diameter of 1 ¼ inches minimum and 2 inches maximum. CA T24 11B-505.7.1; ADAS 505.7.1; CARM pg. 287.

### Building Entrance

Signs with visual characters less than 40 inches above the finish floor or ground are too low.

- **Regulation:** Visual characters shall be 40 inches minimum above the finish floor or ground. CA T24 11B-703.5.6; ADAS 703.5.6; CARM pg. 449.

### Lobby

The PUB 13 is not available in all CDSS translations or in braille or large print in its most current version. See Section III for Corrective Action.

The County provided inconsistent information regarding whether visual emergency alarms are present. The County shall, as part of the CAP, clarify its response, assess compliance with the applicable regulation, address any identified noncompliance, and explain the results of these steps.

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

### Interview Rooms

The height of the work surface in Interview Rooms 1-5 and 7-10 is too low at 27 inches. In Interview Rooms 1-5 and 10, the depth of knee clearance under the work surface at 27 inches off the finish floor is insufficient at 18 inches deep and insufficient at 12 inches deep in Interview Rooms 11 and 12.

- **Regulation:** The tops of dining surfaces and work surfaces shall be 28 inches minimum and 34 inches maximum above the finish floor or ground. CA T24 11B-902.3; ADAS 902.3; CARM pg. 316.
- **Regulation:** At dining and work surfaces required to be accessible, knee clearance shall extend 19 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11B-306.3.3 (Exception 2); CARM pg. 305.

### Restrooms

The County did not provide an exact measurement of the force required to open the door of Restroom 1 or 2, but instead stated “[l]ess than 5 pounds” for each. As part of the CAP, the County shall provide exact measurements (which are particularly important for maintaining compliance where measurements fluctuate, such as door pressure), assess compliance with the applicable regulation, address any identified noncompliance, and explain the results of these steps.

- **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 outside diameter of the grab bars in Restrooms 1 and 2 is too great at 5 inches.

- **Regulation:** Grab bars with circular cross sections shall have an outside diameter of 1 ¼ inches minimum and 2 inches maximum. CA T24 11B-609.2.1; ADAS 609.2.1; CARM pg. 427.

The depth of the accessible urinal measured from the outer face of the urinal rim to the back of the fixture is insufficient at 8 inches.

- **Regulation:** Urinals shall be 13 ½ inches deep minimum measured from the outer face of the urinal rim to the back of the fixture is insufficient at 8 inches. CA T24 11B-605.2; ADAS 605.2; CARM pg. 407.

The County did not provide the diameter of the circular door signage for Restroom 2. As part of the CAP, the County shall provide this information, assess compliance with the applicable regulation, address any identified noncompliance, and explain the results of these steps.

- **Regulation:** A circle symbol shall be located at entrances to women's toilet and bathing facilities. The circle shall be ¼ inch thick and 12 inches in diameter. CA T24 11B-703.7.2.6.2; CARM pg. 376.

The length of the clear ground space in front of the sink in Restroom 2 is insufficient at 24 inches.

- **Regulation:** Units shall have a clear floor or ground space complying with Section 11B-305 positioned for a forward approach and centered on the unit. CA T24 11B-602.2; ADAS 602.2; CARM pg. 371.
- **Regulation:** The clear floor or ground space shall be 30 inches minimum by 48 inches minimum. CA T24 11B-305.3; ADAS 305.3; CARM pg. 303.

## **Facility Location: Barstow DAAS**

### *Parking and Route to Main Door*

Required signage is missing.

- **Regulation:** The additional sign shall clearly state in letters with a minimum height of 1 inch the following: "Unauthorized vehicles parked in designated accessible spaces not displaying distinguishing placards or special license plates issued for persons with disabilities will be towed away at the owner's expense. Towed vehicles may be reclaimed at: \_\_\_\_\_ or by telephoning \_\_\_\_\_.  
Blank spaces shall be filled in with appropriate information as a permanent part of the sign. CA T24 11B-502.8.2; CARM pg. 159.

There are changes of level within Parking Space 1 or its access aisle.

- **Regulation:** Parking spaces and access aisles serving them shall comply with Section 11B-302. Access aisles shall be at the same level as the parking spaces

they serve. Changes in level, slopes exceeding 1 to 48, and detectable warnings shall not be permitted. CA T24 11B-502.4; ADAS 502.4.

The County provided internally inconsistent information regarding curb ramps and blended transitions in the accessible route for Parking Spaces 1 and 2. As part of the CAP, the County shall clarify whether there are or are not changes in level that meet either of the descriptions provided, assess compliance with the applicable regulations, address any identified noncompliance, and explain the results of these steps.

- **Regulation:** Changes in level of ¼ inch high maximum shall be permitted to be vertical and without edge treatment. CA T24 11B-303.2; ADAS 303.2; CARM pg. 207.
- **Regulation:** Changes in level between ¼ inch high minimum and ½ inch high maximum shall be beveled with a slope not steeper than 1 to 2. CA T24 11B-303.3; ADAS 303.3; CARM pg. 207.
- **Regulation:** Changes in level greater than ½ inch high shall be ramped, and shall comply with Section 11B-405 or 11B-406. CA T24 11B-303.4; ADAS 303.4; CARM pg. 207.

The access aisle for van accessible Parking Space 2 is on the left side of the space.

- **Regulation:** Access aisles shall be permitted to be placed on either side of the parking space except for van parking spaces which shall have access aisles located on the passenger side of the parking spaces. CA T24 11B-502.3.4; ADAS 502.3.4; CARM pg. 167.

### Building Entrance

The County did not respond to Context Questions 1 or 4. As part of the CAP, the County shall provide the requested information.

The force required to open public entrance door is too great at 10 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 County indicated that the doorway threshold has a change in level between ¼ inch and ½ inch that is not beveled or over ½ inch that is not ramped but did not provide the measurement for the change in level. As part of the CAP, the County shall provide the level, assess compliance with the applicable regulations, address any identified noncompliance, and explain the results of these steps

- **Regulation:** Changes in level between ¼ inch high minimum and ½ inch high maximum shall be beveled with a slope not steeper than 1 to 2. CA T24 11B-303.3; ADAS 303.3; CARM pg. 207.
- **Regulation:** Changes in level greater than ½ inch high shall be ramped and shall comply with Section 11B-405 or 11B-406. CA T24 11B-303.4; ADAS 303.4; CARM pg. 207.

There is no ISA sign marking the public entrance at this facility, and there is no directional signage to an accessible entrance.

- **Regulation:** In existing buildings and facilities where not all entrances comply with Section 11B-404 (Doors, doorways, and gates), entrances complying with Section 11B-404 shall be identified by the International Symbol of Accessibility. CA T24 11B-216.6; ADAS 216.6; CARM pg. 35.

Signs with visual characters less than 40 inches above the finish floor or ground are too low.

- **Regulation:** Visual characters shall be 40 inches minimum above the finish floor or ground. CA T24 11B-703.5.6; ADAS 703.5.6; CARM pg. 449.

### Lobby

There is no counter available for use by the public that is 36 inches long minimum and 34 inches high maximum above the finish floor or ground. The County's response indicates that it provides a table as an alternative work surface. The County shall, as part of the CAP, provide the table dimensions, including height and the knee and toe space beneath it, assess compliance with the applicable regulations, address any identified noncompliance, and explain the results of these steps.

- **Regulation:** A portion of the counter surface that is 36 inches long minimum and 34 inches high maximum shall be provided. CA T24 11B-904.4.2; CARM pg. 322.
- **Regulation:** Dining surfaces and work surfaces shall comply with Sections 11B-902.2 and 11B-902.3. CA T24 11B-902.1; ADAS 902.1; CARM pg. 315.
- **Regulation:** ...[W]here work surfaces are provided for use by other than employees, at least 5 percent shall comply with Section 11B-902. CA T24 11B-226.1; ADAS 226.1; CARM pg. 315.
- **Regulation:** The tops of dining surfaces and work surfaces shall be 28 inches minimum and 34 inches maximum above the finish floor or ground. CA T24 11B-902.3; ADAS 902.3; CARM pg. 316.
- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches deep minimum at 9 inches above the finish floor or ground.... At dining and work surfaces required to

be accessible, knee clearance shall extend 19 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11B-306.3.3 (Exception 2); CARM pg. 305.

Audible emergency alarms are present but cannot be heard in the lobby.

- **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.

The PUB 13 is not available in all CDSS translations or in braille or large print in its most current version. See Section III for Corrective Action.

### Interview Rooms

The County identified the Staff Conference Room as the location that would accommodate an individual using a wheelchair when the accessible interview room is occupied, but it did not identify the Conference Room on the floor plan, provide a photo, or complete Worksheet 4 for that room. As part of the CAP, the County shall provide this information and documentation, assess compliance with applicable regulations, address any identified noncompliance, and explain the results of these steps.

The height of the work surface in Interview Room 1 is too low at 27 inches.

- **Regulation:** The tops of dining surfaces and work surfaces shall be 28 inches minimum and 34 inches maximum above the finish floor or ground. CA T24 11B-902.3; ADAS 902.3; CARM pg. 316.

The County did not provide the requested information regarding directional and/or instructional signage for which threshold language translations are missing. See Section III for Corrective Action.

### Restrooms

The accessible unisex restroom lacks a combined circle and triangle symbol.

- **Regulation:** A combined circle and triangle symbol shall be located at entrances to unisex toilet and bathing facilities. The combined circle and triangle symbol shall consist of a circle symbol  $\frac{1}{4}$  inch thick and 12 inches in diameter with a  $\frac{1}{4}$  inch thick equilateral triangle symbol superimposed and geometrically inscribed within the 12-inch diameter of the circle. The vertices of the triangle symbol shall be located  $\frac{1}{4}$  inch maximum from the edge of the circle symbol with a vertex pointing upward.... The color of the circle symbol shall contrast with the color of

the door or surface on which the combined circle and triangle symbol is mounted... either light on a dark background or dark on a light background. CA T24 11B-703.7.2.6.3; CARM pg. 376-377.

The County appears to have provided incorrect information about the height of the sign on the restroom door, since no signage with combined circle and triangle symbol is placed there. As part of the CAP, the County shall provide this information and documentation, assess compliance with applicable regulations, address any identified noncompliance, and explain the results of these steps.

- **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-703.7.2.5; CARM pg. 376.

The length of the clear ground space in front of the sink in this restroom is insufficient at 22 inches.

- **Regulation:** Units shall have a clear floor or ground space complying with Section 11B-305 positioned for a forward approach and centered on the unit. CA T24 11B-602.2; ADAS 602.2; CARM pg. 371.
- **Regulation:** The clear floor or ground space shall be 30 inches minimum by 48 inches minimum. CA T24 11B-305.3; ADAS 305.3; CARM pg. 303.

The distance from the toilet to the side wall or partition measured from centerline of toilet to side wall or partition is insufficient at 15 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.

The top of the gripping surface for both grab bars is too low at 31 inches.

- **Regulation:** Grab bars shall be installed in a horizontal position, 33 inches minimum and 36 inches maximum above the finish floor measured to the top of the gripping surface. CA T24 11B-609.4; ADAS 609.4; CARM pg. 428.

The outside diameter of the grab bars is too great at 4 inches.

- **Regulation:** Grab bars with circular cross sections shall have an outside diameter of 1 ¼ inches minimum and 2 inches maximum. CA T24 11B-609.2.1; ADAS 609.2.1; CARM pg. 427.



The distance from front edge of toilet to toilet paper dispenser measured from centerline of toilet paper dispenser is too great at 24 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 centerline of the dispenser. CA T24 11B-604.7.1; ADAS 604.7; CARM pg. 389.

## **Facility Location: Ontario TAD 75**

### Parking and Route to Main Door

Required signage is missing.

- **Regulation:** The additional sign shall clearly state in letters with a minimum height of 1 inch the following: "Unauthorized vehicles parked in designated accessible spaces not displaying distinguishing placards or special license plates issued for persons with disabilities will be towed away at the owner's expense. Towed vehicles may be reclaimed at: \_\_\_\_\_ or by telephoning \_\_\_\_\_.  
Blank spaces shall be filled in with appropriate information as a permanent part of the sign. CA T24 11B-502.8.2; CARM pg. 159.

Parking Spaces 1, 2, 3, 4, 5 and 6 are missing additional signage or language below the ISA that states "Minimum Fine \$250."

- **Regulation:** Additional language or an additional sign below the International Symbol of Accessibility shall state "Minimum Fine \$250." CA T24 11B-502.6.2; CARM pg. 158

The access aisle shared by Parking Spaces 1 and 2 is missing the following surface identification: the words "NO PARKING" and hatched lines within the blue border lines.

- **Regulation:** Access aisles shall be marked with a blue painted borderline around their perimeter. The area within the blue borderlines shall be marked with hatched lines a maximum of 36 inches on center in a color contrasting with that of the aisle surface, preferably blue or white. The words "NO PARKING" shall be painted on the surface within each access aisle in white letters a minimum of 12 inches in height and located to be visible from the adjacent vehicular way. Access aisle markings may extend beyond the minimum required length. CA T24 11B-502.3.3; ADAS 502.3.3; CARM pp. 165-167.

For Parking Spaces 1 and 2 and their shared access aisle, the County's responses regarding changes in level appear to be inconsistent with the corresponding photos. See worksheet sections on "Floor or Ground Surfaces" and "Curb Ramps and Blended Transitions." In addition, the "Curb Ramps and Blended Transitions" section for Parking Space 2 is missing. There is a visible incline in the photos from the parking ground surface to the curb, but no information was provided about that change in level. As part of the CAP, the County shall provide measurements for this incline for Parking Spaces 1 and 2 and their shared access aisle, assess compliance with applicable regulations, address any identified noncompliance, and explain the results of these steps.

- **Regulation:** Changes in level of ¼ inch high maximum shall be permitted to be vertical and without edge treatment. CA T24 11B-303.2; ADAS 303.2; CARM pg. 207.
- **Regulation:** Changes in level between ¼ inch high minimum and ½ inch high maximum shall be beveled with a slope not steeper than 1 to 2. CA T24 11B-303.3; ADAS 303.3; CARM pg. 207.
- **Regulation:** Changes in level greater than ½ inch high shall be ramped, and shall comply with Section 11B-405 or 11B-406. CA T24 11B-303.4; ADAS 303.4; CARM pg. 207.

Wheel stops to prevent encroachment of vehicles over the required accessible path of travel to the accessible entrance are missing for Parking Spaces 1, 2, 3, 4, 5 and 6.

- **Regulation:** A curb or wheel stop shall be provided if required to prevent encroachment of vehicles over the required clear width of adjacent accessible routes. CA T24 11B-502.7.2; CARM 162.

Access aisle surface identification is present in the shared access aisle between Parking Spaces 3 and 4, but the paint is very faded.

- **Regulation:** Access aisles shall be marked with a blue painted borderline around their perimeter. The area within the blue borderlines shall be marked with hatched lines a maximum of 36 inches on center in a color contrasting with that of the aisle surface, preferably blue or white. The words "NO PARKING" shall be painted on the surface within each access aisle in white letters a minimum of 12 inches in height and located to be visible from the adjacent vehicular way. Access aisle markings may extend beyond the minimum required length. CA T24 11B-502.3.3; ADAS 502.3.3; CARM pp. 165-167.

The path of travel for Parking Spaces 3 and 4 requires persons with disabilities to travel behind parking spaces in order to access the accessible building entrance.

- **Regulation:** Parking spaces and access aisles shall be designed so that persons using them are not required to travel behind parking spaces other than to pass behind the parking space in which they parked. CA T24 11B-502.7.1; CARM pg. 162.

The access aisle for van accessible Parking Space 4 is on the left side of the space.

- **Regulation:** Access aisles shall be permitted to be placed on either side of the parking space except for van parking spaces which shall have access aisles located on the passenger side of the parking spaces. CA T24 11B-502.3.4; ADAS 502.3.4; CARM pg. 167.

The shared access aisle for Parking Spaces 3 and 4 overlaps the vehicular way. It is also missing access aisle surface identification.

- **Regulation:** Access aisles shall not overlap the vehicular way. CA T24 11B-502.3.4; ADAS 502.3.4; CARM pg. 165-167.
- **Regulation:** Access aisles shall be marked with a blue painted borderline around their perimeter. The area within the blue borderlines shall be marked with hatched lines a maximum of 36 inches on center in a color contrasting with that of the aisle surface, preferably blue or white. The words "NO PARKING" shall be painted on the surface within each access aisle in white letters a minimum of 12 inches in height and located to be visible from the adjacent vehicular way. Access aisle markings may extend beyond the minimum required length. CA T24 11B-502.3.3; ADAS 502.3.3; CARM pg. 165-167.

Accessible parking spaces 5 and 6 could be located closer to the accessible entrance, next to the building.

- Parking spaces complying with Section 11B-502 that serve a particular building or facility shall be located on the shortest accessible route from parking to an entrance complying with Section 11B-206.4. CA T24 11B-208.3.1; ADAS 208.3.1; CARM pg. 162.

### Building Entrance

The force required to open public entrance door is too great at 20 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 public entrance door handle hardware requires tight grasping, pinching, or twisting of the wrist to open.

- **Regulation:** Operable parts shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

The public entrance lacks an ISA sign marking the entrance, and there is no directional signage to an accessible entrance.

- **Regulation:** In existing buildings and facilities where not all entrances comply with Section 11B-404, entrances complying with Section 11B-404 shall be identified by the International Symbol of Accessibility complying with Section 11B-703.7.2.1. Directional signs complying with Section 11B-703.5 that indicate the location of the nearest entrance complying with Section 11B-404 shall be provided at entrances that do not comply with Section 11B-404. CA T24 11B-216.6; ADAS 216.6; CARM pg. 35.

### Lobby

The PUB 13 is not available in all CDSS translations or in braille or large print in its most current version in either Lobby 1 or Lobby 2. See Section III for Corrective Action.

### Interview Rooms

The County did not provide the clear width of the entrance door, presumably because it has interview booths, not interview rooms. The County shall, as part of the CAP, provide the clear width of the door to the area where each interview booth is located, assess compliance with the applicable regulation, address any identified noncompliance, and explain the results of these steps.

- **Regulation:** Door openings shall provide a clear width of 32 inches 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.

In Interview Room 2, the depth of knee clearance under the work surface at 27 inches off the finish floor is insufficient at 12 inches deep.

- **Regulation:** At dining and work surfaces required to be accessible, knee clearance shall extend 19 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11B-306.3.3 (Exception 2); CARM p. 305.

### Restrooms

The length of the clear ground space in front of the sink in Restrooms 1, 2 and 3 is insufficient at 40 inches, and in Restroom 4 it is insufficient at 34 inches.

- **Regulation:** Units shall have a clear floor or ground space complying with Section 11B-305 positioned for a forward approach and centered on the unit. CA T24 11B-602.2; ADAS 602.2; CARM pg. 371.
- **Regulation:** The clear floor or ground space shall be 30 inches minimum by 48 inches minimum. CA T24 11B-305.3; ADAS 305.3; CARM pg. 303.

In Restrooms 1, 2, and 4, the distance from the toilet to the side wall or partition measured from centerline of toilet to side wall or partition is too great at 20 inches, and in Restroom 3 it is insufficient at 14 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.

In Restrooms 1, 2, 3, and 4, the top of the gripping surface for both grab bars is too low at 32 inches.

- **Regulation:** Grab bars shall be installed in a horizontal position, 33 inches minimum and 36 inches maximum above the finish floor measured to the top of the gripping surface. CA T24 11B-609.4; ADAS 609.4; CARM pg. 428.

In Restrooms 1, 2, 3, and 4, the outside diameter of the grab bars is too great at 4 inches.

- **Regulation:** Grab bars with circular cross sections shall have an outside diameter of 1 ¼ inches minimum and 2 inches maximum. CA T24 11B-609.2.1; ADAS 609.2.1; CARM pg. 427.

In Restrooms 2 and 3, the distance from front edge of toilet to toilet paper dispenser measured from centerline of toilet paper dispenser is too great at 12 inches. In Restroom 4 it is too great at 18 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 centerline of the dispenser. CA T24 11B-604.7.1; ADAS 604.7; CARM pg. 389.

In Restrooms 3 and 4, the operable parts of the toilet protector dispenser are too high from the finish floor 44 and 43 inches, respectively.

- **Regulation:** All operable parts [of accessories], including coin slots, shall be 40 inches maximum above the finish floor. CA T24 11B-603.5; CARM pg. 382.

In Restroom 4, the height of the toilet tissue dispenser outlet measured from the finish floor is too low at 18 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 centerline of the dispenser. CA T24 11B-604.7.1; CARM pg. 389.

### Stairs and Elevators

The County appears to have provided the dimensions of the interior car control panel instead of the buttons. As part of the CAP, the County shall provide the requested information, assess compliance with the applicable regulation, address any identified noncompliance, and explain the results of these steps.

- **Regulation:** Buttons shall have square shoulders, be  $\frac{3}{4}$  inch minimum in their smallest dimension and be raised  $\frac{1}{8}$  inch plus or minus  $\frac{1}{32}$  inch above the surrounding surface. CA T24 11B-407.4.6.2.1; ADAS 407.4.6.2.1; CARM pg. 246.

The interior measurement from the back wall to the inside face of the elevator door is insufficient at 48 inches.

- **Regulation:** Inside dimensions of elevator cars and clear width of elevator doors shall comply with Table 11B-407.4.1 (54 inches for elevator cars with side (off-centered) doors). CA T24 11B-407.4.1; ADAS 407.4.1; CARM pg. 245.

The elevator lobbies on both floors 1 and 2 lack a visible signal at the elevator entrance to indicate which car is answering a call and the car's direction of travel.

- **Regulation:** A visible and audible signal shall be provided at each hoistway entrance to indicate which car is answering a call and the car's direction of travel. Where in-car signals are provided, they shall be visible from the floor area adjacent to the hall call buttons. CA T24 11B-407.2.2.1; ADAS 407.2.2.1; CARM pg. 242.

## **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 services 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?*

Mostly. According to the Annual Plan (Section V(C)(1)), workers "obtain primary language information for each [applicant/recipient] using either the application form and/or observation by the worker." Ninety-five (95) percent of EWs, 89% of APWs, and 100% of CSWs affirm that language needs are identified at first contact. For CSWs, first contact may occur via the Child and Adult Abuse Hot Line or under other circumstances or settings; TAD program and IHSS workers obtain the information via the application or during intake interviews.

However, only 63% of surveyed OAs report that language needs are identified at first contact; the remainder report being unsure. Auditors note that "I Speak" cards are reportedly maintained at reception areas for this purpose. Workers in this position may be among the first County staff with whom applicants/recipients visiting an office interact, so it is vital that they clearly understand the obligation to identify individuals' language needs and have the tools, training, and guidance to do so. Early identification of language needs can also reduce unnecessary delays for applicants/recipients.

*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 specific form to capture this information. Applicants/recipients self-declare on their applications and/or during intake interviews.

*Are primary written and spoken languages documented?*

Mostly, with variation among programs. For TAD programs, primary written and spoken language information is obtained from applications and/or during intake interviews, when it is input into the CalSAWS Individual Demographics page. For applicants/recipients who are NEP/LEP, workers apply the CalSAWS special indicator "flag" to electronic case files and include information about the individual's primary language and related needs in the flag notes field. During CalFresh case review, Auditors observed correct language documentation in 1 of 1 American Sign Language (ASL) case and 3 of 3 non-ASL NEP/LEP cases. During CalWORKs case review, Auditors observed correct language documentation in 2 of 2 ASL cases and 4 of 4 non-ASL NEP/LEP cases.

In IHSS, workers identify physical files of applicants/recipients who are NEP/LEP with a Special Case Identifier (such as a green dot) and also complete the County ITP 100 "Interpreter/Special Needs Form" to document primary language, interpretive service needs, and method used to provide interpretive services. IHSS Workers also document primary language information in the CMIPS Person Home page. During IHSS case review, Auditors observed correct language documentation in 1 of 1 ASL case and 2 of 4 non-ASL NEP/LEP cases. In the other 2 non-ASL NEP/LEP cases, Auditors observed discrepancies that staff were not able to explain between language information on the application and the ITP-100 form.

CDSS expresses a concern about the County's use of the term "special needs" and similar terms such as "special accommodations" in some of its policies and forms that pertain to services for applicants/recipients who are NEP/LEP and/or who have disabilities. See Recommendations, below, for further discussion.

In CFS, workers identify physical files of clients who are NEP/LEP by applying an orange CRS CR 1 sticker (which includes specific language information) to the physical file and also by documenting primary (and secondary, if applicable) language(s) of clients and their family members in the CWS/CMS Client I.D. page. During CFS case review, Auditors observed correct language documentation in 1 of 1 ASL case and 2 of 3 non-ASL NEP/LEP cases reviewed. In the third non-ASL NEP/LEP case, CWS/CMS identified the primary language of the child and both parents as Spanish and the secondary language for all as "Other non-English." A DSL Contact note dated March 24, 2021 specifically identified the "other non-English" language by name. Notably, that



same Contact note documented the child's report to the worker that her parents speak the other language as well as "some" Spanish, which would tend to suggest that the other language should have been identified as the parents' primary language with Spanish as secondary. Program staff were not able to explain the reason for this inconsistency.

The FIU CalSAWS Special Investigation Detail (SID) page includes a data field for primary language. Auditors were informed that a worker sending a fraud referral is expected to affirmatively enter the referral subject's primary language unless the information has already been entered into the CalSAWS program case file. Auditors observed that the SID language field was completed in 8 of 14 total NEP/LEP cases reviewed; in the remaining 6 cases, the SID language field was not completed, but the referral subject's primary language was observed to be identified in the CalSAWS program records. FIU staff reported to Auditors that investigators' first step upon case assignment is to review the subject's CalSAWS Summary page information, including primary language.

*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? For example, does the County have a contracted language line provider, a county interpreter list, or any other interpreter process?*

Mostly. According to the Annual Plan, the County uses bilingual certified workers as well as interpretive service contractors to provide the necessary services. In TAD programs, the County assigns Spanish speaking applicants/recipients to a Master Assignment Queue (MAQ) that is staffed by certified bilingual workers, a process that appears to function effectively. Spanish certified workers are available in all office locations and are searchable via CalSAWS to respond to other needs for interpretive and/or translation services. When bilingual staff are not available, TAD, IHSS, and CFS workers may utilize on-demand telephone and/or video remote interpretive services, including ASL, via a contracted provider. For scheduled appointments requiring an interpreter, staff submit a request to PID. Program-specific handbooks each contain detailed instructions on procuring an interpreter.

FIU has access to the same range of interpreter services, but Auditors did not observe any written policy or procedure governing FIU use of these services. Instead, the decision appears to be left to the discretion of investigators and supervisory staff, an approach that may lead to inconsistent or arbitrary implementation by the County.

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

Inconsistently. The above-described documentation errors and inconsistencies, as well as additional deficiencies discussed below, raise concerns about whether the County provides appropriate bilingual services consistently across all programs.

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

Yes. Staff survey responses reveal significant wait times to obtain interpretive services once a need is identified. Among surveyed EWs, 43% report wait times of 3-10 minutes; 19% report wait times of 10-15 minutes; and 24% report wait times of more than 15 minutes. Among surveyed APWs, 33.5 % report wait times of 3-10 minutes; 33.5 % report wait times of 10-15 minutes; and 11% report wait times of more than 15 minutes. Among surveyed CSWs, 22% report wait times of 3-10 minutes; and 33% report wait times of more than 15 minutes. Among surveyed OAs, 12.5% report wait times of 3-10 minutes; 12.5% report wait times of 10-15 minutes; and 50% report wait times of more than 15 minutes. These results are notable for their consistency across employment groups and programs in reporting significant wait times for interpretive services, which raises concerns about disruption and delay in meeting the communication needs of applicants/recipients or their family members requiring language access support.

*Does the County have adequate bilingual staffing levels?*

Unclear. The County's Annual Plan provides incomplete language-related data, so CDSS is able to draw conclusions regarding IHSS and CFS but not regarding TAD programs. The County's bilingual staffing analysis for IHSS provides clear, precise information indicating adequate staffing for all locations and employment groups except 1 office that needs an additional social worker/practitioner; and 5 of 6 offices that each need at least 1 additional bilingual clerical staff member. The staffing analysis for CFS confirms that bilingual staffing levels are adequate for that program and its locations.

The County's bilingual staffing analysis for TAD in the Annual Plan provides information regarding total staff and total bilingual staff for all public contact positions and all locations, asserting that these programs maintain adequate bilingual staffing levels by having bilingual certified staff work across programs at each location, and employing 13 full-time Spanish interpreters/translators across 10 locations. However, the data do not include either the number of required bilingual staff for these programs and locations and/or corresponding hiring goals. CDSS recognizes that for counties using a call center or similar non-location-based service delivery model for certain programs, a location-specific calculation of required bilingual staff may no longer be appropriate. However, in such circumstances, counties must still calculate the required number of bilingual staff within each major public contact occupational group by program. Without such a calculation, there is no way for either counties or CDSS to verify the sufficiency of bilingual staffing levels. See Corrective Action below.

*Are County interpreters certified?*

Yes. Staff who provide bilingual services are certified by the County.

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

Yes. In TAD, CFS, and IHSS the County allows minors to be interpreters under clearly defined and strictly limited circumstances. The applicable handbook for each program states that a minor may only be used “to the extent necessary to [r]eschedule an appointment, or [d]etermine the appropriate language need of the adult so an appropriate interpreter may be provided.” See County ORHB #4052 C-12; DAHB #0082 G-11; AOHB #0090 P2-V-32.

Auditors did not observe similar written policy or procedure governing FIU use of minors as interpreters. Instead, the decision appears largely discretionary for investigators, an approach that (as noted above) may lead to inconsistent or arbitrary implementation by the County.

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

Yes. The applicable handbooks for TAD, IHSS, and CFS all allow applicants/recipients/clients to provide their own interpreters, although the AOHB states that a CSW “should only use family/friends to interpret to schedule appointments and use professional interpreters or certified CFS staff when conducting interviews or obtaining/providing confidential information.”

Auditors did not observe similar written policy or procedure governing FIU. Instead, the decision appears largely discretionary to investigators. CDSS notes the concern that this can lead to inconsistent or arbitrary implementation by the County.

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

The applicable handbooks for TAD, CFS, and IHSS all contain specific, detailed requirements governing language services documentation. However, Auditors observed discrepancies between these written policies and staff implementation across all reviewed programs.

The ORHB requires TAD workers to “document every offer of translation and interpreter services when a customer’s language is other than English” (ORHB #4062 J-12) in CalSAWS journal entries, including the interpreter’s name and relationship to the applicant/recipient or case (e.g., bilingual county employee, agency interpreter, or friend

or family member of applicant/recipient), and that the worker discussed the risk of ineffective communication when using an applicant/recipient-provided interpreter. The ORHB also requires a signed Release of Information form (TAD 228) from the applicant/recipient whenever someone other than a County certified bilingual employee serves as an interpreter.

During CalFresh case review, Auditors observed correct documentation in 3 of 3 total non-ASL NEP/LEP cases. In the one ASL case reviewed, a journal entry documented the use of an applicant/recipient-provided interpreter but lacked both a signed release and documentation of notification of the risk.

During CalWORKs case review, Auditors observed correct documentation in 2 of 2 ASL cases and 3 of 4 total non-ASL NEP/LEP cases. The 4<sup>th</sup> case contained an unexplained discrepancy between the journal entry (which documented interpretive services provided by bilingual staff) and the Interpreter Request form (which documented vendor-provided services).

The DAHB states that for every contact with an applicant/recipient who is NEP/LEP, IHSS workers must document the method used for bilingual services, the language of the conversation, the County's offer to provide free interpretive services, and notice of the risk if a self-provided interpreter was used in CMIPS Assessment Narrative. Workers must also complete an ITP 100 form each time an IHSS applicant/recipient requires an interpreter regardless of method and obtain a signed Release form (DAAS 501) whenever someone other than a County-certified bilingual employee serves as an interpreter.

During IHSS case review, Auditors observed correct documentation in 2 of 4 total non-ASL NEP/LEP cases. In 1 of the other 2 cases, an Assessment Narrative entry noted that because the client is Cantonese speaking "and due to the severity of the client's mental condition, all information was given by the client's daughter." The note did not specify whether the daughter participated as an interpreter or authorized representative or what language the communication was in, and neither an ITP 100 nor a DAAS 501 form was found on file. In the 4<sup>th</sup> NEP/LEP case, the Assessment Narrative documented that the recipient's adult daughter provided interpretive services, with a corresponding DAAS 501 on file; however, the ITP 100 on file identified the recipient's son-in-law as the interpreter. There was no explanation for the discrepancy. Additionally, in the 1 ASL case reviewed, an Assessment narrative note for a telephone interview stated only that an "interpreter was not required," with no explanation as to why not.

The AOHB states that workers should apply the CWS/CMS Service category "Arrange Bilingual Services" to each open referral for which bilingual services are needed and use the CWS/CMS Case Alerts box for open cases to indicate a client's bilingual service needs. When bilingual services are provided, workers are to apply the Service category

“Provide Bilingual Services” and use the Narrative field to document the County’s offer of interpretive services, the client’s response, and how/by whom the services were provided. A signed Release of Information form is required when someone other than CFS staff provides interpretive services.

During CFS case review, Auditors observed 2 of 3 total non-ASL NEP/LEP cases in which the “Provide Bilingual Services” category was used, 1 of which lacked corresponding Narrative field documentation. The 3<sup>rd</sup> case included a Narrative note documenting interpretive services provided by a bilingual staff member, but the Service Category “Provide Bilingual Services” had not been applied to the note. In the only ASL case reviewed, Auditors observed documentation in a Narrative note that vendor services were provided, and this case file also included a PID Interpreter Request form (RTIS 49).

Auditors did not observe a written policy or procedure governing interpretive services documentation for FIU. CDSS expresses concern about leaving documentation decisions to the discretion of individual investigators, which can lead to inconsistent or arbitrary results. It also leaves CDSS unable to verify the County’s compliance with documentation requirements. During case review, Auditors reviewed 14 total FIU NEP/LEP cases, one of which did not involve client contact. In 11 of the remaining 13 cases, Auditors observed documentation in CalSAWS SID that a bilingual staff member provided interpretive services. In the remaining 2 of 13 cases, Auditors observed documentation that the referral subject asked that their adult child provide interpretive services, which was permitted. FIU program staff informed Auditors that FIU investigators do not typically obtain a signed Release or provide notice of the risk of ineffective services under such circumstances, and Auditors did not observe such documentation. Given the possible consequences involved for fraud referral subjects, CDSS finds it particularly concerning that the County lacks a policy or procedure to ensure they are notified of the risks of ineffective translation by self-provided interpreters.

CDSS also notes that ACL 21-128 now imposes documentation requirements that necessitate revisions to the County’s policies and procedures regarding applicant/recipient-provided interpreters. See Corrective Action below.

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

Somewhat. According to staff surveys, 76% of EWs, 67% of APWs, and 56% of CSWs check for understanding of what is being interpreted. Staff report doing so by directing “the county interpreter to ask [the applicant/recipient] if they understand”; by explaining “in the simplest way possible”; by asking the applicant/recipient to repeat what was said and whether they have questions; and by noting “nonverbal cues.”

County policies do not address how to ensure that applicant/recipient-provided interpreters understand what is being interpreted. Training (including peer-to-peer training) and/or adding tips in County policies may help close gaps in staff knowledge and support staff confidence in implementing techniques in this area.

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

Yes. According to the Annual Plan, all CDSS-translated forms are available for staff use, electronically through the applicable case management system or the CDSS website or in hard copy, supplies of which are maintained by the forms coordinator. TAD and IHSS handbooks contain instructions for accessing electronic versions of CDSS-translated forms, and Auditors observed during case reviews for these programs that staff used available CDSS-translated forms, as appropriate.

Forms and written correspondence are rarely used in CFS or FIU. Auditors did not observe cases in those programs in which written communication was documented.

*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 Annual Plan and program handbooks, NOAs are provided in applicants'/recipients' primary languages when CDSS translations are available. When translations are not available, NOAs are sent in English with the [GEN 1365](#) (Notice of Language Services) so they can access interpretive services.

*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?*

Yes. According to the Annual Plan and applicable program handbooks, information that is to be inserted into CDSS-translated NOAs is translated by bilingual staff or, if needed, by an interpretive services vendor.

## **Findings: Ethnic Origin Information**

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

Mostly. TAD, IHSS, and CFS workers document this information in their respective case management systems when it is provided by the applicant/recipient. Auditors observed this information was present in a majority of cases reviewed (6 of 7 CalFresh cases; 11 of 11 CalWORKs cases; 9 of 9 IHSS cases; and 6 of 6 CFS cases). FIU does not

document ethnic origin data of referral subjects, which is inconsistent with Division 21 requirements. Div. 21-201.21. It also leaves the County without data to monitor whether specific ethnic groups are disproportionately represented among fraud referrals, investigations and/or prosecutions.

### **Corrective Action**

- 5. Documentation of primary language and ethnic origin:** The County shall ensure that case records identify applicants'/recipients' ethnic origin and primary language. Div. 21-201.21. As part of the CAP, the County shall:
  - a. Return to IHSS and CFS case files reviewed to resolve identified inconsistencies in primary language documentation, take immediate action if any such inconsistencies reveal an underlying failure to provide appropriate interpretive services, and provide an explanation of steps taken.
  - b. Work with FIU personnel to determine the most effective method to ensure primary language information is documented in CalSAWS SID page and develop and disseminate written protocol to relevant staff.
  - c. Work with FIU program personnel to develop written protocol for documentation of applicants'/recipients' ethnic origin in a CalSAWS Fraud Investigation data field that is logical and searchable.
- 6. Timely services:** The County must ensure that bilingual/interpretive services are prompt and without undue delays. Div. 21-115. Given the significant wait times for interpretive services reported by staff across programs and employment groups, the County shall take steps to identify and address the cause(s) of the delays; update relevant staff protocols as needed; and inform staff of any such changes.
- 7. Bilingual staff:** The County shall ensure that a sufficient number of qualified bilingual employees are assigned to positions and programs and/or locations serving a substantial number of non-English-speaking persons. Div. 21-115.1. A "qualified bilingual employee" is defined as an employee who, in addition to possessing the necessary qualifications for the particular classification, is certified through a process approved or administered by CDSS to be proficient in oral and/or written communication in the non-English language of the persons to be served. Div. 21-104(q)(1). As noted above, the information presented in the County's Annual Plan is incomplete and insufficient to demonstrate compliance with these requirements. See Section XI, below, for Corrective Action.
- 8. Documentation that bilingual/interpretive services were provided:** The County shall document the method used to provide bilingual services (e.g., assigned worker is bilingual, other bilingual employee acted as interpreter,

volunteer interpreter was used, or applicant/recipient provided interpreter). Div. 21-116.22. 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 part of the CAP, the County shall:

- a. Revise all applicable program policies and procedures regarding such documentation for alignment with ACL 21-128.
- b. Work with CFS program personnel to develop and execute a plan to ensure that staff adhere to the AOHB policy regarding documentation of bilingual/interpretive services.
- c. Work with FIU program personnel to develop and disseminate a written protocol that aligns with Division 21 and ACL 21-128 regarding documentation of bilingual/interpretive services.

**9. Temporary Use of a Minor as an Interpreter:** The County shall only allow the use of a minor under the age of 18 years to temporarily act as an interpreter under extenuating circumstances or at the specific request of the applicant/recipient. Div. 21-115.16. When a minor (under 18 years of age) is used as an interpreter, the County shall document the circumstances requiring temporary use of a minor interpreter in the case record. Div. 21-116.22. As part of the CAP, the County shall revise all applicable existing policies and procedures addressing temporary use of a minor as an interpreter for alignment with ACL 21-128. In addition, the County shall work with FIU program personnel to develop a written protocol that aligns with Division 21 and ACL 21-128 requirements regarding provision and documentation of bilingual/interpretive services including the temporary use of minors as interpreters.

**10. Notice of potential ineffective communication:** Applicants/recipients must be informed of the potential problems for 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. As part of the CAP, the County shall revise all applicable existing policies and procedures addressing notice of potential ineffective communication for alignment with ACL 21-128. In addition, the County shall work with FIU program personnel to develop a written protocol that aligns with Division 21 and ACL 21-128 requirements regarding provision and documentation of bilingual/interpretive services including notice of potential ineffective communication.

## **Recommendations**



**Ensuring interpreter understanding:** CDSS recommends that the County consider revising its policies and procedures to include guidance and/or tips for staff to ensure that applicant/recipient-provided interpreters understand what is being interpreted.

**Appropriate and Inclusive Language:** The term “special needs” has become increasingly disfavored when used to characterize the needs of applicants/recipients who are NEP/LEP or who have disabilities (as discussed in Section VI, below). The [ADA National Network](#) notes that use of the term “special” is often considered condescending, and [advocates and critics explain](#) that the term “special” in these contexts tends to suggest needs that are abnormal, excessively burdensome or “extra.” Having “special” needs is also legally meaningless, whereas speaking a primary language other than English and/or having a disability triggers legally mandated rights and protections. CDSS recommends that the County revise policies and other written materials related to the provision of services to applicants/recipients who are NEP/LEP and those who have disabilities to eliminate that and similar terminology (e.g., “special accommodations”; “special services”) to the extent this and/or related terms appear in County-developed policies and other written materials. CDSS notes that this and/or related terms may appear in areas that cannot be modified by the County including in case management system fields and related technical and/or instructional materials.

**Interpreters for Indigenous Languages:** The County should investigate and locate resources for obtaining interpretive services for indigenous languages represented in the County and other languages for which interpreters are in short supply. For example, the County should consider working with nonprofit organizations such as Comunidades Indígenas en liderazgo ([CIELO](#)), which specializes in Mexican and Guatemalan indigenous languages.

## **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 policies and procedures have strengths, but also require revisions for compliance with ACL 19-45 and Division 21. The applicable handbooks for the TAD, IHSS, and CFS programs all contain instructions and procedural guidance regarding provision of services to applicants/recipients with disabilities. In addition, the PID maintains an RA Policy on its Intranet that, according to the Civil Rights Coordinator, serves as a resource for PID staff to provide guidance about broad legal principles rather than a source of operational instructions for workers. Auditors identified the following concerns about these materials:

- The PID RA policy contains significant inaccuracies and omissions. For example, it omits California's definition of "disability"; misstates the action triggering the interactive process; and lacks complete, correct information about RA documentation requirements.
- The rationale for maintaining the PID RA policy as a separate document (i.e., to serve as a resource regarding legal principles for PID staff distinct from the operational guidance provided in program handbooks) is undercut by the inclusion of certain sections (e.g., "Administrative Requirements,") that seem intended to serve as operational instructions but which lack necessary detail for that purpose. This raises a broader, related concern, which is that having multiple policies that overlap with, duplicate, or are partially inconsistent with each other may confuse staff and contribute to gaps in consistent compliance with civil rights obligations. (This is distinct from program-specific policies/handbooks about how to implement civil rights requirements, which tend to be effective and important tools.)
- The ORHB section on "Special Services for Customers with Special Needs" has good overall organization and topical breadth. However, it lacks sufficient operational detail on key topics including: responding to individuals who have known or obvious disability-related needs but who do not self-identify as such; the interactive process; "primary consideration"; and RA denial and documentation requirements. See also CDSS' Recommendation regarding the use of terms such as "Special Needs" and "Special Services," below.
- The AOHB includes a section on Civil Rights Compliance that provides information about applying orange stickers to physical files and coding in CWS/CMS for cases involving clients with disabilities; providing auxiliary aids and services; and service animals. However, it lacks sufficient operational detail on key topics such as: examples of disabilities and RA needs that workers may encounter in CFS; responding to individuals who have known or obvious

disability-related needs but who do not self-identify as such; the interactive process; primary consideration as defined in the ADA; and RA documentation requirements. More fundamentally, it fails to explicitly articulate a coherent approach to offering, providing, and documenting RA in a way that is demonstrably compliant with the County's civil rights obligations in the context of a program whose workers regularly identify, document and respond to some client disabilities for programmatic placement, service, and planning purposes. The AOHB also includes multiple references to "special needs" (and similar terms), which CDSS addresses under Recommendations, below.

- The DAHB and IHSS handbooks each present some information about services for individuals with disabilities and RAs, but the information is fragmented, and lacks sufficient operational detail about key topics. For example, the DAHB section on "Special Services for Clients with Special Needs" presents information about auxiliary aids and services, but it does not address non-communication-related disabilities or related RAs and omits IHSS obligations related to clients with blindness or low vision (referred to by the County as BVI) – which obligations are separately addressed in the IHSS handbook. These two handbooks fail to "connect the dots" so that workers understand that these topical areas and corresponding requirements are related. See also CDSS' Recommendation regarding the use of terms like "Special Needs" below.

Relatedly, as with the AOHB, the DAHB and IHSS handbooks fail to articulate a coherent approach to offering, providing, and documenting RA (except for BVI) in a way that is demonstrably compliant with the County's civil rights obligations in a program whose workers regularly identify, document and respond to applicant/recipient disabilities for programmatic evaluation and service hour determination purposes. This leads to ambiguity in the handbook instructions, which may cause staff confusion and contribute to non-compliance with existing obligations. For example, the DAHB section on "Special Services for Clients with Special Needs" instructs staff to document clients' disabilities and RAs in the Assessment Narrative without explaining whether or how such civil rights-related documentation is distinguished from the extensive, required programmatic documentation regarding applicants/recipients' medical issues and needs, functional limitations, and services. As a result, despite the high level of detail captured in IHSS case Assessment Narratives, Auditors are unable to confirm whether the County is compliant with applicable civil rights requirements regarding services for individuals with disabilities. With the exception of BVI-related information, Auditors observed that information related to other types of RA requests and needs in the Assessment Narrative notes may be embedded in or absorbed into program information in such a way that renders it invisible, which can foreseeably lead to improperly denying RAs or to gaps in consistently providing needed RAs. This suggests an underlying assumption that by providing programmatic services to address qualifying disabilities, the County is meeting all

applicable civil rights obligations towards applicants/recipients with disabilities, but this is incorrect because programmatic obligations do not necessarily encompass distinct civil rights obligations. This assumption also overlooks situations in which an individual's RA request pertains to a non-program-qualifying disability.

- The applicability of RA-related requirements to FIU is not addressed which is inconsistent with ACL 19-45 and which is particularly concerning because individuals with disabilities are overrepresented in the population receiving social services. This is in part because there are social service programs designed specifically to serve individuals with disabilities. Applicants/recipients with disabilities may also be overrepresented in cases referred to FIU due to challenges understanding and/or complying with program requirements, stemming directly from their disabilities. This underscores the importance of the County and FIU meeting their obligation to have RA policies/procedures in place.

*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)?*

Yes. According to the Annual Plan and the Civil Rights Coordinator, the County operates a TDD for use by TAD and CFS programs and a separate TDD for use by DAAS programs. In addition, the PID RA Policy as well as the ORHB, DAHB and AOHB each include information regarding the provision of auxiliary aids and services to individuals with communication-related disabilities.

However, staff awareness of auxiliary aids and services is mixed. When asked what auxiliary aids and services are available to assist clients with disabilities, 28% of surveyed staff expressed unawareness of such aids and services. Other staff demonstrated awareness of certain specific aids and services as braille, large print, ASL interpretive services, and TTD/TTY.

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

Somewhat. The ORHB includes explicit guidance for TAD program staff that is consistent with ACL 19-45 regarding identifying and helping applicants/recipients self-identify disabilities and related needs. This handbook also includes a chart with several example scenarios to help staff navigate such interactions.

However, CDSS notes that 29% of surveyed TAD EWs report being unsure of whether the County has a written policy or procedure for identifying applicants/recipients with disabilities, and 52% report being unsure of whether the County assists

applicants/recipients to self-identify their disabilities. These results indicate a gap between written policies and staff understanding and implementation of these policies.

The AOHB lacks information on this topic and assumes that clients and/or family members with disabilities will affirmatively disclose their disabilities and any related needs, conveying that staff are only obligated to document and respond to disclosed disabilities and needs. This tends to exclude particularly vulnerable persons with disabilities, including individuals with “invisible disabilities” like mental health disabilities, who may experience difficulty complying with program requirements. Staff survey results illustrate this gap: Fifty-six (56) percent of surveyed CSWs report being unsure of whether the County has a written policy or procedure for identifying applicants/recipients with disabilities, and when asked whether the County assists applicants/recipients with self-identifying their disabilities, 67% responded “no” or “unsure.”

The DAHB and IHSS handbooks each address certain program-specific requirements regarding identification and documentation of applicants'/recipients' medical issues and resulting functional limitations as those pertain to IHSS assessment and service needs. However, they lack explicit guidance on identifying and/or assisting applicants/recipients to self-identify other disabilities, except as to BVI. CDSS notes that identifying an individual's medical condition(s) and functional limitations for IHSS program qualification and/or service hour determination purposes does not automatically guarantee that an individual's disability-related RA needs have been identified and met. When asked whether the County has a written policy or procedure for identifying applicants/recipients with disabilities, 78% of surveyed IHSS program workers responded “no” or “unsure.” When asked whether the County assists applicants/recipients with self-identifying their disabilities, 56% report being unsure.

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

Yes, in the CalWORKs Welfare to Work program, as indicated by reference in the ORHB to “Learning Disabilities Screening”. The Annual Plan does not include information about any screening, and Auditors did not observe any information or other documentation regarding the process.

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

Sometimes, with variation across programs. Case reviews reveal that TAD program staff appear proficient in using the CalSAWS special indicator “case flag” notes section to document applicants/recipients' disabilities. However, during CalFresh and CalWORKs case reviews, Auditors observed multiple instances of documentation

stating that the applicant/recipient “did not request” an RA, creating ambiguity as to whether an RA was offered and declined or whether the applicant/recipient did not initiate a request. This ambiguity may lead to overlooked RA needs as well as to compounding of inappropriate RA handling by staff who later rely on the unclear documentation. Ambiguity in documentation also hampers the County’s own ability to conduct quality control assessments to ensure that training is effective and that staff are following County policies.

Auditors observed that IHSS workers consistently and explicitly offer BVI-related RAs to applicants/recipients. However, for reasons discussed above in this section, Auditors are unable to confirm whether the County is meeting obligations with respect to offering RAs to IHSS applicants/recipients with non-vision related needs.

Auditors reviewed 2 CFS cases identified by the County as involving clients with RA needs. Each case involved a child with multiple medical conditions that affected service and placement decisions. However, neither case record included documentation to indicate that decisions, benefits, or any services requested or provided were understood or treated as RAs. CDSS again points out that CFS placement and service planning and provision related to clients’ medical conditions are not necessarily synonymous with offering and providing reasonable accommodation. Auditors did not observe any other case records to support that County CFS workers offer RAs to children or parents.

When asked to identify 4 cases involving RAs for review, FIU staff were unable to identify any case with a documented disability and/or RA request. This raises significant concerns about the extent to which action is undertaken in FIU investigations to identify and accommodate individuals with disabilities, such that they are able to equally and effectively participate in and cooperate with the County’s investigation. Auditors note the County’s obligation to ensure compliance by FIU with the ADA, Division 21, and applicable federal and state laws and regulations. CDSS reiterates that individuals with disabilities are overrepresented in the population receiving social services and may, without effective communication and RA policies and provisions in place, also be overrepresented in cases referred to FIU due to challenges understanding and/or complying with program requirements, stemming directly from their disabilities. This underscores the importance of the County and FIU meeting their obligation to offer and document RAs and related services.

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

Not consistently, and with wide variation among programs.

The ORHB requires TAD staff to add a special indicator flag to cases involving an applicant/recipient with a disability and to complete case flag notes and journal entries

with details about related RA needs. If an applicant/recipient with a disability does not request an RA, the ORHB instructs workers to note: “Customer did not request any accommodations” – which, as explained above, creates ambiguity about whether an RA was offered and declined. The ORHB further instructs workers to include a range of details in journal entries, including what the disability or special need request is, how it was accommodated, and why (if applicable) the RA request was denied. While somewhat helpful, these instructions suggest that RA requests are always either granted or denied without explaining the concepts of “interactive process” and “primary consideration” or providing related documentation instructions. They also provide incorrect information about requirements for RA denials and related documentation.

During case review, Auditors observed that TAD program workers demonstrate proficiency overall in using the special indicator and case flag notes to document disabilities and RA needs and requests, although the same ambiguity described above was present in some cases. Auditors observed 1 CalFresh case and 2 CalWORKs cases in which RA requests were documented in case flag notes, but journal entries stated that the applicant/recipient had “no” disability-related needs. In each of these cases, the journal entry documented a telephone interview, which may make certain RAs unnecessary, but this is not clearly documented in the case records. Without explicit documentation, Auditors are unable to confirm compliance. In contrast, Auditors observed a CalWORKs case in which the case flag notes document that the applicant/recipient needs assistance reading and writing, and a journal entry documenting that during a telephone interview, the applicant/recipient “did not have to read or write” and “stated he understood everything that was explained to him.” Auditors highlight this as an example of appropriate documentation of the disability, the RA, a clear explanation of why that RA was not needed during that particular client contact, and explicit affirmation that the worker verified the client’s understanding.

The AOHB requires that workers document open referrals involving clients who need RA by selecting “Arrange ADA Services” in the CWS/CMS Services Management section. It also requires that workers use the CWS/CMS Case Alerts box to identify and document open cases involving clients with RA needs. The AOHB refers to such cases as “special accommodation cases”; see CDSS’ Recommendation below regarding use of the term “special” in this context. During case review, Auditors did not observe conformity with this County policy for the 2 cases identified by the County as involving clients with disabilities, though staff documented each child’s medical condition in the CWS/CMS Health Notebook and shared Court report documentation regarding related treatment planning for and placement of the children. In the 1 ASL case observed, ASL was documented as the primary language of the child and both parents, but Auditors did not observe documentation that RA was considered.

As noted above, the DAHB requires IHSS workers to document applicants’/recipients’ disabilities and RAs in the Assessment Narrative but does not address how to capture

RAs. The IHSS handbook sets forth documentation requirements related to BVI only, which excludes many other disabilities for which RAs may be necessary. During IHSS case review, Auditors observed clear, consistent documentation of applicants'/recipients' BVI-related disabilities and RA needs. For reasons discussed above, however, Auditors are unable to confirm whether the extensive documentation captured in all reviewed case Assessment Narratives complies with Division 21 regarding disabilities and RA requests.

As noted above, Auditors did not observe any FIU cases identified as involving an applicant/recipient with a disability or RA needs.

### **Corrective Action**

**11. 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:

- a. Revise the PID RA policy and the ORHB, AOHB, DAHB, and IHSS handbooks to ensure that they reflect full compliance with ACL 19-45 including addressing the above-referenced concerns. When revising handbooks applicable to IHSS and CFS, the County must clearly articulate how staff are to meet applicable civil rights requirements. The County is strongly encouraged to consult the resources provided in Section VI of ACL 19-45 and community organizations serving persons with disabilities when developing revised policies. CDSS is also available for feedback and technical assistance.
- b. Inform relevant staff of the new policies and procedures.

**12. Identification of disabilities:** When the County has actual knowledge of an individual's disability, or when an individual's need for an accommodation is obvious, County 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:

- a. Revise the AOHB and DAHB to address the concerns referenced in this section regarding identification of individuals with disabilities, including assisting individuals in self-identifying a disability and related needs when a disability is known or the need for accommodation is obvious. When revising these handbooks, the County must clearly articulate how staff are to meet applicable civil rights requirements in the context of the CFS and IHSS programs.
- b. Inform relevant staff of the new policies and procedures.



**13. 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:

- a. Revise the PID RA policy and the ORHB, AOHB, DAHB, and IHSS handbooks to ensure that they reflect full compliance with Division 21 and ACL 19-45 regarding documentation of disabilities and related RA needs, requests, and offers. When revising handbooks applicable to IHSS and CFS, the County must clearly articulate how staff are to meet applicable civil rights requirements in the context of those programs.
- b. Inform relevant staff of the new policies and procedures.

## **Recommendations**

**Reasonable Accommodation Policy:** Auditors recommend the County either eliminate the PID RA policy and incorporate its non-duplicative information into program handbook sections on RA or revise the PID RA policy in tandem with revising RA guidance in program handbooks to ensure that these materials serve distinct and complementary purposes, while also ensuring the guidance presented is consistent and thorough. In addition, if the County maintains the PID RA policy, CDSS recommends that the County make it available via the Intranet and other easily accessible sources to staff, since it applies to CFS, IHSS, and Fraud as well as TAD programs.

**Appropriate and Inclusive Language:** CDSS reiterates its recommendation stated in Section V, above, that the County consider revising its policies and forms related to the provision of services to applicants/recipients who have disabilities to eliminate the use of the term "special" to apply to the needs, services and accommodations of these individuals.

## **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. According to the Annual Plan, all new Human Services employees receive mandatory live civil rights training from PID staff during orientation as well as subsequent annual online civil rights “refresher” training covering the same material. There are program-specific versions for DAAS and CFS employees, which PID staff present during orientation for those groups with the participation of relevant program staff. Auditors did not observe program-specific training materials or information for FIU.

Auditors identify several concerns about the training contents, including the following:

- Insufficient operational detail for certain topics, including offering, providing and documenting RA and language interpretation services, identifying individuals with disabilities, and discrimination complaint handling;
- Omissions and inaccuracies (e.g., outdated lists of protected bases; incomplete PUB 13 requirements; incomplete definition of “disability”; mixing examples of disabilities with examples of major life activities); and
- Lack of clarity and precision in distinguishing between disability- and language access requirements (e.g., uses interpretive services as an example of an RA).

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

Undetermined. When asked during the Compliance Review whether the County offers Cultural Awareness Training, the Civil Rights Coordinator reviewed the County Training Center’s list of trainings and confirmed that it did not include cultural awareness training. Follow-up confirmation of whether such training would be offered soon was not provided, despite CDSS’ request. In a separate, subsequent communication, the Civil Rights Coordinator informed CDSS that there “is not a stand-alone cultural diversity training for CFS and DAAS staff, but rather cultural diversity is integrated within the onboarding curricul[a].” This communication was not accompanied by supporting training materials. Auditors note that 38% of surveyed staff report that they have not received or are unsure of whether they have received cultural awareness training.

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

Somewhat. Of surveyed staff, 49% report that they are “extremely” or “very” familiar with these groups. Seventeen (17) percent of surveyed staff report that they are “not so familiar” or “not at all familiar” with predominant cultural groups receiving services in their area, and 34% report being “somewhat” familiar.

*Have the Children's Social Workers (CSW) received training on the Multi-Ethnic Placement Act (MEPA)?*

Yes, but training is inconsistent. The County reports that MEPA training is provided to CSWs. However, two thirds of surveyed CSWs report not receiving MEPA training or being unsure. The remaining third of staff reports they have received MEPA training.

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

Somewhat. The County provides some training on civil rights obligations towards individuals with disabilities during employee orientation and annual refresher training. However, in addition to Auditors' above-noted concerns regarding training, Auditors note that training on disability awareness, etiquette, or similar topics related to interacting with and serving individuals with disabilities is absent.

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

No.

*Do employees receive training on reasonable accommodations for applicants/recipients with disabilities?*

Minimally. Although 85% of surveyed staff report receiving training on RAs, Auditors reiterate concerns noted above regarding the level of detail and accuracy in the County's civil rights training. Moreover, the RA service and documentation concerns noted in Section VI suggests a need for clear, thorough, robust staff training on this topic.

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

Not consistently. Auditors did not observe evidence that staff consistently offer, provide, or document RAs. See Section VI. Based on the observed deficiencies and inconsistencies in the County's practices, policies, and training, Auditors find that staff are not fully aware of the County's obligation to provide reasonable accommodation.

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

No.

## **Corrective Action**

- 14. Division 21, Civil Rights Training:** The County shall ensure that employees receive Division 21 civil rights training at the time of orientation, as well as ongoing training to ensure that public contact staff has knowledge of Division 21, including familiarization with the discrimination complaint process. Div. 21-117.1. As part of the CAP, the County shall revise its Annual Civil Rights Training for the TAD, CFS, IHSS and Fraud programs to address the concerns and deficiencies identified in this section. The County shall also revise these trainings as needed to reflect the TAD program transition to CalSAWS; the requirements of ACL 21-128; and any policy and procedure revisions required elsewhere in this Report. The County may contact CDSS for feedback and technical assistance.
- 15. Cultural Awareness Training:** The County shall ensure that all public contact employees receive cultural awareness training to ensure that public contact staff have an understanding of, and sensitivity to, various cultural groups including individuals with disabilities, to ensure equal delivery of services in the County's population. Div. 21-117.2. As part of the CAP, the County shall review the process by which Cultural Awareness training is provided to public contact staff across all departments and programs to identify gaps in training delivery and develop and implement a plan to close the identified gaps and ensure that training is provided to all public contact staff.
- 16. MEPA Training:** The County shall ensure that CSWs receive MEPA training to ensure that public contact staff have knowledge of, and properly apply, placement prohibitions contained in MEPA. 42 U.S.C. 672, 674, and 1996(b). As part of the CAP, the County shall review the process by which MEPA training is provided to CSWs to identify gaps in training delivery and develop and implement a plan to close the identified gaps and ensure that training is provided to all CSWs.
- 17. Reasonable Accommodation Training:** The County shall train public contact staff, program managers, and supervisors upon hire and, at a minimum, annually thereafter, on the CWD's policies for ensuring compliance with disability nondiscrimination laws and on providing reasonable accommodations for people with disabilities. ACL 19-45, Section I. As part of the CAP, the County shall revise its Annual Civil Rights Training for the TAD, CFS, IHSS, and Fraud programs to address the concerns and deficiencies identified in this section as well as in Section VI of this Report.

## **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 85% of surveyed staff
- Complaint 2: Not an example of a discrimination complaint; selected by 1% of surveyed staff
- Complaint 3: Example of a discrimination complaint; selected by 72% of surveyed staff
- Complaint 4: Example of a discrimination complaint; selected by 75% 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 to file a discrimination complaint. Auditors note that overinclusion is preferable to being overly narrow. Failing to identify civil rights complaints is a larger concern.

Over one quarter of surveyed staff did not recognize Complaint 3 as a discrimination complaint, which suggests that staff may not consistently understand that failure to provide interpretive services is a civil rights violation. A quarter of surveyed staff did not recognize Complaint 4 as a discrimination complaint, which may indicate either a lack of understanding that a mental health condition such as bipolar disorder can constitute a disability entitling an individual to civil rights protections or lack of awareness that parents in Child Welfare cases are entitled to civil rights protections. CFS case review observations noted above tend to support that such gaps in understanding or awareness may exist.

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

No. Staff survey responses reflect little consistency or clarity about what to do when receiving a complaint. When asked what they would do when an applicant/recipient wishes to file a civil rights complaint, surveyed staff reported the following:

- One staff member would receive and assist with filing the complaint.
- Thirty (30) percent would refer the complainant to the Civil Rights Coordinator without taking down or receiving the complaint.
- Thirty-six (36) percent would notify, consult with or forward the complaint to their supervisor, not the Civil Rights Coordinator.
- Forty-five (45) percent would give the complainant a copy of the PUB 13, sometimes in conjunction with a referral to the Civil Rights Coordinator or notification to their supervisor.
- No surveyed staff member mentioned using a discrimination complaint form.

This lack of consistency and clarity may stem from the limited, incomplete, and sometimes incorrect guidance on this topic found in program handbooks. For example:

- The ORHB, AOHB, and DAHB inform staff they may refer complainants to the PUB 13 for information on how to file a complaint, although the PUB 13 does not include County-specific complaint filing information.
- These handbooks also inform staff that they may refer complainants to various local, state, and federal agencies, but the agency information is outdated and does not clearly explain the respective jurisdiction of each one. Referring complainants to these agencies is therefore likely to cause frustration and may have a chilling effect on their ability to exercise their rights while depriving the County of important information about civil rights concerns including potential patterns of discrimination that may exist.
- Lists of protected bases are incomplete and outdated.
- Explanations of the difference between discrimination complaints and other complaints are unclear and misleading.
- The handbooks lack instruction for staff on receiving complaints and on assisting complainants with submitting complaints when necessary, including complainants with disabilities and complainants who are NEP/LEP.

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

Somewhat. Seventy-two (72) percent of surveyed staff demonstrated awareness that the PUB 86 is posted in County office lobbies or reception areas.

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

Mostly. Auditors identified 2 incorrect case numbers and 1 misidentified complaint decision (corrected by the Civil Rights Coordinator during this Compliance Review). Other concerns include the need to document complaint-related programs, resolutions, and decisions with specificity and accuracy.

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

No. According to the Civil Right Coordinator, the County does not have a formal policy. However, the civil rights program has a detailed job aid developed by the Civil Rights Coordinator for use by the Civil Rights Coordinator and complaint investigators. This job aid tracks some of Division 21's procedural requirements closely, but Auditors note significant concerns including:

- It presents early resolution attempts as a necessary first step upon receiving a complaint, which is not supported by Division 21.
- It contains an incomplete description of the complaint evaluation process.
- Distinctions between discrimination and other types of complaints are misleading and may lead to failure to recognize legitimate civil rights complaints.
- Inaccurate characterization of investigations into the general environment.

*Is the County handling discrimination complaints appropriately?*

No. A review of all CDSS complaint records for the County from 2020-2021 reveal that just over one quarter (25%) of discrimination investigation reports submitted to CDSS (not all of which had been reviewed by a CRU analyst at the time of this Review) were returned to the County for further action, including 2 cases in which the determination was changed from "unsubstantiated" to "substantiated." Patterns noted by Auditors include:

- Absence of a thorough and accurate complaint evaluation process;
- Failure to identify all complaint allegations accurately and completely;
- Insufficient investigation into, and reporting on, complaint allegations;
- Failure to recognize factual findings revealed during investigation that warrant follow-up action, especially failure by workers to provide RA;
- Lack of well-developed corrective actions in substantiated cases calculated to resolve the identified deficiencies and ensure that similar problems do not reoccur. Div. 21-205.11.

## **Corrective Action**

**18. Complaint Processing Procedure:** The County shall ensure policies addressing discrimination complaint handling are clear, consistent, and comport with the required complaint processing obligations. Div. 21-203 et. seq. As part of the CAP, the County shall revise the ORHB, AOHB, DAHB, and above-referenced job aid to address the deficiencies noted in this section of the Report.

## **Recommendations**

**CDSS Resources and Training:** CDSS strongly recommends that the County utilize relevant CDSS resources and training. In particular, CDSS recommends that the Civil Rights Coordinator and all of the County's Civil Rights Investigators participate in CDSS' [Complaint Evaluation Training](#), available on the CDSS website, which addresses many of the issues raised in this section regarding complaint handling. In addition, CDSS' December 2020 [Civil Rights Coordinator Introductory Training](#), ACLs and ACINs on discrimination complaint-related issues and other civil rights resources are available on the CDSS website.

## **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 contracts contained the same nondiscrimination language within the agreements as well as an assurance (i.e., an agreement to administer services and benefits in a nondiscriminatory way). All contracts stated that the Vendor will compile data, maintain records, and submit reports to permit effective enforcement of all applicable nondiscrimination laws.

### **Corrective Action**

None.

## **X. COMMUNITY INPUT**

Feedback was sought from community and advocate groups regarding County services. Their feedback addressed various program and service accessibility issues that may tend to have a disproportionate impact on applicants/recipients with disabilities and/or who are NEP/LEP. The following summarizes their observations and identifies issues that the County may address to improve their civil rights program.

### **Community Organizations' Observations**



**Call Center Capacity:** The TAD customer service Call Center line is inadequate to meet demand, often “maxing out” with callers on hold as early as 9:00 a.m. and disconnecting waiting callers with instructions to call back later. This phone line reportedly can remain jammed for hours, preventing applicants from applying for benefits and services by phone. This may tend to have a disparate impact on applicants/recipients who are NEP/LEP as well as applicants/recipients with disabilities.

**Access to Program Benefits by Noncitizens:** Advocates expressed concern that noncitizens, particularly those who apply and/or qualify for Violence Against Women Act Self Petitions, U-visa or T-visa status, are often incorrectly denied eligibility or are terminated at recertification because workers lack correct understanding of the rules.

**Interpretive Services:** Gaps exist in providing interpretive services for non-threshold languages. Korean was specifically identified.

**Authorized Representative Documentation:** Advocates report that the procedure for submitting, processing and imaging of Authorized Representative (AR) forms can take weeks, impeding their ability to assist clients with program applications because the County requires the forms to be on file before workers will communicate with ARs. This may tend to have a disproportionate negative impact on applicants/recipients who are NEP/LEP as well as applicants/recipients with disabilities.

### **Community Organizations’ Suggestions for Improvement**

**Staff Training and Resources:** Advocates encourage the County to improve its substantive training, handbook(s) and related guidance for staff regarding program eligibility for noncitizens. Advocates also encourage the County to develop and/or improve staff training in areas such as implicit bias and cultural awareness.

**Authorized Representative Documentation Process:** Advocates encourage the County to design and implement a quicker way to process AR forms.

**Verification by Email:** Advocates encourage the County to reinstate the option for applicants/recipients to submit verifications by email, which worked well for their clients during the Covid-19 pandemic.

### **Promising Practices identified by Community Organizations**

**IHSS Social Workers:** Advocates report positive impressions of IHSS eligibility determinations made by APWs.

**Email Communication:** Advocates report greater responsiveness by County workers to email messages than to phone calls and voicemails, and they express support for more routine sharing of worker email addresses across County offices and programs.

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

The San Bernardino County Human Services 2021 Civil Rights Compliance Plan was received on September 1, 2021. Thank you for submitting your agency's Civil Rights Compliance Plan. Before approving the Civil Rights Compliance Plan, we request the following augmentations:

- 19. General:** Revise all references to and information about the C-IV case management system to reflect the County's recent transition to CalSAWS.
- 20. Section V (Services to Non-English Speaking, Limited English Proficient Applicants/Recipients and Applicants/Recipients with Disabilities):** Revise Subsection B regarding self-provided interpreters to align with ACL 21-128. Revise Subsection C to include an explanation of how IHSS and CFS staff document an applicant's/recipient's language needs in CMIPS and CWS/CMS, respectively.
- 21. Section VI (Documentation of Applicants'/Recipients' Case Records):** Revise information regarding self-provided interpreters to align with ACL 21-128.
- 22. Section VII (County Services Provided by Contractors, Subcontractors, and Vendors):** According to the Civil Rights Coordinator, failure by a vendor to submit a Civil Rights Plan to the County may result in termination of services, but this is not explained in the Annual Plan. Revise this section to include this information as well as an explanation of specific steps the County takes to identify and address deficiencies in vendors' plans and monitor vendors' civil rights compliance in areas including but not limited to the following:
  - a. Ensuring that vendor-provided civil rights training complies with Division 21;
  - b. Ensuring that the vendor makes the PUB 13 available in its current version in all CDSS-translated languages; and
  - c. Ensuring that vendors comply with Division 21 requirements regarding provision of services for applicants/recipients with disabilities.

Also revise the "Civil Rights Plan" template Section 2 "Language Services" regarding recipient-provided interpreters to align with requirements of ACL 21-128.

- 23. Section VIII (Primary Language Statistics, Staffing and Hiring Goals):** Revise Bilingual Staffing Analysis tables to replace "N/A" with data regarding required bilingual staff and hiring goals.

CDSS reminds the County that pursuant to [ACL 09-79](#), counties have an obligation to maintain an updated Civil Rights Compliance Plan on an ongoing basis. Therefore, the revised Plan must reflect **all significant changes**, including those implemented based on required Corrective Action, to ensure that the information it contains is complete and up to date. Please also provide an **accompanying list or key** that identifies the changes made and the page number each change appears on. The County may contact CDSS for feedback and technical assistance.

## **XII. CONCLUSION**

The CDSS Reviewers found the San Bernardino County Human Services staff welcoming, informative, supportive, and receptive to new information and feedback. Particular thanks to Shelia Jackson for organizing the details of the Review and for her responsiveness throughout the process, as well as to the members of the Facilities Assessment team who oversaw and assisted in the facility reviews. In each program area, staff were helpful with the facility reviews, case reviews, and computer assistance, as well.

The CDSS Reviewers found substantial compliance concerns. The County 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.

**Non-Assistance CalFresh:** Auditors reviewed 7 total cases, including 1 ASL case, 3 NEP/LEP cases, and 3 cases with a documented disability and/or reasonable accommodation request in CalSAWS, the electronic case management system.

**CalWORKs:** Auditors reviewed 11 total cases, including 2 ASL cases, 4 NEP/LEP cases, and 5 cases with a documented disability and/or reasonable accommodation request in CalSAWS, the electronic case management system.

**In-Home Supportive Services:** Auditors reviewed 9 total cases, including 1 ASL case, 4 NEP/LEP cases, and 4 cases with a documented disability (as indicated by documentation of an Authorized Representative) and/or reasonable accommodation request related to blindness or visual impairment in CMIPS, the electronic case system.

**Children and Family Services:** Auditors reviewed 6 total cases, including 1 ASL case, 3 NEP/LEP cases and 2 cases with a documented disability and/or reasonable accommodation request in CWS/CMS, the electronic case system.

**Fraud:** Auditors reviewed 14 total cases in CalSAWS, the electronic case management system, all of which were NEP/LEP cases. None were identified as involving program participants with a disability.

### **Findings: CalFresh**

**Ethnic Origin:** Documented in CalSAWS - Individual Demographics.

**Primary Language:** Documented in CalSAWS - Individual Demographics and (for NEP/LEP) special indicator case flag notes.

**County-Provided Interpretive Services:** Documented in CalSAWS – Case Journal.

**Applicant/Recipient-Provided Interpreter:** Documented in CalSAWS – Case Journal.

**That applicant/recipient was informed of potential problem using own interpreter:** Documented in CalSAWS – Case Journal.

**Release of information to interpreter:** Documented on TAD form 228.

**Translation of Written Material:** Documented in CalSAWS – Distributed Documents.

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

**Disability:** Documented in CalSAWS - special indicator case flag notes and Case Journal. Information about disabilities may also be documented in CalSAWS – Other Program Assistance and/or Medical Condition page.

**Reasonable Accommodation:** Documented in CalSAWS - special indicator case flag notes and Case Journal.

## **Findings: CalWORKs**

**Ethnic Origin:** Documented in CalSAWS - Individual Demographics.

**Primary Language:** Documented in CalSAWS - Individual Demographics and (for NEP/LEP) special indicator case flag notes.

**County-Provided Interpretive Services:** Documented in CalSAWS – Case Journal.

**Applicant/Recipient-Provided Interpreter:** Documented in CalSAWS – Case Journal.

**That applicant/recipient was informed of potential problem using own interpreter:** Documented in CalSAWS.

**Release of information to interpreter:** Documented on TAD form 228.

**Translation of Written Material:** Documented in CalSAWS – Distributed Documents.

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

**Disability:** Documented in CalSAWS - special indicator case flag notes and Case Journal. Information about disabilities may also be documented in CalSAWS – Other Program Assistance and/or Medical Condition page.

**Reasonable Accommodation:** Documented in CalSAWS - special indicator case flag notes and Case Journal.

### **Findings: In-Home Supportive Services**

**Ethnic Origin:** Documented in CMIPS - Person Home page.

**Primary Language:** Documented in CMIPS - Person Home page. For NEP/LEP applicants/recipients, primary language is also documented on the ITP 100 form.

**County-Provided Interpretive Services:** Interpretive services provided by the County are documented on the ITP 100 form and in CMIPS – Assessment Narrative.

**Applicant/Recipient-Provided Interpreter:** Documented on the ITP 100 form and in CMIPS – Assessment Narrative.

**That applicant/recipient was informed of potential problem using own interpreter:** Documented on the ITP 100 form.

**Release of information to interpreter:** Documented on the DAAS 501 form.

**Translation of Written Material:** Documented in CMIPS – Forms/Correspondence.

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

**Disability:** Disabilities related to blindness and visual impairment are documented in the CMIPS BVI page. Other medical conditions and functional impairments are documented in CMIPS - Assessment Narrative.

**Reasonable Accommodation:** Reasonable accommodations related to blindness and visual impairment are documented in the CMIPS BVI page. Other disability-related needs and responsive services are documented per program requirements (not as RA) in CMIPS - Assessment Narrative and CMIPS - Evidence/Authorization.

### **Findings: Children and Family Services**

**Ethnic Origin:** Documented in CWS/CMS – Client I.D.

**Primary Language:** Documented in CWS/CMS – Client I.D.

**County-Provided Interpretive Services:** Documented in CWS/CMS – Delivered Service Log-Contact Notes and/or by Service Type designation, documented in Court

Reports present in the case record, and documented by affixing CFS CR 1 (orange sticker) to physical file.

**Applicant/Recipient-Provided Interpreter:** Documented in CWS/CMS – Delivered Service Log-Contact Notes in the content of the notes and their Service Type designation, documented in Court Reports present in the case record, and documented by affixing CFS CR 1 (orange sticker) to physical file.

**That applicant/recipient was informed of potential problem using own interpreter:** Auditors did not review cases where an applicant/recipient-provided interpreter was used. There is no policy or procedure requiring documentation of this information.

**Release of information to interpreter:** The CFS AOHB states that a signed release is required when a non-County-provided interpreter is used. Auditors are not aware of a form used by CWS for this purpose, and program personnel did not express familiarity with such a form.

**Translation of Written Material:** Auditors did not review cases where translated written material was provided.

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

**Disability:** Documented in CWS/CMS – Health Notebook, documented in CWS/CMS - Delivered Service Log-Contact Notes in the content of the notes and the Service Type designation, documented in Court Reports present in the case record, and documented by affixing CFS CR 1 (orange sticker) to physical file.

**Reasonable Accommodation:** Documented in CWS/CMS - Delivered Service Log-Contact Notes in the content of the notes and the Service Type designation, documented in Court Reports present in the case record, and documented by affixing CFS CR 1 (orange sticker) to physical file.

## **Findings: Fraud**

**Ethnic Origin:** None.

**Primary Language:** Documented CalSAWS – Special Investigations page.

**County-Provided Interpretive Services:** Documented in CalSAWS – Special Investigations, via narrative notes in as Case Journal – Findings, Investigative Results, and/or SIU Feedback.

**Applicant/Recipient-Provided Interpreter:** Documented in CalSAWS – Special Investigations, via narrative notes in Case Journal – Findings, Investigative Results, and/or SIU Feedback.

**That applicant/recipient was informed of potential problem using own interpreter:** None.

**Release of information to interpreter:** None.

**Translation of Written Material:** Documented in CalSAWS - Distributed Documents.

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

**Disability:** Documented in CalSAWS – Special Investigations via narrative notes in Case Journal – Findings and/or SIU Feedback.

**Reasonable Accommodation:** Documented in CalSAWS – Special Investigations via narrative notes in Case Journal – Findings and/or SIU Feedback.



## 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 85% 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 1% 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 72% 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 75% of surveyed staff