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GAVIN NEWSOM
GOVERNOR

May 28, 2024

Mr. Gerald Huber, Director
Solano County Department of Health and Social Services
275 Beck Ave., M/S 5-200
Fairfield, CA 94533
Sent via email only: grhuber@solanocounty.com

Dear Director Huber:

Thank you and the Solano County Department of Health and Social Services staff for your cooperation and assistance during the November 2021 Civil Rights Compliance Review (Review). Please find the final report (Report) attached to this correspondence.

Compliance issues (findings/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.

- 1) Please use the attached CAP Template Form and the accompanying instructions in preparing your CAP. Please note that this form has been created to facilitate a streamlined CAP and CAP monitoring process and to help ensure that your submitted CAP complies with the Web Content Accessibility Guidelines (WCAG). See *California Government Code 7405*. The Report and approved CAP will be published on the California Department of Social Services [Civil Rights Section \(CRS\) website](#).
- 2) Please submit your CAP electronically with any required accompanying materials to the CDSS Civil Rights Section (CRS) county collaboration SharePoint site. If your county is not already using this SharePoint site with us, your Civil Rights Coordinator (CRC) will receive an email invitation with directions for becoming a site member and uploading your documents.
- 3) After your county's CAP has been reviewed, the assigned CRS analyst will provide your CRC with additional instructions and a link to an interactive CAP tracker spreadsheet. This will allow your CRC and our analyst to exchange information about approvals of, or updates on, individual proposed actions in your CAP and about ongoing implementation progress.
- 4) We realize that many counties begin to correct findings immediately, even while developing their CAP. Please begin corrective actions as soon as possible, as there is no need to wait for the interactive CAP tracker spreadsheet.

If you need technical assistance developing a CAP, please contact Tonya Barnes-Woodard via email at Tonya.Barnes-Woodard@dss.ca.gov. If you need assistance accessing the SharePoint site, please contact CRS analyst Shah Marjan via email at Shah.Marjan@dss.ca.gov. You may also contact our office by email using the Civil Rights Section email (crb@dss.ca.gov).

Sincerely,

Anne Marx

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Attachments

1. CAP Template Form
2. CAP Template Instructions

SOLANO COUNTY DEPARTMENT OF HEALTH AND SOCIAL SERVICES CIVIL RIGHTS COMPLIANCE REVIEW REPORT

**Conducted on
November 15 - November 19, 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: Stephanie Flores

Contents

SOLANO COUNTY DEPARTMENT OF HEALTH AND SOCIAL SERVICES CIVIL RIGHTS COMPLIANCE REVIEW REPORT	3
I. INTRODUCTION.....	6
Key Findings of the Report	6
Organization of this Report	6
II. SUMMARY OF METHODOLOGY.....	7
Documents Reviewed.....	7
Locations Reviewed.....	8
Programs Reviewed	8
Review Procedures.....	8
Compliance Review Areas.....	8
Staff Survey Summary	9
III. DISSEMINATION OF INFORMATION	9
Findings: Signage, Posters and Pamphlets	12
Corrective Action	14
Recommendations.....	15
IV. FACILITY ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES	15
Facility Location: Fairfield	16
Facility Location: Vacaville.....	20
Facility Location: Vallejo	22
V. PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH-SPEAKING.....	27
Findings: Language Services	27
Findings: Ethnic Origin Information.....	35
Corrective Action	35
Recommendations.....	36
VI. PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO HAVE DISABILITIES	37
Findings: Auxiliary Aids and Services for Persons with Disabilities	37
Corrective Action	41
Recommendations.....	43
VII. STAFF DEVELOPMENT AND TRAINING	44

Findings: Staff Training	44
Corrective Action	47
Recommendations.....	48
VIII. DISCRIMINATION COMPLAINT PROCEDURES.....	49
Findings: Discrimination Complaint Process.....	49
Corrective Action	52
Recommendations.....	53
IX. VENDOR CONTRACTS.....	53
Findings: Contract Review	53
Corrective Action	53
Recommendation.....	54
X. COMMUNITY INPUT	54
XI. CIVIL RIGHTS COMPLIANCE PLAN REVIEW AND APPROVAL	54
XII. CONCLUSION	56
APPENDIX 1: DOCUMENTATION OF APPLICANT/RECIPIENT CASE RECORDS ...	57
Reviewed Case Files	57
Findings: CalFresh and CalWORKs Case Review	57
Findings: In-Home Support Services Case Review	58
Findings: Child Welfare Services	59
Findings: Program Integrity/Fraud The Program Integrity/Fraud Unit maintain paper files and utilize an Excel spreadsheet as a case log. The Unit receives referral forms from the eligibility and employment system or through a community-generated complaint. Referral forms are populated with information stored in CalWIN.....	60
APPENDIX 2: SELECTION FROM STAFF SURVEY	61

I. INTRODUCTION

The purpose of this review by the California Department of Social Services (CDSS) Civil Rights Unit (CRU) staff is to assess the Solano County Department of Health and Social Services (CWD or 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 15 to November 19, 2021. An exit interview was held on November 19, 2021 to review preliminary findings.

Key Findings of the Report

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

- **Accessible Facilities:** All facilities reviewed had inaccessible features, including barriers to equal, safe use of bathroom facilities.
- **Interpretive Services:** Auditors found that some Non-English Proficient/Limited English Proficient (NEP/LEP) applicants/recipients do not consistently receive interpretive services, particularly within Program Integrity/Fraud.
- **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 for persons with disabilities and language services.
- **Reasonable Accommodation Policy:** The County's Reasonable Accommodation Policy has significant deficiencies including incomplete and incorrect information regarding processes for making, receiving, documenting, and responding to reasonable accommodation requests.
- **Civil Rights Staff Training:** Current civil rights training is outdated and/or incorrect, impacting staff understanding and appropriate application of civil rights obligations.
- **Civil Rights Complaint Processes:** Counties are required to maintain a control log of all complaints received. Div. 21-203.21. Entries in the County's complaint log are incomplete, and the complaint log template omits several categories required by Division 21. The County's policy for handling discrimination complaints lacks operational detail.

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:

- 2020-2021 Civil Rights Compliance Plan (Annual Plan) and attachments:
 - County of Solano Code of Conduct and Professional Ethics
 - County of Solano Public Access Under the American with Disabilities Act (ADA) Title II Policy
 - Solano County Civil Rights Program Outreach Practices
 - Solano County Health and Social Services Department Language Services Needs Request
 - Solano County Health and Social Services Department Language Access Policy
 - County of Solano C-18 Title VI Non-Discrimination Policy
- Civil rights discrimination complaint database for a complete listing of complaints filed 12 months prior to the Review

- Previous County Compliance Review reports and corresponding corrective action plans (CAP)

Locations Reviewed

- Fairfield Campus (Main Campus), 275 Beck Avenue Fairfield, CA 94533
- Vacaville Campus (Regional Site), 1119 East Monte Vista Avenue Vacaville, CA 95688
- Vallejo Campus (Regional Site), 365 Tuolumne Street, Vallejo, CA 94590

Programs Reviewed

- CalFresh
- CalWORKs
- In Home Support Services (IHSS)
- Child Welfare Services
- Program Integrity/Fraud

Review Procedures

- Electronic surveys of public contact staff, the civil rights coordinator, and program managers
- Reviewing case files
- Reviewing County-reported information about facilities and parking areas
- Receiving feedback from community groups. The following organizations were contacted for feedback:
 - [Food Bank of Contra Costa and Solano](#), 2370 N Watney Way, Fairfield, CA 94533
 - [Children's Network of Solano County](#), 827 Missouri Street #5, Fairfield, CA 94533
 - [Legal Services of Northern California](#), 1810 Capitol Street, Vallejo, CA 94590
 - [Western Center on Law and Poverty](#), 3701 Wilshire Boulevard, Suite 208, Los Angeles, CA 90010-2826
 - [Public Interest Law Project](#), 449 15th Street, Suite 301, Oakland, CA 94610
 - [Disability Rights California](#), 1831 K Street, Sacramento, CA 95618
 - [Disability Rights Education & Defense Fund](#), 3075 Adeline Street, Suite 210, Berkeley, CA 94703
 - [Justice in Aging](#), 1330 Broadway, Suite 525, Oakland, CA 94612
 - [Coalition of California Welfare Rights Organization \(CCWRO\)](#), 1111 Howe Avenue, Suite 635, Sacramento, CA 95825-8551

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 52 surveys to County staff, including certified bilingual staff. Forty-seven (47) surveys were completed. Five (5) surveys were not completed by staff, despite reminders from Auditors.
 - Eligibility workers: 22 of 24 surveys completed.
 - Adult Programs: 5 of 6 surveys completed.
 - Child Welfare Social Workers: 9 of 10 surveys completed.
 - Lobby receptionists/navigators: 5 of 6 surveys completed.
 - Program supervisors: 6 of 6 surveys 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 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? Can clients, including those with disabilities, access services when they are unable to go to an office?

Yes. According to Section 4 of the Annual Plan, the County accepts applications by mail drop box, telephone, online, and in person. When clients are unable to go to an office, including due to a disability, arrangements are made to see the participant either at their home or at another location, if feasible.

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

Yes, though the County's Annual Plan does not contain specific information about how the actions below are calculated to reach remote populations within Solano County. According to Section 4 and Attachment G of the Annual Plan, the County provides services and disseminates information at three regional offices and at various locations

across the County in partnership with community-based organizations, religious organizations, government agencies, colleges, and non-profit organizations to identify community needs, leverage community resources, take program applications at local events, and other activities. Examples of outreach information include which programs are offered, program changes, office locations and hours, services accessible for individuals who are NEP/LEP and those with disabilities, and basic eligibility requirements for public assistance.

The County's website uses the Google™ translation feature to translate webpages into over 50 languages. However, the County is responsible for providing appropriate translation and should be cautious of any inaccurate information resulting from the translation application tool.

During policy review sessions, Auditors found that Child Welfare Services (CWS) relies on community-based religious organizations for dissemination of information and translation of outreach materials. Community organizations are an excellent resource however, the County is reminded of its ongoing obligations to ensure and provide accurate translation services. Furthermore, reliance on religious organizations may have a disproportionate impact on individuals who are NEP/LEP or who identify as LGBTQ+ who may be excluded by some religious organizations; the County should be mindful and thoughtful about engaging community-based organizations reflecting identities of all applicants/recipients.

In Section 3 of the Annual Plan, the County acknowledges that access to reliable public transportation is a barrier to participation in services. According to the Annual Plan, the County ameliorates these barriers by scheduling appointments around public transportation schedules, providing same day rescheduling for late applicants, and by not assigning CWS and IHSS staff to specific sites (instead "hoteling" so staff can travel to different locations to serve applicants/recipients).

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

Unsure. The County did not provide specific information to demonstrate how services and outreach are made available to applicants/recipients who cannot read or write, including applicants/recipients who access services by telephone, and/or how applicants/recipients who do not self-identify are assisted. Section 12 of the Annual Plan states that lobby posters provide information to applicants/recipients who cannot read or write, however it is unclear how these posters communicate information to these particular applicants/recipients, and also in light of reliance on telephone or call center services in response to the Covid-19 pandemic.

Sections 5 and 12 of the Annual Plan address verbal communication when written documents are not available in applicants'/recipients' languages, which is not the same as an inability to read or write, but may shed light on the County's practices absent other information available in the Annual Plan: applicants/recipients who speak limited English can receive civil rights program information through the pamphlet "Your Rights Under California Welfare Programs" (PUB 13) audio recording or by staff reading the PUB 13 to them.

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

Somewhat. Civil rights-related posters are on display in all public access and reception areas in each office according to the Dissemination of Information worksheet completed by the County.

According to Section 4 of the Annual Plan, the PUB 13 is issued to all participants at intake, at renewal/recertification, at any point when benefits are reduced, at the beginning of program integrity/fraud investigations, and, to the extent possible, at termination and/or denial. However, during case reviews across programs, the County could not demonstrate compliance with this policy through documentation in case records confirming that the PUB 13 was provided and explained at these junctures. Case review documentation also did not demonstrate that the PUB 13 is explained to applicants/recipients. Additionally, case reviews found that the PUB 13 is not always provided in participants' primary languages.

General information about the civil rights program is not hosted on the County website, though the County has a [webpage for its Americans with Disabilities Act \(ADA\) policy](#) with information for accessibility-related complaints available. The ADA policy is discussed further in Section VIII of this Report.

Does the County have a Call Center/Service Center?

Yes. According to Section 3 of the Annual Plan, the CWS and Older and Disabled Adult Services (ODAS) Division social workers utilize all three regional office sites as centralized shared office spaces to complete and upload paperwork, check and respond to voicemail and email messages, and to complete other office-related functions in a practice the county calls "hoteling". The intention of "hoteling" is to increase responsiveness to community needs.

Findings: Signage, Posters and Pamphlets

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

Not consistently. The County reported that the Fairfield, Vacaville, and Vallejo building entrances do not have all instructional signs, hours of operation, and phone numbers for assistance present in Spanish and Tagalog, the County threshold languages. The County did not specify which posters are missing, and in which threshold languages. The County confirmed that all building entrances display “COVID Mask Requirements for Employees”, “Hours of Operation”, “No Smoking”, and “Phone Numbers for Assistance” in all threshold languages. Further details can be found in Section IV of this Report.

The County also disclosed that all informational and directional signs in the Fairfield Lobby 3, Child Welfare Services Visitation (Pass Through Lobby) are in English.

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?

No. The County reported that all regional site lobbies only maintain copies of the current PUB 13 in English, Tagalog, and Spanish and that staff print the PUB 13 in other languages using the CDSS website when needed. Case Review findings tend to confirm that the PUB 13 is not provided in languages other than County threshold languages. During case review sessions, staff reported that the PUB 13 in Tagalog and Spanish only became available in lobbies in months prior to this Review.

According to Section 4 of the Annual Plan, the PUB 13 is available in the regional site lobbies in the following alternative formats: audio recording, large print, and braille. The revision dates of these formats were provided on the Annual Plan but are provided in section 4 of this Report. The Annual Plan also states that the PUB 13 is made available in American Sign Language or another language other than English or Spanish using Language Link to verbally explain to the applicant/recipient.

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

Not consistently. According to Section 4 of the Annual Plan, staff are expected to provide the PUB 13 to all participants at “intake...renewal/recertification...at any point when benefits are reduced...at the beginning of an integrity and/or fraud investigations...and *to the extent possible* at termination and/or denial” (emphasis in original). Section 4 of the Annual Plan also states that: (1) Employment and Eligibility Services staff are expected to provide a verbal explanation of the PUB 13 at intake and renewal appointments, (2) Emergency Response Child Welfare Services staff are expected to provide and explain the PUB 13 to parents contacted during investigations into allegations of child abuse, and (3) IHSS staff are expected to provide the PUB 13 to applicants and recipients during intake and at their annual reassessment. The Civil Rights Coordinator reported that the County does not have a policy or procedure regarding distribution of the PUB 13.

However, case reviews and staff surveys tend to demonstrate that while the PUB 13 is often provided, it is not consistently provided in the appropriate language, and is not consistently explained. Staff survey results also tend to indicate that staff are unfamiliar with County obligations, and any existing policies or practices, to provide and explain the PUB 13 to applicants/recipients, and to document these actions.

During IHSS case review, approximately a quarter (27%) of case documentation confirm the PUB 13 was not provided in applicants'/recipients' primary languages. CWS case reviews confirm that staff mostly document (in the Investigative Narrative), that the PUB 13 is provided however, no other information is present, including who the PUB 13 is provided to, when it is provided, in what language, and/or if the PUB 13 is explained. Relatedly, 56% of surveyed Child Welfare Social Workers report providing clients and/or clients' family members with the PUB 13 in their primary languages, and 45% report that they do not provide the PUB 13 to clients and/or clients' family members in their primary languages. Program Integrity/Fraud did not provide the PUB 13 to clients.

Without an explanation of the PUB 13 in applicants'/recipients' primary languages or in a format they can access, applicants/recipients may not know they are entitled to free interpretative services, their right to request a reasonable accommodation, or their right to file a civil rights complaint. Overall findings suggest that the failure to consistently provide and explain the PUB 13 to applicants/recipients results in applicants/participants being unaware of their rights, including their rights to interpretive services, being provided documents in their primary languages (when available and as appropriate), and filing a civil rights complaint.

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

Yes, the required posters are present in all lobbies.

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. 21-2014(s)(2).
 - As part of the CAP, the County shall assess which translations are required for all instructional and directional signs at all office locations, and ensure all office locations are compliant with these requirements.
- 2. Distribution and Explanation of PUB 13 Documentation:** The CWD shall ensure the PUB 13 is distributed and explained to program applicants/recipients in all programs for which CDSS has oversight responsibility. Div. 21-107.22 The CWD shall ensure that the available translated versions are given to applicants/recipients in their primary language and document when the PUB 13 is distributed and explained to participants and in what language. Programs shall document that the contents of the PUB 13 were explained and whether the individual had any questions.
- 3. PUB 13 in Alternative Formats:** 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.
- 4. Reliance on Non-certified Translators:** Counties must comply with MPP Section 21-107 regarding the dissemination of information and ensure that applicants/recipients are advised of their right to free interpretive services. It is always the county's obligation to affirmatively offer interpretive services. Applicants/recipients may use their own interpreter but must not be compelled or encouraged to do so. Division 21-115.15, 21-115.16, ACL 06-20, and ACL21-128.

- 5. Applicants/Participants Who Cannot Read or Write:** The County shall reevaluate its strategy for conducting outreach to, communicating with, applicants/recipients who cannot read or write, considering their inability to read and in light of increased services via telephone or remote methods.

Recommendations

Staff Training and Reminders regarding PUB 13: The County is encouraged to reinforce existing training, policies/practices, and reminders directing staff to provide, explain, and document provision/explanation of the PUB 13. The County may consider the development of job aids for staff to ensure clear and consistent documentation.

Outreach to Remote Locations: The County is encouraged to enhance its outreach to applicants in remote locations that explicitly considers language- and disability-related barriers to access.

County Website: The County should include information regarding the civil rights program, including the contact information for the County CRC and the process for filing a discrimination complaint, communications during investigations, and resolution and/or appeal process. The CDSS CRU Website contains a Frequently Asked Questions page that may be used as an example of what information should be contained on the county's website.

IV. FACILITY ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

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

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

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

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

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

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

Facility Location: Fairfield

Parking and Route to Main Door

Width of van accessible parking spaces too narrow at 109.5 inches (Space 4) and 107.5 inches (Space 6).

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

Width of Accessible Parking Space 8 is too narrow at 104.5 inches.

- **Regulation:** Car parking spaces shall be 9 feet or 108 inches wide minimum. CA T24 11B-502.2; CARM pg. 163.

The International Symbol of Accessibility (ISA) is not an equal distance from either edge of the parking space in parking spaces 1 through 8.

- **Regulation:** The ISA shall be equal distance or within 6 inches. CA T24 11B-502.6.4.1; CA T24 11B-502.6.4.2; CARM pg. 159.

Building Entrance

"Hours of Operation", "Phone Numbers for Assistance", "No Smoking" sign, and "Employee Mask Requirements" informational signage posted at the facility entrance are not in threshold languages.

- **Regulation:** All instructional and directional signs posted in waiting areas and other places frequented by a substantial number of non-English-speaking applicants/recipients shall be translated into appropriate languages. Such signs, or an additional sign, shall state that applicants/recipients may request aid or services in their primary language. Div. 21-107.212.

Lobby

Knee clearance beneath accessible counters too shallow at 2 inches in Fairfield Lobby 1 and Fairfield Lobby 4.

Knee clearance beneath accessible counters too shallow at 1 7/8 inches in Fairfield Lobby 5.

- **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, and 8 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11-B 306.3.3; ADAS 306.3.3; CARM pg. 303.

The reach to grasp the highest document from the finish floor is too high at 64 inches at Fairfield Lobby 1, Fairfield Lobby 2, and Fairfield Lobby 4.

The reach to grasp the highest document from the finish floor is too high at 60 inches at Fairfield Lobby 5.

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

All informational and directional signs in the lobby are not posted in all threshold languages in Fairfield Lobby 3 (pass through lobby to enter Child Welfare Services visitation area).

- **Regulation:** All instructional and directional signs posted in waiting areas and other places frequented by a substantial number of non-English speaking applicants/recipients shall be translated into appropriate languages. Such signs, or an additional sign, shall state that applicants/recipients may request aid or services in their primary language. Div. 21-107.212.

Restrooms

Triangle in unisex toilet and bathing facilities at too thick at .75 inches in Restrooms 3 and 4.

- **Regulation:** The combined circle and triangle symbol shall consist of a circle symbol 1/4 inch thick and 12 inches in diameter with a 1/4-inch-thick equilateral triangle symbol superimposed on and geometrically inscribed within the 12-inch diameter of the circle symbol. CA T24 11B-703.7.2.6.3; CARM pg. 376; CARM pg. 377.

The force required to open door to accessible Restroom 1 is too great at 7 pounds.

The force required to open door to accessible Restroom 2 is too great at 6 pounds.

The force required to open door to accessible Restroom 3 and Restroom 4 is too great at 8 pounds.

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

The height of the front of the sink rim or counter surface measured from finish floor is too high at 34.5 inches in Restroom 1 and Restroom 2.

- **Regulation:** Lavatories and sinks shall be installed with the front of the higher of the rim or counter surface 34 inches maximum above the finish floor or ground. CA T24 11B-606.3; ADAS 606.3; CARM pg. 372.

The soap dispenser height of operable parts measured from the finish floor is too high at 44 inches in Restroom 1 and 43 inches in Restroom 2.

The toilet protector dispenser height of operable parts measured from the finish floor is too high 41 inches in Restroom 4.

The hand dryer height of operable parts measured from the finish floor is too high at 44 inches in Restroom 1 and 43 inches in Restroom 2.

- **Regulations:** Where towel or sanitary napkin dispensers, waste receptacles, or other accessories are provided in toilet facilities, at least one of each type shall be located on an accessible route. All operable parts, including coin slots, shall be 40 inches (1016 mm) maximum above the finish floor. CA T24 11B-603.5; CARM pg. 382.

The distance of toilet to side wall or partition measured from centerline of the toilet to side wall or partition is too high for Restroom 1 at 19 inches and Restroom 2 at 19.5 inches.

- **Regulations:** The centerline of the water closet shall be 17 inches (432 mm) minimum to 18 inches (457 mm) maximum from the side wall or partition, except that the water closet shall be 17 inches (432 mm) minimum and 19 inches (483 mm) maximum from the side wall or partition in the ambulatory accessible toilet compartment specified in Section 11B-604.8.2.CA T24 11B-604.2; ADAS 604.2; CARM pg. 387.

The height of toilet seat measured from the finish floor to the top of the seat is too low in Restroom 3 at 13 inches and in Restroom 4 at 12 inches.

- **Regulations:** The seat height of a water closet above the finish floor shall be 17 inches minimum and 19 inches maximum measured to the top of the seat. Seats shall not be sprung to return to a lifted position. Seats shall be 2 inches high maximum. CA T24 11B-604.4; ADAS 604.4; CARM pg. 388.

The height of grab bar on side wall measured from the finish floor to the top of the gripping surface in Restroom 3 is too low at 21 inches.

- **Regulations:** The height of grab bar on side wall measured from the finish floor to the top of the gripping surface shall be 33 inches minimum and 36 inches maximum. CA T24 11B-609.4; ADAS 609.4; CARM pg. 428.

The height of grab bar on rear wall (measured from the finish floor to the top of the gripping surface) is too low in Restroom 3 at 21 inches.

- **Regulations:** The height of grab bar on rear wall measured from the finish floor to the top of the gripping surface shall be 33 inches minimum and 36 inches maximum. CA T24 11B-609.4; ADAS 609.4; CARM pg. 428.

The toilet tissue dispenser distance from front edge of toilet-to-toilet tissue dispenser measured from the centerline of toilet tissue dispenser is too low for Restroom 1 and Restroom 2 at 6 inches.

The toilet tissue dispenser distance from front edge of toilet-to-toilet tissue dispenser measured from the centerline of toilet tissue dispenser is too far in Restroom 3 at 31 inches and Restroom 4 at 23 inches.

- **Regulations:** The distance from front edge of toilet-to-toilet tissue dispenser measured from the centerline of toilet tissue dispenser shall be 7 inches

minimum and 9 inches maximum. CA T24 11B-604.7.1; ADAS 604.7; CARM pg. 389.

Stairs and Elevators

The handrails height of top gripping surface of handrails measured vertically above the walking/stair surface varies between 33 inches to 37 inches.

- **Regulation:** Top of gripping surfaces of handrails shall be 34 inches (864 mm) minimum and 38 inches (965 mm) maximum vertically above walking surfaces, stair nosing's, and ramp surfaces. Handrails shall be at a consistent height above walking surfaces, stair nosing's, and ramp surfaces. CA T24 11B- 505.4; ADAS 505.4; CARM pg. 286.

The elevator cars interior controls highest car control button from its centerline to the finish floor is too high at 61 inches.

- **Regulation:** Where a forward reach is unobstructed, the high forward reach shall be 48 inches (1219 mm) maximum and the low forward reach shall be 15 inches (381 mm) minimum above the finish floor or ground. CA T24 11B-308.2.1; ADAS 308.2.1; CARM pg. 309.

Facility Location: Vacaville

Parking and Route to Main Door

Width of Accessible Parking Space 1 is too narrow at 102 inches.

- **Regulation:** Car parking spaces shall be 9 feet or 108 inches wide minimum. CA T24 11B-502.2; CARM pg. 163.

The ISA is not an equal distance from either edge of the parking space in parking spaces 1 through 6.

- **Regulation:** The centerline of the International Symbol of Accessibility shall be a maximum of 6 inches (152 mm) from the centerline of the parking space, its sides parallel to the length of the parking space and its lower corner at, or lower side aligned with, the end of the parking space length. CA T24 11B-502.6.4.1; CA T24 11B-502.6.4.2; CARM pg. 159.

The distance between the centerline of the ISA to either edge of the parking space is too wide for Parking Spaces 1 through 6:

- Parking Space 1: 46.5 inches – 51.5 inches
- Parking Space 2: 42.5 inches – 55.5 inches

- Parking Space 3: 52.5 inches – 59.5 inches
- Parking Space 4: 50.5 inches – 57.5 inches
- Parking Space 5: 48.5 inches – 55.5 inches
- Parking Space 6: 48.5 inches – 55.5 inches
- **Regulation:** The centerline of the ISA shall be a maximum of 6 inches from the centerline of the parking space, its sides parallel to the length of the parking space and its lower corner at, or lower side aligned with, the end of the parking space. CA T24 11B-502.6.4.1; CA T24 11B-502.6.4.2; CARM pg. 159.

Building Entrance

“Hours of Operation”, “Phone Numbers for Assistance”, “No Smoking”, and “Employee Mask Requirements” informational signage posted at the facility entrance are not in threshold languages.

- **Regulation:** All instructional and directional signs posted in waiting areas and other places frequented by a substantial number of non-English-speaking applicants/recipients shall be translated into appropriate languages. Such signs, or an additional sign, shall state that applicants/recipients may request aid or services in their primary language. Div. 21-107.212.

Lobby

Knee clearance beneath accessible counters too shallow at 9 inches in Vacaville Lobby 2.

- **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, and 8 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11-B 306.3.3; ADAS 306.3.3; CARM pg. 303.

The reach to grasp the highest document from the finish floor is too high at 69 inches in Vacaville Lobby 2.

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

Restrooms

The force required to open door to accessible Restroom 1 is too great at 7 pounds and

Restroom 2 at 5.5 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 distance of toilet to side wall or partition measured from centerline of the toilet to side wall or partition is too high in Restroom 1 at 18.25 inches and in Restroom 2 at 18.25 inches.

- **Regulation:** The water closet shall be positioned with a wall or partition to the rear and to one side. The centerline of the water closet shall be 17 inches minimum to 18 inches maximum from the side wall or partition, except that the water closet shall be 17 inches minimum and 19 inches maximum from the side wall or partition in the ambulatory accessible toilet compartment specified in Section 11B-604.8.2. Water closets shall be arranged for a left-hand or right-hand approach. CA T24 11B-604.2; ADAS 604.2; CARM pg. 387.

The distance from front edge of toilet-to-toilet tissue dispenser measured from the centerline of toilet tissue dispenser is too low in Restroom 1 at 4 inches and in Restroom 2 at 2 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.

The height of toilet tissue dispenser outlet measured from the finish floor is too low in Restroom 1 and in Restroom 2 at 18 inches.

- **Regulation:** The outlet of the dispenser shall be below the grab bar, 19 inches minimum above the finish floor and shall not be located behind grab bars. CA T24 11B-604.7.1; CARM pg. 389.

Facility Location: Vallejo

Parking and Route to Main Door

The ISA is not an equal distance from either edge of the parking space in parking spaces 1 through 11, 13 through 15, and 17.

- **Regulation:** The centerline of the International Symbol of Accessibility shall be a maximum of 6 inches from the centerline of the parking space, its sides parallel

to the length of the parking space and its lower corner at, or lower side aligned with, the end of the parking space length. CA T24 11B-502.6.4.1; CA T24 11B-502.6.4.2; CARM pg. 159.

Width of Accessible Parking Spaces 1, 5, 9, 13, 14, 15, 16, and 17 is too narrow:

- Parking Space 1 – 58 inches
- Parking Space 5 – 56 inches
- Parking Space 9 – 54 inches
- Parking Spaces 13 and 14 – 56 inches
- Parking Spaces 15 and 16 – 55 inches
- Parking Space 17 – 56 inches
- **Regulation:** Car parking spaces shall be 9 feet or 108 inches wide minimum. CA T24 11B-502.2; CARM pg. 163.

The Access Aisle in parking spaces 1 through 17 do not have the appropriate surface identification in the form of a blue boarder painted around the access aisle.

- **Regulation:** Access aisles shall be marked with a blue painted borderline around their perimeter. CA T24 11B 502.3.3; ADAS 502.3.3; CARM 165-167.

The ground surface is not stable, firm and slip resistant for Accessible Parking Spaces 2 through 17.

- **Regulation:** Floor and ground surfaces shall be stable, firm and slip resistant. CA T24 11B-302.1; ADAS 302.1; CARM pg. 210.

The access aisle for Accessible Parking Spaces 2 through 17 is not at same level as parking spaces it serves.

- **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 are not permitted. CA T24 11B-502.4; ADAS 502.4; CARM 163.

Building Entrance

“Hours of Operation”, “Phone Numbers for Assistance”, “No Smoking” and “Employee Mask Requirements” informational signage posted at the facility entrance are not in threshold languages.

- **Regulation:** All instructional and directional signs posted in waiting areas and other places frequented by a substantial number of non-English-speaking applicants/recipients shall be translated into appropriate languages. Such signs, or an additional sign, shall state that applicants/recipients may request aid or services in their primary language. Div. 21-107.212.

Lobby

Knee clearance beneath accessible counters too shallow at 9 inches in Vallejo Lobby 2.

- **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, and 8 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11-B 306.3.3; ADAS 306.3.3; CARM pg. 303.

The reach to grasp the highest document from the finish floor is too high at 69 inches at Vallejo Lobby 2 and Vallejo Lobby 3.

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

Interview Rooms

The depth of knee clearance at 27 inches high off the finished floor is too shallow at 12 inches in Vallejo Interview Room 1.

- **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, and 8 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11-B 306.3.3; ADAS 306.3.3; CARM pg. 303.

Restrooms

The high at of the paper towel dispenser operable parts measured from the finish floor is too high at 41 inches.

- **Regulations:** Where towel or sanitary napkin dispensers, waste receptacles, or other accessories are provided in toilet facilities, at least one of each type shall be located on an accessible route. All operable parts, including coin slots, shall

be 40 inches (1016 mm) maximum above the finish floor. CA T24 11B-603.5; CARM pg. 382.

The distance of the toilet to side wall or partition measured from centerline of the toilet to side wall or partition is too wide at 18.5 inches in Restrooms 3 through 6, and 18.375 inches in Restroom 2.

- **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.

The toilet tissue dispenser distance from front edge of toilet-to-toilet tissue dispenser measured from the centerline of toilet tissue dispenser is too far in Restroom 1 and Restroom 4 at 10.5 inches, and in Restroom 6 at 11.5 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.

Stairs and Elevators

The height of the handrails are not at a consistent height above walking surfaces.

- **Regulation:** Handrails shall be at a consistent height above walking surfaces, stairs and ramp surfaces. CA T24 11B-505.4; ADA 505.4.

The handrails are not continuous within the full length of each stair flight.

- **Regulation:** Handrails shall be continuous within the full length of each stair flight or ramp run. CA T24 11B-505.3; ADA 505.3.

Public Access Elevator 1 doors remain fully open in response to a car call for 3 seconds and Public Access Elevator 2 doors remain fully open for 4.5 seconds.

- **Regulations:** The elevator doors shall remain fully open for 5 seconds minimum to a car call. CA T24 11B-407.3.5; ADAS 407.3.5; CARM pg. 244.

The emergency control buttons measured from the finish floor to the centerlines of the buttons is too low for Public Access Elevator 2 at 34.625 inches.

- **Regulations:** The emergency control buttons measured from the finish floor to the centerlines of the buttons shall be 35 inches minimum. CA T24 11B-407.4.6.4.1; ADAS 407.4.6.4.1; CARM pg. 246.

The top of the support rail measured from the floor of the car are too high in Public Access Elevator 1 and Public Access Elevator 2 at 35.5 inches.

- **Regulations:** The top of the support rail measured from the floor of the car shall be 31 inches minimum to 33 inches maximum. CA T24 11B-407.4.10.1; CARM pg. 249.

The ends of each support rail from the adjacent wall in Public Access Elevator 1 are too high at 15.675 inches on both sides.

- **Regulations:** The ends of each support rail from the adjacent wall shall be 6 inches maximum. CA T24 11B-407.4.10.1; CARM pg. 249.

The height of the visible signal fixture centered above the finish floor or ground is too low for Public Access Elevator Lobby (3rd Floor) at 71.5 inches.

- **Regulations:** The height of the visible signal fixture centered above the finish floor or ground shall be 72 inches minimum. CA T24 11B-407.2.2.2; ADAS 407.2.2.2; CARM pg. 242.

The audible signals do not sound once for the up direction and twice for the down direction.

- **Regulations:** The audio signals shall sound for both directions. CA T24 11B-407.2.2.2; ADAS 407.2.2.2; CARM pg. 242.

There is not a verbal annunciator that indicates the direction of elevator car travel.

- **Regulations:** There shall be a verbal annunciator that indicates the direction of elevator car travel. CA T24 11B-407.2.2.2; ADAS 407.2.2.2; CARM pg. 242.

The floor designations measured from the finish floor are too high at 60.125 inches for Public Access Elevator Lobby (1st Floor) and Public Access Elevator Lobby (2nd Floor).

- **Regulations:** The highest tactile character shall be 60 inches maximum. CA T24 11B-703.4.1; ADAS 703.4.1; CARM pg. 243.

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?

Yes. According to Section V of the Annual Plan and the H&SS Language Access Policy (Attachment I of the Annual Plan), applicants/recipients who are NEP/LEP are identified as early as possible at first contact, and interpretative services are to be provided when participants request interpreters, interpreters are requested by service providers on participants' behalf, or if an employee determines interpretation is necessary for effective participation in programs or services.

Applicants/recipients self-identify their language and request interpretation and translation services in their preferred language via the Language Services Needs Request Form (Attachment H of the Annual Plan) or program application. Staff use "I Speak" Language Identification Cards or Language Link posters in each office when necessary to help identify applicants'/recipients' language needs at first contact. When applicants do not self-identify their primary language, staff are expected to utilize professional determination and/or sight identification to offer language assistance services

According to Section V of the Annual Plan, Employment and Eligibility Services staff utilize certified bilingual employees at regional sites to provide services in Spanish and Tagalog. Staff are expected to utilize Language Link for languages other than Spanish and Tagalog. Language Link is also contacted for identifying applicants/recipients' languages when they cannot identify their language using the County's Language Identification Cards or posters. Staff rely on the CalWIN, the case management system, to generate translated notices and forms. Additional information is translated by a certified bilingual staff or Language Link and should be documented in the case file.

According to Section V of the Annual Plan, IHSS staff identify applicants'/recipients' language needs during the application process using the SOC 295. IHSS utilizes certified bilingual employees to provide services in Spanish and Tagalog. Staff are expected to utilize Language Link to provide services in languages other than Spanish and Tagalog. The County relies on CDSS to provide translated forms and materials in Spanish. For Tagalog, certified bilingual employees are expected to interpret and verbally explain forms to applicants'/recipients. Additional information is translated by a certified bilingual staff in Spanish and Tagalog on a case-by-case basis. For languages other than Spanish and Tagalog, staff utilize Language Link or a family member to provide interpretation of the forms.

The Annual Plan did not explain or otherwise include information and/or policies for securing interpretative and/or translation services in Child Welfare Services programs.

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

Yes, however the form is not used in a consistent way. The County uses a County-generated form, Language Services Needs Request Form, for applicants/recipients to self-declare during the application process. This form is also used to consent to the release of information to an interpreter. The County provided copies of this form in their threshold languages of English, Spanish, and Tagalog.

During case reviews, Auditors found this form is inconsistently completed by staff and applicants/recipients, who may lead to applicants/recipients being denied appropriate and timely interpretation and/or translation services in their primary languages. Applicants/recipients are placed at increased risk of being denied assistance due to incorrect completion of forms or failure to comply with program requirements. Failing to provide consistency in language services has a foreseeable disproportionate impact on applicants/recipients who are NEP/LEP.

During case reviews, in instances when clients used self-provided interpreters, Auditors found that interpretation of the form is done by the self-provided interpreter. This reflects a civil rights issue because self-provided interpreters may misinterpret the information in

the form (i.e. the risk of ineffective interpretation). This practice is now explicitly barred by [ACL 21-128](#).

According to surveyed Child Welfare Services Social workers, 56% are unsure if the County uses a primary language form. These survey results also suggest that existing staff training does not clearly communicate staff expectations around documentation of interpretive and translations services. When surveyed about whether the County has a written policy and/or procedure for identifying the language needs of NEP/LEP clients and/or clients' family members in case records 56% of Child Welfare Social Workers responded that they are unsure, 22% responded the County does not have a written policy/procedure, and 22% responded that the County has a written policy/procedure.

Are primary written and spoken languages documented?

Mostly. According to the Annual Plan, the Language Services Needs Request Form should be completed, retained in the case, and documented in programs' respective case management systems. However, Auditors found that this policy is inconsistently applied.

Auditors found discrepancies between the language documented on the Language Services Needs Request Form and the language documented in the CalWIN system during CalFresh and CalWORKs case reviews, which may lead to applicants/recipients being denied correct interpretation/translation services in their primary languages.

Auditors also found that the County-generated fraud referral form documented language with no distinction between spoken and written language preferences. This referral form provides space to indicate if an interpreter is needed for contact with the client, however, Auditors only found one instance in which an interpreter was provided during Program Integrity/Fraud Unit case review.

All Program Integrity/Fraud cases reviewed involved applicants/recipients who are NEP/LEP however, 60% of cases reviewed did not identify a need for interpretive services on the referral form; of 40% of cases identifying the need for interpretive services, only one individual received an interpreter. Program Integrity/Fraud staff indicated that staff only request interpretive services if the fraud referral form indicates a need. However as noted above, Auditors found that identifying a need did not result in interpretive services being provided. Overall findings suggest that Program Integrity/Fraud does not provide interpretive services to 90% of cases which involve applicants/recipients who are NEP/LEP.

Overall, findings tend to indicate that County staff are not consistently documenting written and spoken language according to protocol described in County policy and

Annual Plan. Furthermore, findings tend to support that existing training is ineffective to communicate clear, consistent expectations.

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

Yes. According to the Health and Social Services Department Language Access Policy attached to the Annual Plan and staff survey responses, the County's process for providing interpretive services is to first connect an applicant/recipient with a certified bilingual staff member. The names, phone numbers, work locations and times of availability of certified bilingual staff shall be available in each Division. If a certified bilingual staff member is not available, staff are instructed to use vendor-provided telephonic interpretation services through CTS Language Link "to be used on a limited basis when no other interpreters are available or for the purpose of identifying the type of benefits the customer is requesting or who the customer has come to see." Staff are required to obtain permission from a supervisor to use telephonic interpretation services, as well as to schedule interpretive services 48 hours in advance to avoid an "additional fee" to the County.

Auditors found inconsistency among staff in their understanding and application of the policy:

- Surveyed CalFresh and CalWORKs staff report: 18% identified supervisor approval as required before accessing CTS Language Link, 55% did not identify supervisor approval as required prior to contacting CTS Language Link, and 5% (1 staff person) stated that are unsure of the requirements.
- No surveyed adult program staff identified that supervisor approval is required to access CTS Language Link.
- Surveyed Child Welfare Services Social Workers report: 0% have used telephonic interpretive services within the last 12 months, and 78% could not identify CTS Language Link by name.

The Program Integrity/Fraud Unit does not have a policy to schedule telephonic interpretive services in advance. However, during Program Integrity/Fraud case review Auditors observed that telephonic interpretive services are used inconsistently when the County is aware that the client requires interpretative services. All 10 cases reviewed involved clients who are NEP or LEP; a strong majority of cases, 70%, did not contain any documentation that interpretive services were offered or provided to the client. This is especially problematic because misunderstandings and miscommunication can have severe negative consequences for applicants/recipients.

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

Mostly. CalFresh, CalWORKs, IHSS, and CWS use bilingual staff or CTS Language Link to provide bilingual services.

As addressed above, during Program Integrity/Fraud case review Auditors observed that Program Integrity/Fraud staff did not provide bilingual services even when the individual identified needing bilingual services.

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

Sometimes. As address above, the County Language Access Policy (Annual Plan Attachment I) requires staff to schedule interpretive services at least 48 hours in advance with vendor CTS Language Link to avoid additional fees associated with immediate, on-demand interpretive services. The policy also requires staff to obtain supervisor approval prior to using interpretive services.

Division 21-115 requires that the County ensure effective interpretive services are provided without undue delays. The County policy, as written, is inconsistent with the requirements of Division 21-115. During policy sessions, program staff and the Civil Rights Coordinator clarified that Staff could access interpretive services via the CTS Language Link without making an advance appointment but are also encouraged to schedule appointments to use interpretive services at least 48 hours to avoid an additional fee from CTS Language Link. This inappropriately burdens the applicants/recipients with administrative costs of the County's interpretive services contract, is discriminatory based on national origin, and is in violation of Division 21-115.3 which states that the county administrative practices cannot have the effect of denying non-English speaking persons and individuals with disabilities equal access to and participation in the available programs and activities.

Fifty-five percent (55%) of Eligibility Workers surveyed report it takes 3-10 minutes to connect to an interpreter, 27% report it can take less than 3 minutes to connect to an interpreter. Staff across programs responded that wait times for CTS Language Link vary depending on the requested language.

Fifty percent (50%) of Adult Programs staff surveyed report it takes 3-10 minutes to connect to an interpreter, 17% (1 respondent) report it takes 10-15 minutes to connect, and 17% (1 respondent) report it takes longer than 15 minutes.

Does the County have adequate bilingual staffing levels?

Mostly. According to the Annual Plan only one location, Child Welfare Services' Fairfield location, is in need of two Spanish certified bilingual staff.

According to the Annual Plan Attachment O, Primary Language of Welfare Caseload by Program and Site, 15% of CAPI program clients are categorized as "Other – Non-English" language speakers. The Annual Plan does not clarify what this category indicates. The inability to accurately categorize and document client language preferences is problematic for the County's ability to accurately calculate their language needs of their programs and facilities.

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. According to Section V of the Annual Plan, minors may act as interpreters "temporarily" "under extenuating circumstances" and that "all alternatives must be exhausted before asking a child to act as interpreter for a relative". The County identifies extenuating circumstances as including "the need to explain to the participant that arrangements for interpreter services are being made, or when the participant is experiencing a medical emergency". The County's Language Access Policy also states that all alternatives must be exhausted before asking a minor to act as an interpreter for a relative but does not provide further information.

However, the Annual Plan also provides that "Employees must use their discretion regarding the appropriateness of using a minor to interpret, based on the sensitive nature of the subject matter and the minor's comprehension of concepts and terms that are being expressed." (Emphasis added). This is contrary to Division 21 requirements and conflicts with other parts of this section of the Annual Plan regarding using minors as interpreters, in addition to being highly vague and subjective. This may be confusing to staff and result in using minors as interpreters in inappropriate situations.

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

Yes. The County's Language Access Policy states that "only certified bilingual employees of [the County] or contracted interpreters shall be used to provide interpreter services". According to Section V of the Annual Plan, the County discourages the use of self-provided interpreters.

As indicated previously in this Report, case reviews demonstrate that client-provided interpreters are commonly utilized, and that applicants/recipients are not clearly and appropriately made aware of the risk of ineffective interpretation, nor does it appear applicants/recipients are made aware of their right to free interpretive and translation services.

ACL 21-128 requires the CWD to use Form 6181 when applicants/recipients choose to use their own interpreter after they have been offered county-provided interpretive services. Form 6181 is a consent and release of information form that allows the applicant/recipient to use their own interpreter. Form 6181 must be made available in all county threshold languages and any other translations provided by CDSS.

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 Civil Rights Coordinator reported that the County does not have a policy specific to documenting the offer and/or provision of interpretive services. According to the Annual Plan (Attachment H), completed Language Services Needs Request Forms are retained in the case file and documented in the respective case management system. During case reviews Auditors observed documentation of interpretive services in CalWIN Case Notes, CWS/CMS Delivered Services Log, CMIPS, and in the Program Integrity/Fraud Investigation Report Narrative.

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

Somewhat. The Language Services Needs Request Form requires interpreters and applicant/recipient to self-attest that they understand what is being interpreted. Auditors observed during case reviews that CalFresh and CalWORKs staff in do does not verify if the applicant/recipient understands what is being interpreted.

Surveyed eligibility staff were asked if applicants/recipients are informed there is a possibility of ineffective communication when using a self-provided interpreter: 36% report they are unsure, 32% report they gain verbal confirmation from the client, 18% report that the Language Services Needs Request Form informs the client, 9% report they ask the interpreter to confirm the client's understanding, and 5% (1 respondent) report that clients are not informed of the possibility of ineffective communication.

Fifty percent (50%) of surveyed adult program staff report they gain verbal confirmation from the client to confirm understanding.

Failure to confirm applicant/recipient-provided interpreters understanding puts applicants/recipients who are NEP/LEP at an increased risk of misinterpretation leading to an inability to participate in effectively and fully and/or comply with program requirements.

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

Yes. The County uses CDSS-translated forms and materials in Spanish. According to Section V of the Annual Plan, CalWORKs and CalFresh staff have forms and notices available for clients in Spanish. This section of the Annual Plan also states that limited IHSS-related forms are available in Tagalog, and that oral interpretation is provided when forms are not available.

According to Section V of the Annual Plan, the County utilizes certified bilingual staff or CTS Language Link to translate notices, forms, or materials into languages other than Spanish or Tagalog.

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

Sometimes, and only in Spanish and Tagalog. According to the Annual Plan, certified bilingual Spanish and Tagalog staff are available on a case-by-case basis to assist with translation of NOAs. However, the Annual Plan did not provide further information about the criteria to determine which cases the County certified bilingual social workers would be expected to provide translation services or NOAs.

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

Sometimes, and only in Spanish and Tagalog. According to Section V of the Annual Plan certified bilingual Spanish and Tagalog staff are available on a case-by-case basis to assist with translation of language to be inserted into NOAs.

The Annual Plan does not provide any information or policy related to inserting a language other than Spanish and Tagalog into NOAs. Failing to insert information into NOAs has a negative impact on applicants/recipients who speak languages other than the County's threshold languages and prevents them from receiving significant

information about their hearing rights, and meaningfully engaging with services or administrative proceedings. This may also produce a chilling effect on the applicants/recipients and dissuade them from maintaining and/or seeking services and requesting administrative hearings.

Findings: Ethnic Origin Information

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

Yes. Except for the Program Integrity/Fraud, the County documents ethnic origin information in CalWIN, CMIPS, and CWS/CMS when it is provided by the applicant/recipient.

Corrective Action

- 6. Interpretation and Translation Services:** The County must offer and provide free interpretive services using qualified interpreters. Div. 21-104(q)(1), Div. 21-115. The County shall not deny an individual an opportunity to participate in any program or activity through the provision of services or otherwise afford him/her an opportunity to do so which is different from that afforded to others under the program or activity. Division 21-109.16. As a part of the CAP, the County shall:
- Revise Health and Social Services Department Language Access Policy to incorporate the following:
 - NEP/LEP applicants/recipients are not required to affirmatively request an interpreter. The County is obligated to offer free interpretive services, regardless of whether the applicant/recipient affirmatively requests interpretive services.
 - Instructions for the use of Form 6181 as directed by ACL 21-128 including ensuring that applicant/recipient-provided interpreters understand what is being interpreted and that applicants/recipients be informed of the potential problems for ineffective communication when using a self-provided interpreter. This protocol should conform with standards set in ACL 21-128.
 - Clarify that staff must provide interpretive services immediately or as soon as possible when needed and must not delay services based on vendor issues.
 - Instructions for program staff to obtain translation services, specifically for Notices of Action and any language to be inserted into the template, for applicants/recipients.
 - Program-specific guidance regarding documentation of applicants/recipients written and spoken language. This must also include documentation of how interpretive and translation services are provided per instructions provided in ACL 08-65 (i.e. certified bilingual social worker, Language Link).

- Inform staff of the new policy/protocol, including via revised staff training on the topic (discussed in Section XII).
 - Include Fraud/Program Integrity Unit investigators and other public contact staff in mandated annual training. Div. 21-117.1; 21-104(p)(1).
- 7. Documentation of Primary Spoken and Written Language:** The County shall ensure that case records identify applicants'/recipients' ethnic origin and primary language. Div. 21-201.21.
- 8. Documentation that bilingual services were provided:** Document the method used to provide bilingual services (i.e., assigned worker is certified bilingual, another certified bilingual employee acted as interpreter, volunteer certified interpreter was used, or recipient provided interpreter). Div. 21-116.22.
- 9. Program Integrity/Fraud Unit Language Access for Applicants/Recipients who are NEP/LEP:** Each CWD shall ensure that administrative practices do not have the effect of denying non-English speaking persons and individuals with disabilities equal access to and participation in the available programs and activities. Division 21-115.3. As a part of the CAP, the County shall:
- Provide appropriate interpretive and translation services to clients when it is indicated that they are NEP/LEP, or if they request interpretation services. Staff shall not substitute their judgment or opinions for those of clients when determining whether interpretive services are needed.
 - Create a Program Integrity/Fraud program specific protocol for language access, that addresses interpretive services, translation services, and documentation of language services provided. The protocol must include instructions for using the Counties language access form and Form 6181 to document client's language access needs.
 - Develop staff training to inform staff of the new policy (see also Section XII).
 - Provide CDSS with the draft policy, training, and training schedule for review and approval prior to implementation.

Recommendations

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

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 accommodations?

Somewhat. The County's Public Access Under the Americans with Disabilities Act (ADA) Title II Policy (ADA Policy) (Attachment F of the Annual Plan) informs staff across County Departments of limited ADA obligations and includes a brief statement about reasonable accommodations and provides examples of auxiliary aids and reasonable accommodations. The policy is applicable to all Solano County Departments and is developed outside of Solano County HSS.

Section V of the Annual Plan also addresses reasonable accommodations, and contains information that is not present in, or conflicts with, the ADA Policy including:

- Contradictory information is presented for identifying an applicant/recipient who requires a reasonable accommodation. The Annual Plan states that staff should utilize employee determination, sight identification, service provider referral information, and applicant/recipient self-disclosure to identify those who may have a disability. Section 7.4.3 of the ADA Policy states that individuals needing reasonable accommodations to access facilities, programs, services, or activities, should contact the Department they are seeking services from or the Solano County Department of General Services ADA Coordinator.
 - According to staff surveys, the County ADA Coordinator responsibilities are limited to accessibility of physical buildings owned and operated by the County. Policies related to communications with people with disabilities and tools available to applicants/recipients such as auxiliary aids or other aids does not fall under the responsibility of the County ADA Coordinator.

The ADA Coordinator also reported not having to provide reasonable accommodations within the 12 months prior to the audit.

- The ADA Policy does not contain appropriate steps to identify reasonable accommodation requests, document reasonable accommodation requests, provide reasonable accommodations, engage in the interactive process if needed, and/or denial of reasonable accommodations as set forth in ACL 19-45.

Departing from both above, related County Civil Rights Training informs staff of a multistep process for receiving and approving reasonable accommodation requests. However, 55% of surveyed Child Welfare Social Workers are unsure if the County has a written policy and/or procedure for assisting clients and/or clients' family members with disabilities and 23% of surveyed CalWORKs and CalFresh staff are unsure if they have received training on how to provide a reasonable accommodation. Thus, the ADA Policy and Annual Plan, even when paired with Civil Rights Training, has not resulted in an increase of staff awareness of understanding of expectations to assist applicants/recipients with disabilities.

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)?

Somewhat. According to the County Civil Rights Coordinator survey, the County has braille, TTY machines, and audio CDs available for staff to assist applicants/recipients with vision- and/or hearing-related disabilities. However, according to Section V of the Annual Plan, program staff do not have uniform access to TTY machines. The County reported that CWS reception and social workers have access to TTY relay calls at the CWS reception desk, but 56% of surveyed Child Welfare Services Social Workers report being unsure what auxiliary aids and services the County provides.

Twenty-three (23) percent of surveyed CalWORKs and CalFresh staff are unsure what auxiliary aids the County has available to provide applicants/recipients with disabilities. When asked if staff had provided an auxiliary aid to applicants/recipients in the last 2 months, only 9% (2 out of 22 respondents) answered in the affirmative. The County's Annual Plan provides that the CalWORKs and CalFresh programs have submitted a budget request for the 2021-2022 Fiscal Year to purchase TTY machines for each regional office.

During IHSS case, Auditors found evidence that staff provided auxiliary aids to clients including large font and audio CDs.

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

The County identifies applicants/recipients with disabilities, but the County does not assist applicants/recipients self-identify disabilities.

Section V of the Annual Plan identifies “employee determination, sight identification, service provider referral information and participant self-disclosure” as methods used to identify applicants/recipients with a disability. Section V does not elaborate on what these terms mean (i.e., what is the difference between “employee determination” and “sight identification”?) or how staff implement the requirements. The Annual Plan does not include any provisions or policies to assist applicants/recipients self-identify a disability and the County did not provide training for employee determination of disabilities.

Surveyed CalWORKs and CalFresh staff were asked if the County assists applicants/recipients with self-identifying their disabilities: 55% are unsure and 46% report the County assists applicants/recipients with self-identifying their disabilities.

Surveyed Child Welfare Services Social Workers were asked if the County has a written policy and/or procedure for identifying clients and/or clients' family members with disabilities: 67% are unsure, and 11% report there is no policy. Relatedly, 56% are unsure if the County assist clients with self-identifying their disabilities.

The staff surveys suggest a lack of understanding among staff which could lead to a failure to appropriately identify, document, and offer reasonable accommodations for an applicant/recipient's disability.

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

No. Neither the Annual Plan nor other documents provided to Auditors explicitly address offering screening for disabilities.

Section V of the Annual Plan includes a list of vendors used by the County including a mental health specialist that provides screening for disabilities. However, it is unclear how this information is used, when, or by whom.

Additionally, 100% of surveyed supervisors are unsure if disability screening is offered by the County. This is concerning because supervisors are expected to have clear knowledge of County processes to support staff.

As stated above, the County does not provide clear guidance to staff for identifying applicants/recipients with a disability. This lack of clear guidance coupled with the lack of process for offering screenings for disabilities may result in the erasure of applicants/recipients with disabilities and prevent them from receiving critical auxiliary aids and services, TDDs, and/or other aids.

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

Sometimes. As noted above, the County lacks clear, consistent policies and training regarding the County's obligation to offer and document reasonable accommodations. Staff survey results and case review findings confirm an overall lack of awareness and that very few reasonable accommodations have been offered, provided, and/or documented. For example, 22% of Child Welfare Services staff report being aware of available aids including clear masks for lip reading, braille, and large font, and 0% report providing aids to clients and their families in the last 12 months. Eight one percent of CalWORKs and CalFresh staff surveyed had not provided an auxiliary aid to applicant/recipients with disabilities in the preceding twelve months, and 33% could not name a tool to assist clients with disabilities.

Does the County appropriately document disabilities and reasonable accommodation requests?

Inconsistently. The County lacks comprehensive policies and staff training addressing the County's documentation obligations. Limited documentation instruction is found in Section V of the Annual Plan, though it is unclear if the Annual Plan is available to or can be accessed by staff.

Staff training includes documenting reasonable accommodation in Module 2 "Participant Rights" and Module 4 "ADA Accommodations", which emphasize the importance of documenting the type of accommodation provided.

During CalFresh and CalWORKs case reviews, Auditors observed 2 cases in which reasonable accommodations were not documented or provided to recipients that expressed the need for assistance due to their disabilities. During CWS case review, Auditors observed 1 reasonable accommodation documented and provided as part of a family plan. During IHSS case review, Auditors observed 6 cases in which large font documents, braille, and audio CDs were documented and provided to a client as reasonable accommodations. During Program Integrity/Fraud case review, Auditors observed no documentation of disabilities or reasonable accommodation requests. Fraud program staff informed Auditors that staff would not learn of a disability until making contact with the client. Failure to document and inform staff of known, on-going,

and/or existing reasonable accommodations foreseeably and disproportionately negatively impacts persons with disabilities. Reasonable accommodations to provide effective communication are necessary to ensure that individuals with disabilities are fully able to participate in an investigation. The inability to communicate effectively could lead to incorrect outcomes in the fraud investigation with serious consequences to the individual.

According to CalWORKs and CalFresh staff surveys, 41% of staff are unsure if the County has a policy for documenting disability of applicants/recipients, who may tend to demonstrate that existing instruction and training is unclear.

Corrective Action

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

- An expanded range of tools and/or guidelines for use by staff to identify an individual with a disability, such as developing a form that asks applicants/recipients about disabilities and related needs and/or establishing a practice whereby staff review program application/renewal questions about disabilities with all applicants/recipients
- Protocol for staff to assist an individual in self-identifying a disability and related needs when a disability is known or the need for accommodation is obvious. This might involve requiring staff to initiate inquiries about and/or offers of reasonable accommodations when certain indicators are present such as specific aid type(s) in electronic case records.
- To the extent programs have different practices and considerations related to the identification of disabilities, the policy shall contain program-specific guidance,
- Inform staff of the new policy/protocol, including via revised staff training on the topic including Fraud/Program Integrity staff (discussed in Section XII).
- Provide CDSS Civil Rights Unit draft to review and approve prior to finalization and dissemination to staff, including a proposed training schedule.

11. Documentation of Disability: The County shall ensure that an applicant's/recipients case record identifies the applicant/recipient as disabled. The County shall document an applicant's/recipients 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 direction to develop a policy regarding the provision of services for individuals with disabilities, the County shall:

- Develop protocol for staff to document individuals' disabilities and related needs in electronic case management systems in a manner that is accurate, internally consistent, and readily visible, including reviewing case management system functionality for under-utilized tools and options, such as the accommodation indicator in CalWIN.
- The protocol shall be consistent with any applicable requirements regarding documentation of Reasonable Accommodation requests. See ACL 19-45.
- Inform staff of the new protocol, including via revised staff training on the topic (discussed in Section VII).

12. Reasonable Accommodations: 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:

- Create a Reasonable Accommodation policy to implement all areas addressed by the ADA, MPP Division 21 regulations, and ACL 19-45. To the extent programs have different practices, the policy shall contain program-specific guidance. The County is encouraged to consult the resources provided in Section VI of ACL 19-45 and may also contact CDSS for feedback and technical assistance. The policy must include:
 - Examples of reasonable accommodation requests that reflect changes to policies or procedures, in addition to examples of auxiliary aids.
 - Direction to staff regarding documentation of reasonable accommodations to ensure consistent and uninterrupted provision of services for the applicants/recipients.
 - Direction to staff for receiving disability-related complaints and the appropriate channels for recourse as provided in ACL 19-45.
 - Instructions for staff to access lists or repositories where auxiliary aids are listed or can be found. The County must create lists or repositories of tools available to the extent that they do not already exist.
 - A process for obtaining and incorporating feedback from community resources devoted to assisting those with disabilities.
 - Explanation of core concepts such as:
 - Effective communication. CWDs have the obligation, pursuant to ADA Title II, to ensure effective communication with individuals who have vision, hearing, and/or speech disabilities. Communication with these individuals must be equally effective as communication with people who do not have these disabilities. 28 CFR § 35.160(a); ACL 19-45.
 - Primary consideration. In determining what types of auxiliary aids and services are necessary, a public entity shall give

primary consideration to the requests of individuals with disabilities. 28 CFR § 35.160(b)(2); ACL 19-45.

- Interactive process. If an accommodation is not immediately agreed upon, or if a disagreement arises between an individual and CWD staff as to the appropriateness of a particular accommodation after an accommodation has been granted, CWD staff shall engage in an interactive process with the individual requesting the accommodation, or the person acting on their behalf. This may include discussing the individual's needs and alternate accommodation options in order to arrive at an accommodation that meets the needs of both the individual and the CWD. 28 CFR § 35.150(a)(3).; ACL 19-45.
- Inform staff of the new policy/protocol, including via revised staff training on the topic (discussed in Section XII).
 - Include Fraud/Program Integrity Unit investigators and other public contact staff in training.
- Provide CDSS Civil Rights Unit draft to review and approve prior to finalization and dissemination to staff.

13. Reasonable Accommodation Training for Staff: CWDs shall train public contact staff, program managers, and supervisors upon hire on disability nondiscrimination laws and on providing reasonable accommodations for people with disabilities. ACL 19-45; Division 21-117. Such training may be incorporated into Division 21, Civil Rights Training as described in Section XII of this report.

14. Facilities: All locations must obtain the appropriate technology for assisting applicants/recipients with disability such as TTY machines for all programs. The County must submit a plan for when they will procure the appropriate technology for each location. Division 21-115.4.

Recommendations

Documentation of a Disability: Auditors recommend the County undertake regular quality control measures to ensure proper documentation of reasonable accommodations.

Reasonable Accommodation Policy: Auditors recommend consolidating the new policy regarding the provision of services to individuals with disabilities with the revised reasonable accommodation policy so that all information on assisting individuals with disabilities is located in a single written policy.

Disability Caucus: According to Section XV of the Annual Plan, the County created cross-divisional racial equity caucuses to improve outreach and service provision.

Auditors recommend the County create a caucus centered on disability-related needs to improve outreach and services for applicants/recipients with a disability. The scope of the caucus can include employee focused concerns, however, it should be noted that the Civil Rights unit does not have jurisdiction over County employment or employee focused concerns.

VII. STAFF DEVELOPMENT AND TRAINING

Counties are required to provide training on civil rights, cultural awareness, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the ADA for all public contact employees, including familiarization with the CDSS discrimination complaint process and all other requirements of Division 21. The information should be conveyed at employee orientation, as well in continuing training programs.

Findings: Staff Training

Do employees receive continued Division 21 Training?

Yes. The County provides mandatory Civil Rights Training, which covers County responsibilities under Division 21. According to Section XI of the Annual Plan, the training covers: Requirements and methods for disseminating civil rights information, the bases of discrimination under Division 21, accessibility to benefits/services/public facilities, provision for services to applicants/recipients who are NEP/LEP or who have disabilities, applicant/recipient complaints of discriminatory treatment, and Division 21 documentation requirements. The Annual Plan lists the training provider as the University of California Davis.

According to Section XI of the Annual Plan the County itself has developed and will provide the Civil Rights Foundations training (Attachment S) beginning in 2021 through 2022. The training has been developed by Child Welfare Services, Employment & Eligibility Services, Older and Disabled Adult Services, and Civil Rights staff, and will be provided online.

The Civil Rights Foundations training includes: an overview of the communities served in Solano County, informing participants of their rights, requirements under Division 21, reasonable accommodations, language access, the civil rights complaint process, as well as instructions for providing a reasonable accommodation, requesting interpreter and responding to civil rights complaints.

Almost all surveyed staff confirm receiving civil rights training: 86% of CalFresh and CalWORKs staff (14% are unsure or have not received training), 100% of Child Welfare Services Social Workers, 100% of Adult Program Workers, and 100% of Lobby receptionists/navigators.

Does the County provide employees with Cultural Awareness Training?

Yes. The County provides mandatory Cultural Humility/Diversity Training specific to CWS, and Employment and Eligibility Services (CalFresh and CalWORKs). According to Section XI of the Annual Plan, Cultural Humility/Diversity Training defines the terms culture, bias, racial equity, implicit bias, and how they exist in society. The County provided an overview of the civil rights and cultural awareness training by division/program in the Annual Plan as Attachment R.

Training topics for CWS include: identifying the impact that cultural awareness or the lack thereof has on families and children in Child Welfare Services, providing a historical perspective of how bias and implicit bias have created a disproportionate number of ethnic groups consistently involved in child welfare from across the county/state/nation, giving participants opportunities to self-identify their bias through a variety of activities and discussions, providing tools to help participants improve their ability to identify, discussing and removing personal bias when working with families and children and in the workplace. This training is provided by the CDSS Bay Area Training Academy and the CWS Staff Development and Training Supervisor.

Training topics for Employment and Eligibility Services include characteristics of cultural groups, assimilation and acculturation, value systems of various cultures-homes/education/sex roles, value conflicts among cultures, and dealing with clients from your own culture or subculture.

Almost all staff report receiving cultural awareness training: 77% of CalFresh and CalWORKs (23% are unsure or did not receive training), 100% of Child Welfare Social Workers, 100% of Adult Program Workers, and 100% of Lobby receptionists/navigators.

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

Mostly. Fifty (50) percent of CalFresh and CalWORKs staff report they are very to extremely familiar, 41% report they are somewhat familiar, and 9% report they are not so familiar with the predominant cultural groups receiving services in their area. Sixty (60) percent of Adult Program Workers, report they are very to extremely familiar, with the remaining 40% reporting they are somewhat familiar with the predominant cultural groups receiving services in their area. Eighty (80) percent of Lobby receptionists/navigators report they are very to extremely familiar, with the remaining 20% (1 respondent) reporting they are somewhat familiar with the predominant cultural groups receiving services in their area.

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

Mostly. The County offers mandatory Multi-Ethnic Placement Act (MEPA) Training provided by the CDSS Bay Area Training Academy. Forty-four (44) percent of surveyed Children's Social Workers confirm receiving MEPA training, while 33% are unsure, and 22% have not received training.

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

Yes. According to Section XI of the Annual Plan and Attachment R, the County offers mandatory disability awareness training to all new IHSS Social Workers provided by California State (it is unclear what the County is specifically referring to and no further details are provided about the trainer), which includes: defining disabilities, history of disability rights, disabilities across the lifespan, bias, and best practices when engaging people living with disabilities. All surveyed Adult Program Workers report receiving training on how to assist applicants/recipients with disabilities such as disability etiquette, disability awareness, or similar training.

According to staff surveys, 68% of CalFresh and CalWORKs staff reported they had received training, 23% report being unsure, and 9% report they have not received training. Sixty (60) percent of Lobby receptionists/navigators report they had received training, 20% report they are unsure, and 20% report they have not received training.

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

No. According to Section V of the Annual Plan, "employee determination, sight identification, service provider referral information and participant self-disclosure are methods used to identify those who may have a disability or need language assistance services." The policy does not elaborate on how employees utilize sight identification and does not include training on what this means or other methods of identifying applicants/recipients with disabilities.

However, 64% of surveyed CalFresh and CalWORKs staff report the County provides such training, while 36% report they are unsure. Sixty-seven (67) percent of Child Welfare Social Worker report they are unsure if the County provides such training, 22% report the County provides such training, and 11% (1 respondent) report the County does not provide such training. Sixty (60) percent of Adult Programs staff report the County provides such training; with 40% reporting they are unsure. Similarly, 60% of Lobby receptionists/navigators report the County provides such training and 40% are unsure.

As referenced above, while the County provides Disability Awareness Training to IHSS program staff, no training is provided for identifying applicants/recipients with disabilities. Survey results suggest that staff are not familiar with the training available to them regarding the needs of applicants/recipients with disabilities.

The lack of training available is particularly problematic when considering the County policy for providing a reasonable accommodation is dependent upon the applicant/recipient identifying themselves as having a disability and requesting an accommodation for that disability.

Do employees receive training on reasonable accommodation for applicant's/recipients with disabilities?

Yes. The County offers reasonable accommodation training as part of its mandatory Civil Rights/Division 21 training.

According to staff surveys, 73% of CalFresh and CalWORKs staff report they have received training, 23% report they are unsure, and 5% reported they have not received training. Sixty-seven (67) percent of Child Welfare Social Workers surveyed report they have received training, 22% report they are unsure if they received training, and 11% report they have not received training. Eighty (80) percent of Adult Programs staff report they have received training, and 20% report they are unsure. All Lobby receptionists/navigators report receiving training. Eighty-three (83) percent of supervisors report they have received training and 17% report they are unsure.

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

No. Though most surveyed staff report receiving reasonable accommodation training, Auditors did not observe evidence that staff consistently offer, provide, and/or document reasonable accommodation (see Section VI). Based on the gap between practice and policy, Auditors find that staff are unfamiliar with the substance of County policy, Public Access Under the American with Disabilities Act (ADA) Title II Policy, and that staff are not fully aware of the County's obligation to provide reasonable accommodations.

Corrective Action

15. 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 the Annual Civil Rights Training to address concerns and deficiencies identified in this Report. Key areas for revision include:
 - Provide a complete, correct, comprehensive explanation of protected categories under state and federal law (for example, training slides 92 and 93 located at Attachment R identifies inconsistent protected bases.
 - Provide information and guidance on identifying individuals with disabilities and assisting applicants/recipients to self-identify disabilities.
 - Provide examples of reasonable accommodation requests that constitute changes to policies or procedures.
 - Make clear that auxiliary aids such as braille or ASL interpreters are available options, not blanket requirements appropriate for all individuals with visual or hearing impairments, respectively.
 - PUB 13 shall be distributed and explained to each applicant/recipient at intake and reinvestigation of eligibility. The pamphlets shall be in the primary languages of the CWD's applicant/recipient population including alternate formats (e.g., cassette tapes, large print, etc.). Division 21-107.221. This process should be documented appropriately in the applicant/recipient's case.
- Include Fraud/Program Integrity Unit investigators and other public contact staff in mandated annual training. Div. 21-117.1; 21-104(p)(1).

16. 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. Div. 21-117.1; 21-104(p)(1).

17. Cultural Awareness Training: Each CWD shall develop and/or provide cultural awareness training programs for all public contact employees. Cultural awareness training shall pertain to specific cultural characteristics of cultural groups served by the CWD to provide a better understanding of, and sensitivity to, the various cultural groups including individuals with disabilities to ensure equal delivery of services. Whenever possible, training shall involve community organizations familiar with a specific culture. The cultural awareness training should also include a component on disability culture. The County should consult with their racial equity caucuses for review and feedback of training. Division 21-117.

Recommendations

Division 21, Civil Rights Training: Annual Civil Rights Training Slides 112-1134 utilize an image of man with a split face of anger and happiness. This image could be seen as

evoking an unconscious bias against those with a disability by stigmatizing them as unpredictable and violent. The image can be replaced with another that does not associate individuals with disabilities with violence and anger.

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?

Sometimes. As indicated in Appendix 2: Selection from Staff Survey in this report, staff could not consistently identify discrimination complaints. Most significantly, only 63% of staff surveyed correctly recognize the discrimination complaint of a recipient who was not receiving interpretation services. This underscores the lack of consistent interpretation services provided to applicant/recipients found in case reviews.

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

Mostly. Of surveyed CalFresh and CalWORKs staff, 73% report they would contact the Civil Rights Coordinator when an applicant/recipient provided a discrimination complaint, 23% report they would contact their supervisor, and 4% are unsure of what they would do. Of surveyed Child Social Workers, 67% report they would contact the Civil Rights Coordinator. All Adult Program staff report they would contact the Civil Rights Coordinator. Of surveyed Lobby receptionists/navigators, 40% report they would contact a supervisor and 60% report they would contact the Civil Rights Coordinator.

There appears to be a discrepancy in staff understanding of procedure. According to the training materials provided in Attachment U the Annual Plan, staff are directed to gather facts after receiving a discrimination complaint (a small minority of staff reported they would gather facts). The survey findings tend to demonstrate that staff do not have a consistent and reliable understanding of the discrimination complaint procedure. This may be because the new Division 21 training developed by the County has not reached all staff and current training or policies do not adequately explain staff responsibilities.

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

No. Staff are not able to consistently identify the location of the Pub 86 and Civil Rights Coordinator's contact information posted for the public to view. Of surveyed Child Social Workers, 44% identified the County's website, 33% identified a location in the County building, and 22% were unsure of where this information would be posted. Of surveyed CalFresh and CalWORKs staff, 68% identified the lobby as the location the contact information is posted, 18% reported the website as the location, and the remaining 14% of respondents were unsure.

Is the complaint log complete and up to date?

Yes, as of the drafting of this report, however, the County did not previously maintain a compliant complaint log.

The County provided a copy of the complaint log within Section XVIII, Attachment V, of the Annual Plan. This initial copy of the complaint log did not include all cases reflected in CDSS' records, and a subsequent complaint log produced included additional cases, but did not include the protected bas(es) identified in each complaint. A complete, up-to-date complaint log reflecting all complaints and protected basis was provided to Auditors before the close of the Review.

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

Yes, however, there are discrepancies in the information contained the Annual Plan, policies, and training materials.

According to Section XII of the Annual Plan, the County accepts discrimination complaints in person, and by phone, email, or mail. Complainants are provided with a letter directing complainants to complete an enclosed complaint form after the County receives the initial complaint. Complainants with certain types of disabilities, who are illiterate, or who otherwise cannot complete forms are negatively impacted by this requirement, which is also contrary to Division 21 provisions. Additionally, the Annual Plan states that all staff immediately forward civil rights and discrimination complaints to the Civil Rights Coordinator, however these conflicts with training materials in Attachment U, which direct staff to document the interaction and attempt to obtain an early resolution directly with the complainant. Complaints of discrimination should be immediately referred to the County Civil Rights Coordinator without program interference preventing a formalized complaint from submission. The Annual Plan also does not include information on how discrimination complaints should be evaluated or

investigated. Without clear, consistent guidance for Civil Rights staff handling discrimination complaints, there will be inconsistent quality of work produced when more experienced staff transition from existing positions.

Policy B-7 Public access under the Americans With Disabilities Act (ADA) Title II Policy (Attachment F) provides a procedure for “complaints regarding access to a facility, program, services or activity”. The instructions state that staff should attempt to informally resolve those complaints with the program. The policy states that if a complainant does not wish to pursue informal recourse, they are to be directed to the County Department of General Services. According to the policy, complainants must be submitted within 30 days of when the complainant becomes aware of the alleged violation. This policy is not in line with expectations of Division 21 and contradicts other policy provided in the Plan. According to the CRC Survey, the County Department of General Services is responsible for ensuring that the facilities are meet accessibility standards. However, is it unclear from Attachment F if the complaint process is specifically for facility accessibility under the ADA or all disability complaints received by the CWD. The County website also directions the ADA complaints to the [County Department of Human Resource Risk Management Division](#).

The County’s Title VI Non-Discrimination Policy (Attachment N of the Annual Plan) which states the Counties obligations for federal aid and Title VI of the Civil Rights Act. The policy only includes protections from discrimination on the basis of race, color, and national origin. This policy includes the expectation of the Title VI Coordinator in developing and implement Title VI regulations including for creating discrimination complaint procedures. The Annual Plan lists Attachment N as an applicable county policy within Section XII. The Annual Plan does not clarify to what extent this policy has impacted the development of its Civil Rights program.

Is the County handling discrimination complaints appropriately?

No. According to the County Civil Rights Training provided in the Annual Plan, the County has an Informal Response (Early Resolution) and Formal Response (Investigation) for handing discrimination complaints. The Training states “If complainant declines an informal response, open a formal investigation”. In consideration of the discrepancies between the County Complaint Log included in the Annual Plan and the CDSS Complaint log, it is concerning that there may be several complaints that are not being investigated by the County despite meeting Division 21 requirements for an investigation.

Corrective Action

18. Complaint Processing Procedure: The County shall ensure policies addressing discrimination complaint handling are clear, consistent, and comport to the required complaint processing obligations. Div. 21-203.

- The CAP shall provide a revised procedure that is responsive to the comments made in this Report. The revised procedure shall operationalize the requirements of Division 21 requirements, specifically:
 - Process for how a complainant can file a discrimination that is in alignment with Division 21-203.22.
 - Process should reflect the importance of the Civil Rights Programs responsiveness to complaints. This includes the timely communication to complainants about their investigation according to Division 21-203.23, 23-203.25, and 21-203.26.
 - Process for providing timely and responsive reasonable accommodations to Complainants that is in alignment with the standards of ACL 19-45.
 - Process for complaint evaluation that includes an explanation of threshold jurisdictional issues and prima facie elements, and a list of interview questions to elicit necessary information.
 - Process to reach complainants via all available methods before considering a complaint to result in “lost contact” including the minimum number of attempts to contact complainants via different methods when available, and a policy to contact Authorized Representatives, when appropriate.
 - Process to determine if staff conflicts of interest exists regarding discrimination complaint investigations.
 - Procedure for complaint investigation that is in alignment with Division 21-203.3.
 - Process should allow for the completion of investigations and evaluations within the required timeframe and provide timely responses to direction from CDSS, according to Division 21-203.24.
 - Procedure for investigating general environment that is in alignment with Division 21-203.35.
- The County shall develop a practical investigation guide using Division 21, the CDSS [Introductory CRC Training Presentation](#), relevant ACLs, and other relevant and appropriate materials. Materials produced may include:
 - Job aids for evaluations and investigations of complaints, such as decision trees for evaluations of complaints and a jurisdictional analysis of complaints; and

- Lists of referrals for complaints concerning non-CDSS programs.
- The County must implement a single complaint procedure for discrimination complaints by applicants/recipients on the basis of disability that is effective and is consistent with Division 21.

19. Employee Awareness of Complaint Process: The County shall ensure staff can identify a discrimination complaint, including retaliation complaints. The County shall ensure staff have knowledge of the discrimination complaint process and their role in assisting applicants/participants to file civil rights complaints. Div. 21-117 and Div. 21-203. The CAP shall include a plan to send a written reminder to all staff of staff responsibilities in complaint processing and to notify staff of forthcoming revisions to the existing procedure. The written reminder must specifically address the misconceptions identified in staff surveys.

Recommendations

Civil Rights Investigations Staffing: During the audit County found that complaints could be investigated by multiple staff members within the HSS Administrative Division. It is recommended that the Civil Rights Coordinator identify an individual staff member to conduct civil rights investigations and provide relevant training to this individual.

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 8 vendor contracts. Nondiscrimination language was found in each contract. Cultural Competence language was found in 4 contracts and Civil Rights Complaint Procedure language was found in 6 contracts.

Corrective Action

20. Protected Basis: The Vendor Assurance of Compliance contract language does not include all protected bases. Specifically, gender identity, gender expression, sexual orientation, marital status, domestic partnership, and genetic information are omitted. The County shall update the Vendor Assurance of Compliance language to incorporate the missing protected bases.

Recommendation

Cultural Competence and Civil Rights Complaint Procedure: Auditors recommend the County incorporate the standard language for Cultural Competence and Civil Rights Complaint Procedure into every vendor contract. As observed during review of vendor contracts, the County does not consistently incorporate this language into all vendor contracts.

X. COMMUNITY INPUT

Feedback was sought from 11 community and advocate groups regarding County services. No responses were provided to, or received by, Auditors.

XI. CIVIL RIGHTS COMPLIANCE PLAN REVIEW AND APPROVAL

The Solano County Health and Human Services Civil Rights Compliance Plan for the period 2020 through 2021 was received on October 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:

- **Section II Assignment of Resources:** This section includes reference to the Solano Code of Conduct and Professional Ethics, which also serves as the County's policy conflict of interest policy regarding employees conducting investigations. See Division 21, 21-203.31. However, the Solano Code of Conduct does not address Division 21 investigations and does not make explicit who can or cannot conduct civil rights investigations, including how the County will handle complaints against County Civil Rights staff.
- **Section II Assignment of Resources:** Only 10% of the Civil Rights Coordinator's workload is dedicated to civil rights activities. During the Review, Auditors observed that this allotment of time does not appear to provide enough support for the County Civil Rights Coordinator to fulfill all obligations under Division 21 and applicable laws, contributing to some of the issues identified in this Report. Auditors encourage the County to consider staff resources allocated to civil rights, particularly in consideration of the efforts needed to address the corrective actions identified in this Report. To the extent these considerations impact staff allocations, any changes must be reflected in this section of the Annual Plan.

- **Section III Community Profile:** The County must understand and engage the communities it serves, including persons with disabilities. Part of these efforts include reviewing data to ensure the County is conducting appropriate outreach, and using methods calculated to reach prospective applicants. The County must submit a plan for how to collect this data, if one does not already exist, and it will inform civil rights decisions moving forward.
- **Section IV Dissemination of Information:** The Annual Plan does not provide information about County call center locations, telephonic navigation systems utilized (if any), and/or hours of operation. The Annual Plan should be updated to include this information to fully explain how the CWD is available to the public.
- **Section IV Dissemination of Information:** The Annual Plan should include information on how the County make services and outreach available to applicants/recipients who cannot read or write.
- **Section IX Significant or Proposed Program and Facility Changes:** Civil Rights responsibilities are currently housed under the Administration Unit, however, it was previously housed under the Compliance Unit with one case remaining under their charge. The Annual Plan must be updated on a regular basis to reflect changes in structure and staffing.
- **Section XI Staff Development and Training and Attachments R and S:** Revise the PowerPoint training as indicated in Section VII and elsewhere in this Report.
- **Section XI Staff Development and Training:** The Annual Plan shall include information about how the Plan is made available to staff.
- **Section XIII Discrimination Complaint Log:** Complete Complaint Log from 2020-present, containing all pending complaints (see Section VIII).
- Include all new and revised civil rights-related policies, procedures and protocols identified in this Report. Where indicated in this Report, submit drafts of such policies, procedures and protocols to CDSS for review.

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

XII. CONCLUSION

The CDSS Auditors would like to thank the staff and management at the Solano County Health and Social Services Department for dedicating staff time and attention to all aspects of this Review. In each program area, staff were helpful with facility reviews, case reviews, and computer assistance. County staff, including management, reflected a mission-driven commitment to ensuring access, assistance, and compliance.

The CDSS Reviewers found substantial compliance concerns. The Solano County Health and Social Services Department 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 10 total cases, including 8 NEP/LEP cases and 2 cases with a documented disability and/or reasonable accommodation request in CalWIN, the electronic case system.

CalWORKs: Auditors reviewed 15 total cases, including 9 NEP/LEP cases and 6 cases with a documented disability and/or reasonable accommodation request in CalWIN, the electronic case system.

In Home Support Services: Auditors reviewed 15 total cases, including 9 NEP/LEP cases and 6 cases with a documented disability and/or reasonable accommodation request in CMIPS, the electronic case system.

Child Welfare Services: Auditors reviewed 15 total cases, including 13 NEP/LEP cases and 2 cases with a documented disability and/or reasonable accommodation request in CWS/CMS, the electronic case system.

Program Integrity/Fraud: Auditors reviewed 10 cases, all NEP/LEP cases.

Findings: CalFresh and CalWORKs Case Review

Ethnic Origin: Documented on the Case Demographics screen in CalWIN.

Primary Language: Documented on the Case Demographics and Case Summary screens in CalWIN. Primary language appears on applications, renewals, and the Language Services Needs Request Form which is maintained in an electronic system for forms management.

County-Provided Interpretive Services: Documented in the case comments in CalWIN and the Language Services Needs Request Form which is maintained in an electronic system for forms management.

Applicant/Recipient-Provided Interpreter: Documented on the Language Services Needs Request Form, which also serves as the release of information form which is maintained in an electronic system for forms management.

That applicant/recipient was informed of potential problem using own interpreter: This is not documented in case notes and a form informing clients of risks is not provided.

Release of information to interpreter: Language Services Needs Request Form contains the release of information to the interpreter.

Translation of Written Material: Available in the Case Correspondence screen in CalWIN.

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

Disability: Documented on the Disability/Medical Condition Details screens in CalWIN.

Reasonable Accommodation: Auditors reviewed 2 cases with documentation of a client requesting an accommodation but did not find documentation within the case notes that an accommodation was provided.

Findings: In-Home Support Services Case Review

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

Primary Language: Documented on the Person Home screen in CMIPS. Primary language is identified on applications, assessments and reassessments, and the Language Services Needs Request Form.

County-Provided Interpretive Services: Documented in CMIPS case notes and the Language Services Needs Request Form.

Applicant/Recipient-Provided Interpreter: Documented in CMIPS case notes and the Language Services Needs Request Form.

That applicant/recipient was informed of potential problem using own interpreter: County does not inform applicants/recipients of potential problems using their own interpreter.

Release of information to interpreter: Language Services Needs Request Form contains the release of information to the interpreter.

Translation of Written Material: Written materials sent to applicant/recipient are available in the Case Correspondence screen in CalWIN.

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

Disability: Documented on the Blind/Visually Impaired screen in CalWIN or in Case Notes.

Reasonable Accommodation: Documented in Case Notes. Auditors could not identify and did not observe a standardized policy for documenting reasonable accommodation requests.

Findings: Child Welfare Services

Ethnic Origin: Documented on the ID screen in the Client Notebook in CWS/CMS.

Primary Language: Documented on the ID screen in the Client Notebook in CWS/CMS.

County-Provided Interpretive Services: Documented in the Delivered Service Log in CWS/CMS.

Applicant/Recipient-Provided Interpreter: Documented in the Delivered Service Log in CWS/CMS.

That applicant/recipient was informed of potential problem using own interpreter: County does not inform applicants/recipients of potential problems using their own interpreter.

Release of information to interpreter: Language Services Needs Request Form contains the release of information to the interpreter.

Translation of Written Material: Written materials sent to applicant/recipient are available in CWS/CMS however Auditors found inconsistencies for languages other than Spanish.

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

Disability: Applicant/recipient disabilities are not always documented when it concerns the parent's disability. However, auditors did find instances when the parent's disability was documented and provided accommodation as part of the family case plan located in CWS/CMS.

Reasonable Accommodation: Documented in court reports available in CWS/CMS and/or in Delivered Services Log in CWS/CMS.

Findings: Program Integrity/Fraud

The Program Integrity/Fraud Unit maintain paper files and utilize an Excel spreadsheet as a case log. The Unit receives referral forms from the eligibility and employment system or through a community-generated complaint. Referral forms are populated with information stored in CalWIN.

Ethnic Origin: Not documented in case files or referrals.

Primary Language: Documented on referral form.

County-Provided Interpretive Services: Documented in the Investigation Report Narrative. However, of the 10 cases reviewed all were of NEP/LEP clients and auditors observed only one case in which the County provided interpretive services. Numerous referrals indicated that interpretation services were needed and only one was provided.

Applicant/Recipient-Provided Interpreter: Interpretive services provided by the applicants'/recipients' own interpreter are documented in Investigation Report Narrative.

That applicant/recipient was informed of potential problem using own interpreter: County does not inform applicants/recipients of potential problems using their own interpreter.

Release of information to interpreter: Auditors did not review cases where a release of information to the interpreter was used.

Translation of Written Material: Auditors did not observe a standardized policy for documenting translation of written material or review cases where translation of written material was documented in Investigation Report Narrative.

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

Disability: Program Integrity/Fraud referrals do not document disability. Auditors did not observe a standardized policy for documenting applicant/recipient disabilities or review cases where disabilities were documented. Information about applicant/recipient disabilities may be documented in the CalWIN system, however staff informed auditor that staff would not know of a client's disability prior to beginning their investigation.

Reasonable Accommodation: Auditors did not observe a standardized policy for documenting reasonable accommodation requests or review cases where reasonable accommodation requests were documented.

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 17% 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 63% 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 73% of surveyed staff