



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

March 12, 2013

Mr. Trent Rhorer, Director
Department of Human Services

City and County of San Francisco
P.O. Box 7988
San Francisco, CA 94120

Dear Mr. Rhorer:

Thank you for submitting your agency's Corrective Action Plan (CAP) with the date of February 27, 2013, in response to our Civil Rights Compliance Review of September 10 through September 14, 2012. Before final approval of the Plan, we are requesting more specific completion dates for six (6) of your target completion dates that now reflect "as soon as possible" in your CAP report.

Please submit additional information addressing the above deficiencies to our office by March 22, 2013. Upon receipt of the requested information, our office will approve the CAP.

If you have any questions, please contact James Urquizo at (916) 654-2107. You may also contact him by e-mail at james.urquizo@dss.ca.gov.

Sincerely,

JIM TASHIMA, Chief
Civil Rights Bureau
Human Rights and Community Services Division

c: Robert Thomas, Civil Rights Coordinator

City and County of San Francisco



Edwin Lee, Mayor

Human Services Agency

Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director

February 27, 2013

Jim Tashima
Chief, Civil Rights Bureau
Human Rights and Community Services Division
California Department of Social Services
744 P Street
Sacramento, California 95814

Re: City and County of San Francisco, Human Services Agency
Response to Civil Rights Compliance Review Report, September 10-14, 2012


Dear Mr. Tashima:

Attached please find our Corrective Action Plan (CAP), which addresses each deficiency and outlines our steps and timelines for corrective actions as outlined in the September 2012 Compliance Review.

Thank you for the detailed review and subsequent feedback that was provided to our Agency. We have especially appreciated working with Mr. James Urquizo. He was very professional, knowledgeable, and helpful throughout the entire review.

Should you have any questions, you may contact me at (415) 557-5649.

Sincerely,


Robert Thomas
Human Resources Director
Civil Rights Coordinator

Attachments: Civil Rights Compliance Review Report, September 10-14, 2012
Corrective Action Plan

cc: Trent Rhorer, Executive Director, Human Services Agency
James Urquizo, California Department of Social Services, Civil Rights Bureau
Phil Arnold, Deputy Director, Human Services Agency
Luenna Kim, Employee/Labor Relations Manager, Human Services Agency
Livelink

City and County of San Francisco
Human Services Agency

Corrective Action Plan
September 10-14, 2012, Survey

A. Abbreviations

California Department of Social Services (CDSS)
Civil Rights Bureau (CRB)
Corrective Action Plan (CAP)

City and County of San Francisco (CCSF)
City and County of San Francisco, Human Services Agency (HSA)
Human Services Agency, Office of Civil Rights (OCR)

B. Dissemination of Information

No corrective actions noted

C. Facility Accessibility for Individuals with Disabilities

Facility Location: 1800 Oakdale Office – CalWORKs, Emergency Services
(Wednesday – September 12, 2012)

| Facility Element | Findings | Corrective Action |
|-------------------------------|--|---|
| Exterior gate entrance | No directional sign referring people to front of building for entrance on the fence at the side of the building. | A work order has been submitted to the landlord on February 5, 2013 for a directional sign. The status of the project will be reviewed on a biweekly basis until completed. Target Completion Date: ASAP |
| Men's restroom | 1 st , 2 nd , and 3 rd floor wash basin pipes under sink were not securely insulated. Location: 1 st floor – next to elevators 2 nd floor – next to auditorium 3 rd floor – lobby area | A work order has been submitted to the landlord on February 5, 2013 to insulate pipes. The status of the project will be reviewed on a biweekly basis until completed. Target Completion Date: ASAP |
| Exterior gate entrance | Bathroom soap dispenser (3 rd floor) should be at 40" inches from floor. It is at 46" inches from floor. Location: Lobby | A work order has been submitted to the landlord on February 5, 2013 to relocate soap dispenser. The status of the project will be reviewed on a biweekly basis until completed. Target Completion Date: ASAP |
| Women's restroom | 1 st , 2 nd , and 3 rd floor wash basin pipes under sink were not securely insulated. Location: 1 st floor – next to elevators 2 nd floor – next to auditorium 3 rd floor – lobby area | A work order has been submitted to the landlord on February 5, 2013 to insulate pipes. The status of the project will be reviewed on a biweekly basis until completed. Target Completion Date: ASAP |

Facility Location: 225 Valencia – Children Family Services
(Thursday – September 13, 2012)

| Facility Element | Findings | Corrective Action |
|--|--|---|
| Elevator | Elevator buttons on 1 st and 2 nd floor were not in Braille | This item was incorporated into the new lease negotiation with the landlord on November 13, 2012. Target Completion Date: ASAP |
| Interior accessible route 36" wide to all areas | Conference room was cluttered with excess furniture. Clear passage for a wheelchair is unavailable. | Furniture has been re-arranged in the conference room to provide adequate clearance for wheelchair access (32" at a point and 36" down a corridor). Completed |
| Emergency alarms | Fire alarms throughout the building were audio ONLY. NO VISUAL STROBE. Emergency Evacuation plan was inadequate. There is no clear assignment of responsibilities to any one or set of individuals to look for an assist any clients that might be in the building that did not see or hear the emergency alarm. There are no emergency evacuation maps anywhere in the building. | This item was incorporated into the new lease negotiation with the landlord on November 13, 2012. Target Completion Date: ASAP |

D. Findings from Program Manager Surveys, Staff Interviews and Case File Reviews

| Question | Comments | Corrective Action |
|--|---|---|
| <p>Does the county identify and assist the client who has learning disabilities or a client who cannot read or write?</p> | <p>Based on telephone interviews and personal on-site questions, workers are making efforts to insure clients are assisted when they can not read or write. There is still a lack of understanding identifying clients with learning disabilities.</p> | <p>HSA is analyzing the existing practices and is working on a process to ensure comprehensive compliance.</p> <p>The target completion date of the analysis is July 1, 2013. The anticipated implementation date is January 1, 2014.</p> |
| <p>Does the county offer screening for learning disabilities?</p> | <p>From interviews and conversations with staff – there is a lack of understanding concerning screening clients with learning disabilities. There is a management understanding of the need to refer clients to Community Mental Health services and to local behavioral providers, but all staff need to be regularly trained on this process.</p> | <p>HSA is analyzing the existing practices and is working on a process to ensure comprehensive compliance.</p> <p>The target completion date of the analysis is July 1, 2013. The anticipated implementation date is January 1, 2014.</p> |
| <p>Is there an established process for offering screening?</p> | <p>No process was clearly identifiable during staff interviews. Management has an understanding of the need to offer screening but staff needs to be appraised regularly of this process.</p> | <p>HSA is analyzing the existing practices and is working on a process to ensure comprehensive compliance.</p> <p>The target completion date of the analysis is July 1, 2013. The anticipated implementation date is January 1, 2014.</p> |

| | | |
|---|---|---|
| <p>Is the client identified as having a learning disability referred for evaluation?</p> | <p>Sometimes, but no clear and concise program is visible that offers screen for a learning disability.</p> | <p>HSA is analyzing the existing practices and is working on a process to ensure comprehensive compliance.</p> <p>The target completion date of the analysis is July 1, 2013. The anticipated implementation date is January 1, 2014.</p> |
|---|---|---|

E. Documentation of Applicant/Recipient Case Records

No corrective actions noted

F. Staff Development and Training

| Interview Question | Comments | Corrective Action |
|--|--|--|
| <p>Do employees receive continued Division 21 Training?</p> | <p>From conducting and reviewing the staff interviews, it is observed that Civil Rights (CR) training <u>does not get accomplished on a regular basis.</u></p> | <p>HSA is implementing a mandatory annual online Division 21 refresher course for all public contact staff.</p> <p>Target Implementation Date: May 1, 2013</p> |

G. Discrimination Complaint Procedures

No corrective actions noted

H. Community Input

HSA values input from the community and community-based organizations. HSA strives to provide clients with timely and meaningful access to our programs. Our Civil Rights Access Committee, which consists of representatives from each program in the Agency, is tasked with identifying any language or disability access barriers to help improve the way we provide reasonable accommodations to our clients. All of the issues brought forth by the representatives from Bay Area Legal Aid will be presented at the next quarterly committee meeting in March 2013.