

Final Report

San Diego County Access and Enrollment Assessment

PREPARED FOR

San Diego County
Health and Human Services



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Acronyms

| Acronyms | Definition |
|----------|--|
| ACS | American Community Survey |
| CAPI | Cash Assistance Program for Immigrants |
| CBO | Community Based Organization |
| CBPP | Center on Budget and Policy Priorities |
| CDSS | California Department of Social Services |
| CIDP | California Immigrant Data Portal |
| CPM | California Poverty Measure |
| DHCS | California Department of Healthcare Services |
| DPC | Document Processing Center |
| EBT | Electronic Benefits Transfer |
| ESAP | Elderly Simplified Application Pilot |
| ETF | Enrollment Task Force |
| FQHC | Federally Qualified Health Center |
| FRC | Family Resource Center For simplicity, we refer to the FRCs and Live Well Centers as FRCs in this report. |
| FY | Fiscal Year |
| GR | General Relief |
| HHS | Health and Human Services Agency |
| MEDS | Medi-Cal Eligibility Data System |
| NAE | New American Economy |
| RRR | Renewals, Recertifications & Redeterminations |
| SAR 7 | Semi-Annual Report |
| SDSU | San Diego State University |
| SEIU | Service Employees International Union |
| SNAP | Supplemental Nutritional Assistance Program |
| SSAB | San Diego County Social Services Advisory Board |
| SSI | Supplemental Security Income |
| UIPC | United States Immigration Policy Center |
| WIC | Welfare and Institutions Code |

Executive Summary

This is a report to the San Diego County Social Services Advisory Board (SSAB) Enrollment Task Force (ETF) on a comprehensive assessment of the San Diego County Health and Human Services Administration's (HHSAs) outreach strategies, enrollment processes, and the accessibility of the CalFresh, CalWORKs, Medi-Cal, Cash Assistance Program for Immigrants (CAPI), and General Relief (GR) programs. The study examined issues including, but not limited to, application requirements and processes, state and federal regulations, language barriers, technology barriers, customer-centered culture, case management, outreach strategies and tactics, community partner opportunities and staffing levels of eligibility workers.

The study used a mixed methods approach to gather and analyze input from HHSAs customers, county staff, community-based organizations and stakeholders. Several primary data sources were used to collect information: stakeholder interviews (30), site visits (1.5-day in person and virtual), surveys to customers (7,056 responses), county staff (311 responses), community-based organizations (119 responses), data walks, social media challenge, and focus groups (3). The primary data collection was complemented by extant data provided by HHSAs, primarily applications processed, monthly manager reports, and eligibility by the numbers, and publicly available documents and data, and summaries from listening sessions conducted by community-based organizations and other stakeholders. Data was summarized and analyzed to produce descriptive statistics, identification of main themes from qualitative information, and quotes where available. Findings from data sources were triangulated to showcase common themes or contrasting findings.

As with many studies involving primary data collection, the COVID pandemic hindered interaction with study respondents and the ability of community-based organizations to gather data on behalf of the study, particularly as these organizations were supporting customers in need of program benefits. Despite the implementation of mitigation strategies, such as extending survey response timeframes, providing alternative language surveys and focus groups, and conducting direct observations virtually, there are data and analytical limitations with the primary and secondary data used in the study. First, a constraint in gathering information through direct observation were the highly curated observation and site visits. Second, the representativeness of the study populations is also a data limitation. The research team did not have access to a census of past and current customers, so it is likely that the customer survey overly relied on people who are already receiving or currently applying for benefits. Last, no census was available to target County staff and CBOs. The representativeness of findings to the universe of each population may be limited.

Cross-Cutting Themes

San Diego County HHSAs is a large and complex organization with more Medi-Cal customers than are served in 24 US states and territories, and more CalFresh customers than in 21 US states and territories.

The county demographics and caseloads served through 11 Family Resource Centers (FRCs), Live Well Centers,¹ and the Access Call Center are diverse. For simplicity, we will refer to the FRCs and Live Well Centers as FRCs in the remainder of the report.

Based on the data and community feedback gathered for this assessment, HHSAs organizational culture and service delivery has improved in the past decade, beginning with a leadership change at HHSAs 10 years ago and continuing with changes in the make-up of the Board of Supervisors in 2020 that led to recent policy and funding changes. However, the culture shift is still permeating throughout the organization to local service delivery offices. Along with the organizational culture changes, HHSAs has in recent years developed a new openness to partnering and collaboration with the community and receiving feedback from customers. The organization has successfully modified services in response to the challenges of the COVID pandemic, and there are opportunities to incorporate some of the positive changes permanently into the business processes throughout the organization.

"In the last 3 years, (there has been a) complete turnaround in eligibility for Medi-Cal and CalFresh. (There is a) focus on ensuring patients can get the care they need – the entire partnership (with HHSAs) has changed from adversarial to a collaboration; (it is a) leadership driven change." -CBO Survey Respondent

The number of applications being denied and customers not completing redetermination packets for programs they qualify for is negatively impacting both staff and customers by creating rework and hassles. Customers have a neutral perception of the efficiency of the eligibility processes and treatment they receive when they contact HHSAs, indicating there is room for improvement towards satisfied customers.

CalFresh and Medi-Cal had similar response patterns throughout the study, indicating customers and staff have similar experiences with eligibility and enrollment in those two programs. The cash assistance programs (CalWORKs, CAPI, and GR) have more negative reported experiences by community organizations and customers, so future efforts should prioritize cash program streamlining and simplification, especially GR because the rules for that program are mostly controlled by the County.

Often the pain points in the application process were frustrations shared in common by staff, CBOs, and customers, pointing to "win-win" opportunities to simplify and streamline business processes from *everyone's* perspective. There were many responses about difficulty with the language translation services, missed requests for additional information or due dates, complex and confusing wording on forms and applications, turnaround times for communication, and staff workload. While they sometimes differ in possible solutions, the problems identified by all stakeholders are similar.

¹ https://www.sandiegocounty.gov/hhsa/programs/ssp/food_stamps/family_resource_centers.html

Program Outreach

Community partnerships are key to reaching eligible San Diegans. The HHS and CBO partnerships are strong, and CBOs play an important role in outreach. There are discrepancies between the most common County and CBO outreach approaches and how customers would prefer receiving communication, which is via email, texting and social media. The populations identified as priorities for outreach include unhoused individuals, older adults, individuals with disabilities, mixed-status immigrant households, and students.

Applications and Eligibility Processing

HHS is a large operation and was impacted by the COVID pandemic. HHS pivoted to virtual services within a few days. HHS's effective use of Federal waivers has helped keep operations running relatively smoothly. Most applications are submitted online, which County staff and CBOs also believe is the best method. In-person services are still being provided at FRCs and CBOs -with modifications- especially adapted for serving customers with higher needs. Single-program applications, while simplifying the process for one program, may have eroded program integration based on the low rate (30%) of joint applications reported on the customer survey. Most customers get help with their application from either an HHS worker or a CBO. Application approval rates are relatively low, ranging from 55-62% in general, with applications received from CBOs at the low end (55%). The most common reason applications are denied is for failure to provide required verification.

Renewals, Recertifications, and Change Reporting

Many of the findings in the previous section about applications and eligibility processing apply to the redetermination and change reporting processes for benefits. For example, challenges providing or obtaining required verification at redetermination are largely the same as they are at application. One issue unique to the eligibility redetermination process is churn. HHS tracks and provides FRC and Access managers with churn data monthly, which is a known best practice to reduce its occurrence.

Program Access

Communication from HHS could be improved, particularly for unhoused individuals and mixed-status immigrant households. Customers and CBOs expressed frustrations about poor customer service from HHS staff, and HHS staff said the workload and stress associated with eligibility processing hinders their ability to provide quality customer service and that they would like to have more time to take better care of customers. Language continues to be a barrier for non-English speakers due to long wait times for translations, limited number of languages available for some materials, and not being able to navigate the online portal, and other problems. Technology access continues to be a barrier for a wide variety of reasons and across various populations. Marginalized groups have their own unique barriers.

HHS Staffing and Workload Levels

HHS distributes work by task queues rather than alpha-caseloads. Between July 2020 and July 2021, the average number of tasks assigned to workers each month was 266 tasks per worker, but there is significant variation in the ratio between FRCs. The task/worker ratio correlates to timeliness - offices with lower staff/task ratios are more likely to process benefits timely. Multiple sources report issues with

universal employees learning all five programs at once in training. Staff rated their experience as neutral on most metrics. Responses in the open-ended response expressed greater frustration with workload, low pay, and emotional burnout. The Access Call Center’s staff incentive program observed during the site visit appears to help with morale and burnout. Staff report that the pandemic is causing or exacerbating emotional burnout. Staff are frustrated that the forms do not require customers to submit enough information and are unable to follow up with incomplete submissions. The need for workers to have more time to assist customers was suggested across various methods and groups.

Recommendations

HHSa should continue with the positive changes in service delivery created by the pandemic, continue collaboration and building trust with community partners through a lens of equity and inclusion, and continue involving customers as advisors when improving the system. HHSa should simplify program eligibility processes, especially cash program eligibility processes. HHSa would benefit from procuring organizational development support to help leadership promote the culture and procedural changes throughout the organization. The study team encourages HHSa and the County Board of Supervisors to embrace the County’s deserved leadership role by advocating for meaningful program improvements at the State and Federal level that will enable local systems improvements.

Exhibit ES-1 List of Recommendations based on Study Findings

| Number | Program Outreach |
|--|---|
| 1 | Leverage and expand partnerships with CBOs that serve prioritized subgroups and are trusted messengers in those communities |
| 2 | Align County and CBO approaches to outreach with customer preferences |
| 3 | Conduct cross-program outreach using electronic communication channels |
| 4 | Create digestible fact sheets and ensure availability in multiple languages |
| 5 | Leverage and expand mobile outreach unit and inter-disciplinary street outreach teams that include HHSa, CBOs, and police |
| Applications and Eligibility Processing | |
| 6 | Pursue with California Department of Social Services (CDSS) a demonstration of a simplified universal application paper packet that uses plain talk in multiple languages, gives applicants a clear explanation of what to expect in the process, and is supported by a mobile-friendly online application with easy-to-understand instructions |
| 7 | Give CBO assisters and outreach workers access to a private, universalized customer and case manager dashboards or databases and data sharing agreements, so CBOs can check on application status themselves and assist customers with paperwork, appointments, and due date |
| 8 | Establish County and CBO initiative to reduce denied applications – with an emphasis on denials related to failure to provide verification |

| | |
|---|--|
| 9 | Create two-way communication channels so customers can easily ask follow-up questions about their case and check the status of their application |
| 10 | Streamline phone applications by replicating 211's abbreviated rights and responsibilities approach |
| Renewals, Recertifications, and Change Reporting | |
| 11 | Continue the positive trend related to program churn in CalWORKs, CalFresh, and Medi-Cal. |
| 12 | Create an HHSA welcome packet with all of the information customers need to successfully continue their benefits. |
| 13 | Simplify redetermination paperwork and forms. |
| 14 | Leverage best practices using behavioral economics principles for renewal reminders like HHSA's text reminders and robocalls |
| 15 | Improve the redetermination process for General Relief |
| 16 | Conduct refresher training for staff on alternatives to paper for verification and create desk guides |
| Program Access | |
| 17 | Expand availability of County application assistance by increasing outstationed eligibility workers in high-impact locations |
| 18 | Create desk guides for difficult forms HHSA cannot fix with examples of completed forms |
| 19 | Hire more bilingual staff |
| 20 | Procure improved translation services |
| 21 | Expand and streamline video conferencing options for customers |
| 22 | Address fears about public charge amongst customers living in mixed-status immigrant households |
| HHSA County Staffing and Workload Levels | |
| 23 | Monitor workload ratios by FRC on an ongoing basis |
| 24 | Explore new ways to motivate staff and create incentives for high performers |
| 25 | Adjust the training model to give trainees experience in an FRC earlier in the training so drop |

The above recommendations will facilitate HHSA reaching out its goals by enhancing service delivery, create a better environment for the County customers, and a more satisfied staff.

Study Purpose

Support the SSAB ETF in conducting a comprehensive assessment of the County's outreach, enrollment, and accessibility for the CalFresh, CalWORKs, Medi-Cal, CAPI and General Relief programs, examining issues including, but not limited to, application requirements and processes, state and federal regulations, language barriers, technology barriers, customer-centered culture, case management, outreach strategies and tactics, community partner opportunities and staffing levels of eligibility workers.

San Diego Environment Snapshot

Overview

The County of San Diego is a populous and diverse area within the state of California. The county shares a border with Mexico and specifically with the city of Tijuana. It is the fifth-most populous county in the United States with a population of 3.3 million people living in 1.1 households that average 2.9 people per household². Being so close to Mexico, the county has a large Hispanic and Latino population making up 34% of the county residents and 23% are foreign-born. Attractions and points of interest include the San Diego Zoo, Balboa Park, SeaWorld San Diego, and museums, parks, and beaches. While it is a major cultural and economic asset to the United States, such a large and lively county creates challenges for the delivery of health and human services.

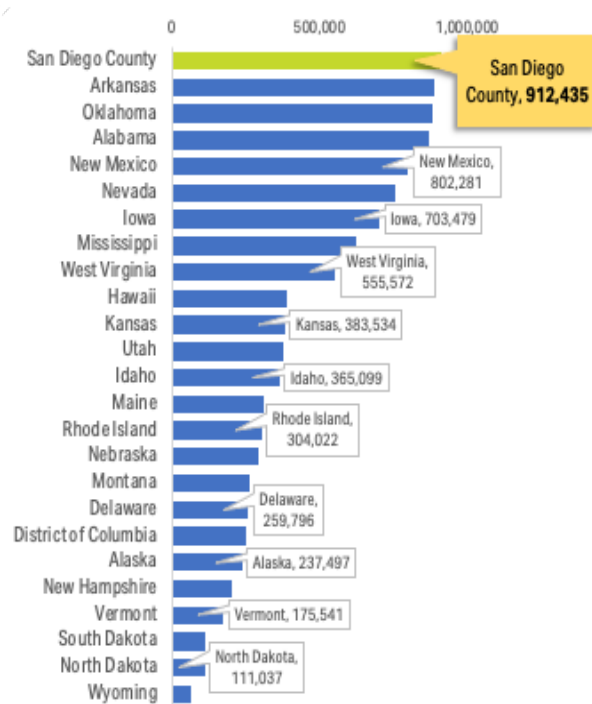
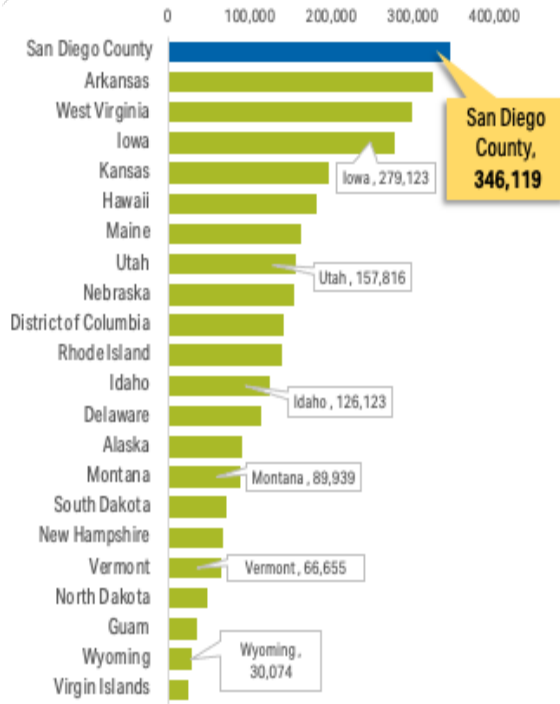
San Diego County Health & Human Services

The County of San Diego Health & Human Services agency (which this report will refer to as HHSA or the County) faces many challenging factors in their efforts to serve the community. The 2019 American Community Survey (ACS) reports estimate 10.3% of those living in San Diego are living below the poverty line³, but other sources suggest this may be a low estimate. For instance, the California Poverty Measure (CPM) takes the local cost of housing and other factors into account in estimating that 17.8% of San Diego residents may be living in poverty⁴. Estimates aside, the county HHSA is the largest operation in the state of California after Los Angeles County, and by itself serves more residents than many other US states.

² United States Census Bureau. 2020. Quick Facts. San Diego County, California. Retrieved from: <https://www.census.gov/quickfacts/fact/table/sandiegocountycalifornia,CA/POP815219>

³ American Community Survey. 2019a. "2019 American Community Survey 1-Year Estimates, San Diego, California." *Table ID: S1701*. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/table?q=San%20Diego&t=Income%20and%20Poverty%3AOfficial%20Poverty%20Measure%3APoverty&tid=ACST1Y2019.S1701>

⁴ Public Policy Institute of California. July 2021. Just the facts: Poverty in California. Retrieved from: <https://www.ppic.org/publication/poverty-in-california/>

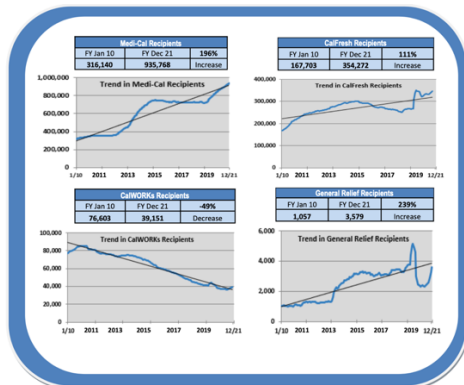


Sources: Data.Medicaid.gov, CalFresh and Medi-Cal internal data

San Diego HHS Customers

As of October 2021, the number of customers served by HHS by program was: 912,435 for Medi-Cal; 346,119 for CalFresh; 36,985 for CalWORKs; 36,895 for General Relief; and approximately 500 for the Cash Assistance Program for Immigrants (CAPI). San Diego serves more Medi-Cal customers than are served in 24 US states and territories, and more CalFresh customers than in 21 US states and territories. from the HHS "Eligibility by the Numbers" report for January 2022 shows the changes over time (2010 to 2021 Fiscal Years) in the number of customers receiving Medi-Cal, CalFresh, CalWORKs, and General Relief.

Exhibit 1: 2010-21 Trends in Public Benefits



Source: 2022-01 Eligibility by the Numbers" Report, HHS



San Diego HHS Locations and Staff

The County has six administrative regions, as shown on the Exhibit 2 below, and operates thirteen FRCs located as follows: North Coastal region – North Coastal FRC; North Inland region – North Inland, Ramona, and Fallbrook FRCs; North Central region – North Central FRC; East region – El Cajon and Lemon Grove FRCs; Central region - Centre City, Metro, Northeast and Southeast FRCs; and the South region – Chula Vista and National City FRCs. Approximately 2,600 FRC staff work in self-sufficiency programs.

Exhibit 2: The County of San Diego administrative regions



As an extension of and support for the FRCs, HHS also operates the Access Customer Service Center (a call center) and the Document Processing Center. In the 2020-2021 Fiscal Year, the Access Call Center received over 1.2 million calls.⁵

Poverty and Race

Of individuals living in poverty in San Diego County, the ACS estimates 70% are white (which includes those who identify as Hispanic or Latino), 11% are Asian, 8% are Black or African American, and 3% identify as two or more races⁶. The remaining 8% represents groups with populations of 1% or less or otherwise are not identified within the survey. These numbers differ from the statewide averages for poverty. San Diego has significantly more white individuals in poverty with 70% compared to the statewide average of 11%. Hispanic or Latino residents make up 43% of those in poverty for the county, significantly higher than the 15% state average.

Poverty and Immigration

Situated on the coast and a national border, San Diego County must serve a large immigrant population, which complicates the jobs of HHS employees in terms of language, documentation status, and cultural differences. The ACS estimates that 22.8% of those residing in San Diego are immigrants,⁷ mostly as married-couple families (65%). More immigrants are women than men (55% to 45%). According to a 2018 study by the New American Economy (NAE) organization, 44% of immigrants in San Diego have

⁵ Access Customer Service Center Historical Performance and Eligibility by the Numbers July 2021 Report (which includes FYTD)

⁶ Ibid

⁷ Ibid

Mexico as their country of origin⁸. They make up the majority with the next highest population being individuals whose country of origin is the Philippines (12%), and then individuals from Vietnam, China, and Iraq.

While the focus of this report is on those living in poverty, it is important to recognize that San Diego's immigrant population is a robust part of the county's economy. According to the NAE, immigrants make up 24% of San Diego's population but account for a third of entrepreneurs in the county and generated \$1.4 billion in business income for the county⁹. In 2012, Hispanic-owned businesses specifically had \$11.1 billion dollars in sales revenue and employed nearly 45,000 people. In 2016, over a quarter of the immigrants over age 25 in San Diego held bachelor's degrees and 12% held an advanced degree. The US Immigration Policy Center (UIPC) count is even higher at 32% of the immigrant population holding bachelor's degrees with 19% of those degrees in engineering and 18% in business¹⁰.

Overall, the data shows that immigrants are making San Diego their long-term home and investing in the community. The California Immigrant Data Portal (CIDP) reports that in 2018, 64% of undocumented immigrants had resided in San Diego for more than 10 years¹¹. For naturalized citizens who arrived in San Diego, 89% remained as residents for more than 10 years and 42% for more than 30 years.

It is difficult to set the exact number of immigrants living in poverty due to the unknown number of undocumented immigrant residents, but the ACS estimates give us a starting point. They estimated in 2019 that, of all San Diego immigrants, 14.3% lived below the poverty level¹². This number was lower for married-couple families (9.6%) and higher for single mother households (25%). They estimated that 9.5% of immigrants utilize food assistance programs.

Other measurements illustrate the economic hardships that immigrants face. The CIDP reports that the median hourly wage in 2018 was \$20 for immigrant workers in San Diego compared to \$27 for US-born workers¹³. The wage is even lower for lawful permanent residents at \$18 an hour, and just \$13 for all undocumented immigrants.

Being part of any additional marginalized group increases the likelihood of an immigrant family living in poverty. The ACS reports that the median earnings for immigrant women was \$10,000 less than for immigrant men. They also estimated that 37% of immigrant families consisting of a single mother with children under 18 live in poverty. This effect is not limited to gender. Across California, the Williams Institute reported in 2015 that 41% of non-citizen immigrants in same-sex relationships were in poverty

⁸ New American Economy. 2018. Gateways for Growth: New Americans in San Diego.

⁹ Ibid

¹⁰ Wong, T.K. & Sanchez, M. 2020. *Immigrant Integration in the City of San Diego*. US Immigration Policy Center. Retrieved from: <https://usipc.ucsd.edu/publications/index.html>

¹¹ California Immigrant Data Portal. (2020). *Data Summaries: San Diego County*. Retrieved from: <https://immigrantdataca.org/data-summaries#/>

¹² Ibid.

¹³ Ibid.

compared to the already high 32% of US-born Californians in same sex relationships¹⁴. Overall, the data shows immigrants are essential members of the county who also have an elevated risk for living in poverty.

Exceptional Circumstances

Since February 2020, the COVID pandemic has impacted the delivery of and demand for HHS services. Staff quickly transitioned from providing in-person services to virtual services performed while working from home. The County effectively used federal and state waivers of eligibility requirements, confirmed by management data indicating that there were no significant processing delays or work backlogs. Measures showed customer satisfaction remained relatively high during this time period. Key informants noted the tremendous effort to adapt and meet the increased demand for services.

The federal and state waivers granted due to COVID specifically suspend requirements to conduct initial and recertification interviews, allow the CalFresh application telephonic signature requirements to be adapted to document a household's attestation without recording a verbal signature, extends certification periods, adjusts or reduces reporting requirements for all programs along with providing a maximum emergency benefit amount to CalFresh recipients, and reduces reliance on paper verification by increasing the use of electronic, phone and collateral contacts.

¹⁴ Williams Institute. (2015). *The LGBT Divide in California: A Look at the Socioeconomic Well-Being of LGBT People in California*. University of California: School of Law. Retrieved from: <https://williamsinstitute.law.ucla.edu/publications/lgbt-divide-socioeconomic-ca/>

Data Source and Methodology

Data Sources and Methods

Extant Data/Background Information

The study began with the review of over 55 documents, including the following:

- HHS reports: Applications processed by point of entry, Monthly Manager Dashboard, Position Reports, Eligibility by the Numbers, Monthly Eligibility Performance Dashboard, Churn Report, Customer Dashboards, Customer Satisfaction Surveys and Reports, Eligibility Times, and Eligibility Training Report
- Reports and Background Materials from the San Diego Hunger Coalition
- Summaries of Listening Sessions conducted prior to and during assessment by the San Diego Hunger Coalition CalFresh Task Force, Health Center Partners (Clinic and Hospital Listening Sessions), and SEIU 221.

Stakeholders Interviews

The research team conducted 30 interviews with a broad range of stakeholders, including State and County organizations, union leadership and member representatives, advocacy organizations, legal services, healthcare organizations, foodbanks, nonprofit organizations, refugee resettlement organizations, housing and homeless service providers, community colleges and universities (See Exhibit 3.) The team started by interviewing ETF members and the County leadership, then came to agreement with ETF members about who to prioritize in the second and third rounds of interviews. Each key informant was also asked who else should be included and several organizations were identified through those means.

Exhibit 3: List of Organizations Interviewed

| | | |
|------------------------------|---|---------------------------------|
| Catholic Charities | HHS Training Unit | San Diegans for Health Coverage |
| CDSS | Home Start | San Ysidro Health Center |
| Center on Policy Initiatives | Hospital Association of San Diego and Imperial Counties | SD Hunger Coalition |
| Centre City FRC Manager | Housing Commission. | SDSU and Mira Costa College |

| | | |
|--|--------------------------------|------------------------|
| County Office of Military and Veterans Affairs | Housing Federation | SEIU leadership |
| DHCS | Indian Health Council | SEIU member leaders |
| Feeding San Diego and San Diego Food Bank | Interfaith Services | Serving Seniors |
| Health Center Partners of Southern California | International Rescue Committee | Somali Family Services |
| HHS Leadership | Jewish Family Services | Supervisor's office |
| | Legal Aid | |

Site Visits

A three-person research team conducted in-person site visits on September 14-15, 2021. Each County site visit included a tour, direct observations of staff assisting customers (both in person and over the phone), and an opportunity to meet with leadership and staff to ask questions. At each location (see



Exhibit 4 below for a list of locations), the research team was accompanied by County leadership. During the same period, the research team conducted in-person site visits at three community-based organizations (CBOs). Similar to the County site visits, the CBO visits included a tour, observations of CBO staff assisting customers, and discussions with CBO leadership and staff.

Separate from the in-person site visits, the research team conducted phone interviews and remotely observed customer phone transactions during September 2021.

Exhibit 4: List of In-person/Virtual Site Visit Locations

| <i>In-person HHSA</i> | <i>In-person CBO</i> | <i>Virtual HHSA</i> | <i>Virtual CBO</i> |
|-----------------------------|--|----------------------------|--------------------|
| National City FRC | Interfaith Community Services | Access Call Center | San Diego 211 |
| Centre City FRC | La Maestra | North Central FRC | |
| Metro Center FRC | San Ysidro Health Community Center (Campo) | North Inland FRC | |
| El Cajon FRC | | HHSA Staff Training Center | |
| Chula Vista FRC | | | |
| Document Processing Center | | | |
| Access Call Center | | | |
| Centralized Training Center | | | |
| Mobile Outreach Unit | | | |

Through the in-person and remote site visits, the research team was able to observe the following activities:

- 211 CalFresh assistance (English and Spanish)
- 211 CalFresh & Medi-Cal assistance (English and Spanish)
- Access Call Center Tier 1 calls
- Access Call Center Tier 2 calls
- Access Call Center CBO calls
- Multiple quick assists at FRC triage (replacement of EBT, picking up or turning in paper applications, picking up mail, etc.)
- CBO RRR assistance (Medi-Cal renewal, CalFresh recertification)



- County Application Registration
- County CalFresh Processing
- County CalWORKs Processing
- County General Relief Processing
- County Medi-Cal Processing

Surveys

The study used three surveys to include the voices of (current and potential) customers, County staff (eligibility workers) and staff at CBOs. See Appendices section for content of survey instruments. These survey instruments expanded the data collection reach beyond the other primary data collection methods (interviews and site visits). Each survey was developed and vetted by internal experts with feedback from the ETF and HHSA leadership. Revised versions were pilot-tested with small groups of customers, County staff and CBOs (less than 10 respondents in each instrument). Once the instruments were finalized, each survey was deployed online and was open until December 8, 2021. The customer survey was available in Spanish and in paper format (shared with FRCs and CBOs) for customers who did not have access to digital technology, in particular, to reach unhoused individuals.

For the customer survey, the focus was on their last program application experience. The estimate time for data collection was less than 10 minutes. We collected 7,056 responses; 2,476 (35%) were Spanish-speakers (anyone who said their preferred language was Spanish) and 145 were identified as mixed-status immigrant households. While the survey and related captions uses "client" when referring to people receiving benefits and services, this report will refer to them as "customers" because that is the preferred term in San Diego.

In the CBOs survey, each organization was asked to provide feedback on any of the programs under study regarding enrollment, outreach, technological and language barriers, work processes and satisfaction with processes. Completion of surveys took between 10 to 45 minutes. There were 119 responses from CBOs staff. A CBO could have multiple respondents because different CBO staff members could provide distinct feedback on each of the programs under study. It is important to note that, of the CBOs that responded to the survey, 72 % of the respondents indicated that their organization provides services countywide. The exceptions to the provision of countywide services were organizations supporting application for CAPI and General Relief (GR) although 15-20% of respondents in these programs also had the largest share of respondents that did not know the geographic coverage of the organization. Out of 119 CBO respondents, 74 % provided feedback on CalFresh and 68 % on Medi-Cal, and only 12 % of the CBO staff provided feedback on CAPI.

Similar to the CBOs, the County survey asked HHSA staff to provide feedback on any of the programs under study regarding enrollment, outreach, technological and language barriers, and work processes and workload. There were 311 staff responses. Completion of surveys took between 10 to 35 minutes. Out

of the 311 respondents, 88 % provided feedback on CalFresh and 45% on Medi-Cal. Only 5% of the HHSA staff provided feedback on CAPI.

Customer Survey Demographics

The sample of customer responses collected reflects the demographics of San Diego's diverse population. We received 7,056 total responses from those who did and did not complete their application for benefits with the San Diego HHSA. CalFresh, Medi-Cal, and CalWORKs have significantly more customers than CAPI or GR, and these three programs make up 96.5% of the survey responses. Because smaller numbers can make little differences appear greater than they are, this section will compare the three major programs against the sample to understand how the study sample compares to records of the HHSA customers. (See Exhibit 51) in the appendices section for a simplified comparison between ACS estimates, HHSA records, and the study sample.

Race - Understanding how well the study sample reflects the racial make-up of San Diegans in poverty is difficult. While the ACS estimates that 70% of those below the poverty line in San Diego are white (including those of Hispanic/Latino ethnicity) and the study sample is 49% white, the average of customers who are white across the three major programs is 22%. This is due in part to over half of customers being recorded as "other race" for CalFresh (61%), Medi-Cal (63%), and CalWORKs (53%).

The study sample had many customers identifying as "other race" (23%), making it the second largest category, which is notably lower than the HHSA records and closer to the ACS's estimate at 10%. This suggests the study sample can give insight on the racial background of customers that is not captured within the current application system. After "other race" and "white," the next largest racial categories were "Asian" and "Black or African American," both at 8% respectively.

Most notably, 3% of the study sample (185 individuals) identified as American Indian/Alaska Native, while the three major programs report less than 0.5% of their customers being part of this category. Those who identified as Middle Eastern/North African and Native Hawaiian or Pacific Islander make up 1% each. Another 12% of participants preferred not to say. Participants were allowed to select multiple races, so the total percentages exceed 100% by 5%.

Hispanic and Latino Origin - The percentages for Hispanic and Latino individuals are similar across all sources. Despite also including "I prefer not to say" (4%) as a response option. The study sample has a slightly higher percentage of Hispanic and Latino individuals at 48% as compared to 43% reported by the ACS and 40% by the HHSA. Particularly notable, the study sample for CalFresh is 46% Hispanic or Latino individuals, but the program only reports 34% of the recipients are of Hispanic or Latino origin. The study identified those who speak Spanish as their primary language as a particularly important sub-population and specific details for that population are reported in that section of this report.

Gender - Notably, the study sample has a higher percentage of women than men for each program. The study sample also included “other” and “prefer not to say” categories which made up 3% of the sample for each program.

Age - Individuals under 18 were not eligible for the study and different age intervals were used across the various sources, which makes a direct comparison difficult. However, the study sample over-represents those who are 65 and older compared to program reporting. In the study sample, 21% were over the age of 65, bringing it much closer to the ACS estimate of 19% than the program average of 7%.

Language - The two dominant languages for San Diego are English and Spanish. English and Spanish make up 98% of the study sample, similar to the 92% for the three major programs. Those who primarily speak Spanish make up 32% of the sample and 21% for the three major programs. The three major programs report Arabic as the next most dominant language (3% average), but that only represents 1% of the study sample.

Citizenship - The study sample has a higher proportion of non-citizens compared to the three major programs. There are three main reasons for this: Kone' Consulting is not a government agency, the sample includes those who were not able to complete their application, and participants were able to select “prefer not to say.” Non-citizens make up 16% of study sample and 12% of the three major programs. About 5% of the sample chose “prefer not to say.” Comparing the survey sample with the programs is difficult because of program restrictions. But because the individuals in the survey sample all attempted to apply for benefits, the sample offers insight into those who are not eligible and still applied. Of non-citizens, 59% of the survey responses were from those who were legal residents in the US (i.e., green card holder, refugee/asylee, visa holder, DACA, TPS).

Summary- The study sample is similar to the demographics reported by the three major programs and ACS estimates. Where there are differences, the study sample includes more individuals from marginalized groups, such as women, older adults, Spanish speakers, and those of Hispanic or Latino origin.

Data Walks

The research team planned and facilitated two data workshops based on a community engagement approach known as a Data Walk¹⁵. The first workshop was a virtual, live event on Zoom, which was for County staff and CBOs, and the second workshop was a virtual, asynchronous sharing on Instagram to reach San Diego residents eligible for public assistance. The aim of these data workshops was to incorporate people with lived experience into solution-creation by asking for perspectives and feedback on preliminary findings from people accessing public assistance and CBOs and County staff working on self-sufficiency programs. Further, we hoped to make our research more equitable by making our findings available to affected community members, particularly those who participated in our other research tasks.

¹⁵ <https://www.urban.org/research/publication/data-walks-innovative-way-share-data-communities>

Virtual (Zoom), Live Event

The live data workshop included the SSAB and related stakeholders already involved in the planning and execution of this study. The research team asked the SSAB to identify the stakeholders that should be present. The research team sent an email to those stakeholders explaining the purpose and content of the event. The data workshop was announced during a standing meeting of the SSAB ETF with a total of 89 stakeholders accepting the invitation. The content for the workshop drew from all primary data collected as part of this study and some extant data to provide benchmarks or context. The research team chose to present data that that required additional clarification and perspective, or data on topics of particular interest to stakeholders. The team presented potential topics at an ETF standing meeting to obtain feedback to further refine the topics and specific data points to include.

The research team facilitated the live workshop on November 30, 2021. The group included an introduction and 8 breakout sessions of 6-8 participants each. The breakout facilitator presented a small group with a series of slides containing initial study findings about San Diego County's benefit program outreach, accessibility, and enrollment and engaged the group in discussing a series of reflection questions focused on whether the data was what they expected, if the data required further context or nuance, and what else they might like to see in a visual data summary. Each session included a note taker. At the end of the event, all participants were given to opportunity to respond directly to reflection questions by posting written thoughts on a Google Jamboard.

The research team debriefed after the workshop to discuss key feedback that emerged from the event, focusing particularly on aligning the feedback with the topic areas planned for this final study report. The research team used these key points of feedback to guide a systematic process of organizing the data from the live workshop (including the session notes and the Jamboard feedback) thematically under key topics. This involved examining the data for patterns and grouping related feedback together. The research team took the data organized in this way and incorporated it into a report.

Virtual (Instagram), Asynchronous Posting (Data Challenge)

The second data workshop was held as a virtual, asynchronous posting of data on Instagram. The research team aimed to engage adults living in San Diego who were eligible for, seeking, or receiving public assistance in social media challenges. The research team reached out to several CBOs and County offices with active Instagram accounts to ask for their assistance in posting pre-made content to their Instagram stories. These organizations had already worked with the research team on other data collection tasks, and currently serve different populations of adults accessing or qualifying for public assistance. Due to the end-of-year holidays and rise of the COVID Omicron variant, many organizations were operating at maximum capacity. Consequently, they expressed their support but were unable to partner in the social media posting. One organization, 211, was able to participate as representing a broader set of residents accessing public benefits. The research team asked that other organizations re-post the content posted by 211 to share data with San Diego residents more broadly.

The research team held a Zoom training to provide an overview of procedures with 211. Original plans for these challenges called for having partnering service organizations recruit and obtain consent from participants and share their responses with the research team for analysis. However, increased stress on service agencies due to a surge in COVID cases made the planned procedure too burdensome for these agencies. In response, the research team simplified the request. The research team converted the information presented in the stakeholder data workshop into social media content and sent it to 211. They asked 211 to post the content on their social media pages for one week, review responses, and summarize the responses on a call with the research team. The research team encouraged 211 to ask other organizations in the community to share the content from its partnering organizations' pages on their own pages.

Focus Groups

The team conducted three focus groups to learn more about the experiences of those who have applied for or are currently receiving benefits. All three focus groups were facilitated virtually using Zoom video and phone conferencing and one group also allowed for a hybrid in-person option to reduce barriers to participating as much as possible. Based on what was learned through other study sources and in agreement with ETF members, we prioritized inclusion of three community subgroups believed to be underserved and worked with the CBOs that provide services to and are well-known in those communities. The Research team provided outreach materials and the CBOs recruited for and, in one situation, hosted the focus groups. Participants were provided \$75 gift cards as compensation for their time and sharing their experiences.

One focus group was conducted with 8 unhoused adults and was hosted at the Homelessness Response Center and supported by the Regional Task Force on Homelessness. The second focus group was conducted in collaboration with the San Ysidro Health Center whose CalFresh Outreach Specialists recruited adults and older adults living in rural San Diego County who had recently applied for CalFresh and been denied. Seven individuals participated in this focus group by telephone. The third focus group was conducted in partnership with La Maestra, which recruited Spanish-speaking members of mixed-status immigrant households and included 6 participants.

Data Limitations

The study used the following set of comprehensive data collection methods: key stakeholder interviews; site visits (including in-person and virtual direct observation); paper- and web-based surveys; focus groups, including Spanish-speaking communities; and a social media challenge. These methods were used to gather information and feedback from past, current, and potential HHSA customers, County staff, and CBOs supporting applications and serving individuals with lived experiences. These primary data collection mechanisms were complemented with extant data (primarily HHSA caseload and timeliness reports).

Despite the implementation of mitigation strategies, such as extending survey response timeframes, providing alternative language surveys and focus groups, and conducting direct observations virtually, there are data and analytical limitations with the primary and secondary data used in the study.

As it has become a study constraint in the last 18 months, an important challenge for primary data collection is the COVID pandemic, which has limited in-person interactions and availability for direct observation of FRCs, customers, CBOs, and conducting field work in general. In some instances, County offices and CBOs collaborating with the study team stated that they were not able to support the study as expected given staffing shortages and customer demands or that certain facilities were off limits to inspection.

In addition, the pandemic forced federal, state and county public benefit programs to change their application, eligibility requirements, and workflow processes, sometimes to follow federal waivers. These were non-trivial adjustments to program eligibility and enrollment during the pandemic. These changes also may provide a different perspective of customer, County staff, and CBO satisfaction with the enrollment processes prior to and during the pandemic.

Below, we list the main limitations or caveats with the data, data sources and results in this study.

Site Visits. A constraint in gathering information through direct observation were the highly curated observation and site visits. Selection of sites was not random but directed by the County and the ETF. Thus, the final selection of County facilities and collaborating CBOs was a compromise between the ETF, the County and CBOs on availability. The direct observations had to be fitted into a 1.5-day site visit window which complicated matters when the team sought to gather information from multiple locations in the county. Furthermore, the research team did not have the opportunity for one-on-one interaction with enrollment workers or application registration staff. Two or three HHSA managers and one or two site supervisors were always present during the visits to County facilities, thus restricting free (unobserved) communication with frontline staff.

Surveys. Given that the main mode of data collection (over 99% of respondents) in the customer survey was web-based, survey findings may not be representative of digitally illiterate customers and customers with limited or no access to digital technology/resources. The research team shared a printable version of the survey with the ETF and collaborating CBOs, particularly to reach unhoused customers, but the research team received less than 30 paper-based surveys.

San Diego County has four “threshold languages” besides English: Arabic, Spanish, Tagalog, and Vietnamese. The customer survey was shared in English and Spanish. It is possible that customers with limited English proficiency could not or may have chosen not to respond to the survey. The customer survey did capture information from customers who speak other languages at home. Thus, there is some feedback from non-English, non-Spanish-speaking customers.

Representativeness of the study populations (customers, County staff, and CBOs) is also a data limitation. The research team did not have access to a census of past and current customers, so it is likely that the customer survey overly relied on people who are already receiving or currently applying for benefits. Past customers who did not follow through with an application or individuals who are potential customers but have not completed an application, among other types of potential customers, probably were not contacted or did not learn about the customer survey. This is a significant issue given ETF's interest in the accessibility of benefits to county residents. Survey data collection relied significantly on dissemination of the survey by the ETF members and the CBOs they work with and the support of HHS leadership. As mentioned above, no census was available to target County staff and CBOs. Thus, the representativeness of findings for all stakeholders may be limited.

Social Media Challenge. While we originally reached out to five organizations to participate in the social media challenge, only three were initially interested and able to collaborate due to the demands of the holiday season and rising burdens on staff due to COVID Omicron variant contagion spiking at the end of 2021. While these three organizations supported the social media challenge, only one organization was ultimately able to support in the virtual data sharing and discussion. Given these data collection limitations, the social media challenge provides qualitative and anecdotal illustration of the findings but will not offer a robust engagement of people with lived experience in the data analysis as originally planned. The research team will interview 211 to debrief on the comments received and will not analyze the raw data from Instagram due to time constraints and an effort to minimize burden on 211.

Program Outreach

While the lines of distinction between program outreach, application processing, and benefits access are blurry in practice, we developed working definitions of each topic to organize the findings and recommendations for this report. We defined program outreach as activities related to sharing information about programs with the community at large or targeted sub-populations through events, social media, websites, mailings, posters or other communication channels; directly notifying individuals of their potential eligibility through phone calls, texts, or emails; or interactions with active or potential customers to answer questions about eligibility, including conducting eligibility screenings, and providing education and reminders related to renewal or recertification requirements. We define activities that occur after an individual decides to apply or renew/reapply for benefits as application assistance or renewals, recertifications, and change reporting. Lastly, we defined program access as topics related to removing common barriers, especially those related to language or technology, that prevent eligible people from accessing benefits.

Findings

Community partnerships are key to reaching eligible San Diegans. The HHSA and CBO partnerships are strong, and CBOs play an important role in outreach. There are discrepancies between the most common County and CBO outreach approaches and customer preferences. The County and CBOs use flyers/brochures, but customers would prefer communicating via email, texting and social media. The communities identified as priorities for outreach include unhoused individuals, older adults, individuals with disabilities, mixed-status immigrant households, and students.

Current State of Program Outreach

There is near unanimous consensus among key informants that partnerships between HHSA and CBOs are a strength of San Diego County outreach. CBOs play an important role helping connect people to benefits – especially for San Diegans who face more barriers. Seventy-six CBOs submitted 127,366 CalFresh and 23,955 Medi-Cal applications in Fiscal Year 20-21 with approval rates of 55% and 62% respectively.¹⁶

“Collaboration with organizations and county staff is the best thing to get the word out” - Key Informant

Some examples of where these partnerships are working well were highlighted during interviews and site visits, including HHSA equipping a bus to provide mobile outreach and the HHSA's Department of Homelessness Solutions & Equitable Communities coordinating services for those who are unhoused through street outreach by County staff.

¹⁶ Monthly CBO CalFresh Medi-Cal Referrals 07-2021

The mobile outreach unit can support all programs, but its biggest outreach push is focused on the CalFresh program. The mobile outreach bus has six enrollment stations (including a private consultation room), a supervisor onsite to process and determine eligibility in real time, and the technology needed to print EBT cards on the spot. While this unit has been redirected during the COVID pandemic to provide testing and vaccinations, the County hopes to return to its original purpose as soon as possible. The County plans to partner with CBOs to send the mobile outreach unit to schools, health fairs, and community events to bring application assistance directly to customers. A second mobile outreach bus is scheduled to be available starting in December 2022.

Street outreach provides a critical opportunity to connect customers, particularly those who are unhoused, to benefits. One successful model is a partnership in Escondido between HHSA, Interfaith Community Services, the police, and a psychiatric emergency response team member. CBOs noted that these teams are most successful when they include both HHSA (which allows for immediate application assistance) and the police (which allows them to visit locations they wouldn't otherwise be able to access, such as city or private property).

Common Outreach Approaches

County staff survey respondents indicated the most common methods for disseminating outreach information were flyers or brochures (67%), collaboration with local organizations (63%), by County staff (62%), in-person events (61%), and by advocates or advocacy organizations (51%). (See Exhibit 5 below).

Exhibit 5: Types of Outreach Based on Staff Survey

| Types of Outreach | Total Respondents | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|--|-------------------|----------|----------|----------|------|----------------|
| (n) | 311 | 275 | 139 | 102 | 15 | 32 |
| Social media (e.g. Instagram, Facebook) | 43% | 45% | 45% | 40% | 13% | 13% |
| WhatsApp, texting | 12% | 14% | 12% | 8% | 13% | 6% |
| Information sent in the mail | 48% | 52% | 47% | 35% | 27% | 13% |
| Flyers or brochures | 67% | 73% | 66% | 57% | 33% | 25% |
| In-person events, such as a resource fair | 61% | 64% | 65% | 54% | 27% | 34% |
| Collaboration with local organizations | 63% | 67% | 66% | 55% | 40% | 50% |
| Cultural liaisons* | 33% | 32% | 36% | 30% | 47% | 22% |
| Outreach from a dedicated person to support enrollment | 43% | 43% | 47% | 41% | 33% | 34% |
| County staff | 62% | 66% | 62% | 52% | 27% | 56% |

| | | | | | | |
|------------------------------------|-----|-----|-----|-----|-----|-----|
| Advocate or advocacy organizations | 51% | 54% | 54% | 42% | 47% | 38% |
| Other | 9% | 11% | 6% | 5% | 7% | 6% |
| Do not know | 22% | 14% | 17% | 27% | 53% | 28% |

Source: Staff Survey Q2: 2. How does this program conduct outreach to potential clients? (Select all that apply)

CBO survey respondents also indicated that flyers and brochures, collaboration with local organizations, and in-person events were the top methods for program outreach, particularly for CalFresh and Medi-Cal. (See Exhibit 6 below). According to one-third of the CBOs, these programs also use social media (e.g., Instagram, Facebook) for outreach. Few organizations (less than 10% of respondents) stated that outreach is done via WhatsApp or texting, which is the option preferred by program customers.

Exhibit 6: Types of Outreach Based on CBO Survey

| Method of Outreach | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|--|----------|----------|----------|------|----------------|
| Flyers or brochures | 60% | 43% | 25% | 14% | 14% |
| Collaboration with local organizations | 59% | 40% | 18% | 0% | 18% |
| In-person events, such as a resource fair | 55% | 37% | 21% | 14% | 9% |
| Outreach from a dedicated person to support enrollment | 44% | 31% | 18% | 0% | 14% |
| Social media (e.g., Instagram, Facebook) | 40% | 27% | 18% | 7% | 18% |
| Information sent in the mail | 33% | 23% | 21% | 7% | 9% |
| Advocate or advocacy organizations | 33% | 19% | 14% | 14% | 14% |
| County staff | 32% | 20% | 14% | 7% | 9% |
| Cultural liaisons* | 19% | 16% | 7% | 14% | 0% |
| WhatsApp, texting | 8% | 11% | 7% | 0% | 0% |
| Other | 8% | 5% | 0% | 0% | 0% |
| Do not know | 3% | 10% | 7% | 7% | 18% |

Source: CBO survey Q5. How does this program conduct outreach to potential clients? (Select all that apply)

Few County staff or CBOs selected WhatsApp and texting as a common outreach platform and those respondents were mixed on using social media as an outreach tool. For example, only 12% of County staff respondents selected social media as a common outreach channel, while 40% of CBO respondents indicated that social media is an important means of outreach for the CalFresh program.

Solutions to expand or improve program outreach for CalFresh, Medi-Cal and CalWORKs focused on ensuring that outreach materials are easy to understand, available in multiple languages, and that the



County ensure partnerships with CBOs. Except for CalWORKs, no CBO recommended conducting outreach through email, texting or social media as a top solution, which again, were the choices preferred by customers. Regarding CAPI and General Relief, CBOs suggested that the County conduct outreach through flyers, brochures or hosting tables at events, public service announcements on radio, television, or streaming services, create outreach strategies that are designed with and for communities, and that program staff or volunteers represent the populations served. (See Exhibit 7)

Exhibit 7: Outreach Solutions

| Solution | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief | All Programs |
|--|----------|----------|----------|------|----------------|--------------|
| Conduct outreach through email, texting or social media | 53% | 56% | 62% | 25% | 57% | 55% |
| Conduct outreach through flyers, brochures or hosting tables at events | 59% | 62% | 62% | 75% | 43% | 60% |
| Conduct outreach through radio, tv, or streaming services | 43% | 47% | 38% | 75% | 43% | 46% |
| Create outreach strategies that are designed with and for communities | 65% | 55% | 54% | 50% | 86% | 62% |
| Outreach materials are easy to understand | 76% | 67% | 62% | 50% | 71% | 71% |
| Outreach materials are available in multiple languages | 70% | 62% | 69% | 25% | 57% | 66% |
| Program staff and/or volunteers represent the populations served | 58% | 58% | 77% | 25% | 86% | 62% |
| Ensure partnerships with community-based organizations | 72% | 73% | 62% | 75% | 100% | 73% |
| Other | 5% | 2% | 0% | 0% | 0% | 5% |
| Do not know | 1% | 2% | 0% | 0% | 0% | 2% |

Source: CBO survey Q7. What solutions are the most helpful for how current and potential clients get information about [PROGRAM]?

Preferred Outreach Approaches

Surveyed customers indicated a clear preference for how they receive outreach information and communication about program enrollment with more than two-thirds (68%) selecting “email, texting and social media” as their preferred method. This finding was consistent across all five programs in the study. The next most common response overall was receiving information from “county staff that understands

my community" (15% of respondents overall). However, the importance of communication from County staff was much more pronounced for the CAPI program (24% of surveyed CAPI recipients). (See Exhibit 8)

Exhibit 8: Customer's Preferred Way to Communicate About Program

| Method of Communication | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief | All Respondents |
|---|-------------|-------------|-------------|-------------|----------------|-----------------|
| Email, texting and social media | 68% | 66% | 63% | 67% | 64% | 67% |
| Flyers, brochures or hosting tables at events | 6% | 7% | 6% | 2% | 4% | 6% |
| Radio, tv, or streaming services | 3% | 3% | 2% | 2% | 4% | 3% |
| County staff that understands my community | 14% | 15% | 18% | 24% | 15% | 15% |
| Organizations in my community | 10% | 10% | 11% | 4% | 14% | 10% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Responses | 5640 | 4227 | 581 | 54 | 330 | 7056 |

Source: Customer survey Q: Please pick ONE of the ways you would have liked to learn more information about the program(s)? (Select only one choice)

The finding of customer preference for communications via email, text and social media is in stark contrast with County staff and CBO use of those channels. There are other discrepancies between the most common County and CBO outreach approaches and customer preferences. This may represent a missed opportunity to reach some customers and also keep current beneficiaries informed of their program status, renewals, missing documentation or any other important changes in their program benefits.

*"It would be helpful to have some kind of guideline – how long the process is, what are the requirements. Something that will help us understand if it's worth the time."
- Focus Group Participant*

Some CBOs reported using mainstream outreach methods because technology is not always accessible to those they serve. Those who are unhoused, older adults, and those living in rural communities were specifically identified as subgroups who may not be reached well via email, text, and social media.

For non-digital outreach, staff in the open-ended section of the survey emphasized that it needed to go beyond telling people about the program and have education elements as well. They believe doing that would help customers be more informed when they apply and also could address the stigma around applying for assistance.

"Begin outreach and teach program knowledge with potential customers. Educate customers in what programs actually are." - Staff

“People are shamed for being on county aid and I think that if there was more outreach to teach and inform the public about public assistance, it would start the de-stigmatization process and aid more community members in need.” - Staff

Communities to Prioritize Outreach

When asked which populations the County should focus on for outreach, surveyed staff identified unhoused individuals (71%), older adults (68%), and people with disabilities (66%) as the top three populations. (See Exhibit 9)

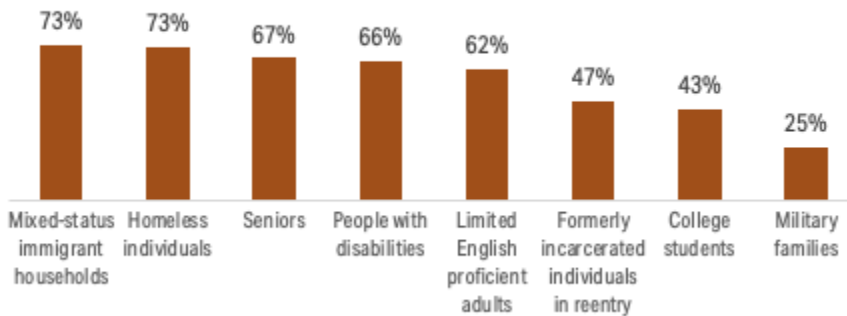
Exhibit 9: Staff Suggestions on Populations to Focus On for Disseminating Information

| Population | Total Respondents | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|--|-------------------|----------|----------|----------|------|----------------|
| (n) | 311 | 275 | 139 | 102 | 15 | 32 |
| Homeless individuals | 71% | 74% | 71% | 56% | 47% | 84% |
| Seniors | 68% | 73% | 72% | 25% | 33% | 25% |
| People with disabilities | 66% | 72% | 68% | 46% | 53% | 41% |
| Mixed-status immigrant households | 57% | 55% | 63% | 60% | 60% | 22% |
| Limited English proficient adults | 52% | 53% | 53% | 50% | 47% | 22% |
| Formerly incarcerated individuals in reentry | 46% | 49% | 49% | 21% | 20% | 31% |
| College students | 43% | 47% | 41% | 20% | 0% | 6% |
| Military families | 23% | 25% | 21% | 21% | 0% | 9% |
| Other (please specify below) | 8% | 7% | 5% | 12% | 7% | 3% |
| Do not know | 6% | 3% | 3% | 8% | 13% | 0% |
| None | 4% | 2% | 2% | 7% | 7% | 3% |

Source: Staff survey Q: Based on your opinion, which populations should the county focus on disseminating information about the program, how to apply and eligibility information?

CBOs similarly identified unhoused individuals (73%), mixed-status immigrant households (73%) and older adults (67%) as the most important subpopulations to focus on in outreach efforts. (See Exhibit 10 and Exhibit 11)

Exhibit 10: Populations to Focus on Overall (CBOs)



Source: CBO survey Q6. Based on your opinion, which populations should the county focus on disseminating information about the program, how to apply and eligibility information?

Exhibit 11: Populations to Focus on by Program (CBOs)

| Population | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief | All Programs |
|--|----------|----------|----------|------|----------------|--------------|
| Mixed-status immigrant households | 75% | 71% | 77% | 80% | 56% | 73% |
| Homeless individuals | 71% | 75% | 69% | 60% | 78% | 73% |
| Seniors | 69% | 66% | 69% | 20% | 67% | 67% |
| People with disabilities | 68% | 66% | 62% | 60% | 67% | 66% |
| Limited English proficient adults | 61% | 63% | 77% | 60% | 44% | 62% |
| Formerly incarcerated individuals in reentry | 47% | 48% | 54% | 0% | 22% | 47% |
| College students | 42% | 46% | 46% | 20% | 11% | 43% |
| Military families | 22% | 21% | 46% | 20% | 11% | 25% |
| Do not know | 3% | 2% | 8% | 0% | 11% | 5% |
| Other (please specify below) | 3% | 5% | 0% | 20% | 0% | 7% |
| None | 0% | 0% | 0% | 0% | 0% | 0% |

Source: CBO survey. Q6. Based on your opinion, which populations should the county focus on disseminating information about the program, how to apply and eligibility information?

These findings were consistent for CalFresh, Medi-Cal and CalWORKs. For CAPI, the priorities changed slightly with mixed-status immigrant households as the top population for focus (60%), followed by people with disabilities (53%) and unhoused individuals (47%). The majority of staff providing feedback on the General Relief program agreed that the focus should be on unhoused individuals (84%), followed by people with disabilities (41%). (See Exhibit 11)

In terms of the populations where the county could focus or prioritize resources for outreach, unhoused individuals, mixed-status immigrant households, and older adults are the top three populations for CalFresh, Medi-Cal and CalWORKs. The latter also identified adults with limited English proficiency as a top population for focus.

Program Outreach Recommendations

Leverage and expand partnerships with CBOs that serve prioritized subgroups and are trusted messengers in those communities

"I think it is important for organizations who are trusted in the community to be involved." - Data Walk Stakeholder

Stakeholders and ETF members suggested specific examples of how partnerships between HHSA and CBOs could be leveraged or expanded during the sense-making workshop. The data gathered for this study indicate priority subpopulations should include:

- Unhoused individuals
- Mixed-status immigrant households
- Older adults, especially in rural areas
- Individuals with disabilities
- Individuals whose primary language is not English or Spanish

The specific examples of activities suggested were: more opportunities to focus on mixed-status immigrant households and address their concerns about public charge policies and receiving public benefits through a partnership that involves trusted messenger CBOs distributing materials published by HHSA, which conveys the authority of a government entity but comes from a trusted party that speaks a potentially eligible customer's primary language; co-hosting events, such as vaccination clinics hosted by a community health clinic, where potentially eligible older adults receive a service and HHSA eligibility staff are available to take applications and renewals or recertifications in an environment that is more comfortable and humanizing for the customer; or partnering with libraries to distribute information, provide more computer kiosks dedicated to HHSA program access for unhoused individuals, and use of private rooms with telephones for accessing call center customer service workers.

Align County and CBO approaches to outreach with customer preferences

The customer survey findings clearly showed they prefer receiving information electronically through emails, texts, and social media. The COVID pandemic has changed outreach strategies a lot because it has limited in-person services and closed events like health or job fairs, making the use of electronic means of communication is even more important now. There is work to be done by HHSA and community partners

to better understand how to use social media for customer communication, including popular applications that can be used over wireless Internet like WhatsApp and TikTok.

"A lot of customers like text responses, emails and we should implement live chat. Sometimes customers ask for the information we are giving them by text and we do not have that capability." -Staff

Conduct cross-program outreach using electronic communication channels

According to a frequently cited report by the Center on Budget and Policy Priorities (CBPP) entitled Opportunities to Streamline Enrollment Across Public Benefit Programs,¹⁷ "State and local agencies administer public benefit programs that help vulnerable populations make ends meet and support those who may not be able to work due to a disability — providing children, for instance, with affordable health care, safe housing, and adequate nutrition. Individuals eligible for one program are often eligible for (and could benefit from) other programs. Often, however, program staff spend time on duplicative work because they gather the same information from a family multiple times. These unnecessary administrative steps increase the cost of operating benefit programs and can lead to many eligible individuals not receiving benefits for which they qualify." According to CBPP, strategies to increase cross-program enrollment including strengthening existing linkages between programs, further streamlining and simplification, and explore waivers and other demonstration and pilots that strengthen program integration.

This recommendation is specifically related to using digital communication channels more for outreach, based on the input received from customers in the survey. Examples of how HHSa could expand their use of digital communication for cross-program outreach include: building on the success of 211's use of text messaging to reach out to CalFresh customers who are not receiving linked programs like Medi-Cal, or "unlinked" programs like EITC or child tax credits; or building on its success using text messaging for SAR 7 reminders, HHSa could periodically send text messages with outreach linkages to customers receiving one program encouraging them to apply for other resources, especially for programs with tight linkages like CalFresh, CalWORKs, and Medi-Cal. One stakeholder suggested qualified health centers, that are generally skilled at using text outreach, may have a model or advice to share with HHSa.

Create digestible fact sheets and ensure availability in multiple languages

One common theme in the data collected is concern over the length and complexity of the forms developed by the authorizing State agencies that Counties are required to use. In order to mitigate the concern, HHSa should create locally produced program fact sheets with digestible information about eligibility and the process to apply and maintain eligibility, and the fact sheets should be translated into multiple languages.

¹⁷ <https://www.cbpp.org/research/poverty-and-inequality/opportunities-to-streamline-enrollment-across-public-benefit>

Currently, all eligibility forms and materials used by HHSA are available in four “threshold languages” besides English: Arabic, Spanish, Tagalog, and Vietnamese. Threshold languages are those which are spoken at a high proportional rate within a geographic region and as such may contribute to barriers to access for those seeking services. According to the Welfare and Institutions Code (WIC) 14029.91(a)(3), the Department of Health Care Services must identify threshold languages for each County by calculating “the annual numeric identification on a countywide basis and as indicated on the Medi-Cal Eligibility Data System (MEDS), of 3,000 beneficiaries or five (5) % of the Medi-Cal beneficiary population, whichever is lower, in an identified geographic area, whose primary language is other than English, and for whom information and services shall be provided in their primary language.”

Digestible fact sheets should be translated into threshold languages and any other language spoken by a subpopulation targeted for outreach based on being historically underrepresented. Another approach would be to adopt a numeric calculation with a lower threshold- perhaps any language spoken by more than 1,000 Medi-Cal beneficiaries, instead of 3,000.

Leverage and expand mobile outreach unit and inter-disciplinary street outreach teams that include HHSA, CBOs, and police

During stakeholder interviews, we heard positive feedback about HHSA’s use of outreach teams with an embedded eligibility worker and the Live Well San Diego Mobile Outreach vans. During the site visit, the research team was able to interview members of the Homeless Outreach team about their experiences. Mobile outreach teams effectively expand the County’s capacity to serve customers with barriers to participation. HHSA is strongly encouraged to expand the use of mobile outreach teams by creating additional specialized teams to serve currently underrepresented subpopulations and be available at more homeless shelters or other gathering places in the community.

Applications & Eligibility Processing

Findings

HHSA is a large operation and was heavily impacted by the COVID pandemic (pivoting to virtual services within a few days). HHSA's effective use of Federal waivers has helped keep operations running relatively smoothly.

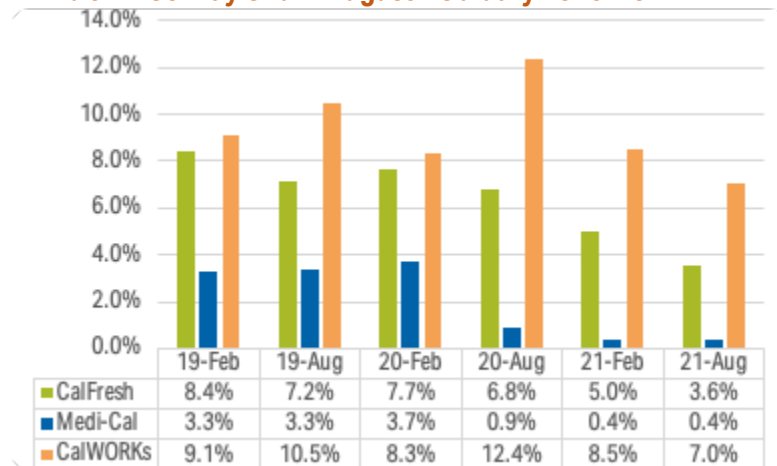
The majority of applications are submitted online, which staff and CBOs also believe is the best method. In-person services are still being provided at FRCs and CBOs -with modifications- especially adapted for serving customers with higher needs, such as the unhoused and those with medical or mental health needs.

Single-program apps may have eroded program integration based on the low rate (30%) of joint applications reported on the customer survey. Most customers get help with their application from either a County worker or a CBO. Approval rates are relatively low, ranging from 55-62% in general, with applications received from CBOs at the low end (55%). The most common reason applications are denied is for failure to provide required verification.

Current State of San Diego County HHSA Applications

In FY 2020-21, San Diego County HHSA received more than 360,000 public program applications. According to the 2021-08 Monthly Manager Dashboard, HHSA is currently performing within the federally required processing timelines for Medi-Cal and CalFresh and the state processing timelines for CalWORKs and GA. (See Exhibit 12)

Exhibit 12: 30-Day Churn August/February 2019-2021



Source: San Diego County HHSA internal document

There have been significant changes to the application and eligibility process in San Diego stemming from the COVID pandemic. Because of COVID, the process to apply and reapply has been easier. The process has been streamlined and made more efficient including being able to complete applications over the phone. Changes in process reflect appropriately to the response to COVID.

Lots of state and federal waivers that have changed processes for eligibility staff, so that contributes to improvements. 2020 was likely an outlier. Those changes include:

- Waiver of initial and recertification interview requirements
- Adaptation of CalFresh application telephonic signature requirements to allow documentation of the household's attestation without requiring a recorded verbal signature
- Extension of certification periods and adjustment of reporting requirements
- Provision of maximum emergency benefit amount for CalFresh recipients with accompanied decrease in requirements for change reporting
- Reduced reliance on paper for verification of eligibility (more electronic, phone and collateral contacts)

"COVID actually made the communication easier because everything is over the phone and, as long as you don't miss it, it's a pretty simple process." - Unhoused Focus Group Participant

The Access Customer Service Center (call center) plays an important role in the application process. For FY 2020-21, HHSA management reports show the Access call center received more than 1.2 million calls, including 56,042 calls to its dedicated CBO line. HHSA reports the average wait time for the Access call center general line is 2 minutes and 18 seconds with a 3% abandonment rate. In comparison, the dedicated CBO line has an average wait time of 1 minute and 12 seconds with a 1% abandonment rate, indicating the dedicated line is serving its purpose of providing enhanced access for community partners.

To support the processing of these applications, HHSA management reports show the Document Processing Center (DPC) imaged and indexed 4,366,628 documents, including applications, renewals, and verification documentation. While impressive, some stakeholders interviewed report lost documents continue to be a challenge – either getting lost on the way to or when indexed at DPC.

Method of Application

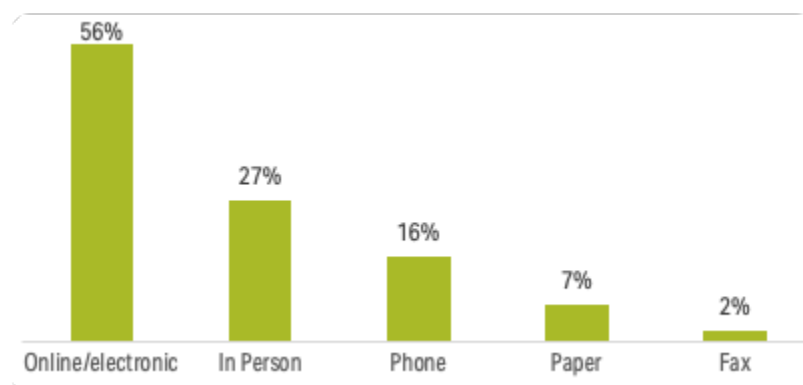
According to administrative data provided by HHSA, the majority (83%) of applications in FY 2020-21 were received virtually (either electronically or by phone), with the remainder submitted via U.S. mail (9%) and by walk-in applicants (8%). Respondents to the customer survey conducted for this study also selected online as the most common way they applied for benefits (42%) (the survey did not make a distinction whether the application submitted online was by the applicant themselves or with the support

of a CBO). The other methods of application selected by survey respondents were in-person at a county office (23%); paper (16%); and over the phone (15%).

It appears that CalWORKs and GA cash assistance programs required additional support or are more complex to complete since the proportion of customers submitting the application in person at a County office was 50 percent higher for both programs (at 37% and 34%, respectively) compared to other programs. It is likely that there is an opportunity to revisit the application process for these programs since these customers seem to avoid submitting paper applications by mail or applying over the phone. It is worth noting that close to 10% of the customer survey respondents did not respond to the question about the method of application for their most recent submission (or whether they submitted the application at all). A positive note is that less than 2% of the customers who responded reported they did not submit their application. Thus, it is likely that the system has avenues for applicants to get the assistance they need in preparing and submitting their application.

Staff were also asked on the survey to identify the best method for customers applying on their own and over 50% of staff members suggested online/electronic applications, followed by in-person (27%) (See Exhibit 13). In response to a question about the main technology barriers customers experience when applying for or renewing services (See Exhibit 33), staff reported that there are significant digital literacy and digital access issues that prevent customers from using online applications. This apparent contradiction in responses actually confirms a finding from interviews, which is that online applications and other forms of digital tools have made application and eligibility processing easier for a majority of the customers who have access to reliable Internet and a computer, tablet, or smart phone and know how to use them. However, for customers who don't have access or abilities, the next best alternative is relatively barrier-ridden, which is to travel to an FRC or CBO to get help in person. This was also confirmed by focus group participants – those who had access to apply online and the technology skillset to do so reported the application process went well for them.

Exhibit 13: Best Application Method (Staff)



Source: Staff survey. Q12: From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?



CBOs were asked about the best program enrollment methods from two perspectives: a) for customers acting on their own and b) customers receiving assistance from CBOs. There are two best on-their-own enrollment methods for customers, which reflect there are two customer populations. Customers (likely those with potentially limited English proficiency) prefer in-person enrollment, while only 33% of CBOs chose this as the best enrollment method. Leveraging the input from focus groups, customers with potentially limited English proficiency are better able to communicate their needs and questions if in direct contact with eligibility workers. The other best program enrollment method for customers on their own is online/electronic (32%). This other method describes a population that has access to technology and is digital literate. CBOs providing feedback on CalFresh stated that the best enrollment method for customers on their own was by phone. Regarding the best enrollment method with assistance from CBOs, 52% of CBOs stated that the best method of enrollment was online/electronic. This is to be expected as CBO staff have access to and are trained on digital tools and online applications. (See Exhibit 14)

Exhibit 14: Best Enrollment Method (CBOs)

| With Assistance from CBOs | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief | All Programs |
|---------------------------|----------|----------|----------|------|----------------|--------------|
| Online/electronic | 48% | 48% | 67% | 0% | 75% | 52% |
| Paper | 2% | 4% | 0% | 0% | 0% | 3% |
| In Person | 20% | 17% | 25% | 50% | 25% | 22% |
| Phone | 25% | 24% | 0% | 25% | 0% | 24% |
| Do not know | 3% | 4% | 8% | 0% | 0% | 4% |
| None | 3% | 4% | 0% | 25% | 0% | 8% |
| Did not respond/Missing | 26% | 33% | 57% | 71% | 64% | 45% |

Source: CBO Survey, Q10, 32, 54, 75, 96 "Which enrollment method in general is easiest for potential clients to apply with your organization?"

CBOs and County staff agreed that using paper is the least-easy way to apply. They reported that the paper application is lengthy, complex, and applicants are often overwhelmed.

Integrated Applications

Some stakeholders in interviews reported that, while simplified single-program applications like the Medi-Cal-only application or the GetCalFresh application have improved access to individual programs, they have also eroded program integration because there aren't tight linkages between those methods of application and cross program outreach. On average, one third of the respondents to the customer survey conducted for this study stated that the last time they applied for benefits they had applied or renewed for more than one benefit at the same time (also known as an integrated or "joint" application). More than half (56%) of the customer survey respondents for the CalWORKs program reported they submitted a joint program application. This proportion exceeds the reported joint application rate for CalFresh and Medi-Cal, which could be because of the nature of CalWORKs case management associated with the



employment and training program. CalWORKs also has the lowest income eligibility threshold of those three programs, and so those families are the most likely to be eligible for other benefits.

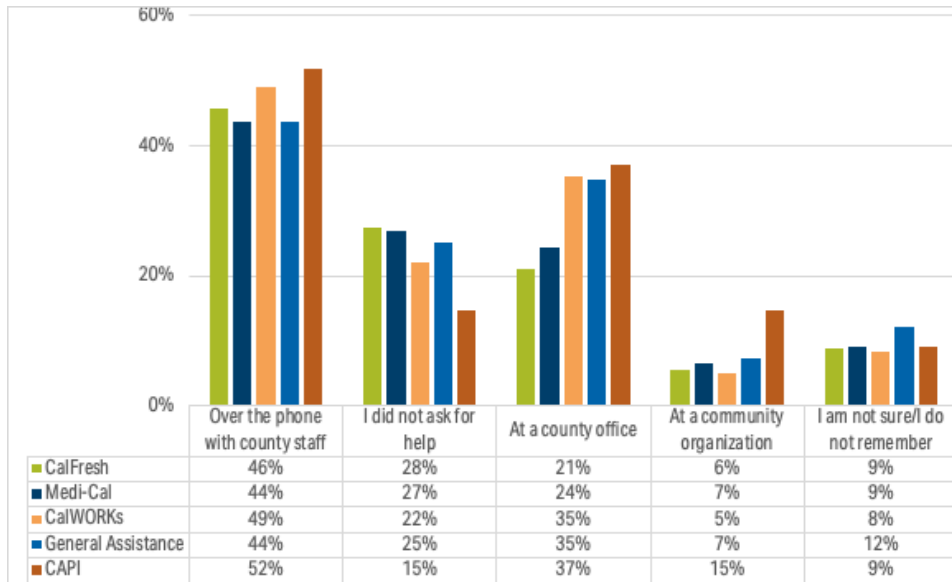
Assistance with Applications

According to stakeholders in interviews and observations during site visits, one of the most successful channels for application assistance is outstationing eligibility workers in the community. These partnerships help to fill the gap when FRCs are more difficult to get to; in urban areas where public transit or parking is limited or in rural areas where transportation options are limited and the travel distance is significant. HHSA has outstationed workers at all of the ten major hospitals in the county (most currently are working remotely due to the COVID pandemic) and at colleges, food banks, and CBOs. In total, HHSA has approximately 85 outstationed eligibility workers, 40 staff headquartered at FRCs who are temporarily outstationing at events or go out to the community on a referral basis, and 65 eligibility staff dedicated to homeless outreach. CBO staff report that collaboration with County staff to provide onsite eligibility assistance and combined street outreach teams is very successful and highly valued. CBOs would like to see an expanded outstationed eligibility worker presence, especially of staff who speak languages pertinent to the outstationed location. CBOs would also like to see County staff do more to help customers obtain documentation, especially required verification from other government agencies, such as verification of unemployment.

Customers who were surveyed for this study reported that when applying for or renewing an application the primary source for assistance was over the phone with County staff followed by County staff in-person. Most customers surveyed (65%) said they received help with their application at a County office or over the phone with County staff. County staff assistance was even greater for some programs: about 85% of customers surveyed said they received help with their CalWORKs, CAPI and General Relief (GR) applications.

Two findings are important to note: 1) Only 6% of the customers recalled receiving assistance at a CBO. 2) About 30% of the customers recalled they did not ask for help with an application. This seems to be in sharp contrast with the 40% of applications supported by CBOs reported in a recent program year. This finding was also mentioned by some members of a focus group who said they felt confident in their ability to submit an application without support. Consistent with other customer survey findings, the overall estimates are driven by CalFresh and Medi-Cal, the two programs for which most of the feedback was received. In the instances where feedback was for CalWORKs, CAPI and GR, there was a larger reliance (about 15 percentage points higher) in receiving assistance at county office compared to CalFresh and Medi-Cal. (See Exhibit 15)

Exhibit 15: Help Received by Customer



Source: Customer survey. Q: During the application process, did you receive help applying for benefits at any of these places below? (Select all that apply)

Application Assistance from CBOs

CBOs play an important role in application completion and submission, helping their customers submit more than 150,000 CalFresh and Medi-Cal applications. CBOs reported in stakeholder interviews that some customers prefer to seek services at CBOs rather than FRCs because the experience is better tailored to their needs. Focus group participants who had received application assistance from a CBO had very positive things to say about their experience and were grateful to have someone to talk to and who could answer questions.

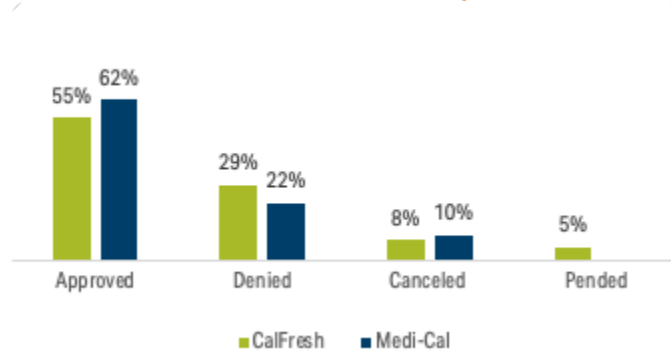
On the other hand, stakeholders in interviews reported that during the height of economic shutdown caused by the pandemic, customers seeking application assistance through 211 waited up to 10 days for a telephone appointment to complete an application due to high volumes; delaying their date of application, which is used to start benefits if they are eligible. Focus group participants reported the amount of time it takes to get an eligibility decision is too long when customers are in desperate situations and suggested it would be helpful to know the typical application process timeline up front.

“I think it would be helpful if they gave an update on notifications on your case - if it’s pending, or you’ll hear something within a certain number of days. From what I understand, every time you resubmit something, it’s 10 more days, so it’s important to explain to people who are applying so you know it’s better to get all the paperwork at once.” - Focus Group Participant

CBO staff noted that the paper application packet is lengthy and complex, often overwhelming to applicants, and can present a significant barrier to receiving benefits. Some CBO staff also noted that their customers sometimes received mixed messages from the County about application or eligibility status, and customers sometimes report that they are not treated with respect by County workers. The CBOs observed by researchers during site visits provide comprehensive application assistance, including help with securing and submitting verification documents. Focus group participants who received assistance through CBOs reported the list of required documents that was sent to them was very helpful and those who did not have the resources or skills were also very glad that the CBO could electronically upload documents for them.

The application channels that CBOs use include MyBenefits CalWIN, GetCalFresh, and they also provide support in filling out paper applications. Of the CalFresh applications submitted via CBOs, 55% were approved, 29% were denied, 8% were cancelled, and 5% were pended. Of the Medi-Cal applications submitted via CBOs, 62% were approved, 22% were denied, and 10% were cancelled.¹⁸

Exhibit 16: Applications Submitted by CBOs



Source: Community Based Organizations CalFresh and Medi-Cal Referrals by Application Status. 7/2020-6/2021

San Diego 211 (211) has a state contract to support CalFresh applications and is also able to assist with CalFresh/Medi-Cal joint applications, if needed. 211 takes applications over the phone. The 211 staff read a shortened version of the application very lengthy application rights and responsibilities and sends the customer a complete version of the legal language to review later. While 211 provides customers with a list of the required documents, it does not help collect or submit those documents during the initial call. However, staff provide multiple follow-up reminders and calls and assist customers with document submission later if they need help. 211 staff report that nearly all customers end up needing help to submit their documents. The primary application channel that 211 uses is My Benefits CalWIN, but some 211 staff stated that they prefer GetCalFresh because it is faster, easier to use, and gives staff the ability to attach notes for the County worker.

¹⁸ Community Based Organizations CalFresh and Medi-Cal Referrals by Application Status. 7/2020-6/2021



"My issue is if someone really needs the service like I do right now, it's just too long, that's my main complaint." -Focus Group Participant

Incomplete Applications

Application completion

One hundred and fifteen of the responders to the customer survey said they had started but did not submit an application for one or more programs. Of these customers, 56% said they did not ask for help or don't remember asking (See Exhibit 17), compared to 38% for all customers surveyed. The customers most likely to start but not submit an application were English-speaking legal residents or citizens under 25 or over 65 years old.

Exhibit 17: Help Received by Customers Who Did Not Submit Their Application

| Program | At a county office | Over the phone with County staff | At a community organization | I did not ask for help | I am not sure/I do not remember | Responses |
|----------------|--------------------|----------------------------------|-----------------------------|------------------------|---------------------------------|-----------|
| Overall | 24% | 29% | 12% | 33% | 23% | 115 |
| CalFresh | 12% | 34% | 17% | 21% | 19% | 58 |
| Medi-Cal | 7% | 33% | 17% | 27% | 18% | 50 |
| CalWORKs | 0% | 50% | 17% | 33% | 17% | 6 |
| General Relief | 11% | 33% | 0% | 33% | 33% | 9 |

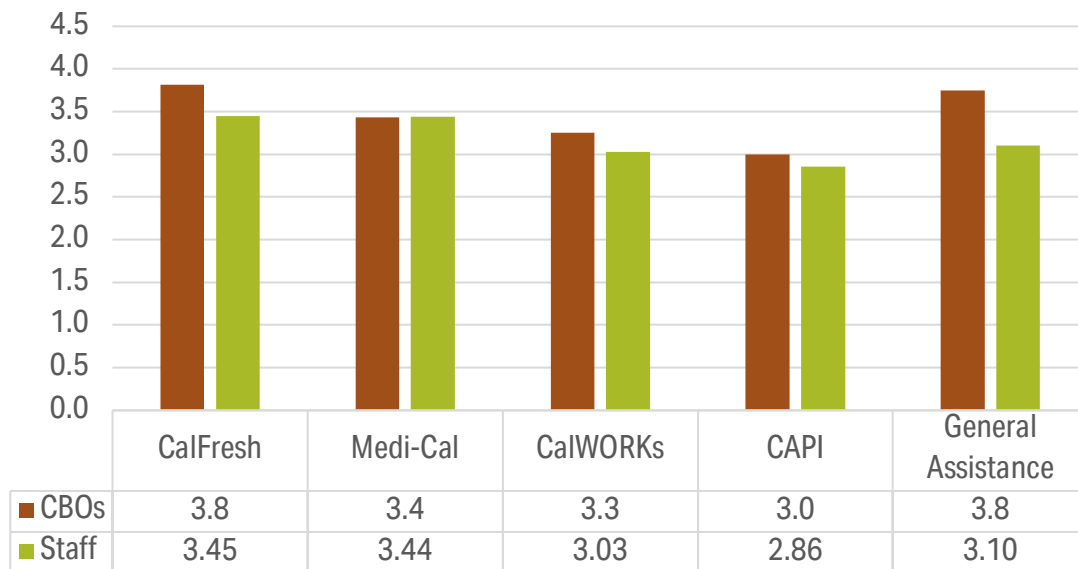
Source: Customer Survey, Q: During the application process, did you receive help applying for benefits at any of these places below? (Select all that apply)

During the live data walk, stakeholders shared that applying for Medi-Cal and CalFresh including the design of the application process is awful, the application is complicated and requires a lot of information to complete, and the requirements are confusing. Stakeholders were surprised at the many satisfied responses from customers. What the stakeholders don't like about the application and process are there because of state/federal guidelines. Regardless, the stakeholders want to see a simpler, easier way to fill out an application and felt providing training to complete applications is not enough. They want to know if there are partnerships that can be developed to simplify the application process.

Current State of Eligibility Processing

Organizations who responded to the CBO survey were generally neutral in terms of their satisfaction with the eligibility and enrollment process, but there are variations in the level of satisfaction with enrollment across programs. The ratings for CalFresh and General Relief (GR) were closer to satisfied and CAPI was at the lower but still neutral end. (See Exhibit 18)

Exhibit 18: Overall Satisfaction of Enrollment Process



Source: County staff and CBOs survey. Q: How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

The research team observed County staff using multiple IT systems to support eligibility processing, including CERMS, MEDS, CalWIN, My Benefits CalWIN, ConnectWell, InContact, One Note, IEVS, CAPTIVA and CalHEERS. These systems did not appear to be fully integrated, which means staff must take information from one system and enter it into another system, an inefficient and error-prone process.

Staff reported that many applications submitted via My Benefits CalWIN and GetCalFresh are often incomplete and require follow-up. That follow-up may require collecting information to fill in data fields or verification documents. Staff noted that Medi-Cal applications are easier to process compared to the cash assistance and CalFresh programs because it requires fewer verifications, interacting with fewer IT systems, and allows electronic signatures. The research team observed one Medi-Cal intake where the caseworker obtained income verification over the phone with a recorded customer attestation, a COVID-driven policy change that means the customer was not required to submit a physical document and therefore could be connected with benefits more quickly.

During the live data walk, stakeholders shared that a worker’s approach to communication makes a difference. If a worker doesn’t explain exactly what they need, the customer gets confused and will likely not fulfill the need. If workers slowed down and focused on clearer communication and giving customers peace of mind about the steps in the process, that could improve the efficiency of application processing. In the words of one stakeholder, “[Customer] dissatisfaction could come because of the intake verification process which is very difficult.”

CBOs indicated they spend a lot of time helping customers understand communications from the County about the need for additional information, and they frequently need to help customers gather and submit



their verification documents. San Diego 211 echoed this issue, stating nearly all of their customers require assistance with their verification documents, and enrollment counselors are seen as trusted messengers that keep customers updated on changes that might impact their immigration status. CBOs reported that customers who come to them often feel scared and need help applying for benefits, and the CBO is seen as a safe space because they emphasize cultural awareness and diversity.

"I prefer to come to La Maestra for help and do it by email. It makes it faster and I feel safer." -Spanish-speaking Focus Group Participant

The DPC reports that it is consistently meeting processing time targets. Some DPC innovations include an electronic drop-box for CBOs and an automated return mail system whereby the post office sends a receipt for a returned application but not the paper (saving significant processing time for the County and freeing up staff to support other tasks).

The solution mentioned most often across all programs to help with program eligibility processing and enrollment was simplifying the eligibility process; 60 to 100% of the CBOs reported it as a solution. Two other solutions often reported for CalFresh, Medi-Cal, CAPI and GR are: 1) co-located (outstationed) eligibility workers (e.g., in CBOs and hospitals) and 2) co-locating other services at FRCs or neighborhood health centers. These solutions were also mentioned in other data sources (interviews, focus groups). (See

Denied Applications

Of the applications processed in FY 2020-21, HHSA reported that approximately 61% of applications were approved and 39% were denied. Of the denials, 38% were due to failure to provide information. Lacking required documentation was commonly mentioned by stakeholder interviewees as a reason that applications are denied in San Diego County. The staff survey conducted for this study asked responders to select among reasons why applications are denied, and also found the top choice was failure to provide required documentation (80%), followed by income too high (60%), and less than one-third of the staff selecting ineligible for a reason besides income and failure to attend an interview (28% respectively).

“My sister is a single mother and she was asking for help for a long time and they denied it for a long time and during the entire pandemic she had no work. Only about 5 months ago she began to work and they never even began to give her services because supposedly she did not qualify. I do not know the reason what it was and they always told her that she was missing papers- they were missing papers... they always told her the same thing and they could never give her the help.” - Focus Group Participant

One of the common reasons customers do not complete an application is that they are unable to provide the required documentation. The CBO survey also informed that failure to provide required documentation is the most common reason for denial of service (75% or more of the organizations chose this denial reason). The second most common denial reason reported is applicants have an income that is too high to qualify for program benefits. As noted in the findings from customers’ focus groups, failure to attend an interview is another one of the most common denial reasons. Two of these three denial reasons bring up the issue that customers are not fully supported to prepare documents or attend eligibility interviews. This is an area where the County and CBOs could reinforce their efforts to increase the odds of submitting and getting an application approved. (See Exhibit 19)

Exhibit 19: Reasons applications are denied

| Reasons | All Programs | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|---|--------------|----------|----------|----------|------|----------------|
| Failure to provide required documentation | 79% | 85% | 74% | 50% | 75% | 88% |
| Income too high | 51% | 50% | 56% | 50% | 25% | 13% |
| Ineligible for a reason besides income | 24% | 26% | 22% | 25% | 25% | 25% |
| Failure to attend interview | 25% | 24% | 20% | 33% | 25% | 38% |
| Already enrolled | 6% | 6% | 6% | 0% | 0% | 0% |

| | | | | | | |
|---|-----|----|----|-----|-----|-----|
| Not a resident of the County of San Diego | 9% | 5% | 7% | 0% | 25% | 0% |
| All of the above | 13% | 3% | 9% | 25% | 0% | 13% |
| Do not know | 3% | 3% | 2% | 0% | 0% | 0% |
| No obstacles | 2% | 2% | 2% | 0% | 0% | 0% |
| Other (please specify) | 10% | 8% | 2% | 0% | 25% | 13% |

Source: CBO Survey, Q13, 35, 57, 78, 99 From your perspective, what are the most common reasons that applications for this program benefits are denied?

During the live data walk stakeholder workshop conducted with the ETF and others, the data on denials was shared with participants for their analysis. Participants observed that denials due to verification can be related to ineligibility due to income because of how County eligibility specialists interpret income verification, how carefully they review the verification, and how vigorously they follow-up on unclear information before making a determination of ineligibility. Stakeholders also expressed concern that eligibility specialists inconsistently apply verification policy related to employment and income - some hold to a higher standard than others. Other stakeholders pointed out that some of the 'failure to provide documentation' denials are denied erroneously, sometimes because a worker was never assigned to process the case, and denied cases must be opened upon review. They believed a root cause might be training for eligibility specialists varies depending on their trainer and the office they work in, and the fact that there are a lot of new employees in HHSA. They also pointed out that providing required verification is one area where the digital divide is widening, because there are many more, convenient ways to submit verification using a smartphone with Internet access to MyBenefits, CalWIN or GetCalFresh.org, but the submission process is still a barrier for customers relying on paper documents.

Application and Eligibility Processing Recommendations

Pursue with CDSS a demonstration of a simplified universal application paper packet that uses plain talk in multiple languages, gives applicants a clear explanation of what to expect in the process, and is supported by a mobile-friendly online application with easy-to-understand instructions

One common complaint that almost every stakeholder group shared with us is the complexity and length of the paperwork required to apply for benefits, especially for someone applying for the full package of cash, food, and medical benefits. (An application packet the research team obtained at a site visit weighed approximately four pounds.) It is important to note that state and federal regulations determine what must be included in an application, and the application and most of the accompanying forms in California are published by the authorizing state agencies, not the County. So, the County should work with their state

and federal program partners to jointly pursue permission or waivers, if necessary, to pilot a new, multi-benefit application available in paper, online, and through a mobile-friendly website or application, and in at least the four threshold languages besides English. The pilot would need to be coordinated with the CalSAWS initiative and the design of the CalSAWS online portal. As one of the largest county health and human services agencies in one of the country's most populous states, HHSA is in a position to be a leader in national efforts to modernize the application experience. During the live data walk, stakeholders commented that community advocates and HHSA sit on state workgroups, but they are typically different groups. They commented it could be really interesting to collaborate more and exchange information. They would like to see more of a unified County presence in state workgroups pushing for changes of benefit to San Diego County.

The length and complexity of a multi-benefit (joint) application is a common complaint in other counties and states, and there have been national initiatives and state and county pilots experimenting with finding the right balance between application simplification and obtaining all the information and proof a worker needs to determine eligibility up front so no or very little follow-up is needed. One example is the Elderly Simplified Application Pilot (ESAP), a federal demonstration program that aims to increase Supplemental Nutrition Assistance Program (SNAP) enrollment amongst older adults through streamlined policies and procedures. California DSS has had an ESAP waiver since October 2017. Counties are encouraged to use a simplified application form called the *CF 285 Application for CalFresh Benefits* for CalFresh applications from older adults. There is also a simplified CalFresh recertification form called the *CF 37 Recertification for CalFresh Benefits*. In addition, under ESAP, older adults have 36-month certification periods, their recertification interview is waived, and counties rely heavily on electronic data matches for verification.

Single-program applications, like the online and mobile-friendly GetCalFresh app, have provided simpler application alternatives, but they don't work if a customer needs multiple benefits, and eligibility workers often must follow up with customers who use these streamlined apps. In CalFresh, federal law requires HHSA to accept an application and "date stamp" it to protect the date of application if the application contains a name, address, and signature. This, in part, is because normally there is a requirement to conduct an interview where additional information can be gathered. Because the CalFresh interview requirement has been waived during the COVID pandemic, workers are having to reach out to applicants to obtain all the information they need to make a decision, which highlights the impact of receiving applications that contain just the bare minimum amount of information to get the process started and the difficulties reaching customers by phone or mail to obtain the rest of the information needed for eligibility.

"The required number of fillable fields for online applications is so minimal that, in many circumstances, us workers don't have enough information to process an application or find it challenging to obtain all of the information from the customer via phone and follow-ups." - Staff Survey Respondent

Other states have developed simplified multi-benefit applications that are supported in multiple languages and have a mobile friendly version and a fully functional online version. Online versions of

simplified multi-benefit programs have skip logic that passes over questions that do not apply to the combination of programs the customer is applying for at that time. For example, Washington State's Washington Connection.org portal is a multi-benefit application available in eight languages besides English¹⁹. Colorado, another county-administered state like California, has the PEAK online application and web portal. PEAK is a multi-benefit online and mobile-friendly application available in English and Spanish. Between 2016 and 2018, about 30% of Colorado's applications submitted to counties came through PEAK.

Another important feature of some other state online applications is systems integration with the eligibility system of record to avoid duplicate data entry for online applications. Currently, the GetCalFresh applications received by the County must be manually keyed into CalWIN. The County should ensure that any new online application solutions implemented in San Diego integrate with the new CalSAWS system.

Give CBO assisters and outreach workers access to a private, universalized customer and case manager dashboard or database and data sharing agreements, so CBOs can check on application status themselves and assist customers with paperwork, appointments and due dates.

In some other states, like Washington and Pennsylvania, the online application web portal has a security profile for trusted partners - usually organizations under contract to provide outreach or other services- that allows them to access more detailed information about the status of the application or renewal being processed. For example, community partners in Washington state can register with Washington Connection for a partner account that gives them information about the applications they have assisted customers with for follow-up and tracking²⁰. Information can include whether the application has been received and registered in the system, whether an interview has been scheduled, conducted, or missed (when required), whether the application has been pended for missing information and details on what is missing.

When implemented in San Diego, the CalSAWS system functionality will include a new online application for benefits. The County should start advocating now for functionality that would allow trusted partners with the appropriate data sharing agreements in place to access information about the status of applications and renewals and recertifications, so CBOs and help the County reduce denials related to missing information.

Establish County and CBO initiative to reduce denied applications – with an emphasis on denials related to failure to provide verification.

¹⁹ <https://fns-prod.azureedge.net/sites/default/files/resource-files/SNAPOnlineApplications.pdf>

²⁰ <https://www.dshs.wa.gov/sites/default/files/ESA/csd/documents/FAQ%20partner%20for%20WaCon%20%202022-1703.pdf>

A top priority for the County should be decreasing applications denied for failure to provide verification by reviewing and clarifying state and federal policy in worker training and manuals and reducing reliance on customer-provided paper documentation.

Stakeholders provided numerous suggestions for how the system could be improved. The County could use its existing continuous improvement resources to manage a series of pilots because successfully decreasing the number of applications denied because of missing verification requires a combination of actions to achieve and it will be important for the County to apply proven change management practices to make sure staff can successfully navigate the changes. Stakeholders and HHSA staff shared examples of pilots that are already under way to make the verification process more efficient. Also, as the County prepares to implement the new CalSAWS statewide eligibility system, there may be opportunities for improvement based on new functionality in the system. Now, prior to CalSAWS implementation, is the perfect time for the County to improve the aspects of eligibility processing they control.

As a first step, we recommend the County review the federal and state rules related to verification requirements to ensure its training, manual materials, and case review protocols are not more restrictive than required by state or federal regulations. This is especially important for the CalFresh program because the state administrative rules are outdated and undergoing a complete revision. We also recommend the County advocate with state and federal program officials to continue some of the COVID pandemic-related flexibility, such as the ability to verify income over the phone with a recorded attestation, because doing that removes barriers for unhoused and other customers. Once the verification rules have been clarified, and County procedures simplified to the extent regulations allow, we recommend conducting refresher worker training focused on the flexibility around the kinds of acceptable documentation.

We also recommend the County reduce reliance on customer-provided paper documentation for verification in favor of electronic data or collateral contacts. Stakeholders recommend focusing on electronic forms of proof of income because it is the most problematic to verify, especially when there are changes in employment. Stakeholders also recommended better leveraging of existing data interfaces with the Internal Revenue Service and Social Security Administration for income and assets verification. Finally, stakeholders suggested strengthening how the eligibility workers communicate with customers about alternatives to paper documentation.

Create two-way communication channels so customers can easily ask follow-up questions about their case and check the status of their application.

*"It's great that they text but it would be so much easier if we could text back." -
Unhoused focus group participant*

Another recommendation for reducing denials related to verifications was improving two-way communication channels between workers and customers. Starting with the beginning of the process,

when CBO and County staff are doing outreach, stakeholders recommend more clearly communicating with customers up front about what proof will be required and what is acceptable as documentation, so they can make an informed choice about whether they want to proceed with the application. Instructions should be in clear language and avoid jargon so new customers can understand them. Stakeholders would like the County workers to be more proactive about seeking missing information before applications are denied, including sending customers a missing verification list that is simple and clear rather than the computer-generated letters that are sent now. They also would like County workers to increase their use of text messaging and telephone messages to seek out missing information from customers or their designated contacts and give customers the ability to text back if they have questions or need help. Another suggestion is to enlist the assistance of 211 to follow up with customers whose applications are at risk of being denied for failure to provide verification and help the customer provide the proof. Essentially, 211 could be the two-way communication channel on behalf of HHSA.

Finally, a suggestion was made during the focus group with unhoused individuals that they would like the ability to designate an alternate contact (e.g., a family member or case manager) the County could reach out to if they need verification or other information. They commented that the people they see in person on a routine basis usually know how to track them down, even if they don't have a cell phone, permanent address, or access to email.

"It would be helpful to have multiple lines of communication to be sure that you don't miss opportunities. That way if I lose my phone I can still go to the library and check email. Or if my mail went missing, I would still get a call. - Focus Group Participant

Streamline phone applications by replicating 211's abbreviated rights and responsibilities approach

One relatively modest recommendation that could make a significant immediate impact is for HHSA to adopt 211's abbreviated approach to sharing the required Rights and Responsibilities information with customers at application. A 211 worker reads the applicant a short script and then follows up by sending the Rights and Responsibilities form to the customer after the call.

Renewals, Recertifications, and Change Reporting

All of the programs examined in this study require periodic redeterminations of eligibility. For Medi-Cal, the process is referred to as a “renewal” because there is a presumption of eligibility unless new information is received that indicates benefits should stop. For CalFresh, the term is “recertification” because, according to federal law, eligibility is established (certified) for a specified timeframe (a “certification period”) and benefits stop at the end of the certification period unless the customer acts to reapply or “recertify” their eligibility. Medi-Cal has an eligibility renewal period of 12 months; CalFresh certification periods are 6, 12, 24 or 36 months, depending on certain household characteristics; and, CalWORKs has an eligibility redetermination period of 12 months. Other cash program maintenance requirements, including for General Relief and CAPI, vary and are generally more labor intensive because they have other requirements such as participation in work activities or SSI facilitation.

Findings

Several programs also require recipients to periodically report at least some kinds of changes in between determinations. For example, most CalFresh and CalWORKs households are required to submit a mid-period (SAR 7) report form.

Many of the findings in the previous section about applications and eligibility processing apply to the redetermination and change reporting processes for benefits. For example, challenges providing or obtaining required verification at redetermination are largely the same as they are at application.

One issue unique to the eligibility redetermination process is churn, which is defined and discussed in detail below. HSAA tracks and provides FRC and Access managers with churn data monthly, which is a known best practice to reduce its occurrence.

Current State of Renewals and Change Reporting

There are multiple ways customers can submit the SAR 7, program renewal forms, or report changes: via paper, online, or telephonically contacting the Access call center. If an incomplete SAR 7 is submitted to HHSA, it can be followed up and completed by phone. The Access Call Center has two specific units with 16 staff dedicated to SAR completion.

The research team observed multiple reporting interactions, both full processes and phone calls from HHSA eligibility workers to customers, to finalize incomplete submissions. For FRCs, the ability to process SAR 7s by phone is a new process implemented as part of policy changes in response to COVID. Staff reported (and the team observed) that the ability to process these forms via phone is efficient and effective. The research team also observed several CalFresh recertification processes (at FRCs) and a Medi-Cal renewal (at a CBO).

In addition to processing SAR 7s by phone, a number of changes were made to program certification periods and reporting requirements for SNAP and Medicaid during the COVID pandemic, specifically, waiving the recertification interview requirements for CalFresh, extending of certification periods and adjustment of reporting requirements for CalFresh and Medi-Cal, providing a maximum emergency benefit amount to CalFresh recipients accompanied by decreased requirements to report changes and reducing reliance on paper verification of eligibility for all programs by increasing the use of verification obtained electronically, by phone and from collateral contacts.

Program Churn

A common concern with public programs is the issue of churn - that is, customers who are otherwise eligible losing coverage because they failed to complete the renewal or redetermination process, and then have to reapply. This issue and the issue of application denials discussed in the previous section are related, only churn happens at reapplication instead of at initial eligibility. HHSA monitors and produces a monthly "Churn Report" containing data on CalWORKs, CalFresh, and Medi-Cal case churn by service center. As an effort to reduce churn, providing these reports to FRC and Access managers is a best practice.

For the purposes of the HHSA report, the churn rate is the percentage of applications received from customers who were receiving benefits on an active case within 30, 60, 90, or 120 days. In a recent month (August 2021), the countywide 30-day churn rate was 7.01% for CalWORKs; 3.56% for CalFresh, and 0.39% for Medi-Cal, representing a decrease for every program compared to pre-pandemic reports. For example, the 30-day churn rate in December 2018 was 9.40% for CalWORKs, 9.21% for CalFresh, and 3.27% for Medi-Cal.

Based on CBO feedback, there is an array of reasons why customers lose their benefits. The top reasons are: customers forgetting to complete the eligibility redetermination process, customers not knowing there is an eligibility redetermination process, and customers not receiving redetermination reminders due to an address change or lack of permanent address. Each of these reasons were reported by at least 65% of the CBOs. These are clear opportunities for the County and CBOs to better support customers by providing proactive case management that results in otherwise eligible customers keeping their benefits. Issues related to technology (technology literacy and digital access, both of which are obstacles for customers completing applications) were also common reasons to lose benefits but to a lesser degree (reported by one-third of the CBOs). (See Exhibit 1920)

Exhibit 20: Reasons People Lose Benefits

| Reason | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief | All Programs |
|--|----------|----------|----------|------|----------------|--------------|
| Forget to complete the renewal process | 77% | 67% | 58% | 75% | 29% | 71% |
| Do not know they need to complete the renewal process | 65% | 63% | 33% | 25% | 43% | 62% |
| Did not receive renewal reminders due to address change or lack of permanent address | 65% | 50% | 42% | 75% | 29% | 58% |
| The information they receive about renewing benefits is confusing | 48% | 44% | 25% | 0% | 43% | 46% |
| Lack of technological literacy (i.e. not knowing how to navigate a website) | 47% | 35% | 42% | 50% | 43% | 43% |
| Lack of digital access (i.e. not having access to a computer/Internet) | 45% | 37% | 42% | 75% | 57% | 45% |
| Unable to get in touch with someone who can help them complete paperwork | 44% | 24% | 17% | 0% | 57% | 39% |
| Cannot provide the required documentation | 39% | 30% | 33% | 25% | 29% | 35% |
| The wording used on the paperwork is confusing | 35% | 19% | 33% | 25% | 57% | 33% |
| Processing error | 33% | 31% | 33% | 25% | 57% | 34% |
| Language barriers | 27% | 31% | 25% | 25% | 29% | 29% |
| Unable to attend their scheduled interview | 21% | 15% | 25% | 25% | 29% | 20% |
| Fear of how receiving public benefits may impact immigration | 18% | 26% | 33% | 25% | 29% | 24% |
| Do not have enough time to complete the renewal process | 15% | 11% | 17% | 0% | 14% | 14% |
| Stigma/shame | 12% | 9% | 8% | 25% | 14% | 12% |
| Other | 2% | 2% | 0% | 25% | 14% | 11% |
| All of the above | 5% | 13% | 25% | 0% | 14% | 14% |
| Do not know | 2% | 2% | 0% | 0% | 0% | 2% |
| No obstacles | 0% | 0% | 0% | 0% | 0% | 0% |
| Other | 0% | 0% | 0% | 0% | 0% | 0% |

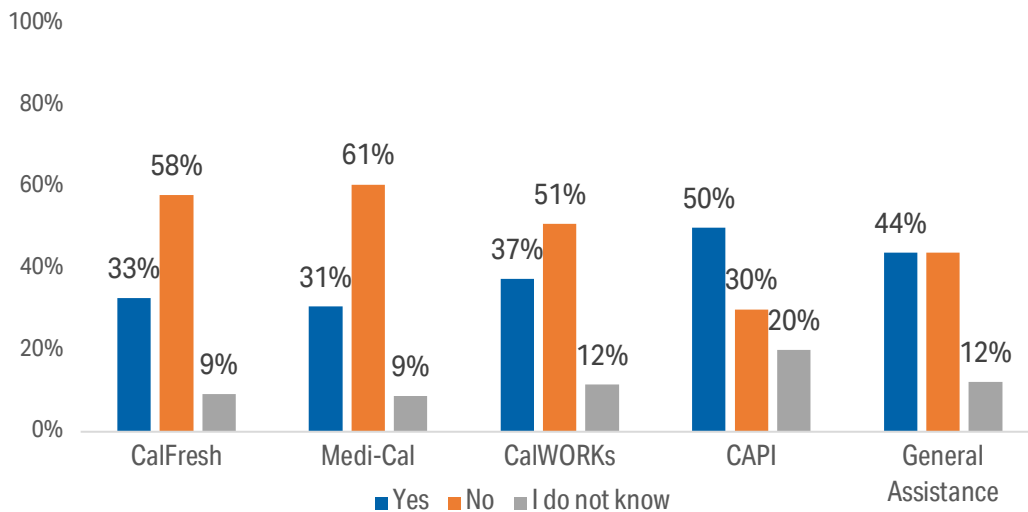
Source: CBO Survey, Q14., 36, 58, 79, 100 What are the most common reasons that people lose their benefits even though they may still be eligible?



Why eligible people lose benefits

In response to the customer survey question of whether the customer had received benefits before the last time they applied, over 60% of the respondents replied yes. Though the CAPI and General Relief (GR) programs had lower proportions of prior recipients, nevertheless, at least 40% of customers had received benefits in those two programs prior to the last application or renewal attempt. (See Exhibits 23 and 24) Of customers surveyed, 33% reported they stopped receiving CalFresh, Medi-Cal or CalWORKs benefits even though they believed they were still eligible. The proportion of affected CAPI and GR customers was even higher (above 45%). (See Exhibit 21)

Exhibit 21: Customers who lost benefits without a change in households



Source: Customer Survey. Q: Did your benefits for this program/these programs ever stopped even though you were still eligible for them? For example: did you try to use your benefits and then realized you no longer had them, even though nothing on your end changed?

Exhibit 22: Reasons Customers Lost Benefits

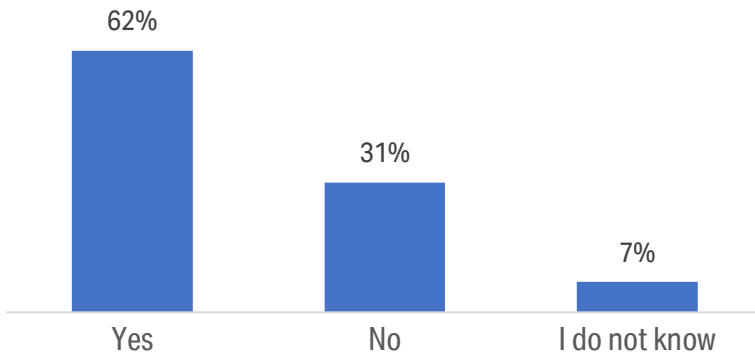
| Reason | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|---|----------|----------|----------|------|----------------|
| There was an error at the County | 28% | 33% | 35% | 33% | 30% |
| I didn't not know I needed to do something to stay enrolled | 25% | 24% | 26% | 44% | 36% |
| I forgot to complete the renewal process | 17% | 15% | 15% | 22% | 17% |
| The information I received about renewing my benefits was confusing | 16% | 17% | 12% | 0% | 26% |
| I was not able to provide the required documents | 12% | 11% | 14% | 0% | 25% |

| | | | | | |
|--|-----|-----|-----|-----|-----|
| I missed renewal reminders because I don't have a permanent address or I moved | 11% | 11% | 12% | 11% | 33% |
| I did not have enough time to complete the renewal process | 9% | 8% | 8% | 0% | 12% |
| I could not find help to complete the paperwork | 6% | 6% | 6% | 0% | 10% |
| I did not have access to a computer or the Internet | 5% | 5% | 5% | 11% | 14% |
| I could not attend the scheduled interview | 3% | 2% | 5% | 0% | 12% |
| I did not know how to use a computer or the Internet | 2% | 2% | 3% | 0% | 4% |
| I was afraid of the effect or impact of the application on my immigration status | 2% | 2% | 2% | 0% | 1% |
| The information I received or the paperwork I needed to complete were not in my language | 1% | 1% | 1% | 0% | 3% |

Source: Customer Survey. Q: What was the reason why you stop receiving them? (Select all that apply)

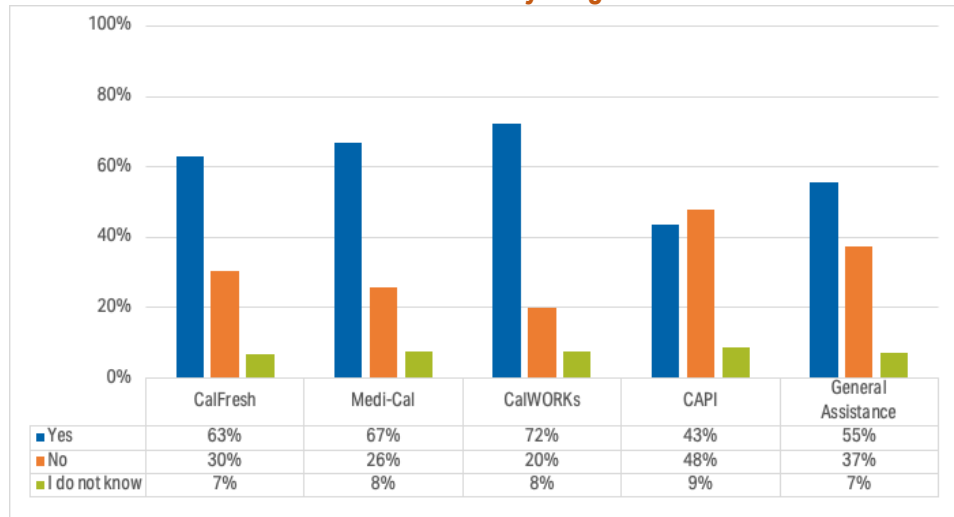
According to customer survey, the most common reasons reported for benefits stopping were: Errors made by the County (30%); not knowing they needed to do something to stay enrolled (30%); and forgetting to complete the redetermination paperwork (17%). One pattern difference was in the General Relief program, where 32% reported missing renewal reminders because they don't have a permanent mailing address as a reason, compared to only 10-12% for the other programs. Also, 25% of General Relief customers said the redetermination information was confusing, compared to 12-17% for the other programs. Significantly more people who stopped receiving General Relief said the reason was they didn't have access to the Internet (14%, compared to 5% for the other programs) or they were not able to provide the required documents (25%, compared to 11-14% for the other programs). (Exhibit 22)

Exhibit 23: Customer Received Benefits in the Past - All Programs



Source: Customer Survey, Q: Before applying this last time, had you ever received benefits from that program(s) before?

Exhibit 24: Benefits Received in the Past by Program



Source: Customer Survey, Q: Before applying this last time, had you ever received benefits from that program(s) before?

Staff surveyed believe the main reason customers lose eligibility is because they forgot to complete the redetermination process (74%) and the second most common reason is customers not knowing they need to complete the redetermination process (43%). CBOs surveyed agreed with County staff that the most common reason people lose their benefits is they forget to complete the redetermination process (71%). The CBOs also agreed other common reasons are the customers do not know they need to complete redetermination paperwork (62%) and that customers did not receive renewal reminders due to an address change or lack of permanent address (58%). Additional reasons common to General Relief customers were being unable to get in touch with someone for help with the paperwork and finding the paperwork confusing.

As shown above, these responses align very closely with what customers are reporting, and these issues clearly seem to have a common root. There is a unique opportunity to address the issues pointed out by both parties. By focusing on and working to resolve these reasons, HHSa has an opportunity to mitigate churning and reduce the risk of putting customers and their families in economic and mental distress due to the loss of their benefits.

Renewals, Recertifications, and Change Reporting Recommendations

Continue the positive trend related to program churn in CalWORKs, CalFresh, and Medi-Cal

Based on the data gathered for this assessment, HHSa has already implemented some best practices related to reducing churn and significantly decreased the rate for the three primary programs in the last few years. This decrease could be due in part the pandemic-related eligibility requirement waivers, but it could also be the result of concentrated efforts by managers to reduce churn. We recommend that HHSa continue to monitor program churn, produce churn reports, and make adjustments to the workflow and practices to reduce it. Any efforts to reduce the number of applications denied for failure to provide information also helps reduce churn.

Create an HHSa welcome packet with all of the information customers need to successfully continue their benefits

Stakeholders who specialize in outreach would like an HHSa-branded welcome packet that covers redetermination and change reporting requirements that is delivered *up front during the application process*, so customers know what to expect and do later, for example, in six months when their first SAR 7 comes in the mail. The welcome packet would provide all the information needed to maintain benefits in one document including pertinent dates, timeframes, contact information, and examples.

Simplify redetermination paperwork and forms

This recommendation relates to the recommendation in the applications section regarding piloting a simplified, streamlined application packet and online application. The same pilot project should apply improvements to the forms and web portal customers will use to redetermine benefits.

Leverage best practices using behavioral economics principles for renewal reminders like HHSa's text reminders and robocalls

HHSa is already using automating text reminders to help customers remember renewals and recertifications. The use of reminders is a promising practice that could be expanded upon by enabling

two-way communication through live chat or ability to respond back with questions. HHSA could also experiment with different types of message framing. Research in applying behavioral economics to reminders in cash assistance programs works best when the message is frame from the perspective of what the recipient will lose if they don't take action.²¹ HHSA should experiment with framing reminders differently and track the responsiveness of the customers receiving different messages to determine what works best.

Improve the redetermination process for General Relief

Survey data and stakeholder interviews indicate a particular need to improve the redetermination process for General Relief (GR), which has the highest dissatisfaction scores. Staff shared that those customers receiving GR are often frustrated because it doesn't cover what people hope it will. Suggestions for improvement included collecting alternate contact information for customers; recording the GR customer's preferred mode of communication in the case record and using it as the primary mode of communication but, if contact is not made, following up by using other available modes of communication to increase the chances of keeping the customer engaged and informed; and providing GR customers with the welcome packet recommended above, but with additional items tailored to their needs, such as description of other benefits and services available and how to apply and a list of community resources or outreach materials. Also, GR applicants are some of the most barriered individuals HHSA serves and so need more help.

Also, customers in focus groups shared that, from their perspective, there is a very brief appeals timeline when benefits stop, and the burden of obtaining the information required for redetermination may incentivize allowing their case to close and reapplying when they cannot do without the benefits. Although the GR caseload is very small compared to other programs, which may make the cost/benefit hard to justify, the County has more administrative control over GR than any other program and could use that flexibility to demonstrate bold and creative improvements.

Conduct refresher training for staff on alternatives to paper for verification and create desk guides

This recommendation is related to the recommendation in the previous section about reducing the number of applications denied for failure to provide verification. Desk guides and refresher trainings for HHSA workers should include the redetermination process, because as the verification rules are nearly identical (with the exception of permanent verification, which should only be provided once).

²¹ https://mefassociates.com/wordpress/wp-content/uploads/2016/04/bias_la_acf_compliant.pdf

Program Access

We define “accessibility” as when the needs of eligible San Diegans are considered so self-sufficiency services and facilities can be used by the people who would benefit the most. Access can be made easier through reducing or removing barriers that can prevent people from applying or renewing benefits such as technology, language needs, transportation, stigma, and the fear of applying.

Findings

Communication from HHSA could be improved, particularly for unhoused individuals and mixed-status immigrant households. Common suggestions for improvement include sending customers more notifications through multiple channels of communication before stopping benefits and creating bi-directional communication so it is possible for customers to respond back to texts, emails, or phone calls easily.

“If someone has factors that affect their ability to get the right documents, they should be able to get assistance to obtain them.” -Focus Group Participant

Customers and CBOs expressed frustration about poor customer service from HHSA staff, and staff said the workload and stress associated with eligibility processing hinders their ability to provide quality customer service and that they would like to have more time to take better care of customers.

Language continues to be a barrier for non-English speakers due to long wait times for translations, limited number of languages available for some materials, and not being able to navigate the online portal, and other problems. Technology access continues to be a barrier for a wide variety of reasons and across various populations. Marginalized groups have their own unique barriers.

Barriers to Accessing Benefits

On their survey, CBOs reported lack of technological literacy (i.e., not knowing how to navigate a website), lack of digital access (i.e., not having access to a computer/Internet), and immigrant customer fears about how receiving public benefits may impact their status as the main obstacles for customers to complete an application. Thus, technology and public charge are the main obstacles. These are followed by instances when customers are unable to provide the required documentation

“Offer a remedy if someone doesn’t have everything they need. Currently the options are to come prepared or step out of the line and come back prepared. - Focus Group Participant

In the focus group with unhoused individuals, participants reported that issues are resolved more easily in person rather than over the phone. For those with pay-as-you-go cellphone service, being on hold can use up their minutes. Unhoused individuals acknowledged that it can be difficult to communicate with them, and they shared that even when they try and keep their contact information up-to-date with HHSA, what they report to an FRC doesn’t always end up in the system and workers continue to attempt contact using

outdated information. They would like eligibility workers to send at least two notices by each line of communication before stopping benefits. Several focus group participants reported really liking Zoom because it was easier to communicate when they could see body language that showed they were being listened to and cared for attentively. Finally, participants really liked being able to have their mail delivered to mailboxes at FRCs. "It's easier for them to know that address, and it's easier for you to go check your own mail."

Focus group participants who lived in mixed-status immigrant households reported they prefer in-person services over online or phone, and they prefer receiving services at CBOs rather than at FRCs. Their suggestions for improving customer service at HHS include having more effective communication that is more specific about what is needed to complete the eligibility decision and to be allowed more time to respond to notices. They would also like more bilingual staff and friendlier staff at the FRCs.

[Referring to public charge] "There must be a way that we are not afraid. Tell us, look, you decide - this can happen or this is not good, or this other thing is going to happen but it does not sound like a threat- like you are being attacked. They should explain it to you like that calmly." - Mixed-Status Immigrant Household Focus Group Participant

In the data walk with stakeholders, participants focused on the known or perceived differences in methods of application between programs (for example, the ability to apply online is not an option for some programs); that the wording of the application, its length (many pages), and types of verification requested are barriers to access for some customers, and customers struggle to understand program rules, for Medi-Cal, CalFresh and CAPI in particular. One stakeholder reported receiving feedback for a year that verification requests were considered a burden and was surprised that customers expressed high satisfaction, which they attributed to customers receiving help with applications.

Current State of Family Resource Centers

Although most FRC customer-facing services have been moved online or by telephone due to COVID, all FRCs remain open in-person to triage customers, assist with support services (such as replacing EBT cards, picking up mail), and distribute and collect paper applications. Stakeholders interviewed report that HHS is working on creating physical spaces that are more welcoming, comfortable and physically accessible.

All FRC facilities the researchers visited during site visits were very clean with clear signage, though some facilities were more dated than others. Most locations had outside, shaded waiting areas, though one location did not provide shade. Security staff were observed at each location. Customers did not appear to be bothered by their presence, and, at one very urban location, the staff noted that they felt much safer having security staff on site. Most sites were located near main bus lines or had ample parking. All observed FRC staff were friendly, courteous, and responsive to customer requests. All observed sites had

staff who spoke the threshold languages for their catchment area and applications and other materials were available in those threshold languages.

Twenty-four-hour application drop boxes are available at each location. However, currently there is no onsite assistance readily available at FRCs to help customers fill out their applications. FRC staff at some locations said they are able to assist if requested, but the research team did not observe that service during any of the site visits. More commonly, customers are provided with a paper application packet to fill out and return, though they have the option to call the Access Call Center, call 211 (for help with CalFresh and Medi-Cal applications), or go to a CBO for assistance. The research team observe some County phone intakes and noted that the reading of a program's lengthy and complex rights and responsibilities can take up to 20 minutes and is difficult for the customer to follow.

Current State of the Access Customer Service Center

The Access Call Center is available from 7:00 a.m. to 5:00 p.m., Monday through Friday. Calls are triaged through a phone tree and directed to one of two tiers depending upon the type of assistance needed. Recently the call center implemented a CBO-only direct line, which has been well received by the CBOs the research team interviewed. The call center has the ability to collect a full application, including a telephonic signature. The research team observed phone intakes for several programs (both via the Access Call Center and during some FRC site visits) and noted that the reading of a program's lengthy and complex rights and responsibilities can take up to 20 minutes and is difficult for the customer to follow. Call center staff also manage the County's text communications, including renewal, recertification and reporting reminders, and a dedicated unit processes warm hand-offs from the Covered California health exchange. All observed call center staff were professional, respectful and thorough, and all observed calls ended with a referral to San Diego 211 for assistance with additional needs.

New infrastructure implemented in December 2019 expanded the call center capacity from 142 incoming ports to 1,500. Call volume increased immediately, and busy signals were eliminated. Call center activity increased significantly with the onset of the COVID pandemic, jumping from 100,000 calls/month to 160,000/month. As noted earlier, the County's performance data indicates that, in FY 2020-21, the average wait time is 2 minutes and 18 seconds for the general line and 2 minutes and 12 seconds for the dedicated CBO line. Some CBOs reported that wait times in the past were as long as 40 minutes. Stakeholders who participated in the data walk generally agreed that the Access Call Center was successfully providing services to customers and CBOs. The call center's wait times have improved in recent years- dropping to less than half of what they once were. Stakeholders also agreed that hiring additional staff, becoming more efficient in providing services, and the COVID pandemic-related increase in reliance on the call center have all positively impacted performance. One stakeholder mentioned the call center staff would continue to benefit from additional training due to the relatively high rate of attrition.

Customer Experience Accessing Programs

This study seeks to address the main issues thought to prevent a satisfactory application or redetermination submission. Stakeholders reported in interviews that HHS has a strong statement about their commitment to quality and doing everything possible to get eligible people connected to benefits. This observation is supported by customer satisfaction data, and researchers observed staff at county sites providing on site, in-person assistance above and beyond their application and eligibility duties – including considerable effort to help individuals who are unhoused or have behavioral health needs with things like lost cell phones, lost identification, or not having a reliable address. For example, the FRC “store front” at Metro Centre keeps copies of customer IDs so they can provide copies when customers need them to procure replacement cell phones or conduct other personal business and acts a post office for unhoused individuals living in tent encampments.

The customer survey asked specific questions about barriers that prevent access, including questions about language barriers, digital access (physical, Internet or literacy), paperwork and complex or confusing applications. In fact, less than 15 % of customers who responded to the survey for this study selected one of these issues as the main issue affecting their experience. The “other” option was selected by 60 % of the customers, which is inconclusive. (See Exhibit 25) The main themes identified as an issue affecting their experience were.

Exhibit 25: Obstacles to Complete an Application

| Issues | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|--|----------|----------|----------|------|----------------|
| The wording used on the application was confusing | 18% | 19% | 22% | 15% | 27% |
| I did not have access to a computer or the Internet | 13% | 12% | 12% | 15% | 17% |
| I did not know how to use a computer or the Internet | 10% | 10% | 12% | 9% | 12% |
| I could not find someone to help me complete the application | 8% | 8% | 11% | 6% | 21% |
| The application was not in my language | 4% | 5% | 4% | 15% | 3% |
| Other | 60% | 60% | 58% | 68% | 55% |

Source: Customer survey. Q12, 34, 56, 77, 98 What would you consider to be the main obstacles for clients to complete an application process they started for the program, if any (Select all that apply):

These findings are quite a contrast with the County staff survey responses. County staff stated that, of the main obstacles with completing an application, their top five were, in order of importance: 1) lack of technological literacy; 2) lack of digital access, 3) unable to provide the required documentation; 4) wording used on the application is confusing, and 5) unable to get in touch with someone to help them complete the application. Each of these issues were reported by at least 40 % of the staff responding to the survey. With the exception of CAPI, where we observed a different distribution, all other programs maintained these same five issues, although there are some variations in the order. It should be noted that being unable to provide the required documentation was the main issue identified in GR, according to 70% of staff providing feedback on this program. (See Exhibit 26) An interesting finding was that language barriers and fear about how receiving public benefits may impact an applicant’s immigration status were not Identified as significant barriers to completing an application, with the exception of CAPI, where language barriers are an issue according to 40 % of the respondents providing feedback on CAPI). (See Exhibit 26)

Exhibit 26: Obstacles to Complete an Application (Staff)

| | Total Respondents | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|---|-------------------|----------|----------|----------|------|----------------|
| (n) | 203 | 176 | 92 | 67 | 9 | 20 |
| Language barriers | 35% | 39% | 27% | 32% | 44% | 5% |
| Lack of technological literacy (i.e. not knowing how to navigate a website) | 62% | 70% | 57% | 48% | 22% | 58% |
| Lack of Digital Access (i.e. not having access to a computer/Internet) | 56% | 60% | 54% | 47% | 22% | 63% |
| Unable to get in touch with someone to help them complete the application | 44% | 44% | 46% | 39% | 44% | 53% |
| Wording used on the application is confusing | 48% | 51% | 48% | 45% | 33% | 21% |
| Unable to provide the required documentation | 50% | 36% | 51% | 64% | 44% | 68% |
| Unable to attend their interview | 25% | 13% | 11% | 27% | 22% | 58% |
| It takes too much effort and time | 26% | 21% | 26% | 35% | 22% | 26% |
| Stigma or shame | 27% | 33% | 11% | 17% | 11% | 16% |
| Fear of how receiving public benefits may impact immigration | 33% | 41% | 20% | 18% | 22% | 11% |
| Other | 5% | 4% | 5% | 5% | 11% | 5% |
| All of the above | 10% | 11% | 8% | 11% | 11% | 5% |
| Do not know | 4% | 1% | 2% | 2% | 11% | 0% |
| No obstacles | 7% | 4% | 5% | 5% | 22% | 0% |
| Did not respond | 10% | 11% | 1% | 1% | 0% | 5% |



Source: County staff survey. Q12, 34, 56, 77, 98 What would you consider to be the main obstacles for clients to complete an application process they started for the program, if any (Select all that apply)

Customer Satisfaction with Services

In FY 2020-21, HHS management reports show that FRCs provided in-person application and related services to 357,918 San Diegans. During those visits, 3,907 customers completed a customer satisfaction survey. The majority of respondents reported that they received courteous service (80%) and that they were satisfied with the information they received (86%).²² The Access call center conducts surveys post-call and 24,346 customers in FY 2020-21, responded to the customer satisfaction survey. The majority of respondents (81%) reported a positive customer service experience, 16% reported a neutral experience, and 3% indicated they had a negative experience.²³ Of the 14-20% (by program) who were not satisfied with the courtesy of services or the information they received, several customers shared frustrations about waiting in an FRC lobby for what felt like too long, being treated in an abrupt way, and then leaving without satisfactory resolution. One customer wrote in a response to a question about what the FRC could have done better:

"Everything. I had to wait two hours to speak with someone about my SAR 7. When I sat down the girl was rude and asked me (sic) stared at me blankly. She said, "what do u want?" She had a bad attitude and seemed annoyed by my confusion. Then she didn't even give me any information except "oh we have been really busy" and told me to just keep checking my benefits to see when they would come. She didn't give me any info or help. I still have not received my benefits and don't know why."

Based on the overall responses to the customer survey across programs, whether or not the customer received assistance from County staff (at an HHS office or over the phone) made no clear difference in their satisfaction levels. On average, customer perceptions of satisfaction ranged between neutral (meet expectations) and satisfied (exceeds expectations). There was a slightly more positive impression of the assistance received from CBOs. In the case of CalWORKs and General Relief, customers rated their satisfaction as slightly above satisfied; which was 15% higher than the ratings of the assistance received from the County.

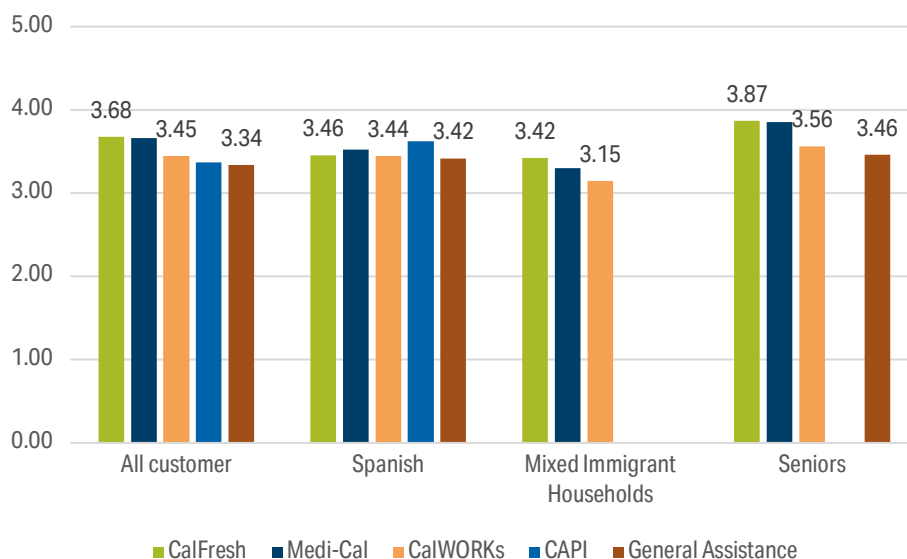
Regarding customers' satisfaction with their most recent experience applying for or renewing benefits for themselves or for a family member, 1,750 customers (25%) are dissatisfied or very dissatisfied. The level of general dissatisfaction is consistent across CalFresh and Medi-Cal. However, the overall dissatisfaction is exacerbated in CalWORKs, GR and CAPI with close to one-third of customers having negative experiences. (See Exhibit 27) Upon reflection of the timing of their experience, customers reported slightly worse experiences during the COVID pandemic (26% dissatisfied or very dissatisfied), while their satisfaction was at its peak before 2018 when only 22% of the respondents had a negative experience.

²² Customer Satisfaction Survey FY 20-21.

²³ Average of Customer Survey Log. 2020 and 2021.

Customers surveyed who are Spanish speakers, mixed-status immigrant households, and those who did not submit an application are less satisfied with the services they received than the general population. Based on a 5-point scale, Spanish speakers had a satisfaction score of 3.5 and mixed-status immigrant households scored 3.4. Customers who did not submit an application had the lowest satisfaction score of 3.0 compared to 3.6 for all customers. Older adults are slightly more satisfied than the general population (3.8 vs 3.6). Finally, in general, customers who applied for services before 2018 were more slightly satisfied than customers who applied in the last three years (3.8 vs 3.6).

Exhibit 27: Customer Satisfaction with Application Experience by Program and Sub-Populations

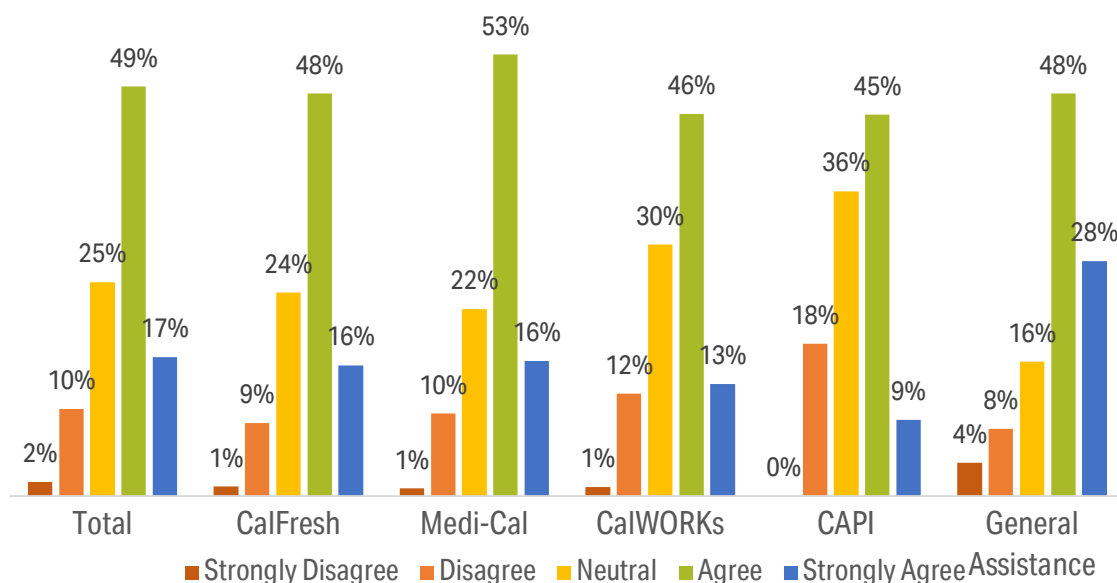


Source: Customer survey. Q4: How satisfied were you with the help you received from county staff, county staff over the phone and community organization by program.

“My experience was great. I didn’t have no trouble. I’m 25 and I had a great experience; everyone was nice and helpful and they explained everything. I put it in just yesterday and I’m pending.” - Focus Group Participant

Across all programs, most staff (70%) reported neutral to satisfied impressions with the efficiency and effectiveness of the enrollment process. Staff were most dissatisfied with the enrollment process for the CAPI program; 6 out of 15 respondents (42%) were dissatisfied to very dissatisfied. The program with the second-lowest level of satisfaction was CalWORKs. Out of the 102 respondents, close to 30% were either dissatisfied or very dissatisfied. (See Exhibit 49) County staff surveyed agree that eligibility staff demonstrate empathy for their customer (3.7 out of 5). Half of the staff agree that customers are treated with empathy, and less than 1% strongly disagree. (See Exhibit 28)

Exhibit 28: Staff's Reaction to the Statement "County Eligibility Staff Demonstrate Empathy for Their Customers."



Source: County staff survey. Q17: Please rate the following based on how strongly you agree or disagree with the statement.

"[The staff] Try to show that they care about the people they are serving." - Focus Group Participant

HHSA staff surveyed are the least satisfied overall with the efficiency and effectiveness of the enrollment process across programs (3.5 out of 5 points).

CBOs surveyed are relatively satisfied with the enrollment process (3.6 out of 5 points). The lowest level of satisfaction is with CAPI (3.0) and the highest is with CalFresh and GR (3.8). No one reported being "very dissatisfied" with CalFresh, CalWORKs, or GR. By comparison, no one reported being "very satisfied" with CalWORKs enrollment.

Stakeholders who participated in the live data walk were asked what they thought was behind the 53-67% of customers who were very satisfied or satisfied and the 17-24% who were very dissatisfied with services. Stakeholders observed that the level of satisfaction might be due to the HHSA staff approach to customer service changing in the past several years due to a cultural shift in the organization to be more customer-centric and improve processes. They also observed that customers who make multiple requests for assistance that are denied are likely to be dissatisfied. However, the words and tone used by workers when speaking to the customer matters in terms of dissatisfaction. Some customers report that the way some HHSA workers communicate is not respectful. On the other hand, stakeholders shared that working with the public, especially people who are already under duress when they seek assistance, can test staff patience.

Stakeholders also observed that it is difficult for customers to know the status of their case and what next steps are in the process. Workers may lack the patience to work with individuals with mental health issues who are having difficulty engaging in the enrollment process.

Language Access

HSA provides materials in four threshold languages besides English (Arabic, Spanish, Tagalog, and Vietnamese) and announcements at FRCs are made in all threshold languages for the area. In addition, the County hires bilingual staff when they can to facilitate in-person and phone services in a customer's primary language. As of August 2021, 55% of eligibility staff speak a language other than English, representing more than 14 languages.

The FRCs observed by the research team all provided application materials and staff to support the threshold languages for their respective regions. The research team observed that announcements and some signage at some locations also supported these threshold languages.

"When there is someone [at the County] who speaks English, they immediately put a translator and that is good." - Spanish-speaking Focus Group Participant

The Access Call Center phone tree offers a language selection for all the threshold languages. Call Center staff state that support for other languages can be obtained by selecting English and asking for a translator, but there are no instructions provided in other languages on how to do that.

It should be noted that 18% of staff stated that there are no language barriers. Staff stated that the top three language issues are: paper or online application not available in primary language (32%), availability of program staff who speak foreign languages (31%), and online translation is not user-friendly (20%). (See Exhibit 30)

CBO representatives who responded to the survey reported language barriers were more prominent for CalFresh and Medi-Cal. In these two programs, the two barriers identified were the paper/online application is not available in primary language and program staff who speak foreign languages are not available. (See

Exhibit 29) Regarding the quality of interpreter services, CBOs gave relatively low scores; between 2.8 and 3.0 on a 5-point scale. (See Exhibit 31) CBOs surveyed reported that the three most helpful solutions for getting information about programs to customers were: ensuring partnerships with CBOs (73%); making sure outreach materials are easy to understand (71%); and making sure outreach materials are available in multiple languages (60%). (See

Exhibit 29: Overall language barriers by program (CBO)

| Barriers | All Programs | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|---|--------------|----------|----------|----------|------|----------------|
| Availability of program staff who speak foreign languages | 25% | 32% | 19% | 7% | 14% | 14% |
| Paper or online application not available in primary language | 24% | 25% | 25% | 9% | 0% | 25% |
| Communications not sent to customer in requested language | 17% | 22% | 10% | 7% | 7% | 5% |
| Online interpreter assistance not available | 18% | 20% | 16% | 14% | 0% | 0% |
| Online translation is not user friendly | 19% | 17% | 21% | 18% | 0% | 14% |
| Over-the-phone interpretation is not user friendly | 14% | 16% | 15% | 7% | 7% | 9% |
| Over-the-phone language interpretation not available | 8% | 8% | 9% | 4% | 7% | 0% |
| All of the above | 7% | 6% | 7% | 7% | 0% | 0% |
| Do not know | 7% | 7% | 9% | 4% | 7% | 0% |
| No obstacles | 8% | 8% | 4% | 4% | 7% | 14% |

Source: CBO survey. Q15, 37, 59, 80, 101 What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits

Exhibit 30: Overall language barriers by program (Staff)

| Barriers | Total Respondents (n) | CalFres h | Medi-Cal | CalWORKs | CAPI | General Relief |
|---|-----------------------|-----------|----------|----------|------|----------------|
| | 311 | 275 | 139 | 102 | 15 | 32 |
| Paper or online application not available in primary language | 32% | 30% | 31% | 29% | 50% | 38% |



| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| Availability of program staff who speak foreign languages | 31% | 26% | 35% | 33% | 40% | 28% |
| Online translation is not user friendly | 21% | 21% | 20% | 23% | 20% | 16% |
| Online interpreter assistance not available | 20% | 15% | 20% | 28% | 27% | 16% |
| Over-the-phone interpretation is not user friendly | 20% | 20% | 17% | 23% | 13% | 9% |
| Communications not sent to customer in requested language | 19% | 18% | 19% | 16% | 20% | 28% |
| No obstacles | 18% | 17% | 19% | 12% | 20% | 31% |
| Did not respond | 15% | 19% | 7% | 7% | 7% | 9% |
| Do not Know | 13% | 13% | 14% | 12% | 13% | 0% |
| All of the above | 10% | 5% | 9% | 10% | 27% | 9% |
| Over-the-phone language interpretation not available | 9% | 6% | 6% | 13% | 13% | 3% |

Source: County staff survey. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits?

Exhibit 31: Interpreter Quality

| Rating | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|------------------------------------|----------|----------|----------|------|----------------|
| Excellent | 5% | 0% | 0% | 0% | 14% |
| Great | 19% | 15% | 9% | 25% | 14% |
| Average | 44% | 51% | 55% | 50% | 29% |
| Not Good | 9% | 8% | 0% | 0% | 14% |
| Poor | 2% | 4% | 0% | 0% | 14% |
| Do not Know | 22% | 23% | 36% | 25% | 14% |
| Average 5-point rating (3-neutral) | 2.8 | 3.0 | 2.9 | 2.7 | 3.0 |

Source: CBO survey. Q16, 38, 60, 81, 102. How would you rate the quality of the interpreter services overall for this program?

Exhibit 32: Most helpful solutions

| Solution | All | | | | | General Relief |
|---|----------|----------|----------|----------|------|----------------|
| | Programs | CalFresh | Medi-Cal | CalWORKs | CAPI | |
| Eligibility process simplification | 65% | 59% | 68% | 58% | 100% | 75% |
| Co-located eligibility workers (e.g. in CBOs, hospitals) | 46% | 48% | 43% | 25% | 50% | 50% |
| Co-locate other services at FRCs or neighborhood health centers | 43% | 42% | 40% | 25% | 75% | 50% |
| Additional program navigators | 37% | 26% | 40% | 33% | 0% | 63% |
| More interpreters or staff/partners who speak foreign languages | 34% | 35% | 34% | 33% | 25% | 38% |
| Cultural Liaisons | 32% | 33% | 26% | 33% | 50% | 25% |
| More translations of materials | 19% | 14% | 23% | 8% | 0% | 25% |
| Other | 2% | 2% | 2% | 0% | 0% | 0% |
| All of the above | 22% | 20% | 21% | 33% | 0% | 25% |
| Do not know | 3% | 3% | 4% | 0% | 0% | 0% |
| None | 7% | 0% | 2% | 0% | 0% | 13% |

Source: CBO Survey, Q11,33,55,76, 97. Which solutions would be most helpful in program enrollment?

Stakeholders who participated in the live data walk observed that the County has seen a big increase in the number of refugees, therefore demand for different languages has increased and HHSA and CBOs have stepped up and hired more bilingual staff to meet those needs. However, they reported some of the wording used in applications and customer notices is legalese and difficult to understand, and that there is an opportunity to improve language diversity in outreach efforts and program materials – especially for languages other than Spanish.

CBOs reported that the most common barriers for interviews that are the availability of program staff who speak multiple languages, applications not being available in the customer's primary language, online translations not being user-friendly, and online interpreter assistance not being available. For CalFresh, communications not being sent to the customer in their requested language was also mentioned.

Technology Access

Technology has made access easier for some but remains a barrier for those who do not have Internet service or an online-capable device (computer, smartphone, tablet) or lack digital literacy. Regarding technology, over 50% of County staff suggested that there are critical issues regarding digital access and digital literacy among HHSA customers. The top technology issues identified for applications are the lack of access to a mobile device or a computer (62%); lack of access to the Internet (57 %); the customer



doesn't understand how to use physical devices, such as smartphones and computers (56 %); and the customer doesn't understand how to use the Internet (53%).

County staff surveyed stated that the main obstacle for completing an application is lack of technological literacy (62%), with the second main obstacle the lack of digital access (55%); making technology access the main barrier for customers completing applications from the staff's perspective. County staff surveyed also believe that the easiest way to enroll in benefits is online/electronically (58%).

These two findings, analyzed together, illustrate the digital divide affecting customer service in all sectors today. For people who have access to computers and the internet, technology improves access. Those that don't must use a "less easy" way to enroll or get help.

"I am not really computer literate to be honest, just the basic stuff. I have to ask for help because I don't use the computer a lot" - Focus Group Participant

"If customers have access to technology they use it to their advantage as a way to skip having to come into the FRC at all." - Unhoused Focus Group Participant

Of the CBOs surveyed, 70% believe lack of technological literacy is the main obstacle for customers to complete the application process, and 66% believe lack of digital access to be the main obstacle. CBOs report the most common technology barriers that customers experience are do not understand how to use physical devices, such as smartphones and computers (46%), lack access to a mobile device or a computer (46%), do not understand how to use the Internet (43%) and lack of access to the Internet (40%). (See Exhibit 33)

Exhibit 33: Technology Barriers

| Barriers | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief | All Programs |
|--|----------|----------|----------|------|----------------|--------------|
| Don't understand how to use physical devices, such as phones and computers | 50% | 49% | 36% | 21% | 18% | 46% |
| Don't understand how to use the Internet | 48% | 44% | 32% | 21% | 9% | 43% |
| Lack of access to a mobile device or a computer | 51% | 48% | 36% | 14% | 27% | 46% |
| Lack of access to the Internet | 43% | 41% | 36% | 21% | 27% | 40% |
| Lack of an email address | 45% | 38% | 25% | 21% | 14% | 39% |
| Poor cell phone coverage at home | 26% | 23% | 21% | 21% | 23% | 24% |

| | | | | | | |
|-------------------------------------|-----|-----|----|----|----|-----|
| Other barrier related to technology | 13% | 14% | 4% | 0% | 5% | 12% |
| Did not respond | 0% | 0% | 0% | 0% | 0% | |

Source: CBO survey. Q18, 40, 62, 83, 104. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

In terms of technology barriers for applying or renewing services, the two main barriers, reported by 45 % of CBOs, are (1) customers do not understand how to use physical devices, such as phones and computers and (2) customers do not have access to a mobile device or a computer. This survey question confirms the findings mentioned above on the obstacles to complete an application. CBOs also reported technology barriers with lack of access to or lack of knowledge about how to use the internet.

When asked about potential solutions to technology problems, CBOs suggest the county ensures it's easy to apply on a mobile device like a smartphone or tablet, and that the county increase computer access in public places so customers can apply online. The latter was also brought up by focus group participants as an issue in rural areas. (See Exhibit 34)

Exhibit 34: Technology Solutions Supported by CBOs

| Barriers | All Programs | CalFresh | Medi-Cal | CalWORKs | CAPI | General Relief |
|---|--------------|----------|----------|----------|------|----------------|
| Ensure program website has clear instructions and information is easy to navigate | 46% | 51% | 48% | 36% | 14% | 27% |
| Make sure it's easy to apply on a mobile device like a smartphone or tablet | 46% | 50% | 49% | 36% | 21% | 18% |
| Make sure it's easy to apply on a computer or laptop | 43% | 48% | 44% | 32% | 21% | 9% |
| Increase access to the Internet | 40% | 43% | 41% | 36% | 21% | 27% |
| Increase computer access in public places so customer can apply online | 39% | 45% | 38% | 25% | 21% | 14% |
| Simplify telephone directories and interactive voice response systems | 24% | 26% | 23% | 21% | 21% | 23% |
| Provide on-demand phone-based interviews and applications | 12% | 13% | 14% | 4% | 0% | 5% |
| Other | 5% | 3% | 6% | 0% | 0% | 0% |

Source: CBO survey. Q19, 41, 63, 84, 105 What technology solutions would you recommend implementing to assist customer with application and renewing services? (Select all that apply)

When focus group participants were asked about technology access, they agreed with the survey respondents. They also noted that customers did not have access to libraries with computers because of COVID; lacked other technology access; COVID imposed restrictions on in-person assistance. Further, communicating with the County via conference call was a burden on providers and it would be helpful for the County to provide tech support.

"I live in a rural area – my internet doesn't always come in clear because of the weather. If it's windy or raining it doesn't hold up to finish the task. That's why I say if they have someone in the field to get the documents and do it right there, you'd get more participants for CalFresh." - Focus Group Participant

"This is the first time I've applied for CalFresh. I'm 55 and I'm going through a lot of things, trying to get help as much as I can. I'm old fashioned, I like paper over the computer; I think it's faster on paperwork; they do all the computer work for me at the office [CalFresh Outreach Specialist] because I'm not so good with the computer." - Focus Group Participant

Barriers: Language and Technology

In the development of the survey, there was an expectation that language and technology issues (digital access and literacy) would be a major obstacle in the application and renewal process. Based on the findings discussed elsewhere, both obstacles are reported by customers. However, these issues were not listed among the top five challenges.

During the live data walk, stakeholders had the following observations about technology barriers: signatures in digital applications are tough to get; even though there is access to a fax device, the County doesn't specify if they can be reached that way; pleased there is recognition that technology literacy and digital access are the top two issues in rural communities and that there is talk about closing the digital divide. Stakeholders who are providers shared that when interfacing with the County, a customer-friendly tech onboarding would be helpful; even when providers have access to technology, it is still an educational challenge for customers; there are customers who are not comfortable using technology, so they do not have or use emails and lack technology literacy. Other obstacles: Knowing or mapping where the people live, many in the area do not have Internet access, and social workers often do not answer phone calls. Strong consensus that technology access is key.

Documentation/ Administrative Burden

As discussed in the previous section on Application and Eligibility Processing, one of the most commonly mentioned barriers to participation are the paperwork burden associated with the application and redetermination packets and the amount of documentation required for verification. CBOs reported that paper application packets are overwhelming in size and complexity and that can result in customers

deciding not to apply. Some CBOs have the impression that there is not much onsite support at FRCs for completing paper applications and CBOs report that many customers come to them for help as a result.

Submission of supporting verification documents was reported as a major barrier by both County and CBO staff. Key informants report over-verifying documentation and lack of documentation and missed interviews (pre-COVID) were common reasons that people were denied benefits, not other factors. Of CBOs surveyed, 59% believe being unable to provide the required documentation is the main obstacle for customers to complete the application process and the most common reason applications are denied (79%). HHS staff surveyed overwhelmingly agree with CBOs and each other that the main reason for an application being denied is failure to provide required documentation (81%) followed by income being too high (64%). The research team observed multiple County calls to customers to request or clarify additional verification documents. In some cases, customers were able to self-attest to certain information (such as income) over the phone, avoiding the need to submit or resubmit a paper document.

"My opinion is the system is really slow for those who need it - they make it really hard for us; I've been working here my whole life; they know my number, everything about me, they should know who's legit and who's not. We paid taxes for all these services and they shouldn't make it so hard for us to access." - Focus Group Participant

Fear of Public Charge

Key informants report stigma and fear around public charge remains a barrier and prevents immigrants from applying for benefits. Nationally, many immigrants have expressed reluctance to apply for any public benefit programs due to a fear that it will negatively impact their immigration status. In particular, the Trump administration's restrictive immigration policies and expansion of the "public charge" rule have had a chilling effect on public program participation. Despite reversal of many adverse policies by the Biden Administration, the fear of public charge persists. According to an Urban Institute report, three in 10 adults in California immigrant families with low incomes avoided safety net programs in 2020.²⁴

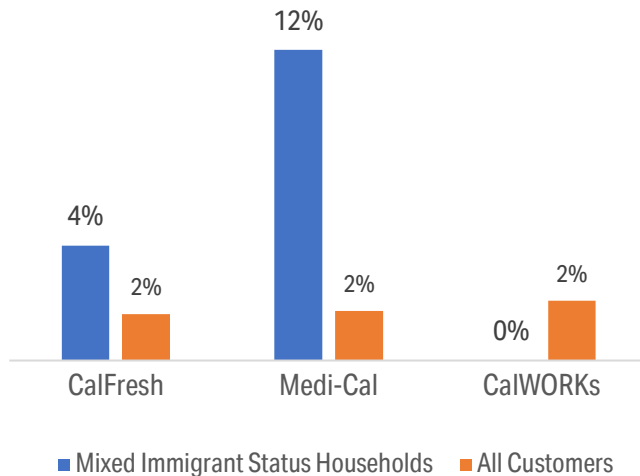
This study's survey confirmed that public charge is a significant barrier to public program enrollment in San Diego County. Sixty percent of CBOs surveyed reported that fear of the impact that receiving public benefits may have on immigration status is a main obstacle for customers in completing the application process.

Customer survey findings were consistent with this concern. Mixed-status immigrant households that responded to the survey said they were more likely to have stopped receiving benefits due to fear of public charge. Of CalFresh recipients in mixed-status immigrant households, 4.3% reported that they stopped receiving benefits due to fear of public charge, compared to 2% of CalFresh survey respondents overall.

²⁴ Bernstein, Hamutal, et al. "Three in 10 Adults in California Immigrant Families with Low Incomes Avoided Safety Net Programs in 2020." *Urban Institute*, 30 Aug. 2021, <https://www.urban.org/research/publication/three-10-adults-california-immigrant-families-low-incomes-avoided-safety-net-programs-2020>.

Of Medi-Cal recipients in mixed-status immigrant households, 11.8% reported they stopped receiving it because of public charge concerns, compared to 2% of Medi-Cal survey respondents overall. (See Exhibit 35)

Exhibit 35: Mixed status Immigrant Households that Stopped Receiving Benefits Due to Concerns About Immigrant Status



Source: Customer survey. Q14: What was the reason why you stop receiving [benefits]? (Select all that apply)
A: "I was afraid of the effect or impact of the application on my immigration status"

Program Access Recommendations

Expand availability of County application assistance by increasing outstationed eligibility workers in high-impact locations

One of the most mentioned HHS promising practices is the outstationing of eligibility workers at CBOs or other agencies that serve target subpopulations. Stakeholders who responded to the CBO survey recommend targeting application assistance for the more complex cash programs like CAPI and General Relief (41% of respondents). Stakeholders also recommended expanding the office hours of outstationed workers to accommodate customers unable to visit the FRC during the day. Stakeholders would like to see more outstationed County workers at sites such as Federally Qualified Health Centers (FQHCs), community colleges, recreation centers, libraries, manufactured home communities, and homeless shelters, especially in rural communities that are dually impacted by limited transportation and Internet connectivity issues.

"For me, the closest thing is the library. If someone could go there, it'd sure be helpful for me." - Focus Group Participant



"One-on-one where you have someone come out; they have their scanner and they do the process and you're done." -Focus Group Participant in Rural Area

Although stakeholders acknowledge that County workers already assist people with applications when they come into an FRC, their responsiveness is inconsistent and more in-person assistance for applicants is needed outside of the FRC lobbies.

Create desk guides for difficult forms HHSA cannot fix with examples of completed forms

One short-term solution for completing complex forms, like the multi-benefit application, is to create desk guides with examples for HHSA staff and CBO outreach workers and assistors. The desk guides could clarify jargon in an easy-to-reference format with examples of common answers. An example of jargon is the term "liquid assets," which is unnecessarily confusing to customers, and usually easier to understand when explained as "cash on hand or in bank accounts."

Hire more bilingual staff

HHSA's efforts to recruit bilingual staff are commended and should continue. In addition, HHSA should improve wait times and quality of services by ensuring bilingual staff are serving customers who are seeking services in the non-English language they speak before serving English-speaking customers. Bilingual staff are currently paid a \$0.50 per hour differential for their bilingual skills. Some stakeholders recommended varying the pay differential based on the rarity of or highest need for the language spoken. Hire people that speak the language, not pushing people around with interpreters.

Procure improved translation services

Some stakeholders believe translation service timeliness and quality has changed since the change in vendor for the contracted service. HHSA staff we spoke with agreed their current language line service is not the most effective and they have also heard this feedback from customers. Stakeholders agreed and added that CBOs also had room for improvement. HHSA could collaborate with service partners, like 211, to jointly procure exemplary services for their common non-English- and Spanish-speaking customers.

Expand and streamline video conferencing options for customers

Stakeholders who participated in the live data walk suggested one temporary change made during the COVID pandemic that should become permanent is the use of video-conferencing services, like Zoom, for communicating with customers. They commented it has been one solution to the problem of connecting hard-to-reach populations in remote areas with transportation barriers to the supports they need. However, there are policy and technical challenges to overcome, including managing privacy and data security and electronic signature capability.

Address fears about public charge amongst customers living in mixed-status immigrant households

The research team identified four strategies that can inform HSA in addressing the public charge barrier to public program enrollment in San Diego County:

- Improve messaging and information about the public charge rule. Effective messaging requires clear information and trusted messengers in community partners.
- Coordinate strategically across public agencies, CBOs, and other entities working with or on behalf of immigrant families.
- Leverage and build upon the county's legal aid network that has the resources and cultural and linguistic capacity to serve immigrants.
- Build authentic trust between the county, nonprofit agencies, and immigrants by limiting collection of sensitive information to the extent possible, building linguistic and cultural competency among staff and leadership, and partnering with trusted local organizations for communication and service delivery.²⁵

HSA Staffing and Workload Levels

Findings

HSA distributes work by task queues rather than alpha-caseloads. Between July 2020 and July 2021, the average number of tasks assigned to workers each month was 266 tasks per worker. There is significant variation in the ratio between FRCs. During the same time, the North Coastal region had the highest average ratio at 382 tasks/worker, and the Metro region had the lowest average ratio at 142 tasks/worker.

The task/worker ratio correlates to timeliness -offices with lower staff/task ratios are more likely to process benefits timely.

The FRCs in Metro region are often the timeliest each month. The North Coastal FRC's application timeliness rate dropped more than any other FRC during the time period. Timeliness standards will differ based on the standards for different programs.

²⁵ Bernstein, Hamutal, et al. "Strategies from Houston and Las Vegas Show How Local Leaders Can Support Immigrants during COVID." *Urban Institute*, 3 Dec. 2020, <https://www.urban.org/urban-wire/strategies-houston-and-las-vegas-show-how-local-leaders-can-support-immigrants-during-COVID>.

Multiple sources report issues with universal employees learning all five programs at once in training. New staff feel overwhelmed and more experienced staff report it is leading to increased errors. Some stakeholders believe the training is insufficient to learn all program information.

Staff rated their experience roughly neutral (3 out of 5 on a 5-point scale) on most metrics, but responses in the open-ended questions expressed greater frustration with workload, low pay, and emotional burnout. The Access Call Center's staff incentive program observed during site visit appears to help with morale and burnout. Staff report that the COVID pandemic is causing or exasperating emotional burnout.

Staff are frustrated that the forms do not require customers to submit enough information and they are unable to follow up with incomplete submissions. The need for workers to have more time to assist customers was indicated across various data-gathering methods and groups.

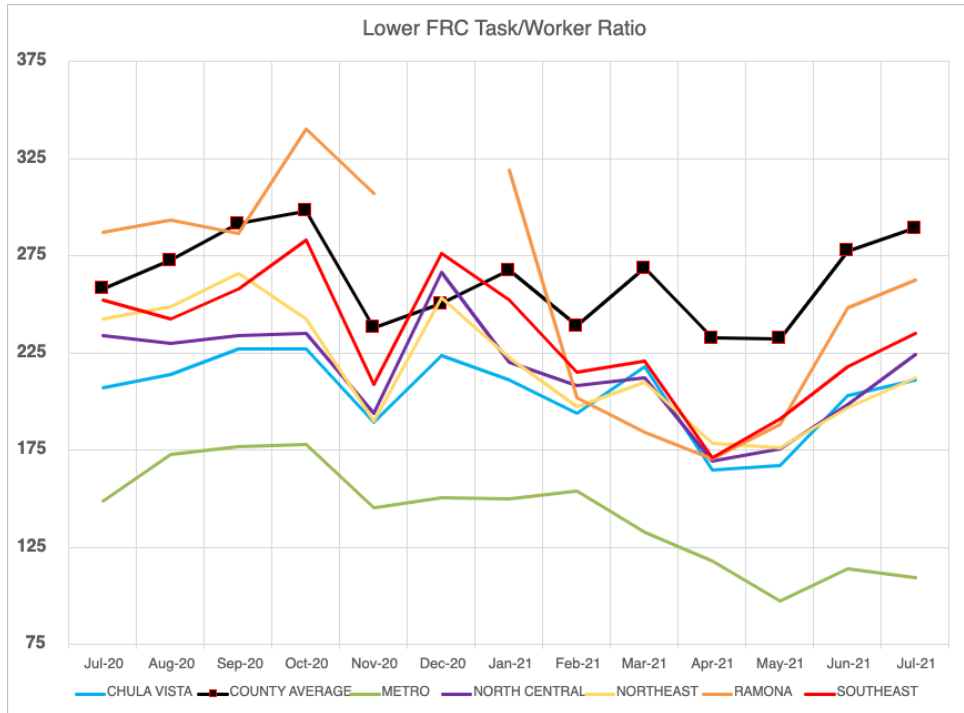
Current State of Staffing and Workloads

HHSA uses a task-based model of workload management, which means cases are not assigned to individual workers, and instead tasks are assigned to work queues and workers collectively complete tasks from those queues in priority order, in theory ensuring that tasks are worked as timely as possible. From the customer perspective, this means every time they interact with HHSA, they may be served by a different worker. Some stakeholders reported in interviews that although task-based workload management may be efficient, when casework switches from one worker to the next available worker, it is impersonal and requires customers to tell their story multiple times, which can be traumatic.

Some stakeholders interviewed for this study report that workload distribution in FRCs is unequal, and that the formula used to determine the staffing budget is flawed. In September of this year, the total number of tasks created was around 422,000. Around 35,000 of those tasks were related to applications, 17,000 to periodic reporting, and 36,000 to annual renewals.

Eligibility staff were 97% staffed with Human Services Specialists -meaning there was a 3% vacancy rate, which was the highest rate by position as of August 2021. Office Assistants were 110% staffed due to extra hiring for attrition. Between July 2020 and July 2021, the average task-to-worker ratio within the entire county was 266 tasks per worker. During the same time period, the North Coastal FRC had the highest ratio at 382 tasks per worker and the Metro FRC had the lowest ratio at 142. The Lemon Grove FRC had the most variability in its tasks per worker ratio, followed by the North Coastal FRC. While North Coastal FRC's ratio is above the county average at every point during the timeframe, the Lemon Grove FRC started the year below the county average and ended the year firmly above the county average. In November 2020, all of the FRCs dipped in their task-to-worker ratios, which could be due to the shortness of the month and the number of federal holidays.

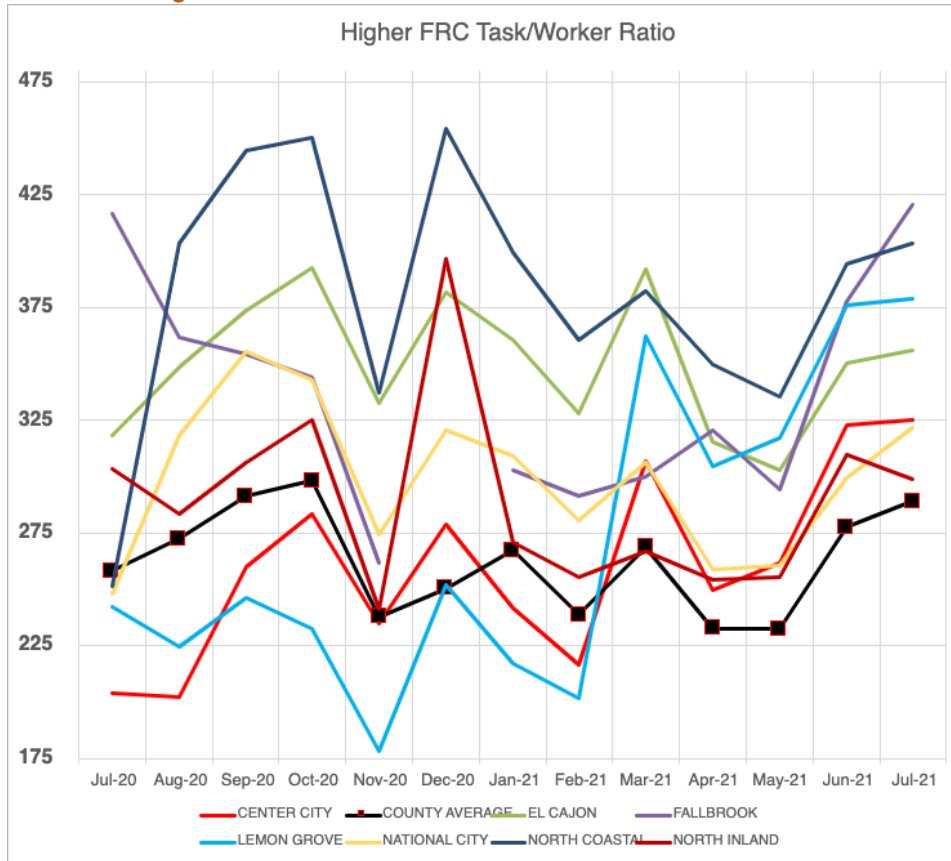
Exhibit 36: Lower FRC Task/Worker Ratio



Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)



Exhibit 37: Higher FRC Task/Worker Ratio

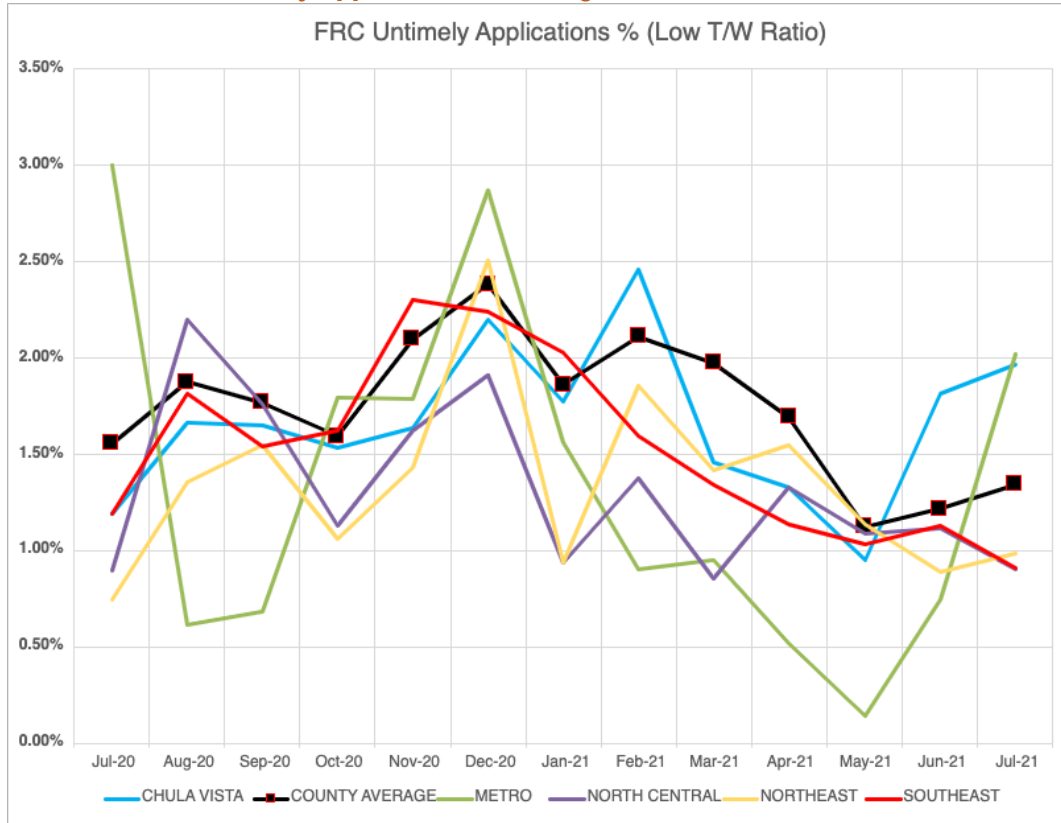


Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)

Untimeliness of applications across programs also varied during this period. Application untimeliness seemed to generally peak around the end and beginning of the year, possibly due to a combination of seasonal work, the tendency of unhoused customers to seek assistance during the winter and increased utility costs. North Coastal FRC's application untimeliness rate rose more than any other FRC in April of 2021, despite a downward trend of decreased untimeliness at other FRCs. The two charts illustrating untimeliness by low and high task-to-worker ratios seems to indicate a relationship between time spent on cases (as expressed by the ratio) and timeliness. The FRCs with low task-to-worker ratios tended to be below the county average for untimely applications compared to FRCs with higher task-to-worker ratios. However, it must be noted that timeliness standards differ based on different programs, so a single metric to describe untimeliness across programs should only serve as a starting point for further analysis.

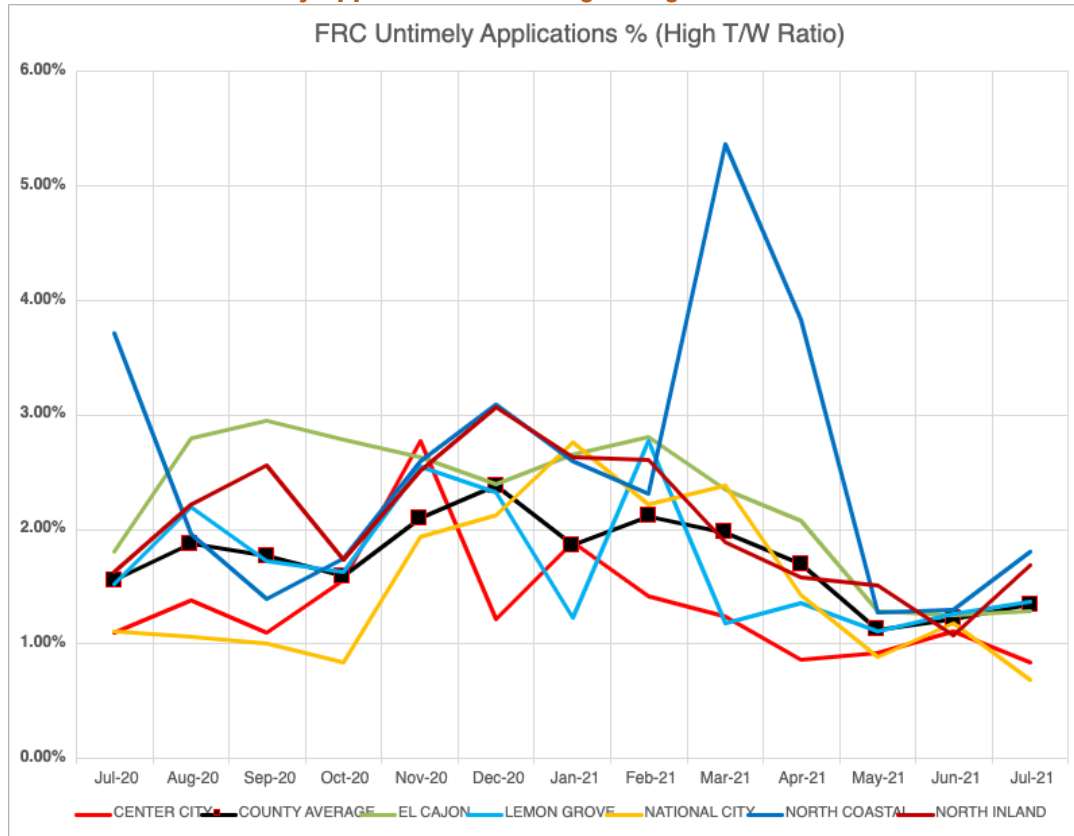


Exhibit 38: FRC Untimely Application Percentages (Low T/W Ratio)



Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)

Exhibit 39: FRC Untimely Application Percentages (High T/W Ratio)



Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)

Exhibit 40: Total Active Average Cases per Month

| FRC | 2019 | 2020 | 2021 |
|---------------|---------|---------|---------|
| Centre City | 4276.6 | 4953.3 | 5591.2 |
| Chula Vista | 10584.6 | 11907.5 | 13084.2 |
| El Cajon | 9538.9 | 10647.3 | 11606.0 |
| Fallbrook | 1323.6 | 2820.2 | 0.0 |
| Lemon Grove | 4934.5 | 5483.8 | 6026.7 |
| Metro | 890.3 | 794.1 | 415.5 |
| National City | 4555.9 | 5228.8 | 5902.0 |
| North Central | 8524.0 | 9090.6 | 11696.4 |
| North Coastal | 8622.2 | 9799.8 | 11213.2 |



| | | | |
|--------------------|---------------|---------------|---------------|
| North Inland | 9083.1 | 11796.8 | 13538.7 |
| Northeast | 7380.6 | 8524.7 | 9465.9 |
| Ramona | 911.7 | 840.1 | 0.0 |
| Southeast | 5843.5 | 6078.3 | 7220.9 |
| County-Wide | 5882.3 | 6766.6 | 7366.2 |

Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)

Exhibit 41: Total Applications Received

| FRC | 2019 | 2020 | 2021 |
|--------------------|-----------------|-----------------|-----------------|
| Centre City | 20732.0 | 22751.0 | 12938.0 |
| Chula Vista | 49499.0 | 54600.0 | 27828.0 |
| El Cajon | 48686.0 | 44027.0 | 22677.0 |
| Fallbrook | 5437.0 | 3706.0 | 0.0 |
| Lemon Grove | 24412.0 | 23967.0 | 11057.0 |
| Metro | 14688.0 | 8520.0 | 4154.0 |
| National City | 19838.0 | 22077.0 | 11622.0 |
| North Central | 46124.0 | 48263.0 | 25705.0 |
| North Coastal | 47161.0 | 48540.0 | 24386.0 |
| North Inland | 40341.0 | 47752.0 | 26254.0 |
| Northeast | 30445.0 | 35021.0 | 17225.0 |
| Ramona | 4086.0 | 1029.0 | 0.0 |
| Southeast | 24489.0 | 23576.0 | 13300.0 |
| County-Wide | 375938.0 | 383829.0 | 197146.0 |

Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)

Exhibit 42: Percent of Applications Received Timely

| FRC | 2019 | 2020 | 2021 |
|--------------------|------|------|------|
| Centre City | 97% | 96% | 99% |
| Chula Vista | 95% | 97% | 98% |
| El Cajon | 93% | 96% | 98% |
| Fallbrook | 96% | 92% | |
| Lemon Grove | 95% | 97% | 99% |
| Metro | 94% | 96% | 98% |
| National City | 97% | 97% | 98% |
| North Central | 95% | 97% | 99% |
| North Coastal | 96% | 96% | 97% |
| North Inland | 94% | 94% | 98% |
| Northeast | 96% | 98% | 99% |
| Ramona | 97% | 94% | |
| Southeast | 97% | 97% | 99% |
| County-Wide | 96% | 96% | 98% |

Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)

Exhibit 43: Total SAR 7s Processed

| FRC | 2019 | 2020 | 2021 |
|-------------|--------|---------|---------|
| Centre City | 3231.0 | 7259.0 | 4235.0 |
| Chula Vista | 7201.0 | 15382.0 | 9479.0 |
| El Cajon | 9686.0 | 16960.0 | 11044.0 |
| Fallbrook | 692.0 | 434.0 | 0.0 |

| | | | |
|--------------------|----------------|-----------------|----------------|
| Lemon Grove | 4006.0 | 7697.0 | 4693.0 |
| Metro | 689.0 | 1252.0 | 329.0 |
| National City | 3547.0 | 6720.0 | 4444.0 |
| North Central | 6441.0 | 12368.0 | 8740.0 |
| North Coastal | 5233.0 | 10816.0 | 6809.0 |
| North Inland | 5649.0 | 11890.0 | 7996.0 |
| Northeast | 6561.0 | 12379.0 | 7768.0 |
| Ramona | 711.0 | 443.0 | 0.0 |
| Southeast | 5115.0 | 9016.0 | 5543.0 |
| County-Wide | 58762.0 | 112616.0 | 71080.0 |

Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)

Exhibit 44: Percentage of SAR 7s Processed Timely

| FRC | 2019 | 2020 | 2021 |
|---------------|------|------|------|
| Centre City | 68% | 86% | 81% |
| Chula Vista | 61% | 84% | 79% |
| El Cajon | 72% | 86% | 83% |
| Fallbrook | 67% | 85% | |
| Lemon Grove | 68% | 85% | 80% |
| Metro | 67% | 90% | 79% |
| National City | 66% | 82% | 78% |
| North Central | 70% | 85% | 79% |
| North Coastal | 65% | 84% | 81% |
| North Inland | 63% | 80% | 78% |
| Northeast | 70% | 84% | 80% |

| | | | |
|--------------------|-----|-----|-----|
| Ramona | 69% | 83% | |
| Southeast | 69% | 81% | 78% |
| County-Wide | 67% | 84% | 80% |

Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)

Exhibit 45: Total RRRs Overdue

| FRC | 2019 | 2020 | 2021 |
|--------------------|----------------|-----------------|-----------------|
| Centre City | 3658.0 | 40490.0 | 33717.0 |
| Chula Vista | 13641.0 | 94356.0 | 87834.0 |
| El Cajon | 6383.0 | 66322.0 | 61427.0 |
| Fallbrook | 2726.0 | 1516.0 | 0.0 |
| Lemon Grove | 6061.0 | 37355.0 | 32406.0 |
| Metro | 199.0 | 1850.0 | 511.0 |
| National City | 7947.0 | 53956.0 | 44503.0 |
| North Central | 7096.0 | 70973.0 | 78069.0 |
| North Coastal | 16388.0 | 64883.0 | 65980.0 |
| North Inland | 19973.0 | 113995.0 | 100599.0 |
| Northeast | 9002.0 | 57292.0 | 54151.0 |
| Ramona | 1649.0 | 944.0 | 0.0 |
| Southeast | 5091.0 | 59211.0 | 51312.0 |
| County-Wide | 99814.0 | 663143.0 | 610509.0 |

Source: Data Analysis for FRC Profiles (Monthly Manager Dashboard)

Some reported concerns about high turnover due to low wages, unfair promotional practices, and moving problematic staff and supervisors around rather than addressing their performance. In an open-ended question about what would improve job performance, over a quarter of survey respondents indicated raising wages, offering incentives, improving perks, or generally raising job satisfaction. In the same



question, over 20% of respondents also noted improved, intentional, and consistent training as well as allowing more time to process cases would improve job performance.

Surveyed staff also weighed in on effectiveness as they identified the most effective parts of the county eligibility and enrollment process and the least effective part of the application process. Over a quarter of respondents said the county's online capabilities were particularly effective in the process of eligibility and enrollment with another 18% indicating the multiple ways to access, apply, submit or provide verification. Conversely, 16% of respondents noted the least effective part of the application process was over verifying as well as excessive or unnecessary documentation requirements. Over 10% of respondents also said that other ineffective parts of the application included lack of plain, clear or current language and incomplete applications or applications not collecting enough information (resulting in delays or denials).

Staff Training

San Diego HHSA employs a universal training model, meaning that all staff are trained on all programs. The training program is full-time for 13 weeks. Pre-COVID, the trainings were held in-person at the County's Mission Center location. During COVID, HHSA switched to a remote model, whereby trainees logged into the training from their respective FRCs. Though staff and trainees expressed a desire to return to in-person training at least part-time, they also noted the advantages of remote training, including better access to their supervisor and faster assimilation into their FRC post-training.

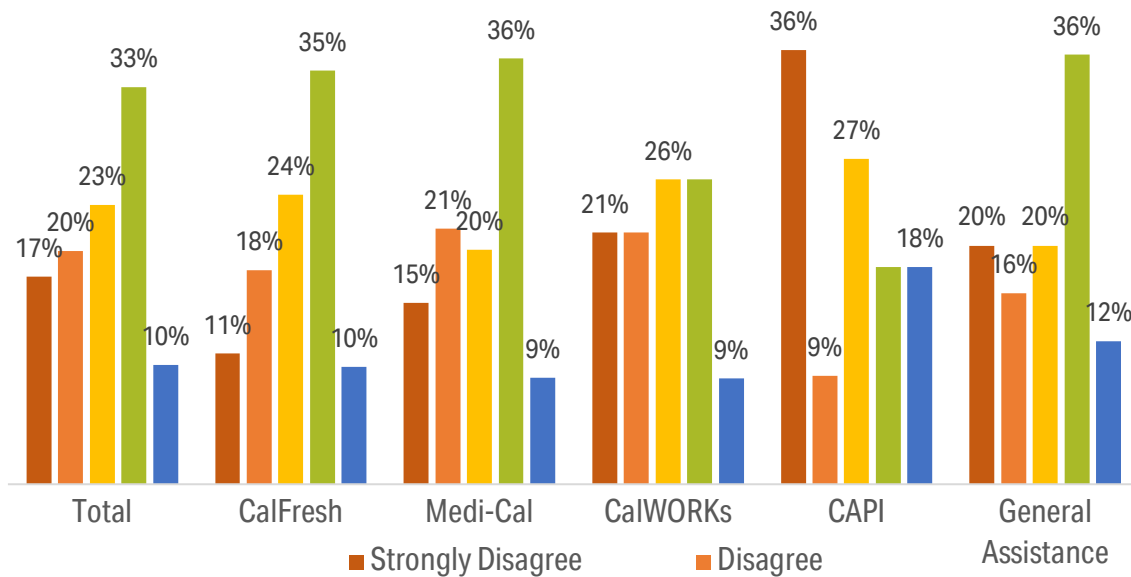
The HHSA has created an interactive, virtual reality training for CalWORKs that mimics being in an FRC working on processing an application with ambient noise and an upset customer. The trainee chooses how to respond at various points and the training provides reactions or responses based on those choices. The session is followed by a debrief with a trainer. Recently, HHSA received an award from APHSA IT Solutions Management for Human Services (ISM) for this innovation, and staff report that it has been particularly helpful during COVID, given that staff are not currently seeing many customers in person.

In addition to the initial training course, HHSA provides continuing training, including "how-to" video segments and monthly releases of "eligibility news" segments, in which the trainers pose as newscasters and record videos for County staff about eligibility changes and other updates. In addition, HHSA holds a monthly steering workgroup where suggestions for new training or training refreshers are discussed. County staff are also required to attend a Diversity, Equity and Inclusion (DEI) training once a year. The majority (69 %) of County staff who responded to the survey reported being satisfied with the DEI trainings provided by the County.

According to County staff interviewed, the eligibility training pass threshold is 70%. HHSA reports that most people complete the training, but some may realize the job is not the right fit for them once they begin working. On average, 3.2 out of 5 staff surveyed agreed that they have the training to do their job well (See Exhibit 46). Some stakeholders interviewed for this study believe the training is insufficient for

the amount of program information that staff are expected to know, which leads to inconsistent information being provided to customers. The CBO stakeholders also reported that County staff are not always up to speed on new program policy changes.

Exhibit 46: Staff Satisfaction with Eligibility Staff Training



Source: County staff survey, Q11: Please rate the following based on how strongly you agree or disagree with the statement. County eligibility staff get the training they need to do their job well.

Staff Satisfaction

The research team noted during FRC site visits that there appears to be meaningful involvement of staff in the culture and workplace environment. At several of the FRCs, the team observed well-equipped staff kitchens with self-service smart kiosks for food and drink purchases, as well as outdoor break areas and lactation rooms.

The Access Call Center utilizes a staff incentive model that they report has been very popular and effective. They implemented awards programs and competitions through a “gamification” approach. Large screens located throughout the call center serve as leaderboards, displaying staff’s self-selected avatars.

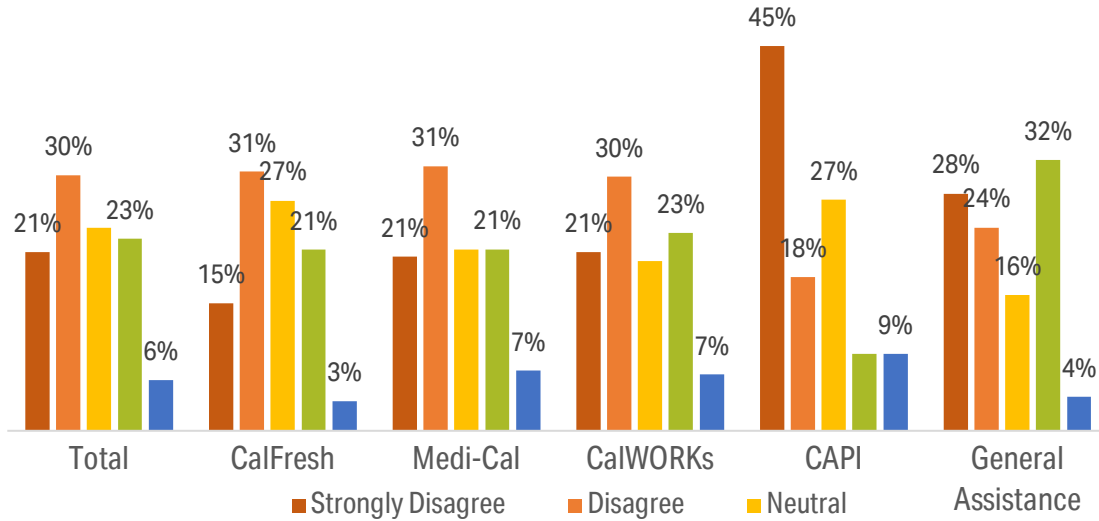
Some stakeholders reported that HHSA organizational culture has not caught up with current leadership vision for HHSA services.

Staff surveyed are slightly less than satisfied with their job (2.9 out of 5). A notable 40% of staff stated that they are dissatisfied or very dissatisfied at their job (See Exhibit 47). In written responses to open-ended survey questions, staff report frustration with workload, low pay, and emotional burnout. A common

suggestion was to give staff additional time off to address the emotional burnout of the job, which has been exacerbated by the pandemic.

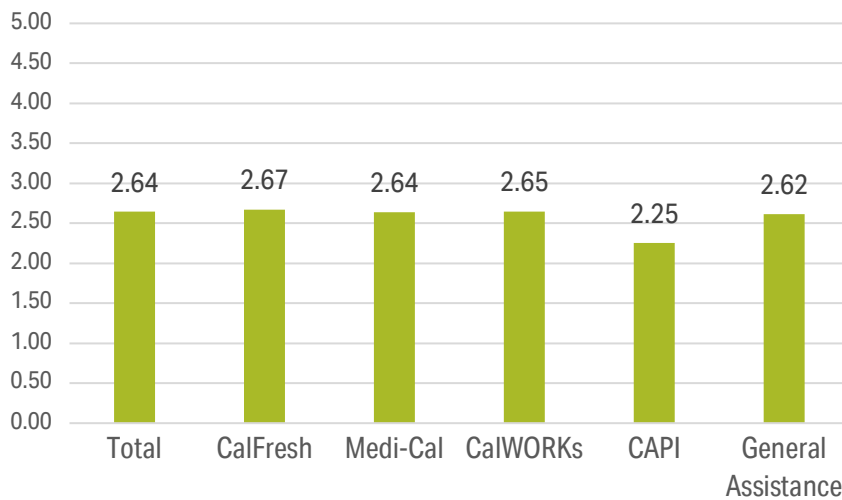
"[I'm] just hoping something gets better. I need my job." -Staff Survey Respondent

Exhibit 47: County Eligibility Staff Job Satisfaction



Source: Staff Survey, Q17a: Please rate the following based on how strongly you agree or disagree with the statement.

Exhibit 48: County Eligibility Staff Job Satisfaction



Source: Staff Survey, Q17a: Please rate the following based on how strongly you agree or disagree with the statement.

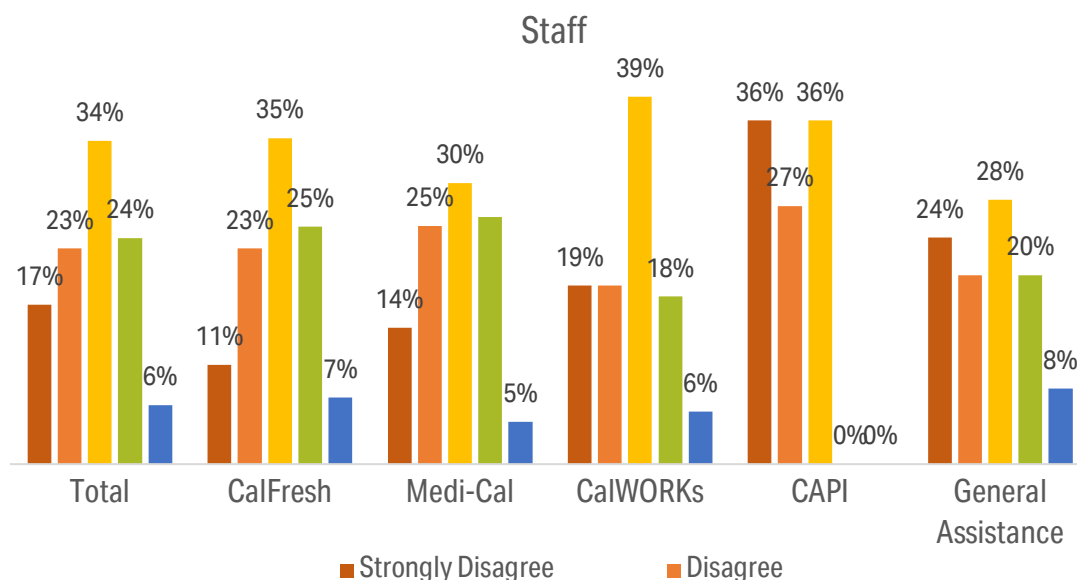
One of the most common frustrations was with the County’s translation service. At least 20 responses brought up how issues with the current service affected their work performance, in addition to many others who framed it as an issue for customers. By staff reports, the current system has long wait times and sometimes is unhelpful because the translators are not familiar with the terminology used by HHS. They also feel it is unfair that these issues hurt their work performance because applications for non-English-speaking customers are counted the same as other applications but take significantly longer to complete. As a solution, a few responders suggested going back to the prior (AT&T) system, but the majority of respondents, for various reasons, want more bilingual staff hired specifically to handle non-English-speaking customers.

The program with the most negative satisfaction scores is CAPI; less than half of the respondents (6 out of 15) were satisfied with the program. It is worth noting that 16 % of the County staff respondents chose not to respond to this question. The majority (73 %) of the non-responders focused their feedback on CalFresh.

Work Processes

Staff surveyed have a neutral perception of the work processes for program enrollment in the county. When asked if the current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution), the agreement was 3.0 out of 5 points and less than 10% strongly agreed. Staff surveyed had a slightly above average experience (3.2 out of 5 points) with the current eligibility and enrollment workflow producing timely and accurate benefits issuance. (See Exhibit 49)

Exhibit 49: Staff’s Reaction to the Statement "The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)"

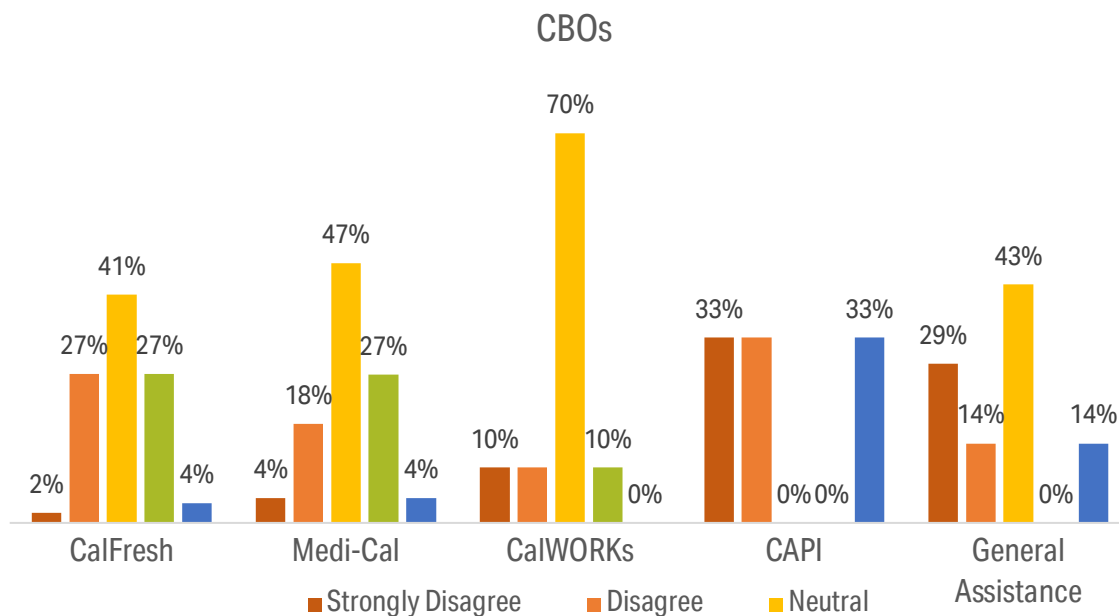


Source: Staff Survey, Q14: Please rate the following based on how strongly you agree or disagree with the statement.

The CBO survey included a set of statements about work processes and asked the responder to indicate their level of agreement or disagreement. The statements were: the current eligibility and enrollment workflow was efficient (includes no unnecessary steps, rework, or overproduction); the current eligibility and enrollment workflow prevented unnecessary hand-offs between workers (first contact resolution), eligibility and enrollment staff workload was evenly distributed, and the current eligibility and enrollment workflow produces high-quality results.

On average, the CBOs reported a *neutral* perspective (neither agreement nor disagreement) to all of these statements. Between 40 and 50% of the respondents had a neutral perspective, with the rest of the respondents distributed equally in agreement and disagreement with the statements (See Exhibit 50). The program with the fewest positive responses was CalWORKs, where CBOs reported perceptions between neutral and disagreement with the statements (less than 3 points on a 5-point rating). Regarding the question of whether the eligibility rules for CalFresh and Medi-Cal are well integrated, CBOs responding on average reported a neutral perspective (3.2 points on a 5-point rating).

Exhibit 50: CBOs Reaction the Statement "The current eligibility and enrollment workflow is efficient (includes no unnecessary steps, rework, or overproduction.)"



Source: CBO Survey, Q17a: Please rate the following based on how strongly you agree or disagree with the statement.

HHSA Staffing and Workload Levels Recommendations

Monitor workload ratios by FRC on an ongoing basis

While this analysis can be informative, we suggest that the County build upon this metric for a fuller picture of staffing and workload distribution. We recommend that the County automate reports to study this metric on an ongoing basis longitudinally and take other measures into account such as timeliness, equivalency of tasks between programs and, critically, denials. Tracking rates of denials within documents such as the monthly manager report or self-sufficiency report can yield insights about customer satisfaction as well as where to focus outreach efforts.

In task-based eligibility processes, there is a tension between working the backlog of tasks in a queue as quickly as possible balanced with taking care of all of a customer's needs while they are on the telephone or in the office, so the customer doesn't need to call in again or return to the office. Some HHSA eligibility workers would like clearer permission to spend more time assisting customers so their needs can be resolved at first contact.

Explore new ways to motivate staff and create incentives for high performers

To address burn-out and low morale, HHSA should create a variety of staff incentive programs to acknowledge high performers and encourage improvement. One example of a current incentive program reported to be working is the HHSA Access Call Center staff "gamification" of call center metrics and performance standards described above. Identify other examples in the FRCs and consider expanding them to the other offices.

Adjust the training model to give trainees experience in an FRC earlier in the training so drop

Based on feedback from staff, HHSA should continue using a hybrid (online and in-person) training model in the future, because it may make it possible for trainees to participate from the office they will be assigned to when they finish training. This would give trainees more "real-world" exposure to the work environment as early as the first week of training so a worker dropping out happens earlier in the process. A hybrid model could also enable more job shadowing and playing out of real world scenarios. Other states with universally trained workers, like Idaho, have used this model with success. Stakeholders suggested involving CBOs in the development of training content by inviting them to a monthly steering committee or workgroup on training. HHSA should also expand their award-winning virtual reality training for CalWORKs to other training topics, such as conflict de-escalation, and benefit programs. Finally, stakeholders at the live data walk suggested limiting new staff to working on CalFresh and Medi-Cal for their first year before assigning other programs.

Conclusions and Recommendations

This report is a comprehensive assessment of the San Diego County HHSA's outreach strategies, enrollment processes, and the accessibility of the CalFresh, CalWORKs, Medi-Cal, CAPI, and GR programs. The study examined issues including, but not limited to, application requirements and processes, state and federal regulations, language barriers, technology barriers, customer-centered culture, case management, outreach strategies and tactics, community partner opportunities and staffing levels of eligibility workers.

San Diego County HHSA is a large and complex organization with more customers than are served in 24 US states and territories, and more CalFresh customers than in 21 US states and territories. Based on the data and community feedback gathered for this assessment, HHSA organizational culture and service delivery has improved in the past decade, beginning with new leadership at HHSA 10 years ago and continuing with changes in the make-up of the Board of Supervisors in 2020 that led to recent policy and funding changes. However, the culture shift is still permeating throughout the organization to local service delivery offices. Along with the organizational culture changes, HHSA has in recent years developed a new openness to partnering and collaboration with the community and receiving feedback from customers. The organization has successfully modified services in response to the challenges of the COVID pandemic, and there are opportunities to incorporate some of the positive changes permanently into the business processes throughout the organization.

Customers have a neutral perception of the efficiency of the eligibility processes and treatment they receive when they contact HHSA, indicating there is room for improvement towards satisfied customers. CalFresh and Medi-Cal had similar response patterns throughout the study, indicating customers and staff have similar experiences with eligibility and enrollment in those two programs. The cash assistance programs (CalWORKs, CAPI, and GR) have more negative reported experiences by community organizations and customers, so future efforts should prioritize cash program streamlining and simplification, especially GR because the rules for that program are mostly controlled by the County.

Often the pain points in the application process were shared frustrations by both staff, CBOs, and customers, pointing to "win-win" opportunities to simplify and streamline business processes from everyone's perspective. There were many responses about difficulty with the language translation services, missed requests for additional information or due dates, complex and confusing wording on forms and applications, turnaround times for communication, and staff workload. While they sometimes differ in possible solutions, the problems identified by all stakeholders are similar.

Recommendations

HHSa should continue with the positive changes in service delivery created by the pandemic, continue collaboration and building trust with community partners through a lens of equity and inclusion, and continue involving customers as advisors when improving the system. The research team has 25 recommendations to HHSa across all study topics.

Exhibit ES-1 List of Recommendations based on Study Findings

| Recommendation Number | Program Outreach |
|---|--|
| 1 | Leverage and expand partnerships with CBOs that serve prioritized subgroups and are trusted messengers in those communities |
| 2 | Align County and CBO approaches to outreach with customer preferences |
| 3 | Conduct cross-program outreach using electronic communication channels |
| 4 | Create digestible fact sheets and ensure availability in multiple languages |
| 5 | Leverage and expand mobile outreach unit and inter-disciplinary street outreach teams that include HHSa, CBOs, and police |
| Applications and Eligibility Processing | |
| 6 | Pursue with CDSS a demonstration of a simplified universal application paper packet that uses plain talk in multiple languages, gives applicants a clear explanation of what to expect in the process, and is supported by a mobile-friendly online application with easy-to-understand instructions |
| 7 | Give CBO assisters and outreach workers access to a private universalized customer and case manager dashboards or databases and shared data agreement, so CBOs can check on application status themselves and assist customers with paperwork, appointments, and due date |
| 8 | Establish County and CBO initiative to reduce denied applications – with an emphasis on denials related to failure to provide verification |
| 9 | Create two-way communication channels so customers can easily ask follow-up questions about their case and check the status of their application |
| 10 | Streamline phone applications by replicating 211’s abbreviated rights and responsibilities approach |
| Renewals, Recertifications, and Change Reporting | |
| 11 | Continue the positive trend related to program churn in CalWORKs, CalFresh, and Medi-Cal. |
| 12 | Create an HHSa welcome packet with all of the information customers need to successfully continue their benefits. |
| 13 | Simplify redetermination paperwork and forms. |
| 14 | Leverage best practices using behavioral economics principles for renewal reminders like HHSa’s text reminders and robocalls |
| 15 | Improve the redetermination process for General Relief |

| | |
|---|--|
| 16 | Conduct refresher training for staff on alternatives to paper for verification and create desk guides |
| Program Access | |
| 17 | Expand availability of County application assistance by increasing outstationed eligibility workers in high-impact locations |
| 18 | Create desk guides for difficult forms HHSA cannot fix with examples of completed forms |
| 19 | Hire more bilingual staff |
| 20 | Procure improved translation services |
| 21 | Expand and streamline video conferencing options for customers |
| 22 | Address fears about public charge amongst customers living in mixed-status immigrant households |
| HHSA County Staffing and Workload Levels | |
| 23 | Monitor workload ratios by FRC on an ongoing basis |
| 24 | Explore new ways to motivate staff and create incentives for high performers |
| 25 | Adjust the training model to give trainees experience in an FRC earlier in the training so drop |

HHSA should simplify program eligibility processes, especially cash program eligibility processes. HHSA would benefit from procuring organizational development support to help leadership promote the culture and procedural changes throughout the organization. The study team encourages HHSA and the County Board of Supervisors to embrace the County’s deserved leadership role by advocating for meaningful program improvements at the State and Federal level that will enable local systems improvements.

The above recommendations will facilitate HHSA reaching out its goals by enhancing service delivery, create a better environment for the County customers, and a more satisfied staff.

Appendices

Customer Survey Sample Demographics

Exhibit 51: Customer Survey Sample Demographics Comparison

| | ACS* 2019 SD Population below poverty line | Study Sample | CalFresh/Medi-Cal/CalWORKs Program Averages |
|--|--|--------------|--|
| Total pop/sample | 333862 | 7056 | 1254234 |
| Race | | | |
| White | 70% | 49% | 22% |
| Black or African American | 8% | 8% | 10% |
| Asian | 11% | 8% | 8% |
| All other races (Including "other") | 10% | 28% | 60% |
| Hispanic | | | |
| Yes / Hispanic or Latino origin of any race | 43% | 48% | 40% |
| No / White alone, not Hispanic or Latino | 34% | 47% | 60% |
| Gender | | | |
| Men | 45% | 29% | 45% |
| Women | 55% | 68% | 55% |
| Other | - | 1% | |
| Age | | | |
| 17 years old and under | 27% | 0% | 48% |
| 18-24 years old | - | 3% | 7% |
| 25-52 years old | - | 44% | |
| 53-64 years old | - | 29% | |
| 18 to 34 years | 39% | - | 20% |
| 35 to 64 years | 43% | - | 24% |
| 18 - 64 years old | 81% | 77% | 44% |
| Over 65 years old | 19% | 21% | 9% |
| Language | | | |
| English | - | 61% | 69% |
| Spanish | - | 32% | 21% |
| Other | - | 8.69% | 9% |
| U.S. Citizenship | | | |
| Yes | - | 79% | 86% |
| No | - | 16% | 14% |
| I prefer not to say | - | 5% | |
| Your immigration status (if respondent not a Citizen) | - | | |

| | | | |
|--|---|-----|-----|
| Legal resident (green card holder, refugee/asylee, visa holder, DACA, TPS) | - | 59% | 11% |
| Not Documented | - | 16% | 2% |
| Something else | - | 7% | 1% |
| Unknown | - | 18% | 0% |

Stakeholder Interviews List and Interview Protocol

Exhibit 52: San Diego Access and Enrollment Key Informant Interview List

| ROUND 1 KII | |
|---|---|
| Invitees | Org |
| Anahid Brakke & team | SD Hunger Coalition |
| Karla Samayoa & Bill York | 211 San Diego |
| Greg Anglea & team | Interfaith Services |
| Jan Spencley | San Diegans for Health Coverage |
| Keara Pina, Kyra Greene & Derrick Robinson | Center on Policy Initiatives |
| Amada Berry & Crystal Page | Supervisor's office |
| Rick Wanne | SD County HHSA |
| David Lagstein & Shanti Huynh | SEIU |
| Rick Wanne's staff Assmaa Elayyat & Albert Banuelos | SD County HHSA |
| ROUND 2 KII | |
| Jack Daily | Legal Aid |
| Judith Shaplin & Esther Matos | San Ysidro Health Center |
| Cindy Ochoa & Etleva Bejko | Jewish Family Services |
| Aida Diaz | Centre City FRC Manager |
| Lauren Abrams | Health Center Partners (HPC) of Southern California |
| Mehrsa Imani | Housing Federation (HEAL network) |
| Alexis Fernandez | CDSS |
| Will Lightbourne (will be represented by René Mollow) | DHCS |
| Lindsey Wade | Hospital Association of San Diego and Imperial Counties |
| Vino Pajanor | Catholic Charities |
| Paul Downey | Serving Seniors |
| Wil Quintong & Donnie Relieve | County Office of Military and Veterans Affairs |
| Alicia Magallanes, Bea Palmer & Stephanie Waits Galia | SDSU, MiraCosta College (College Students) |
| Dave's team (Drucilla Willis & Nathan Wollman) | SEIU Member Leaders/HHSAs |
| ROUND 3 KII | |
| Angelica Gonzalez | Home Start (assist with Medi-Cal, CalFresh, CalWORKs) |
| Dawn Roberts, Della Freeman, C. Wilson | Indian Health Council |
| Ross Fackrell, Resettlement Supervisor | International Rescue Committee (IRC) |

| | |
|--|------------------------|
| Safiya Abdirahman, Ahmed Sahid & Najla Ibrahim | Somali Family Services |
| Dana Harrison & team | Feeding San Diego |
| Vanessa Ruiz & Shelly Parks | San Diego Food Bank |
| Rick Gentry | Housing Commission |

Interview Invite Language

Email Introduction:

We have been hired by the County of San Diego Health & Human Services Agency to work with the Social Services Advisory Board's ad hoc Outreach, Accessibility, and Enrollment Task Force ("Enrollment Task Force") on an assessment of the efficiency and effectiveness of the County's CalFresh, CalWORKs, Medi-Cal, CAPI, and GR programs, as directed by the County Board of Supervisors with their unanimous approval of the County Work initiative on April 6, 2021. We will be examining issues including, but not limited to, application and renewal requirements and processes, state and federal regulations, language barriers, technology barriers, customer-centered culture, case management, outreach strategies and tactics, community partner opportunities and staffing levels of eligibility workers. The County of San Diego seeks to further understand the root causes of under-enrollment and identify solutions for removing perceived barriers that impede program participation.

We are conducting interviews as one of the first steps in our data gathering approach, which will also include a survey and focus groups. These interviews will help us gain a better understanding of the landscape to inform the design of research protocols.

You have been identified as an important stakeholder by the Enrollment Task Force, and we would very much appreciate the opportunity to interview you. We would schedule a one-hour zoom meeting at your convenience. If you are willing to participate, please let us know if you are available during the following days/times. We will send out a meeting invitation once we've confirmed.

Interview Protocol

Introduction: Thank you for your willingness to be interviewed today.

We are working with San Diego County and the Outreach, Accessibility, and Enrollment Task Force subcommittee on an assessment of the County's outreach, enrollment, and accessibility for its self-sufficiency services, examining issues including, but not limited to, application and renewal requirements and processes, state and federal regulations, language barriers, technology barriers, customer-centered culture, case management, outreach strategies and tactics, community partner opportunities and staffing levels of eligibility workers. San Diego County seeks to further understand the root causes of underenrollment and develop a new strategy to target all eligible San Diego County residents given the impacts of the pandemic on the most vulnerable.

We have a list of prepared questions, and will be taking notes, but nothing you say will be attributed to you by name to encourage candid responses. If there is something sensitive where you want us to take extra care in how the information is used, just let us know. Would you be willing to let us audio record for note taking purposes? Do you have any questions for us before we begin?

| | |
|-------------------|--------------|
| Attendees: | Date: |
|-------------------|--------------|

| # | Question | Response |
|---|---|----------|
| | Please tell us a little more about yourself and your role. | |
| | Program Access | |
| | Please confirm which County programs your work relates to and how (CalWORKs, CalFresh, Medi-Cal, other) | |
| | How do most people access your services/interact with your organization? (ex: paper application, online only, etc.) [TAILOR TO FIT ORGANIZATION] | |
| | Do you conduct any focused outreach to any communities? | |
| | Access Best Practices | |
| | What is working well in eligibility and enrollment in San Diego County? | |
| | What is working in benefits access that could be expanded to other programs or | |

| # | Question | Response |
|---|---|----------|
| | areas in the County? (e.g. pilot project that could be expanded) | |
| | What are you most proud of about San Diego County's system of eligibility and enrollment for public benefits? | |
| | Access Barriers | |
| | What would you consider to be the main barriers for access to benefit programs? | |
| | What public perceptions or stigmas, if any, prevent San Diegans from accessing public benefits? | |

| | | |
|--|--|--|
| | Are their steps in the process that are difficult for staff/clients to complete? | |
| | How do people with limited English proficiency access public benefits? | |
| | How does access to and comfort with the internet and technology impact access to services? | |
| | Are there transportation barriers? Are those barriers different in urban versus suburban/rural areas of the County? | |
| | Is there any history of legal actions or systemic issues we need to know about already being addressed through corrective action plans or consent decrees? | |
| | Of the access barriers identified, what has been done already to address them? | |
| | Key Partners | |
| | Who are the key partner organizations working to increase benefits access? | |
| | Who are the outreach contractors in your community? [CalFresh and Medi-Cal] | |
| | Are you aware of any activities or services to increase access to public benefits provided by other organizations in your community? | |

| # | Question | Response |
|---|--|----------|
| | What community-based organizations, trusted messengers, or social media influencers do you work with to reach communities? | |
| | How are you engaging people with lived experience of poverty in efforts to design public benefits programs? Or getting feedback from people with lived experience? | |
| | Data / Metrics | |

| | | |
|---|---|-----------------|
| | How do you gather data on who is accessing your services? | |
| | Do your partnerships with organizations include mechanisms for data sharing and tracking of services or assistance provided to clients/neighbors? | |
| | What kind of data or reports about program access would you like to have? | |
| Human Resources, Policy, Systems | | |
| | Are there staffing best practices related to eligibility and enrollment? Are human resources issues, like vacancies or training challenges? | |
| | Are their State or Federal policies that help make programs more accessible, or create access barriers? | |
| | Are their IT systems that make programs more accessible, or IT systems issues or needs that create access barriers? | |
| Conclusion | | Response |
| | If you had all the money and staff you needed, what would you do to better support people in San Diego who are seeking help from the County? | |
| | Anything else you think is important for us to know or something we should be sure to ask others? OR What didn't we ask you that we should have? | |
| # | Question | Response |
| | Are there any documents or reports you think are important for us to be aware of in this process? | |
| | Anyone else you think we should be sure to interview? | |

Introduction

Thank you for participating in the County of San Diego' staff survey. Koné Consulting is conducting this anonymous survey in collaboration with the County of San Diego and the Outreach, Accessibility, and Enrollment Task Force of the Social Services Advisory Board.

We are looking for input from county staff supporting social services programs. The survey examines issues including, but not limited to, application and renewal requirements and processes, language and technology barriers, customer-centered culture, outreach strategies, community partner opportunities, and staff experiences.

The information you provide will help guide efforts to strengthen county benefit eligibility services and processes. Your open and honest answers will inform us about the strengths and areas of improvement in the program eligibility. Information shared is anonymous. All data will be de-identified and the county will not be able to track it to you.

The survey asks questions about several programs (CalFresh, Medi-Cal, CalWORKs, CAPI and General Relief), please feel free to respond only to questions about programs that you feel more knowledgeable about or have direct experience working with.

Survey Instructions:

- We estimate that the survey will take approximately 25 minutes to complete per program. If you are providing feedback for two programs that would take 50 minutes, and so on.
- You can complete the survey in more than one session as long as you are responding from the same device and browser.
- Please answer all the questions to the best of your ability. Most questions in the survey can be skipped if you don't know the answer.
- Questions that require a response are marked with an asterisk (*)

You can share the survey with your colleagues that you think have relevant information to share for any of the programs under study.

The deadline for completion is 11:59pm PT on October 8, 2021. Thank you for your time. We look forward to receiving your input!

If you have any questions or issues completing the survey please email mahnur.khan@koneconsulting.com.

For information about this study and the social services advisory board, visit

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ssp/social_services_advisory_board.html

Sincerely,
Alicia Koné,
Owner and President
Koné Consulting, LLC

Introduction

We understand that your time is very valuable. With that in mind, we would like to ask you a series of questions about your clients' application process. As mentioned earlier, we expect that each set of questions will take about 25-35 minutes per program.

* 1. Which program application processes would you like to provide feedback about? (Select all that apply)

CalFresh

Cash Assistance Program for Immigrants (CAPI)

Medi-Cal

General Relief

CaWORKs

CalFresh Information and Outreach

This section has questions about program outreach and how it can be improved.

2. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or advocacy organizations
- Other
- Do not know

* 3. Based on your opinion, which populations should the county focus on disseminating information about the program, how to apply and eligibility information?

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals in reentry
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (please specify below)

CalFresh Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 4. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



5. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/walk-in application
- Phone application
- Fax application
- Do not know
- None of the above

* 6. What are the main obstacles for clients to complete an application process they started for this program, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

7. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a resident of the County of San Diego
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

8. What are the most common reasons that people lose their benefits even though they may still be eligible?

(Select all that apply)

- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

CalFresh Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

9. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not Know
- No obstacles

10. What can the County of San Diego do to assist clients in overcoming language barriers for program enrollment?

CalFresh Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

11. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

12. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

CalFresh - Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience

13. Do you feel satisfied with what you have learned in the county's diversity, equity, and inclusion trainings to create an equitable and inclusive experience for your clients?

- Yes
- Somewhat
- No

CalFresh - Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

14. The most effective part of the county eligibility and enrollment process is

15. The least effective part of the application process is

16. Please rate the following based on how strongly you agree or disagree with the statement

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)

The current eligibility and enrollment workflow produces timely and accurate benefits issuance

CalFresh: Staffing

Staffing

We want to understand more about your experience as a staff member.

17. Please rate the following based on how strongly you agree or disagree with the statement :

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| County eligibility staff get the training they need to do their job well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff demonstrate empathy for their customers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff have a high level of job satisfaction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. Please complete the following statement: County eligibility staff satisfaction and job performance would improve if

CalFresh: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

19. What other operational or regulation changes should take place to increase access for potential clients?

Please specify if the proposed changes are at the county or state level

Medi-Cal Information and Outreach

This section has questions about outreach and how it can be improved.

20. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, Texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or Advocacy Organizations
- Other
- Do not know

* 21. Based on your opinion, which populations should the county focus on disseminating information about the program, how to apply and eligibility?

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals re-entering
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (please describe below)

Medi-Cal Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 22. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



23. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/ Walk-in application
- Phone application
- Fax an application
- Do not know
- None of the above

* 24. What are the main obstacles for clients to complete an application process they started for this program benefits, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

25. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a San Diego County resident
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

26. What are the most common reasons that people lose their program benefits even though they may still be eligible? (Select all that apply)

- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

Medi-Cal Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

27. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not know
- No obstacles

28. What can the County of San Diego do to assist clients in overcoming language barriers for program enrollment?

Medi-Cal Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

29. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

30. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

Medi-Cal: Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience

31. Do you feel satisfied with what you have learned in the county's diversity, equity, and inclusion trainings to create an equitable and inclusive experience for your clients?

- Yes
- Somewhat
- No

Medi-Cal: Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

32. The most effective part of the County eligibility and enrollment process is

33. The least effective part of the application process is

34. Please rate the following based on how strongly you agree or disagree with the statement

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)

The current eligibility and enrollment workflow produces timely and accurate benefits issuance.

Medi-Cal: Staffing

Staffing

We want to understand more about your experience as a staff member.

35. Please rate the following based on how strongly you agree or disagree with the statement :

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| County eligibility staff get the training they need to do their job well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff demonstrate empathy for their customers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff have a high level of job satisfaction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

36. Please complete the following statement: County eligibility staff satisfaction and job performance would improve if

Medi-Cal: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

37. What other operational or regulation changes should take place to increase access for potential clients?

Please specify if the proposed changes are at the county or state level

CalWORKs Information and Outreach

This section has questions about program outreach and how it can be improved.

38. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or advocacy organizations
- Other
- Do not know

* 39. Based on your opinion, which populations should the county focus on disseminating information about the program, how to apply and eligibility information?

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals in reentry
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (please specify below)

CalWORKs Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 40. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



41. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/walk-in application
- Phone application
- Fax application
- Do not know
- None of the above

* 42. What are the main obstacles for clients to complete an application process they started for this program, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

43. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a resident of the County of San Diego
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

44. What are the most common reasons that people lose their benefits even though they may still be eligible?

(Select all that apply)

- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

CalWORKs Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

45. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not know
- No obstacles

46. What can the County of San Diego do to assist clients in overcoming language barriers?

CalWORKs Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

47. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

48. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

CalWORKs - Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience

49. Do you feel satisfied with what you have learned in the county's diversity, equity, and inclusion trainings to create an equitable and inclusive experience for your clients?

- Yes
- Somewhat
- No

CalWORKs - Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

50. The most effective part of the county eligibility and enrollment process is

51. The least effective part of the application process is

52. Please rate the following based on how strongly you agree or disagree with the statement

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)

The current eligibility and enrollment workflow produces timely and accurate benefits issuance

CalWORKs: Staffing

Staffing

We want to understand more about your experience as a staff member.

53. Please rate the following based on how strongly you agree or disagree with the statement :

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| County eligibility staff get the training they need to do their job well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff demonstrate empathy for their customers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff have a high level of job satisfaction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

54. Please complete the following statement: County eligibility staff satisfaction and job performance would improve if

CalWORKs: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

55. What other operational or regulation changes should take place to increase access for potential clients?

Please specify if the proposed changes are at the county or state level

CAPI Information and Outreach

This section has questions about program outreach and how it can be improved.

56. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or advocacy organizations
- Other
- Do not know

* 57. Based on your opinion, which populations should the county focus on disseminating information about the program, how to apply and eligibility information?

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals in reentry
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (Please specify below)

CAPI Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 58. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



59. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/walk-in application
- Phone application
- Fax application
- Do not know
- None of the above

* 60. What are the main obstacles for clients to complete an application process they started for this program, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

61. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a resident of the County of San Diego
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

62. What are the most common reasons that people lose their benefits even though they may still be eligible?

(Select all that apply)

- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

CAPI Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

63. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not know
- No obstacles

64. What can the County of San Diego do to assist clients in overcoming language barriers for program enrollment?

CAPI Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

65. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

66. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

CAPI - Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience

67. Do you feel satisfied with what you have learned in the county's diversity, equity, and inclusion trainings to create an equitable and inclusive experience for your clients?

- Yes
- Somewhat
- No

CAPI - Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

68. The most effective part of the county eligibility and enrollment process is

69. The least effective part of the application process is

70. Please rate the following based on how strongly you agree or disagree with the statement

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)

The current eligibility and enrollment workflow produces timely and accurate benefits issuance

CAPI: Staffing

Staffing

We want to understand more about your experience as a staff member.

71. Please rate the following based on how strongly you agree or disagree with the statement :

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| County eligibility staff get the training they need to do their job well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff demonstrate empathy for their customers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff have a high level of job satisfaction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

72. Please complete the following statement: County eligibility staff satisfaction and job performance would improve if

CAPI: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

73. What other operational or regulation changes should take place to increase access for potential clients?

Please specify if the proposed changes are at the county or state level

General Relief: Information and Outreach

This section has questions about program outreach and how it can be improved.

74. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or advocacy organizations
- Other
- Do not know

* 75. Based on your opinion, which populations should the county focus on disseminating information about the program, how to apply and eligibility information?

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals in reentry
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (Please specify below)

General Relief: Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 76. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



77. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/walk-in application
- Phone application
- Fax application
- Do not know
- None of the above

* 78. What are the main obstacles for clients to complete an application process they started for this program, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

79. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a resident of the County of San Diego
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

80. What are the most common reasons that people lose their benefits even though they may still be eligible?

(Select all that apply)

- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

General Relief: Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

81. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not know
- No obstacles

82. What can the County of San Diego do to assist clients in overcoming language barriers?

General Relief: Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

83. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

84. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

General Relief: Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience

85. Do you feel satisfied with what you have learned in the county's diversity, equity, and inclusion trainings to create an equitable and inclusive experience for your clients?

- Yes
- Somewhat
- No

General Relief: Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

86. The most effective part of the county eligibility and enrollment process is

87. The least effective part of the application process is

88. Please rate the following based on how strongly you agree or disagree with the statement

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)

The current eligibility and enrollment workflow produces timely and accurate benefits issuance

General Relief: Staffing

Staffing

We want to understand more about your experience as a staff member.

89. Please rate the following based on how strongly you agree or disagree with the statement :

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| County eligibility staff get the training they need to do their job well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff demonstrate empathy for their customers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| County eligibility staff have a high level of job satisfaction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

90. Please complete the following statement: County eligibility staff satisfaction and job performance would improve if

General Relief: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

91. What other operational or regulation changes should take place to increase access for potential clients?

Please specify if the proposed changes are at the county or state level

Conclusion

92. Is there anything else you would like to share to inform our understanding of the current and past public assistance enrollment environment?

This survey was created by Koné Consulting, LLC on behalf of the Enrollment Task Force at the Social Services Advisory Board. Thank you taking the time to complete this survey. We value your perspective. Please contact mahnur.khan@koneconsulting.com with any questions regarding this survey.

Please take a moment to confirm that you are completed with the survey. Once you have clicked on "Submit Survey," you will not be able to change your responses.

Community-based Organization (CBO) Survey

Introduction

Thank you for participating in the County of San Diego's Community-based organizations (CBO) survey. Koné Consulting is conducting this anonymous survey in collaboration with the County of San Diego and the Outreach, Accessibility, and Enrollment Task Force of the Social Services Advisory Board.

We are looking for input from CBOs who provide application assistance, outreach and other support to residents applying for or enrolled in public benefits administered by the County of San Diego. The survey examines issues including, but not limited to, application and renewal requirements and processes, language and technology barriers, customer-centered culture, outreach strategies, community partner opportunities, and staff experiences.

The information you provide will help guide efforts to strengthen county benefit eligibility services and processes. Your open and honest answers will inform us about the strengths and areas of improvement in program eligibility. Information shared will remain anonymous. All data will be de-identified and the county will not be able to track it to you or your organization.

The survey asks questions about several programs (CalFresh, Medi-Cal, CalWORKs, CAPI and General Relief), please feel free to respond only to questions about programs that you feel more knowledgeable about or have direct experience working with.

Survey Instructions:

- We estimate that the survey will take approximately 25 minutes to complete per program. If you are providing feedback for two programs that would take 50 minutes, and so on.
- You can complete the survey in more than one session as long as you are responding from the same device and browser.
- Please answer all the questions to the best of your ability. Most questions in the survey can be skipped if you don't know the answer.
- Questions that require a response are marked with an asterisk (*)

You can share the survey with your colleagues or other organizations that you think have relevant information to share for any of the programs under study.

The deadline for completion is 11:59pm PT on October 8, 2021. Thank you for your time. We look forward to receiving your input!

If you have any questions or issues completing the survey please email mahnur.khan@koneconsulting.com.

For information about this study and the social services advisory board, visit https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ssp/social_services_advisory_board.html

Sincerely,
Alicia Koné,
Owner and President

Introduction

* 1. What is the name of your organization? Information will remain confidential

* 2. Does your organization provide services for entire county?

- Yes
- No
- Do not know

Introduction

* 3. For what zip code(s) does your organization provide services?

Introduction

We understand that your time is very valuable. With that in mind, we would like to ask you a series of questions about your clients' application process. As mentioned earlier, we expect that each set of questions will take about 25-35 minutes per program.

* 4. Which program application processes would you like to provide feedback about? (Select all that apply)

CalFresh

Cash Assistance Program for Immigrants (CAPI)

Medi-Cal

General Relief

CaWORKs

CalFresh Information and Outreach

This section has questions about program outreach and how it can be improved.

5. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or advocacy organizations
- Other
- Do not know

* 6. Understanding that there are limited resources in the best-case scenario, based on your professional opinion, which populations should the county prioritize to disseminate information about the program, how to apply and eligibility information? (Select top priorities)

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals in reentry
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (please specify below)

CalFresh Information and Outreach

7. What solutions are the most helpful for how current and potential clients get information about this program? (Select all that apply)

- Conduct outreach through email, texting or social media
- Conduct outreach through flyers, brochures or hosting tables at events
- Conduct outreach through radio, tv, or streaming services
- Create outreach strategies that are designed with and for communities
- Outreach materials are easy to understand
- Outreach materials are available in multiple languages
- Program staff and/or volunteers represent the populations served
- Ensure partnerships with community-based organizations
- Other
- Do not know
- None

CalFresh Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 8. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



9. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/walk-in application
- Phone application
- Fax application
- Do not know
- None of the above

10. Which enrollment method in general is easiest for potential clients to apply with your organization?

- Online/electronic application
- Paper application
- In-person/ Walk-in application
- Phone application
- Do not know
- None of the above

11. Which solutions would be most helpful in program enrollment? (Select all that apply)

- Co-located eligibility workers (e.g. in CBOs, hospitals)
- Co-locate other services at FRCs or neighborhood health centers
- More translations of materials
- More interpreters or staff/partners who speak foreign languages
- Cultural Liaisons
- Additional program navigators
- Eligibility process simplification
- Other
- All of the above
- Do not know
- None

* 12. What are the main obstacles for clients to complete an application process they started for this program, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

13. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a resident of the County of San Diego
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

14. What are the most common reasons that people lose their benefits even though they may still be eligible?

(Select all that apply)

- Processing error
- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

CalFresh Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

15. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not Know
- No obstacles

16. How would you rate the quality of the interpreter services overall for this program ?

- Excellent
- Great
- Average
- Not Good
- Poor
- Do not know

17. What can the County of San Diego do to assist clients in overcoming language barriers?

CalFresh Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

18. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

19. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

CalFresh - Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience.

20. What would you suggest the county should implement for a smooth and satisfying customer service experience for clients in their interactions with county staff?

21. What would you suggest the county implements for a smooth and satisfying customer experience for CBOs (as they interact on behalf of clients) in their interactions with county staff?

CalFresh - Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

22. The most effective part of the county eligibility and enrollment process is

23. The least effective part of the application process is

24. Please rate the following based on how strongly you agree or disagree with the statement

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The current eligibility and enrollment workflow is efficient (includes no unnecessary steps, rework, or overproduction)

The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)

Eligibility and enrollment staff workload is evenly distributed

The current eligibility and enrollment workflow produces high-quality results.

CalFresh: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

25. Please rate the following based on how strongly you agree or disagree with the statement. Eligibility rules for CalFresh and Medi-Cal are well integrated.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree



26. What other operational or regulation changes should take place to increase access for potential clients?
Please specify if the proposed changes are at the county or state level

Medi-Cal Information and Outreach

This section has questions about outreach and how it can be improved.

27. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, Texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or Advocacy Organizations
- Other
- Do not know

* 28. Understanding that there are limited resources in the best-case scenario, based on your professional opinion, which populations should be a priority by the County to disseminate information about Medi-Cal, how to apply and eligibility? (Select top priorities)

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals re-entering
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (please describe below)

Medi-Cal Information and Outreach

29. What solutions are the most helpful for how current and potential clients get information about Medi-Cal?
(select all that apply)

- Conduct outreach through email, texting or social media
- Conduct outreach through flyers, brochures or hosting tables at events
- Conduct outreach through radio, tv, or streaming services
- Create outreach strategies that are designed with and for communities
- Outreach materials are easy to understand
- Outreach materials are available in multiple languages
- Program staff and/or volunteers represent the populations served
- Ensure partnerships with community-based organizations
- Other
- Do not know
- None

Medi-Cal Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 30. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



31. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/ Walk-in application
- Phone application
- Do not know
- None of the above

32. Which enrollment method in general is easiest for potential clients to apply with your organization?

- Online/electronic application
- Paper application
- In-person/ Walk-in application
- Phone application
- Do not know
- None of the above

33. Which solutions would be most helpful in program enrollment? (Select all that apply)

- Co-located eligibility workers (e.g. in CBOs, hospitals)
- Co-locate other services at FRCs or neighborhood health centers
- More translations of materials
- More interpreters or staff/partners who speak foreign languages
- Cultural Liaisons
- Additional program navigators
- Eligibility process simplification
- Other
- All of the above
- Do not know
- None

* 34. What are the main obstacles for clients to complete an application process they started for this program benefits, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

35. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a San Diego County resident
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

36. What are the most common reasons that people lose their program benefits even though they may still be eligible? (Select all that apply)

- Processing error
- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

Medi-Cal Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

37. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not know
- No obstacles

38. How would you rate the quality of the interpreter services overall for this program ?

- Poor
- Not Good
- Average
- Great
- Excellent
- Do not know

39. What can the County of San Diego do to assist clients in overcoming language barriers?

Medi-Cal Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

40. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

41. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

Medi-Cal: Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience.

42. What would you suggest the County implements for a smooth and satisfying customer experience for clients experience in their interactions with County Staff?

43. What would you suggest the County implements for a smooth and satisfying customer experience for CBOs (as they interact on behalf of clients) in their interactions with County Staff?

Medi-Cal: Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

44. The most effective part of the County eligibility and enrollment process is

45. The least effective part of the application process is

46. Please rate the following based on how strongly you agree or disagree with the statement

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The current eligibility and enrollment workflow is efficient (includes no unnecessary steps, rework, or overproduction)

The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)

Eligibility and enrollment staff workload is evenly distributed

The current eligibility and enrollment workflow produces high-quality results.

Medi-Cal: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

47. Please rate the following based on how strongly you agree or disagree with the statement. Eligibility rules for CalFresh and Medi-Cal are well integrated.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree



48. What other operational or regulation changes should take place to increase access for potential clients?
Please specify if the proposed changes are at the County or State level

CalWORKs Information and Outreach

This section has questions about program outreach and how it can be improved.

49. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or advocacy organizations
- Other
- Do not know

* 50. Understanding that there are limited resources in the best-case scenario, based on your professional opinion, which populations should the county prioritize to disseminate information about the program, how to apply and eligibility information? (Select top priorities)

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals in reentry
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (please specify below)

CalWORKs Information and Outreach

51. What solutions are the most helpful for how current and potential clients get information about this program? (Select all that apply)

- Conduct outreach through email, texting or social media
- Conduct outreach through flyers, brochures or hosting tables at events
- Conduct outreach through radio, tv, or streaming services
- Create outreach strategies that are designed with and for communities
- Outreach materials are easy to understand
- Outreach materials are available in multiple languages
- Program staff and/or volunteers represent the populations served
- Ensure partnerships with community-based organizations
- Other
- Do not know
- None

CalWORKs Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 52. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



53. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/walk-in application
- Phone application
- Fax application
- Do not know
- None of the above

54. Which enrollment method in general is easiest for potential clients to apply with your organization?

- Online/electronic application
- Paper application
- In-person/ Walk-in application
- Phone application
- Do not know
- None of the above

55. Which solutions would be most helpful in program enrollment? (Select all that apply)

- Co-located eligibility workers (e.g. in CBOs, hospitals)
- Co-locate other services at FRCs or neighborhood health centers
- More translations of materials
- More interpreters or staff/partners who speak foreign languages
- Cultural Liaisons
- Additional program navigators
- Eligibility process simplification
- Other
- All of the above
- Do not know
- None

* 56. What are the main obstacles for clients to complete an application process they started for this program, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

57. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a resident of the County of San Diego
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

58. What are the most common reasons that people lose their benefits even though they may still be eligible?

(Select all that apply)

- Processing error
- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

CalWORKs Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

59. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not know
- No obstacles

60. How would you rate the quality of the interpreter services overall for this program ?

- Excellent
- Great
- Average
- Not Good
- Poor
- Do not know

61. What can the County of San Diego do to assist clients in overcoming language barriers?

CalWORKs Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

62. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

63. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

CalWORKs - Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience.

64. What would you suggest the county should implement for a smooth and satisfying customer service experience for clients in their interactions with county staff?

65. What would you suggest the county implements for a smooth and satisfying customer experience for CBOs (as they interact on behalf of clients) in their interactions with county staff?

CalWORKs - Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

66. The most effective part of the county eligibility and enrollment process is

67. The least effective part of the application process is

68. Please rate the following based on how strongly you agree or disagree with the statement

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The current eligibility and enrollment workflow is efficient (includes no unnecessary steps, rework, or overproduction)

The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)

Eligibility and enrollment staff workload is evenly distributed

The current eligibility and enrollment workflow produces high-quality results.

CalWORKs: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

69. What other operational or regulation changes should take place to increase access for potential clients?

Please specify if the proposed changes are at the county or state level

CAPI Information and Outreach

This section has questions about program outreach and how it can be improved.

70. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or advocacy organizations
- Other
- Do not know

* 71. Understanding that there are limited resources in the best-case scenario, based on your professional opinion, which populations should the county prioritize to disseminate information about the program, how to apply and eligibility information? (Select top priorities)

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals in reentry
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (Please specify below)

CAPI Information and Outreach

72. What solutions are the most helpful for how current and potential clients get information about this program? (Select all that apply)

- Conduct outreach through email, texting or social media
- Conduct outreach through flyers, brochures or hosting tables at events
- Conduct outreach through radio, tv, or streaming services
- Create outreach strategies that are designed with and for communities
- Outreach materials are easy to understand
- Outreach materials are available in multiple languages
- Program staff and/or volunteers represent the populations served
- Ensure partnerships with community-based organizations
- Other
- Do not know
- None

CAPI Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 73. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



74. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/walk-in application
- Phone application
- Fax application
- Do not know
- None of the above

75. Which enrollment method in general is easiest for potential clients to apply with your organization?

- Online/electronic application
- Paper application
- In-person/ Walk-in application
- Phone application
- Do not know
- None of the above

76. Which solutions would be most helpful in program enrollment? (Select all that apply)

- Co-located eligibility workers (e.g. in CBOs, hospitals)
- Co-locate other services at FRCs or neighborhood health centers
- More translations of materials
- More interpreters or staff/partners who speak foreign languages
- Cultural Liaisons
- Additional program navigators
- Eligibility process simplification
- Other
- All of the above
- Do not know
- None

* 77. What are the main obstacles for clients to complete an application process they started for this program, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

78. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a resident of the County of San Diego
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

79. What are the most common reasons that people lose their benefits even though they may still be eligible?

(Select all that apply)

- Processing error
- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

CAPI Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

80. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not know
- No obstacles

81. How would you rate the quality of the interpreter services overall for this program ?

- Excellent
- Great
- Average
- Not Good
- Poor
- Do not know

82. What can the County of San Diego do to assist clients in overcoming language barriers?

CAPI Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

83. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

84. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

CAPI - Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience.

85. What would you suggest the county should implement for a smooth and satisfying customer service experience for clients in their interactions with county staff?

86. What would you suggest the county implements for a smooth and satisfying customer experience for CBOs (as they interact on behalf of clients) in their interactions with county staff?

CAPI - Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

87. The most effective part of the county eligibility and enrollment process is

88. The least effective part of the application process is

89. Please rate the following based on how strongly you agree or disagree with the statement

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The current eligibility and enrollment workflow is efficient (includes no unnecessary steps, rework, or overproduction)

The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution)

Eligibility and enrollment staff workload is evenly distributed

The current eligibility and enrollment workflow produces high-quality results.

CAPI: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

90. What other operational or regulation changes should take place to increase access for potential clients?

Please specify if the proposed changes are at the county or state level

General Relief: Information and Outreach

This section has questions about program outreach and how it can be improved.

91. How does this program conduct outreach to potential clients? (Select all that apply)

- Social media (e.g. Instagram, Facebook)
- Whatsapp, texting
- Information sent in the mail
- Flyers or brochures
- In-person events, such as a resource fair
- Collaboration with local organizations
- Cultural liaisons (an individual with a background or lived experience in working with communities from different cultures)
- Outreach from a dedicated person to support enrollment
- County staff
- Advocate or advocacy organizations
- Other
- Do not know

* 92. Understanding that there are limited resources in the best-case scenario, based on your professional opinion, which populations should the county prioritize to disseminate information about the program, how to apply and eligibility information? (Select top priorities)

- Homeless individuals
- Mixed-status immigrant households
- Military families
- Seniors
- College students
- Formerly incarcerated individuals in reentry
- Limited English proficient adults
- People with disabilities
- Do not know
- None
- Other (Please specify below)

General Relief: Information and Outreach

93. What solutions are the most helpful for how current and potential clients get information about this program? (Select all that apply)

- Conduct outreach through email, texting or social media
- Conduct outreach through flyers, brochures or hosting tables at events
- Conduct outreach through radio, tv, or streaming services
- Create outreach strategies that are designed with and for communities
- Outreach materials are easy to understand
- Outreach materials are available in multiple languages
- Program staff and/or volunteers represent the populations served
- Ensure partnerships with community-based organizations
- Other
- Do not know
- None

General Relief: Accessibility

Application and Enrollment Process

This section has questions about the application process.

* 94. How satisfied are you with the efficiency and effectiveness of the enrollment process for this program?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



95. From your perspective, which enrollment method in general is easiest for potential clients to apply on their own?

- Online/electronic application
- Paper application
- In-person/walk-in application
- Phone application
- Fax application
- Do not know
- None of the above

96. Which enrollment method in general is easiest for potential clients to apply with your organization?

- Online/electronic application
- Paper application
- In-person/ Walk-in application
- Phone application
- Do not know
- None of the above

97. Which solutions would be most helpful in program enrollment? (Select all that apply)

- Co-located eligibility workers (e.g. in CBOs, hospitals)
- Co-locate other services at FRCs or neighborhood health centers
- More translations of materials
- More interpreters or staff/partners who speak foreign languages
- Cultural Liaisons
- Additional program navigators
- Eligibility process simplification
- Other
- All of the above
- Do not know
- None

* 98. What are the main obstacles for clients to complete an application process they started for this program, if any (Select all that apply):

- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of Digital Access (i.e. not having access to a computer/Internet)
- Unable to get in touch with someone to help them complete the application
- Wording used on the application is confusing
- Unable to provide the required documentation
- Unable to attend their interview
- It takes too much effort and time
- Stigma or shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

99. From your perspective, what are the most common reasons that applications for this program benefits are denied? (Select all that apply)

- Income too high
- Ineligible for a reason besides income
- Not a resident of the County of San Diego
- Failure to provide required documentation
- Failure to attend interview
- Already enrolled
- All of the above
- Do not know
- No obstacles
- Other (please specify)

100. What are the most common reasons that people lose their benefits even though they may still be eligible? (Select all that apply)

- Processing error
- Do not know they need to complete the renewal process
- Forget to complete the renewal process
- Do not have enough time to complete the renewal process
- Unable to attend their scheduled interview
- Did not receive renewal reminders due to address change or lack of permanent address
- Language barriers
- Lack of technological literacy (i.e. not knowing how to navigate a website)
- Lack of digital access (i.e. not having access to a computer/Internet)
- The information they receive about renewing benefits is confusing
- Unable to get in touch with someone who can help them complete paperwork
- The wording used on the paperwork is confusing
- Cannot provide the required documentation
- Stigma/shame
- Fear of how receiving public benefits may impact immigration
- Other
- All of the above
- Do not know
- No obstacles

General Relief: Language Barriers

This section asks questions about the experiences of people with limited English proficiency (LEP), or people who mostly speak a language other than English.

101. What are the language barriers for individuals with limited English proficiency (LEP) when applying for benefits? (Select all that apply)

- Paper or online application not available in primary language
- Availability of program staff who speak foreign languages
- Online interpreter assistance not available
- Online translation is not user friendly
- Over-the-phone language interpretation not available
- Over-the-phone interpretation is not user friendly
- Communications not sent to client in requested language
- All of the above
- Do not know
- No obstacles

102. How would you rate the quality of the interpreter services overall for this program ?

- Excellent
- Great
- Average
- Not Good
- Poor
- Do not know

103. What can the County of San Diego do to assist clients in overcoming language barriers?

General Relief: Technology

In this section, we ask questions to understand if technology causes problems for clients in applying for program benefits

104. Which of the following technology barriers do clients experience when applying or renewing services for this program? (Select all that apply)

- Don't understand how to use physical devices, such as phones and computers
- Don't understand how to use the Internet
- Lack of access to a mobile device or a computer
- Lack of access to the Internet
- Lack of an email address
- Poor cell phone coverage at home
- Other barrier related to technology

105. What technology solutions would you recommend implementing to assist clients with application and renewing services? (Select all that apply)

- Ensure program website has clear instructions and information is easy to navigate
- Make sure it's easy to apply on a mobile device like a smartphone or tablet
- Make sure it's easy to apply on a computer or laptop
- Increase computer access in public places so clients can apply online
- Increase access to the Internet
- Simplify telephone directories and interactive voice response systems
- Provide on-demand phone-based interviews and applications
- Other

General Relief: Customer Service

Customer Service

We want to know if there is something to do to provide a smooth and satisfying customer experience.

106. What would you suggest the county should implement for a smooth and satisfying customer service experience for clients in their interactions with county staff?

107. What would you suggest the county implements for a smooth and satisfying customer experience for CBOs (as they interact on behalf of clients) in their interactions with county staff?

General Relief: Work Process

Work Process Issues

We want to understand what parts of the enrollment process are the most effective and which could use improvement.

108. The most effective part of the county eligibility and enrollment process is

109. The least effective part of the application process is

110. Please rate the following based on how strongly you agree or disagree with the statement

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The current eligibility and enrollment workflow is efficient (includes no unnecessary steps, rework, or overproduction) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The current eligibility and enrollment workflow prevents unnecessary hand-offs between workers (first contact resolution) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eligibility and enrollment staff workload is evenly distributed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The current eligibility and enrollment workflow produces high-quality results. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

General Relief: Regulations

Regulations

In this section, we ask your opinion about what policies are helpful and which could use improvement.

111. What other operational or regulation changes should take place to increase access for potential clients?
Please specify if the proposed changes are at the county or state level

Conclusion

112. Is there anything else you would like to share to inform our understanding of the current and past public assistance enrollment environment?

This survey was created by Koné Consulting, LLC on behalf of the Enrollment Task Force at the Social Services Advisory Board. Thank you taking the time to complete this survey. We value your perspective. Please contact mahnur.khan@koneconsulting.com with any questions regarding this survey.

Please take a moment to confirm that you are completed with the survey. Once you have clicked on "Submit Survey," you will not be able to change your responses.

Introduction

Thank you for taking part in this County of San Diego's social services client and potential client survey. Koné Consulting under contract with the county is conducting this anonymous survey in collaboration with the County of San Diego and the Outreach, Accessibility, and Enrollment Task Force.

The survey asks questions about your most recent experience applying for or renewing with CalFresh, Medi-Cal, CalWORKs, Cash Assistance Program for Immigrants (CAPI), and General Assistance/General Relief (GA/GR). We are interested to hear from you if you have applied for benefits for yourself or for a friend or family member in the County of San Diego. The information you provide will help guide efforts to strengthen benefit eligibility services and processes, and ultimately help you and other people have better access to public programs.

Your information will NOT be shared with anyone. Your feedback will not affect or impact your current or future benefits. None of your information will be shared with law enforcement or immigration officers (USCIS).

Survey Instructions:

- We estimate that the survey will take about 15 minutes.
- Please answer all the questions to the best of your ability.
- Most questions can be skipped if you don't know the answer or prefer not to answer.
- You may complete the survey in several sessions if you wish to but you will need to use the same device and browser.

The deadline for completion is 11:59pm on October 8, 2021. Thank you for your time

Please feel free to share the survey with your friends and family so they can also share their feedback about applying and renewing benefits.

If you have any questions or issues completing the survey please email mahnur.khan@koneconsulting.com. For information about this study and the Social Services Advisory Board (SSAB), visit https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ssp/social_services_advisory_board.html.

We look forward to receiving your input!

Thank you,
Alicia Koné
Owner and President
Koné Consulting, LLC
<https://koneconsulting.com/>

General Questions

The County of San Diego wants to hear about your most recent experience applying for benefits OR helping a friend or family member apply for benefits.

*** 1. Overall, how satisfied were you with your most recent experience applying for or renewing benefits for yourself or for a family member?**

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



2. When did you apply for or renew benefits (your most recent experience)?

- During COVID in the last 18 months
- 2018-2019
- Before 2018
- I am not sure/I do not remember

3. What benefits did you apply for? (Select all that apply)

- CalFresh (help with food)
- Medi-Cal (help with health insurance/health care)
- CalWORKs (help with cash)
- CAPI - Cash Assistance Program for Immigrants (help with cash)
- General Assistance/General Relief (help with cash)

*** 4. During the application process, did you receive help applying for benefits at any of these places below? (Select all that apply)**

- At a county office
- Over the phone with County staff
- At a community organization
- I did not ask for help
- I am not sure/I do not remember

County Offices

5. How satisfied were you with the help you received from County staff?

Very dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



Phone Center

6. How satisfied were you with the help you received from County staff over the phone?

Very dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



At Community Organization

7. How satisfied were you with the help you received from the community organization?

Very dissatisfied

Dissatisfied

Neutral

Satisfied

Very satisfied



Consumer Experience

8. When you were ready to submit your application, how did you submit the application?

- In Person at a County office
- Online
- Paper
- Over the Phone
- I am not sure/I do not Remember
- I did not submit it

9. Were there any issues that made your experience applying or renewing benefits less appealing? (Select all that apply)

- The application wasn't in my language
- I didn't know how to use a computer or the Internet
- I didn't have access to a computer or the Internet
- I couldn't find someone to help me complete the application
- The wording used on the application was confusing
- Other

10. What would improve your experience of applying and renewing benefits? (Select all that apply)

- If online instructions and information were easy to understand
- If paperwork were easy to fill out on my phone or mobile device
- If paperwork were easy to fill out on a computer or laptop
- If I had help finding a computer that I can use
- If I had help finding free Internet or help paying for Internet
- If automated systems were easy to use when I call for assistance
- Removing both initial and recertification interview requirements
- Able to contact someone to ask questions about their benefits case
- Other

11. When you applied for benefits this last time, did you apply or renew for more than one benefit at the same time (also known as a joint application)?

- Yes
- No
- I do not know

*** 12. Please pick ONE of the ways you would have liked to learn more information about the program(s)? (Select only one choice)**

- Email, texting and social media
- Flyers, brochures or hosting tables at events
- Radio, tv, or streaming services
- County staff that understands my community
- Organizations in my community

*** 13. Before applying this last time, had you ever received benefits from that program(s) before?**

- Yes
- No
- I don't know

*** 14. Did your benefits for this program/these programs ever stopped even though you were still eligible for them? For example: did you try to use your benefits and then realized you no longer had them, even though nothing on your end changed?**

Yes

No

I don't know

Benefits Receipt

15. What was the reason why you stop receiving them? (Select all that apply)

- There was an error at the County
- I didn't know I needed to do something to stay enrolled
- I forgot to complete the renewal process
- I didn't have enough time to complete the renewal process
- I couldn't attend the scheduled interview
- I missed renewal reminders because I don't have a permanent address or I moved
- The information I received about renewing my benefits was confusing
- The information I received or the paperwork I needed to complete were not in my language
- I didn't know how to use a computer or the Internet
- I didn't have access to a computer or the Internet
- I couldn't find help to complete the paperwork
- I was not able to provide the required documents
- I was afraid of the effect or impact of the application on my immigration status
- I don't know
- Other

Demographics

Now we will ask you questions about yourself. We ask these questions to understand the experiences of different groups of people. Again, your answers are anonymous and cannot be traced to you. For each question, you can select "I prefer not to say" if you do not want to respond.

16. What is the language you speak most of the time? (Select from the dropdown menu)

- Arabic
- Chinese
- English
- Farsi or Dari
- Lao
- Spanish
- Tagalog or Filipino
- Vietnamese
- Other
- I prefer not to say

17. How old are you?

- Under 18 years old
- 18-24 years old
- 25-52 years old
- 53-64 years old
- Over 65 years old
- I prefer not to say

18. To which gender do you most identify

- Female
- Male
- Transgender
- Gender Variant/Non-conforming
- I prefer not to say
- Other

19. Are you Hispanic, Latino/Latina/Latinx?

- Yes
- No
- I prefer not to say

20. How do you describe yourself? (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern/North African
- Native Hawaiian or Pacific Islander
- White
- Other
- I prefer not to say

We ask for your zip code to understand the experiences of people in different areas. If you do not have a home, please enter the zip code of the shelter or other location where you were last night.

21. What is the zip code (5 digit) where you have been staying?

The information you provide about citizenship and immigration status is anonymous and private, and it will not be given to any government or law enforcement agencies. Your responses do not affect current or future benefits eligibility. You may select "I prefer not to say" if you want to skip these questions.

22. Are you a US citizen?

- Yes
- No
- I prefer not to say

Citizenship and Immigration Status

23. Are there any US citizens in your family?

- Yes
- No
- I prefer not to say

24. What is your immigration status?

- Legal resident (green card holder, refugee/asylee, visa holder, DACA, TPS)
- Not Documented
- Something else
- I don't know
- I prefer not to say

Conclusion

Please take a moment to confirm that you have answered all the questions that you felt comfortable sharing with us. Once you have clicked on "Submit", you will not be able to change your responses.

Thank you taking the time to complete this survey. We value your perspective. Please contact mahnur.khan@koneconsulting.com with any questions regarding this survey.

This survey was created by Koné Consulting, LLC on behalf of the Enrollment Task Force at the Social Services Advisory Board.



Survey of Consumer Experience with Public Benefits Programs in the County of San Diego

A survey administered on behalf of the County of San Diego to understand community members' experience in applying for or renewing public benefits.

This survey was created by Koné Consulting, LLC on behalf of the Enrollment Task Force at the Social Services Advisory Board (SSAB).

Survey of Consumer Experience with Public Benefits Programs in the County of San Diego

Thank you for taking part in this County of San Diego's social services client and potential client survey. Koné Consulting under contract with the county is conducting this anonymous survey in collaboration with the County of San Diego and the Outreach, Accessibility, and Enrollment Task Force.

The survey asks questions about your most recent experience applying or renewing with CalFresh, Medi-Cal, CalWorks, CAPI and General Assistance/General Relief (GA/GR). We are interested to hear from you if you have applied for benefits for yourself or for a friend or family member in the County of San Diego. The information you provide will help guide efforts to strengthen benefit eligibility services and processes, and ultimately, how to help you and other people have better access to public programs.

Your answers will NOT be shared with anyone. Your feedback will not affect or impact your current or future benefits. None of your information will be shared with law enforcement or immigration officers (USCIS).

Survey Instructions:

- We estimate that the survey will take approximately **15 minutes**.
- Please answer all the questions to the best of your ability.
- Most questions in the survey can be skipped if you don't know the answer or prefer not to answer them. We would prefer you do answer the questions in **bold letters** if possible.

The deadline for completion is 11:59pm on **September 30, 2021**. Thank you for your time.

Please feel free to share the survey with your friends and family so they can also share their feedback about applying and renewing benefits. We look forward to receiving your input!

If you have any questions or issues completing the survey, please contact mahnur.khan@koneconsulting.com.

For information about this study and the social services advisory board, visit https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ssp/social_services_advisory_board.html

Survey Return Instructions: Once you have completed the survey, please return this copy to the organization that shared the paper-based instrument with you.

Sincerely,

Alicia Koné,
Owner and President
Koné Consulting, LLC
<https://koneconsulting.com/>

14. Did your benefits for this program/these programs ever stopped even though you were still eligible for them? For example: did you try to use your benefits and then realized you no longer had them, even though nothing on your end changed?

- Yes
- No → **GO TO** Question 16
- I don't know → **GO TO** Question 16

15. What was the reason why you stop receiving them? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> There was an error at the county | <input type="checkbox"/> The information I received or the paperwork I needed to complete were not in my language |
| <input type="checkbox"/> I didn't know I needed to do something to stay enrolled | <input type="checkbox"/> I didn't know how to use a computer or the Internet |
| <input type="checkbox"/> I forgot to complete the renewal process | <input type="checkbox"/> I didn't have access to a computer or the Internet |
| <input type="checkbox"/> I didn't have enough time to complete the renewal process | <input type="checkbox"/> I couldn't find help to complete the paperwork |
| <input type="checkbox"/> I couldn't attend the scheduled interview | <input type="checkbox"/> I was not able to provide the required documents |
| <input type="checkbox"/> I missed renewal reminders because I don't have a permanent address or I moved | <input type="checkbox"/> I was afraid of the effect on my immigration process |
| <input type="checkbox"/> The information I received about renewing my benefits was confusing | <input type="checkbox"/> I don't know |
| | <input type="checkbox"/> Other |

Now we will ask you questions about yourself. We ask these questions to understand the experiences of different groups of people. Again, your answers are anonymous and cannot be traced to you. For each question, you can select "I prefer not to say" if you do not want to respond.

16. What is the language you speak most of the time?

- | | |
|--|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Tagalog or Filipino |
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi or Dari | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Lao | <input type="checkbox"/> I prefer not to say |

17. How old are you?

- | | |
|---|--|
| <input type="checkbox"/> Under 18 years old | <input type="checkbox"/> 53-64 years old |
| <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> Over 65 years old |
| <input type="checkbox"/> 25-52 years old | <input type="checkbox"/> I prefer not to say |

18. To which gender do you most identify?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender Variant/Non-conforming |
| <input type="checkbox"/> Male | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Other |

19. Are you Hispanic, Latino/Latina/Latinx?

- Yes No I prefer not to say

20. How do you describe yourself? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> I prefer not to say |

We ask for your zip code to understand the experiences of people in different areas. If you do not have a home, please enter the zip code of the shelter or other location where you were last night

21. What is the zip code (5 digit) where you have been staying?? _____

The information you provide about citizenship and immigration status is anonymous and private, and it will not be given to any government or law enforcement agencies. Your responses do not affect current or future benefits eligibility. You may select "I prefer not to say" if you want to skip these questions.

22. Are you a US citizen?

- Yes → **GO TO END OF SURVEY**
 No
 I prefer not to say → **GO TO END OF SURVEY**

23. Are there any US citizens in your family?

- Yes No I prefer not to say

24. What is your immigration status?

- Legal resident (green card holder, refugee/asylee, visa holder, DACA, TPS)
 Not Documented
 Something else
 I don't know
 I prefer not to say

Please take a moment to confirm that you have answered all the questions that you felt comfortable sharing with us.

Thank you taking the time to complete this survey. We value your perspective. Please contact mahnur.khan@koneconsulting.com with any questions regarding this survey.

Once you have completed the survey, please return this copy to the organization/person that shared the hard copy of the survey with you.

Focus Group Protocol

(Notetaker – check names of those in attendance with the RSVP spreadsheet, take verbatim notes so we can use quotes)

(Producer – monitor waiting room, mute if there is background noise, screen share PowerPoint, monitor chat, drop questions into chat)

Welcome: *(Facilitator)* Welcome, everyone. My name is [] and I will be guiding our discussion today. Also joining me from our team is [] who will be taking notes and helping keep track of time, and [] who will be sharing a presentation and available for any Zoom technical assistance.

We are working with the County of San Diego Health & Human Services Agency and the Social Services Advisory Board's ad hoc Outreach, Accessibility, and Enrollment Task Force on an assessment of the County's CalFresh, CalWORKs, Medi-Cal, CAPI, and General Relief programs. Among the access barriers that we are looking to hear about include application and renewal requirements and processes, language barriers, technology barriers, customer-centered services, and outreach strategies and tactics.

Thank you for your time to share your experience so we can learn from you to help the State of Colorado and its state and county agencies how to make accessing public benefits easier.

Here are some **ground rules** for our discussion:

- We want to encourage everyone to participate. Everyone has something to contribute.
- Please respect each other. We all have different experiences, and there are no right or wrong answers.
- We hope to hear from everyone, so please understand if we need to move the discussion along.

Housekeeping

- Our discussion is scheduled for an hour and a half. If you need to take a break during the discussion, please feel free to do so.
- We will be sharing the questions verbally and in writing on the screen, but if you need us to repeat any of the questions please let us know.
- We want you to feel comfortable sharing thoughts and ideas. There are multiple options to share your thoughts and ideas on the Zoom platform. You can unmute yourself to speak, you can use the chat feature. You can also use the "reactions" button to raise your hand, thumbs up, etc.

o Producer – post icebreaker question in chat – are you a dog person or a cat person?

- We also want to remind you that your participation is voluntary, and everything said during this discussion will remain confidential. No individual names will be used in any reports about what is shared here. We also ask that you not share any names or information you hear in this session to help us protect everyone's privacy.
- We will be recording audio of this discussion for notetaking purposes only. If there is something sensitive where you want us to take extra care in how the information is used, just let us know.

Does anyone have questions about our plan for discussion before we begin?

(*Producer* – time check one hour in and 15 minutes remaining)

| # | Introduction Questions | Response |
|---|--|----------|
| | Please introduce yourself (name, pronouns so we know how to refer to you) | |
| | <p>In one or two words, what comes to mind when you think about your experience trying to access public benefit services like food assistance, cash assistance, or medical assistance? [prompt: CalFresh, CalWORKs, Medi-Cal, General Relief (GR), CAPI]</p> <p>What went well?</p> <p>What didn't go so well?</p> | |
| Administrative/ Application and Renewal Paperwork Burden (for all) | | |
| | <p>What would improve your experience applying for and renewing benefits?</p> <p>[probe: failure to attend interview is a big reason for denial identified via survey, are there features in CalWIN that make it easier to use phone/mobile device?]</p> | |
| | <p>Not having required documentation has been identified as a reason applications are denied.</p> <p>What is your experience submitting required documentation?</p> <p>What would help make it easier to submit everything needed to apply?</p> <p>What would help with the renewal process?</p> <p>[probe ex from survey: remembering/reminders what documents to submit and when]</p> | |
| Mixed-immigrant status households | | |
| | <p>Mixed-immigrant status households are generally less satisfied with County services (than the general population).</p> <p>What would improve your satisfaction with County services?</p> <p>(probe that aligns with survey topics:</p> | |

| | | |
|--|--|--|
| | <p>what would improve your experience applying for benefits, what would improve your experience with in-person services, what would improve your experience with services over the phone?)</p> | |
| | <p>More mixed-immigrant status households believe their benefits were stopped because of an error made by the County.</p> <p>What type of errors do you believe that the County is making?</p> | |
| | <p>Mixed-immigrant status households are more likely to submit application in-person than online and computer literacy is identified as a barrier.</p> <p>What do you think would help people overcome barriers to technology? (probe: is it access to smart phones or computers? Access to internet? Training on how to use devices or navigate CalWIN?)</p> <p>Mixed-immigrant status households also agree that communication is preferred via text, email, and social media.</p> <p>How is this the preferred communication method despite challenges using computers? (probe: is this method more likely to be in a language you understand, are there younger members of the household who are helping to with texts, email, and social media?)</p> | |
| | <p>What has your experience accessing language services been like?</p> <p>How do you think it could be improved?</p> | |
| | <p>Some immigrant families report stopping their benefits or not applying at all due to fear of the effect or impact of the application on immigration status.</p> <p>How has this affected your decision to apply or renew?</p> <p>What information helped you decide to apply or continue your benefits and what was the source of this information?</p> <p>(probing options: trusted friend or family members, Legal Services, CalHHS Public Charge Guide on SSAB website, Immigration Attorney, etc.)</p> | |
| <p>People experiencing homelessness</p> | | |

| | | |
|-----------------------------|---|--|
| | <p>We heard not having a physical mailing address is a barrier for people experiencing homelessness. The County offers mailboxes at (some) FRCs – is this a service you’ve accessed? In what ways is this not addressing the issue of not having a mailing address? What would work best for you to be able to receive communications from the County?</p> | |
| | <p>What would improve your satisfaction with County services?</p> <p>(probe that aligns with survey topics: what would improve your experience applying for benefits, what would improve your experience with in-person services, what would improve your experience with services over the phone?)</p> <p>Have you ever asked for copies of your ID or received assistance with your phones at an FRC?</p> | |
| Rural Community | | |
| | <p>What do you think would help people in rural communities overcome barriers to technology? [probe: training on how to use technology, access to a smart phone, internet access]</p> <p>What solutions would work best for you? [probe: is it learning more about CalWIN, webinars, phone assistance, etc.]</p> <p>Are there things that have been tried that haven't helped? [probe ex: computers in the library, etc.]</p> | |
| | How has transportation been a barrier for you to apply or renew your benefits? | |
| Concluding Questions | | |
| | If you had a magic wand, what would you do to improve how eligible San Diegans access public benefits? | |

(Facilitator) That is all of our time today. This has been a very informative and insightful discussion. Thank you all for sharing your experiences.

If you have not let [XX²⁶] know how you would like to receive your gift card, please let us know – either stay on zoom or send a message in chat.

²⁶

