



Improving performance to better serve our county residents

**Countywide Operational
Performance Review –
Santa Barbara County Department of Social
Services**

May 2022

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Contents

| | |
|---|-----|
| Executive Summary | 3 |
| Client Service Delivery | 13 |
| Application and Case Management | 25 |
| Workload and Demand Management | 35 |
| Data, Performance, and Outcomes Measurement | 45 |
| Administrative Services | 61 |
| Learning and Development | 65 |
| Succession Planning | 70 |
| Technology | 74 |
| Interagency Collaboration of County Service | 80 |
| Appendix A: Department Recommendations | 87 |
| Appendix B: Benchmarks | 93 |
| Appendix C: Interview Schedule | 94 |
| Appendix D: Data Inventory | 98 |
| Appendix E: Operating Model Maturity Scale | 118 |
| Appendix F: Operating Model Framework | 119 |
| Appendix G: County Multidisciplinary Teams | 120 |
| Appendix H: CWS CDSS Workload Study | 122 |
| Appendix I: Eligibility Data | 123 |
| Appendix J: BSC Charts | 137 |
| Appendix K: APS Charts | 150 |
| Appendix L: CWS Charts | 159 |
| Appendix M: Customer Journey | 170 |
| Appendix N: Santa Barbara Walk-In Centers | 171 |



Executive Summary

Scope and methodology

The County of Santa Barbara (the County) contracted with KPMG in May 2019 to conduct an operational and performance review of all County departments. Review of the Social Services Department (Social Services or the Department) commenced in August 2021. The purpose of this review is to provide a high-level assessment of the Department to identify strengths and opportunities and to benchmark financial and operational areas with similar jurisdictions with the focus on improving the overall operational efficiency, effectiveness, and service delivery provided by the Department.

Over a 12-week period, the KPMG team conducted the following activities:

- **More than 40 interviews** with Social Services leadership and staff to understand the organizational structure, roles and responsibilities, operations, and processes of the Department
- **Analysis of available data, reports, and policy documents** to understand the demands upon and the operations of the programs and services offered by the Department
- **A benchmarking and leading practice review** was conducted on the eight comparison counties specified in our contract at the request of the CEO’s Office: Monterey, Solano, Sonoma, Tulare, Placer, San Luis Obispo, Marin, and Santa Cruz. At the request of the Department, benchmarking was also undertaken for Ventura County. Please refer to Appendix B for detailed benchmark research.



Figure 1: Source: KPMG

This report outlines recommendations to identify efficiencies and enhance service delivery across nine areas:

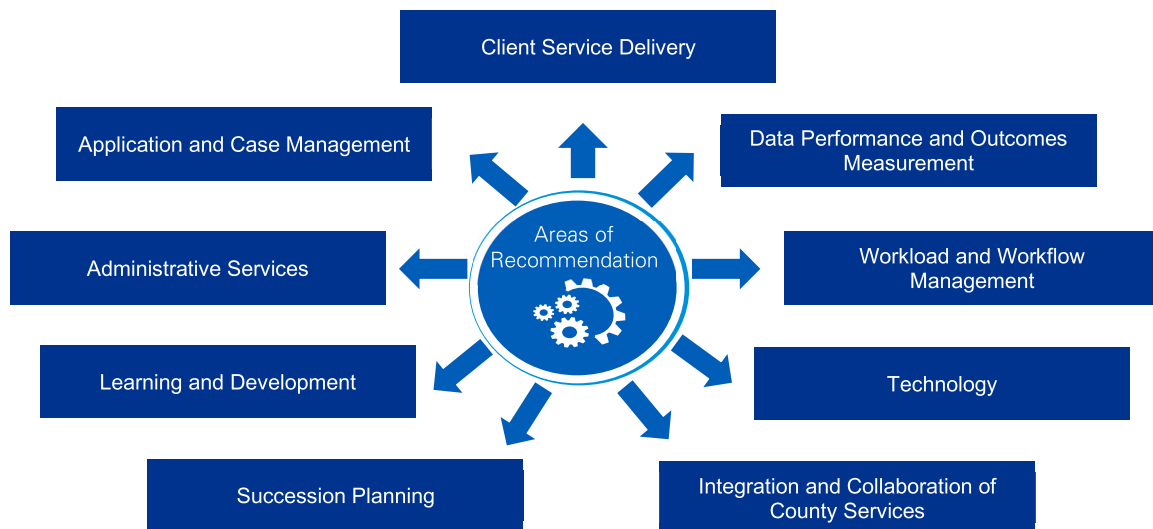


Figure 2: Source: KPMG

Department orientation

Mission statement: The mission of the Department is to help the community to be safe, supported, and self-sufficient.

Focus areas within the scope of this review defined by the CEO'S Office with input from the Department:

- 1 Economic Assistance and Employment Services Operational Process and Efficiency Review

- 2 Staff Productivity and Program/Funding Utilization

- 3 Data and Performance/Outcome Management

- 4 Coordinated Service Delivery and Alignment to Client Populations

- 5 Administration and Support Efficiency Review

Adopted budget (FY21–22):

| | | |
|--------------------|------------------|-----------------------------|
| \$190.9M | \$0.3M | 758 |
| Operating expenses | Capital expenses | Full-time equivalents (FTE) |

Figure 3: Source: County Budget

County benchmarks: The benchmarks utilized to develop the average FTEs and budget below relate only to those benchmark counties of Monterey, Solano, San Luiz Obispo, Marin, Sonoma, and Santa Cruz, each of which has separate social services or human services departments.

| | Santa Barbara | Average |
|-----------------------------------|---------------|----------|
| 2021 Social Services Dept. FTE | 758 | 758 |
| Percent of enterprise (FTEs) | 17.5% | 18.0% |
| 2021 Social Services Dept. budget | \$190.9M | \$179.1M |
| Percent of enterprise (budget) | 15.3% | 13.0% |

Figure 4: Source: KPMG

Organizational structure



Figure 5: Source: County Budget

Commendations



Developed the Equalizer

The Department recently developed an innovative tool called the Equalizer with the goal of equalizing workload across the Department. The Equalizer is a Google Sheets tool that is utilized to assign and allocate work to eligibility workers across the Department's offices on a round-robin basis to



Implemented the CalWIN Business Intelligence data warehouse

The Department has recently leveraged the newly deployed CalWIN Business Intelligence data warehouse to explore opportunities to track program performance data in a more efficient and effective way.



Deep and demonstrated commitment to client service delivery

Department has maintained and enhanced virtual operations during unprecedented circumstances within the last year due to the COVID-19 pandemic. During this time, staff remain passionate, committed, and dedicated to serving the Department's clients and demonstrate a high degree of resiliency.



Implemented combined screening unit within Protective Services

The Department utilizes a combined screening unit between Adult Protective Services (APS) and Child Welfare Services to identify those clients who may require service across both functions. The implementation of this combined unit enhances workflows and promotes collaboration across functions. It also recognizes that client needs are often multifaceted and seeks to identify and serve these needs at initiation.



Established cross-trained teams within Economic Assistance and Employment Services

In order to enhance cross-training and collaboration, the Santa Barbara Office developed a team of cross-trained eligibility workers with deep experience and expertise in processing and disposing CalFresh, Medi-Cal, CalWORKS, and General Relief applications. The development of this team also promotes a coordinated and cohesive approach to client service delivery, particularly for those clients who are eligible for participation in various



Created training cohorts within Economic Assistance and Employment Services

In an effort to standardize training and development opportunities, Economic Assistance and Employment Services developed a specific training cohort for eligibility workers. Currently, a group of eligibility workers are recruited and trained concurrently, which reduces the number of training sessions required to be undertaken annually. Additionally, the Division has recently revamped the training program to reduce the training timeframe from six months to four months to allow eligibility workers to begin serving clients at an earlier stage.



Established workgroups to focus on standardizing procedures

Recognizing that certain policies and procedures are not uniform across the Department's offices and in advance of the implementation of California Statewide Automated Welfare System (CalSAWS), the Department established a number of workgroups to focus on resolving this issue. The primary goal of the workgroups is to identify policies and procedures which require standardization across offices, consider how standardization can be



Implemented strategies to increase CalFresh participation rates

In order to increase the participation rates across CalFresh, the Department initiated the CalFresh Participation Rate Improvement Project. The project focused on the development and initiation of innovative strategies to enhance client participation. In FY20-21, the Department's strategies have been focused across three key areas that include leveraging technology, enhancing marketing and outreach, and increasing retention.



Developed an online client engagement portal

The Department recently developed Octopus, an online client engagement portal that allows clients to submit applications and other documents online as opposed to presenting in person at one of the County's five social services offices. Octopus has enhanced client service delivery by allowing a client to access care at any time while reducing wait times at the Department's in-person offices.

Renew '22 Mapping

The recommendations made within the operational and performance review have been aligned to the Renew '22 transformation behaviors to help ensure that the recommendations are driving toward the Renew '22 strategic vision, as seen in Figure 6 below. The colored tiles identify the Renew '22 transformation behaviors that align to each recommendation.

| | | | Transformation behaviors | | | | |
|---------------------------------|-----|---|--------------------------|-----------------------------|--------------------|-------------|-------------------------------|
| | | | Alignment with vision | Data-driven decision-making | Strategic thinking | Risk taking | Collaborative problem-solving |
| Client Service Delivery | 1.1 | Conduct an analysis of high utilizers of services across the Department's programs to coordinate and improve service delivery to shared clients | | | | | |
| | 1.2 | Bolster technology solutions to increase client access to immediate services, minimize wait times, and reduce visitation workload across Economic Assistance and Employment Services | | | | | |
| | 1.3 | Evaluate eligibility criteria for the General Relief program on a regular basis to align assistance with environmental factors, such as changes in cost of living. Note, this may require a decision from the Board of Supervisors. | | | | | |
| | 1.4 | Employ differential shifts within Adult Protective Service (APS) and Child Welfare Services (CWS) through flex schedules to improve capacity to visit families, reduce overtime impacts, and improve staff retention | | | | | |
| Application and Case Management | 2.1 | Update current standard operating procedures, communication response time standards, and regular supervision across the Department to alleviate inconsistent interpretations and implementation of internal policies and standards | | | | | |
| | 2.2 | Strengthen the lead worker model within the Economic Assistance and Employment Division's Santa Maria Office to enhance accountability and quality of work as well as reduce communication burden between employees | | | | | |
| | 2.3 | Develop specialized units within the Benefits Services Center (BSC) to align staff to demand and enhance the efficiency of application processing | | | | | |

| | | | Transformation behaviors | | | | |
|---|-----|--|--------------------------|-----------------------------|--------------------|-------------|-------------------------------|
| | | | Alignment with vision | Data-driven decision-making | Strategic thinking | Risk taking | Collaborative problem-solving |
| Workload and Demand Management | 2.4 | Develop case prioritization and triaging methods in the Benefits Service Center to allow the Department to improve processing times and manage changes in demand | | | | | |
| | 3.1 | Perform an activity-based and demand-driven workload analysis and a process assessment to help ensure efficient staffing structure aligned to demand across APS, CWS, and Economic Assistance and Employment Services | | | | | |
| | 3.2 | Evaluate current scheduling methods and staffing levels in the BSC to develop an automated scheduling system that aligns to demand and enhance client service accessibility | | | | | |
| Data, Performance, and Outcomes Measurement | 4.1 | Develop outcome-based measures, in addition to state-mandated measures, to assess the effectiveness of programs within the Department and increase identification of high utilizers | | | | | |
| | 4.2 | Develop performance measures to accurately demonstrate staff utilization and capability to enhance client outcomes through effective service delivery | | | | | |
| | 4.3 | Identify an employee(s) who can be trained as a data professional, in conjunction with CEO's Office, and develop written guidance to improve and standardize the collection, reporting, and analysis of data to foster data-driven decision-making | | | | | |
| Administrative Services | 5.1 | Develop an automated leave management system within the current Human Resources system to enhance understanding of high leave of absence rates | | | | | |
| | 5.2 | Develop a fund utilization dashboard to track the performance and usage of funding and streamline reporting processes | | | | | |
| Learning and Development | 6.1 | Enhance training for AOPs to better prepare staff for administrative responsibilities and Department processes | | | | | |
| | 6.2 | Expand cross-training efforts across District Offices for Economic Assistance and Employment Services programs to flex resources around unanticipated fluctuations in demand | | | | | |
| | 6.3 | Develop consistent staff training across all regions within APS to allow for staff performance improvement and skills development | | | | | |

| | | | Transformation behaviors | | | | |
|--|-----|--|--------------------------|-----------------------------|--------------------|-------------|-------------------------------|
| | | | Alignment with vision | Data-driven decision-making | Strategic thinking | Risk taking | Collaborative problem-solving |
| Succession Planning | 7.1 | Help ensure annual training is evaluated and deemed part of employee expectations to foster consistency in staff development in consultation with County HR and Labor Unions | | | | | |
| | 7.2 | Continue to pilot the reduced timeline for eligibility worker induction training within Economic Assistance and Employment Services and assess feasibility of further shortening training to help alleviate staffing shortages | | | | | |
| Technology | 8.1 | Integrate technology systems to create an integrated data hub to obtain a 360-degree view of the client to enable coordinated service delivery | | | | | |
| | 8.2 | Develop a service level agreement (SLA) for communication standards between Central IT and Department IT to enhance coordination and formalize update processes and timelines | | | | | |
| | 8.3 | Develop written procedures for enabling mobile access to internal systems for APS and CWS to enable staff to enter notes while out in the field | | | | | |
| Interagency Collaboration of County Services | 9.1 | Conduct an analysis of high utilizers of services across County programs to identify shared clients and gaps in existing service and collaboration efforts | | | | | |
| | 9.2 | Enhance collaboration and communication across Behavioral Wellness, Community Services Department, and criminal justice agencies to improve client service delivery | | | | | |

Figure 6: Source: KPMG

Prioritized timeline

The following report consists of 25 recommendations in nine focus areas. Recommended timing and prioritization for each recommendation is depicted below.

| Recommendations | | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
|---------------------------------|-----|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| Client Service Delivery | 1.1 | | | | | | | | | | | | |
| | 1.2 | | | | | | | | | | | | |
| | 1.3 | | | | | | | | | | | | |
| | 1.4 | | | | | | | | | | | | |
| Application and Case Management | 2.1 | | | | | | | | | | | | |
| | 2.2 | | | | | | | | | | | | |
| | 2.3 | | | | | | | | | | | | |
| | 2.4 | | | | | | | | | | | | |

| Recommendations | | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
|---|-----|--|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| Workload and Demand Management | 3.1 | Perform an activity-based and demand-driven workload analysis and a process assessment to help ensure efficient staffing structure aligned to demand across APS, CWS and Economic Assistance and Employment Services | | | | | | | | | | | |
| | 3.2 | Evaluate current scheduling methods and staffing levels in the BSC to develop an automated scheduling system that aligns to demand and enhance client service accessibility | | | | | | | | | | | |
| | 4.1 | Develop outcome-based measures, in addition to state-mandated measures, to assess the effectiveness of programs within the Department and increase identification of high utilizers | | | | | | | | | | | |
| Data, Performance, and Outcomes Measurement | 4.2 | Develop performance measures to accurately demonstrate staff utilization and capability to enhance client outcomes through effective service delivery | | | | | | | | | | | |
| | 4.3 | Identify an employee(s) who can be trained as a data professional, in conjunction with CEO's Office, and develop written guidance to improve and standardize the collection, reporting, and analysis of data to foster data-driven decision-making | | | | | | | | | | | |
| Administrative Services | 5.1 | Develop an automated leave management system within the current Human Resources system to enhance understanding of high leave of absence rates | | | | | | | | | | | |
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| Learning and Development | 6.1 | Enhance training for AOPs to better prepare staff for administrative responsibilities and Department processes | | | | | | | | | | | |
| | 6.2 | Expand cross-training efforts across District Offices for Economic Assistance and Employment Services programs to flex resources around unanticipated fluctuations in demand | | | | | | | | | | | |
| | 6.3 | Develop consistent staff training across all regions within APS to allow for staff performance improvement and skills development | | | | | | | | | | | |

| Recommendations | | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
|---------------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| Succession Planning | 7.1 Help ensure annual training is evaluated and deemed part of employee expectations to foster consistency in staff development in consultation with County HR and Labor Unions | | | | | | | | | | | | |
| | 7.2 Continue to pilot the reduced timeline for eligibility worker induction training within Economic Assistance and Employment Services and assess feasibility of further shortening training to help alleviate staffing shortages | | | | | | | | | | | | |
| Technology | 8.1 Integrate technology systems to create an integrated data hub to obtain a 360-degree view of the client to enable coordinated service delivery | | | | | | | | | | | | |
| | 8.2 Develop an SLA for communication standards between Central IT and Department IT to enhance coordination and formalize update processes and timelines | | | | | | | | | | | | |
| | 8.3 Develop written procedures for enabling mobile access to internal systems for APS and CWS to enable staff to enter notes while out in the field | | | | | | | | | | | | |
| Interagency Collaboration | 9.1 Conduct an analysis of high utilizers of services across County programs to identify shared clients and gaps in existing service and collaboration efforts | | | | | | | | | | | | |
| | 9.2 Enhance collaboration and communication across Behavioral Wellness, Community Services Department, and criminal justice agencies to improve client service delivery | | | | | | | | | | | | |

Operating model maturity scale

Figure 7 below summarizes the Department of Social Services current-state operating model across six areas of analysis, as well as the target state that can be achieved by implementing the recommendations in the following sections. The purple boxes indicate the Department’s capabilities at the time of the review, and the gold boxes illustrate the level of maturity that KPMG believe is attainable through the recommendations in this report. Each operating model layer describes a continuum of maturity related to optimal service delivery. While the highest-priority opportunity areas are detailed in callout boxes in the diagram below, full descriptions of the six design layers can be found in Appendix E and Appendix F.

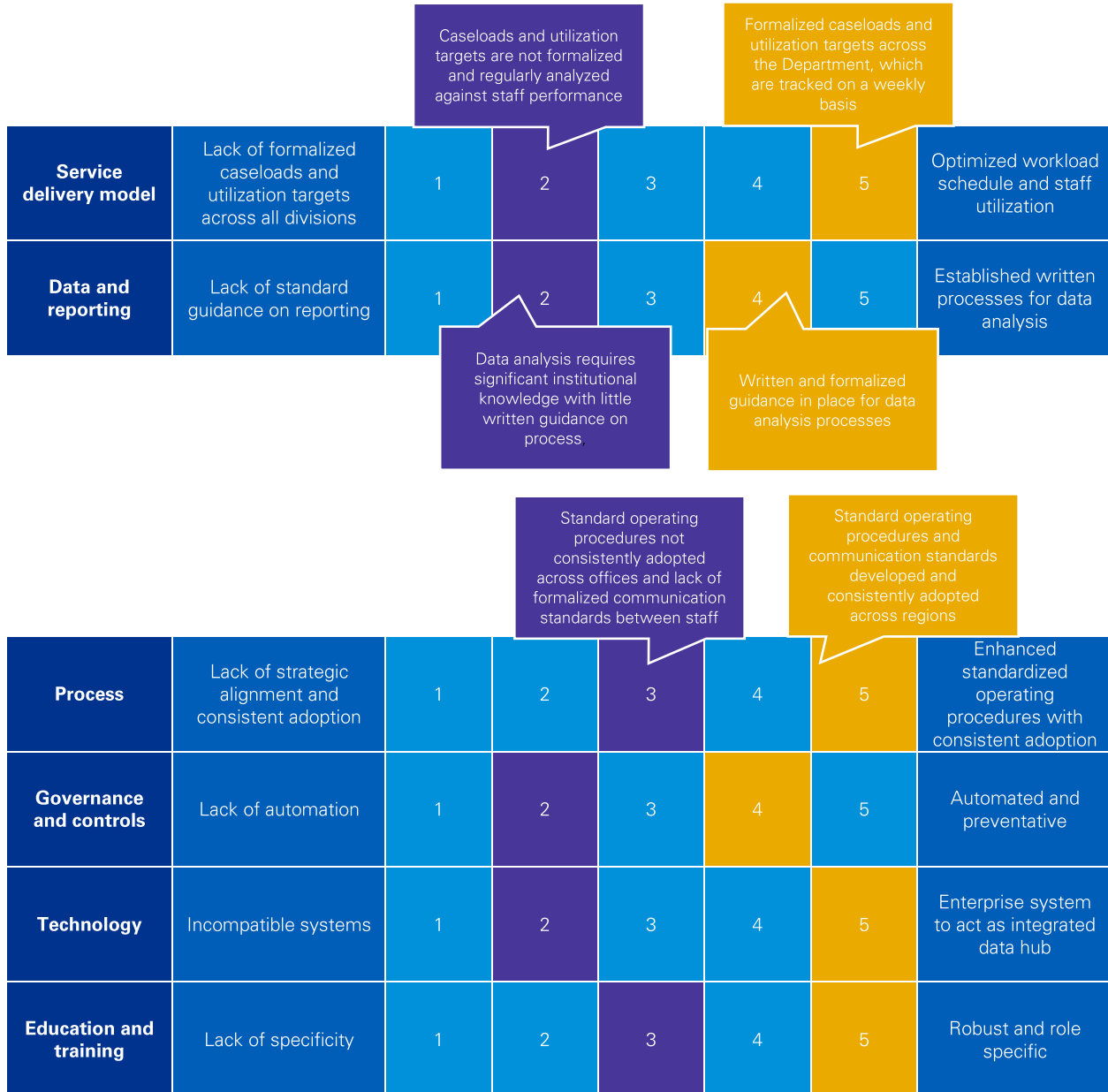


Figure 7: Source: KPMG

Client Service Delivery

1.1 Conduct an analysis of high utilizers of services across the Department's programs to coordinate and improve service delivery to shared clients

Potential benefit: High utilizers of services are clients who have a disproportionately high need for programs offered by the Department and/or other County services (such as Public Health, Behavioral Wellness, Community Services Department (CSD), and Criminal Justice departments). These clients have extensive and complex needs and often have difficulty navigating the various pathways to receiving care across multiple programs or systems. While it is critical that all clients continue to receive the services for which they are eligible, conducting an analysis of high utilizers of services across social services programs will allow the Department to formally identify vulnerable clients with high and multifaceted needs, who may require support in accessing services. This will allow the Department to develop strategic client cohorts, evaluate any gaps in service offerings, proactively address any identified gaps, and provide additional support in navigating services. This results in enhanced client service delivery, promoting a more coordinated, whole-person approach to client care, which can often result in clients achieving self-sufficiency at an earlier stage. It will also allow the Department and County at large to ascertain the multifaceted needs of these highly vulnerable clients more proactively, allowing for preemptive engagement and service navigation. It is important to note that while high utilizers of service are a critical cohort that the Department should direct focus toward, they are also other client cohorts that may require proactive focus by the Department.

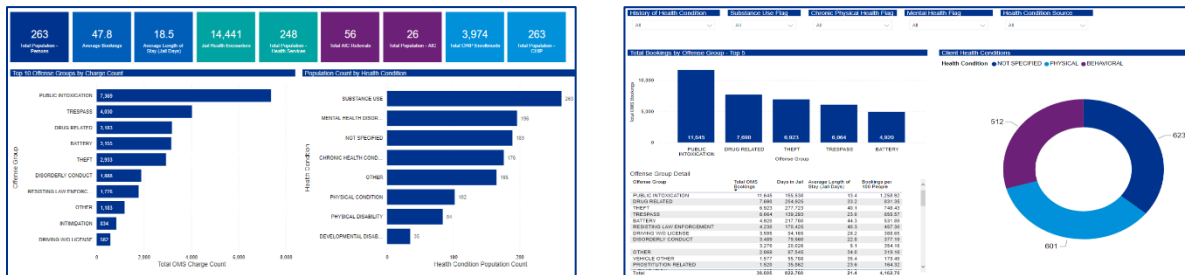


Figure 8: Source: KPMG

Current state: In the current state, there is no comprehensive, consistent, or proactive approach to identifying high utilizers of services within the Department, though the Department has begun the following efforts to provide additional support to clients with complex needs:

- Conducting outreach to existing Economic Assistance and Employment Services clients to advise them of potential eligibility for other programs offered by Social Services.
- Providing case management services for high-needs clients across certain district offices to connect them to the Economic Assistance and Employment Service programs, which they may be eligible for as discussed in recommendation 2.2.
- Operating an initiative to connect clients within CalWORKs to Child Welfare Services (CWS), where required.

While these efforts are commendable, they do not result in a proactive, data-driven approach to identifying high-needs clients that encompass the full population served by the Department. For

example, presently, there is no department-wide analysis undertaken to identify high-needs shared clients and analyze the typical services they require across divisions. In addition, data relating to potential gaps in service offerings and client outcomes, such as return to service rates, are not well understood or tracked. Undertaking an analysis of high utilizers will allow the Department and County to develop a deeper understanding of the needs of its population, proactively identify clients who may be eligible for multiple programs, and preemptively address client needs—which is an outcome in line with the Department’s goal of enhancing CalFresh participation rates. Furthermore, it will allow for the development of strategies to provide a more coordinated approach to care, strengthening the whole-person approach to client care.

As discussed in recommendations 8.1 and 9.1, this analysis can be coupled with a countywide analysis of high utilizers and a cross-departmental data sharing initiative in collaboration with other health and human services departments and criminal justice agencies. This will allow for a more proactive, coordinated, client centered approach to service delivery that will help promote earlier-stage recovery and pathways to self-sufficiency across departments. The County has commendably established an IAPC cross-departmental working group that is focused on developing strategies to enhance coordinated case management across County departments—which can be expanded on to address the needs of identified high utilizers of Department and County services.

Case study spotlight: Sonoma County conducted a systemwide analysis of its high utilizers across Human Services, Behavioral Health, Physical Health, and Criminal Justice departments. The analysis focused on understanding the highest users of services across each separate department and combining analysis to develop a systemwide view of high-utilizer clients. Within Human Services, this analysis focused on clients who received public assistance across Medi-Cal, food stamps, and cash welfare programs and how they intersected with other programs, including Protective Services. The analysis allowed Sonoma County’s Human Services Department, and the County as a whole, to develop a definition of a high utilizer, which was defined as any person whose combined utilization across systems is in the top 1 percent each year. Based on analysis, Sonoma County identified 6,600 individuals as high utilizers. The process allowed Sonoma County’s Human Services Department, and County at large to enhance coordination of client care, provide more targeted services to those in high need, and improve cross-departmental communication and information sharing for shared clients in an overall effort to improve the outcomes for those individuals. Furthermore, because of this analysis, Sonoma County developed technology in collaboration with IBM to act as a cross-departmental integrated data hub allowing for real-time sharing of client information to facilitate coordinated care management. This is discussed further in recommendation 8.1.

In 2016, Health and Human Services of King County, Washington, undertook an integrated care initiative called Familiar Faces to enhance its system of integrated care for clients within complex populations. To develop a view of Familiar Faces, or system high utilizers, the Health and Human Services Department focused on those clients who received the poorest outcomes across programs. The Department identified that the key focus of the initiative had to be improving client outcomes. In identifying those clients most in need, the Department conducted “process walks” to understand how a client currently accesses service, engaged community providers to obtain qualitative information of client need, and finally, gathered data from the systems serving the Familiar Faces population to gain a better understanding of their lives, what services they use, and how to design a better system where there is improved health and stability.

Suggested Action Steps to Implement Recommendation

Action one: Establish and task a high-utilizer working group with inventorying the data sets necessary to identify department-wide high utilizers

The Department should develop a high-utilizer working group to oversee the development of the high-utilizer analysis.

- The working group should include representation from supervisors, eligibility workers, social workers, case managers, and data analysts across Economic Assistance and Employment Services, Adult Protective Services (APS), and CWS.
- Initially, the working group should be tasked with inventorying all available data sets across systems that provide information on client service offerings, client and program demographics, client conditions/circumstances, and shared clients.

Action two: Conduct data analysis of Department systems to determine high utilizers

Having inventoried all available data sets, it is suggested that the working group conduct the following analysis, at a minimum, to identify clients with high needs and their related characteristics:

- Client demographics (age, race, sex, ethnicity, income, and employment status)
- Number of immediate-need clients
- Top programs based on population served
- Client outcomes (e.g., clients with the longest period of service within the system and client who consistently reenter programs)
- Number of clients with unstable housing
- Number of clients who receive service across all Economic Employment and Assistance Services, CWS, and APS
- Number of clients who receive service across two to four Economic Assistance and Employment Services

Based on this data analysis, the working group can then determine (or refine) the definition of a high utilizer for the purposes of the study—for example, by developing a threshold for the number and/or types of services received over a fixed period.

Action three: Utilize the data to develop strategic client cohorts who can be served by multiple programs

Developing cohort strategies will require cooperation across all the relevant divisions. To achieve this, the working group established under action one should:

- Utilize the data analysis undertaken under action two above to develop three to four strategic cohorts based on the key characteristics and needs of the shared clients identified
- Convene cohort coordination teams based on the number of cohorts identified above:
 - The cohort coordination team should include representation from program supervisors, eligibility workers, social workers, and case workers across each division to provide input into the development of cohort strategies.

- The cohort coordination teams should be tasked with identifying and developing strategies for strategic cohorts to reduce the impact of service gaps by enhancing client care coordination. Each cohort coordination team will be assigned one strategic cohort, based on the data review undertaken by action two above. The graphic below provides examples of strategic cohorts.

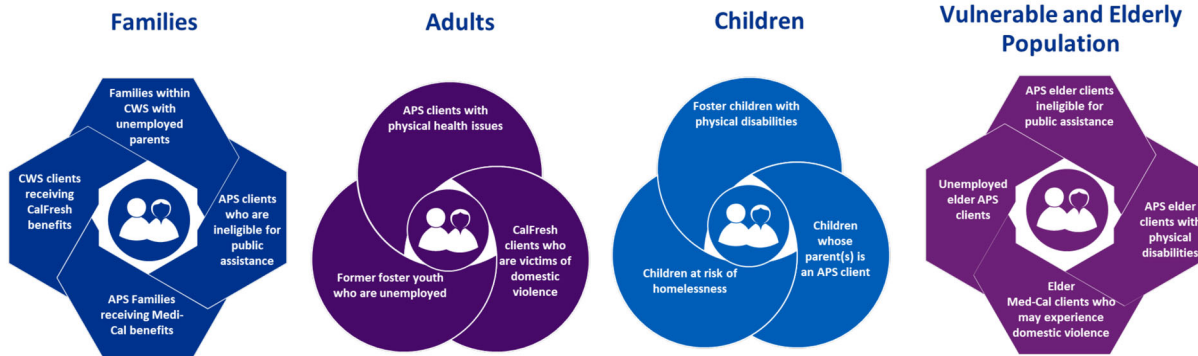


Figure 9: Source: KPMG

Action four: Identify gaps in service offering and develop strategies to reduce the impact of service gaps

Based on the strategic cohorts identified above, the working group should lead strategy and problem-solving sessions to evaluate the extent to which there are gaps in services or barriers to access for high-needs clients. This work may include holding interviews, focus groups, and brainstorming sessions with line staff and a selection of identified shared clients. Examples of such strategies include:

- Strengthening the adoption of the lead worker model across all district offices for high-needs clients as discussed in recommendation 2.2
- Developing and adopting additional performance outcome measures to enhance the tracking of outcomes for high-needs clients and identify opportunities for service offering improvement as discussed in recommendation 4.1
- Providing cross-divisional, coordinated care to a cohort population
- Enhancing the incidence of warm handoffs between cross-divisional service offerings
- Utilizing a multidisciplinary teams of eligibility workers and case workers with expertise across programs to identify and address any gaps in service and provide coordinated services to the cohort population.

Scope: Department-wide

1.2 Bolster technology solutions to increase client access to immediate services, minimize wait times, and reduce visitation workload across Economic Assistance and Employment Services

Potential benefit: Enhancing the use of technology across the Department to manage client intake and general queries will enhance the client experience in navigating pathways to obtaining services and benefits. It will help to ensure that clients in need receive faster more immediate support when they need it. Furthermore, it will reduce staff workload, particularly as it relates to in-person meetings and client phone calls. As a result, staff time can be redirected to other tasks, such as processing applications and redeterminations, for example. Based on staff interviews, two primary areas were identified to enhance the use of technology to better serve clients, including:

- Establish a digital access point in each district office to serve those clients who may not have access to electronic devices, such as persons experiencing homelessness, for example. The digital access point should be staffed during peak times to encourage clients to use the service, answer queries, and educate clients on how to utilize Octopus, for example.
- Assess the feasibility of adopting a chatbot or live customer support option to answer general client queries in real-time. Adopting will allow automated assistance to be provided to clients 24-7, 365 days a year, without a corresponding increase in staff workload.

Current state: The Department has five district offices located throughout the County; however, during interviews, staff noted that computer access is not offered at these locations, which would allow clients to self-serve, where possible, reducing workload burden on staff and increasing efficiency in client service delivery. The Department has several initiatives to enhance client access to technology, which include offering free Wi-Fi at each of its district offices and operating computer connection centers at their CalWORKs offices. However, these initiatives do not cater to clients who may not form part of the CalWORKs program and/or may be experiencing homelessness with no access to a smart phone. KPMG is aware that the Department piloted an initiative to implement computer kiosks across its offices seven years ago, and at that time, the initiative did not receive the expected traction from clients and was discontinued. However, since then, the Department has developed Octopus, an online portal that allows clients to electronically upload documents, applications and send messages to the Department. The implementation of Octopus has been successful with an average of almost 2,500 applications uploaded via the system per month during FY19–20 and an average of 3,500 applications per month during FY20–21, as illustrated in the chart below. This technological advancement indicates a need for clients to have increased access to computer kiosks outside of the CalWORKs program.

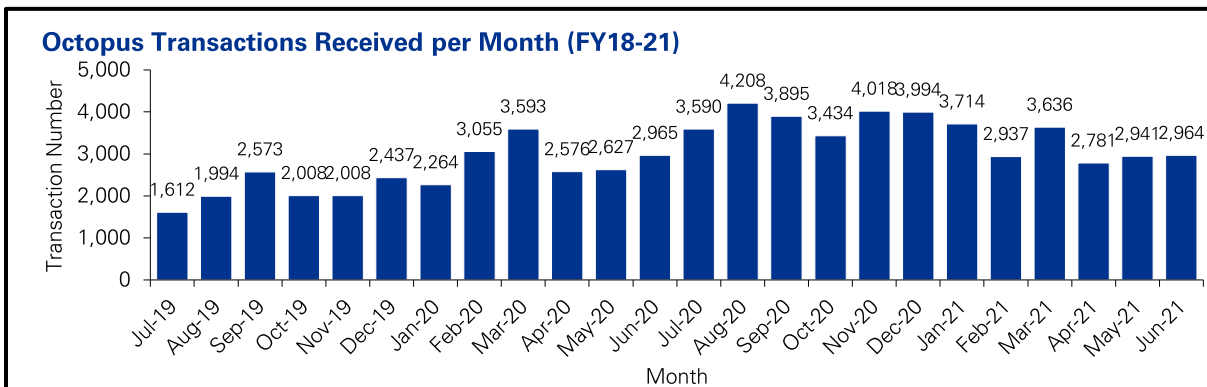


Figure 10: Source: KPMG

The Department operates a call center known as the Benefits Services Center (BSC), which is staffed daily from 7 a.m. to 5.30 p.m., and offers an operational callback feature. Clients may also submit a message related to Economic Assistance and Employment Services programs via Octopus. However, to provide a more real-time response to client queries, the Department should evaluate the feasibility of adopting a chatbot system. The system could provide automated assistance to clients 24-7, 365 days a year, without a corresponding increase in staff workload. KPMG understand that CalSAWS will likely have a chatbot feature allowing for live customer service; however, it is unknown whether this function will offer 24-7 service 365 days of the year. The recommended feasibility analysis may be undertaken following the implementation of CalSAWS to allow the Department to consider whether the chatbot feature offered under CalSAWS is sufficient for its needs.

Case study spotlight: Both Placer County and San Joaquin County have recently launched chatbots across countywide departments, which have achieved each county's objective of offering real-time, on-demand responses and access to client information on a 24-7 basis. In 2019, Placer County became the

first county in California to use artificial intelligence (AI) to adopt a chatbot function and was recently awarded third place in the Digital Counties Survey. The County's chatbot is programmed to offer responses to over 375 questions and is accessible through both web and voice interfaces. Placer County has experienced success because of the effort; for example, during the River Fire and Bridge Fire, many questions were received through the chatbot. Analyzing these questions allowed Placer County to review the type of information being offered on its website to enhance information accessibility, reducing the requirement for residents to contact Placer County via phone.

San Joaquin County launched its chatbot in 2020; the chatbot is programmed to answer over 230 questions and is trilingual to help ensure its functionality is available to assist a greater portion of county residents. The chatbot proved successful during the COVID-19 pandemic, as clients were able to find an answer to a query quicker, particularly during periods of high call volume and long wait times for phone calls.

Suggested Action Steps to Implement Recommendation

The Board of Supervisors recently approved Health and Human Services Plan funding with a portion allocated to digital services to assist under resourced clients to obtain equipment and training to access services and information digitally. The goal of this funding is to increase access to services and support coordinated care navigation. The following actions may be undertaken by the Department in considering how this funding may be utilized.

Action one: Pilot the establishment of digital access points across social services offices

The Department should pilot the establishment of digital access points to cater to those clients who do not have access to personal cell phones or computers to allow them to access Octopus, and other apps including Get CalFresh and MyBCW. Implementing a pilot to establish digital access points across district offices will require the following steps:

- **Step one:** Based on caseload and input from staff, consider the offices that should pilot the digital access points.
- **Step two:** Conduct a cost analysis to estimate the funding required to initiate the pilot.
- **Step three:** Utilize available data to evaluate peak time hours for each pilot office and schedule staff to manage the digital access point during those peak times.
- **Step four:** Implement the pilot for a three- to six-month period.
- **Step five:** Track the performance of the pilot daily by identifying the number of clients who utilized the digital access point, the time of day clients utilized the access point, how long each client utilized the access point, any reduction in workload for staff, and any issues identified.
- **Step six:** Analyze overall performance across the three- to six-month period and consider whether the digital access points should be implemented across all district offices.

Action two: Evaluate the feasibility of implementing a chatbot service

Analyzing the feasibility of implementing a chatbot function will require the following steps:

- **Step one:** Evaluate the functionality of the chat feature available under CalSAWS once implemented. The evaluation should consider whether the feature will have an automated function, will be available 24-7 365 days a year, and will be capable of directing clients toward a web page capable of answering the query asked, for example. In the event, the chatbot feature within CalSAWS does not meet the needs of the Department, steps two through five should be undertaken.

- **Step two:** Collaborate with the CEO’s Office and ICT to consider whether a chatbot service may be adopted for Social Services and/or countywide.
- **Step three:** Conduct a cost-benefit analysis in collaboration with the CEO’s Office and consider potential funding sources for the development of the chatbot.
- **Step four:** Solicit a request for information (RFI) process in collaboration with the Purchasing Department to collect information about vendors who offer chatbot development services.
- **Step five:** Analyze the results of the RFI and utilize the information to determine the feasibility of implementation along with the cost-benefit analysis outlined in step two.

Scope: Economic Assistance and Employment Services

1.3 Evaluate eligibility criteria for the General Relief program on a regular basis to align assistance with environmental factors, such as changes in cost of living. Note, this may require a decision from the Board of Supervisors.

Potential benefit: Conducting an evaluation of the current eligibility criteria for the County’s General Relief program and assessing the feasibility of updating this criterion will help ensure that a greater portion of low-income individuals who do not qualify for other forms of relief are provided with the assistance they may need. This in turn will help ensure a client centered approach to service delivery, focusing on providing individuals with the potential resources they may need to prevent homelessness, for example, which may reduce cost to the County in the long term. It is important to note, however, that evaluating the County’s General Relief program will ultimately be a decision for the Board of Supervisors.

Current state: General Relief is a program funded by County General Fund, which provides temporary cash aid in the form of short-term loans to very low-income adults who do not qualify for federal or State of California (State) programs. The program is funded by General Fund monies designated by the Board of Supervisors. The program requires participants to sign reimbursement agreements to repay County funds issued, which they can do by participating in Workfare if employable, or by deductions from future disability benefits if unemployable. Notably, the program’s eligibility criteria have not been updated since 2006; though, the cost of living across the United States has increased by approximately 38 percent since that time.¹ Furthermore, the cost of living in Santa Barbara County is 50 percent higher than the Californian average and has the third highest poverty rate in the State at 20.7 percent,² which suggests that County residents may have a greater need for General Relief. The program’s eligibility requirements are categorized across four broad areas including income limits, resource limits, benefit levels, and immigrant eligibility. Across interviews, staff noted that the eligibility requirements result in a significant number of clients being denied assistance due to being marginally ineligible for participation in the program. Based on data analysis, the denial rate for the General Relief program was 63 percent between July 2021 and May 2021, increasing from 56 percent in FY19-20, and 57 percent in FY18-19. Based on a benchmarking analysis of General Relief programs across several Californian counties, Santa Barbara is in the lower quartile in terms of level of relief provided. This analysis was provided by the Department because of its involvement in the General Relief Assistance County Exchange (GRACE), a collaborative of Californian counties who share information on General Relief/General Assistance programs. As of September 2021, Santa Barbara ranks 6th lowest for Couple Max Grant and 14th lowest for Single Max Grant. When comparing the cost of living in 58 California counties, Santa Barbara ranks 12th highest.

¹ [According to CPI Inflation Calculator by U.S. Bureau of Labor Statistics](#)

² [Poverty in California - Public Policy Institute of California \(ppic.org\)](#)

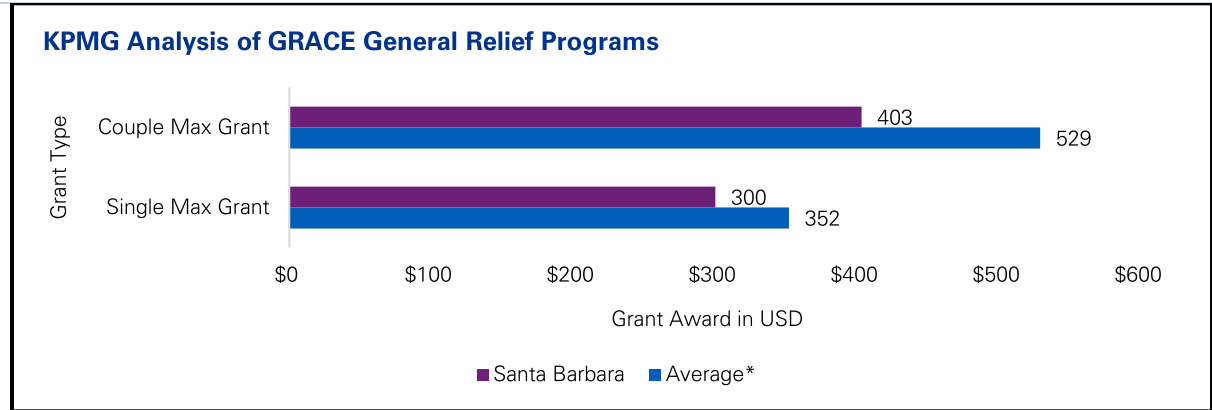


Figure 11: Source: KPMG

*Note, the average max grant for both couples and single max grants was calculated from the 56 California counties that participated in the GRACE analysis.

Evaluating program eligibility criteria and assessing the feasibility of updating this criterion will enhance client service delivery by helping to ensure that a higher number of low-income individuals are provided with the support and assistance they may need to avoid the constraints of poverty and live a healthy and sheltered life within the community

Case study spotlight: In 2018, Riverside County amended its General Relief program policies to increase the number of people considered eligible for general relief by 3,900 percent. At that time, about 100 people per month were receiving such assistance compared to approximately 4,000 people who receive general relief assistance today. To affect this change, Riverside County made a series of policy changes that included the following key amendments:

- Increased the maximum monthly assistance amount from \$291 to \$326. This assistance can be used for housing, utilities, and food.
- Before, if recipients owned property valued at \$250 (not including a cellphone or computer that may be used for job seeking) or a car valued at \$500, they were ineligible for benefits. The County increased those limits to \$500 and \$4,650, respectively.
- Provided cash directly to recipients via an Electronic Benefit Transfer (EBT) card for housing as opposed to issuing vouchers directly to landlords or utility vendors. When the latter policy was in place, recipients could only use the subsidy for apartments and not temporary motel stays, for example. This change allowed recipients to autonomously make decisions and provided more flexibility with how they use their funds.
- Updated the requirement for recipients to have a permanent address.

Orange County tackled a similar issue in 2012, followed by Marin County in 2013, Los Angeles County in 2014 and Kern County in 2016.

Suggested Action Steps to Implement Recommendation

Action one: Conduct a statistical analysis of the current eligibility criteria

As a first step, the Department should conduct the following analysis to identify the primary reasons a client does not typically meet eligibility requirements:

- Evaluate the average number of individuals who apply who do not meet eligibility requirements on an annual basis.

- Conduct analysis to identify the number of clients who were denied assistance annually due to lack of alignment with one criterion.
- Analyze the top two to three reasons why a client fails to meet the eligibility requirements.
- Identify the average percentage of individuals who failed to meet criteria annually due to earning a salary 5 percent in excess of the income limit.
- Conduct analysis to identify the average period of time a client receives assistance under this program.

This analysis will assist the Department in identifying the specific eligibility criteria that could be targeted for further evaluation and feasibility testing.

Action two: Conduct a detailed benchmarking analysis of General Relief programs across select benchmark counties

The Department should consider conducting a detailed benchmarking analysis of General Relief programs adopted across 5—10 neighboring counties to compare the stringency of the County's program requirements with that of other counties. This benchmarking analysis should include an analysis of the following areas:

- County population, including homeless population and percentage of population receiving benefits
- County poverty rate and cost of living
- Program budget and number of individuals served
- Current program eligibility requirements including income limits, resource limits, benefit level, and immigrant eligibility

Action three: Conduct a cost-benefit analysis

Thirdly, the Department should conduct a cost-benefit analysis across two to three potential scenarios to identify the potential cost of updating those specific criteria that typically result in ineligibility, which will be identified as a result of the analysis recommended under action one. For example, where analysis suggests income limits should be updated, the following scenarios could be evaluated as part of a cost-benefit analysis:

- Additional number of individuals served, and estimated cost of programming should income limits be reduced by 3 percent
- Additional number of individuals served, and estimated cost of programming should income limits be reduced by 5 percent
- Additional number of individuals served, and estimated cost of programming should income limits be reduced by 10 percent
- Benefits of avoided cost on other County systems, such as homeless, housing, health, or justice

Action four: Collaborate with the CEO's Office to develop a business case for presentation to the Board of Supervisors

The General Relief program is funded solely by the General Fund, and as such, the Board of Supervisors will make the final decision on any updates to program eligibility requirements. However, the Department in collaboration with the CEO's Office should develop a business case to present to the Board of Supervisors. The business case should include the following, at a minimum:

- Benefits of evaluating eligibility criteria for update and an overview of the statistical analysis developed under action one
- An overview of the benchmarking analysis undertaken under action two to identify where Santa Barbara ranks in terms of General Relief eligibility criteria and statistics as opposed to other Californian counties
- The estimated cost and budget update required

Action five: Identify and regularly track a key set of outcome performance measures.

As discussed in recommendation 4.1. the Department should develop and adopt a set of key outcome-based performance measures across programs including General Relief in addition to state-mandated measures. Adopting and tracking these measures will allow the Department and County at large to better understand the impact of the General Relief program, its overall effectiveness and whether it is consistently achieving desired goals. It will also allow the County to make better strategic decisions surrounding eligibility criteria and income levels in the future. Examples of performance measures which may be adopted by the Department include the following:

- Length of time a client receives support under the General Relief Program
- Key reason for no longer receiving General Relief support (increased income, lack of provision of required information, move to another county etc.)
- Rate of re-entry to the General Relief Program
- Percentage of loans which remain unpaid and key reasons behind inability to make repayment

Scope: Protective Services

1.4 Employ differential shifts within APS and CWS through flex schedules to improve capacity to visit families, reduce overtime impacts, and improve staff retention

Potential benefit: Implementing differential shifts for social workers across Adult Protective Services and Child Welfare Services (Protective Services) will enhance a client’s ability to access the support and care they need outside of regular working hours. Flexible scheduling could improve service to clients by reducing barriers to visitation with social workers that may be caused due to a client’s employment schedule or by a child’s school day. Furthermore, the approach will reduce overtime cost related to instances where staff must conduct client visits outside of their current eight-hour schedule. Finally, based on the experience of KPMG with other Protective Services agencies and divisions, flexible scheduling can increase employee retention, which is critical in a sector where staff recruitment and retention are an increasing difficult challenge.

Current state: In the current state, social workers across APS and CWS work a typical 9 a.m. to 5 p.m. shift, five days a week. However, APS and CWS staff members are offered 9/80 schedules on Mondays and Fridays and encouraged to flex their time within pay periods when they are required to complete evening or weekend work. During interviews, staff advocated for further opportunities to enhance flexibility, which can be brought about by the adoption of differential shifts. Approximately 72 percent of social workers across APS, CWS, and In-Home Supportive Services (IHSS) currently avail of these 9/80 schedules. Despite the existence of 9/80 scheduling, across interviews, staff members identified that they often work a significant amount of overtime to conduct certain visits within state-mandated timeframes to align with clients’ schedules around work and/or school. However, in the current state, the Department does not track the number of out-of-hours visits to identify the level of client need for out-of-hours service. Across FY18–19 and FY20–21, staff across Protective Services including social workers, practitioners, and case aides worked a total of 21,471 overtime hours at a total cost of approximately \$1.06 million. The table below illustrates the total number of overtime hours worked per

fiscal year along with the related cost. The Department should consider enhancing its approach to adopting flexible scheduling to enhance client accessibility to care, reduce overtime costs, and improve staff retention.

| Fiscal Year | Total Overtime Hours | Annual Cost | Average Number of Social Workers, Case Aides and Practitioners Employed |
|--------------|----------------------|--------------------|---|
| FY18–19 | 7,117 | \$338,023 | 91 |
| FY19–20 | 8,207 | \$409,056 | 92 |
| FY20–21 | 6,147 | \$311,506 | 99 |
| Total | 21,471 | \$1,060,585 | |

Suggested Action Steps to Implement Recommendation

Action one: Evaluate shift pattern options for implementation

Firstly, Department leadership should evaluate the shift patterns that are most suitable for adoption within APS and CWS. Regardless, of the shift pattern adopted, the shift times implemented should align as closely as possible with the needs of the Department's clients, as such optimal shift times would likely begin no earlier than 8 a.m. Example of sample shift patterns may include:

| Shift Pattern | Shift Time |
|---|----------------------------------|
| 12-hour shift, 4 days on, 4 days off, followed by 3 days on, 4 days off | 8 a.m.–8 p.m. or 9 a.m.–9 p.m. |
| 10-hour shift, 4 days on, 1 day off | 10 a.m.–8 p.m. or 11 a.m.–9 p.m. |

It is important to note that differential shift patterns can be adopted to best meet the needs of the Department; for example, under a 10- or 12-hour shift, workdays and days off could be staggered throughout the week, as opposed to occurring in one block. Alternatively, a 10- or 12-hour shift could be utilized once or twice a week or a 12-hour shift, 4 days on and 4 days off could be combined with one eight-hour shift in the second week to allow employees to work 80 hours per pay period.

In conducting this evaluation, the Department should consider tracking data to understand demand for after-hours visits. Additionally, they may consider engaging with both division staff and clients to obtain feedback on those shifts considered to be most suitable. This may be undertaken by:

- Tracking the number of out-of-hours visits and/or client requests for out-of-hours visits for a three-month period. If a clear trend is not identified after a three-month period, the tracking can be extended for an additional three-month period
- Tracking the hours within which out-of-hours visits are typically undertaken for a three-month period
- Tracking the location of each after-hours visit, given that demand may differ in terms of hours/days/shifts across locations
- Developing and issuing staff surveys to social workers across APS and CWS
- Undertaking client surveys
- Analyzing the results of both surveys and aligning with the Department leadership's evaluation to consider optimal shift patterns.

Action two: Conduct a cost-benefit analysis of implementing differential shifts

Secondly, the Department should undertake a cost-benefit analysis based on the optimal shifts identified under action one to determine cost savings because of the transition to differential shifts. This will require the following steps:

- **Step one:** Identify the number of cases managed by each unit.
- **Step two:** Evaluate the number of FTEs required to service caseloads based on the new shift patterns.
- **Step three:** Calculate the cost of adopting the new shift patterns utilizing the number of FTEs identified above.
- **Step four:** Compare this cost to the current staffing cost including overtime

Action three: Collaborate with Department HR and County HR

Thirdly, the Department should collaborate with Department HR and County HR to evaluate the following:

- Any legal obligations and collective bargaining as a result of changes to shift patterns
- Any updates required to employee contracts, role descriptions, and/or operating procedures as a result of the implementation of differential
- Methods of communication updates to staff

Action four: Discuss with labor organizations

The Department will need to discuss the potential adoption of differential shifts with the labor organizations to reach agreement on the proposed changes to staff scheduling. These discussions should be led by Department leadership, Department HR, and County HR. Once discussions have been finalized, labor agreements should be updated and communicated to staff as a matter of urgency.

Action five: Pilot differential shifts

The Department could also consider piloting the differential shift patterns selected for a three- to six-month period to evaluate its success prior to full-scale implementation. The Department can conduct the following analysis in evaluating success:

- Overtime analysis: The Department should analyze overtime to consider whether it has been reduced because of the transition toward differential shifts.
- Visit and assessment analysis: The Department should analyze whether there has been an increase in the assessments and visits undertaken within the mandate's timeframes as well as an increase in the number of visits during the pilot period.
- Employee satisfaction: The Department should be sure to measure employee satisfaction because of the transition to differential shifts by way of surveys and/or focus groups. The Department should also measure whether retention rates have increased or decreased during the pilot phase.
- Staff retention and sick leave data: The Department should conduct an analysis of staff turnover as well as sick leave trends pre and post the pilot to determine whether staff retention and sick leave trends have improved because of the implementation of differential shifts.
- Client service delivery: The Department should also obtain client feedback and measure client satisfaction in response to the differential shifts and the opportunity for social workers to better accommodate clients' schedules and other needs.

Application and Case Management

Scope: Department-wide

2.1 Update current standard operating procedures, communication response time standards, and regular supervision across the Department to alleviate inconsistent interpretations and implementation of internal policies and standards

Potential benefit: Operationalizing internal policies and procedures across the Department by way of communication response time standards, automated workflows, and report templates will help ensure consistent interpretation and implementation of policies and procedures across staff. It will allow for greater efficiency in communicating and transitioning workload across different levels of staff, enhancing staff performance and ensuring that clients receive a consistent and high level of service delivery each time.

Current state: In recent months, the Department has developed the Equalizer Tool to equalize staff workload across the Economic Assistance and Employment Services Division. As a result of the Equalizer, staff can be assigned work across varying district offices in addition to their home office. However, across interviews, staff noted that there are different processes in place across offices for undertaking specific tasks, including client scheduling, client contact, and communication with eligibility workers. This often creates challenges and inefficiencies for staff members when they are assigned tasks outside of their home office. For example, in some offices, AOPs are required to email eligibility workers when certain tasks are assigned; however, this is not the case in other offices. Interviewees noted the lack of consistent standards as a key challenge in completing tasks across offices, reducing efficiency, and extending processing times.

In addition to the lack of operationalized standard procedures across offices, there are currently limited communication response time standards in place between case managers, social workers, AOPs, and eligibility officers cross-divisionally. By nature of their role, case managers and social workers often liaise with shared clients on a more regular basis than AOPs and eligibility workers. They often act as a client liaison to request application updates from AOPs and eligibility workers across district offices. However, during interviews, staff noted that they can often wait between two and three months to receive a response from AOPs and/or eligibility workers. Additionally, case managers noted that it is often challenging to connect with the correct eligibility worker, given many eligibility workers may work on one case. The Department reports that consistent failure of staff to communicate in a timely fashion prompts an internal assessment of communication processes and/or performance management processes. However, presently, there is no defined timeline or communication standard that identifies the timeframe within which a response must be provided to prompt such assessment or performance management process review.

Furthermore, across interviews, eligibility workers noted that documents submitted through Octopus by clients are not viewable until uploaded to the document imaging system by an AOP. This process can often take between two and five days. As a result, eligibility workers and social workers reported being

unable to assist certain clients in resolving queries given they are unable to view documents that may have been recently submitted to Octopus. The Department noted that eligibility workers and social workers can currently gain access to the clerical inbox to pull these documents that are, in general, imported into the document imaging system. Documents are viewable by going into the central clerical email inbox; however, staff may potentially need access to all district office inboxes in case the client did not select the correct office when submitting documents. Furthermore, it is unclear whether staff members are aware of their ability to, or know how to request, access to the central clerical inbox to locate client documents.

The Department noted that policies and procedures are communicated via many written documents, including a Department manual, administrative directives, policies and procedures, supervisor guides, departmental manual monthly topics, supervisor checklists for new employees, as well as verbal communication through team meetings. However, staff interviews indicate that the policies and procedures in place may not be fully adopted and more training may be required among staff to help ensure that any existing procedures are being consistently operationalized and adopted across offices. Furthermore, based on a review, the existing policies and procedures do not provide for any written communication response time standards between social workers, case workers, eligibility workers, and AOPs. In recent months, the Department has commendably developed a working group to review standard operating procedures across district offices, given the implementation of CalSAWS in the upcoming months. The work group has begun focusing on standardization efforts related to scanning, application registration across all offices, and improved email communication. The Department should continue this working group to help ensure that this review is a priority and should develop formalized written communication response time standards across social workers, case workers, eligibility workers, and AOPs. Furthermore, the Department should increase training on existing policies and procedures to help ensure they are being effectively operationalized.

Suggested Action Steps to Implement Recommendation

Action one: Review and update standard operating procedures across district offices

Currently, the working group established to review standard operating procedures are commendably conducting cross-office visits to shadow workers and identify the varying practices undertaken across district offices for similar processes. In analyzing these differences, the working group should ensure that they focus on the following areas:

- Where differing practices are identified, engage with line staff and eligibility workers to obtain an understanding of the origination of the practice.
- Evaluate whether staff utilizes the available Departmental manuals, policies and procedures, and administrative directives when considering how a particular practice should be undertaken. In circumstances where staff identifies that Departmental manuals, for example, are not utilized, engage with staff to consider why this is the case.
- Evaluate instances where an update is required to existing manuals and policies and procedures to provide guidance on a particular process.
- Evaluate instances where no update is required to existing manuals and policies and procedures, but additional training is required to operationalize the process in place.
- Develop job aids or quick reference cards for specific inconsistent processes identified across offices to provide staff with a quick reference guide on how a process should be undertaken. These quick reference guides should be made available on the intranet or SharePoint site to allow viewing by staff when needed.

Action two: Develop communication response time standards among case workers, social workers, eligibility workers, and AOPs

Developing communication response time standards across case workers, social workers, eligibility workers, and AOPs will enhance the effectiveness of communication among these staff members, ensuring that high-needs clients receive a timely response to queries. It will also allow the Department to better identify instances of untimely communication. This can direct the Department to assess the current communication system and make the necessary updates to facilitate continued consistent and timely communication. The communication response time standards should include the following elements as a minimum:

- Roles of each party to the communication standard (case workers, social workers, eligibility workers, and AOPS)
- Methods of transitioning work between staff members, particularly AOPs and eligibility workers, for example, adopting automatic notifications to advise once work has been assigned by AOPs
- Preferred methods of communication (phone, email, etc.)
- Communication tools to be utilized, for example, whether a standard template to initiate communication between the relevant staff members will be developed
- Timeline within which a response must be provided, both upstream and downstream (i.e., from a social worker/case worker to an AOP/eligibility worker and vice versa)
- Monthly meetings for social workers and case workers to discuss shared clients, ensuring that social workers are aware of the relevant eligibility worker assigned to their client.

Action three: Collaborate with Department IT to provide access to eligibility workers and social workers to each district office's inbox

The Department may consider collaborating with Department IT to provide eligibility workers and social workers with access to each district office's inbox. Upon providing clerical inbox access for individuals who are client facing, there is an opportunity to educate staff on how to access clerical inboxes and pull documents, without disrupting the AOP approval process.

Action four: Operationalize the standard operating procedures

To operationalize communication response time standards and Department standard operation procedures, executive leadership should work with Staff Development to develop training for staff across district offices on updates and additions to standard operating procedures. The training should focus on the importance of adopting consistent processes and procedures across offices, particularly to help ensure clients receive consistent, high-level service on a continuous basis.

Scope: Economic Assistance and Employment Services**2.2 Strengthen the lead worker model within the Economic Assistance and Employment Division's Santa Maria Office to enhance accountability and quality of work as well as reduce communication burden between employees**

Potential benefit: The lead worker model is a method of service delivery in which one staff member is assigned to act as a single point of contact for a client, helping to coordinate care for the high-needs client across various programs and supporting those high-utilizer clients identified for analysis under recommendation 1.1. The main concept of the lead worker's role is to empower clients by providing them

with support, resources, and information tailored to meet their individual needs; provide assistance in navigating the system; and reduce the number of handoffs between programs. Strengthening the lead worker model for Economic Assistance and Employment Services clients to include the CalWORKs office in Santa Maria and adopting a more data-driven approach to identify high-needs clients for inclusion in lead worker caseloads will help ensure that all high-needs clients have a single point of contact who can identify need, process eligibility, and assist in navigating varying program offerings and related requirements. It will also enhance accountability across eligibility workers and will help ensure that social workers for cross-divisional shared high-needs clients can connect with one key eligibility worker who can provide updates across programs on an assigned client. Finally, it will reduce the number of handoffs between eligibility workers and, in doing so, improve processing times and reduce communication burden between employees.

Current state: In the current state, across a large portion of district offices, certain eligibility workers are assigned to client intake where they are responsible for acting as the initial point of contact for a client, advising on eligibility and processing applications. Following application processing, a small portion of clients considered as highly vulnerable are transitioned to an ongoing eligibility worker who has a specific caseload and acts as a point of contact for a client's queries across CalWORKs, Medi-Cal, General Relief, and CalFresh, going forward. All other clients are transitioned to the BSC for future service. However, high-needs clients who receive service in the CalWORKs office in Santa Maria often have two ongoing eligibility workers, as CalWORKs staff in that office is not currently trained in Medi-Cal and, as such, cannot provide service on that program. This process creates a lack of consistency for clients, who are required to speak to different staff members at different intervals on their case, often being required to share their story more than once. Additionally, it results in multiple staff members touching a single case and making updates at different times. This creates inefficiencies, as staff may often be required to follow up with a client's other eligibility worker to query certain updates or request certain additional information. Furthermore, the process currently in place to determine high-needs clients is largely based on the Department's intuition as opposed to utilizing a data-driven approach to identify high-needs client. This may result in certain high-needs clients not receiving the support they need from a dedicated case worker, which may result in suboptimal outcomes for these clients. The Department reports that training Santa Maria CalWORKs staff in Medi-Cal is an upcoming strategic priority – but has not been implemented at this time.

Suggested Action Steps to Implement Recommendation

Action one: Expand the lead worker model at the CalWORKs office in Santa Maria in line with Department strategic priorities.

As a first step, leadership of the Economic Assistance and Employment Division should train staff at the CalWORKs office in Santa Maria on the Medi-Cal program. This training will allow the office to adopt the lead worker model and provide more coordinated service to clients. The steps in completing this action are as follows:

- **Step one:** Liaise with Staff Development to facilitate training on Medi-Cal and the lead worker model. This training should include the following at a minimum:
 - Medi-Cal state-mandated requirements and performance measures
 - Medi-Cal processing protocols and procedures
 - An explanation and benefits of the lead worker model
 - Roles and responsibilities of eligibility workers under the lead worker model
 - Communication and listening skills

- Suggestions on time management and organizational skills.
- **Step two:** The Department may consider allowing eligibility workers from the CalWORKs office in Santa Maria to shadow Medi-Cal workers in other offices for one to two weeks to allow them to further their on-the-job experience as it relates to Medi-Cal processing. Any work shadowing that would require traveling to another office should be staggered across staff members to help ensure that service delivery at the CalWORKs office in Santa Maria is not negatively affected.
- **Step three:** Following training, all existing cases that are also eligible for Medi-Cal should be assigned an eligibility worker at the CalWORKs office as its dedicated lead worker.
- **Step four:** The Department should continue to contact clients via email and mail to advise of any change in lead worker.

Action two: Use the results of high-utilizer analysis in recommendation 1.1 to evaluate current caseloads

The Economic Assistance and Employment Services Division may consider evaluating the number and characteristics of client cases that currently form part of a caseload across each district office. This evaluation can be compared against the high-utilizer analysis outlined under recommendation 1.1 to consider whether additional clients should be added to the district office caseload and provided with a dedicated lead worker to support their complex needs. This evaluation may also categorize cases based on complexity. For example, categorization could be based off the number of programs currently being used by clients and/or the number of withdrawals/denials per client because of failure to provide the correct information. As such, this could take the following form:

- Clients who receive assistance from one to two programs
- Clients receiving assistance across three or more programs
- Shared clients who receive assistance from one to two Economic Assistance and Employment Services and/or APS or CWS services
- Shared clients who receive assistance from three or more Economic Assistance and Employment Services and/or APS or CWS services
- Number of denials per client because of failure to provide the correct information
- Number of withdrawals per client because of failure to provide the correct information.

Scope: Economic Assistance and Employment Services

2.3 Develop specialized units within the BSC to align staff to demand and enhance the efficiency of application renewal processing

Potential benefit: Developing specialized Medi-Cal and CalFresh units within the BSC will enhance the efficiency of application renewal processing and disposition, given staff will process the same types of applications daily, increasing their expertise in dealing with program nuances, for example. The establishment of specialized units may also reduce the impact of transition for newly recruited eligibility workers as they graduate from a training unit to the floor, given they will focus on one program as opposed to multiple programs with differing requirements. However, it is important to note that while staff will be assigned to one specialized unit, they should be cross-trained as recommended within recommendation 6.2 to allow for resiliency and cross-unit assignment during periods of high demand for specific programs.

Current state: In the current state, the BSC processes all CalFresh and Medi-Cal renewals that are requested as a result of client calls and renewal requests as they come through Octopus, the Department’s online client portal. Tasks are assigned to eligibility workers via a task management system known as the Task Management Tool (TMT). The TMT assigns work on a round-robin basis, and eligibility workers work across programs based on the tasks assigned, utilizing a one and done approach with the goal of resolving each client’s need fully with no program-specific units in place. This process results in multiple eligibility workers touching one client case, with multiple hand-offs, over time. This creates significant inefficiencies as eligibility workers often must connect with the prior eligibility worker(s) to understand certain aspects of a case update or case-specific nuances. These inefficiencies are accentuated by the fact that there are currently no communication response time standards in place between eligibility workers, as discussed in recommendation 2.1. This process may often result in delays in providing services and updates to clients.

Furthermore, based on a review of TMT data provided for FY20—21, an average of 10,000 tasks were completed in that period. On average, assigned tasks took approximately 146 days to complete with just over 19 percent of tasks completed by the target date assigned per TMT. Additionally, almost 1.5 percent of all tasks (1,716) were first assigned in 2017, however not completed until FY20—21. This may indicate data quality issues with TMT data, where staff potentially did not close out task completion in TMT, resulting in unusually high timelines between task assignment and completion. BSC leadership should conduct spot checks on data quality monthly, identify instances of unusually high processing timelines and underlying cause, providing education to staff on the importance of accurately updating TMT, where necessary. Finally, based on TMT data provided it was not possible to accurately identify the average number of tasks completed by employee per month, given that a significant number of tasks are assigned to “*Overtime RRR*,” as opposed to being assigned to a specific staff member. However, any future expiry of the moratorium on negative Medi-Cal actions will likely result in an increase in the number of tasks assigned for completion and related time to complete. As such, developing specialized units may enhance the efficiency of task completion, by helping to ensure that staff focuses on tasks related to a specific program, reducing the impact of the learning curve, and increasing the efficiency of task processing. Please refer to Appendix J for monthly analysis of TMT data.

It is important to note that, while the Department has developed some specialized units including Multiprogram, Jobs Services, HSP, and Cal Learn, they are focused at district offices rather than at the BSC. Furthermore, although the BSC launched in 2008 with specialized units, these units were not specialized based on programs, but rather based on tasks with certain staff members specialized in call-taking and others specialized in case maintenance. As a result of a strategic improvement several years ago, these task-driven specialized units were removed, and staff were alternatively cross-trained across programs, call-taking, and case maintenance. During periods of enhanced Medi-Cal workload, which is largely seasonal, the BSC aligns additional staff to processing Medi-Cal intake applications to support the increased demand. Cross training across programs is key to helping ensure resiliency during periods of high demand and/or staff leave and should continue to occur. However, establishing a hybrid model that focuses on programmatic specialized units with the ability to flex cross-trained staff across units in periods of high demand across all programs will enhance efficiency in application processing on a day-to-day basis while helping to ensure staff does not experience burnout.

Suggested Action Steps to Implement Recommendation

Action one: Assign staff to a specialized unit

BSC leadership should be tasked with identifying staff members who will work within each specialized unit. To undertake this, leadership should perform the following steps:

- **Step one:** Based on analysis of workload across both Global Navigator (GNAV) and TMT data. BSC leadership should analyze the number of staff members required within each unit. A

moratorium on negative Medi-Cal actions was adopted by the State of California in March 2020 due to the pandemic. This moratorium bars negative Medi-Cal actions, such as annual redeterminations and discontinuances, during the COVID-19 emergency. Given the moratorium actions, three years of data should be analyzed to get a realistic view of the number of staff members required per unit in the future, once the moratorium expires given that current Medi-Cal workload is much lower than is typical at present. The following analysis should be undertaken to evaluate demand levels per program monthly across each of the three years. However, prior to conducting the analysis below, BSC leadership should assess the data quality of TMT, as identified in the body of this recommendation, assess reasons for any unusually high processing timelines, update TMT reporting to help ensure tasks are assigned to a specific employee and make any necessary updates to TMT to help ensure data accuracy prior to analysis.

- Call volume per programs
 - Average call duration per program
 - Number of abandoned calls per program
 - Number of Octopus requests per program
 - Number of redeterminations processed per program
 - Number of dispositions effected per program
 - Total number of tasks completed per program
 - Total duration related to tasks completed per program.
- **Step two:** Given the moratorium regarding Medi-Cal negative orders is still ongoing, BSC leadership should also analyze the GNAV and TMT data over FY19–20 through FY20–21 to consider the number of staff members required per specialized unit in the current state. This analysis should focus on the key areas noted in step one and on monthly data for the years FY19–20 and FY20–21.
- **Step three:** Based on analysis of time study data discussed in recommendation 3.1, TMT Data and GNAV data, BSC leadership should identify the programs within which each staff member has typically spent the majority of their time. Where possible, staff should be assigned to those programs where they have spent the majority of their time.
- **Step four:** Based on the analysis identified in steps one, two, and three, BSC leadership should develop a listing of employees who will be assigned to each unit presently. BSC leadership should also develop a future-state assignment listing for implementation to help ensure adequate staffing in the Medi-Cal unit, following the expiration of the Medi-Cal moratorium.

Action two: Communicate updates to staff and develop communication standards across each specialized unit

Prior to the implementation of specialized units, BSC leadership should communicate the transition to staff and develop formalized communication standards and workflows across units. This will involve undertaking the following minimum steps:

- **Step one:** Collaborate with Departmental HR to communicate the plan to establish specialized units to staff. BSC leadership should also provide the assignment list to each staff member and give them an opportunity to provide feedback.
- **Step two:** Identify the roles and responsibilities of each unit and include these roles as part of the communication standards.

- **Step three:** Evaluate how shared clients can be triaged across units by implementing warm handoffs. This will be of key importance given that California Department of Social Services (CDSS) will require staff to verbally screen renewing Medi-Cal applicants for CalFresh and provide an opportunity for clients to apply for CalFresh. These warm handoffs may require Medi-Cal to screen clients for CalFresh and, where eligible, wait on the line to redirect the client to the CalFresh unit for application processing. All warm handoff and triaging methods should be formalized and form part of the communication standards.
- **Step four:** Evaluate any updates required to the allocation methodologies utilized under SPEICL to help ensure that staff members are only assigned work related to their specific unit.
- **Step five:** Staff should be trained on the communication standards once they have been assigned to a specific unit.

Action three: Reroute phone lines related to a particular unit to key staff for specific programs

BSC leadership should also work with the provider of the phone system to allow clients to be routed to the required unit upon calling. This would involve updating the current automated messaging to allow clients to press "1" for example to receive Medi-Cal services, for example. The client would subsequently be routed to the Medi-Cal unit.

Scope: Economic Assistance and Employment Services

2.4 Develop case prioritization and triaging methods in the BSC to allow the Department to improve processing times and manage changes in demand

Potential benefit: Developing formalized case prioritization and triaging methods in the BSC will help ensure that higher-priority tasks are completed more efficiently, allowing staff members to spend their time in the most effective way and helping to ensure that high-needs clients receive the right assistance when they need it. It will also allow the BSC to more effectively respond and plan for demand changes, helping to ensure that even in periods of high demand or low staffing, those tasks considered most important will be prioritized each time.

Current state: The BSC is responsible for processing all renewals and redeterminations for CalFresh and Medi-Cal clients, apart from a smaller number of high-needs clients who are served locally at district offices. The BSC's task management system, TMT, allocates work among staff based on calls received and requests received via Octopus. The tool has a total of 32 task options that can be assigned to a staff member, and interviewees noted that tasks are completed in order of assignment, with no formal or automated task-level prioritization protocols in practice. The Department notes a case-level prioritization and triaging process is employed, which prioritizes certain aspects of programs, for example, a Medi-Cal client being refused service/treatment is processed first and CalFresh immediate -need applications are also prioritized. This process assigns a target due date to each task allocated with timeframes preset in TMT. Priority tasks are set by the Department's Management Team, tracked by BSC supervisors, and reported monthly to BSC managers. Supervisors also connect with staff monthly to help ensure that priority tasks are being undertaken.

While prioritization protocols may be in place across the Division, protocols are reactive, rather than proactive, as demonstrated by supervisors connecting with staff monthly to review the previous month's tasks. The current process is manual in nature and does not allow for automated prioritization at the unique task level. Therefore, current prioritization procedures require staff to review each task assigned and manually decide upon a prioritization. This process requires significant staff effort and time, which would reduce the time available to be spent on client service delivery.

Furthermore, in the current state, the BSC measures staff performance based on number of tasks completed monthly. This is an ineffective approach to managing staff performance given that it does not consider task complexity and the time range within which a task can be completed. As discussed in recommendation 3.1, the Department should complete an analysis to determine a time range within which a task can be completed to develop formalized and accurate performance measures for staff to target.

Suggested Action Steps to Implement Recommendation

Action one: Review TMT task categories to evaluate opportunities to streamline

As noted in the current state, there are 32 task categories in TMT, which is a significant number of tasks to allow for effective prioritization. In advance of CalSAWS, the BSC has commendably commenced task category refinement – yet a significant amount of task categories remains. To further streamline, the BSC should conduct an analysis of those categories that have similar activities and can be combined or alleviated to streamline task categories for greater ease of analysis. The BSC may consider completing the following tasks as part of this streamlining:

- Evaluate the requirements of each task within TMT and consider whether tasks that have similar requirements can be combined within one task naming convention or category.
- Determine instances within which similar naming conventions are in place for the similar tasks and assign one naming category for these tasks.

Action two: Develop a priority listing per task

Having reviewed and streamlined task categories within TMT, BSC leadership should develop a task prioritization listing per task. This will involve completing the following steps:

- **Step one:** Evaluate the tasks required for completion within TMT, as streamlined under action one above and develop a listing that identifies tasks in order of highest priority to lowest priority.
- **Step two:** Develop an identifier per task that identifies a particular task's priority across total tasks. For example, a numerical function could be adopted and applied to the task, with "one" identifying the task that must always be completed first and "two" identifying the task that should be completed after a priority 1 task and so on.
- **Step three:** A priority listing should also be developed at the more granular programmatic level, which would identify the program to be prioritized and the task within that program that should be prioritized. The table below illustrates an example of the categories that may be included in this listing (program, task category, and priority) and how this listing may be developed in a table format. Please see an example in the table below.

| Program | Task category | Priority |
|-------------------|-----------------------------|----------|
| CalFresh | Immediate-need applications | 1 |
| Medi-Cal | Redetermination | 2 |
| CalFresh/CalWORKs | SAR 7 | 2 |

- **Step four:** Update the TMT Tool to add priority listing to each naming field.

Action three: Develop a time and complexity range per task

Having completed actions one and two above, BSC leadership should conduct data analysis of TMT to evaluate the timeframe within which tasks are completed by staff in the current state. This will involve undertaking the following key steps:

- **Step one:** Analyze available data over a three-year period to help ensure that a sufficient time period is evaluated, and the analysis is not skewed by the nuances caused as a result of the pandemic.
- **Step two:** Analyze the data to identify the shortest and longest period of time as well as the average length of time a particular task has taken over the three-year period across employees.
- **Step three:** Utilizing this data analysis, develop a target timeframe within each task should be completed by staff. In developing this targeted timeframe, BSC leadership may consider using the median timeframe or average timeframe as a starting point. This target should be analyzed each year to help ensure staff members are sufficiently challenged and to promote an environment of continuous improvement.
- **Step four:** BSC leadership and supervisors should subsequently implement this targeted timeframe to its current method of performance management to help ensure that the complexity of tasks is considered when managing staff performance as opposed to appraising staff solely on number of tasks completed over a period of time.

Workload and Demand Management

Scope: Department-wide

3.1 Perform an activity-based and demand-driven workload analysis and a process assessment to help ensure efficient staffing structure aligned to demand across APS, CWS and Economic Assistance and Employment Services

Potential benefit: The Department should perform an activity-based and demand-driven workload analysis to identify process efficiencies and develop a sustainable, efficient staffing model aligned to demand that enhances client service delivery, improves employee retention, and enables effective performance management across Economic Assistance and Employment Services. Additionally, conducting a demand-driven workload analysis across APS and CWS will allow the Department to develop optimal caseload levels, to help ensure more balanced caseloads across staff – with the understanding that individual cases will vary in complexity – and help to enhance client service delivery. Finally, conducting an activity-based and demand-driven workload analysis will assist the Department in developing and aligning utilization targets as discussed in recommendation 4.2.

Current state: The Department currently undertakes time tracking quarterly for staff members who provide direct client service via Study Buddy; however, the primary purpose of this time tracking is to meet State mandates for program budgeting and cost allocation requirements. The study in its current state does not allow for a detailed analysis of the specific activities staff members are undertaking regarding a program or time spent on those activities. A staff member's time may be coded to "Initial Common Eligibility Programs," for example, however, it is not clear whether the staff member is conducting an application, redetermination, immediate-need application, or another task. Furthermore, administrative staff is not included as part of this study. As a result, the Department does not have an in-depth understanding of the specific activities undertaken by staff across the Department. This precludes the Economic Assistance and Employment Services Division from understanding the average length of time spent by staff on application processing versus redetermination processing across separate programs, for example.

In the Protective Services Division, this results in leadership being unable to understand the length of time staff spends on direct client services, such as visits, and nondirect client services, such as travel and note taking or other internal administration. Failing to understand these activities means that the Department cannot accurately determine the specific workload or productivity of each employee and effectively allocate tasks and/or caseloads across staff based on demand. Furthermore, it prevents the Department's ability to accurately develop formalized performance targets to enhance client service delivery and enable effective performance management, as discussed in recommendation 4.2. Neither does it allow the Department to identify any process bottlenecks or challenges, which prevents a continuous and proactive approach to process improvement.

Economic Assistance and Employment Services

The Department utilizes the Equalizer Tool to equalize work across its district offices. The Equalizer Tool is a Google Sheets tool that can be updated by an unlimited number of individuals at one time. To equalize work, AOPs manually review staff availability within the Equalizer and then manually assign work on a round-robin basis. This results in two challenges:

- Employees who are particularly adept at certain programs are typically assigned more tasks related to these programs than others, which results in the potential overburdening of certain staff members and hampers cross-training efforts across offices. For example, based on a review of CalWIN data provided by the Department, 32 percent of staff members processed more than 5 General Relief applications in FY20–21, with only one employee processing more than 10 applications per month. A similar trend was identified in both CalFresh and Medi-Cal programming with only 20 percent of employees processing over 20 CalFresh applications per month and just 4 employees processing over 30 applications per month. In a similar trend, 25 percent of employees processed more than 20 Medi-Cal applications per month with only one employee processing more than 30 applications per month. This data analysis suggests that certain employees are typically assigned more application processing tasks for certain programs than other staff members, potentially because of proficiency. As noted above, this may result in the potential overburdening of certain staff members.
- The round-robin approach to workload allocation across district offices means that several employees are touching one case, which reduces efficiency given that staff may often have to connect with the prior eligibility worker to obtain a case update, for example. It also places more onus on the client to have to potentially repeat their story multiple times to different workers.

Protective Services Caseloads

Across Protective Services, leadership meet monthly to analyze staff caseloads. This process involves reviewing the number of referrals and number of new assignments per case worker per month to help ensure parity across staff. Interviewees noted that this may often result in social workers working across regions. In the current state, there are no documented, formalized guidelines in place to assess alignment with optimal standards and provide guidance on the average range of investigations that should be completed or the range of active caseloads that a particular social worker should manage. In the future, due to the adoption of AB135, which will require longer-term case management for seniors with more complex cases, caseloads are likely to increase further for social workers within APS. In advance of AB135, the Department should develop an optimal caseload range by case complexity level for APS social workers. For example, in Santa Clara County, Social Worker III's have a contractual caseload of 28, much lower than the current caseload of social workers in APS. However, caseload guidelines should also be developed for CWS social workers. Any caseload range adopted should be balanced and include a recommended mix of case types, such as complex cases, ongoing cases, and investigation.

Based on analysis of APS caseloads, there is a significant difference between caseload numbers across APS social workers between FY18–19 and FY20–21. The table below identifies the lowest average and highest average caseload across staff across FY18–19, FY19–20, and FY20–21. In FY18–19, the largest caseload was 145 percent higher than the smallest average monthly caseload per staff member. This percentage was 107 percent for FY19–20 and 130 percent for FY20–21. While there is an understanding that caseloads may vary due to complexity and/ or new staff training, the caseload variation experienced in APS is high. The Department reports that the unusually high caseload numbers are a result of prioritizing new investigations as opposed to undertaking administrative tasks related to closing other cases.

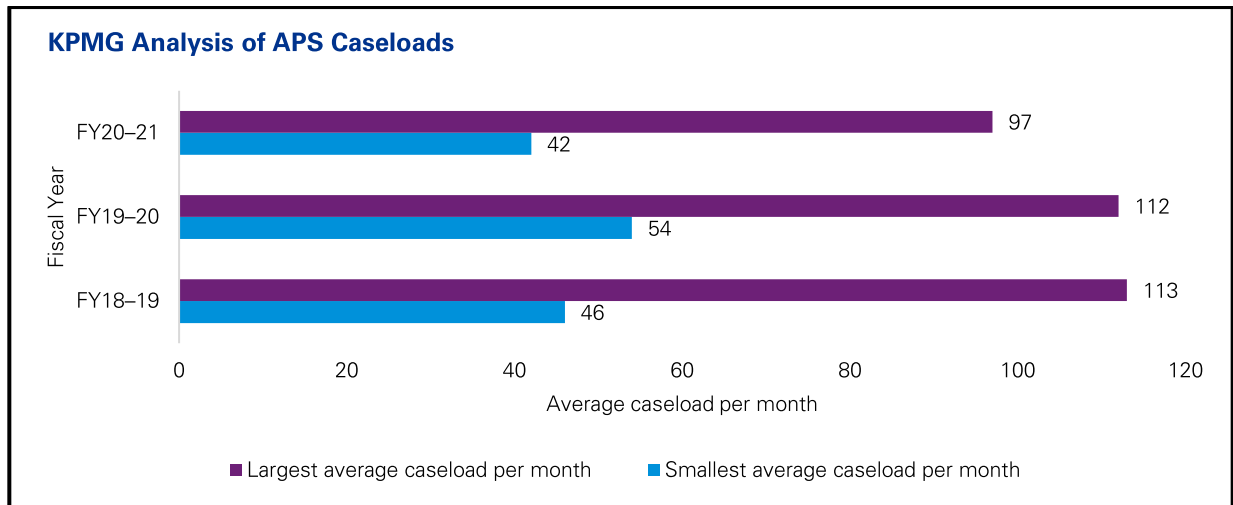


Figure 12: Source: KPMG

CWS caseload data was analyzed from March 2020 through August 2021, given that Safe Measures can only provide data for an 18-month period. Based on analysis of this data, caseloads per staff averaged between 12 and 17 per month over the period. However, within this average, one staff member had an average of 42 cases per month, while others had less than 7 cases.

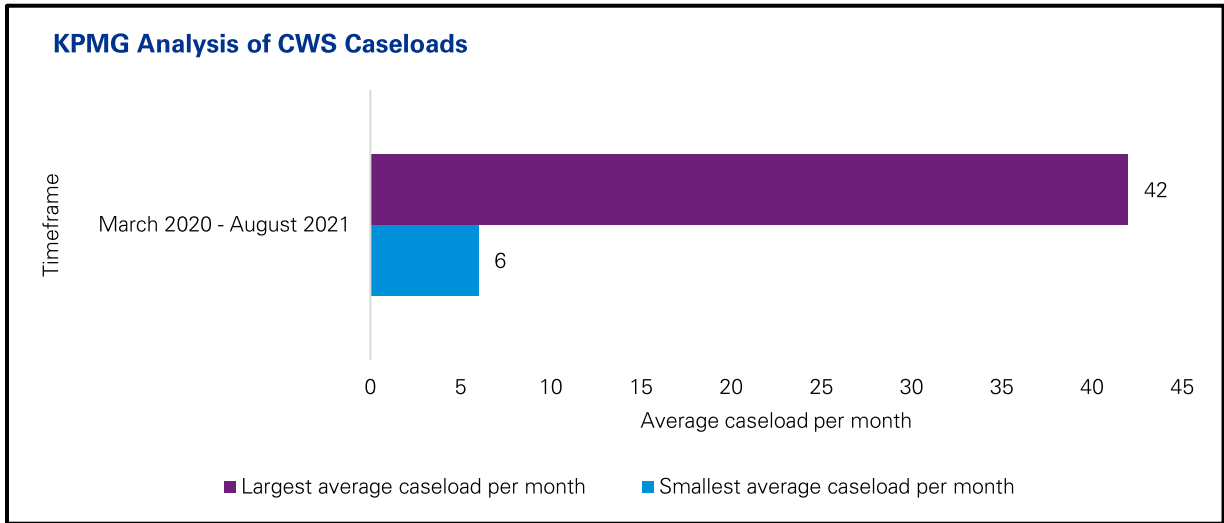


Figure 13: Source: KPMG

In April 2000, the California Department of Social Services conducted a workload study for CWS services across the state. The study surveyed 58 Californian counties and developed composite minimum and optimum standard time ranges to outline the time that should be spent by a social worker on a case per program. Based on that study, social workers working on the permanency placement program were recommended to hold a case load of between 16 and 24 cases, for example. Caseload ranges were also recommended for emergency response, family maintenance, and family reunification. The Department is aware of these standards and seeks to operationalize them, where possible. However, based on analysis of available data as outlined above, the Department is not currently in alignment with the recommended caseload ranges as developed by DCSS. As such, the Department should internally develop optimal caseload ranges for adoption by social workers which align with the nuances of the Department’s operations. Please refer to Appendix H for further detail on the workload study undertaken by DCSS.

The Department further reports that training, close supervision, and outcome monitoring are key tools utilized to identify and resolve suboptimal performance and service delivery challenges in real-time across both APS and CWS. However, in the absence of formalized caseload ranges by complexity level, suboptimal performance may be difficult to assess.

Case study spotlight: In 1997, the National Association of Adult Protective Services (NAPSA) conducted a survey of 11 state programs, the District of Columbia, and two counties to identify leading practices in caseload management. As a result, NAPSA recommended that caseloads focused only on investigations be limited to 15.7 cases per month, ongoing caseloads be limited to 26.5 cases per month, and mixed caseloads of both investigation and ongoing cases be limited to 24.6 cases per month. Absent any subsequent national APS caseload studies, 25 APS cases per month have become the de facto standard. In addition, it has often been interpreted as “at least 25 cases per month” rather than the intended limit of “no more than 25 cases per month.” Data from state APS agencies show that reports of maltreatment and caseloads for APS workers have increased over time. The 2012 survey of APS agencies conducted by NAPSA and National Association of States United for Aging and Disabilities (NASUAD) found that APS worker caseloads vary from 0–25 per worker, in 13 states, to 100+ per worker, in four states (NAPSA & NASUAD, 2012). In many states (21), the caseload per worker was 26–50. The ratio of supervisor to investigators varied from 1:1 to 1:14. While both the 1997 and 2012 studies are both ratio based, KPMG recommends a workload-based approach to allow the development of ratios.

In 2017, San Francisco County conducted an annual staffing analysis across its APS programs to inform business decisions around caseload management as well as to add to the organization’s understanding of the resources required to serve high-intensity cases. The study involved conducting job shadowing and holding focus groups with social workers to understand challenges and required resourcing, conducting a peer study, and completing case-level data analysis. As a result of this assessment, San Francisco developed case management policies, procedures, and guidelines for case aides and social workers.

In Santa Clara County, APS Social Worker IIIs who carry caseloads have a contractual caseload limit of 28 cases. These social workers are assigned four new in-person investigation cases per week, up to 20 new cases per month, and they continue to manage cases carried over from the previous month.

Suggested Action Steps to Implement Recommendation

The Department reports that an update to the current approach to workload allocation may be undertaken because of CalSAWS implementation; however, given that this implementation may take some time, the Department should undertake the following key actions in the interim.

Action one: Conduct a detailed time study to determine the specific staff activities undertaken

The Department should implement a detailed time study process to enhance visibility into the specific activities being undertaken by staff across the Department including supervisors, eligibility workers, AOPs, social workers, case aides, and case managers.

- **Step one:** As a first step, the Department should consider whether the current time study system can be leveraged to provide the recommended degree of granularity or whether a new time study system will be required.
- **Step two:** As an alternative option the Department may consider developing a low-barrier pilot program for Department staff to enter time spent on specific tasks undertaken. This pilot can be facilitated via a simple spreadsheet with prepopulated drop-down fields to reduce the time it takes to enter information. Staff should be encouraged to populate the spreadsheet daily to obtain the most accurate time spent on specific tasks. This time tracking exercise should be conducted monthly for three to six months and then analyzed monthly to enhance the

understanding of how staff members are spending their time. Specifically, the recommended time study will bolster the current time study in the following ways, allowing the Department to better understand current staff activities and align demand to staff workload:

- The study will be undertaken monthly as opposed to quarterly.
- The study will include the time spent by staff on specific tasks per program, including, for example, the processing of applications, redeterminations, renewals, client meetings and visits, attending court, attending jails, training, scheduling, and administration, among other work demands.
- The study will include the workload of AOP staff.

Action two: Undertake a process assessment for the processing of Economic Assistance and to Employment Services programs to analyze current process efficiency

Having conducted the time study as recommended above, the Department should analyze the results of the study to consider current workload of staff based on demand and identify any opportunities to enhance efficiencies across staff, redirect staff time where possible and potentially reduce department cost as it relates to staff overtime, for example. The assessment could include the following analysis:

- **Step one:** Evaluate the results of the time study to identify the range and median processing time for each form of application, redetermination, renewal, and disposition across programs.
- **Step two:** Based on the time study, identify those staff members who consistently perform well more than median processing time and staff members who consistently perform well below the median processing time across application types.
- **Step three:** Conduct focus groups with those staff members who consistently perform above median to understand individual processing methods and identify efficiencies. Train remaining staff on identified efficiencies and leading practices.
- **Step four:** Engaged separately with those staff members who consistently perform below median to understand potential bottlenecks in processes undertaken and put procedures in place to alleviate any bottlenecks.
- **Step five:** Based on the time and workload analysis detailed in action one and the analysis conducted in the steps above, the Department should develop a data-driven estimate of the average number of cases an eligibility worker will process and be assigned daily.

Action three: Help ensure balanced caseloads for staff within CWS and APS

The Department should take the following steps to develop balanced caseloads for staff:

- **Step one:** Undertake focus groups and job shadowing with social workers to obtain a greater qualitative understanding of the challenges faced and specific tasks being completed daily.
- **Step two:** Conduct an analysis of the total number of complex cases, ongoing cases, and investigations the Department manages on average per month. Consider the related response times for each of these categories, as well as the relative complexity within each category based on client needs and reasons for receiving service (neglect, sexual abuse, etc.).
- **Step three:** Evaluate the average length of time spent by staff on each case category per month.
- **Step four:** Calculate the average hours worked across social workers deducting vacation, leave of absence sick leave, among other leave types. Based on average hours worked per week by a social worker, evaluate the results above to identify an optimal caseload range per social worker.

Action four: Evaluate whether administrative duties undertaken by staff providing direct client services can be assigned to AOPs

The Department should conduct an analysis based on the time study results under action one above to determine if any administrative activities currently undertaken by supervisors, social workers, and eligibility workers can be transitioned to AOPs. This would allow supervisors, social workers, and eligibility workers to spend additional time providing direct client services.

- **Step one:** Evaluate the time study results to identify whether there are any tasks that can be transitioned to AOPs.
- **Step two:** Update current policies and procedures to include these additional tasks as part of AOP workload.
- **Step three:** Train AOP staff on additional tasks, if considered necessary.

Scope: Economic Assistance and Employment Services

3.2 Evaluate current scheduling methods and staffing levels in the BSC to develop an automated scheduling system that aligns to demand and enhance client service accessibility

Potential benefit: Assessing the feasibility of adopting an automated scheduling system in the BSC will reduce time spent by staff in manually developing schedules, increasing the amount of staff time available to spend on other activities. Furthermore, it will help ensure that workload is automatically aligned to demand, ensuring sufficient staffing ratios and equalized workload across all shifts, potentially improving employee retention. Finally, it may identify opportunities to optimize staffing levels that could enhance client service delivery. For example, optimized staffing levels may allow the BSC to extend opening hours and/or opening days with the same level of staffing. As a result, increasing the timeframes within which clients can access live service.

Current state: The BSC operates Monday to Friday from 7 a.m. to 5.30 p.m. with call-taking occurring between 8 a.m. to 4 p.m. Outside of these hours, clients are required to schedule a callback or are redirected toward Octopus for online self-service. The BSC utilizes Workforce Management to forecast staffing needs based on historical data; however, it cannot be utilized by the BSC to fully automate schedules, as it does not link to the BSC's task management system nor does it link to the Department's time code system to incorporate staff leave. As such, the BSC has a dedicated analyst who manually develops schedules monthly and adjusts for staffing fluctuations based on call volume and time of year. The Department undertakes this manual scheduling to help ensure the alignment between phone data and data from the task management system.

As a result of manual scheduling, all staff across units are assigned to phones on Mondays and Fridays. On Tuesdays, Wednesdays, and Thursdays, units have set phone days and select case maintenance days. Based on an analysis of GNAV data from FY18–19 through FY20–21, Mondays and Tuesdays account for the highest average call volumes as identified in the chart below. This would suggest that Mondays and Tuesdays should be the designated phone days as opposed to Friday. Based on data limitations, it was not possible to identify the average number of calls received per hour of the day to identify peak call times and suggest alternate shift times.

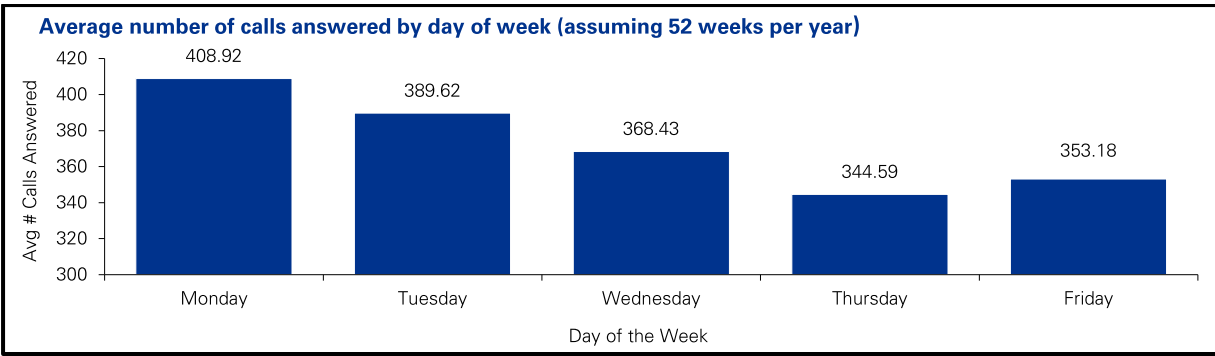


Figure 14: Source: KPMG

The current hours operated by the BSC, as described above, do not accommodate clients who, due to employment, family, and/or other commitments, are unavailable to make contact during regular working hours. This is exacerbated by long call wait times that averaged 64 minutes in FY18–19, 81 minutes in FY19–20, and 36 minutes in FY20–21, as illustrated in the charts below. Call wait times have fallen in FY20–21, in line with call volume, which has fallen by an average of 4,600 calls a month, most likely as a result of a moratorium on negative Medi-Cal orders, which prevents the processing of redeterminations and discontinuances. Please refer to Appendix J for analysis of average call wait times per month.

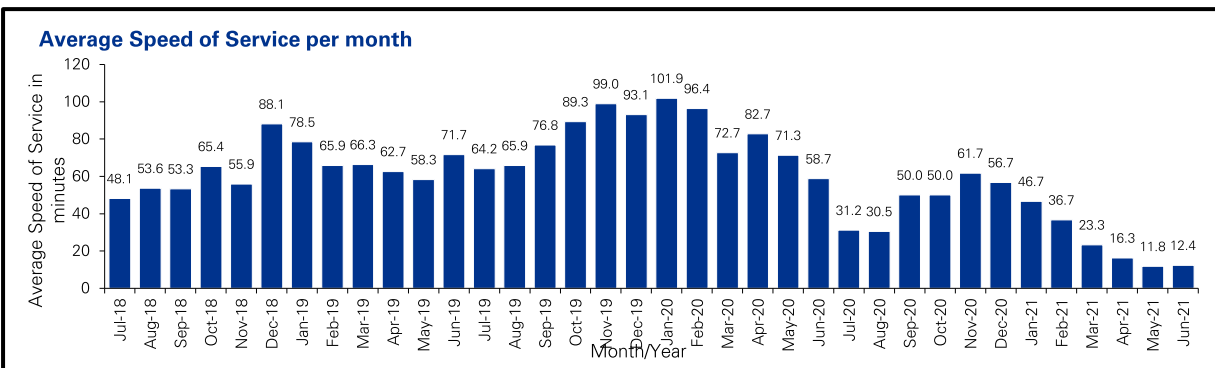


Figure 15: Source: KPMG

Furthermore, from FY18–19 through FY20–21, an average of 23 percent of all calls received by the BSC were abandoned. Abandoned calls are likely the result of the long call wait times noted above. However, the percentage of abandoned calls has fallen significantly in recent months with only 9 percent of calls abandoned in June 2021.

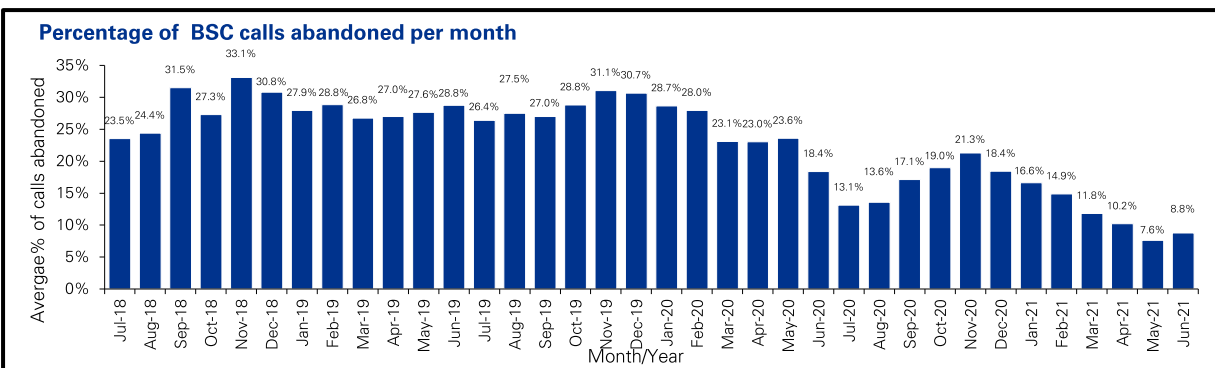


Figure 16: Source: KPMG

Finally, because of a moratorium on negative Medi-Cal actions, the BSC is not currently processing Medi-Cal redeterminations. This has resulted in a significant drop in call volume between FY18–19 and FY19–20 through FY20–21, with call volume falling by approximately 40 percent between these fiscal years,

as illustrated in the following chart. Presently, the State has not provided any confirmations surrounding when the moratorium will expire; however, the Department should develop a staffing plan to prepare for this, given that it will likely result in a significant increase in workload for BSC staff.



Figure 17: Source: KPMG

Suggested Action Steps to Implement Recommendation

Action one: Assess the feasibility of adopting an automated scheduling system

While the Verint software utilized by the BSC is capable of automated scheduling, it is not currently used for this purpose. The Department should consider the feasibility of adopting an automated scheduling capable of completing full automation to help ensure that staffing levels are aligned to demand to the greatest degree possible at all times. This would involve ensuring that the Verint scheduling system algorithm is linked to the BSC's phone system, GNAV and its task management system to help ensure accuracy in scheduling. Conducting a feasibility analysis requires the following:

- **Step one:** Conduct a gap analysis to identify any potential gaps and/or challenges with the current scheduling system. As part of this gap analysis, BSC leadership should consider the operational requirements of any scheduling system and compare these requirements to the current scheduling system. Based on this analysis, leadership should consider whether a new scheduling system should be adopted.
- **Step two:** Assess the performance of the current approach to scheduling by undertaking the following:
 - Calculate the current cost of overtime under the current scheduling methods.
 - Conduct an analysis of GNAV data by staff member to identify amount of idle time per employee (i.e., amount of time a staff member is not conducting a call during a designated phone day).
 - Analyze the peak call times by hour of the day and current staffing levels; the data provided to KPMG did not allow for peak call times to be calculated by hour of day, as time-of-day data was not provided.
 - Analyze the period of each day during which clients experience the longest wait times, on average, and evaluate staffing levels during those times.
- **Step three:** Having conducted a gap analysis under step one and a performance assessment under step two, BSC leadership should consider whether the current scheduling system is sufficient for Department needs or whether a new system is required. If a new system is required, a cost-benefit analysis should be undertaken. The following key actions should be considered when undertaking a cost-benefit analysis:

- Conduct market research to identify available scheduling systems and estimated cost.
 - Identify the cost of operating the current scheduling system, including overtime, time spent on manual scheduling, and related costs.
 - Evaluate the benefits of adopting a fully automated scheduling system, including reduction of wait times and enhanced client service delivery, equalized workload across shifts to the highest degree possible, and improved staff retention.
- **Step four:** Coordinate with the CEO's Office to present cost-benefit analysis and consider funding sources for the adoption of an updated system.
- **Step five:** Coordinate with the Purchasing Department to solicit an RFP process, where the adoption of a new system is considered feasible.

Action two: Conduct staffing needs assessment

As noted in the current state of this recommendation, the moratorium on negative actions related to Medi-Cal has reduced call volume at the BSC by an average of approximately 40 percent since FY18–19. Therefore, it is likely that the BSC will experience a significant increase in Medi-Cal-related workload, once this moratorium expires, potentially increasing wait times and reducing client accessibility to service. Based on interviews, staff noted current staffing in the BSC is a key challenge, and this is illustrated by the high call wait times identified during data analysis. This staffing challenge will be further exacerbated following the expiration of the moratorium. The BSC is budgeted for 163 positions, but currently has 100 staff members, six of whom are on loan to Staff Development to undertake trainings. The Department should conduct a staffing needs assessment as a priority to evaluate the number of staff members that will be required following the expiration of the moratorium and develop a plan to expand recruitment in advance of same:

- **Step one:** Conduct an analysis to estimate the additional workload that will occur once the negative order has been lifted. This will involve undertaking the following:
- Analyze the number of clients who will likely require service following the moratorium expiration.
 - Based on average call durations for Medi-Cal calls and average processing times for related applications, consider the amount of staffing that will be required to provide service based on the performance standards recommended for development in recommendation 4.2.
 - Calculate the average rate of leave of absence (LOA) and attrition the BSC experiences to help ensure LOA and attrition is accounted for in staffing numbers.
- **Step two:** Develop a plan to increase staffing and enhance recruitment. Recommendation 7.2 recommends that the BSC continue to pilot the current reduced eligibility training timeline and consider assessing the feasibility of reducing the length of time spent by trainees within a training unit, which may assist with staffing challenges. However, in addition, BSC leadership should coordinate with Division leadership and Department HR to develop strategies to increase recruitment at the BSC. Methods of enhanced recruitment may include:
- Develop a recruitment pipeline. The Department may consider developing a continuous recruitment pipeline under which they would continually advertise eligibility worker positions over a prolonged period to build a pipeline of eligible, interested applicants, with the expectation that candidates will be contacted for final interview once a position becomes vacant. The initial process would screen candidates for suitability, with unsuccessful candidates being informed following screening and successful candidates remaining in the pipeline ready for a final interview once a position becomes vacant.

- Implement a “refer a friend” initiative. The Department may consider developing a refer a friend initiative to encourage existing employees to refer a friend to the Department for potential recruitment.
- Enhance collaboration with local universities by attending recruitment fairs, speaking at college events, and advertising recruitment opportunities at universities.

Action three: Consider conducting an optimized scheduling analysis to increase the hours of operation at the BSC while maintaining staffing levels

The current hours of operation at the BSC do not provide sufficient opportunity for clients who have regular employment, such as a “9-to-5 job” for example, to contact the BSC. Furthermore, given the long call wait times, clients may not have the available time to reach an eligibility worker due to work, family, or other commitments. The BSC should consider undertaking a schedule optimization analysis to identify whether the hours of operation can be increased at the BSC while retaining the same level of staffing required based on the analysis under action two above. To conduct the analysis, the Department should evaluate the following:

- **Step one:** Identify additional hours for operation during evenings and weekends. In identifying additional hours of operation and shift options for the BSC, the Department should consider conducting focus groups and/or surveys of both staff and clients to consider optimal hours of operation. For example, the Department may consider opening for a half day on Saturdays.
- **Step two:** In addition to conducting staff outreach, the Department should consider analyzing GNAV data to identify call volumes by time of day, day of week, and month of the year. Given call volumes by time of day could not be identified based on the data provided by the Department, the Department should begin tracking the time of day within which each phone call occurs to allow an evaluation of temporal demand and identify peak call times per day. In addition to GNAV data, TMT data may also be analyzed to determine the number of tasks assigned per time of day, day of week, and week of year. This analysis should also include an assessment of the average length of time each task category may take as discussed in detail under recommendation 4.2.
- **Step three:** Use automated software to consider potential scheduling options and staffing levels for the shifts considered under step one, based on demand.
- **Step four:** In implementing any form of shift change, Department leadership and HR will be required to enter discussions with labor organizations to amend any labor agreements in place.

Data, Performance, and Outcomes Measurement

Scope: Department-wide

4.1 Develop outcome-based measures, in addition to state-mandated measures, to assess the effectiveness of programs within the Department and increase identification of high utilizers

Potential benefit: Developing outcome-based measures in addition to those that are mandated by State funding will allow the Department to enhance its current assessment of program effectiveness. It will bolster the current measures in place for Economic Assistance and Employment Services programs, to not only understand the efficiency of program administration, but the effectiveness of programs in terms of achieving their goals and improve outcomes for clients. Across both Economic Assistance and Employment Services and Protective Services, additional outcome-based measures will assist the Department in identifying gaps in service offerings for high-needs clients across the countywide system of care. This will allow the Department to help ensure quality of care and successful stabilization. It will also provide a more coordinated approach to care with better insight into the number of reentries, the reason for reentry, and outcomes related to cross-divisional and cross-departmental referrals. Based on benchmarking and leading practice research, additional outcome-based performance measures to be adopted may include measures related to client safety, stability, education and learning, health, and employment. Examples of these such outcomes measures are illustrated in the table below:

| Economic Assistance and Employment Services | Adult Protective Services | Child Welfare Services |
|--|---|---|
| <ul style="list-style-type: none"> ▪ Increase from the previous year in the monthly average number of people who are “food insecure” and receive CalFresh benefits ▪ Percent of WTW Individuals with improved literacy, basic skills, and English language acquisition ▪ Percent of CalWORKs engaged in employment and/or education ▪ Percent of households receiving CalFresh benefits 12 months after CalWORKs is terminated | <ul style="list-style-type: none"> ▪ Outcome of reabuse rate for individuals involved with APS ▪ Percent of seniors and adults with disabilities that avoid institutional placement while receiving case management services ▪ Number of APS clients with another investigation within six months (reentry) ▪ Number of cross-departmental and/or provider referrals per APS client | <ul style="list-style-type: none"> ▪ Abuse or neglect reentry after case is closed ▪ Percentage of cases reported and assessed for abuse or neglect that are subsequently reported and assessed as founded within 12 months of the earlier report ▪ Number of families with no subsequent substantiated abuse and neglect within 12 months of case closure ▪ Number or percentage of child protection cases where |

| | | |
|--|--|--|
| <ul style="list-style-type: none"> ▪ Percent of former CalWORKs households back on aid after 12 months ▪ Percent of persons referred to clinical assessment, domestic violence, mental health, and/or substance abuse services who commenced participation ▪ Average length of time a participant receives assistance across each program ▪ Percent of recertifications churning (monthly average) across programs (CalFresh, Medi-Cal, CalWORKs, and General Relief) ▪ Percent of applications churning (monthly average) (CalFresh, Medi-Cal, CalWORKs, and General Relief) | | <ul style="list-style-type: none"> children reenter substitute care after reunification ▪ Number of different people who have acted as the child’s main caregiver since infancy ▪ Percentage of parents whose cases were opened at least in part due to parent-child relations and have increased their capacity to deal with child’s needs when services are terminated ▪ Percentage of children whose cases were opened due at least in part to diagnosed mental conditions who have an improved diagnosis at the termination of services ▪ Percentage of children attending school on a regular basis during service provision ▪ Percentage of children graduating from high school |
|--|--|--|

Current state: In the current state, the performance measures adopted by the Department are largely focused on those mandated by the State. These measures are of key importance and should continue to be tracked by the Department to measure performance and help ensure compliance with state and federal regulations. However, the Department should consider adopting these additional performance measures specifically focused on program outcomes to allow the Department to enhance its ability to measure and tailor program effectiveness for the benefit of customer experience and client service delivery. Please see below for additional detail on the current state by division.

Economic Assistance and Employment Services:

The Economic Assistance and Employment Services Division currently tracks the following state-mandated measures across programs. These measures largely relate to intake processing timelines for CalWORKs, CalFresh, General Relief, and Medi-Cal programs as well as percentage of participants exiting subsidized employment and engaged in employment, education, or services in Welfare-to-Work. Based on review, the Division is currently meeting all State targets as they relate to Economic Assistance and Employment apart from the following targets, which have been negatively affected because of the COVID-19 pandemic, and as such, are outside of the Department’s control:

- Percent of Welfare-to-Work participants engaged in employment, education, or services
- Percent of Medi-Cal redeterminations processed within mandated timeframes.

Additionally, the Division has the following initiatives in place as it relates to performance tracking:

- **Eligibility Dashboard:** The Division developed an eligibility dashboard that identifies certain measures across each program; however, these are focused on program statistics surrounding

total cases, applications, and denials, as opposed to performance outcome measures to allow program effectiveness to be more accurately measured.

- **Churn rates:** The Department monitors the State CalFresh Churn Monthly Caseload Report. The report contains statewide data on the number of clients who return to programming after a specific period. The Department had previously been calculating churn internally for its CalFresh programs monthly which would allow for more real-time analysis. However, based on a review of the data provided, this metric has not been calculated since FY18–19, KPMG recommends that the Department consider developing its own internal churn calculation to measure reentry rates across all programs including CalFresh on a monthly or quarterly basis in addition to monitoring the data provided by the State.
- **California Outcomes and Accountability Review (Cal-OAR):** The Division has begun a multiyear planning process for Cal-OAR. The Cal-OAR continuous quality improvement (Cal-CQI) process will take place over five-year cycles and the first cycle began on July 1, 2021. Cal-OAR requires the development of many additional performance measures. However, the measures are focused specifically on the CalWORKs program. Furthermore, based on analysis, the Department has not yet begun to track some of these outcomes related to improved literacy and rate of program reentries.
- **Octopus Dashboard:** The Division has developed a dashboard to measure its callback feature via Octopus, the online portal which allows clients to upload applications and request support. However, this dashboard is largely focused on the number of emails received via the system as well as the caseload percentage utilizing the system within each program, as opposed to any specific and tangible programmatic outcomes.
- **CalFresh Participate Rate Improvement Project:** Commendably, the Division conducted a project to enhance CalFresh participation countywide. However, this project is focused on developing and implementing strategies to increase participation as opposed to developing performance measures and outcomes of client success outside of state mandates.
- **CalFresh Dashboard:** The Department regularly monitors a CalFresh dashboard developed by the State. The Dashboard provides statewide and county level detail on participation rates, application numbers, number of households served, and churn rates. It allows the Department to benchmark aspects of its operations against other counties. However, the information outlined in the dashboard is specific to the CalFresh program and is more focused toward demographic data rather than outcome data, apart from churn.

While in line with state mandates, the current performance measures do not provide the Division with a comprehensive view of client outcomes and level of reentry and do not identify potential gaps in service offerings. While the Department places a key emphasis on the provision of timely and accurate benefits, it is critical that the Department also measure the effectiveness of program outcomes. Furthermore, while client outcomes are dependent on a variety of factors – the Department should develop a perspective of what client success looks like at the Department level. This will help ensure that service provision continues to result in successful client outcomes. It will also allow the Department to better assess and potentially mitigate reasons behind suboptimal client outcomes, by providing clients with additional support or referrals to other agencies where needed, promoting a more coordinated approach to service delivery. Please refer to Appendix I for a detailed analysis of per program data.

Adult Protective Services:

The APS function of the Protective Services Division currently tracks the percent of APS referrals that receive a risk assessment within 21 days of the initial face-to-face visits as required by the State. APS met the performance measure adopted above for FY20–21, achieving the required target of 95 percent.

The unit also tracks performance measures related to the IHSS program; however, given this program was outside the scope of the review, these performance measures were not analyzed in detail. Like the Economic Assistance and Employment Services, the measures adopted by APS do not provide a comprehensive view of program effectiveness, particularly as it relates to reentry rates. Understanding reentry is key to determining whether a program is meeting the needs of clients and whether clients are being effectively referred and treated in instances where multiple cross-department needs are assessed.

Child Welfare Services:

The CWS function of the Protective Services Division currently tracks the following State-mandated measures:

- Percent of child abuse and neglect allegations receiving timely contact
- Percent of children under the supervision of CWS visited by a social worker, for whom a monthly in-person visit is required.

The Department has met the State targets for the measures outlined above but was marginally below the 100 percent target adopted by the Division, with 99.8 percent of child abuse and neglect allegations receiving timely contact and 97 percent of children supervised by CWS visited by a social worker for whom a monthly in-person visit is required, many of which are tracked via Safe Measures. In addition to the performance measure outlined above, CDSS has collaborated with the University of California, Berkeley (UCB) to develop the California Child Welfare Indicators Project (CCWIP). UCB tracks and reports on performance across the California child welfare system. The measures tracked relate to participation rates, maltreatment in foster care, and permanency on a quarterly basis.

However, like APS, the Department should consider enhancing the tracking of performance outcomes at the Division level to allow Division leadership to comprehensively understand program effectiveness and client success, particularly as it relates to referral reentries as well as children who successfully complete education during programming, for example.

Case study spotlight: The following case studies across Economic Assistance and Employment Services, APS, and CWS were identified:

LA County has adopted additional performance measures surrounding both their CalFresh and CalWORKs programs that allow them to evaluate the linkage between both programs, client reentries, and the accuracy of program payments, for example. The County measures the number of persons educated on the availability of CalFresh beyond its department locations to increase awareness of programming across the community, particularly for those hard-to-reach populations. Examples of the additional performance measures adopted by LA County beyond State requirements include:

Examples of the additional performance measures adopted by LA County beyond State requirements include

- Percent of households receiving CalFresh benefits 12 months after CalWORKs is terminated
- Percent of former CalWORKs households back on aid after 12 months

Multnomah County, Oregon, and Montgomery County, Maryland, have both adopted additional outcome-based performance measures as they relate to APS services. These performance measures focus on reabuse cases/rates, reentry rates, and institutional placements during programming, for example. These measures allow each department to understand program effectiveness, monitor quality, identify high-

needs clients, and monitor progress. Montgomery County also measures client satisfaction to identify opportunities to enhance service offerings. Examples of these performance measures include:

Examples of these performance measures include

- Outcome of reabuse rate for individuals involved with APS
- Percent of seniors and adults with disabilities that avoid institutional placement while receiving case management services
- Number of APS clients with another investigation within six months (reentry)
- Percent of case management clients who report being satisfied or very satisfied.

Based on research commissioned by child welfare agencies in Australia, outcome measures are key to understanding client needs, particularly for children with high reentry rates. These measures further promote continuity of care and focus on service effectiveness, including client satisfaction. Australia is considered a leader in child welfare services globally, and the research study undertaken identifies a significant number of performance outcome measures across a broad range of areas including safety, permanency and stability, child wellbeing, family wellbeing, family preservation, and consumer satisfaction. A sample of the outcome measures identified as part of the research include:³

A sample of the outcome measures identified as part of the research include

- Abuse or neglect reentry after case is closed
- Percentage of cases reported and assessed for abuse or neglect that are subsequently reported and assessed as founded within 12 months of the earlier report
- Number of families with no subsequent substantiated abuse and neglect within 12 months of case closure
- Number or percentage of child protection cases where children reenter substitute care after reunification
- Percentage of children whose cases were opened due at least in part to diagnosed mental conditions who have an improved diagnosis at the termination of services
- Percentage of children attending school on a regular basis during service provision
- Percentage of children graduating from school.

Suggested Action Steps to Implement Recommendation

Action one: Establish a working group to lead the development of additional outcome-based performance measures across programs

As a first step, the Department should establish a working group tasked with leading the development of outcome-based performance measures across divisions and programs. The working group should include representation from division chiefs across Economic Assistance and Employment Services, APS, and CWS. It should also include representation from supervisors and line staff across divisions. The

³ [Microsoft Word - REPORT.DOC \(pc.gov.au\)](#)

working group may also consider developing subcommittees responsible for evaluating individual program outcomes at the Economic Assistance and Employment Services, CWS, and APS levels. The subcommittees would report progress to the main working group. The Department may also consider tasking the high-utilizer working group recommended for establishment under recommendation 1.1 with managing the development of additional performance outcomes. The working group would meet monthly and be responsible for undertaking the following key steps at the commencement of this initiative:

- **Step one:** Establish focus groups with line staff across divisions and programs to discuss the potential performance measures to be adopted based on experience in assisting clients daily.
- **Step two:** Task the subcommittees with conducting a review of the current performance across each program and evaluate opportunities to adopt enhanced performance measures. This will involve undertaking the following tasks:
 - **Analyze current performance measures:** Conducting a review of current performance measures will allow the working group to document and understand the universe of performance measures currently tracked, along with their related targets and performance. It will also allow the working group to evaluate what is not tracked in the current state.
 - **Analyze the results of focus groups:** This will allow the working group to understand from a qualitative standpoint the types of performance measures that would be beneficial to track to measure program effectiveness.
 - **Identify available data and reporting:** Understanding the available data the County has access to will allow the working group to consider those performance measures that can be adopted immediately and those that may require further data tracking in the future. The data and reporting inventory recommended for development with recommendation 4.3 may assist with this process.
 - **Conduct further county benchmarking:** Conducting additional benchmarking across counties will assist the working group in understanding the range of performance measures peer counties have adopted. This may involve undertaking desktop research and connecting with counties directly.

Action two: Identify a key set of performance measures and related targets

Based on the analysis undertaken under action one, the Department should develop and adopt a set of outcome-based performance measures in addition to state-mandated measures. These measures will allow the Department to enhance its focus on client outcomes and related program effectiveness. It will also allow each division to enhance understanding of reentry and identify potential gaps in service offerings, particularly for high-needs clients. Finally, it will support countywide strategic initiatives, continuously aligning goals and objectives with measurable outcomes. Examples of the potential performance measures that could be adopted across divisions, based on leading practices, were outlined at the beginning of this recommendation.

Action three: Develop process and procedures for performance monitoring

Having evaluated the additional performance measures for adoption, the Department should task the lead working group with developing procedures and process for performance tracking and monitoring based on the updated performance measures. This will involve undertaking the following key steps:

- **Step one:** Evaluate the key steps and/or changes in report tracking as a result of adopting the additional performance measures.

- **Step two:** Identify the operational changes as a result of the updated performance measures. For example, if they are to adopt a performance measure surrounding client satisfaction, how this will be implemented?
- **Step three:** Develop written policies and procedures to outline the following key areas as they relate to performance measure adoption:
 - Performance measures to be adopted and underlying purpose
 - Targets to be achieved under each performance area
 - Timeframe within which performance measures will be reviewed (weekly, monthly, quarterly)
 - Key steps and/or changes in report tracking (e.g., tracking reentries)
 - Process updates as a result of adopting additional performance measures (e.g., adopting client satisfaction surveys, processes to be implemented to track referrals, etc.)
 - Training should be provided to staff on policies and procedures to help ensure operationalization.

Action four: Develop a dashboard for performance outcomes

The lead working group should collaborate with Department IT to develop a monthly performance reporting dashboard. The dashboard should be accessible to all staff members, allowing them to see program outcome performance across all programs. Supervisors and executive leadership should analyze the dashboard monthly and identify those programs that are underperforming, the reasons why, and measures that can be put in place to enhance performance. This will support enhanced outcomes related to client service delivery. The working group should coordinate with Department IT on the following key steps:

- **Step one:** Evaluate the platforms that can be utilized for the dashboard. There are many options available including Excel, Tableau, and Power Business Intelligence (Power BI), and consider whether any investment will be required. Behavioral Wellness have adopted a Tableau dashboard and the Department may consider engaging with Behavioral Wellness Leadership to discuss the benefits of utilizing Tableau for dashboarding purposes.
- **Step two:** Identify the specific outputs that the dashboard should visualize. For example, the dashboard should include a tab for each program and provide visualizations for each performance measure adopted. The dashboard should also be capable of rolling up to an executive view that shows divisional performance at a high level. This dashboard should be updated monthly, and access should be provided to Department leadership to help ensure that they can view real-time updates.
- **Step three:** Consider the dashboard color, display, and the type of charts that will be used to visualize each output.
- **Step four:** Once the dashboard has been designed the Department should ensure that dashboard users are effectively trained to navigate the dashboard and evaluate the outputs being visualized. A member of the lead working group who was part of the dashboard design should be assigned as a trainer and should provide training to all staff members prior to roll out of the dashboard.

Action five: Task Supervisors to analyze performance outcomes monthly and develop action plans where performance outcomes are not met

Following the development of a dashboard, Department leadership may consider tasking program supervisors with measuring performance outcomes monthly. In instances where performance

measures are not met, supervisors may be tasked with developing an action plan, identifying how performance can be improved ahead of the next month.

Scope: Department-wide

4.2 Develop performance measures to accurately demonstrate staff utilization and capability to enhance client outcomes through effective service delivery

Potential benefit:: Developing formalized performance measures for staff utilization will enhance the client experience across Economic Assistance and Employment Services by helping to ensure clients receive assistance in the most efficient and effective way possible. Additionally, it will enhance client service delivery across Protective Services by helping to ensure staff are continuously focused on increasing the amount of direct client services provided. These performance measures coupled with the outcome measures discussed within recommendation 4.1 will serve to improve client-related outcomes and facilitate the consistent achievement of program goals and overall program effectiveness and efficiency. It will also enhance accountability among staff, drive performance, and allow the Department to increase the effectiveness of demand management, allowing them to free up staff time to assist clients in a more efficient and effective way. It will further allow leadership to understand opportunities for process improvement, promoting an environment of continuous improvement, and efficiency optimization. Indicative examples of performance measures are illustrated in the table below.

| Division / Section | Performance measure |
|---|---|
| Protective Services | Number of visits per day, week, month, and year by staff member |
| | Average time per visit by staff member |
| | Percentage time spent providing direct client services by staff member |
| | Percentage time spent of nondirect client services (administrative tasks) by staff member |
| Economic Assistance and Employment Services | Number of applications, redeterminations, renewals, and dispositions processed per day, per week, per month, and per year by program (CalFresh, CalWORKs, General Relief, and Medi-Cal) by staff member |
| | Number of applications, redeterminations, renewals, and dispositions processed per day, per week, per month, and per year by complexity level by staff member |
| | Median processing time for each form of application, redetermination, renewal, and disposition for each program by staff member |
| | Number of documents uploaded to the DocStar system by staff member per day, per week, per month, and per year by staff member |

| | |
|-----|--|
| BSC | Number of calls answered per day, per week, per month, and per year and average call handle time (CalFresh and Medi-Cal) by staff member |
| | Average call handle time per day, per week, per month, and per year per call type (CalFresh and Medi-Cal) by staff member |
| | Number of tasks completed per day, per week, per month, and per year per task category by staff member |
| | Average task completion time per task category by staff member |

Current state: The Department does not have a robust process in place to manage staff utilization across divisions. The Department has implemented several applications and reporting mechanisms to manage utilization; however, reporting largely focuses on district office performance, rather than performance at the more granular employee level. Conducting a more granular, employee-focused utilization analysis will provide the Department with an in-depth understanding of the specific activities being undertaken by staff across divisions, a time range within which specific activities are typically completed, any process inefficiencies, and for APS and CWS, the time spent by social workers in providing direct client services versus nondirect services, for example. This combined data will allow the Department to develop formalized, task-specific utilization targets for employees and will assist with developing caseloads that will enhance the efficiency of operations while continuing to place a focus on quality. The recommendations below are not to suggest time limits on certain tasks, but rather allow for the Department to identify bottlenecks or inefficiencies within their current processes.

Department-wide applications: The Department undertakes time studies across Economic Assistance and Employment Services via the Study Buddy system. However, as noted within recommendation 3.1, the time study does not provide the level of specificity required to effectively understand the capacity of and the range of activities undertaken by employees to develop formalized utilization targets.

Economic Assistance and Employment Services: The Economic Assistance and Employment Services Division utilizes the applications and reporting mechanisms identified below to manage performance; however, as noted above, they are largely focused on district office performance rather than employee performance. Furthermore, across the divisions, there is no consistent process in place to manage staff utilization. There are no formalized performance targets in place for tasks completed by eligibility workers and AOPs. Supervisors analyze staff performance against monthly averages and discuss performance only in instances when performance is considered lower than average for a three-month period. This process does not promote a culture of continuous performance and process improvement among employees. Furthermore, as discussed in recommendation 3.1, it does not allow the Department to understand staff capacity within the system and understand where process improvements could be implemented to improve client service delivery and help ensure all staff members are working at the top of their license. Finally, in the current state, there is no mechanism in place to allow employees to view individual performance to challenge and encourage performance improvement and understand their performance in comparison to their peers.

- **Business Intelligence (BI) Reporting:** BI reports are utilized to identify the number of applications received and processed by both eligibility workers and AOPs. However, based on an analysis of the data provided, these reports focus largely on the number of applications registered per office rather than per AOP or eligibility worker. Furthermore, the related BI reporting does not

allow leadership to identify the number of interviews and/or walk-ins dealt with by employee per day and/or month. CalWIN data can identify this information per district office, but not at the more granular employee level. Understanding the number of applications, redeterminations, renewals, referrals, and interviews, for example, completed across staff within a particular period is key to understanding staff performance and identifying potential bottlenecks in processes undertaken by staff members with lower overall performance levels.

- **DocStar:** DocStar is the Department’s document imaging system that is largely utilized by AOPs to upload client documents. While DocStar data was provided to KPMG, it was not capable of being utilized to develop meaningful data analysis given that it could not be bifurcated by office or by position type. Bifurcating by office and position would allow staff performance in terms of number of documents uploaded to be compared against total office performance and/or performance by position levels to allow a more meaningful comparison between staffs.
- **TMT and GNAV data:** The BSC utilize TMT and GNAV data to undertake monthly reporting to evaluate the number of tasks completed and total number of renewals completed by program as well as number of calls handled and average call handle time. However, the reporting is focused on a particular unit within the BSC, rather than on the more granular, employee-level data.
- **NEMO-Q data:** NEMO-Q data is utilized to measure lobby wait times and branch processing levels. However, based on review, this data is focused on measuring the number of applications, appointments, mail-pickups, document submissions, and inquiries per district officer rather than per employee.

Protective Services: The CWS and APS functions utilize the following applications and reporting mechanisms to manage performance. However, based on interviews, staff members do not consistently utilize these systems to monitor their personal performance on a daily, weekly, or monthly basis. Furthermore, reporting in these systems does not allow leadership to analyze the time spent by social workers and case aides on direct client services, such as, undertaking visits and on nondirect client services, such as, travel, note taking and internal administration. Tracking this metric is key to understanding the process improvements that can be made to allow staff to spend more time providing direct services to high-needs clients.

- **Safe Measures:** Safe Measures is a statewide tool utilized by CWS agencies across the State to obtain detailed reports and other metrics created from nightly analyses of case management data. Safe Measures can report the number of visits completed and number of visits remaining, for example, however, interviewees noted it is not consistently utilized by social workers to monitor their personal performance and cannot be used to identify the time spent on direct versus nondirect client services.
- **LEAPS:** LEAPS is a system utilized by APS agencies across the State to obtain various data sets and track measures. It can provide data related to APS clients; however, like Safe Measures, it cannot be used to identify the time spent by staff in undertaking direct client services as opposed to those services that are considered nondirect.

Cross-Departmental applications: In addition to developing departmental performance measures to demonstrate capacity and capability to enhance client outcomes within Social Services, there is an opportunity to develop system-wide performance measures across health and human services departments to focus on staff utilization and capacity cross-departmentally. This will help ensure that staff across health and human services departments are continuously working at the top of their license and providing a high level of client service delivery, helping to ensure that cross-departmental shared clients receive the services they need, when they are needed in the most efficient and effective way. It will also help ensure that health and human services departments are focused on developing an environment of continuous improvement, continuously identifying process improvements to allow for consistent and exemplary client service delivery with the goal of increasing successful client outcomes.

Case study spotlight: As part of an APS staffing analysis, San Francisco County measured social worker activities across several task categories, including outbound phone calls, waiting and/or searching for clients, travel, inbound phone calls, voicemails, service provision, in-person investigation, email, file reviews, and other tasks. This provided the county with a greater understanding of where staff members are spending their time, allowing them to identify opportunities to enhance direct client services delivery and opportunities for process efficiency.

Prince William County, Virginia developed a human services call center that measures staff utilization by comparing the time an agent is in an active call state (on a call, after call wrap-up, or waiting for a call) versus the total time logged into the system. Measuring this information allows the county to identify those staff members who consistently exhibit low performance, allowing them to provide the required support to enhance that performance.

Suggested Action Steps to Implement Recommendation

Action one: Conduct analysis to evaluate the current level of staff utilization

As a first step, the Department should task Division chiefs across Economic Assistance and Employment Services, APS, and CWS with analyzing current utilization and developing formalized performance targets across task categories and roles. During the process, Division chiefs would be responsible for the following key tasks:

- Meeting monthly to allocate tasks and discuss progress in developing utilization targets
- Managing the piloting of a time study and analyzing related results as discussed within action two below and in recommendation 3.1
- Developing high-level activity categories and related timeframes for completion as discussed in action three below
- Developing formalized utilization targets discussed under action three below
- Consider the impact of utilization targets on funding and state mandates
- Communicating utilization targets to staff and acting as a point of first contact for staff queries.
- Monitoring the effect of the formalized utilization targets for six to nine months to consider any issues and related remediating actions
- Developing a dashboard for utilization in collaboration with Department IT as discussed in action six below.
- Developing actions plans to improve performance outcomes.

Action two: Utilize the results of the time tracking study and process assessment outlined in recommendation 3.1 to understand staff productivity across district offices

The Department should consider utilizing the results of the time study and process assessment recommended for completion under recommendation 3.1 to understand the current level of staff utilization on a weekly or monthly basis. This will involve reviewing the following key measures, for example:

- The range and median processing time for each form of application, redetermination, renewal, and disposition for each program by staff member

- The average number of applications, redeterminations, and renewals processed by staff member per month
- The amount of time spent by APS and CWS staff in conducting client visits, completing investigations, traveling, and note taking, and entering system documentation, for example
- The number of visits undertaken by each APS and CWS staff member and average length of time spent with clients.

Action three: Analyze TMT and GNAV data to understand staff productivity within the BSC

In addition to the time tracking study recommended under action two, the Department should consider tasking BSC leadership in collaboration with the utilization working group with conducting an analysis of TMT and GNAV data to allow a greater understanding of current-state performance. This analysis will involve the following key data steps:

- **Step one:** Conduct an analysis of the number of calls answered per employee per day, per week, per month, and per year. This analysis should focus on the minimum, maximum, and average number of calls answered across employees. The analysis may also involve evaluating the average time duration per call for each employee.
- **Step two:** Conduct an analysis of number of tasks completed by each employee per week, per month, and per year. The analysis may also focus on analyzing the length of time spent on each task category per employee. It may also focus on the percentage tasks completed by an employee against total tasks allocated. Finally, the analysis should focus on the task types completed by each employee.
- **Step three:** Based on the analysis conducted under steps one and two above, the working group may consider developing a performance matrix that sorts staff based on the highest number of tasks completed versus the lowest number of tasks completed per task type; the range and median length of time spent by each staff member per task type; and the total number of calls answered by each staff member per program. The analysis should also consider call duration times per employee per program type.

Action four: Develop task-based utilization measures

Having conducted time tracking and a process assessment, the working group should undertake the following steps to develop Division- and task-based utilization targets.

- **Step one:** Analyze time study data to identify the specific activities being undertaken by staff. Based on this analysis, create 7—10 high-level activity categories that align to these specific activities.
- **Step two:** On the basis that each task within Economic Assistance and Employment Services may have different layers of complexity based on program or case, for example, the current time range within which the high-level activities (identified under step one) are being undertaken by staff should be analyzed. Considering the results of the potential process improvements identified because of the process assessment outline under action one, identify an optimized timeframe range within which these high-level activities can be undertaken.
- **Step three:** For CWS and APS services, the working group should analyze the current time spent by staff on direct client services and nondirect client services. Considering the overall roles and responsibilities of social workers across CWS and APS, the working group should identify a percentage of time a social worker should be spending on direct services versus those that are indirect.

- **Step four:** Based on the results of steps two and three above, formal divisional and task-based utilization measures should be developed. To account for the complexities in processing certain Economic Assistance and Employment Services, a timeframe range should be developed as opposed to one specific metric. Examples of performance measures may include:
 - CalFresh application processing should be undertaken between two and four hours.
 - SAR 7s should be processed within three to five hours.
 - Case updates should be undertaken within 45 minutes to an hour.
 - Social workers should spend be 70 percent of their time on direct client services.

Please note that these performance measures are examples only, and the timeframes noted are not indicative of timeframes that should be implemented, given such timeframes will be based on the recommended analysis to be undertaken by the Department.

Action five: Communicate formalized utilization targets to supervisors and staff

Once developed, the working group should plan to communicate the formalized utilization targets for supervisors and staff. The utilization targets will promote enhanced efficiency in undertaking tasks to continuously meet the needs of all clients. This will involve the following steps:

- **Step one:** Liaise with Department HR to consider whether any communication will be required with labor organizations, prior to implementing formalized utilization targets.
- **Step two:** Hold division-wide meetings to advise of formalized utilization targets and answer any staff concerns.
- **Step three:** Develop slip sheets for issuance to staff that detail the formalized performance measures, the purpose of each measure, and how each measure will be tracked.

The Department should consider reviewing these formalized utilization targets on an annual basis, as well as in response to technology improvements or changes in regulations which may allow staff to consistently exceed current standards. This will help ensure that staff continue to work at the top of their license, providing consistent, high quality service in the most efficient and effective way. Furthermore, in the face of staffing challenges being experienced across the country, the adoption of formalized targets may result in operational efficiencies which can potentially reduce the impact of such shortages.

Action six: Require all social workers to utilize Safe Measures and LEAPS, respectively

In the future state, APS and CWS should consider requiring all social workers to analyze their performance in terms of number of visits undertaken, number of contacts completed, number of cases assigned, and time spent with each client. To help ensure consistent utilization of Safe Measures and LEAPS, supervisors should discuss this as part of the biweekly meetings noted under step four of action four above. Furthermore, the Division should consider whether the utilization of Safe Measures or LEAPS should form part of employee performance management (EPR) reviews.

Action seven: Develop a dashboard for utilization

As a final step, the working group should be tasked with collaborating with Department IT to develop a utilization dashboard. The dashboard should be accessible to all supervisors and executive leadership allowing them to view staff performance on a regular basis. Individual staff members should also have access to the dashboard to view their own personal performance, allowing them to self-correct instances of suboptimal performance. Supervisors should analyze the dashboard weekly to analyze staff

performance and meet with staff weekly in instances where performance is below the formalized performance targets developed under action four. These meetings can act as a forum for supervisors and line staff to discuss reasons for suboptimal performance and collaboratively develop mechanisms to enhance performance or realign workload as necessary. The working group should consider coordinating with Department IT on the following key steps regarding the dashboard:

- **Step one:** Evaluate the platforms that can be utilized for the dashboard. There are many options available including Excel, Tableau, and Power BI and consider whether any investment will be required.
- **Step two:** Identify the specific outputs that the dashboard should visualize. For example, the dashboard should allow users to evaluate staff performance across each task category assigned as well as overall performance at the division level. It should also be able to identify the number of visits undertaken by social workers in a particular period as well as the time spent on direct and nondirect services.
- **Step three:** Consider the granularity of the information that will be provided; for example, will the dashboard allow the ability to drill down to the most granular data available related to program fund utilization.
- **Step four:** Consider the dashboard color, display, and the type of charts that will be used to visualize each output.

Action eight: Task supervisors with engaging collaboratively with staff on a biweekly basis to discuss utilization and caseloads

Once the Department has established targets and balanced caseloads, Department leadership should provide guidance to instruct supervisors in working collaboratively with staff to support them in achieving these targets. Supervisors may meet with staff members who exhibit suboptimal performance on a biweekly basis, develop action plans for improvement, and consider how additional support can be provided to the employee to help ensure each staff member is working at the top of their license.

Scope: Department-wide

4.3 Identify an employee(s) who can be trained as a data professional, in conjunction with CEO's Office, and develop written guidance to improve and standardize the collection, reporting, and analysis of data to foster data-driven decision-making

Potential benefit: Identifying an employee(s) who can be trained as a data professional, in collaboration with the CEO's Office, to act as a leader in data analysis for the Department, as well as cross-departmental data sharing will allow for enhanced data collection processes, reporting, and analysis within both Social Services and across Health and Human Services Departments. It will help ensure that all available data sources, both departmentally and cross-departmentally are collated, analyzed, and visualized in the most efficient and effective way to develop additional insights, building on those already available. This process will enhance the County's mission of fostering data-driven decision-making and promote an environment of continuous improvement focused on achieving best outcomes for high-needs clients. In addition, developing written guidance on conducting analysis of complex data sets will enhance Department resiliency, particularly during instances of understaffing, staff leave, and turnover.

Current state: Presently, data collection occurs by program with limited data sharing for shared clients across divisions to allow for a systemwide view of program and service performance. There is a critical need in the Department for increased data analysis, visual dashboards, reporting and developing and enhancing performance measures that can help drive critical decision-making around staffing,

utilization, overtime, resource prioritization, and more. However, the Department does not have employees with the required skill set who are dedicated exclusively to data collation, data analytics, dashboarding, and report generation. The Department with the support of the CEO, should collaborate with HR and Information and Communications Technology (ICT) to identify employees who can be trained to perform data analysis and create visual dashboards as needed and then develop a training program for the Department's employees to learn how to use dashboards to track outcomes.

In the current state, cross-department data sharing between Social Services and complementary departments is limited, largely because of HIPAA. However, commendably, the Health and Human Services Departments are collaborating with the CEO's Office to develop a shared dashboard. The dashboard is based on the concept of the dashboard created by the Public Health Department during the pandemic. To build on this effort, the Department in collaboration with the CEO's Office may consider whether an employee(s) identified for data analysis training can oversee both cross-divisional and cross-departmental data analysis and assist with reporting and data collection standards, once trained. The individual(s) could also be responsible for working with County Counsel, the CEO's Office, and complementary departments to evaluate the requirements of HIPAA and consider the workflows and protocols that could be put in place cross-departmentally to enhance data sharing

Finally, based on staff interviews held for the purposes of requesting and discussing various data sources, it was clear that reports across LEAPS, Safe Measures, and CalWIN can often be difficult to analyze, requiring a significant amount of institutional knowledge. For example, to determine the number of dispositions per Economic Assistance and Employment Services program, specific filters must be applied to a CalWIN report to obtain an accurate measure or number. Furthermore, identifying the processing time for Medi-Cal and CalFresh programs is a cumbersome process with a significant amount of data manipulation required. There are a significant number of APS reports available; however, an inventory identifying the type and purpose of each report has not been developed. Developing written guidance outlining the data sources, report purposes, and the steps that must be taken when analyzing complex data sources to evaluate certain performance measures, as outlined in the actions below, will enhance the Department's resiliency during staff leave or turnover. It will also help ensure that the program knowledge and expertise which is essential for appropriate understanding of data is effectively documented and shared across relevant staff.

Training an employee as a dedicated data professional is an important strategy to help ensure that data can be effectively combined, analyzed, visualized, and shared to report key insights on client outcomes and allow for strategic decision-making focused on continually enhancing client service delivery. Sharing data across departments is also critical to obtaining a complete view of client need and helping to ensure clients continually receive the services they need at the right time. As such, each health and human service department may similarly consider training an employee to act as a dedicated data professional and focus on both analyzing internal data and sharing this data cross-departmentally, where possible. This will allow for enhanced data sharing and more coordinated care across departments aligned with the County's focus on providing a whole person approach to client service delivery which is also a key component of CalAIM.

Suggested Action Steps to Implement Recommendation

Action one: Develop written guidance for analyzing complex data sets

As a first step, the Department should task operations managers, supervisors, and staff responsible for data analysis and mandated reporting with developing written procedures identifying the various steps of data analysis, particularly for complex data sets. In addition to these procedures, an inventory of data sources and reports with their underlying purpose should be developed. The following steps should be undertaken in developing this guidance:

- **Step one:** Identify the key staff per division who will be tasked with developing the written guidance.
- **Step two:** Develop a standardized template for the written guidance to help ensure that the procedures and inventories are formatted in a standardized manner. This template could take the form of process manuals, a process map, or more high-level “reference guides” per data set.
- **Step three:** Provide a timeframe within which each staff member will be required to provide the analysis.
- **Step four:** Task operations managers and supervisors with reviewing the guidance.
- **Step five:** Help ensure the written guidance is made available to relevant staff on a share site and utilized in data analysis and supervisor training going forward.

Action two: Collaborate with the CEO’s Office, HR, ICT, and Staff Development to identify employee(s) who can be trained as a data professional

The Department should coordinate with the CEO’s Office, HR, ICT, and Staff Development to identify employee(s) who can be provided with data and analytics specific training to provide them with the capabilities to act as a dedicated data professional. Collaboration with the CEO’s Office, HR, ICT and Staff Development should cover the following key areas:

- Roles and responsibilities of data professional that may include acting as a point of contact for line staff regarding data analysis, inventorying data sources, developing additional performance measures, developing dashboards, developing strategies for data analysis, and leading on HIPAA considerations.
- The Department in collaboration with the CEO’s and HR may consider the key characteristics required for the role of data professional, these may include requiring the individual to have a bachelor’s degree and two years’ experience in working with the Department’s data, for example.
- Once key roles, responsibilities, and characteristics are developed, the Department should consider collaborating with HR to develop a job description. The Department may also work with HR to advertise the position internally, providing the opportunity for interested employees to apply.
- The Department in collaboration with HR may review applications, hold interviews, and select suitable internal candidates for the role.
- The Department should consider collaborating with Staff Development and ICT to identify the specific training that should be provided based on the roles and responsibilities of the data professional. Staff Development may assist with the development of materials for the specific training and the Department should consider working with ICT to act as the training facilitator.

Administrative Services

Scope: Department-wide

5.1 Develop an automated leave management system within the current HR system to enhance understanding of high leave of absence rates

Potential benefit: Developing an automated leave management system will reduce time spent by Department HR staff manually tracking leaves of absence, increasing efficiency, and reducing the likelihood of errors. It will also help ensure that staff on leave are consistently contacted within the mandated timeframes and will allow HR staff members to redirect their time toward other priority tasks.

Current state: The Department's HR system, Human Capital Management (HCM), is used to input and track employee leave; however, it does not have the functionality to act as an effective leave management system. The Department has developed an Excel tracker to assist with leave management, resulting in staff members manually monitoring various forms of protective leave, identifying communication points and timelines for issuance of options letters, and monitoring dates of return to employment. Currently, there are five employees responsible for making updates to the tracker, and during data analysis, several shortcomings were identified with this tracker, often as a result of human error, as follows:

- There were instances identified where the leave return date was evidenced as occurring before the leave start date, based on a review of the "Expected Return Date" and "Date Leave Began" columns.
- During January 2019 and October 2019, only two leave types (SDI-Medical and WC-Corvel) occurred in the data, as compared to 2020 and 2021, within which a total of nine leave types were evidenced. This suggests coding errors in updating the tracker.
- It was not possible to align the data per the leave management tracker with the long-term leave data per the HCM system.
- The tracker is not uniformly formatted, and staff members have the capability to type in certain data related to leave type as opposed to choosing from a drop-down options list. This creates variations in naming conventions for certain leave types, which can result in challenges in data analysis. For example, Paid Family Leave had four naming conventions within the data, including PFL-family, PFL-Family, PFL Family, and PFL- Family. Long-term medical leave also had four naming conventions, while administrative leave had three.

Implementing an automated leave management system increases the accuracy, completeness, and efficiency of the leave management process, ensuring staff members are consistently contacted within the mandated timeframes.

During interviews, the Department noted that it experiences a high level of long-term leave among staff; however, this data could not be accurately analyzed by KPMG as HCM is not currently capable of providing a report that accurately identifies staff leave date and return to work date. Several report iterations were provided and while the final iteration was manually updated to include return to work date, there were 64 instances (5 percent) in the data set where a leave commencement date was not included within the report. Given this data limitation, KPMG could not analyze the data set. As a priority, the Department should coordinate with the HCM provider to program a report that can accurately

provide the required data in an automated way. This will allow the Department to effectively analyze sick leave trends across positions, offices, and divisions both monthly and annually. This analysis in turn will allow the Department to consider strategies to reduce the impact of leave of absences across divisions. In addition, this report may also assist the Department in accurately maintaining the current tracker utilized by the HR function to monitor long-term leave.

Suggested Action Steps to Implement Recommendation

As noted below, the development of a countywide leave management system will likely form part of the new countywide ERP system. However, the adoption of a new ERP system will likely take a significant amount of time and may not be fully implemented for several years. Effective leave management is critical to helping ensure that staff are consistently contacted to return to work within the mandated timelines, particularly in the face of staffing challenges. It will also help ensure continued compliance with labor laws and agreements. As such, the Department should undertake the following low-barrier actions outlined below in advance of the adoption of a countywide ERP system to help ensure accurate leave management reporting in the short term.

Action one: Collaborate with HCM to develop a sick leave report that reports return to work date

As a first step, Department HR should work with HCM to program a report that is capable of reporting on the actual return to work date for each employee. The report should include the following key data points:

- Employee name and position
- Branch, division, unit, and location
- Leave commencement date
- Return to work date.

Finally, the HR division should investigate instances in which a leave commencement date is excluded from the existing report and the reasons behind exclusion. Subsequently, the reporting system should be updated to include the leave commencement date, where a data input issue is identified. This will help ensure that the Department has an accurate, complete, and consistent data set for future analysis.

Action two: Revise current processes utilized to update the leave management tracker

The development of a leave management system may take some time to develop and implement. Therefore, in the short term, the Department should consider revising the processes undertaken to update the leave management tracker, as follows, to increase accuracy, enhance ease of analysis, and help ensure a single source of truth:

- **Step one:** Identify one staff member responsible for updating and analyzing data related to long-term leave.
- **Step two:** Analyze and compare the data per the tracker to the data within the HCM system and update the tracker for any data differences to develop a single source of truth.
- **Step three:** Update the tracker to include data validation options for certain categories, such as leave type to limit data entries to a selection from a predetermined range.
- **Step four:** Review the leave management tracker against HCM reports monthly to help ensure continuous alignment between both tools.

Action three: Liaise with the CEO’s Office and Central IT to consider a leave management system as part of the adoption of a countywide ERP system.

Department leadership participates in a countywide Leave of Absence Committee to consider leave management strategies and, as a result, has evaluated the need for a countywide leave management system. However, the County is in the process of developing an ERP system, which may include a leave management system element. To help ensure that any leave management system implemented meets the needs of the Social Services, the Department should undertake the following steps:

- **Step one:** Conduct a Departmental needs assessment to evaluate the unique needs of any leave management system required by Social Services.
- **Step two:** Liaise with both the CEO’s Office and Central IT to evaluate whether a leave management system will form part of the ERP system and discuss the distinct needs of the Department as it relates to a leave management system.

Scope: Department-wide

5.2 Develop a fund utilization dashboard to track the performance and usage of funding and streamline reporting processes

Potential benefit: Developing a fund utilization dashboard will assist the Department’s Fiscal Division to streamline reporting processes and track funding performance and usage in a more time-efficient manner. Furthermore, it will enhance visibility for Department leadership, allowing them to view updates in real-time.

Current state: Commendably, the Department’s Fiscal Division has a robust process in place for managing fund utilization. As required by State mandates, the Department conducts quarterly time studying for staff providing direct client services for the purposes of cost allocation, developing budget estimates, and billing. Cost allocation for administrative staff is based on applying a percentage to each program. The Fiscal Division undertakes monthly reporting via the FIN system as well as more detailed quarterly reporting for the purposes of continually monitoring program spend against budget. The Fiscal Division also holds monthly meetings with leadership of both the Economic Assistance and Employment Services Division and the Protective Services Division to discuss programs that are over- or underspending and identifies strategies to increase or reduce spend, as necessary. In circumstances where programs are underspending, opportunities to transfer funding to other overutilized programs are considered, providing funding comes from the same allocation.

Despite the robust process in place for monitoring fund utilization, reports are currently in Excel format and are often time consuming to prepare and issue to leadership utilizing available FIN tools. As such, to reduce workload burden on staff, the Department should consider developing a dashboard, for example utilizing PowerBI already in use by County Departments. The dashboard would visualize data related to program budget, actual program spend versus budget, percentage fund utilization, and spend breakdown (i.e., administrative spend, case management spend, etc.), for example. The dashboard would allow Department leadership and program managers to view and course-correct fund utilization in real-time, as opposed to receiving monthly reports that can often take a considerable amount of time for the Fiscal Division to prepare. The dashboard would also enhance decision-making related to fund utilization, allowing for decisions to be made in a more real-time setting.

Suggested Action Steps to Implement Recommendation

As noted in recommendation 5.1, the County is in the process of developing a countywide ERP system. However, the design, development, and subsequent implementation of a countywide ERP system make take a significant amount of time. As such, to reduce the workload burden on staff and enhance the efficiency of reporting in the short term, the Department should undertake the following key actions and develop a dashboard which can be utilized in coordination with any future ERP system.

Action one: Task the Fiscal Division with collaborating with Department IT

As a first step, the Department should task the Fiscal Division with collaborating with Department IT to develop the dashboard. The dashboard should be accessible to fiscal staff, program supervisors, and executive leadership allowing them to view fund utilization in real-time. Executive leaders, fiscal staff, and program supervisors should analyze the dashboard monthly to collaboratively identify opportunities to enhance fund utilization. Fiscal Division should consider coordinating with Department IT on the following key steps:

- **Step one:** Evaluate the platforms that can be utilized for the dashboard. There are many options available including Excel, Tableau, and Power BI and consider whether any investment will be required.
- **Step two:** Conduct a high-level needs assessment to identify the key requirements of any dashboard. This may also involve coordinating with Department IT to help ensure that the dashboard can be made available on all computers and Social Services devices, such as iPhones and iPads.
- **Step three:** Develop a roadmap for dashboard development and identify and allocate appropriate tasks for completion across the Fiscal Division and Department IT.
- **Step four:** Establish monthly meetings to discuss progress in completing tasks and next steps.

Action two: Define outputs and undertake dashboard design

As part of the design phase, the Fiscal Division, in collaboration with Department leadership, should identify the outputs that should be visualized within the dashboard. In considering dashboard design, the following should be evaluated:

- **Step one:** Identify the specific outputs that should be provided by the dashboard. These outputs should include program budget, program actual spend versus budget, breakdown of spend (i.e., administrative spend, case management spend, etc.), and utilization rate (actual spend versus budget).
- **Step two:** Consider the granularity of the information that will be provided; for example, will the dashboard allow drill down to the most granular data available related to program fund utilization?
- **Step three:** Consider the dashboard color, display, and the type of charts that will be used to visualize each output.

Action three: Provide training to staff on utilizing the dashboard

Once the dashboard has been designed, the Department should help ensure that dashboard users are effectively trained to navigate the dashboard and evaluate the outputs being visualized. A member of the Fiscal Division working group who was part of the dashboard design should be assigned as a trainer and should provide training to all staff prior to the rollout of the dashboard.

Learning and Development

Scope: Department-wide

6.1 Enhance trainings for AOPs to better prepare staff for administrative responsibilities and Department processes

Potential benefit: Adopting a formalized, Department-specific orientation and ongoing trainings for AOPs will help to ensure that similar tasks are undertaken using a consistent process across the Department, increasing both efficiency and quality of work product. The adoption of this position-specific training will support recommendation 2.1, which recommends that the Department develop standard operating procedures and communication response time standards across divisions.

Current state: Upon recruitment, AOPs receive countywide orientation training and online training, which focuses on countywide process and procedures, as opposed to any Department-specific training. In the current state, it is the responsibility of the supervisor to write a plan for AOPs annually and agree upon any trainings required to enhance the skill and knowledge of individual AOPs. The County has an online training curriculum dedicated to AOP's as a result of the development of the Skills, Training, Experience, and Performance Management System (STEPS). The training is largely focused on developing skills across applications such as Microsoft Word, Excel, PowerPoint, and Access as well as business writing, math, grammar, and communicative skills rather than on department-specific topics. Across interviews, staff noted that the lack of formalized, department-specific training often results in staff being unclear on the best approach to resolve certain issues or carry-out certain tasks. Additionally, it was noted by the Department that it is the supervisor's responsibility to agree on trainings that would enhance the skills and knowledge of individual AOPs. This leads to uneven development of AOPs and inconsistent processes and procedures across divisions and units exacerbating the challenge discussed in recommendation 2.1 regarding the lack of standard operating procedures, cross-departmentally.

Suggested Action Steps to Implement Recommendation

Action one: Task Staff Development with developing training cohorts

The role of an AOP can often differ considerably based on the unit to which that AOP is allocated. As a first step in developing a dedicated training program, Department leadership should task Staff Development with developing specific training cohorts for AOPs based on their unique role. These cohorts may be based on division or otherwise. To develop these training cohorts, Staff Development should undertake the following steps:

- **Step one:** Hold focus groups with a selection of AOPs and supervisors across divisions to obtain a greater understanding of the specific activities that may be undertaken by an AOP based on workload, division, unit etc.
- **Step two:** Based on the results of the focus groups, develop specific training cohorts for AOPs to account for any nuances across roles.

Action two: Develop a training program

Having identified training cohorts, Staff Development should subsequently begin developing a training program for each cohort. In developing these training programs, the following key steps should be undertaken:

- **Step one:** Hold focus groups and/or issue surveys to AOPs across the County to understand training interests, training methods (virtual or classroom based), and gaps in current training.
- **Step two:** Consider whether the training will be virtual or classroom-based training (or a combination of the two).
- **Step three:** Develop training materials (induction and ongoing) based on feedback from focus groups and/or surveys for utilization across AOPs trainings.
- **Step four:** Following commencement of training, help ensure that materials are accessible to staff members on a SharePoint site to allow staff to refresh learnings at any time.

Action three: Task Staff Development with delivering training

Staff Development should allocate trainers to lead the delivery of this AOP trainings (induction and otherwise) across divisions. Staff Development currently have dedicated trainers who deliver training across Economic Assistance and CWS. Department leadership should collaborate with Staff Development to evaluate whether these dedicated trainers can also deliver AOP trainings for the respective divisions.

Scope: Economic Assistance and Employment Services

6.2 Expand cross-training efforts across District Offices for Economic Assistance & Employment Services programs to flex resources around unanticipated fluctuations in demand

Potential benefit: Expanding cross-training initiatives across CalFresh, CalWORKs, Medi-Cal, and General Relief programs for both eligibility workers and AOPs will increase Department resiliency and skill level; allowing staff to be transitioned across offices in periods of high demand or reduced staffing due to vacancies or leave. This in turn will enhance the customer experience, helping to ensure that even in periods of high demand or reduced staffing, clients will continue to receive effective, consistent, and timely support and access to benefits.

Current state: As discussed in recommendations 2.1 and 3.1, the Department has developed the Equalizer Tool to equalize work across the Department. The Department notes that the Equalizer tool is monitored regularly to help ensure the allocation process is equitable and working as designed. with adjustments made in real-time, were necessary. However, across interviews it was noted that staff members who are particularly adept in processing certain program applications/redeterminations are often allocated the majority of work related to these programs. Commendably, the Department views cross training as a priority and has begun to cross-train staff across the various programs of Economic Assistance and Employment Services and is a strategic priority of the Department for CalSAWS implementation. The Department's Santa Barbara Office for example, has developed a cross-trained team of staff members who are trained across multiple programs. However, this team is made up of a small number of employees (approximately five). Additionally, in the CalWORKs office in Santa Maria, shared clients who may be eligible to receive Medi-Cal benefits are directed toward another office for application processing. Therefore, there is an opportunity to enhance these cross-training efforts to encompass additional employees and cross-trained teams across the Department's offices as discussed in recommendation 2.2. This will also strengthen the lead worker model to allow one staff member to provide cross-programmatic support and service to one client, preventing the need for multiple handoffs within district office settings.

Case study spotlight: San Bernardino County has cross-trained all workers in Medi-Cal, CalFresh, and CalWORKs. All workers are trained to screen for dual eligibility at application intake and at midperiod, recertification, and any client contact. To address the increased processing needs, the county has invested in several technological and business process improvements, including high-functioning call centers, established 4/10 schedules to support Saturday calls, created a central processing center to assist in the processing MAGI referrals and shifted workers to intake during open enrollment when more support is needed. Applying this approach to cross training has allowed San Bernardino County to align workload to demand, particularly in times of increased processing need, ensuring that clients are served in the most efficient and effective way each time.

Suggested Action Steps to Implement Recommendation

Action one: Identify a supervisor in each office to champion cross training in the Santa Maria Office

The Department should identify a supervisor in the Santa Maria Office to lead cross-training efforts. The identified supervisor should undertake the following key tasks. The Department should also assess whether multiprogram unit supervisors across other district offices are utilizing the following approach to champion cross-training efforts:

- Evaluate the roles and responsibilities of each staff member and identify the skill and/or knowledge gaps across programs.
- Identify a program expert across CalFresh, CalWORKs, Medi-Cal, and General Relief to deliver program-specific training.
- Bifurcate staff into four groups with each group to obtain training in a different program each month. This will allow staff the time to digest and operationalize learnings for each program.
- In collaboration with the program expert, develop a training plan and schedule for the delivery of training.
- Obtain feedback from program experts and hold monthly team meetings to monitor and discuss progress on cross-training efforts.

Action two: Task program experts with delivering quarterly training sessions to staff

The program experts identified by the supervisor under action one should be tasked with delivering quarterly training sessions to a group of staff members and should collaborate with the supervisor lead in considering skill and/or knowledge gaps to determine training focus areas. The program expert should also act as the key point of contact for staff to ask questions on specific programs.

Action three: Help ensure that tasks are effectively rotated across staff

To help ensure that the training is effectively operationalized, supervisors should rotate programmatic tasks across their teams. To achieve this, supervisors should be tasked with conducting a detailed review of the Equalizer Tool weekly to help ensure that cross-program tasks are being allocated across the teams during instances of cross training. This is essential to help ensure that each staff member being cross-trained is receiving the hands-on experience needed to effectively operationalize training.

Scope: Adult Protective Services

6.3 Develop consistent staff training across all regions within APS to allow for staff performance improvement and skills development

Potential benefit: Establishing formalized, consistent induction and ongoing training programs for APS social workers and case workers will enhance staff performance improvement and promote continuous skill development, which will enhance client service delivery. Furthermore, it can act as a forum for staff to share knowledge on the varying client scenarios encountered while in the field, as well as the mitigating actions undertaken. As case management has both clinical and psychosocial components, trainings such as Psychosocial Assessment and Diagnoses/Planning/Intervention, Financial Assessment/Planning/ Intervention, Case Facilitation, Patient and Family Counseling, Crisis Intervention, Quality Improvement, Discharge Planning, Outcome/Practice Evaluation, Patient/Family Education and Patient/Family Advocacy should be considered.

Current state: APS staff members do not receive formalized induction or ongoing training operated by Staff Development. Staff Development had a dedicated trainer several years ago; however, this position was eliminated due to an insufficient number of APS staff members under continuous recruitment to necessitate a dedicated trainer. Therefore, in the current state, training for APS staff is undertaken at the supervisor level across each office and given that this training is not formalized, it lacks consistency. The Department notes that the APS Manager connects with Staff Development every six months regarding training requests and more often, if necessary. In terms of ongoing training, most trainings offered are through the Central Coast Training Academy (CCTA) which mirrors the process for CWS ongoing training. This training is intended to promote statewide uniformity and consistency, in addition to leading practices, in the administration and delivery of services under the APS program. However, across interviews, APS staff lamented the lack of training, noting that they often deploy differing and inconsistent methods to resolve certain situations.

Case study spotlight: As part of an APS staffing analysis conducted in the City and County of San Francisco, staff identified eliciting cooperation from certain clients as a key challenge. As a result, the City and County sought the development of APS trainings related to motivational interviewing and other methods to help social workers in encouraging cooperation and behavioral change from reluctant clients.

Suggested Action Steps to Implement Recommendation

Action one: Task APS supervisors with collaboratively engaging with Staff Development to develop an induction and ongoing training program

Division leadership should task APS supervisors who currently provide training to engage Staff Development and collaboratively develop formalized, induction and ongoing training programs for APS social workers and case workers. In developing these training programs, APS supervisors should help ensure they obtain input from APS staff to help ensure training is aligned to skill and/or knowledge gaps. The following steps should be taken when developing training programs:

- **Step one:** APS supervisors should hold focus groups and/or issue surveys to APS staff including supervisors, social workers, and cases workers to identify focus areas for each training program. These areas should include both general learning, to be delivered to all APS staff, and targeted learnings, to be delivered to staff in specific programs.
- **Step two:** APS supervisors should develop focus areas for each type of training (induction and ongoing) based on feedback from focus groups and/or surveys. The Department may also utilize the Staff Development Division surveys on which learning topics would be of interest.
- **Step three:** APS supervisors should collaborate with Staff Development to develop training materials for utilization in the form of slide decks and role play scenarios based on the focus areas developed.

- **Step four:** Following commencement of training, APS supervisors should help ensure that materials are accessible to staff members on a SharePoint site to help ensure staff can refresh learnings when required. This will allow staff greater access to trainings regardless of region.

Action two: Task APS supervisors assigned to undertake training to complete train-the-trainer course.

APS supervisors should be identified as training leads and facilitate all APS trainings in a particular office or virtually, utilizing the materials developed in collaboration with Staff Development under action one above. However, at a minimum, all identified training leads should be required to complete a “train the trainer” course provided by Staff Development to help ensure they have the necessary skills to provide effective and impactful trainings. In the longer term, training sessions could be recorded to allow for an “on-demand” approach.

Succession Planning

Scope: Department-wide

7.1 Help ensure annual training is evaluated and deemed part of employee expectations to foster consistency in staff development in consultation with County HR and Labor Unions

Potential benefit: Evaluating employee training annually and ensuring expectations regarding training requirements are included as part of annual EPR reviews will foster an environment of continuous improvement, focused on promoting consistent skill development and knowledge enrichment. It will also help ensure that staff members are held accountable for continuous learning and in doing so, enhance client service delivery, by helping to ensure clients continue to receive a consistently high level of service from highly skilled staff.

Current state: Based on state requirements, CWS workers and supervisors must undertake 40 hours of training every 24 months. There are no related state mandates specific to APS and Economic Assistance and Employment Services staff. However, social workers in general, must undertake 36 hours of continuous learning every two years to ensure license renewal. In the current state, continuous learning requirements do not form part of employee expectations for the purpose of EPR reviews. The Department noted that while some supervisors may include expectations surrounding learning requirements as part of performance reviews, this is neither consistent nor formalized. Furthermore, Staff Development advised that while they continuously strive to ensure that 100 percent of CWS workers undertake the required training hours annually, it is not always possible.

Suggested Action Steps to Implement Recommendation

Action one: Develop role-specific training requirements

Department leadership should collaborate with Department HR and Staff Development to develop role-specific training requirements. The key steps in undertaking this action include:

- **Step one:** Based on the training programs recommended for development in recommendations 6.1 and 6.3, Department leadership and HR should work together to identify minimum training requirements for Economic Assistance and Employment Services staff and APS staff, other than social workers. As discussed above, CWS staff and social workers must already meet specific minimum learning requirement based on state requirements.
- **Step two:** Department leadership and Staff Development should subsequently liaise with Department HR to evaluate whether the Department will be required to enter discussions with labor organizations because of implementing role-specific training targets.
- **Step three:** Department leadership should task Staff Development with ensuring that sufficient virtual and/or classroom trainings are available on demand or otherwise to allow staff to meet the developed requirements.

Action two: Develop performance measures for inclusion within EPR reviews in collaboration with County HR and labor unions

Department leadership should collaborate with Department HR, Staff Development to develop performance targets for inclusion within EPR reviews. It is important to note that the Department may

be required to engaged with the labor unions in the development and adoption of these performance measures. The key steps in undertaking this action include:

- **Step one:** Evaluate and implement performance targets for training completion to be included within annual EPR reviews. Staff required to undertake minimum training based on State mandates should be required to complete 100 percent of the required training.
- **Step two:** Engage with labor unions to discuss the goal of updating EPR reviews to include performance targets related to learning and development. Any labor agreements in place should be updated for performance targets related to learning and development once agreed upon.
- **Step three:** Train supervisors on importance of appraising staff on continuous learning and development.
- **Step four:** Communicate the updated training requirements to staff.

Action three: Track staff training compliance quarterly

In July 2021, the State launched California Child Welfare Training (CACWT), a learning management system with the aim of streamlining the deployment and completion of trainings across the State. The system allows CWS workers to view their progress in undertaking training and achieving compliance. There is no related learning system for APS or Economic Assistance and Employment workers, given there is no mandated training requirement for these positions. However, to promote an environment of continuous improvement, the Department should consider undertaking the following:

- Track trainings for CWS staff quarterly and issue reminders for completion to help ensure the Department meets state-mandated training requirements.
- Staff Development should also consider issuing quarterly reports to Department leadership and supervisors to outline the number of trainings undertaken per employee in a quarter to help ensure that staff members are meeting the training targets.
- Liaise with the CEO office and Central IT to evaluate whether a learning management system will form part of the countywide ERP system under design. A learning management system would act as a centralized portal for APS, CWS, and Economic Assistance and Employment Services staff to house and administer on-demand trainings, as well as track and report on a staff member's progress in completing trainings.

Scope: Economic Assistance and Employment Services

7.2 Continue with reduced induction training timeline for eligibility workers within Economic Assistance and Employment Services and assess the feasibility of further shortening training to help alleviate staffing shortages

Potential benefit: Evaluating the feasibility of shortening induction training for eligibility workers will promote a more on-the-job approach to training, which can often result in faster adaption and accelerated learning. Furthermore, it will assist in alleviating staffing shortages, particularly in the BSC and may also improve staff retention with staff graduating to full-service units at an earlier stage. Finally, it will help ensure that eligibility workers begin providing client services at an earlier stage, helping to alleviate the impact of vacancies or staff leave on call wait times and processing timelines.

Current state: Eligibility workers currently complete four months of induction training delivered by Staff Development. This training program was initially six months in length; however, the Department reduced training to four months with the aim of transitioning staff to client service delivery at an earlier stage. The training program consists of both desk learning and practice and includes several key components including program administration, program rules and regulations, and computer system learning. Upon graduation, BSC recruited eligibility workers are transitioned to a training unit within the BSC in which

they process a smaller number of cases than fully trained eligibility workers. They remain in this training unit for a maximum of nine months, before being transitioned to a main unit. Across interviews staff noted that eligibility workers often leave the role following progression to a main unit as they are not accustomed to the fast pace of processing within the main unit. Furthermore, as noted in recommendation 3.2, the BSC is operating with 19 vacancies as of April 2022. The current level of understaffing has an impact on call wait times and task completion timelines. For example, the average call wait time for FY20–21 was 36 minutes, with an average of 14 percent of calls abandoned, likely as a result of high call wait times. While call wait times have fallen in recent times, likely due to reduced call volumes as a result of the moratorium on negative Medi-Cal actions, they will likely increase once the moratorium has been lifted. Furthermore, based on analysis of TMT data, an average of approximately 10,000 tasks were completed per month in FY20-21 with the average time between task assigned and task completed date being 146 days. Additionally, almost 1.5 percent of all tasks (1,716) were first assigned in 2017; however, not completed until 2021. As noted in recommendation 2.3, this unusually long processing timeline may indicate data quality issues that should be further investigated by the Department. Please refer to Appendix J for monthly analysis of TMT data.

Continuing the four-month period and assessing the feasibility of shortening the length of induction training further for eligibility workers will help transition eligibility workers to client service delivery at an early stage. This may assist with reducing call wait times for clients as well as task completion timelines. It will also build resiliency in advance of the moratorium on negative Medi-Cal orders expiring. As part of this feasibility assessment, the Department may consider monitoring and assessing trainee performance on a daily and weekly basis, to consider whether consistently high performing trainees can graduate to the BSC training unit at an earlier stage. The Department may also consider evaluating the feasibility of reducing the time spent by newly trained eligibility workers in a training unit, or adopting a more phased approach to on-the-job training, where an eligibility worker is given an additional number of cases to process each week. This will help ensure that eligibility workers are transitioned to a main unit at an earlier stage and are accustomed to the fast pace of processing within the main unit following transition, which may reduce staff attrition.

Case study spotlight: In Contra Costa County, as part of eligibility worker induction training, the Supervisor of Eligibility Worker Training Unit (EWTU) monitors the progress and makes assessment of the trainees weekly. This is undertaken by holding conferences with trainees, looking into their case processing records, and receiving reports from the lead workers. The progress of the trainees' classroom performance is conveyed to the lead workers weekly by the Staff Development Specialists who complete a weekly Classroom Participation report on aspects including preparation, participation, supporting cotrainees' learning experience, and class assignments. The lead workers forward this report together with the trainees' desk time performance to the Supervisor of EWTU.

Suggested Action Steps to Implement Recommendation

Action one: Task induction trainers with monitoring and reporting on trainee performance weekly

Department leadership should task Staff Development with monitoring and reporting upon trainee performance weekly to consider whether certain high performing trainees can be transitioned to the BSC training unit at an earlier stage. The following steps could be undertaken as part of this process:

- **Step one:** Staff Development in collaboration with BSC supervisors should develop specific criteria to be monitored daily and weekly to consider trainee readiness for early graduation to the BSC training unit. Criteria may include (mock case processing timelines, exam/test results, level of accuracy and quality in application processing, and level of engagement)
- **Step two:** The Department may consider tasking Staff Development trainers with providing weekly updates to BSC leadership based on the criteria developed under step one. Staff

Development and BSC leadership may subsequently discuss arrangements for transition for those trainees considered ready for early graduation to the BSC trainee unit.

Action two: Task Staff Development with conducting a review of current training modules completed as part of program

Department leadership should task Staff Development with conducting a review of the current training modules to evaluate whether training modules could be condensed further to reduce the training timelines for eligibility worker induction. The following steps could be undertaken when conducting this review:

- **Step one:** Solicit feedback from staff members who have completed the induction program by way of focus groups or surveys to gain an understanding of which modules are of key importance and those that could be minimized.
- **Step two:** Evaluate the results of staff feedback and develop a matrix of modules that are of key importance as well as aspects of the training program that could be condensed.
- **Step three:** Propose potential updates to Department leadership and agree upon a new timeline and training format.
- **Step four:** Update the training materials for all future trainings.
- **Step five:** Continue with the condensed training program during the next phase of eligibility worker trainings and obtain feedback from both trainees and supervisors of the new eligibility workers to evaluate training success. Feedback from trainees should be obtained immediately following training; however, feedback from supervisors can be obtained 6–8 weeks post-training to help ensure that supervisors have enough time to analyze performance and compare to performance based on prior trainings.

Technology

Scope: Department-wide

8.1 Integrate technology systems to create an integrated data hub to obtain a 360-degree view of the client to enable coordinated service delivery

Potential benefit: Enabling a technology solution, such as an integrated data hub, capable of data warehousing and integrating systems both cross-divisionally and cross-departmentally will allow for a holistic view of client needs. It will assist with breaking down silos and promoting a more coordinated care management system. Furthermore, it will support the strategy of identifying Department-wide and countywide high utilizers as recommended under recommendations 1.1 and 9.1, allowing case staff within Social Services and across the County to identify the most vulnerable clients and any potential gaps in service offerings. It will also enhance cross-divisional and cross-department collaboration by allowing case workers to track and follow up on referrals across various systems and evaluate their related outcomes as recommended within recommendation 4.1. Finally, it will assist the County in achieving its strategy and related goal of developing a coordinated, integrated, and accessible data set to be used in recovery decision-making.

Current state: The Department utilizes many systems to track data and provide services including CalWIN, Safe Measures, and LEAPS, among many others. While these systems often contain data about the same clients, they are not capable of integration or data sharing either cross-divisionally or cross-departmentally with other county systems. This creates a siloed system of care, which can make it difficult for case workers to identify cross-departmental services being offered to a client. Additionally, it increases the complexity for clients to navigate the differing service offerings. For example, in the current state, case workers who refer clients for service to other departments do not have the ability to track the referral and determine whether a successful outcome was achieved. Enhancing data integration capabilities and providing a more coordinated approach to client service delivery has been initiated by the HHS COVID-19 recovery plan. The Department is part of the Interagency Policy Council (IAPC) collaborative, which is currently developing a care navigation system that envisions the recruitment of 2—3 care navigators to take referrals from the Health and Human Services Department. The care navigators will complete assessments and coordinate and track client appointments. However, it is unlikely that 2—3 care navigators will have the capacity to serve the entire high-needs population. Implementing an integrated data hub that can be accessed by all relevant cross-departmental staff will allow information sharing at the Departmental and County level, allowing staff to have a 360 view of a client and identify needs in a more proactive way.

Integrating technology systems to obtain a 360-degree view of the client is a key strategy to enhancing care coordination, helping to ensure that staff have access to the data needed to determine reasons behind service need, identify potential gaps in service delivery, and refer clients to appropriate service, where necessary. Social Services in collaboration with other health and human services departments should coordinate with the CEO's Office to participate in the development of the integrated data hub recommended for implementation.

Case study spotlight: In 2017, Sonoma County began developing ACCESS Sonoma to integrate its health and human services delivery to allow more coordinated care to be provided to high-needs clients and enhance client outcomes. To make this initiative a success, the County determined they needed to:

- Transform business processes to deliver services through the development of an Interdepartmental Multidisciplinary Team (IMDT).

- Break down programmatic silos and share data between departments and systems.
- Let care plans be collaboratively created and managed between IMDT members.

They knew if the County could accomplish these tasks, caseworkers, clinicians, housing specialists, and other community partners could view client needs holistically and identify the clients at highest risk. They could then coordinate support from the various agency providers to deliver a cohesive support solution for each client.

Beyond the formation of the IMDT, County officials also recognized the need for tools and technology to enable the change. To share data more effectively, the County collaborated with IBM to utilize their Connect360 solution to develop an integrated data hub, which combines a case management system with that of a data management system, providing a holistic approach to managing the care of vulnerable populations. This solution enables data integration across agency systems including Human Services, Health Services, Probation, Child Support Services, Criminal Justice, and CSD, and allows frontline workers to get a holistic view of client needs and status. This empowers them by highlighting the key risks and barriers of each client in a single view. Additionally, it helps provide the ability for all IMDT members to collaborate on goals, actions and services that will make a difference in ongoing care. Consisting of more than 90,000 client profiles at inception, this solution possessed the data needed to find commonalities between cases and develop an individualized plan of action available on tablets, laptops, or mobile devices — ultimately improving the residents' experience with Sonoma County and their quality of life.

As a result of the integrated data hub, the County was able to access and evaluate client service needs and work collaboratively to address individualized challenges and goals. Applications for Medi-Cal, and food stamps were completed with the help of the IMDT. The result—the County put an end to client ER visits, interactions with criminal justice agencies and law enforcement for example, saving the hospitals and the community thousands of dollars. With more integrated access to a client's profile, the County could provide a more proactive, better and coordinated care experience. The team now monitor and manage cases quickly and easily, collaborating to identify the best course of action for clients.

Suggested Action Steps to Implement Recommendation

Action one: Liaise with the CEO's Office and other complementary departments to consider funding sources

As a first step the Department should liaise with the CEO's Office and other complementary departments such as Public Health, Behavioral Wellness, CSD, and criminal justice agencies to evaluate potential funding sources to procure this technology solution.

Action two: Evaluate data sharing opportunities under HIPAA with County Counsel and establish release of information (ROI) from clients

Social Services in collaboration with complementary agencies should analyze the data sharing opportunities while ensuring compliance with HIPAA. Enhancing data integration capabilities and providing a more coordinated approach to client service delivery has been initiated by the HHS COVID-19 recovery plan and should be undertaken by completing the following key steps:

- **Step one:** Collaborate with County Counsel to identify strategies to allow departments to share the necessary data while remaining in compliance with HIPAA and other federal regulations.
- **Step two:** Analyze the current protocols and workflows in place across departments surrounding data sharing and evaluate the updates that may be required.

- **Step three:** Develop data sharing agreements across County partners including Health Services, Human Services, Probation, Child Support Services, Criminal Justice, and CSD.
- **Step four:** Develop an ROI and establish a plan for issuing ROIs for new and existing clients. For example, new clients can be required to sign an ROI on intake, while case workers in APS and CWS may be tasked with obtaining ROIs from their distinct clients. Within Economic Assistance and Employment, clients could be asked to sign an ROI on redetermination.

Action three: Engage in a cross-departmental working group to identify available data sources and strategies for integration

Commendably, the County has already established an IAPC cross-departmental working group, which is focused on developing strategies to enhance coordinated case management across County Departments. This group is currently considering funding for the implementation of service navigators to support clients as they journey through the various systems of care across the County. This group could also be tasked with completing the following key steps with the aim of identifying available data sources and potential strategies for integration:

- **Step one:** Inventory the data systems across the divisions and departments that should form part of the integrated data hub.
- **Step two:** Evaluate and inventory the key data points that the integrated data system should have the capability to report upon.
- **Step three:** Conduct staff focus groups across departments to identify key system requirements and develop a formalized system needs assessment.

Action four: Appoint a cross-departmental team to project manage implementation

The County should appoint a cross-departmental project management team to conduct research on available systems that could be implemented across health and human services agencies. The project management team should include representation across each department including Social Services, as well as IT functions. This team will be responsible for the following:

- Acting as a first point of contact for the vendor and outlining system requirements.
- Developing system design.
- Developing a roadmap for implementation of the system.
- Trouble shooting system capabilities and updates as they are developed.

Scope: Department-wide

8.2 Develop an SLA for communication standards between Central IT and Department IT to enhance coordination and formalize update processes and timelines

Potential benefit: Establishing an SLA between Central IT and Department IT that formalizes the relationship between both agencies and provides for defined roles and responsibilities, communication standards and processes will provide clarity to staff on the processes to be undertaken and prioritized by each agency.

Current state: The Department is currently working with Central IT to migrate its Active Directory to that of the County and has also commenced migration to Microsoft 365. The processes are currently in the pilot phase with the IT team becoming the first to transition. The initial pilot has been successful; however, is not without challenge. Due to the timelines imposed for migration by Central IT, the Department was unable to clean up its security environment before migration, which will likely create

significant work for Department IT postmigration. Furthermore, it was reported that this may pose challenges upon full-scale rollout as staff applications may not be within the same location, for example, as previously. Secondly, as Microsoft 365 rolls out, Department staff will require training on its varying capabilities. Central IT assert that the Department must provide this training, which will require Department IT to invest significant time in training its staff in Microsoft 365 in a short period to help ensure they have the necessary skill level to train line staff.

Additionally, across interviews, staff of the BSC identified a lack of consistency across computer programs and applications. For example, where a staff member transitions from one workstation/computer to another, they do not have the required applications upon log-in to undertake all functions and often must wait 24 hours for an application to be added to their new computer. Based on discussions with Department IT team this lack of consistency relates to an issue with security groups developed by a prior team and will take some time to update. However, given the level of projects Department IT is currently managing, including Microsoft 365 migration, Active Directory Migration, CalSAWS preparation as well as their day-to-day tasks they do not have capacity to undertake this project.

Suggested Action Steps to Implement Recommendation

Action one: Develop an SLA between Department IT and Central IT

The Department should consider negotiating with Central IT to develop an SLA that would formalize the service relationship between both agencies. The SLA would define the level of service to be provided by Central IT and should include the following elements at a minimum:

- Description of the services to be provided
- Role and responsibilities of Central IT, including specific processes undertaken at a Central IT level (e.g., training, updates, implementations etc.)
- Role and responsibilities of Department IT
- Communication standards that identify instances within which Central IT must be contacted for service as opposed to Department IT
- Communication standards that also require for monthly touchpoints between the two agencies to discuss workload and progress
- Standard timeline within which Department IT should be notified of an upcoming project (i.e., migration, implementation etc.)

It is important to note that any SLA should be developed in collaboration with Central IT to help ensure buy-in from both departments.

Action two: Work with Department leadership and Central IT to prioritize tasks

In the current state, Department IT is not provided with any task prioritization with differing priorities across Central IT and Department leadership based on the differing initiatives each agency is undertaking. In the future state, Department leadership should undertake the following to help ensure tasks are prioritized based on Department need:

- Establish monthly meetings with Central IT to discuss the IT projects in progress across each Department and reach consensus on those tasks to be prioritized by Department IT in that month.

- Based on discussions with Central IT, develop a monthly prioritization schedule for issuance to Department IT to help ensure that the Department IT is focusing on those tasks considered highest priority.
- Require Department IT to provide monthly updates on progress toward completing tasks.

Action three: Collaborate with Central IT and Staff Development to develop a training plan for Microsoft 365 rollout

To help ensure that staff members are prepared for the rollout of Microsoft 365, Department IT should collaborate with both Central IT and Staff Development to develop a training plan that will involve the completion of the following tasks at a minimum:

- Identify 1–2 staff members within Department IT who will be responsible for delivering staff training.
- Liaise with Central IT to obtain training for Department IT staff members who will be tasked with providing department-wide training.
- Given Microsoft 365, is a countywide rollout, consider whether any materials developed by Central IT can be leveraged in developing training materials.
- Task Staff Development with developing training materials.
- Consider whether trainings will be virtual, or classroom based.
- Develop a central training list and determine how many training sessions will be required based on the number of staff members to be trained. Virtual trainings will likely allow more staff members to attend trainings at one time than classroom-based trainings.
- Appoint 1–2 points of contact within Department IT who will be responsible for answering staff queries regarding Microsoft 365, after rollout.

Scope: Protective Services

8.3 Develop written procedures for enabling mobile access to internal systems for APS and CWS to enable staff to enter notes while out in the field

Potential benefit: Providing mobile access to internal systems for each APS and CWS social worker and case aide will help ensure that staff can create and enter case notes while in the field. It will enhance overall efficiency, preventing the need for staff to return to the office to type notes, in turn reducing overtime impacts and providing more time for staff to spend on direct client service. Furthermore, it will reduce the likelihood of errors in entry given there will be no lag time between a visit and note creation.

Current state: All APS and CWS social workers have access to iPhones and iPads for use in the field; however, across interviews, staff interviewees noted that they do not have mobile access to the Department's internal systems while undertaking client visits. This results in inefficiencies and duplication of efforts as staff members are required to take notes in the field and subsequently return to the office to upload their notes to the Department's systems. Across interviews, staff noted that the current process increases the likelihood of errors in data entry given the delay between conducting a visit and uploading the related note to the system. Based on interviews, with the Department's IT function, all staff across Protective Services have the capability to download a specific Microsoft application on an iPhone and/or iPad, which allows access to a social worker's remote desktop, allowing them to access all required applications while in the field. While this capability is in place, many staff members are not aware of its existence. Furthermore, the specific guidelines in place for connecting to the remote desktop are specific to a laptop and/or computer download, rather than an iPhone/iPad. Given that the method of download may be slightly different for iPad/iPhones, Protective Services leadership

should consider collaborating with Department IT to develop specific iPhone /iPad guidance and issue this guidance to all social workers and case aides across the Division. It should be noted that a replacement system is currently under development to allow direct access to CWS and APS systems. Additionally, the Department is planning to pilot docking stations for social workers in the near future, to enhance the utilization of technology while in the field. However, the Department should undertake the following steps in the meantime as development of a new system and implementation of docking stations may be over a longer time horizon.

Suggested Action Steps to Implement Recommendation

Action one: Liaise with Department IT and Central IT to develop guidelines for accessing the remote desktop

Department leadership should consider liaising with Department IT to develop specific instructions and guidelines for obtaining mobile access to internal systems for APS and CWS social workers and case workers. The following are the initial steps that should be undertaken by Department leadership to begin this process:

- **Step one:** Review the current guidance in place for accessing the remote desktop and consider how the guidelines can be updated for iPhone/iPads.
- **Step two:** Task supervisors in each office with advising APS and CWS staff of the capability to access the internal system while in the field.
- **Step three:** Issue written guidance to staff and collaborate with Department IT to identify an IT staff member who can assist staff members who have challenges with downloading the relevant application.

Action two: Develop standard operating procedures

Department leadership in collaboration with Department IT and Central IT should develop standard operating procedures for staff members who will be provided with mobile access to help ensure that they utilize their access for the intended purpose. Standard operating procedures should include the following key conditions at a minimum:

- Terms of use. The SOPs should provide clear rules on when mobile access should be utilized, and it should include consequences if employees violate the policy. It is important that employees understand the security risks involved.
- Protocols for reporting lost or stolen devices.
- A requirement to develop strong passwords and automatic locking after periods of inactivity.
- A requirement that the device is consistently updated for the latest software.

Interagency Collaboration of County Service

9.1 Scope: Department-wide Conduct an analysis of high utilizers of services across County programs to identify shared clients and gaps in existing service and collaboration efforts

Potential benefit: High utilizers of services impose a disproportionately high burden on county services including social services, public health, behavioral health, housing and homeless, and criminal justice due to their complex and multifaceted needs. As a result, such individuals often cycle in and out of emergency room services, inpatient care, and the county jail consuming healthcare and criminal justice funding, often, failing to receive the services necessary to address their underlying needs. Conducting an analysis of high utilizers of services across countywide programs will allow the County to identify shared clients and their related needs to identify the critical services clients are entitled to receive and/or would benefit from. This will allow for the development of coordinated strategies to promote a “no wrong door” approach to access as endorsed by the County’s Board of Supervisors. It will also allow the County to more proactively ascertain the multifaceted needs of these highly vulnerable clients, allowing for preemptive engagement and service navigation. The approach will ease the often-complex nature of navigating service across differing agencies for the County’s highest needs clients. It will also assist the County in achieving its goal of understanding and fulfilling the key health and human services needs of historically underserved, under-resourced, and marginalized individuals and groups through thoughtful engagement. It will allow the County to identify gaps in service offerings, helping to ensure clients receive the services they need, when they need them, promoting a quicker pathway to recovery and reducing costs and reliance on County services in the long term.

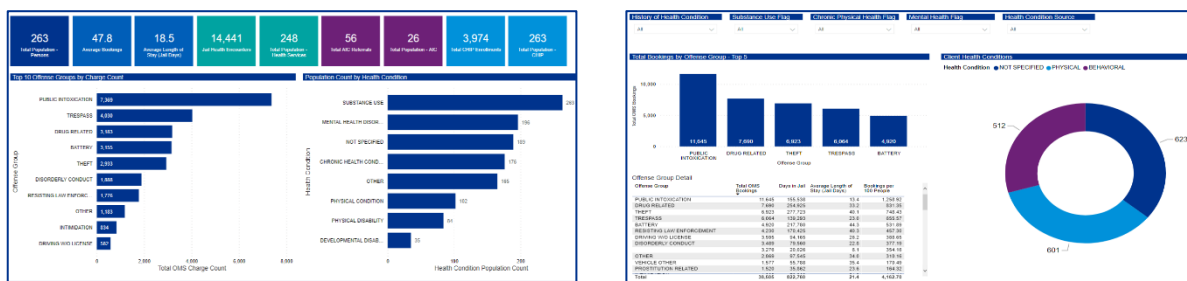


Figure 18: Source: KPMG

Current state: In the current state, the County has commendably established an IAPC cross-departmental working group that is focused on developing strategies to enhance coordinated case management across County Departments. Additionally, the County’s criminal justice agencies and Behavioral Wellness are collaborating on a naming index project to enhance cross-departmental data sharing. To complement these ongoing efforts, the Department and the County at large would benefit from establishing a dedicated cross-departmental working group to deliver a high-utilizer study across Behavioral Wellness, Public Health, CSD, and the criminal justice agencies. The aim of the working group would be to identify the County’s most vulnerable clients as well as their critical needs and develop

strategies to enhance coordinated care, alleviate barriers to entry for clients and reduce the impact of service gaps for the target population.

Case study spotlight: For example, Indianapolis-Marion County is in the process of building a data analytics tool to better understand its high-utilizer clients. The tool will be used to identify strategic cohorts to greater align programs with the target population. The strategies are intended to help ensure that people with combined health and social services challenges get the care they need when they need it, thereby preventing the costly cycle of crisis and ensuring the criminal justice system is not misused to address issues. This process has involved establishing cross-agency working groups to address issues related to high users of multiple systems, problem-solving for chronic recidivists, and improving outcomes of pretrial and reentry services.

Secondly, King County is developing a comprehensive, integrated, client-level health and human services data system to serve both direct care and population-level analysis. Currently, service providers do not have information needed regarding client housing, health, and behavioral healthcare utilization to make appropriate and efficient care decisions. The comprehensive integrated data system will further integrate existing data sets. The integrated data system will allow for the following functions: (a) enabling individual client “lookup” for direct care coordination, (b) identifying high-risk groups, based on flexible criteria, for system-level care coordination, and (c) extracting data sets, based on flexible criteria, for analysis of population health, program evaluation and costs.

Suggested Action Steps to Implement Recommendation

Action one: Collaborate with other County Departments to develop systemwide high utilizers

Having identified high utilizers of the social services system as a first step as recommended under recommendation 1.1, The Department should consider collaborating with the CEO’s Office and other county agencies, such as, Public Health, Behavioral Wellness, CSD, and the criminal justice agencies to establish a working group responsible for undertaking a study of County systemwide high utilizers. Alternatively, the IAPC work group discussed above could be tasked with undertaking this study. The working group would have the following primary responsibilities:

- Inventorying all available data sets across systems that provide information on client service offerings, client and program demographics, client conditions/circumstances, and shared clients
- Identifying the key data points to be analyzed across systems
- Tasking department analysts to conduct data analysis across each department system
- Collaborating with County Counsel to identify strategies to allow departments to share the necessary data while remaining in compliance with HIPAA and other federal regulations, discussed further within recommendation 4.3
- Evaluating results of data analysis and developing insights as outlined in action two below

Action two: Conduct data analysis of cross-agency systems to determine high utilizers

The working group should ensure that the data analysis undertaken provides the following analysis at a minimum:

- Client demographics (age, race, sex, ethnicity, income, and employment status)
- Clients with the longest period of service within the system across agencies
- Number of shared clients (clients who received support from two or more agencies)
- Top utilized services cross-departmentally

- Top attended programs cross-departmentally
- Most common diagnosis among shared clients
- Most common cooccurring conditions across clients
- Shared clients who receive the highest amount of public assistance
- Shared clients with the highest number of Institution for Mental Disease (IMD) stays
- Shared clients with the highest number of criminal offenses
- Shared clients with the highest number of 5150 holds (A 5150 hold allows an individual with a mental illness in crisis to be involuntarily held for a 72-hour psychiatric hospitalization.)

Based on this data analysis, the working group should determine (or refine) the collective definition of a high utilizer for the County for the purposes of the study (e.g., a threshold for number and/or types of services received over a fixed period).

Action three: Utilize the data to develop strategic client cohorts to be served by multiple programs

Developing cohort strategies will require significant cross-departmental cooperation. To achieve this, the working group established under action one should:

- Evaluate the data analysis to develop 4–5 strategic cohorts based on the key needs identified during analysis.
- Convene cohort coordination teams based on the number of cohort strategies identified with representation from each Department.
- The cohort coordination teams should be tasked with identifying and developing strategies for strategic cohorts. Each cohort coordination team will be assigned one strategic cohort, based on the data review undertaken by action two above.

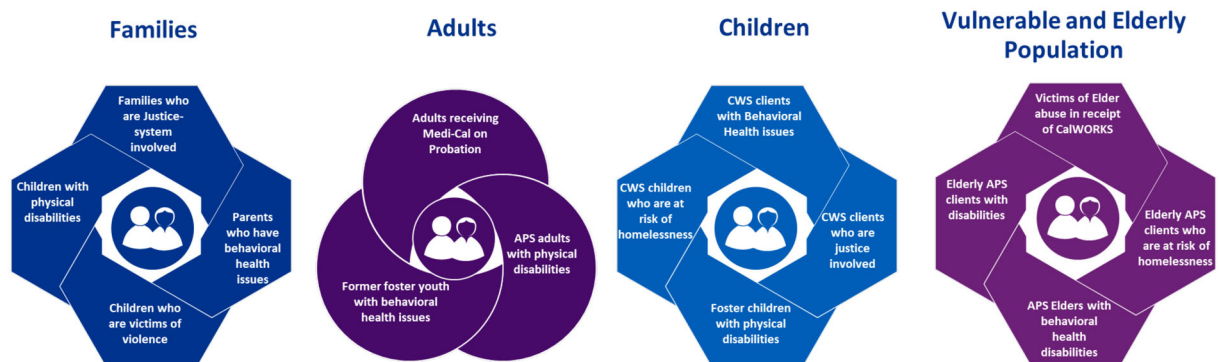


Figure 19: Source: KPMG

Action four: Conduct strategy design and problem-solving based on findings from departmental high-utilizer data analysis to refine cross-departmental service offerings

Following identification of strategic cohorts, the working group should evaluate gaps in service offerings and/or barriers to access for high-utilizer clients and identify strategies to reduce the impact of these gaps. Examples of such strategies include:

- Developing a multidisciplinary team of case workers with expertise across social services, behavioral health, public health, housing and homelessness, and criminal justice to identify and address any gaps in service and provide coordinated services to the cohort population continuously and proactively. Presently, the Department operates several multidisciplinary teams such as the APS multidisciplinary team, The Child Abuse Prevention Council (CAPC), Interagency Placement Committee, The Interagency Leadership Team, among many others. These teams have varying objectives; however, none of these teams are exclusively focused on addressing the multifaceted needs of vulnerable, high utilizers of service. Please refer to Appendix G for a full list of multidisciplinary teams and their related objectives. Sonoma County, for example, developed an interdepartmental multidisciplinary team, known as the IMDT, to overcome issues of program silos across county departments. Sonoma IMDT consists of frontline staff: clinicians, social workers, APS workers, probation officers, housing specialists, and eligibility workers who work to collaboratively coordinate care and goals to address the holistic needs of the vulnerable residents they serve.
- Increasing or reducing capacity of certain programs based on analysis of high-utilizer needs.
- Enhancing the incidence of warm handoffs between cross-departmental service offerings.

Scope: Department-wide

9.2 Enhance collaboration and communication across Behavioral Wellness, CSD, and criminal justice agencies to improve client service delivery

Potential benefit: Enhancing services levels and referral tracking by increasing collaboration and coordination with Behavioral Wellness, CSD, and criminal justice agencies will reduce barriers to entry, particularly for high-utilizer clients by reducing the complexities of navigating differing service offerings across agencies. Furthermore, it will encourage greater information sharing across departments, allowing staff to track department referrals and outcomes with greater consistency. Finally, it will promote a more holistic approach to service delivery, increasing the likelihood of achieving successful outcomes and self-sufficiency in the short term.

Current state: Currently, social services clients with multiple needs are typically required to navigate through several different departments to obtain the required services. For example, a client identified by Economic Assistance and Employment Services as requiring housing will be directed toward the CSD for assistance. The Economic Assistance and Employment Services Division has a Memorandum of Understanding (MOU) for collocated Behavioral Wellness clinicians at each CalWORKs office because of a dedicated funding stream; however, there is no related service offering for other Economic Assistance and Employment Services clients who are not part of the CalWORKs program. CWS has multiple MOUs with Behavioral Wellness to direct collaboration; however, these MOUs and the related services are unique to CWS with no related service offerings for APS clients. Furthermore, based on analysis, between FY18-19 and FY20-21, the CWS Division received an average of 568 calls per month through its 24-hour hotline. Following assessment by a hotline social worker, an average of 63 percent of calls per month were referred for further investigation with the remaining 37 percent evaluated out or potentially referred to voluntary service in the community. Finally, of those referrals investigated, an average of 9 percent resulted in an ongoing case. Please refer to Appendix L for a detailed analysis of referrals and investigations by month.

The high percentage of calls referred to community response and the low percentage of investigations progressing to an ongoing case may suggest that clients may have additional needs other than child maltreatment or neglect. For example, at least one in seven children have at least one treatable mental health disorder across the US⁴. While more than 22 percent of children living below 100 percent of the

⁴ [Half of U.S. Children with Mental Health Disorders Are Not Treated \(uofmhealth.org\)](https://www.uofmhealth.org/health-topics/child-mental-health-disorders)

federal poverty level had a mental, behavioral or development disorder⁵. Finally, based on research completed by the National Conference of State Legislatures (NCSL), 80 percent of children in foster care, for example, have behavioral health issues, compared to approximately 18-22 percent of the general population⁶. While CWS should continue to encourage mandated reporters and the public at large to make a call to the hotline where child maltreatment and/or neglect is suspected, the Division may consider enhancing the tracking of referrals to track the outcome of these referrals as well as instances of reengagement with CWS, following referral and/or treatment. This will likely require enhanced coordination and collaboration across agencies as well as technological advancement as discussed in action three below; however, will help ensure that clients are continually receiving the service they need when they need it, providing a whole-person approach to care, which further enhances successful outcomes. Finally, Interviewees noted that APS undertakes a client assessment during investigation, which identifies a client's need in a range of different areas including behavioral health. APS refers clients to the relevant department but has no mechanism to track referrals, warm handoffs, or referral outcomes.

The Department also collaborates with the County's criminal justice agencies because of its involvement in numerous cross-departmental work groups and collaboratives. However, these collaboratives do not focus on service provision for clients being received from the County's jails. As such, there is a need for increased coordination with Sheriff and Probation specifically to identify and connect with these clients upon release from custody. The Department has an MOU with the Federal Correctional Institution Lompoc Federal Bureau of Prisons to provide programmatic information to the offenders ahead of release. However, this MOU is distinct from the Correctional Institution in Lompoc and does not include the other correctional facilities in the County. Furthermore, Well Path discharge planners are funded in the County's jail; however, interviewees noted that the Department are often unaware when a client is released from custody. This limits the Department's ability to provide assistance to clients as they transition out of the jail and connect them to available benefits such as Medi-Cal, CalFresh, CalWORKs, or General Relief.

As described in the preceding paragraph, the Department has many MOUs in place and while the Department regularly reviews these MOUs, no operational data on adherence to these MOUs is tracked. For example, the number of referrals and/or warm handoffs and client navigation throughout the different divisions and/or services is not currently tracked or shared cross-departmentally. This information tracking is fundamental to allowing case workers to track a client's journey in navigating service, identify barriers to entry and potential gaps in service offerings across county services. It is also key to identifying systemwide high utilizers as discussed in recommendation 9.1 and promoting a more coordinated, no wrong door approach to client service delivery and tracking outcomes. Finally, the MOUs in place are discrete and siloed, relating more to a specific program, service, or facility rather than the department's population at large. In practice they function more as a guideline, rather than a followed process or procedure.

Case study spotlight: Sonoma County has developed the IMDT, a multidisciplinary team of staff members across Health Services, Human Services, Community Development Commission, Probation, and Child Support Services. The team is made up of 1–3 individuals from each department who meet weekly to coordinate client care management for high-needs, shared clients. These clients were identified as a result of the high-utilizer analysis undertaken by the County, discussed further in recommendation 9.1. The IMDT is structured to case manage multiple cohorts simultaneously and is scalable, meaning it serves as the blueprint for how the County case manages various populations in need of collaborative care management. This model allows the addition of different health, social service, and justice system programs and services to meet the needs of the cohort being served.

⁵ [Data and Statistics on Children's Mental Health | CDC](#)

⁶ [Mental Health and Foster Care \(ncsl.org\)](#)

Furthermore, Sonoma County's safety net agencies (Health Services, Human Services, Community Development Commission, and criminal justice agencies) have established monthly meetings with the County's discharge planner to discuss offenders to be released from custody in the upcoming month. The meetings act as a forum for the safety net agencies to develop a plan to connect clients to the services needed upon release using a coordinated, proactive approach. The discharge planner also manages an offender release list, which is issued to each department weekly to remind stakeholders of offenders being released in that week.

Suggested Action Steps to Implement Recommendation

Action one: Standardize collaboration with Behavioral Wellness and CSD

In evaluating methods of standardizing cross-departmental collaboration, the Departments should collectively consider and agree upon standardization methods, which may include the following:

- Establishing monthly meetings between Social Services, Behavioral Wellness, and CSD to discuss shared clients, monthly referrals, and client progress
- Enhancing warm handoffs between agencies by ensuring that clients across each department are screened upon intake for potential social services, behavioral health, and housing needs; as part of this approach, key points of contact across agencies should be identified to manage cross-departmental referrals
- Developing a comprehensive MOU with Behavioral Wellness to allow collocated Behavioral Wellness clinicians to conduct assessments and provide wrap around services for APS clients
- Operationalizing the policies and procedures outlined in MOUs to track adherence and develop data insights from shared service offerings
- Developing a multidisciplinary team of case workers with expertise across social services, behavioral health, housing, and homelessness, to navigate clients toward service offerings and provide a more holistic, coordinated approach to care as identified in action four of Recommendation 5.1

Action two: Increase communication with Probation, the Sheriff's Office, and Well Path

The Department should implement the following processes to help ensure that it becomes aware of clients released from custody in advance of release. The following are the steps that should be implemented by the Department to enhance communication:

- **Step one:** Establish monthly meetings with the Sheriff's Office, Probation and Well Path to discuss clients to be released from custody in that month, the date of release, and the potential needs of that client. Sonoma County have experienced success in targeting and providing services to clients upon release from custody by adopting this approach.
- **Step two:** Task the discharge planner with distributing a list of clients to be released from jail monthly, along with the date of release for discussion, during monthly meetings.
- **Step three:** Appoint a dedicated AOP at each social services office to liaise with discharge planners weekly and coordinate service delivery for those released from prison
- Enhance the level of training provided on the policies and procedures of existing MOUs to help ensure that they are effectively operationalized and utilized as intended.

Action three: Enhance tracking of referrals with Behavioral Wellness, Public Health, and Housing and Community Development

As recommended in recommendation 8.1, the Department should collaborate with the CEO's Office and complementary County Departments to develop an integrated data hub which combines client data across Health Services, Human Services, Probation, Child Support Services, Criminal Justice, and Community Development. The data hub will allow for a holistic view of client needs, breaking down silos and promoting a more coordinated care management system. It will also enhance cross-department coordination and collaboration by allowing case workers and/or social workers particularly across APS and CWS to track and follow up on referrals across various systems and evaluate their related outcomes. Finally, it will assist the County in meeting its goal of developing coordinated, integrated, and accessible data for use in recovery decision-making. The steps in developing this system are as follows and are discussed further in recommendation 9.1.

- **Step one:** Liaise with the CEO's Office and other complementary departments to consider funding sources.
- **Step two:** Engage in a cross-department working group to identify available data sources and strategies for integration.
- **Step three:** Along with County Counsel, evaluate data sharing opportunities under HIPAA and establish ROI from clients.
- **Step four:** Appoint a cross-departmental team to project manage implementation.

Appendix A: Department Recommendations

Department recommendations relate to the systems and processes needed for the Department to manage its operations more efficiently in delivering social services to County residents. The following table outlines the recommendations and related actions for each of the nine focus areas, which include (1) client service delivery; (2) application and case management; (3) workload and demand management; (4) data, performance, and outcomes; (5) administrative services; (6) learning and development; (7) succession planning; (8) technology; and (9) interagency collaboration of County services.

| # | Department recommendations |
|-------------------------|---|
| Client Service Delivery | |
| 1.1 | <p>Conduct an analysis of high utilizers of services across the Department's programs to coordinate and improve service delivery to shared clients, as follows:</p> <ul style="list-style-type: none"> — Action one: Establish and task a high-utilizer working group with inventorying the data sets necessary to identify department-wide high utilizers. — Action two: Conduct data analysis of Department systems to determine high utilizers. — Action three: Utilize the data to develop strategic client cohorts who can be served by multiple programs. — Action four: Identify gaps in service offering and develop strategies to reduce the impact of service gaps. |
| 1.2 | <p>Bolster technology solutions to increase client access to immediate services, minimize wait times, and reduce visitation workload across Economic Assistance and Employment Services, as follows:</p> <ul style="list-style-type: none"> — Action one: Pilot the establishment of digital access points across social services offices. — Action two: Evaluate the feasibility of implementing a chatbot services. |
| 1.3 | <p>Evaluate eligibility criteria for the General Relief program on a regular basis to align assistance with environmental factors, such as changes in cost of living. Note, this may require a decision from the Board of Supervisors.</p> <ul style="list-style-type: none"> — Action one: Conduct a statistical analysis of the current eligibility criteria. — Action two: Conduct a detailed benchmarking analysis of General Relief programs across select benchmark counties. — Action three: Conduct a cost-benefit analysis. — Action four: Collaborate with the CEO's Office to develop a business case for presentation to the Board of Supervisors. |

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| 1.4 | <p>Employ differential shifts within APS and CWS through flex schedules to reduce limitations of visiting with families, reduce overtime impacts, and improve staff retention, as follows:</p> <ul style="list-style-type: none"> — Action one: Evaluate shift patterns options for implementation. — Action two: Conduct a cost-benefit analysis of implementing differential shifts. — Action three: Collaborate with Department HR and County HR. — Action four: Discuss with labor organizations. — Action five: Pilot differential shifts. |
| Application and Case Management | |
| 2.1 | <p>Update current standard operating procedures, communication response time standards, and regular supervision across the Department to alleviate inconsistent interpretations and implementation of internal policies and standards, as follows:</p> <ul style="list-style-type: none"> — Action one: Review and update standard operating procedures across district offices. — Action two: Develop communication response time standards among case workers, social workers, eligibility workers, and AOPs. — Action three: Collaborate with Department IT to provide access to eligibility workers and social workers to each district office’s inbox. — Action four: Operationalize the standards operating procedures. |
| 2.2 | <p>Strengthen the lead worker model within the Economic Assistance and Employment Division’s Santa Maria Office to enhance accountability and quality of work as well as reduce communication burden between employees, as follows:</p> <ul style="list-style-type: none"> — Action one: Expand the lead worker model at the CalWORKs office in Santa Maria — Action two: Use the results of high-utilizer analysis in recommendation 1.1 to evaluate current caseloads |
| 2.3 | <p>Develop specialized units within the BSC to align staff to demand and enhance the efficiency of application processing, as follows:</p> <ul style="list-style-type: none"> — Action one: Assign staff to a specialized unit. — Action two: Communicate updates to staff and develop communication standards across each specialized unit. — Action three: Reroute phone lines related to a particular unit to key staff for specific programs. |
| 2.4 | <p>Develop case prioritization and triaging methods in the BSC to allow the Department to improve processing times and manage changes in demand, as follows:</p> <ul style="list-style-type: none"> — Action one: Review TMT task categories to evaluate opportunities to streamline. — Action two: Develop a priority listing per task. — Action three: Develop a time and complexity range per task. |
| Workload and Demand Management | |
| 3.1 | <p>Perform an activity-based and demand-driven workload analysis and a process assessment to help ensure efficient staffing structure aligned to demand across APS, CWS and Economic Assistance and Employment Services, as follows:</p> |

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| | <ul style="list-style-type: none"> — Action one: Conduct a detailed time study to determine the specific staff activities undertaken. — Action two: Undertake a process assessment for the processing of Economic Assistance and to Employment Services programs to analyze current process efficiency. — Action three: Ensure balanced caseloads for staff within CWS and APS. — Action one: Evaluate whether administrative duties undertaken by staff providing direct client services can be assigned to AOPs. |
| 3.2 | <p>Evaluate current scheduling methods and staffing levels in the BSC to develop an automated scheduling system that aligns to demand and enhance client service accessibility, as follows:</p> <ul style="list-style-type: none"> — Action one: Assess the feasibility of adopting an automated scheduling system. — Action two: Conduct staffing needs assessment. — Action three: Consider conducting an optimizing scheduling analysis to increase the hours of operation at the BSC while maintaining staffing levels. |
| Data, Performance, and Outcomes Measurement | |
| 4.1 | <p>Develop outcome-based measures, outside of state-mandated measures, to assess the effectiveness of programs within the Department and increase identification of high utilizers, as follows:</p> <ul style="list-style-type: none"> — Action one: Establish a working group to lead the development of additional outcome-based performance measures across programs. — Action two: Identify a key set of performance measures and related targets. — Action three: Develop process and procedures for performance monitoring. — Action four: Develop a dashboard for performance outcomes. — Action five: Task Supervisors to analyze performance outcomes monthly and develop action plans where performance outcomes are not met. |
| 4.2 | <p>Develop performance measures to accurately demonstrate staff utilization and capability to enhance client outcomes through effective service delivery, as follows:</p> <ul style="list-style-type: none"> — Action one: Conduct analysis to evaluate the current level of staff utilization. — Action two: Utilize the results of the time tracking study and process assessment outlined in recommendation 3.1 to understand staff productivity across district offices. — Action three: Analyze TMT and GNAV data to understand staff productivity within the BSC. — Action four: Develop task-based utilization measures. — Action five: Communicate formalized utilization targets to supervisors and staff. — Action six: Require all CWS and APS social workers to utilize Safe Measures and LEAPS, respectively. — Action seven: Develop a dashboard for utilization. — Action eight: Task supervisors with engaging collaboratively with staff on a biweekly basis to discuss utilization and caseloads. |

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| 4.3 | <p>Identify an employee(s) who can be trained as a data professional, in conjunction with CEO's Office, and develop written guidance to improve and standardize the collection, reporting, and analysis of data to foster data-driven decision-making, as follows:</p> <ul style="list-style-type: none"> — Action one: Develop written guidance for analyzing complex data sets. — Action two: Collaborate with the CEO's Office, HR, ICT, and Staff Development to identify an employee(s) who can be trained as a data professional. |
| Administrative Services | |
| 5.1 | <p>Develop an automated leave management system within the current HR system to enhance understanding of high LOA rates, as follows:</p> <ul style="list-style-type: none"> — Action one: Collaborate with HCM to develop a sick leave report that reports return to work date. — Action two: Revise current processes utilized to update the leave management tracker. — Action three: Liaise with the CEO's Office and Central IT to consider a leave management system as part of BANA. |
| 5.2 | <p>Develop a fund utilization dashboard to track the performance and usage of funding and streamline reporting processes, as follows:</p> <ul style="list-style-type: none"> — Action one: Task the Fiscal Division with collaborating with Department IT. — Action two: Define outputs and undertake dashboard design. — Action three: Provide training to staff on utilizing the dashboard. |
| Learning and Development | |
| 6.1 | <p>Enhance training for AOPs to better prepare staff for administrative responsibilities and Department processes, as follows:</p> <ul style="list-style-type: none"> — Action one: Task Staff Development with developing training cohorts. — Action two: Develop a training program. — Action three: Task Staff Development with delivering training. |
| 6.2 | <p>Expand cross-training efforts across District Offices for Economic Assistance & Employment Services programs to flex resources around unanticipated fluctuations in demand, as follows:</p> <ul style="list-style-type: none"> — Action one: Identify a supervisor in each office to champion cross training. — Action two: Task program experts with delivering quarterly training sessions to staff. — Action three: Ensure that tasks are effectively rotated across staff. |
| 6.3 | <p>Develop consistent staff training across all regions within APS to allow for staff performance improvement and skills development, as follows:</p> <ul style="list-style-type: none"> — Action one: Task Staff Development with develop an induction and ongoing training program. — Action two: Collaborate with Staff Development to identify a facilitator to deliver training. |
| Succession Planning | |
| 7.1 | <p>Help ensure annual training is evaluated and deemed part of employee expectations to foster consistency in staff development in consultation with County HR and Labor Unions, as follows:</p> |

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| | <ul style="list-style-type: none"> — Action one: Develop role-specific training requirements. — Action two: Develop performance measures for inclusion within ERP reviews. — Action three: Track staff training compliance quarterly. |
| 7.2 | <p>Continue to pilot the reduced induction training timeline for eligibility workers within Economic Assistance and Employment Services and assess the feasibility of further shortening training to help alleviate staffing shortages, as follows:</p> <ul style="list-style-type: none"> — Action one: Task induction trainers with monitoring and reporting on trainee performance weekly. — Action two: Task Staff Development with conducting a review of current training modules completed as part of program. |
| Technology | |
| 8.1 | <p>Integrate technology systems to create an integrated data hub to obtain a 360-degree view of the client to enable coordinated service delivery, as follows:</p> <ul style="list-style-type: none"> — Action one: Liaise with the CEO’s Office and other complementary departments to consider funding sources. — Action two: Engage in a cross-department working group to identify available data sources and strategies for integration. — Action three: Evaluate data sharing opportunities under HIPAA with County Counsel and establish ROI from clients. — Action four: Appoint a cross-departmental team to project manage implementation. |
| 8.2 | <p>Develop an SLA for communication standards between Central IT and Department IT to enhance coordination and formalize update processes and timelines, as follows:</p> <ul style="list-style-type: none"> — Action one: Develop an SLA between Department IT and Central IT. — Action two: Work with Department leadership and Central IT to prioritize tasks. — Action three: Collaborate with Central IT and Staff Development to develop a training plan for Microsoft 365 rollout. |
| 8.3 | <p>Develop written procedures for enabling mobile access to internal systems for APS and CWS to enable staff to enter notes while out in the field, as follows:</p> <ul style="list-style-type: none"> — Action one: Liaise with Department IT and Central IT to develop guidelines for accessing the remote desktop. — Action two: Develop standard operating procedures. |
| Interagency Collaboration of County Services | |
| 9.1 | <p>Conduct an analysis of high utilizers of services across County programs to identify shared clients and gaps in existing service and collaboration efforts, as follows:</p> <ul style="list-style-type: none"> — Action one: Collaborate with other County Departments to develop systemwide high utilizers. — Action two: Conduct data analysis of cross-agency systems to determine high utilizers |

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| | <ul style="list-style-type: none"> — Action three: Utilize the data to develop strategic client cohorts to be served by multiple programs. — Action four: Conduct strategy design and problem-solving based on findings from departmental high-utilizer data analysis to refine cross-departmental service offerings. |
| <p>9.2</p> | <p>Enhance collaboration and communication across Behavioral Wellness, CSD, and criminal justice agencies to improve client service delivery, as follows:</p> <ul style="list-style-type: none"> — Action one: Standardize collaboration with Behavioral Wellness and CSD. — Action two: Increase communication with Probation, the Sheriff’s Office, and Well Path. — Action three: Enhance tracking of referrals with Behavioral Wellness, Public Health, and Housing and Community Development. |

Appendix B: Benchmarks

Benchmark comparisons were conducted with the eight comparison counties specified in our contract at the request of the CEO's Office as well as Ventura County, which was added at the request of the Department. Social Services within Marin County and Tulare County both form part of the Health and Human Services Department. However, division level budget data was not publicly available across these counties and as such, comparative benchmarking was not possible, as a result both counties have been excluded from the table below.

Social Services Department Benchmark Comparison

| | Santa Barbara | Average | Monterey | Solano | Placer | SLO | Santa Cruz | Sonoma | Ventura |
|------------------------|---------------|---------|----------|---------|--------|---------|------------|---------|---------|
| FY18-19 | | | | | | | | | |
| Budgets in \$'000 | 741.5 | 740 | 875 | 660 | 247 | 515 | 528 | 877 | 1,477 |
| Social Services FTE | 0.18% | 0.18% | 0.17% | 0.22% | 0.09% | 0.19% | 0.21% | 0.22% | 0.18% |
| Percent of Enterprise | 174,750 | 172,585 | 266,289 | 111,028 | 38,018 | 105,374 | 91,399 | 341,657 | 254,328 |
| Social Services Budget | 0.16% | 0.13% | 0.18% | 0.10% | 0.04% | 0.17% | 0.13% | 0.20% | 0.11% |
| Percent of Enterprise | 748.5 | 741 | 874 | 652 | 247 | 516 | 528 | 890 | 1,482 |
| Social Services FTE | 0.18% | 0.18% | 0.16% | 0.22% | 0.08% | 0.18% | 0.21% | 0.22% | 0.17% |
| Percent of Enterprise | 176,997 | 172,087 | 262,561 | 103,132 | 39,186 | 122,112 | 95,118 | 337,941 | 244,562 |
| Social Services Budget | 0.16% | 0.13% | 0.18% | 0.09% | 0.04% | 0.19% | 0.14% | 0.19% | 0.11% |
| Percent of Enterprise | 754 | 746 | 877 | 655 | 232 | 519 | 521 | 927 | 1,488 |
| Social Services FTE | 0.18% | 0.18% | 0.16% | 0.21% | 0.09% | 0.18% | 0.21% | 0.23% | 0.18% |
| Percent of Enterprise | 181,913 | 182,585 | 282,763 | 118,792 | 45,949 | 128,710 | 100,100 | 350,111 | 251,673 |
| Social Services Budget | 0.15% | 0.14% | 0.18% | 0.06% | 0.05% | 0.19% | 0.13% | 0.29% | 0.1% |
| Percent of Enterprise | 758 | 751 | 882 | 666 | 240 | 520 | 522 | 942 | 1,488 |
| Social Services FTE | 0.17% | 18% | 0.16% | 0.21% | 0.09% | 0.18% | 0.19% | 0.23% | 0.17% |
| Percent of Enterprise | 190,976 | 196,003 | 309,628 | 124,005 | 44,200 | 134,467 | 104,543 | 368,911 | 286,268 |
| Social Services Budget | 0.14% | 0.13% | 0.18% | 0.10% | 0.04% | 0.19% | 0.12% | 0.17% | 0.11% |
| Percent of Enterprise | | | | | | | | | |
| FY20-21 | | | | | | | | | |
| FY21-22 | | | | | | | | | |

Appendix C: Interview Schedule

This section provides detail on the meetings held with the Department of Social Services during the review. Throughout the review period, the KPMG team held over 50 interviews with Department staff to understand the organizational structure, roles and responsibilities, operations, and processes of the Department.

| Name | KPMG Attendees | Client Attendees | Date |
|--|---|--|----------------------------|
| KPMG Social Services: Interview with Terrie Concellos | Cate Singer, Alexander Rothman, and Olivia Rabbitte | Terrie Concellos | Thursday, August 12, 2021 |
| KPMG Social Services: Interview with Maria Gardner | Cate Singer, Alexander Rothman, and Olivia Rabbitte | Maria Gardner | Thursday, August 12, 2021 |
| KPMG Social Services: Interview with Daniel Nielson | Caoimhe Thornton, Cate Singer, Alexander Rothman, and Olivia Rabbitte | Daniel Nielson | Thursday, August 12, 2021 |
| KPMG Interview: Social Services, Cost Analyst | Alexander Rothman and Olivia Rabbitte | Garrett Meade | Tuesday, August 17, 2021 |
| KPMG Focus Group: District Office Managers: | Alexander Rothman and Olivia Rabbitte | Margery Gallegos, Nancy Saemgiaeng and Frank Mejia | Wednesday, August 18, 2021 |
| KPMG Interview: Social Services, Systems Manager | Cate Singer and Olivia Rabbitte | Sean Boale | Thursday, August 19, 2021 |
| KPMG Social Services: Interview with Judy Doughty | Cate Singer and Olivia Rabbitte | Judy Doughty | Friday, August 20, 2021 |
| KPMG Interview with Deputy Director Krueger | Cate Singer, Alexander Rothman, and Olivia Rabbitte | Amy Krueger | Tuesday, August 24, 2021 |
| KPMG Interview: SB Social Services Program and Automation Support/Branch Operations Manager | Alexander Rothman and Olivia Rabbitte | Christina Groppetti | Wednesday, August 25, 2021 |
| KPMG Interview: Branch Manager, Benefits Services Center | Alexander Rothman and Olivia Rabbitte | Jose Clemente | Wednesday, August 25, 2021 |
| KPMG Social Services Interview with Blanca Diaz, Administrative Office | Alexander Rothman and Olivia Rabbitte | Blanca Diaz | Friday, August 27, 2021 |
| KPMG Social Services Interview: Eligibility Supervisor | Alexander Rothman and Olivia Rabbitte | Mayra Traugher | Monday, August 30, 2021 |

| Name | KPMG Attendees | Client Attendees | Date |
|--|------------------------------------|---|-------------------------------|
| KPMG Social Services Focus Group: Economic Assistance and Employment Supervisors | Lauren Coble and Olivia Rabbittie | Bill Krutzen and Carlos Gonzales | Tuesday, September 1, 2021 |
| KPMG Social Services Interview: Marianne Regan, Operations Manager, Adult and Children's Services | Lauren Coble and Olivia Rabbittie | Marianne Regan | Tuesday, September 1, 2021 |
| KPMG Social Services Focus Group: Child Welfare Services Manager | Lauren Coble and Olivia Rabbittie | Laurie Haro, Noel Lossing and Deborah Hartman | Tuesday, September 1, 2021 |
| KPMG Social Services Focus Group: Eligibility Supervisors | Lauren Coble and Olivia Rabbittie | Patricia Gomez, Alejandra Vargas, and Mara Valencia | Wednesday, September 2, 2021 |
| KPMG Social Services Interview: Adult Services Manager | Lauren Coble and Olivia Rabbittie | Mark Contois | Wednesday, September 2, 2021 |
| KPMG Social Services: Human Resources Focus Group | Lauren Coble and Olivia Rabbittie | Raquel Hernandez, Ismelda Vasquez and Jasmine Gayton | Thursday, September 9, 2021 |
| KPMG Social Services Focus Group: AOPs | Lauren Coble and Olivia Rabbittie | Susana Ortiz, Tania Sierra-Anaya, and Monica Gutierrez | Thursday, September 9, 2021 |
| KPMG Social Services Focus Group: Benefits Service Center | Lauren Coble and Olivia Rabbittie | Marina Diaz, Mirna Sherberg and Lizette Aguilera | Thursday, September 9, 2021 |
| KPMG Social Services Focus Group: Adult Services | Lauren Coble and Alexander Rothman | Jose Ramirez, Noemi Gaytan, and Mario Mosqueda | Monday, September 13, 2021 |
| KPMG Social Services Interview: CalWORKs and Employment Specialists | Lauren Coble and Alexander Rothman | Jessica Ferreira, Thomas Binnebose and Dolores Cabatan | Wednesday, September 15, 2021 |
| KPMG Social Services Focus Group: Child Welfare Social Workers | Lauren Coble and Alexander Rothman | Jaelyn Boyd, Stephen Thompson, Silvia Huitron, Robert Luna, and Alexander Gregory | Thursday, September 16, 2021 |
| KPMG Social Services Focus Group: Child Welfare Services Case Aides | Lauren Coble and Alexander Rothman | Aimee Proietty and Gisselle Rosas | Monday, September 20, 2021 |
| KPMG Social Services Interview and BSC Tour | Lauren Coble | Jose Clemente and Marian Acosta | Tuesday, September 21, 2021 |
| KPMG Social Services Focus Group: CalFresh and Medi-Cal Ongoing Supervisors | Lauren Coble | CalFresh and Medi-Cal Supervisors | Tuesday, September 21, 2021 |
| KPMG Social Services Focus Group: CalFresh and Medi-Cal Ongoing Line Staff | Lauren Coble | CalFresh and Medi-Cal Line Staff | Tuesday, September 21, 2021 |
| KPMG Social Services Focus Group: APS Manager | Lauren Coble | Mark Contois | Tuesday, September 21, 2021 |

| Name | KPMG Attendees | Client Attendees | Date |
|---|---|---|------------------------------|
| KPMG Social Services Interview and Santa Barbara Office Tour | Lauren Coble | Nancy Saengjaeng | Tuesday, September 21, 2021 |
| KPMG Social Services Focus Group: CalWORKs, CalFresh and Medi-Cal Ongoing Line Staff | Lauren Coble | CalWORKs, CalFresh and Medi-Cal Supervisors | Tuesday, September 21, 2021 |
| KPMG Social Services Interview CWS Managers | Lauren Coble | Deborah Hartman and Marianne Regan | Tuesday, September 21, 2021 |
| KPMG Social Services Focus Group: APS and CWS Supervisors | Lauren Coble | APS and CWS Supervisors | Tuesday, September 21, 2021 |
| KPMG Social Services Focus Group: APS and CWS Line Staff | Lauren Coble | CalFresh and Medi-Cal Line Staff | Tuesday, September 21, 2021 |
| KPMG Adult Protective Services Data Request Follow-up | Lauren Coble and Olivia Rabbitte | Mark Contois and Diana Guerra | Thursday, September 30, 2021 |
| KPMG Economic Assistance and Employment Services Data Request Discussion | Lauren Coble and Olivia Rabbitte | Maria Gardner and Heather Gardner | Friday October 1, 2021 |
| KPMG Social Services Data Request Follow-up | Lauren Coble and Olivia Rabbitte | Heather Gardner | Wednesday October 6, 2021 |
| KPMG Social Services Follow-up Interview: IT Manager | Olivia Rabbitte | Sean Boale | Friday October 8, 2021 |
| KPMG Social Services Interview: Administrative Functions | Lauren Coble and Olivia Rabbitte | Laura Meja | Monday October 11, 2021 |
| KPMG Social Services Interview: Compliance/Audits/FH/IEVS and QA/QC | Lauren Coble and Olivia Rabbitte | Mekala Manus | Monday October 11, 2021 |
| KPMG Social Services Focus Group: Fiscal | Lauren Coble and Olivia Rabbitte | Evelyn Rainbolt and Mayra Kunstmann | Wednesday October 13, 2021 |
| KPMG Social Services Midpoint Review with Department Leadership | Caoimhe Thornton, Cate Singer, Vivian Demian, Lauren Coble, and Olivia Rabbitte | Daniel Nielson, Judy Doughty, Maria Gardner, Terrie Concellos and Aimee Krueger | Wednesday October 13, 2021 |
| KPMG Social Services Update Data Request | Lauren Coble and Olivia Rabbitte | Mark Contois and Diana Guerra | Wednesday October 20, 2021 |
| KPMG Social Services Review: CWS Follow-up | Olivia Rabbitte | Marianne Regan | Wednesday October 29, 2021 |
| KPMG Social Services Review: Social Worker | Olivia Rabbitte | Devin Murguia | Wednesday October 29, 2021 |

| Name | KPMG Attendees | Client Attendees | Date |
|--|---|---|----------------------------|
| Midpoint Themes Review Follow-up Meeting | Caoimhe Thornton, Cate Singer, Vivian Demian, Lauren Coble, and Olivia Rabbitte | Maria Gardner, Amy Krueger, Terrie Concellos, Heather Gardner, Judy Doughty, and Terri Ni | Wednesday November 3, 2021 |
| Economic Assistance and Employment Services Follow-up | Lauren Coble and Olivia Rabbitte | Maria Gardner | Monday November 8, 2021 |

Appendix D: Data Inventory

This section provides detail on data received throughout the Department of Social Services Review.

| Data Item | File Name |
|---|--|
| Staffing by position FY21–22 | Staffing 2.1 FY 21-22 Consolidated DEN Biweekly Rpt.xlsx |
| Staffing by position FY20–21 | Staffing 2.1 FY 20-21 Consolidated DEN Biweekly Rpt.xlsx |
| Staffing by position FY19–20 | Staffing 2.1 FY 19-20 Consolidated DEN Biweekly Rpt.xlsx |
| Nepotism Report | PP14-2021 Nepotism Report.pdf |
| Nepotism Raw Data | Pp14-2021 HCM047B – Nepotism Report Data.xlsx |
| Department Organization Chart | Staffing 2.2 Department Org Chart.pdf |
| Vacancy Report FY20–21 | Staffing 2.3 Vacancy Report FY 20-21.pdf |
| Vacancy Report FY19–20 | Staffing 2.3 Vacancy Report FY 19-20.pdf |
| Vacancy Report FY18–19 | Staffing 2.3 Vacancy Report FY 18-19.pdf |
| Attrition data | Staffing 2.3 DSS 3-Year Attrition.xlsx |
| Department time allocation by staff FY20–21 | Staffing 3. FY 2020-2021 (7-1-2019 to 6-30-2020) Labor Transactions.xlsx |
| Department time allocation by staff FY19–20 | Staffing 3. FY 2019-2020 (7-1-2019 to 6-30-2020) Labor Transactions.xlsx |
| Department time allocation by staff FY18–19 | Staffing 3. FY 2019-2020 (7-1-2019 to 6-30-2020) Labor Transactions.xlsx |
| Arbor Education and Training LLC and Goodwill Industries of Ventura and Santa Barbara Board minutes and contracts | Staffing 4. Contracts and Agreements EA and ES Workforce Development Board.pdf |
| Independent Contractor Service Agreements | Staffing 4. Admin LOG and Board Contracts - Service Contracts and BPOs.pdf |
| Social Services Board Contracts | Staffing 4. Protective Services LOG and Board Contracts-Service Contracts and BPOs.pdf |
| Board Contract MOU Log and related contracts | Staffing 4. EA and ES LOG and Board Contracts – Service Contracts and BPOs.pdf |
| MOUs with County Counsel and CEO's Office | Staffing 5. Admin LOG and MOUs.pdf |
| MOUs with Other County Departments regarding specific protective services programs | Staffing 5. Protective services and MOUs.pdf |
| Letter of Agreement between WDB and Santa Barbara CoC | WDB Staffing 5.pdf |
| Budget Break down FY16–17 to FY20–21 | Finances 1. Budget and Actual Breakdown FY16-17 to FY20-21.xlsx |
| County Expense Claim and Sharing Ratio Table | 06-2021 Sharing Ratio.pdf |

| Data Item | File Name |
|--|--|
| Budget Monitoring Report FY19–20 | Finances 2.1 Budmon FY19-20.pdf |
| Budget Monitoring Report FY18–19 | Finances 2.2 Budmon FY18-19.pdf |
| Budget Monitoring Report FY17–18 | Finances 2.3 Budmon FY17-18.pdf |
| Budget Monitoring Report FY16–17 | Finances 2.4 Budmon FY16-17.pdf |
| Budget Monitoring Report FY15–16 | Finances 2.5 Budmon FY15-16.pdf |
| Policies and Procedures | Police and Procedures Links.pdf |
| Matrix of Program Mandates | Program Mandates 2019 FINAL 9.4.19.pdf |
| Balance Sheet for Fund 055 Social Services FY17–21 | Balance Sheet 0055 2017-2021.xlsx |
| Balance Sheet for Fund 056 IHSS Public Authority FY17–21 | Balance Sheet 0056 2017-2021.xlsx |
| Balance Sheet for Fund 058 WIOA-WDB FY17–21 | Balance Sheet 0058 2017-2021.xlsx |
| Establishing third-party partnerships for the SNAP EandT program | Reports 1.1 EandT Program QCPolicyMemo 16-02 Preventing Bias.pdf |
| Acknowledgment letter of Santa Barbara Corrective Action Plan | Reports 1.2 FFY 2019 Santa Barbara State CAP Letter.pdf |
| Policies to identify client participants in the EandT program | Reports 1.3 GR_AD_17-400-E_T_Process.pdf |
| Letter confirming closure to the Program Improvement Response (PIR) plan | Reports 2.1 FFY 2021 Santa Barbara PIR Closeout Letter.pdf |
| CalFresh Management Evaluation Findings and Program Improvement Response FY 2021 | Reports 2.2 SAMPLE – CalFresh ME 2021 PRI Log.pdf |
| Screenshot of internal quality control case review tracking log | Reports 3.1 SAMPLE – CF QC Monitoring Log.pdf |
| Audit Breakdown | Reports 4.1 FY 18-19 #28,40,43,50 FY19-20 #14,15,17,20,22.pdf |
| Negative Case QC Analysis | Reports 4.10 FY 19-20 #28.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.11 FY 19-20 #30.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.12 FY 19-20 #33.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.13 FY 19-20 #34.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.14 FY 19-20 #37.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.15 FY 19-20 #38.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.16 FY 19-20 #1.pdf |
| County Welfare Director’s Letter | Reports 4.17 FY 19-20 #2-3,6,7,9,11-13.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.18 FY 20-21 #4.pdf |
| CDSS letter related to final findings of Management Evaluation Review | Reports 4.19 FY 20-21 #5.pdf |

| Data Item | File Name |
|---|--|
| CDSS letter related to QC review of a sampled case | Reports 4.2 FY 19-20 #9.pdf |
| CDSS letter related to Final Monitoring Report | Reports 4.20 FY 20-21 #17.pdf |
| Compliance Division external audit log FY20–21 | Reports 4.21 Santa Barbara County FY20-21 Compliance Division External Audit Log 2021-01.pdf |
| Independent Accountant’s Report on applying agreed-upon procedures | Reports 4.3 FY 19-20 #10.pdf |
| CDSS Management Evaluation Findings Letter for CalFresh EandT | Reports 4.4 FY 19-20 #16.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.5 FY 19-20 #21.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.6 FY 19-20 #23.pdf |
| Negative Case QC Analysis | Reports 4.7 FY 19-20 #24,26,29.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.8 FY 19-20 #25.pdf |
| CDSS letter related to QC review of a sampled case | Reports 4.9 FY 19-20 #27.pdf |
| Single Audit Report for YE June 30, 2019 | Reports 5.1 A-8 Single Audit Report Fiscal Year 2018-2019.pdf |
| County Information Notice regarding Work Participation Review (WPR) of the TANF program | Reports 6.1 ACIN I_20_17 Overview of WPR review.pdf |
| CDSS letter regarding Work Incentive Nutritional Supplement (WINS) validation review FY15 | Reports 6.2 ACIN I_76_16 WPR-WINS Review.pdf |
| CDSS guidance on reporting FY17 TANF work participation rate data | Reports 6.3 ACL 17-08 Data Reporting Methodology.pdf |
| TANF program verification plan | Reports 6.4 CDSS VerificationPlanEffective2008.pdf |
| Sample Audit List 2021 | Reports 6.5 SAMPLE – WPR Audit List 2021.xlsx |
| CDSS letter related to findings for TANF and WINS review | Reports 6.6 Santa Barbara_TANF_WINS_Final_Report_FF2019.pdf |
| CDSS Letter on Regulation Package #0909-08 | Reports 6.7 Santa WPR Manual Section countyshareof penalty.pdf |
| Quarterly Supervisors Review 3rd Quarter FY19–20 – CalWORKS/SAR7s/WTW | Reports 2.1 SAMPLE – 3rd QTR FY19-20 Sups Review CalWORKS.pdf |
| Quarterly Supervisors Review 3rd Quarter FY19–20 – CalFresh/SAR | Reports 2.2 SAMPLE – 3rd QTR FY19-20 Sups Review CF-GR.pdf |
| Quarterly Supervisors Review 3rd Quarter FY19–20 – Medi-Cal | Reports 2.3 SAMPLE – 3rd QTR FY19-20 Sups Review Medi-Cal.pdf |
| IHSS Report 1st Quarter – FY20–21 | Reports 2.4 SAMPLE – 3rd QTR FY20-21 IHSS LOG.pdf |
| IHSS Annual Monitoring Review | Reports 3.1 Annual (Audit) Monitoring Review Workflow (4-17).pdf |
| Email confirmation of IHSS Monitoring Review FY20–21 being completed | Reports 3.2 Monitoring Review Closing Email.pdf |
| CalWORKS Outcomes and Accountability Review (Cal-OAR) Reporting Cohorts | Cal-OAR Reporting Cohort Timeline_5 Year_July 2021 DRAFT.pdf |
| Cal-OAR performance measures FY20–21 charts | Cal-OAE-Phase 1_Santa Barbara_June2021_release.xlsx |
| CalFresh Data dashboard screenshot | CDSS CalFresh Dashboard.docx |

| Data Item | File Name |
|---|---|
| Sample of Santa Barbara Housing Support Program dashboard | Santa Barbara County Housing Support Program Dashboard.docx |
| Workforce Development Board State Compliance Review FY19–20 | Workforce Development Board State Compliance Review .pdf |
| Programs statistics dashboard | DSS Program Statistics FY15-16 through FYTD 20-21 .pdf |
| Profile of families served for CalFresh, CalWORKS, and Medi-Cal | DSS380_Client_Profile_Program.pdf |
| Cal Learn program highlights | Monthly Program Report Cal Learn 5-2021 |
| CalFresh monthly program report | Monthly Program Report CalFresh May-21.pdf |
| Board contracts performance dashboard per program Q1 2021 | Quarter 1 FY20-21 – Board Contracts CWS.xlsx |
| Board contracts performance dashboard per program Q2 2021 | Quarter 2 FY20-21 – Board Contracts CWS.xlsx |
| CalWORKS program highlights | Monthly Program Report CalWORKS MAY 21.pdf |
| Child Welfare Safety Net Task Force Report 2016 | *Child Welfare Safety Net Task Force Report 4-5-2016.pdf |
| IHSS Program Monitoring Review 2018 | Reports 5. IHSS Monitoring Reviews.pdf |
| FH-IEVS-Coll Compliance | Ops 2.FH-IEVS-Coll Compliance.pdf |
| Claim Determination Sheet | Ops 3.-FH-IEVS-Coll Compliance DPA 482.pdf |
| Multicase program reviews | QA AOP 2.1 Supervisor Case Review Log.pdf |
| Supervisor Case Reviews Coversheet | QA AOP 2.2 W_386_Coversheet.pdf |
| Multiple Programs Case Review Form | QA AOP 2.3 W_386_Multiple.pdf |
| Compliance Division – IHSS QA Estimated Timeline | *Reports 3.5 IHSS QA-QI Timeframe.pdf |
| IHSS death match workflow and process | *QA staff 1.1 Death Match Workflow (11-16).pdf |
| Sample death match data | QA staff 1.2 IHSS Death March SAMPLE.pdf |
| Unannounced Homed Visit (UHV) list and supporting spreadsheet | QA staff 10.1 Sample SANTA BARBARA COUNTY UHV LIST.pdf |
| UHV Checklist and Questionnaire | QA staff 10.2 UHV checklist 1-21.pdf |
| UHV Flowchart | *QA staff 10.3 UHV Flow Chart.pdf |
| IHSS UHV Findings Report | QA staff 10.4 UHV SOC 22447 form and instructions 1-14.pdf |
| Notice of Action (NOA) of Termination Form | QA staff 10.5 UHV Termination of Services NOA.pdf |
| UHV Follow-up Letter (Spanish) | QA staff 10.6 UHVFollowUpLtr(Spanish)2.pdf |
| UHV Follow-up Letter (English) | QA staff 10.7 UHVFollowUpLtr2.pdf |
| UHV workflow | *QA staff 10.8 Unannounced Home Visit Workflow (6-17).pdf |

| Data Item | File Name |
|---|--|
| IHSS Monthly QA Reviews Summary | QA staff 6.1 Monthly QA summary report |
| Evaluation of service letter (Spanish) | QA staff 6.2 QA Appt Ltr(Spanish).pdf |
| QA IHSS Case Review Summary | QA staff 6.3 QA Appt.pdf |
| IHSS Quality Assurance Interview Form | QA staff 6.4 QA Home Visit Form.pdf |
| QA Review Checklist | QA staff 6.5 QA Review Checklist.pdf |
| QA IHSS Dental Case Review Summary | QA staff 6.6 QA Review Summary Denials.pdf |
| QA IHSS Case Review Summary | QA staff 6.7 QA Review Summary DR (5-18).pdf |
| QA reviews | *QA staff 6.8 Sample-May 2021 IHSS Log.pdf |
| Compliance Division Org Chart | Operations 1.-Compliance Division Org Chart 2-21.pdf |
| Quality Assurance Division Overview | *Operations 1.-Compliance Overview 2021.doc |
| Teleworking Protocol | *Operations 1.1 11-01-202 DSS Teleworking Protocol.pdf |
| Manual of Administrative Policies and Procedures | *Operations 1.1 Administration and Support Department Manual.pdf |
| Board Contracts Procedures | Operations 2.2 Board Contracts Procedures.pdf |
| Document Imaging Guidelines | Operations 1.1 Document Imaging Desk Guides Administration and Support.pdf |
| Engagement Framework Guidelines | Operations 1.1 ENGAGEMENT FRAMEWORK GUIDE-Final.docx |
| Engagement Framework Template | Operations1.1 Engagement Template Final Version 111819.docx |
| Links to Fiscal Policies and Procedures | Operations 1.1 Fiscal Policies and Procedures Links.pdf |
| Privacy and Security Agreement | *Operations 1.1 Privacy Security Agreement Procedures.pdf |
| Purchasing Procedures | *Operations 1.1 Purchasing Procedures.pdf |
| Employee Contact Information Procedure | Contact_Information.pdf |
| Employee Business process to update Driver License Number | Drivers_License_Number.pdf |
| Employee Business process to update Family and Emergency Contact | Family_and_Emergency_Contacts.pdf |
| Employee Business process to update personal detail changes | Personal_Detail_Changes.pdf |
| Employee Business process to update skills and qualifications | Skills_and_Qualifications.pdf |
| Employee Business process to submit resignation | Submit_Resignation.pdf |
| Employee Business process to withdraw a submitted transaction | Withdraw_Submitted_Transaction.pdf |
| HCM Personnel Action Request Form | HCM_Personnel_Action_Request.pdf |

| Data Item | File Name |
|--|---|
| HCM Transaction Checklist | Transaction_Checklist.pdf |
| Accelerated Merit Form | Accelerated_Merit.pdf |
| Screenshots instructing how to add DSS job family documentation | Adding DSS Job Family Documentation – Ep correct position details.pdf |
| HCM instructions to add a proxy approver | Adding_A_Proxy_Approver.pdf |
| HCM instructions to add an allowance change | Allowance_Change.pdf |
| HCM instructions to add an anniversary date | Anniversary_Date.pdf |
| HCM instructions to convert pending worker | Convert_Pending_Worker.pdf |
| HCM instructions to delete an expired probation date | Delete_Expired_Probation_Date.pdf |
| HCM instructions to enter a demotion | Demotion.pdf |
| HCM instructions to flex a promotion | Flex_Promo.pdf |
| HCM instructions to correct/update gender | Gender.pdf |
| HR – Manage Direct Reports | HR_Manage_Direct_Reports.pdf |
| HCM instructions for I9 updates | I9 update.pdf |
| HCM instructions to begin or end intermittent leave of absence | LOA_Begin_or_End_Intermittent.pdf |
| HCM instructions for entering leave of absences begin paid or unpaid | LOAs_Begin_Paid_or_Unpaid.pdf |
| HCM instructions to update return from leave of absence | LOA_End.pdf |
| HCM instructions to update leave of absence type and return date | LOAs_Updates.pdf |
| Manage salary business process instructions | Manage Salary.pdf |
| HCM instructions to make updates to an employee's details | Manage_Person.pdf |
| HCM instructions to update seniority level | Manage_Seniority_Original_Co_Hire_Dates.pdf |
| HCM instructions to enter a merit transaction | Merit.pdf |
| HCM instructions to add, end or update nepotism information | Nepotism_HR.pdf |
| HCM instructions for urgent updates for hires and rehires | New_or_Rehire_HR_Only.pdf |
| Business process to give those in leadership an annual merit salary increase | Pay_for_Performance.pdf |
| Business process to add a pending worker transaction for a rehire | Pending_Worker_Rehire_HR_Only.pdf |
| Business process for reclassifying a position | Position_Reclassification.pdf |
| Business process for reassigning transactions | Reassign_Task_HR.pdf |

| Data Item | File Name |
|---|--|
| Business process to determine if an employee has any performance documents in HCM and documentation status | Search_for_My_Organization_Performance_Documents.pdf |
| HCM process to correct DOB and SS number | SS_Number_and_DOB.pdf |
| Business process used to capture employees approved to telework | Teleworking.pdf |
| HCM instructions for transaction management page | Transaction_Console.pdf |
| HCM instructions used when a task needs to be move back to the workflow process | Update_Performance_Tasks.pdf |
| Work-arounds for HCM known issues | Workarounds_Go_Live_06-04-19.pdf |
| HCM Performance Management Process Flow Chart | *Generic_HLM_Process_Flowchart.pdf |
| HCM FAQs | HCM_FAQ.pdf |
| Glossary of terms used in HCM | HCM_Glossary_and_Useful_Tips.pdf |
| HCM notification information | Managing_Informational_and_Action_Required_Notifications.pdf |
| Subrecipient and contractor guidance checklist | SUBRECIPIENT AND CONTRACTOR GUIDANCE CHECKLIST.pdf |
| Instructions on business process which should be used in HCM | What_Business_Process_Should_I_Use_in_HCM_HR.pdf |
| HCM instructions to enter new hire pending worker | Add_a_EXH_Pending_Worker.pdf |
| HCM instructions to add WEX participants | Add_a_Pending_Contingent_Worker.pdf |
| HCM instructions to add a pending worker or rehire | Add_a_Pending_Worker.pdf |
| HCM instructions to add a proxy approver | Adding_a_Proxy_Approver.pdf |
| HCM instructions to implement an assignment change | Assignment_Change.pdf |
| HCM instructions to update a CalWIN caseload number | Calwin_Number_Change_ONLY.pdf |
| HCM instructions to enter a location change | Change_Location.pdf |
| HCM instructions to change supervisor/manager | Change_Supervisor_Manager.pdf |
| HCM instructions to update class | Class_Transfer_Same_Range.pdf |
| HCM instructions to place an employee in a special appointment to fill a position on leave of absence | CSR_1414_Begin_Special_Appointments.pdf |
| HCM instructions to terminate an employee in a special appointment | CSR_1414_END_Special_Appointments 1414.pdf |
| HCM instructions to place an employee on temporary assignment out of class | CSR_418_Begin_Temporary_Assignment.pdf |
| HCM instructions to end an employee on temporary assignment out of class | CSR_418_End_Temporary_Assignment.pdf |
| HCM instructions to move an employee on temporary assignment out of class to regular | CSR_418_End_Temporary_Assignment_to_REG.pdf |
| HCM instructions to place an employee in a special appointment to fill a temporary or provisional appointment | CSR_902_904_Begin_Special_Appointment.pdf |

| Data Item | File Name |
|---|--|
| HCM instructions to terminate an employee in a special appointment to fill a temporary or provisional appointment | CSR_902_904_End_Special_Appointment.pdf |
| HCM instructions to place an employee in a special appointment to fill another employee of leave of absence | CSR_REG_to_1414_Begin_Special_Appointment.pdf |
| HCM instructions to process request for demotion | Demotion.pdf |
| HCM instructions to transfer an employee to another department | Department_Transfer_out_of_DSS.pdf |
| HCM instructions to process assignment change transaction | EXH_or_Contractor_to_REG_or_Adv_Entry.pdf |
| HCM instructions for return from hibernation and return to hibernation | EXH_Retire_Begin_or_End_Hibernation.pdf |
| HCM instructions for transfer of employee in the same class from one department to another | External_Department_Transfer_to_DSS.pdf |
| HCM instructions for hire or rehire jobs EXH places with DSS | JOB\$_Add_Pending_JOB\$_EXH_Placed_with_DSS.pdf |
| HCM instructions for employees moving to a new position with the same job class and department | Lateral_Transfer.pdf |
| HCM instructions for entering paid and unpaid leave of absence | LOAs_Begin_Paid_or_Unpaid.pdf |
| HCM instructions for entering return from paid and unpaid leave of absence | LOAs_End.pdf |
| HCM instructions for updating a new designated workweek form | Manage_Work_Schedule.pdf |
| HCM instructions for updating a position change within the same job class and remaining in DSS | Position_to_Position_Change.pdf |
| HCM instructions for updating instances of promotion | Promotion_Promotion_Advance_Entry.pdf |
| HCM instructions for updating when an employee moves from a regular employee to contractor on retirement | REG_to_Contractor_on_Retirement.pdf |
| HCM instructions for updating when an employee moves from a regular employee to extra help | REG_to_EXH.pdf |
| HCM instructions for updating employee skills and qualifications | Skills_and_Qualifications.pdf |
| HCM instructions for employee termination | Terminate.pdf |
| HCM instructions for instances where an employee has submitted a change from ESS and discovered errors | Withdraw_Submitted-Transaction.pdf |
| HCM instructions to add an attachment to the system | Adding_an_Attachment.pdf |
| Business process to complete a performance review | Completing_a_Performance_Review.pdf |
| Business process to complete an employee questionnaire | Completing_an_Employee_Input_Questionnaire (NEW).pdf |
| HCM instructions to delete a document on the system | Deleting_a_Document.pdf |
| Business process to view indirect performance related documents | My_Organization_Performance_Summary.pdf |
| HCM instructions for completing a performance review | Navigating_through_a_Performance_Review.pdf |
| HCM instructions for rejecting a performance review | Rejecting_a_Performance_Review.pdf |
| HCM instructions to retrieve a saved document | Retrieving_a_Saved_Document.pdf |

| Data Item | File Name |
|---|--|
| Business process to view/print a performance document and attachments | Retrieving_and_Completing_a_Performance_Review.pdf |
| HCM instructions to reject an incomplete employee questionnaire | Return_to_Employee_Input_Questionnaire.pdf |
| HCM instructions to allow another supervisor/manager add comments to employee review | Transferring_and_Retrieving_a_Performance_Review.pdf |
| Business process to update performance review to complete | Updating_Performance-Document_to_Complete.pdf |
| HCM instructions to withdraw submitted documents | Withdraw_Submitted_Documents.pdf |
| Business process used to manage divisions via a Descriptive Flex Field (DFF) | Manage_Divisions.pdf |
| Business process to edit a grade | Manage_Grades.pdf |
| Business process to edit a job | Manage_Job.pdf |
| Business process to edit a location | Manage_Locations.pdf |
| Business process to maintain position hierarchy | Manage_Position.pdf |
| CIS Replication Support Plan | *31511-CIS Replication Support Plan.doc |
| County Active Directory Standards | *AD Attributes Standards.docx |
| Direct deposits flow chart | Direct Deposits – Flow Chart.pdf |
| CWS case names workflow | DocSTAR – CWS Case Names Data Flow.pdf |
| DSS Laptop/Tablet approval form | DSS Laptop_Tablet Approval Form.pdf |
| DSS servers to VxRails | DSS Server to VxRails – Form to ICT.docx |
| Lifecycle for teleworking computer hardware | DSS-Hardware-Lifecycle.docx |
| Server and printer naming format | DSS-Network-Node-Naming-Convention.docx |
| CIS Replication | Flowchart Replication.pdf |
| NEC GNAV Pro Version 11 quick reference guide | Gnav Pro11 User Guid.pdf |
| Google Suite Business Process | Google Suite Business Process FINALv2.pdf |
| How to Backup and Restore FTP Voyager | How to Backup and Restore FTP Voyager.docx |
| How to Set Up Web Phone Manager | How to Setup WebPhone Manager.pdf |
| How to Wipe and Apple Device (iPad or iPhone) | How to Wipe and Apple Device.docx |
| IT Policy and Procedure | IT Policy and Procedure.txt |
| LMS Architecture Map | LMS Map.pdf |
| Mobile Devices – manual of administrative policies and procedures | Mobile Device DM A-46.docx |

| Data Item | File Name |
|--|--|
| MS Remote Desktop Terminal Services | MS Remote Desktop Steps for Connection.pdf |
| Microsoft Edge Encore Configuration Guide | NEC Microsoft-Edge-Encore-Configuration-Guide.pdf |
| Lost, Stolen or Damaged Property Notification Report | Property Loss Notification Report and Guidance.pdf |
| Remote Access Request for Mobile Worker | Remote Access Request for Mobile Worker.pdf |
| Starfish Instructions and Business Process | Starfish Business Process.pdf |
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| Strategic and State Plans Economic Assistance and Employment Services | Operations 1.2 Strategic and State Plans Economic Asst and Employment Services.pdf |
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| Administrative Directives Adult Services | Operations 1. Admin Directives Adult Services.pdf |
| Administrative Directives IHSS | Operations 1. Admin Directives IHSS.pdf |
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| DSS Systems and Infrastructure | Operations 2 – DSS_Systems and Infrastructure_14Jul2021.xlsx |
| CalWin report 2nd quarter 2021 | 2021 Access CalWIN Reports 2 nd Qtr.pdf |
| BETTERAVIA EIU Call Volume Data Information – May 2021 | BETT EIU Monthly Dashboard Report_2021 for May.pdf |
| BI Application and Timeliness Information by Program | BI Application and Timeliness Information by Program.pdf |
| AOP applications registered by month and office | BI Applications Registered by APO Staff by Office.xlsx |
| EW applications registered by month and office | BI Applications Registered by EW Staff by Office.xlsx |
| countywide pending applications as of 07/19/2021 | BI Application Pending Dashboard.xlsx |
| Workforce planning projections | Branch Planning Staffing and Workload Estimated June 2020.xlsx |
| Acosta Division Statistics | BSC Acosta 4 th Qtr Monthly Stats.xlsx |
| Tasks completed summary June 2021 | BSC and Bett Intake TMT 21 – Tasks Completed Summary June 2021.rpt.pdf |
| DocStar statistics June 2021 | BSC AOP Document Imaging Activity Report 06.2021.msg |
| DocStar statistics by Unit June 2021 | BSC AOP Document Imaging Activity Report.pdf |
| BSC Benefit Service Center Monthly May 21 Dashboard | BSC Benefit Service Center Monthly May 21 Dashboard.pdf |

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| Discontinued Monthly Case Report for June 2021 | BSC Discontinued Monthly Case Report for June 2021.msg |
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| CF RRR April 2021 | BSC Task Equalizer for CF RR April 2021.xlsx |
| IEVS Weekly Supervisor Report 070721 | IEVS Weekly 2021-03_Supervisor_Report_07_07_21.pdf |
| Branch Quarterly NEMO-Q Transactions | Nemo-Q – Branch Summary JAN FEB MAR 2021.xlsx |
| Octopus and Geer CalFresh Report Monthly Totals | OCTOPUS_GetCalFRESH_Report_02-2021.pdf |
| Sample DBS Monthly Individual Assignment Report | Sample DBS Monthly Individual Assignment Report |
| Sample Supervisor AOP June 2021 Monthly Report | Sample Supervisor AOP Monthly Report June |
| Sample Supervisor BSC June 2021 Monthly Report | Sample Supervisor BSC Monthly Report June |
| Sample Supervisor CES June 2021 Monthly Report | Sample Supervisor CES Monthly Report June |
| Sample Supervisor Job Services June 2021 Monthly Report | Sample Supervisor Job Services Monthly Report June |
| Sample Supervisor WTW June 2021 Monthly Report | Sample Supervisor WTW Monthly Report June |
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| CalWORKS application processing time performance Q1 FY20-21 | *CalWORKS PM 1 st Qtr 2021-2021.docx |
| CalWORKS application processing time performance backup | CalWORKS PM Back Up 1 st Qtr 2020.pdf |
| Subsidized employment performance measures Q1 FY20-21 | *ESE PM 1 st QTR FY 20-21.docx |
| Subsidized employment performance measures backup | ESE PM Back Up 1 st Qtr 2020-2021.pdf |
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| Q1 FY20-21 RRR supporting documents | FY 20-21 1 st Quarter RRR supporting documents.pdf |
| General Relief application processing time performance Q1 FY20-21 | GR PM Jul20-Sep20_1 st _Qtr.docx |
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| General Relief supporting documents Jul-20 | GR Supporting docs Jul-20.pdf |
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| Medi-Cal case processing timelines Q1 FY20-21 | Intake PM – Medi-Cal FY 20-21 – 1 st QTR.slsx |
| CalFresh case processing timelines Q1 FY20-21 | IPM-CF_worksheet_FY 20-21.XLSX |
| Application disposition elapsed time by Aid Code Aug 20 | MRDO18R-Aug20.pdf |
| Application disposition elapsed time by Aid Code Jul 20 | MRDO18R-Jul20.pdf |
| Application disposition elapsed time by Aid Code Sep 20 | MRDO18R-Sep20.pdf |
| Medi-Cal redetermination timelines Q1 FY20-21 | Performance Measure Reporting from FY 20-21.pdf |
| Adult Protective Services referrals performance Q1 FY20-21 | KPI # 1 APS 1 st Quarter FY20-21 (Jul-Sep) rev.pdf |
| Adult Protective Services referrals performance Q1 FY20-21 | KPI # 1 APS 1 st Quarter FY20-21 (Jul-Sep).pdf |
| Adult Protective Services percentage referrals by employee Q1 FY20-21 | KPI # 1 APS 1 st Quarter FY20-21 Doc.pdf |
| Recipients placed in long-term care Q1 FY20-21 | KPI # 2 IHSS 1 st Quarter FY20-21 (Jul-Sep) rev.pdf |
| IHSS Reason Code Report | KPI # 2 IHSS 1 st Quarter FY20-21 Docs.pdf |
| IHSS reassessments timeline performance | KPI # 2 IHSS 1 st Quarter FY20-21 (Jul-Sep).pdf |
| IHSS Overdue Assessment Listing Report | KPI # 2 IHSS 1 st Quarter FY20-21 Doc A.pdf |
| IHSS Overdue Assessment Listing Report | KPI # 2 IHSS 1 st Quarter FY20-21 Doc B.pdf |
| IHSS Overdue Assessment Listing Report | KPI # 2 IHSS 1 st Quarter FY20-21 Doc C.pdf |
| Percentage of children visited by a Social Worker Q1 FY20-21 | KPI Q1 – CWS Face to Face Contacts.pdf |
| Percentage of abuse and neglect allegations receiving timely contact | KPI Q1 – CWS Timely Investigations.pdf |
| Performance overview Q1 FY20-21 | FY20-21 1 st Qtr PM for ORM.pdf |
| Performance of departmental performance reviews completed by the due date Q2 FY20-21 | Performance Measures 2nd Qtr 20-21.pdf |
| CalWORKS application processing time performance Q2 FY20-21 | *CalWORKS PM 2nd Qtr 2021-2021.docx |
| CalWORKS application processing time performance backup | CalWORKS PM Back Up 2nd Qtr 2020-2021.pdf |
| Subsidized employment performance measures Q2 FY20-21 | *ESE PM 2 nd QTR FY 20-21.docx |
| Subsidized employment performance measures backup | ESE PM Back Up 2 nd Qtr 2020-2021.pdf |
| Q2 FY20-21 intake disposition count | FY 20-21 2nd Quarter MC Intake supporting documents.docx |
| Q2 FY20-21 RRR supporting documents | FY 20-21 2 nd Quarter RRR supporting documents.docx |
| Q3 FY20-21 RRR supporting documents | FY 20-21 3 rd Quarter RRR supporting documents.docx |
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|---|---|
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| Medi-Cal case processing timelines Q3 FY20-21 | Intake PM – Medi-Cal FY 20-21 – all QTR.slsx |
| CalFresh case processing timelines Q3 FY20-21 | IPM-CF_worksheet_FY 20-21.xlsx |
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| Application disposition elapsed time by Aid Code Jan 20 | MRDO18R-JAN21.pdf |
| Application disposition elapsed time by Aid Code Feb 21 | MRDO18R-Feb-21.pdf |
| Application disposition elapsed time by Aid Code Jan 21 | MRDO18R-Jan-21.pdf |
| Application disposition elapsed time by Aid Code Mar 21 | MRDO18R-Mar-21.pdf |
| Medi-Cal redetermination timelines Q3 FY20-21 | Performance Measure Reporting form FY 20-21 Q3 MC RRR Final.pdf |
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| Performance measures tracking percent of WTW participants engaged in self-sufficient activities | WTW PM 3 rd QTR FY20-21.docx |
| CalWORKS Welfare-to-Work Monthly Activity Report | WTW PM Back Up 3 rd Qtr Fiscal Year 2020-2021.pdf |
| Adult Protective Services percentage referrals by employee Q3 FY20-21 | KPI # 1 APS 3 rd Quarter FY20-21 Doc.pdf |
| Adult Protective Services percentage referrals within 21 days of face-to-face visit | KPI # 1 APS 3 rd Quarter FY20-21 Rev 4.13.21.pdf |
| Adult Protective Services percentage referrals Q3 FY20-21 | KPI # 1 APS 3 rd Quarter FY20-21.docx.pdf |
| Recipients placed in long-term care Q1 FY20-21 | KPI # 1 IHSS 3 rd Quarter FY20-21 (Jan-Mar).pdf |
| IHSS reassessments timeline performance | KPI # 2 IHSS 3 rd Quarter FY20-21 (Jan-Mar).pdf |
| Percent of abuse and neglect allegations receiving timely contact | KPI- Q3 FY20-21 – Time to Investigation.pdf |
| Percent of children visited by Social Worker Q3 FY20-21 | KPI- Q3 FY20-21 – Face to face contacts.pdf |
| IHSS Recipient Summary Characteristics Listing Q3 FY20-21 | 3 rd QTR RECIPIENT SUMMARY CHARACTERISRICS.PDF |
| Overdue Assessment Listing Report Q3 FY20-21 | 3 rd QTR OVERDUE ASSESSMENT LISTING.pdf |
| IHSS Reason Code Report Q3 FY20-21 | 2021 Jan-Mar REASON CODE REPORT.pdf |
| Performance overview Q3 FY20-21 | FY 20-21 3 rd Qtr PM for ORM.pdf |
| Percent of staff training delivered through online, video conferencing and other resource saving technologies | FY 20-21 Performance Measures Reporting form Staff De.docx |
| Percent of departmental performance reviews completed by the due date | EPR Performance Measures 4 th Qtr 20-21.pdf |
| Email confirmation of KPIs for staff development | FW 4 th Qtr KPI Request Due 7 20 21.msg |

| Data Item | File Name |
|---|---|
| Application worksheet | 4thQtr-worksheet.pdf |
| CalWORKS application processing time performance Q4 FY20-21 | *CalWORKS PM 4th Qtr 2021-2021.docx |
| CalWORKS application processing time performance backup | CalWORKS PM Back Up 4th Qtr 2020-2021.pdf |
| Application Disposition Elapsed Time by Air Code April 2021 | CF MRDO18R-Apr21.pdf |
| Application Disposition Elapsed Time by Air Code June 2021 | CF MRDO18R-Jun21.pdf |
| Application Disposition Elapsed Time by Air Code May 2021 | CF MRDO18R-May21.pdf |
| Subsidized employment performance measures Q4 FY20-21 | *ESE PM 4 th QTR FY 20-21.docx |
| Subsidized employment performance measures backup | ESE PM Back Up 4 th Qtr 2020-2021.pdf |
| Q4 FY20-21 intake disposition count | FY 20-21 4th Quarter MC Intake supporting documents.docx |
| Q4 FY20-21 RRR supporting documents | FY 20-21 4th Quarter RRR supporting documents.docx |
| Application disposition elapsed time by Aid Code Apr 21 | MRDO18R-Apr21.pdf |
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| General Relief application processing time performance Q4 FY20-21 | GR PM Apr21-Jun21_4th_Qtr.docx |
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| Medi-Cal case processing timelines Q4 FY20-21 | Intake PM – Medi-Cal FY 20-21 – all QTR.slsx |
| CalFresh case processing timelines Q4 FY20-21 | IPM-CF_FY 20-21.xlsx |
| Medi-Cal redetermination timelines Q4 FY20-21 | Performance Measure Reporting form FY 20-21 Q4 MC RRR.pdf |
| Performance measures tracking percent of WTW participants engaged in self-sufficient activities | WTW PM 4th QTR FY20-21.docx |
| CalWORKS Welfare-to-Work Monthly Activity Report | WTW PM Back Up 4th Qtr Fiscal Year 2020-2021.pdf |
| Adult Protective Services Q4 monthly compliance reports | KPI # 1 APS 4th Quarter FY20-21-Compliance Reports.pdf |
| Adult Protective Services percentage referrals Q4 FY20-21 | KPI # 1 APS 4th Quarter FY20-21.pdf |
| Recipients placed in long-term care Q4 FY20-21 | KPI # 1 IHSS 4th Quarter FY20-21.pdf |
| IHSS reassessments timeline performance | KPI # 2 IHSS 4th Quarter FY20-21.pdf |
| Percent of abuse and neglect allegations receiving timely contact | KPI- Q4 FY20-21 – Time to Investigation.pdf |
| Percent of children visited by Social Worker Q4 FY20-21 | KPI- Q4 FY20-21 – Face to face contacts.pdf |
| IHSS Recipient Summary Characteristics Listing Q3 FY20-21 | 3 rd QTR RECIPIENT SUMMARY CHARACTERISRICS.PDF |

| Data Item | File Name |
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| Overdue Assessment Listing Report Q4 FY20–21 | 4 th QTR OVERDUE ASSESSMENT LISTING.pdf |
| IHSS Reason Code Report Q4 FY20–21 | 2021 April-June REASON CODE REPORT.pdf |
| Performance overview Q4 FY20–21 | FY 20-21 4th Qtr PM for ORM.pdf |
| FY20–21 performance measures based on budget | 20-21 KPIs from Adopted Budget.pdf |
| Performance measures template form | FY 20-21 Performance Measures Reporting form.docx |
| Overview of performance measures per program | FY 20-21 PM Template Tracking by Budget Programs.xlsx |
| Summary of performance by FY actual versus recommended | Summary of Actual PM vs Recommended Numbers Final.xlsx |
| Administrative Directives for Economic Assistance and Employment Services | Operations 1.1 Administrative Directives Economic Asst and Employment Services.pdf |
| Strategic and State Plans for Economic Assistance and Employment Services | Operations 1.2 Strategic and State Plans Economic Asst and Employment Services.pdf |
| COLA Bulletins Economic for Assistance and Employment Services | Operations 1.3 Bulletins Economic Asst and Employment Services.pdf |
| California Child and Family Services Review County Self-Assessment 2017 | CWS_CSA_2017.pdf |
| Santa Barbara County Annual SIP Progress Report Sep 2017–Aug 2018 | Santa Barbara SIP progress report 2018 final with signature page.pdf |
| California Child and Family Services Review System Improvement Plan Oct 2017–Sep 2022 | SIP 2017-2022 Final report with attachments.pdf |
| Santa Barbara County Annual SIP Progress Report Sep 2018–Aug 2019 | SIP Progress report 2019 – final w signature pages.pdf |
| Santa Barbara County Annual SIP Progress Report Sep 2019–Aug 2020 | SIP Progress report 2019 – final with signature pages-Santa Barbara County.pdf |
| Adoption policies | All Adoptions policies.pdf |
| Assessments and Investigations policies | All Assessments and Investigations policies.pdf |
| Case Planning and Case Management policies | All Case Planning and Case Management policies.pdf |
| Centralized Intake Unit policies | All Centralized Intake Unit policies.pdf |
| Contacts and Visitation policies | All Contacts and Visitation policies.pdf |
| All Court and Legal Issues policies | All Court and Legal Issues policies.pdf |
| Cross-Program Protocol policies | All Cross Program Protocol policies.pdf |
| Education and Healthcare policies | All Education and Healthcare policies.pdf |
| Financial Support Systems policies | All Financial Support Systems policies.pdf |
| In-Home Services policies | All In-Home Services policies.pdf |
| Out-of-Home Services policies | All Out of Home Services policies.pdf |
| Resource Family Licensing Placement policies | All Resource Family Licensing Placement policies.pdf |

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| Online State Policies and Procedures | Online State Policies and Procedures.pdf |
| CalWIN Caseload data as at July 2019 | countywide CalWIN Caseload Data and Detailed Caseload Data – July 2019.pdf |
| CalWIN Caseload data as at July 2020 | countywide CalWIN Caseload Data and Detailed Caseload Data – July 2020.pdf |
| Number of cases per employee per office between December 2020 and July 2021 | Equalizer Totals Intake Monthly Apps by Worker and Office – Dec thruu July Prelim.xlsx |
| Number of cases, applications, denials, withdrawals, pending applications per program and total persons /families served per month per program FY06–07 though FY20–21 | Elig Data Report – July 20 thru May 21.xlsx |
| Caseload by Worker per month from Sep 2018 through June 2021 | Operations 3.2 APS Caseload.pdf |
| IHSS Caseload Report October 2018–July 2021 | Operations 3.2 Caseload by Position IHSS Reports.pdf |
| Intake by response type July 2016–June 2017 | 7.1.16-6.30.17 Intakes by Response Type.pdf |
| Intake by response type July 2017–June 2018 | 7.1.17-6.30.18 Intakes by Response Type.pdf |
| Intake by response type July 2018–June 2019 | 7.1.18-6.30.19 Intakes by Response Type.pdf |
| Intake by response type July 2019–June 2020 | 7.1.19-6.30.20 Intakes by Response Type.pdf |
| Intake by response type July 2020–June 2021 | 7.1.20-6.30.21 Intakes by Response Type.pdf |
| Allegation received report July 2016–June 2017 | Allegation Received from 712016 To 6302017.xlsx |
| Allegation received report July 2017–June 2018 | Allegation Received from 712017 To 6302018.xlsx |
| Allegation received report July 2018–June 2019 | Allegation Received from 712018 To 6302019.xlsx |
| Allegation received report July 2019–June 2020 | Allegation Received from 712019 To 6302020.xlsx |
| Allegation received report July 2020–June 2021 | Allegation Received from 712020 To 6302021.xlsx |
| IHSS application, approval, and denial summary report | Operations 3.4 IHSS APPS-APPROVAL-DENIAL-TERMINATION.pdf |
| Number of CWS Adoptions per month per year | CWS Adoptions.xlsx |
| Child Welfare Safety Net Task Force Report | Child Welfare Safety Net Task Force Report 4-5-2016.pdf |
| Adult Services Monthly Reports | Reports 5. Adults Monthly Reports.pdf |
| IHSS Monitoring Reviews | Reports 5. IHSS Monitoring Reviews.pdf |
| Child Abuse and Neglect Report 2014 | 2014 CWS Program Reports.pdf |
| Child Abuse and Neglect Report 2015 | 2015 CWS Program Reports.pdf |
| Child Abuse and Neglect Report 2016 | 2016 CWS Program Reports.pdf |
| Child Abuse and Neglect Report 2017 | 2017 CWS Program Reports.pdf |

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| Child Abuse and Neglect Report 2019 | 2019 CWS Program Reports.pdf |
| Child Abuse and Neglect Report 2020 | 2020 CWS Program Reports.pdf |
| Child Abuse and Neglect Report 2021 | 2021 CWS Program Reports.pdf |
| CWS Program Report 2013 through 2020 | Current CWS Program Report 2013-2021.xlsx |
| CWS Yearly CWS Report Card 2010–2021 | CWS Report Card 2010-2021.xlsx |
| WIOA end of year performance summary June 2021 | Operations 5. Performance Measures WDB |
| Contracts with Program Operators: Equus Workforce Services and Goodwill Industries | Staffing 4. Contracts Equus and Goodwill Industries.pdf |
| CWS Outcomes System Summary | 5.1 CW Client Outcome Measures – 5 years.xlsx |
| Call Activity Summary Report for CWS Hotline from 2018–2021 in pdf | 5.22 2018 – 2021 CWS Hotline utilization data.pdf |
| IHSS Application Compliance Report from CDSS | Operations 5. Protective Services IHSS Application Compliance.pdf |
| 211 costs by City FY20–21 | 211 Helpline Call Stats – FY20_21.xlsx |
| 211 Dashboard monthly report | 211 Reporting Dashboard.xlsx |
| Board contracts performance dashboard per program Q3 2021 | Quarter 3 FY20-21 – Board Contracts CWS.xlsx |
| BSC Monthly Agent Activity FY 2018–2019 | BSC Agent Activity Detail Report 26 FY 2018-2019.xlsx |
| BSC Monthly Agent Activity FY 2019–2020 | BSC Agent Activity Detail Report 26 FY 2019-2020.xlsx |
| BSC Monthly Agent Activity FY 2020–2021 | BSC Agent Activity Detail Report 26 FY 2020-2021.xlsx |
| BSC Daily Agent Activity FY 2018–2019 | BSC Daily Agent Activity Detail Report 24 FY 2018-2019.xlsx |
| BSC Daily Agent Activity FY 2019–2020 | BSC Daily Agent Activity Detail Report 24 FY 2019-2020.xlsx |
| BSC Daily Agent Activity FY 2020–2021 | BSC Daily Agent Activity Detail Report 24 FY 2020-2021.xlsx |
| BSC Daily calls by program FY 2018–2019 | BSC Daily Call by Program Report 1 FY 2018-2019.xlsx |
| BSC Daily calls by program FY 2019–2020 | BSC Daily Call by Program Report 1 FY 2019-2020.xlsx |
| BSC Daily calls by program FY 2020–2021 | BSC Daily Call by Program Report 1 FY 2020-2021.xlsx |
| Octopus Total Submissions Feb 2019–Aug 2021 | Octopus Totals by Office since 02-2019.xlsx |
| GNAV Report Manual | GNAV_proreports.pdf |
| CalWORKS Discontinuance Data Jun 2018–Aug 2021 | DSS015_CalWORKS Discontinuancees_2018_06.xlsb - DSS015_CalWORKS Discontinuancees_2021_08.xlsb |
| Subsidized Employment Performance Measures Q1 2019–2020 | ESE PM 1 st QTR 19-20.docx |

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| Subsidized Employment Performance Measures Q2 2019–2020 | ESE PM 2 nd QTR 19-20.docx |
| Subsidized Employment Performance Measures Q3 2019–2020 | ESE PM 3 rd QTR 19-20.docx |
| Subsidized Employment Performance Measures Q4 2019–2020 | ESE PM 4 th QTR 19-20.docx |
| Subsidized Employment Performance Measures backup file Q1 2019–2020 | ESE PM Back Up 1 st Qtr 2019.docx |
| Subsidized Employment Performance Measures backup file Q2 2019–2020 | ESE PM Back Up 2 nd Qtr 2019.docx |
| Subsidized Employment Performance Measures backup file Q3 2019–2020 | ESE PM Back Up 3 rd Qtr 2019.docx |
| Subsidized Employment Performance Measures backup file Q4 2019–2020 | ESE PM Back Up 4 th Qtr 2019.docx |
| Program Report document | MRH031R.xlsx |
| Disposition Processing Data Jul 2018–Aug 2021 | DSS100DBS Intake Disposition Processing for 2018-07-31.xls – DSS100DBS Intake Disposition Processing for 2021-08-31.xls |
| Program Reports Jul 2018–Aug 2021 | 2018_07_MR0017E.xlsx – 2021_08_MR0017E.xlsx |
| DocStar upload statistics FY18–21 | DocSTAR Page Stats – INM All.xlsx |
| Child Welfare referrals data FY18–21 | CWS referrals.xlsx |
| Placement by client FY18–19 | First Placement FY 18.19.xlsx |
| Placement by client FY19–20 | First Placement FY 19.20.xlsx |
| Placement by client FY20–21 | First Placement FY 20.21.xlsx |
| Child Welfare referral time data FY18–21 | Referrals Time to First Contact.xlsx |
| Report on children entering care within 12 months FY17–18 | P-1 Permanency in 12 months for children entering care 7-1-17 to 6-30-18.xlsx |
| Report on children entering care within 12 months FY18–19 | P-1 Permanency in 12 months for children entering care 7-1-18 to 6-30-19.xlsx |
| Report on children entering care within 12 months FY20–21 | P-1 Permanency in 12 months for children entering care 7-1-19 to 6-30-20.xlsx |
| Report on children entering care within 12-23 months FY18–19 | P-2 Permanency for children in care 12-23 months as of 7-1-18 to 6-30-19.xlsx |
| Report on children entering care within 12-23 months FY19–20 | P-2 Permanency for children in care 12-23 months as of 7-1-19 to 6-30-20.xlsx |
| Report on children entering care within 12-23 months FY20–21 | P-2 Permanency for children in care 12-23 months as of 7-1-20 to 6-30-21.xlsx |
| Report on children entering care within 24+ months FY18–19 | P-3 Permanency for children in care 24+ months as of 7-1-18 to 6-30-19.xlsx |
| Report on children entering care within 24+ months FY19–20 | P-3 Permanency for children in care 24+ months as of 7-1-19 to 6-30-20.xlsx |
| Report on children entering care within 24+ months FY20–21 | P-3 Permanency for children in care 24+ months as of 7-1-20 to 6-30-21.xlsx |
| Placement Type June 2020 to August 2021 | Placement Type 1.21.xlsx – Placement Type 8.21.xlsx |
| Caseload per staff member March 2020–August 2021 | 1.SW Caseload 3.20.xlsx – 18.SW Caseload 8.21.xlsx |

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| CWS Visits data March 2020–August 2021 | 1.SW contacts 3.20.xlsx – 18.SW contacts 8.21.xlsx |
| APS Search Report FY18–21 | APS Search Report 7.2021-9.2021.xlsx |
| APS Face-to-Face Visits Data FY18–21 | F2F Trend Report From 070102018 To 09302021 |
| APS Referral Data FY18–21 | Referral Search 7.2021-9.2021.xlsx |
| APS Worker Compliance Data FY18–21 | Worker Compliance Report from 072018 To 092021.xlsx |
| APS Monthly Compliance Data Jul 2018–Sep 2021 | 2018-07 Monthly Compliance Report For 72018.xlsx - 2021-09 Monthly Compliance Report For 92021.xlsx |
| Santa Barbara Monthly Reports Received by Region Jul 2018–Aug 2021 | SB-Reports Received by Region Report from 07012018 To 08312021.xlsx |
| Lompoc Monthly Reports Received by Region Jul 2018–Aug 2021 | LO-Reports Received by Region Report from 07012018 To 08312021.xlsx |
| Santa Maria Monthly Reports Received by Region Jul 2018–Aug 2021 | SM-Reports Received by Region Report from 07012018 To 08312021.xlsx |
| SOC 242 Reports | SOC242_V2.1_August 2021 |
| Worker Compliance Overview Report | Worker Compliance Overview Report.pdf |
| APS Caseload Reports FY18–21 | 2018-07 Caseload Report for July 2018.xlsx - 2021-06 Caseload Report for June 2021.xlsx |
| CalFresh Participation Strategy Outline 2020–2021 | CalFresh Participation Status of Strategies to explore in 2020-21.pdf |
| CalFresh Participation Strategy Outline 2020–2021 (2) | CalFresh Participation Status of Strategies to Explore in 2020-21.pdf |
| CalFresh Participation Strategy Outline 2020–2021 (3) | CalFresh Participation Status of Strategies to Explore Infographic.pdf |
| Subsidized Employment Performance Measures Q1 2019–2020 | CFUP-CFF 1-30-16 713pm TEMP for print version.pptx |
| Update Program Report FY18–21 | 2021_08_MR10017E for KPMG.xlsx |
| MRH031R CalWIN Report Detail | MRH031R CalWIN Report Detail.pdf |
| MRD018R CalWIN Report Detail | MRD018R CalWIN Report Detail.pdf |
| MR0017E CalWIN Report Detail | MR0017E CalWIN Report Detail.pdf |
| Program Budget Summary FY19–20 | 06-2020 Budget Sum by Prog.xlsx |
| Program Budget Summary FY20–21 | 06-2021 Budget Sum by Prog_8-24-21.xlsx |
| Program Budget Summary FY18–19 | 06-2020 Budget Sum by Prog 18-19.xlsx |
| Time Study Data Q1 2016–Q4 2019 | TS Hours JAN-FEB 2016 - TS Hours OCT-DEC 2018.xlsx |
| Time Study Data Q1 FY19–20 to Q4 FY20–21 | Electronic-Time-Studies_Q1_FY19-20.xlsx - Electronic-Time-Studies_Q4_FY20-21.xlsx |
| Leave of Absence Data 2019–2021 | Copy of MEDICALTIMELINE 2021_Rev091421.xlsx |
| MAC Guide for Microsoft Remote Desktop Access | MAC Guide_Microsoft Remote Desktop Access.pdf |

| Data Item | File Name |
|--------------------------------|--|
| TMT Data July 2020 – June 2021 | Task_for_KPMG_July_2020_June_2021.xlsx |
| TMT Data July 2019 – June 2020 | Task_for_KPMG_July_2019_June_2020.xlsx |
| TMT Data July 2018 – June 2019 | Task_for_KPMG_July_2018_June_2019.xlsx |

Appendix E: Operating Model Maturity Scale

The figure below describes a continuum of maturity related to optimal service delivery across six areas of analysis. The purple boxes indicate the Department’s capabilities at the time of the review, and the gold boxes illustrate the level of maturity that KPMG believe is attainable through the recommendations in this report.

| | | | | | | | |
|--------------------------------|---|---|---|--|---|--|---|
| Service Delivery Model | Lack of formalized caseloads and utilization targets across all divisions | 1 | Caseloads and utilization targets are not formalized and regularly analyzed against staff performance | 3 | 4 | Formalized caseloads and utilization targets across the Department which are tracked on a weekly basis | Optimized workload schedule and staff utilization |
| Data and Reporting | Lack of standard guidance on reporting | 1 | Data analysis requires significant institutional knowledge with little written guidance on process | 3 | 4 | 5 | Established written processes for data analysis |
| Process | Lack of strategic alignment and consistent adoption | 1 | 2 | Standard operating procedures not consistently adopted across offices and lack of formalized communication standards between staff | 4 | 5 | Enhanced standardized operating procedures with consistent adoption |
| Governance and Controls | Lack of automation | 1 | Lack of automated systems and processes for time tracking and leave management | 3 | 4 | 5 | Automated and preventative |
| Technology | Incompatible systems | 1 | Systems are not typically capable of integration with both Department and other countywide systems | 3 | 4 | 5 | Enterprise system to act as integrated data hub |
| Education and Training | Lack of specificity | 1 | 2 | Lack of Department-specific training for AOPs and lack of formalized training for APS staff | 4 | 5 | Robust and role specific |

Figure 20: Source: KPMG

Appendix F: Operating Model Framework

This section describes the operating model framework that was developed to articulate how a function should be designed, structured, and operated to improve operational efficiency, effectiveness, and service delivery. It consists of six interacting layers that need to be considered in conjunction with each other to determine how to optimally deliver services to the public.

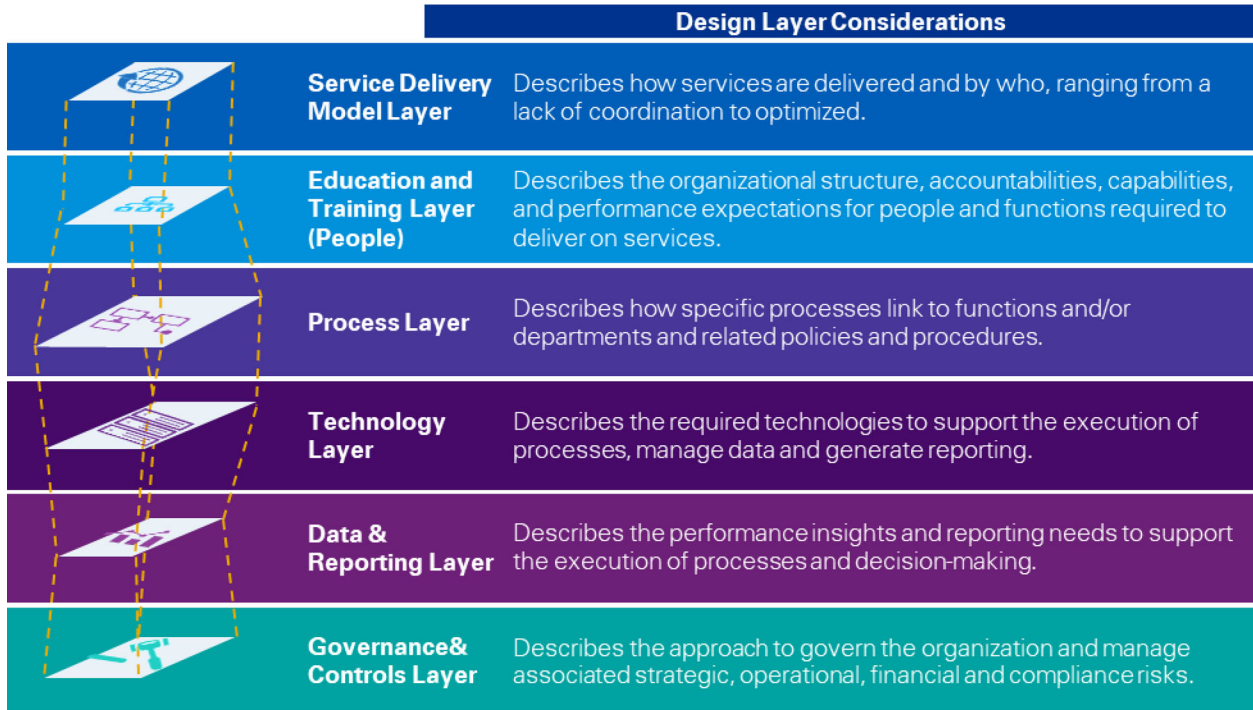


Figure 21: Source: KPMG

Appendix G: County Multidisciplinary Teams

The County currently operates several multidisciplinary teams each of which have varying purposes. The following outlines those multidisciplinary teams of which Social Services forms part as well as a description of each team. This information was provided by the Department.

Community Corrections Partnership (CCP) – Serves as a local community corrections advisory board. The CCP also develops and recommends a strategic local plan to the county Board of Supervisors for the implementation of Criminal Justice Realignment (AB109).

Community Corrections Partnership Work group (CCP Work group) – The CCP appoints a work group to identify and prepare recommendations to facilitate and strengthen the development of the County's annual plan.

Juvenile Justice Coordinating Council (JJCC) – Purpose is to develop and implement a continuum of county-based responses to juvenile crime and to set priorities for the use of grant funds. The JJCC also develops a Comprehensive Multiagency Plan (CMJJP) that identifies resources and strategies for providing an effective continuum of responses for crime prevention and intervention services and for the supervision, treatment, and incarceration of juvenile offenders, including strategies to develop and implement local out-of-home placement options for the offenders.

Juvenile Justice Coordinating Council (JJCC) Work group – The JJCC appoints a work group to identify and prepare recommendations to facilitate and strengthen the development of the County's annual plan CMJJP and Juvenile Justice Realignment (JJR) plan.

The Interagency Leadership Team (ILT) – Serves as the governing and coordinating body for the child and youth system of care. The ILT membership consists of department heads, deputies or executive staff from programs and departments that interact with children.

Interagency Placement Committee (IPC) – An interagency, multidisciplinary team that supports children and youth, including Non-Minor Dependents (NMD), with significant behavioral, emotional, medical and/or developmental needs through a collaborative review process whereby recommendation for a child/youth's treatment and placement needs are made.

County Juvenile Services – Joint monthly meeting of Leadership from Child Welfare Services, Juvenile Probation, and the Juvenile Court to discuss issues impacting both dependent and delinquent youth. The Juvenile Court judge also convenes regular "Brown Bag" meetings attended by the key participants in the juvenile court process: such as attorneys (County Counsel, Contract Children's Attorneys, and Contract Defense Attorneys), Court Appointed Special Advocates (CASA) representatives, CWS staff. The group facilitates communication between judges, attorneys, CWS, CASA, Behavioral Wellness, and various service providers.

KIDS Network – Serves as an advisory group to the Board of Supervisors and is a countywide interagency collaborative dedicated to promoting a coordinated system for children’s services in Santa Barbara County. KIDS Network is sponsored by the County Board of Supervisors and County DSS/CWS. This network serves as a forum for public and private agencies to discuss issues relevant to comprehensive, collaborative, and integrated services for children, youth, and families.

The Child Abuse Prevention Council (CAPC) – is a community council with the primary purpose of coordinating Santa Barbara County’s efforts to prevent and respond to child abuse and neglect. Membership of CAPC includes representatives from the prevention and treatment communities, the criminal justice system, County Child Welfare Services, other public agencies, education providers, community-based organizations, faith-based groups, parents, and the community. CAPC members assist in decision-making to identify and prioritize projects. CAPC focuses on areas such as Mandated Reporter Training, Public Awareness, Cross Training, and Advisory Functions regarding Child Abuse Prevention Planning. The CAPC also serves as an advisory body for funding sources related prevention and intervention.

APS MDT – MDT meetings are scheduled with APS, law enforcement, District Attorney, regional hospitals, and homeless services providers to occur monthly.

Appendix H: CWS CDSS

Workload Study

This section outlines the result of the workload study conducted by CDSS in April 2000 to identify optimal caseload ranges for CWS program areas.

Passage of SB 2030 of 1999 required that CDSS undertake an evaluation of workload and budgeting methodologies and set forth certain requirements for such a study. With considerable support from the counties; CDSS; the Department of Technology Services; and IBM, the SB 2030 project was able to obtain and analyze data from over 15,000 child welfare staff representing all 58 counties collected over a two-week period of time. The data were subjected to quality assessment checks at several levels, and key benchmarks in the data results were achieved that indicated that the data analyses were accurate. The resulting data were used to develop minimum and optimum standards for workload. These standards were published in April 2000 and are identified in the following table.

Proposed SB 2030 Workload Standards

Issued April 2000

| CWS Basic Program Area | Current Workload Standard | Measured Workload Time | Composite Minimum Recommended Standard Time | Composite Optimum Recommended Standard Time |
|---|---------------------------|------------------------|---|---|
| Screening/Hotline/Intake (ERA) Caseload per Worker | 0.36 (322.50) | 0.78 (148.85) | 1.00 (116.10) | 1.69 (68.70) |
| Emergency Response (ER) Caseload per Worker | 7.35 (15.80) | 7.19 (16.15) | 8.91 (13.03) | 11.75 (9.88) |
| Family Maintenance (FM) Caseload per Worker | 3.32 (34.97) | 3.97 (29.24) | 8.19 (14.18) | 11.44 (10.15) |
| Family Reunification (FR) Caseload per Worker | 4.30 (27.00) | 4.97 (23.36) | 7.45 (15.58) | 9.72 (11.94) |
| Permanent Placement (PP) Caseload per Worker | 2.15 (54.00) | 2.37 (48.99) | 4.90 (23.69) | 7.07 (16.42) |

The SB 2030 report states that meeting the minimum standards assumes that the service delivery system will consistently function so that current program requirements will be met for all cases. In contrast, the implementation of the optimum standards would be tied to significant improvements in the outcomes for children and families. The SB 2030 Workload Study established minimum and optimal caseload standards in 2000, and subsequent legislation required the development of a plan to implement the findings of this study. However, budget constraints ultimately prevented the State from allocating sufficient funding to implement the studies recommendations.

Appendix I: Eligibility Data

The following visualizations were completed based on data provided by the Department that was provided from July 2018 to May 2021. The data provides insight into the total cases, applications, renewals, denials/withdrawals, and processing times.

CalWORKS: Total cases open during the month

The below chart illustrates total new cases opened for CalWORKS each month from July 2018 to May 2021. Across each year, the months of January to April account for the maximum inflow of cases.

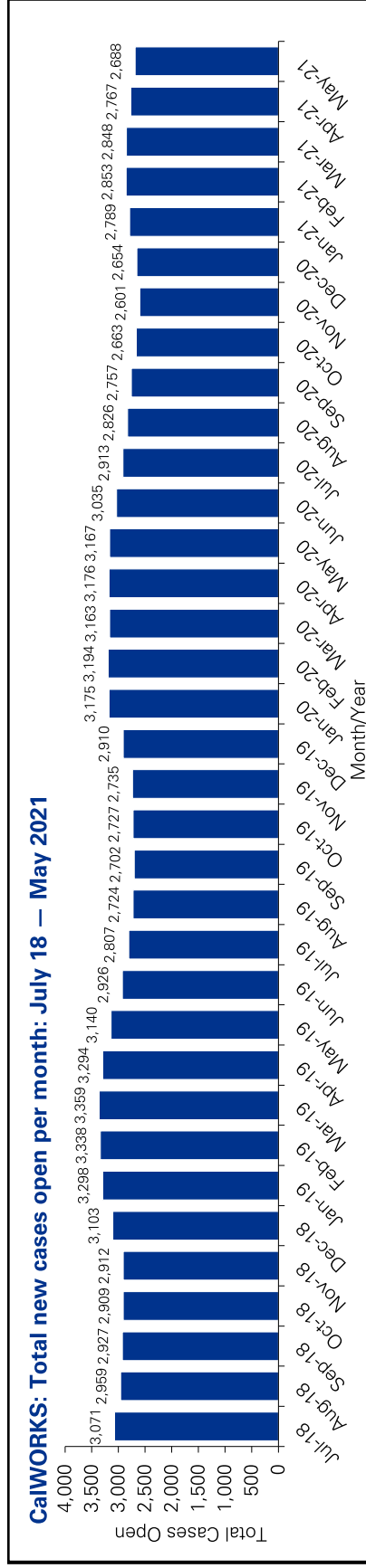


Figure 22: Source KPMG analysis of data

CalWORKs: Total Applications

The below chart outlines the total applications received per month within the CalWORKs program. The majority of the applications are received in the December of each fiscal year.

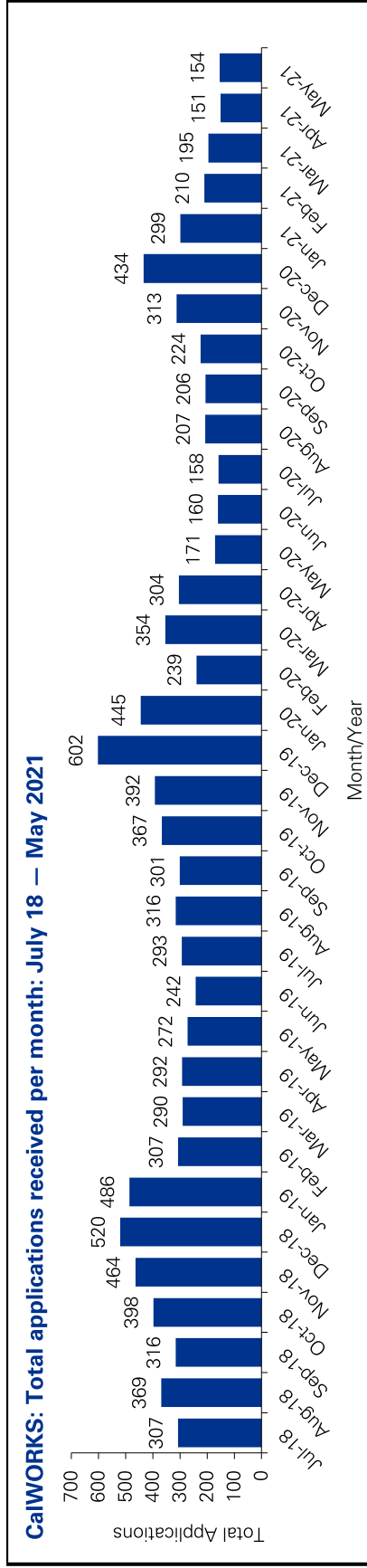


Figure 23: Source KPMG analysis of data

CalWORKs: Total Denials

The below chart illustrates total application denials for CalWORKs per month. Across each fiscal year, December and January account for the months with the highest number of application denials. On average across fiscal years, 43 percent of applications were denied in FY18-19, 48 percent in FY19-20, and 59 percent between July 2020 and May 2021.

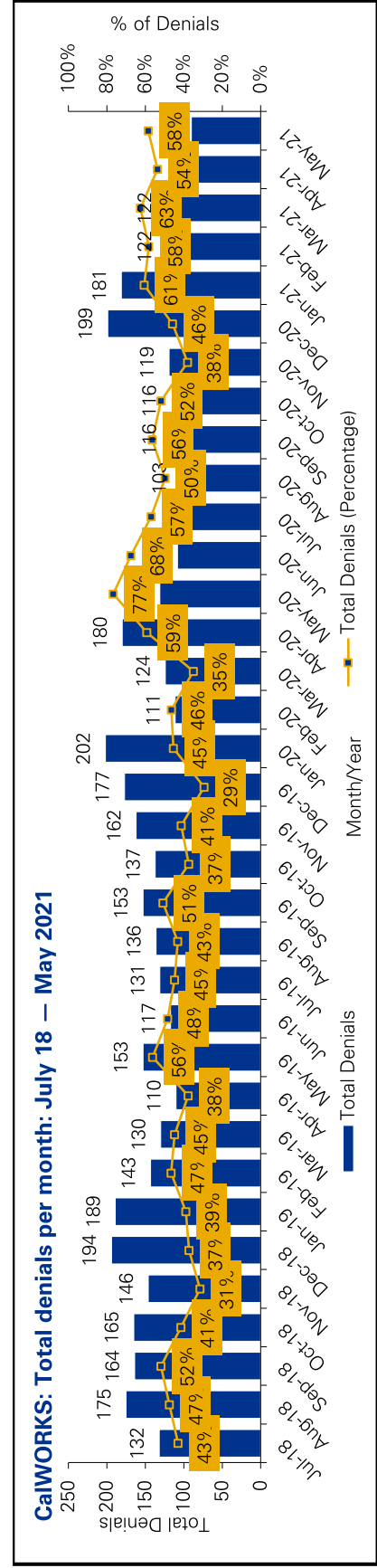


Figure 24: Source KPMG analysis of data

CalWORKs: Total Cancellations/Withdrawals

The below chart details the total percentage of application cancellations and withdrawals disposed for the CalWORKs program per month from July 2018 to May 2021. The highest percentage of cancellations and withdrawals occurred in May 2020 and July 2020 at 21 percent and 20 percent, respectively.

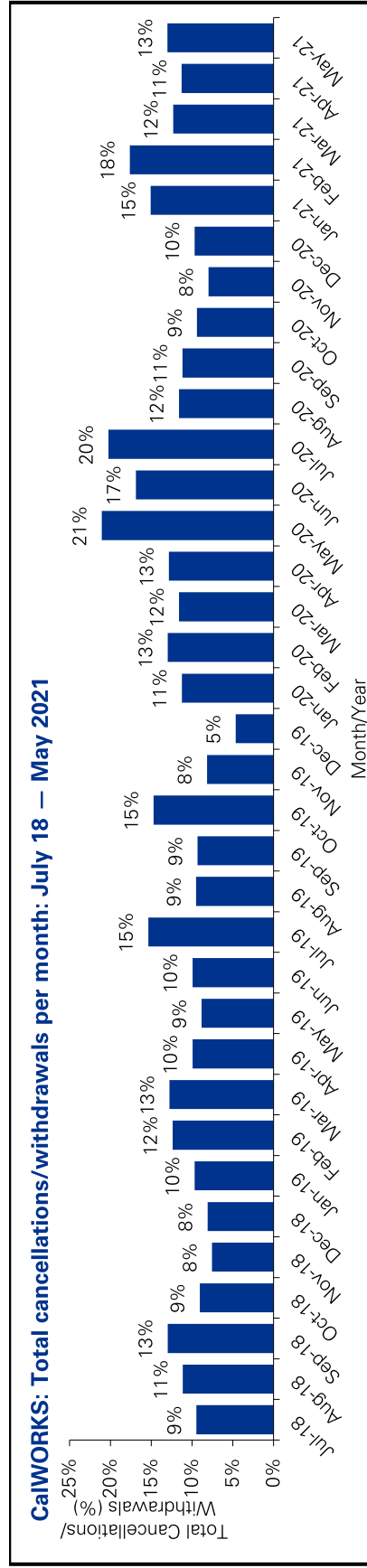


Figure 25: Source KPMG analysis of data

CalWORKs: Percentage of Total Applications Processed Timely

The below chart illustrates the percentage of total CalWORKs applications processed timely per month. Across each month analyzed, the Department consistently met its target of processing 99 percent of applications within 45 days.

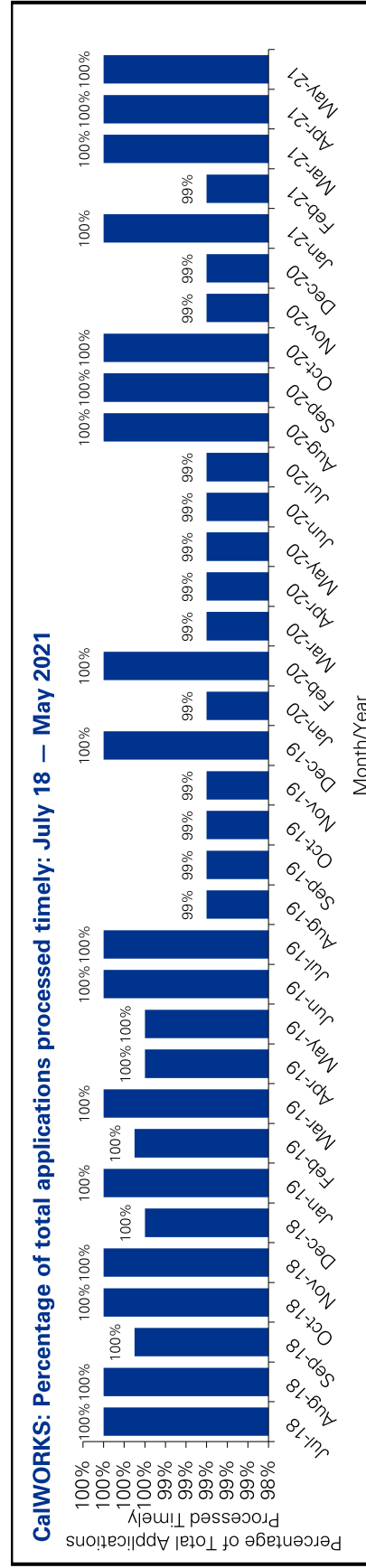


Figure 26: Source KPMG analysis of data

CalWORKs: Renewals due

The below chart compares the number of CalWORKs application renewals due, completed, and discontinued. On average, 80 percentage of all applications due for renewal are renewed.

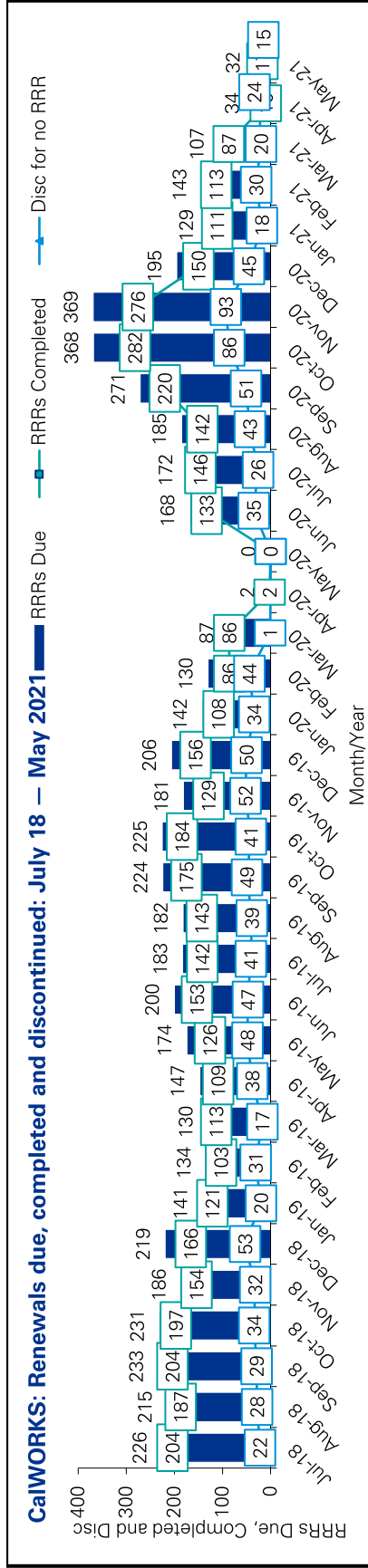


Figure 27: Source KPMG analysis of data

Total Welfare-to-Work Enrollees

The below chart outlines total Welfare-to-Work enrollees per month. The number of Welfare-to-Work enrollees has fallen from a high of 870 participants in July 2018 to a low of 571 participants in May 2021.

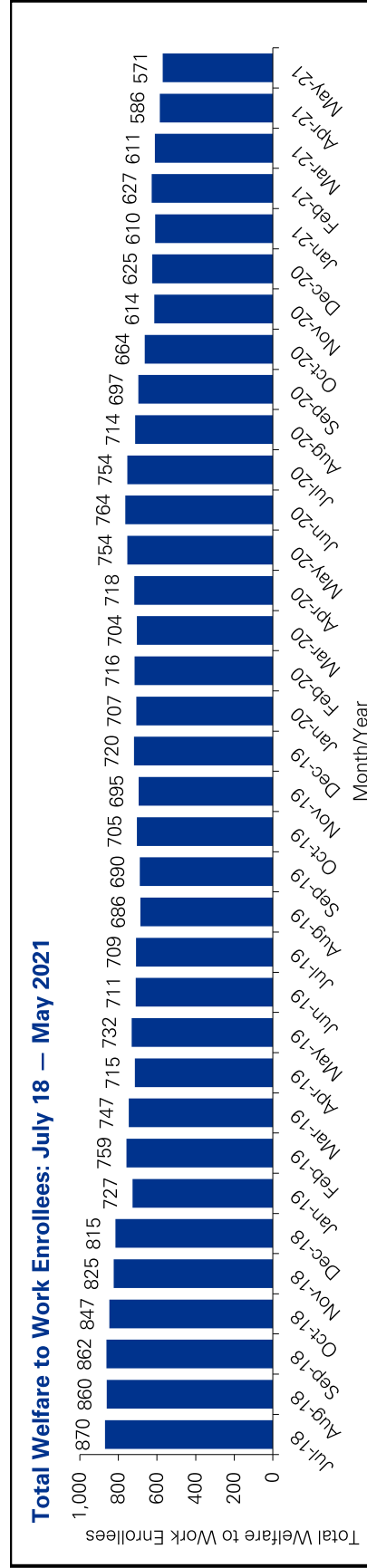


Figure 28: Source KPMG analysis of data

Welfare-to-Work Termination Due to Employment (Percentage of Total Enrollees)

The below chart illustrates the percentage of total welfare of work enrollees terminated from the program because of employment. Average monthly termination rates were approximately 3 percent to January 2020. The COVID-19 pandemic has had a negative impact on the percentage of employees terminated due to employment with the rate falling to an average of 1 percent between February 2020 and May 2021.

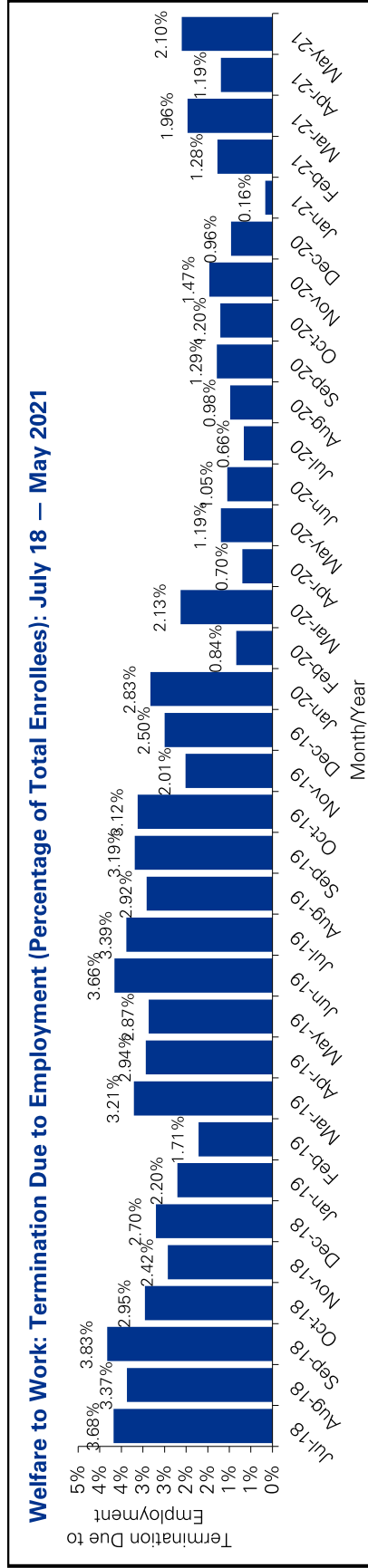


Figure 29: Source KPMG analysis of data

CalFresh: Total Cases

The below chart illustrates the total number of CalFresh cases per month. Cases continued to increase steadily between July 2018 and August 2020. There was a slight reduction in cases between September 2020 and January 2021; however, from February 2021, cases have been steadily on the rise, with a total of 25,451 cases as of May 2021.

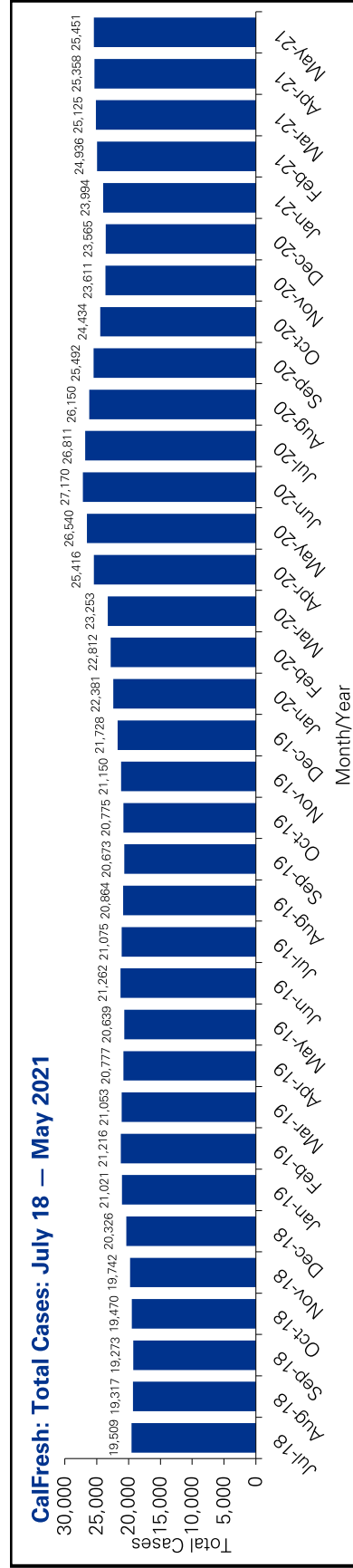


Figure 30: Source KPMG analysis of data

CalFresh Total NA and PA Cases

The below chart illustrates distribution of publicly assisted (PA) and nonpublicly assisted cases (NA). On average, 9 percent of cases were PA cases in FY18-19, rising to 15 percent in FY19-20, and 16 percent between July 2020 and May 2021.

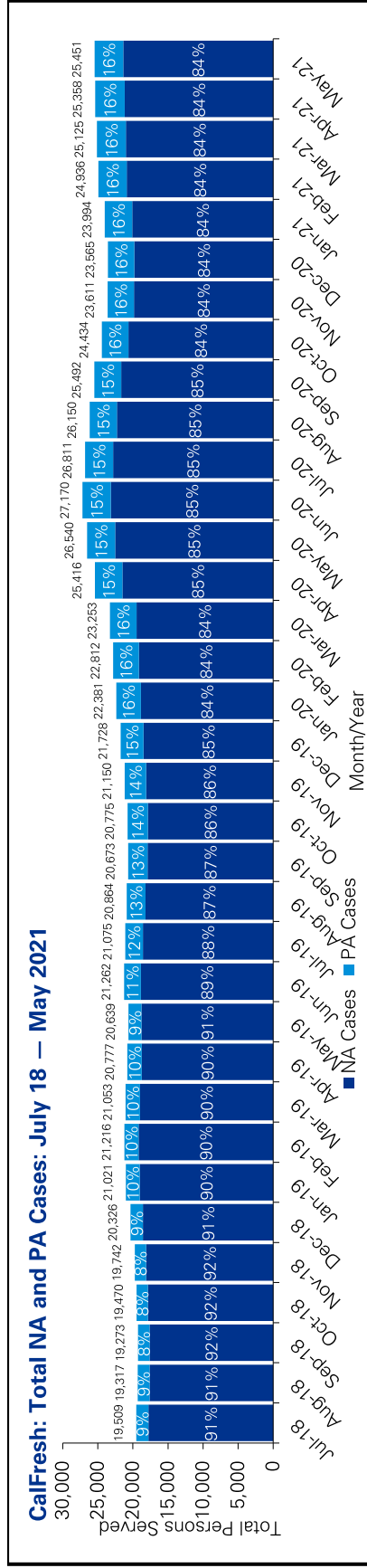


Figure 31: Source KPMG analysis of data

CalFresh Total Applications

The below chart outlines the total number of CalFresh applications received per month between July 2018 and May 2021. Between FY18-19 and FY19-20, the month of October accounted for the highest number of applications received at 3,218 and 3,147, respectively. Between July 2020 and May 2021, the highest number of CalFresh applications were received in December 2020.

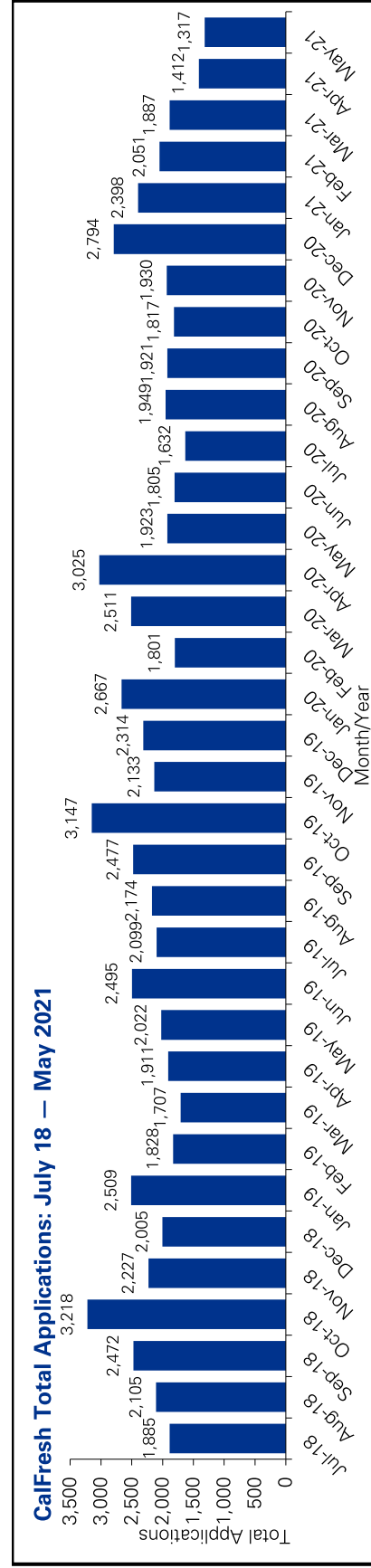


Figure 32: Source KPMG analysis of data

CalFresh Total Approvals (Percentage of Total Applications)

The below chart outlines application approvals as a percentage of total CalFresh applications. On average, 58 percent of applications were approved between July 2018 and May 2021, from a low of 42 percent in September 2018 to a high of 72 percent in February 2021.

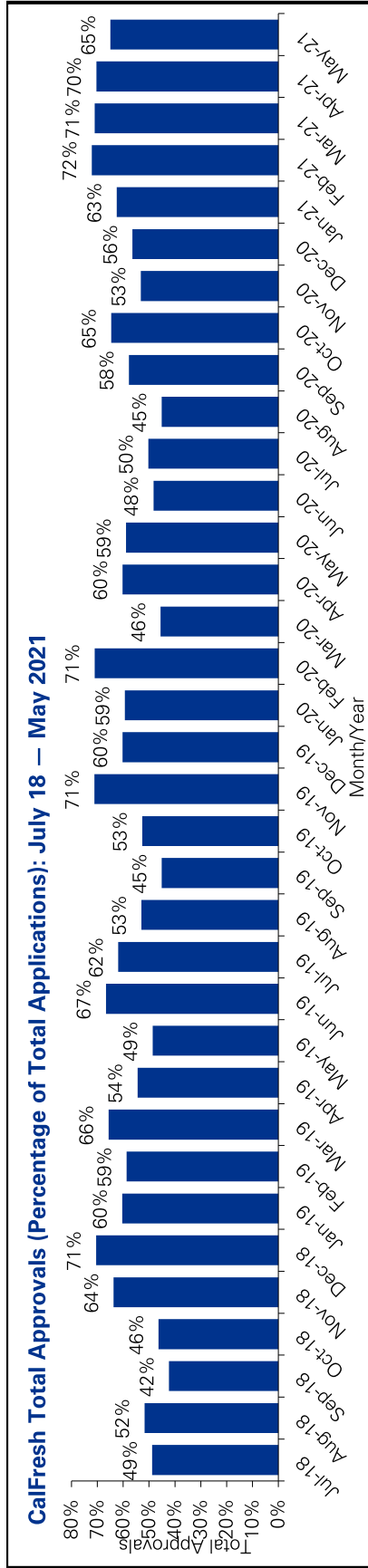


Figure 33: Source KPMG analysis of data

CalFresh: Total Denials (Percentage of Total Applications)

The below chart illustrates application denials as a percentage of total CalFresh applications. On average, 28 percent of applications were denied between July 2018 and May 2021, from a high of 52 percent in May 2020 to a low of 3 percent in November 2020.

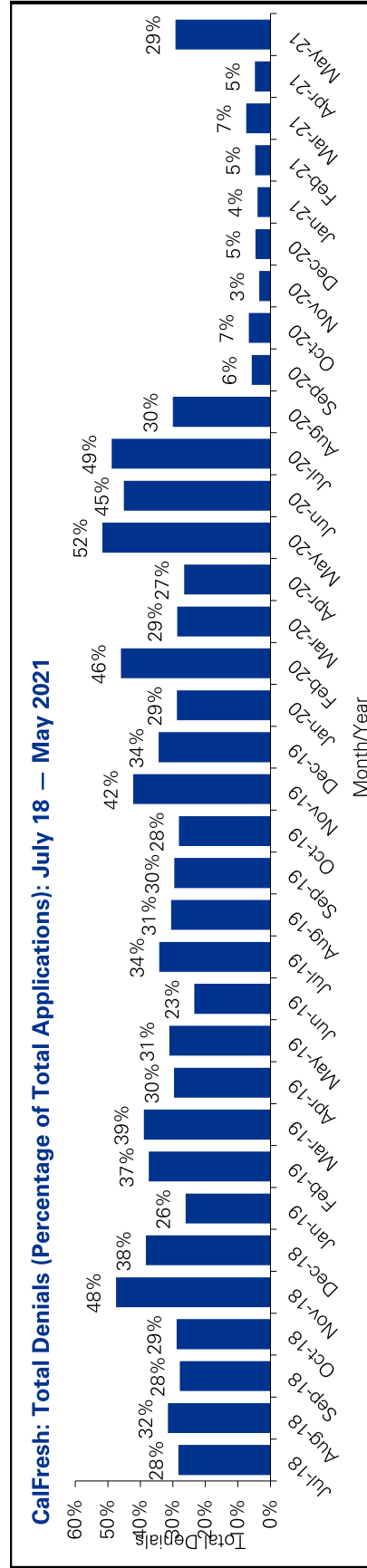


Figure 34: Source KPMG analysis of data

CalFresh Total Application Withdrawals (Percentage of Total Applications)

The below chart illustrates total application withdrawals as a percentage of total applications. On average, 5 percent of applications were withdrawn between July 2018 and May 2021, with June 2020, accounting for the month with the highest percentage of withdrawals across the data set at 12 percent.

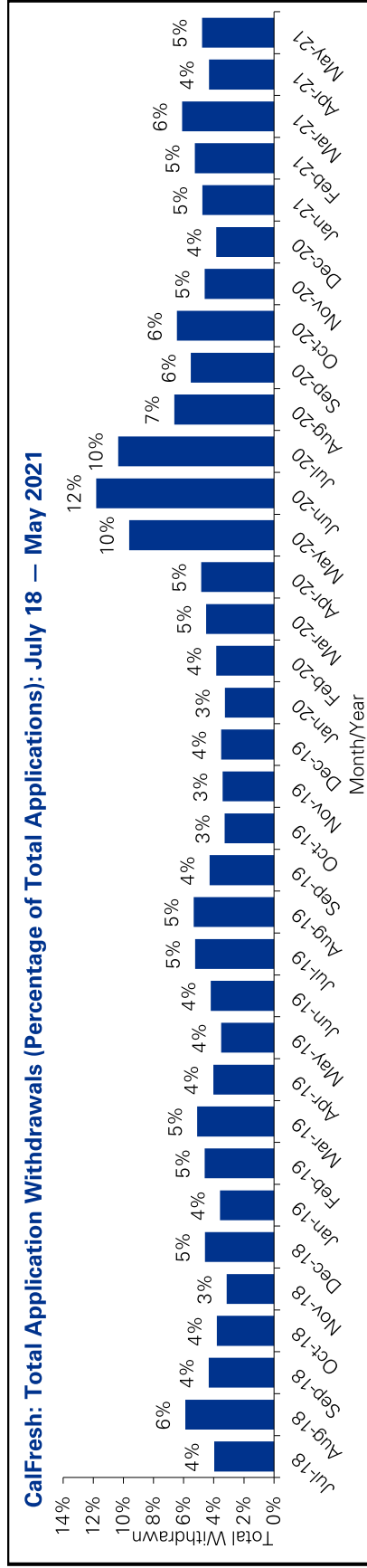


Figure 35: Source KPMG analysis of data

CalFresh Percentage of total applications processed timely

The below chart outlines the percentage of CalFresh applications processed timely. On average, between July 2018 and May 2021, an average of 91 percent of applications were processed within the state-mandated timeframe of 30 days. While the Department has met this target for every month of FY20-21, this was not the case in FY18-19 and FY19-20. In FY18-19, the Department met its monthly target for 8 out of 12 months or 66 percent. In FY19-20, the Department met its monthly target for only 4 out of 12 months or 33 percent. Based on document review, the CalFresh expansion program, which occurred in June 2019, had a negative effect on the Department's ability to process CalFresh applications timely as a result of a 20 percent increase in applications, which created a learning curve for staff members as they became familiar with the new policy.

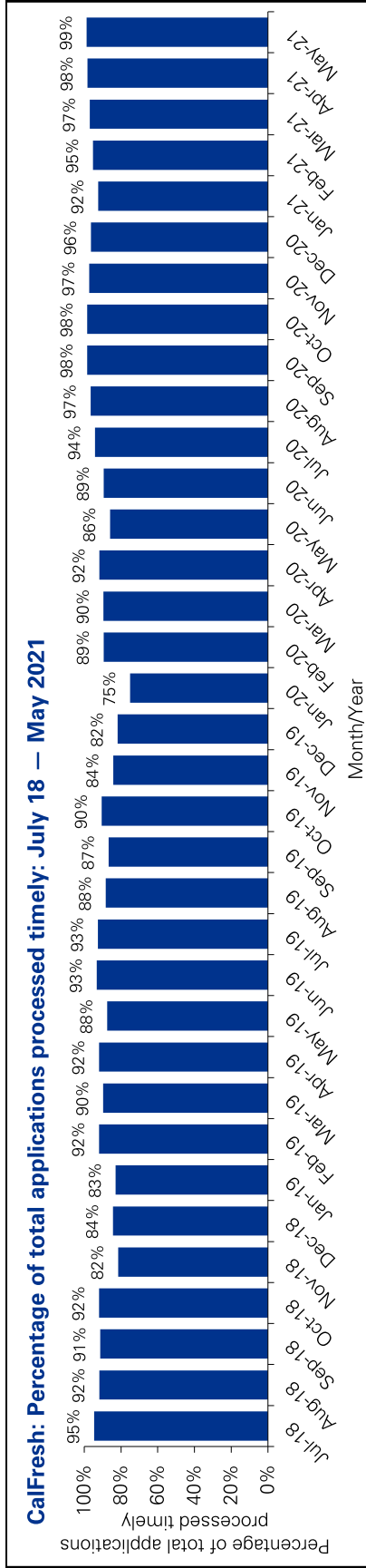


Figure 36: Source KPMG analysis of data

CalFresh Renewals due

The below chart outlines the total number of CalFresh applications due for renewal, renewed, and discontinued. On average, 85 percent of applications due for renewal were renewed between July 18 and May 2021, while 36 percent were discontinued.

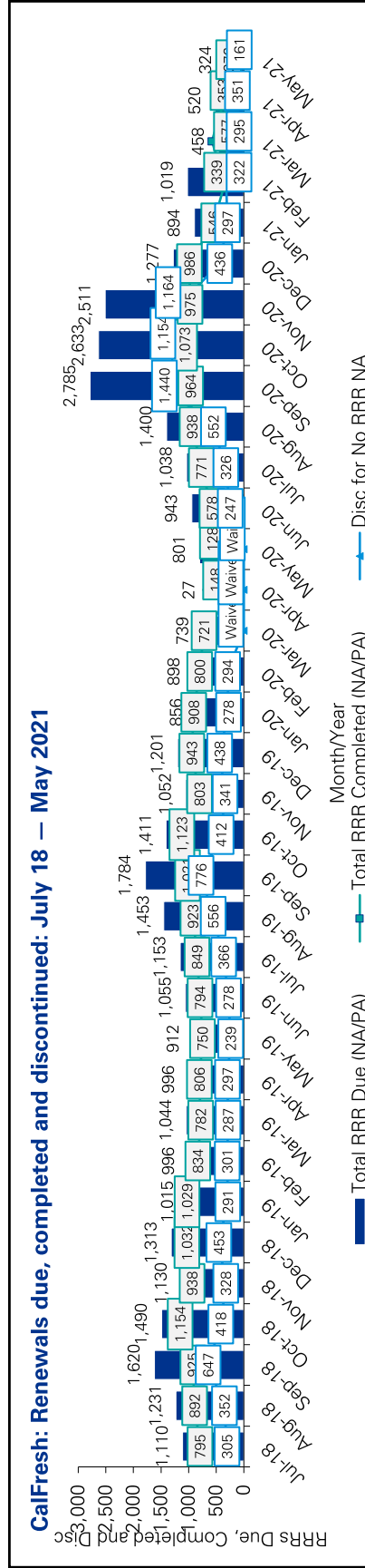


Figure 37: Source KPMG analysis of data

General Relief: Total Cases

The below chart illustrates the total number of General Relief cases per month between July 2018 and May 2021. On average, there were 444 cases per month in FY18-19, falling to 403 per month in FY19-20, and falling by 38 percent between June 2020 and May 2021 to 249 per month.

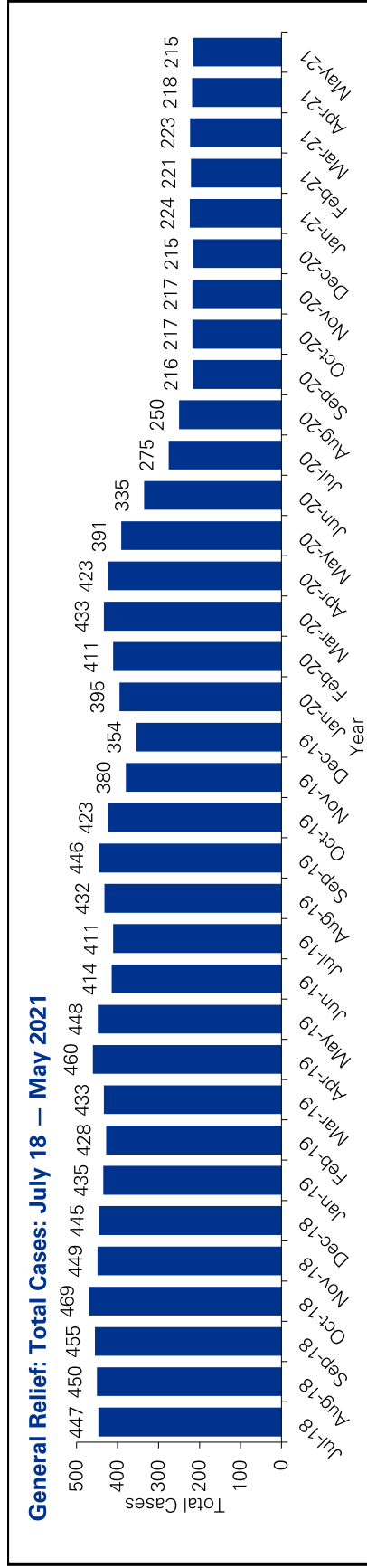


Figure 38: Source KPMG analysis of data

General Relief: Total Denials (Percentage of Total Applications)

The below chart illustrates application denials as a percentage of total General Relief applications. On average, 58 percent of all applications received were denied between July 2018 and May 2021, from a low of 36 percent in February 2020 to a high of 73 percent in March 2021.

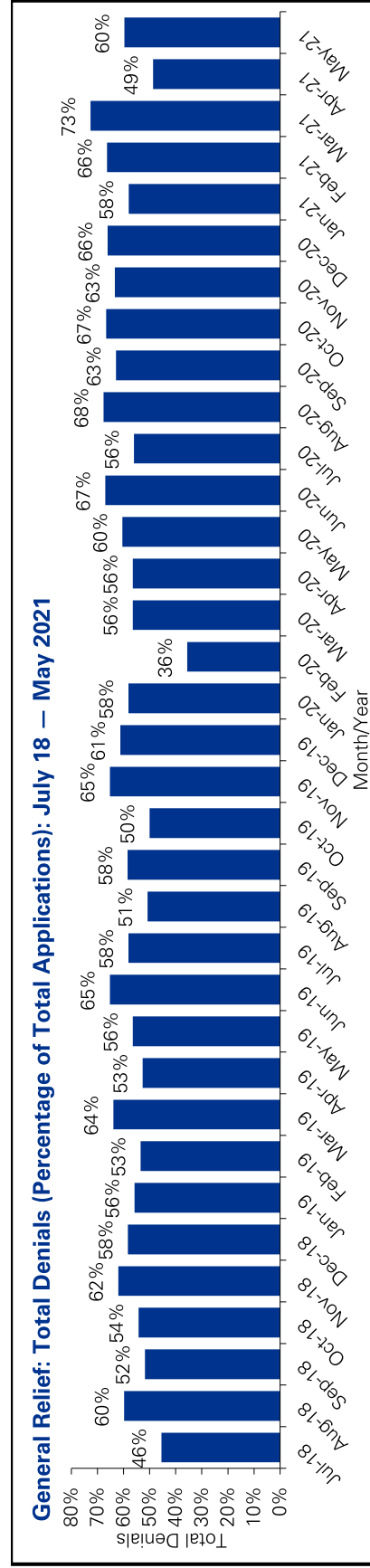


Figure 39: Source KPMG analysis of data

General Relief: Total Expenditure

The below chart illustrates total expenditure per month for the General Relief program. General relief expenditure has typically fallen steadily between July 2018 and May 2021, from a high of \$55,128 in July 2018 to a low of \$21,152 in May 2021.

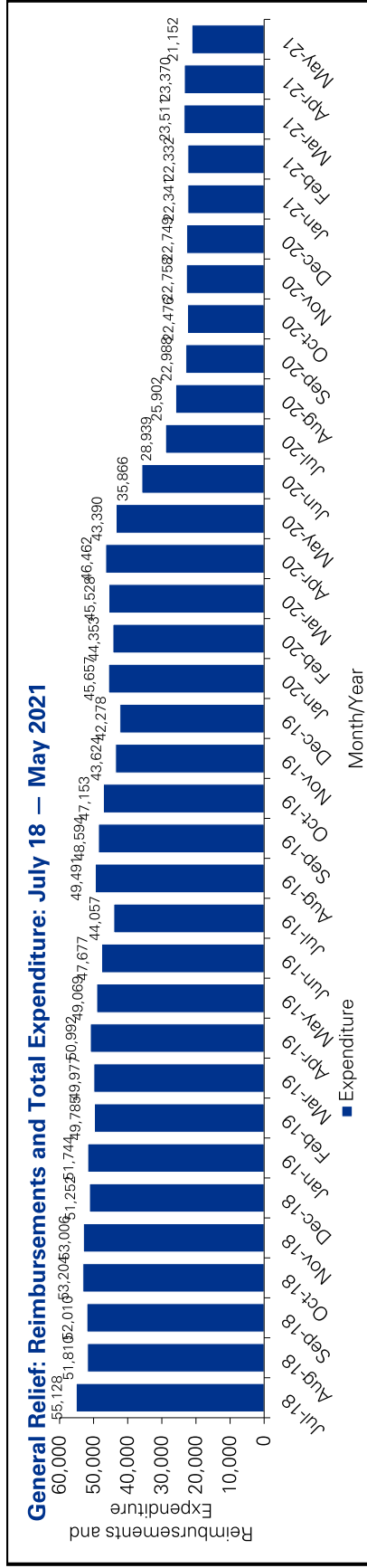


Figure 40: Source KPMG analysis of data

General Relief: Cost Per Case

The below chart outlines the average annual cost per case for the General Relief program. The average monthly cost per case has steadily decreased by approximately 10 percent over the past three fiscal years at \$115 in FY18-19, \$111 in FY19-20, and \$104 between July 2020 and May 2021.

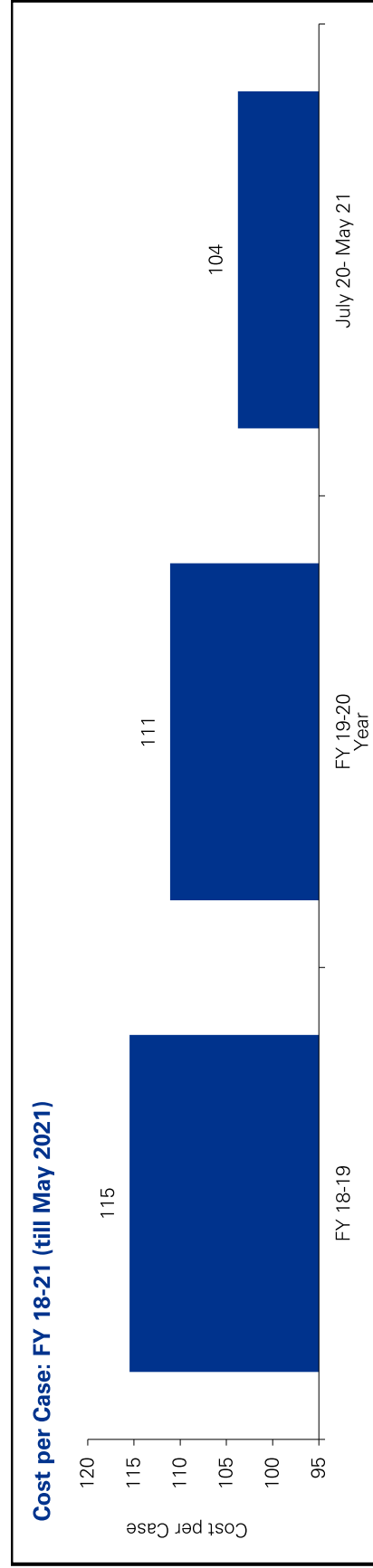


Figure 41: Source KPMG analysis of data

General Relief: Renewals due

On average, 86 percent of applications due for renewal were renewed between July 18 and May 2021, while 14 percent were discontinued.

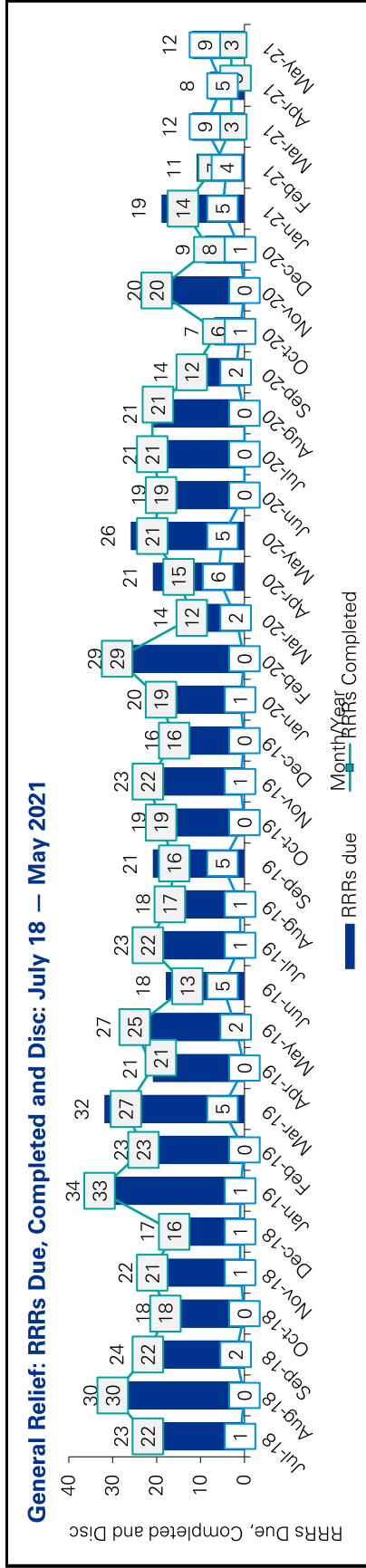


Figure 42: Source KPMG analysis of data

Medi-Cal: Total Active Cases

The below chart outlines the total active Medi-Cal cases monthly. The total number of active cases has increased steadily by approximately 16 percent from 63,214 in July 2018 to 73,819 in May 2021. This is likely due to the moratorium on negative Medi-Cal actions that came into effect in March 2020 and is discussed further in recommendation 2.3.

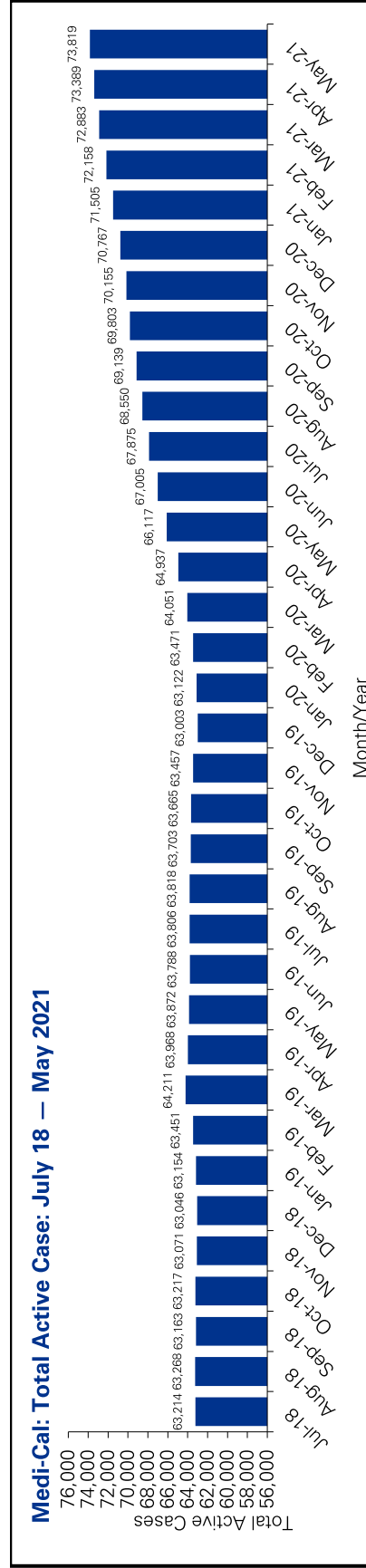


Figure 43: Source KPMG analysis of data

Medi-Cal: Total Applications

The below chart illustrates the distribution of PA and NA applications received as a percent of total Medi-Cal applications per month. On average, 94 percent of applications are NA only.

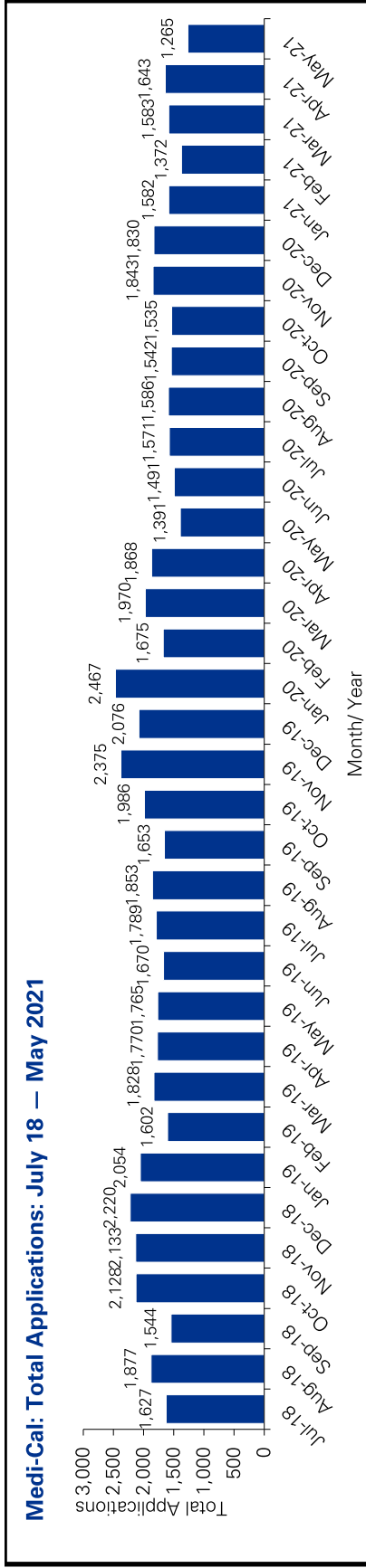


Figure 44: Source KPMG analysis of data

Medi-Cal: Total withdrawn and denied applications as a percentage of total applications

The below chart illustrates total application withdrawals as a percentage of total applications. On average, 40 percent of applications were either withdrawn or denied between July 2018 and May 2021, with May 2020 accounting for the month with the highest percentage of withdrawals and denials across the data set at 57 percent.

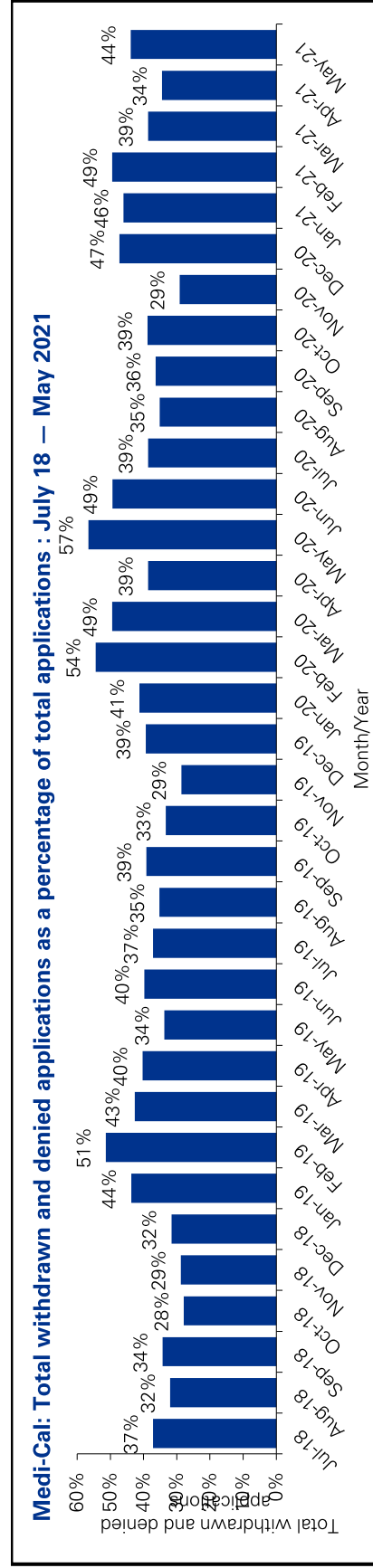


Figure 45: Source KPMG analysis of data

Medi-Cal: Renewals due

The below chart outlines the total number of Medi-Cal applications due for renewal, renewed, and discontinued. On average, 61 percent of applications due for renewal were renewed between July 18 and May 2021, while 26 percent were discontinued.

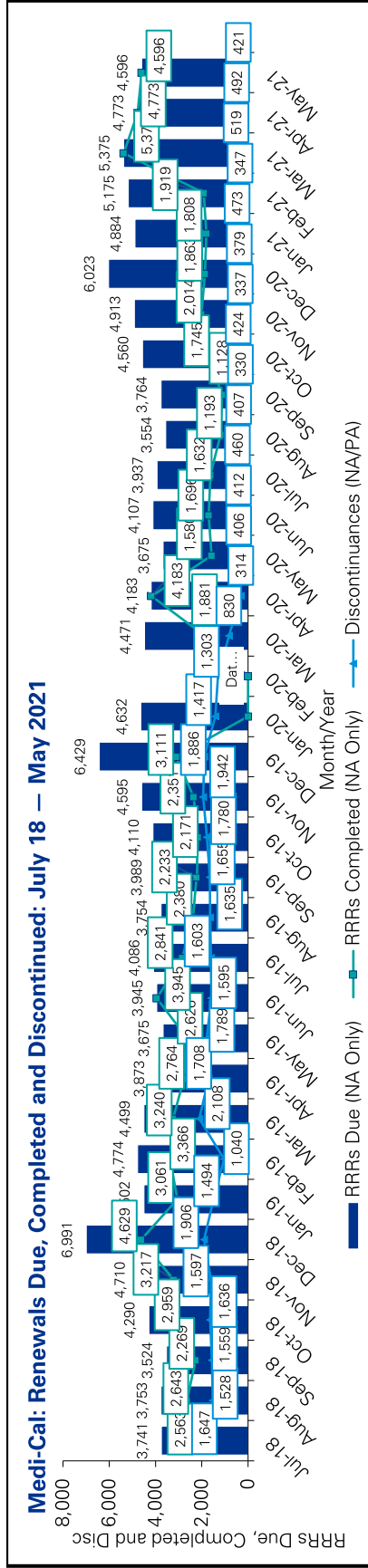


Figure 46: Source KPMG analysis of data

Appendix J: BSC Charts

The following visualizations were completed based on GNAV data provided by the Department. The data provides insight into the number of calls received and answered within the BSC per month, the number of calls abandoned, call wait times, and call duration times across each of the programs processed by the BSC, namely CalFresh and Medi-Cal, with services provided in both English and Spanish.

Number of Calls Answered in the BSC per month

The below chart illustrates the number of total calls answered in the BSC per month between FY 18-19 and FY20-21. Across FY 18-19 and FY 19-20, the highest call volume was experienced in January. In FY20-21, call volume has reduced by an average of approximately 4,600 per month, likely because of the moratorium placed on Medi-Cal negative actions as discussed in recommendation 2.3.

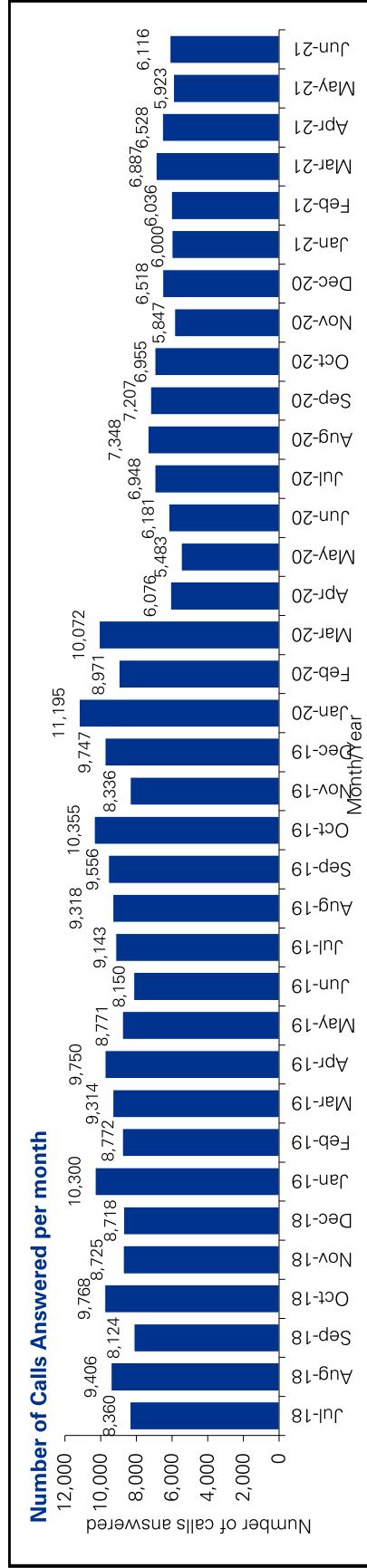


Figure 47: Source KPMG analysis of data

Percentage of Calls Received per month versus the Percentage of Calls Answered per Month

The below chart illustrates the percentage of calls received in the BSC versus the percentage of calls answered. Unanswered calls relate to those calls that are abandoned by clients before reaching a call taker. Across FY18-19 and FY19-20, the highest percentage of calls were answered in July. In FY20-21, the highest percentage of calls were answered in May 2021 at 92 percent.

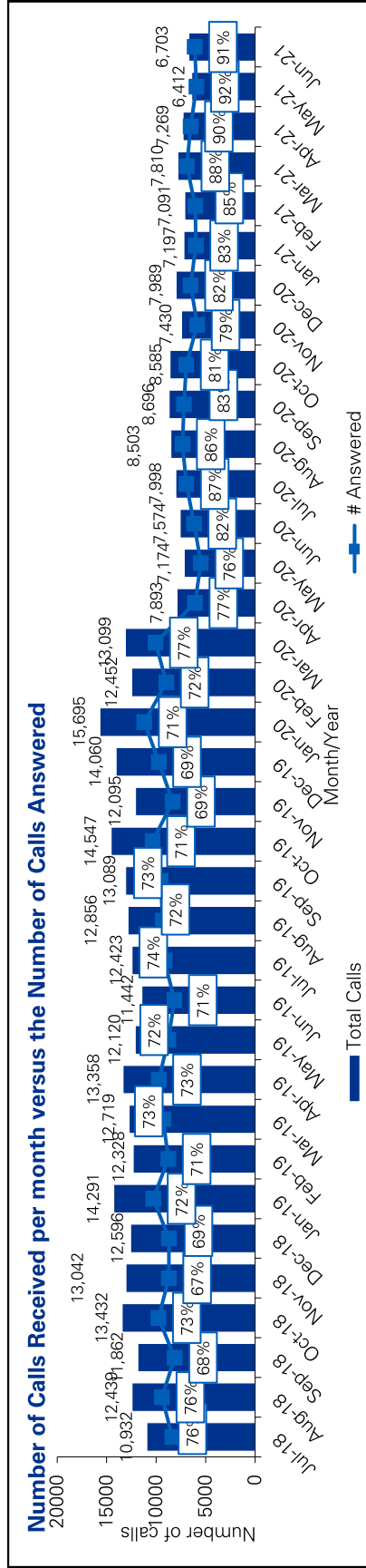


Figure 48: Source KPMG analysis of data

Percentage Calls Abandoned per month

The below chart illustrates the percentage of total calls received in the BSC versus the number of calls abandoned by the client. The highest percentage of calls are typically abandoned in November of each fiscal year at 33 percent, 31 percent, and 21 percent, across FY18-19, FY19-20, and FY20-21, respectively.

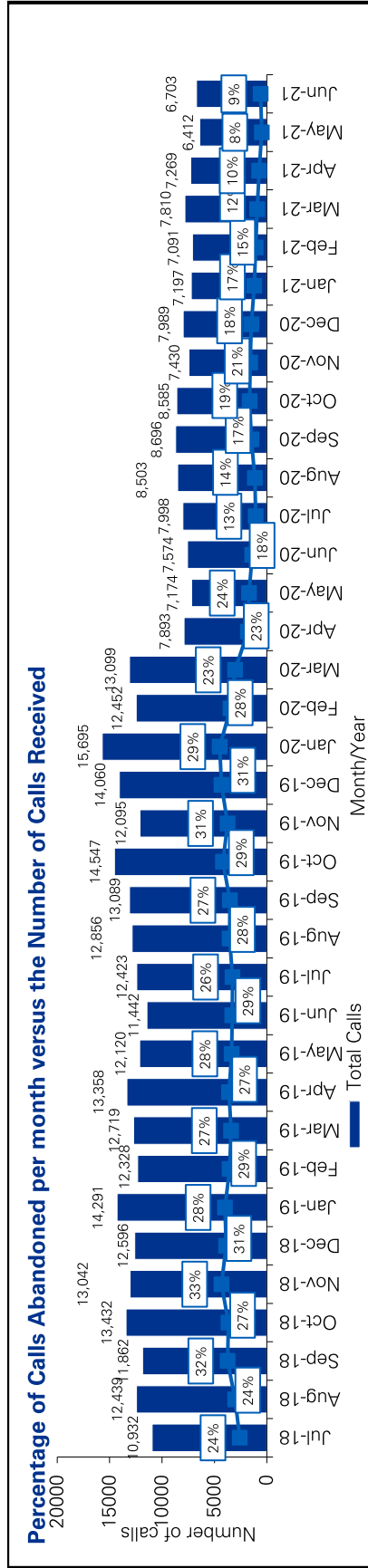


Figure 49: Source KPMG analysis of data

Number of Calls Answered per Program per month

The below chart outlines the number of calls answered per program per month between FY 18-19 and FY20-21. The highest number of Medi-Cal calls requiring both English- and Spanish-speaking services were received in January of each fiscal year for both FY 18-19 and FY19-20. Likely due to the moratorium on Medi-Cal negative actions, the number of Medi-Cal calls fell by an approximate average of 3,500 per month in FY20-21 as compared to FY 18-19 and FY19-20. In FY18-19, The highest number of CalFresh calls requiring English-speaking services were received in January 2019, while in FY19-20, the highest volume was received in October 2019 and in FY20-21, the highest volume was received in August in August 2020. For Spanish-speaking CalFresh calls, the months across each fiscal year with the highest number of calls were January 2019, January 2020, and December 2020, respectively.

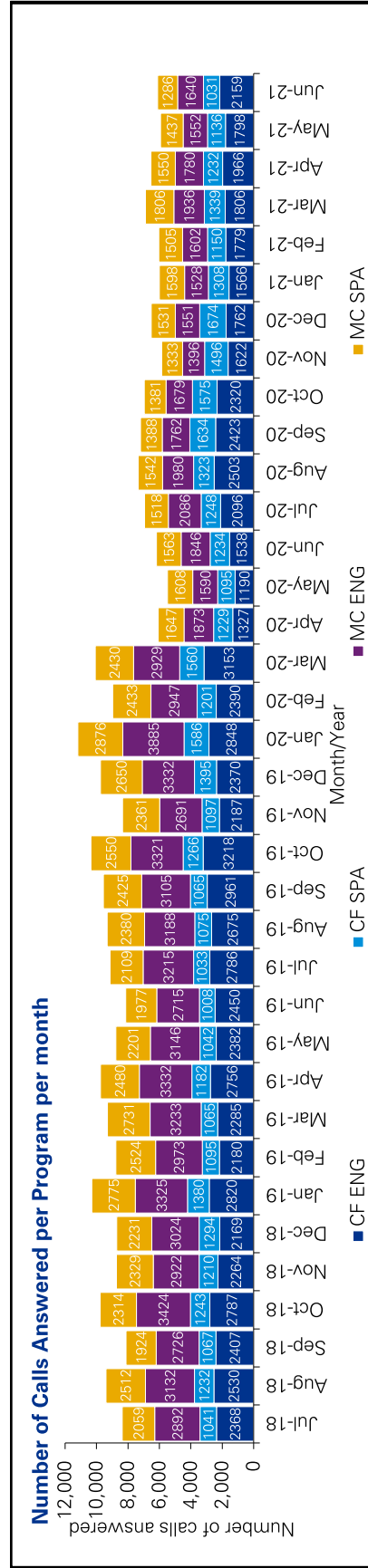


Figure 50: Source KPMG analysis of data

Percentage of Abandoned Calls per Program

The following charts identify the percentage of abandoned calls across each program bifurcated based on whether Spanish- or English-speaking services are required.

Calls received requesting CalFresh English-speaking services on average had an abandonment rate of 19 percent across FY 18–19, FY 19–20, and FY20–21. Call abandonment rates have fallen from a high of 27.9 percent in October 2018 to a low of 6.6 percent in May 2021.

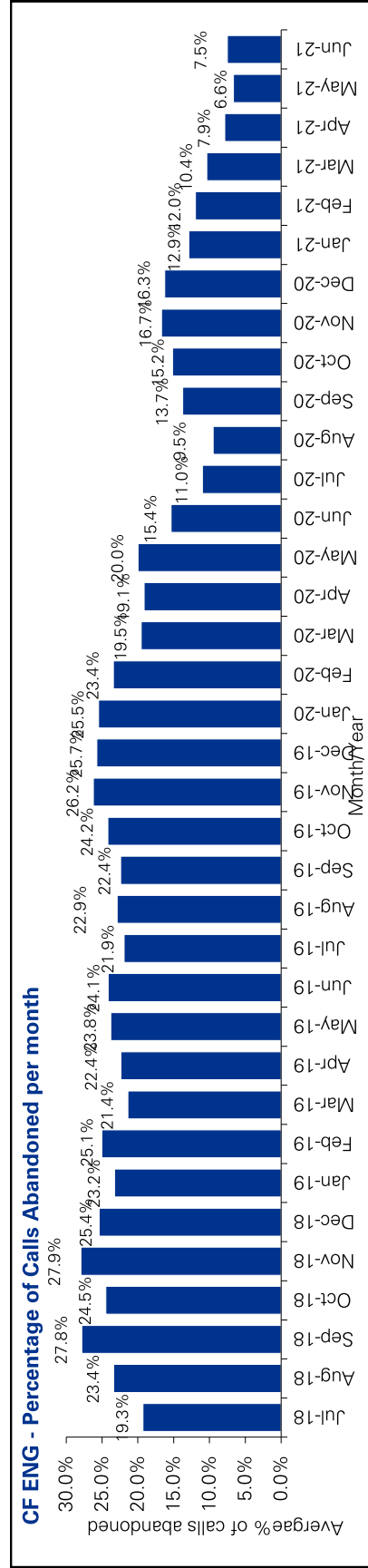


Figure 51: Source KPMG analysis of data

Calls received requesting CalFresh Spanish-speaking services on average had an abandonment rate of 23 percent across FY 18–19, FY 19–20, and FY20–21. Call abandonment rates have fallen from a high of 35.5 percent in November 2018 to a low of 6.9 percent in June 2021.

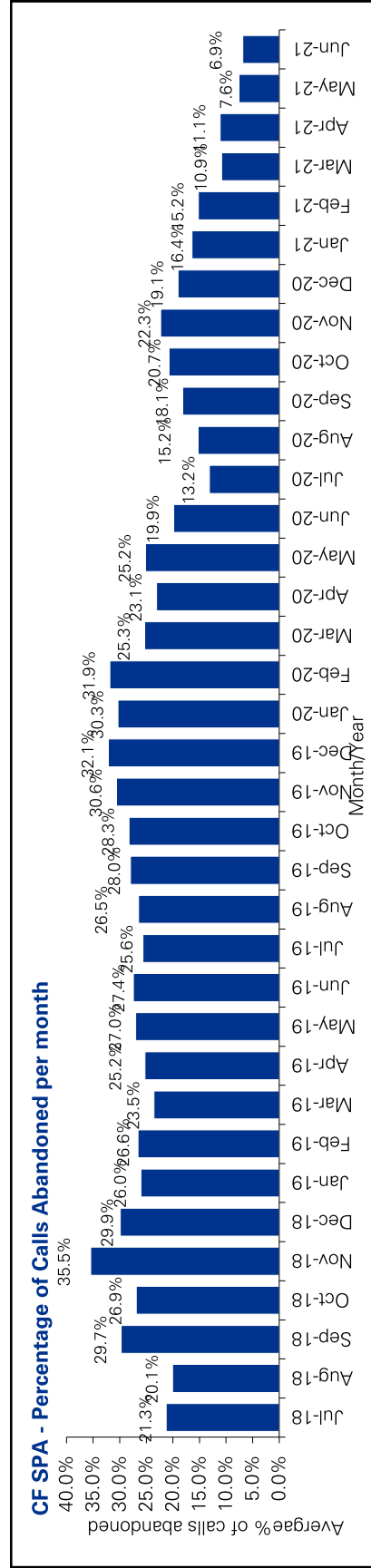


Figure 52: Source KPMG analysis of data

Calls received requesting Medi-Cal English-speaking services on average had an abandonment rate of 24 percent across FY 18–19, FY 19–20, and FY20–21. Call abandonment rates have fallen from a high of 35 percent in November 2018 to a low of 8.2 percent in May 2021.

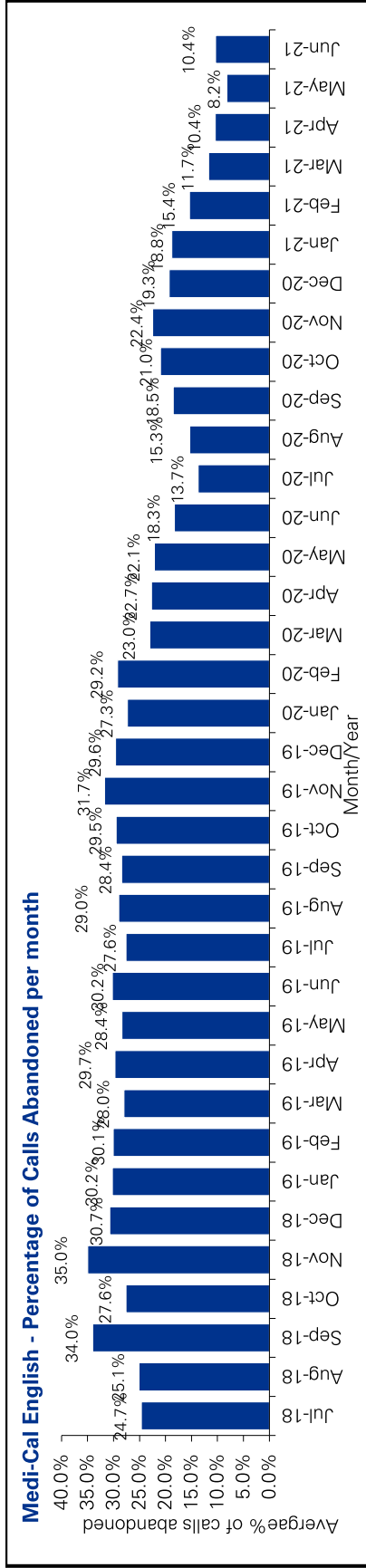


Figure 53: Source KPMG analysis of data

Calls received requesting Medi-Cal Spanish-speaking services on average had an abandonment rate of 26 percent across FY18–19, FY19–20, and FY20–21. Call abandonment rates have fallen from a high of 35.8 percent in December 2018 to a low of 8.3 percent in May 2021.

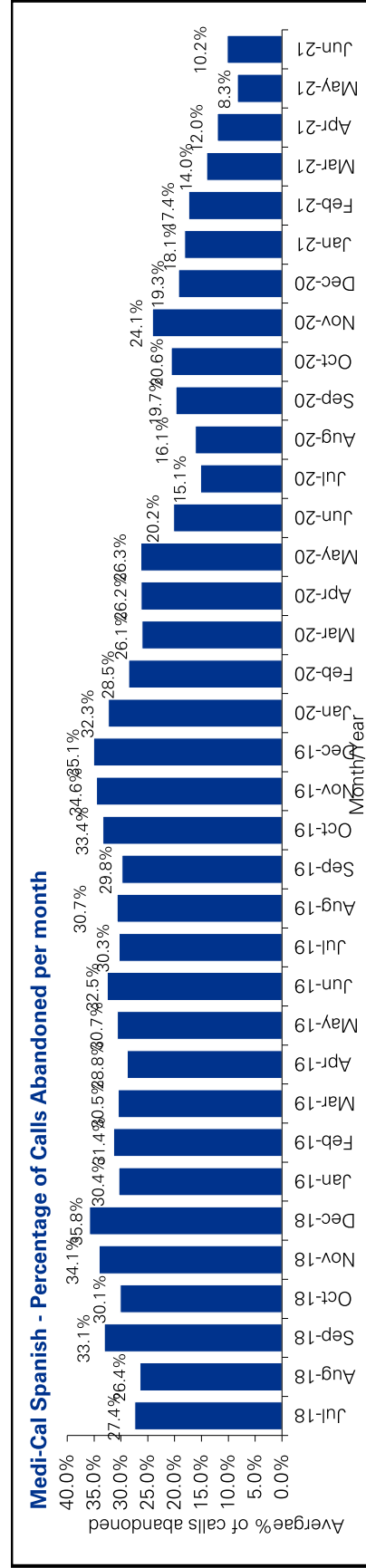


Figure 54: Source KPMG analysis of data

Average Call Duration per Call per month

The following charts identify the total average call duration across all programs for which services are provided in the BSC.

In FY18-19, across all programs the highest average call duration was 8.3 minutes, with this duration being 8.9 minutes in FY19-20, and 9.8 minutes in FY20-21.

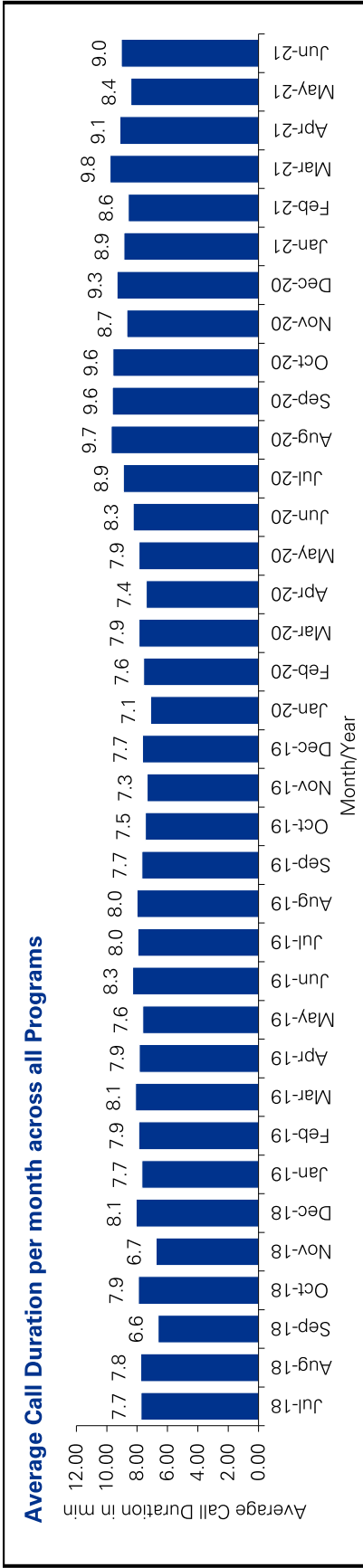


Figure 55: Source KPMG analysis of data

The below chart outlines the relationship between call volume and call duration. As illustrated below, in FY20-21, call volume decreased significantly likely due to the moratorium on Medi-Cal negative actions, and this has had the effect of increasing average call duration per call.

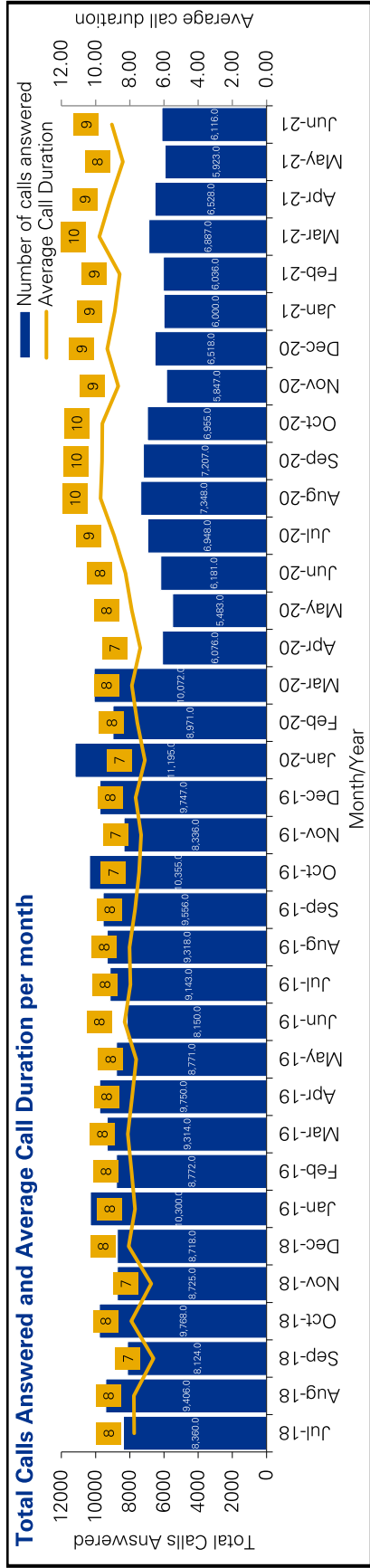


Figure 56: Source KPMG analysis of data

Average Call Duration per Call per month per Program

The following charts identify the average total average call duration bifurcated by program between FY18-19 and FY20-21.

In FY18-19, the highest average call duration for CalFresh calls requiring English-speaking services was 7.8 minutes, with this duration being 8 minutes in FY19-20, and 10.5 minutes in FY20-21.

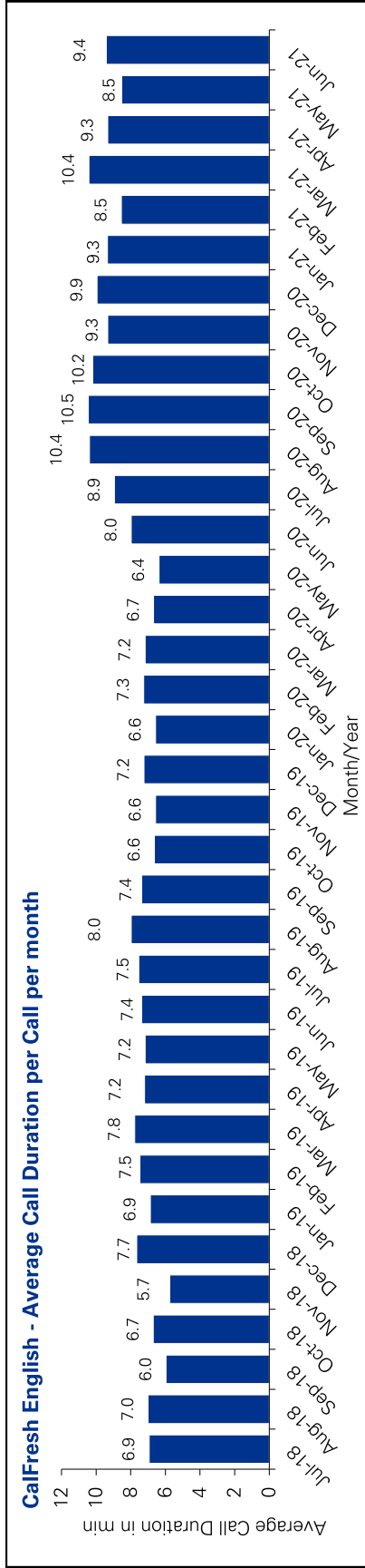


Figure 57: Source KPMG analysis of data

In FY18-19, the highest average call duration for CalFresh calls requiring Spanish-speaking services was 8.6 minutes, with this duration also being 8.6 minutes in FY19-20, and 10 minutes in FY20-21.

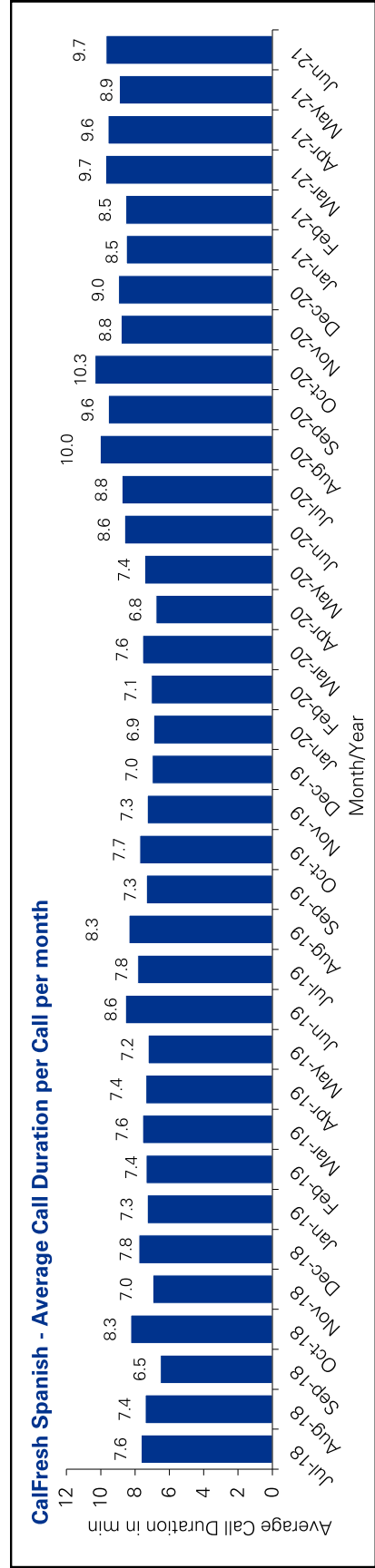


Figure 58: Source KPMG analysis of data

In FY18-19, the highest average call duration for Medi-Cal calls requiring English-speaking services was 8.5 minutes, with this duration being 8.4 minutes in FY19-20, and 9.4 minutes in FY20-21.

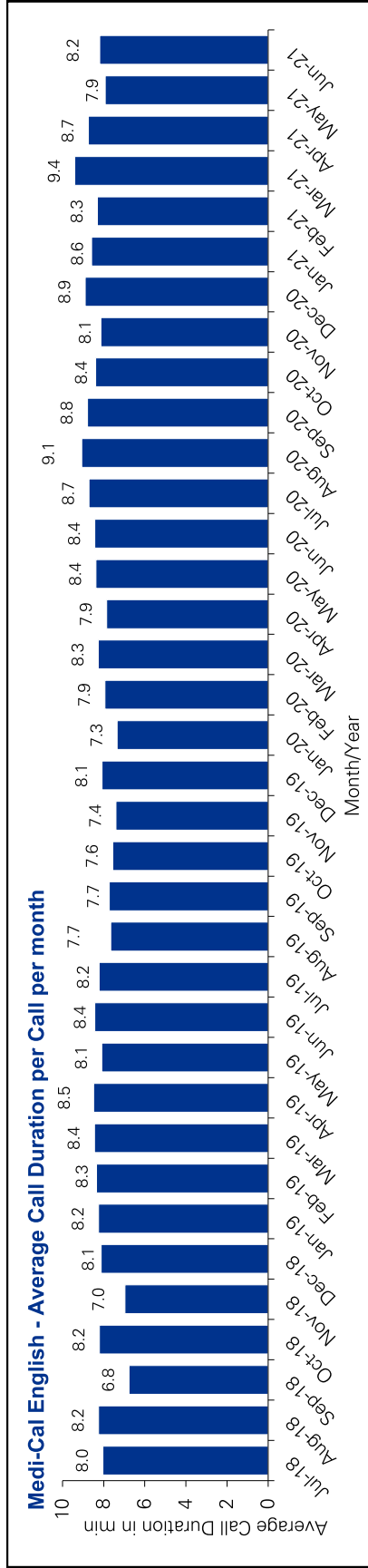


Figure 59: Source KPMG analysis of data

In FY18-19, the highest average call duration for Medi-Cal calls requiring Spanish-speaking services was 8.8 minutes, with this duration being 9.3 minutes in FY19-20, and 9.7 minutes in FY20-21.

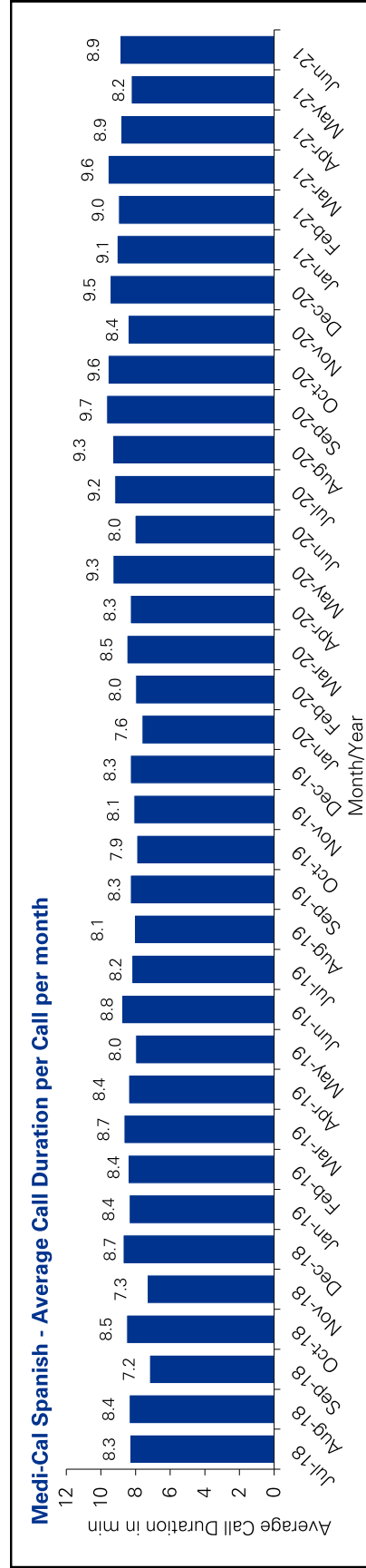


Figure 60: Source KPMG analysis of data

Average Number of Calls received per day of the week

The below chart illustrates that the highest average number of calls received across all programs are answered on Mondays and Tuesdays, with an average of 408 calls answered on Mondays and 399 calls on Tuesdays. Due to data limitations, it was not possible to identify the average number of calls answered per hour of day to identify peak call times.

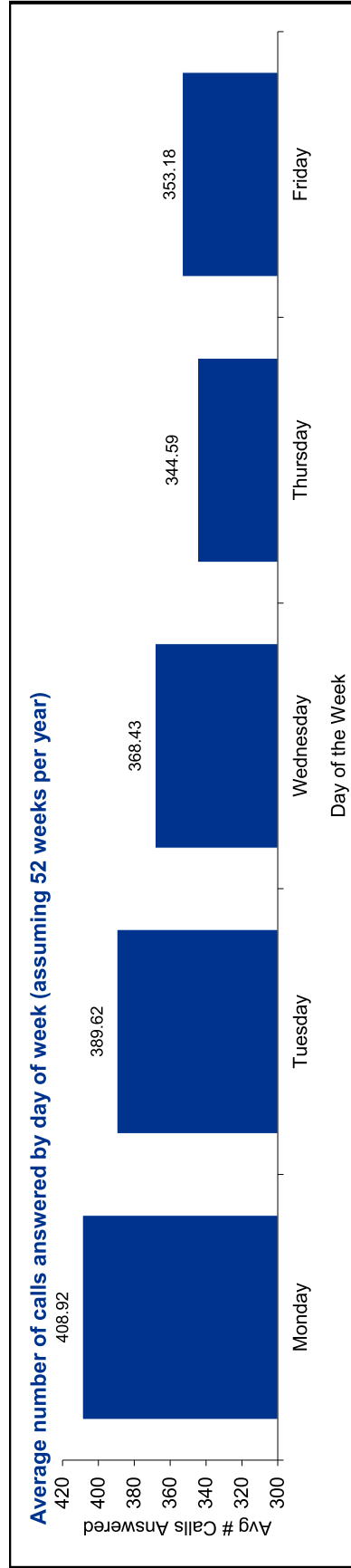


Figure 61: Source KPMG analysis of data

Average Speed of Service across all Programs per month

The below chart illustrates the average speed of services or call wait times across all programs. Across FY18-19, FY19-20, and FY20-21, clients waited an average of 60 minutes to receive service. Call times fell significantly in FY20-21, with the lowest call wait time of 11.8 minutes being experienced in May 2021. The significant fall in call wait times in FY20-21 is likely largely due to the moratorium on Medi-Cal negative orders, which has resulted in a drop of an average of approximately 3,500 calls a month.

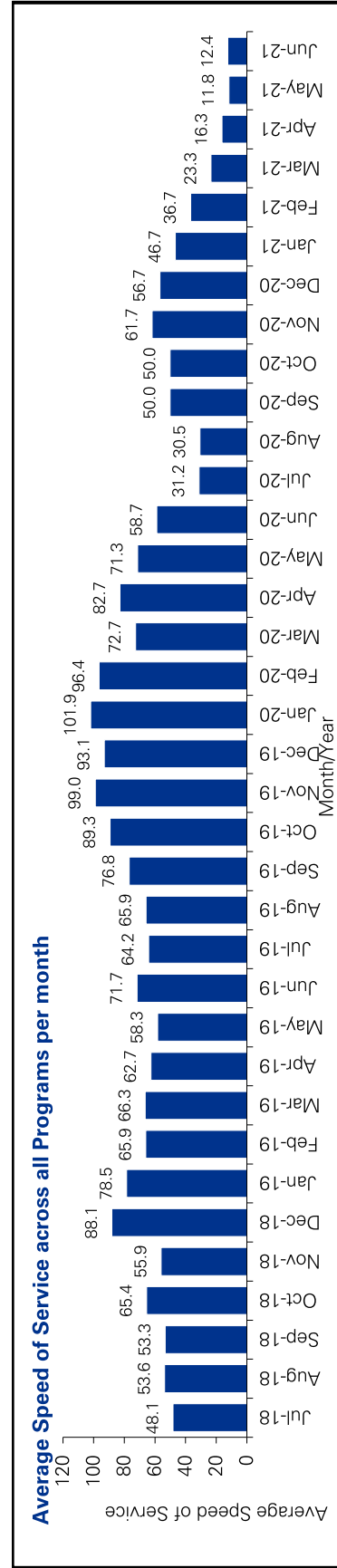


Figure 62: Source KPMG analysis of data

Average Longest Call Wait time across all Programs per month

The below chart illustrates the average single longest call wait time per month across all programs. In FY18-19, the longest call wait time experienced by a client was 125.1 minutes, rising to 135.1 minutes in FY19-20, and falling to 99.4 minutes in FY20-21.

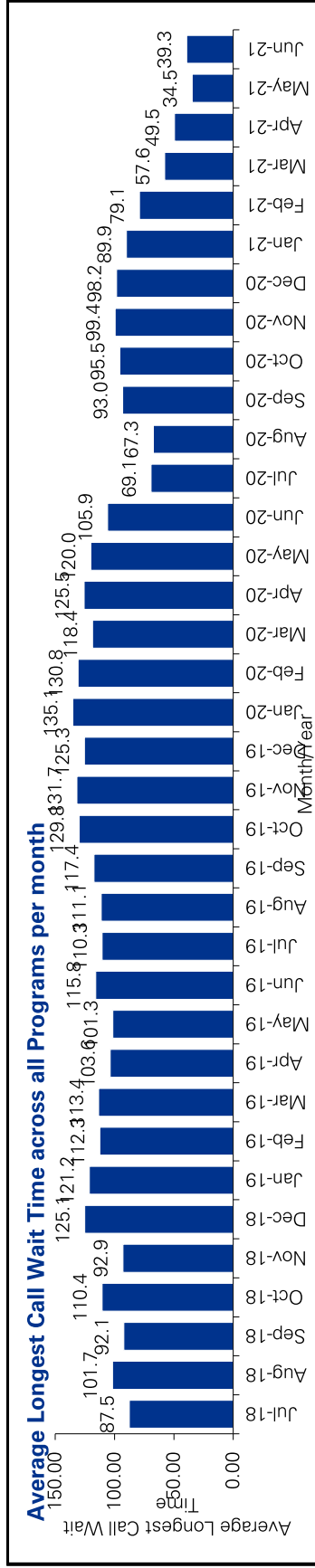


Figure 63: Source KPMG analysis of data

TMT Data Analysis

The visualizations on the following pages were completed based on TMT data provided by the Department. The data provides insight into the number of tasks completed per month, average time to completion, and task types completed as a percentage of total.

Number of tasks completed per month

The below chart illustrates the number of tasks completed per month across all programs. On average, approximately 10,000 tasks were completed per month between FY18-19 and FY20-21, with the maximum number of tasks completed in July 2019 at 20,492.

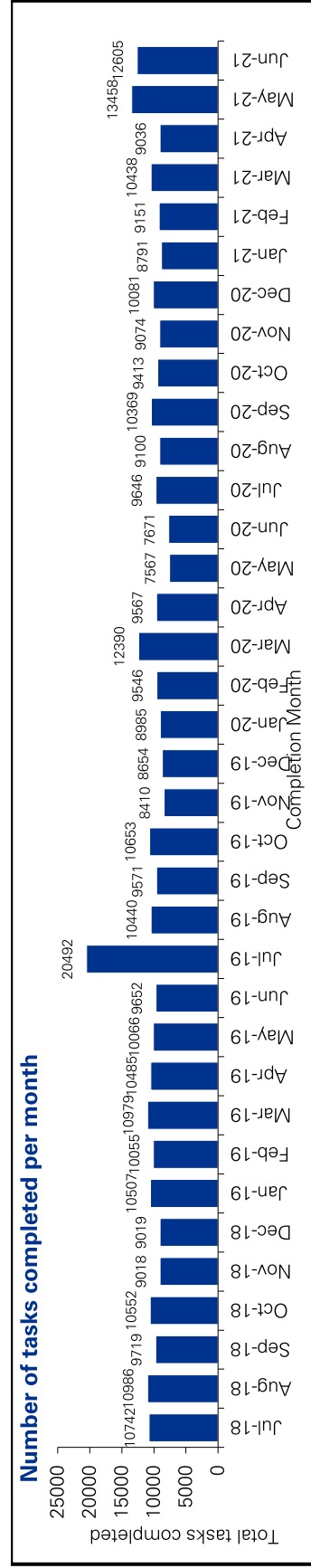


Figure 64: Source KPMG analysis of data

Average time period between task assigned and completed date

The below chart illustrates the average number of days between task assigned and task completion date. On average, tasks took approximately 123 days to complete in FY18-19, 122 days in FY19-20, increasing to 146 days to complete in FY20-21 with May 2021 accounting for the maximum time period between task assigned and completion date at 231 days.

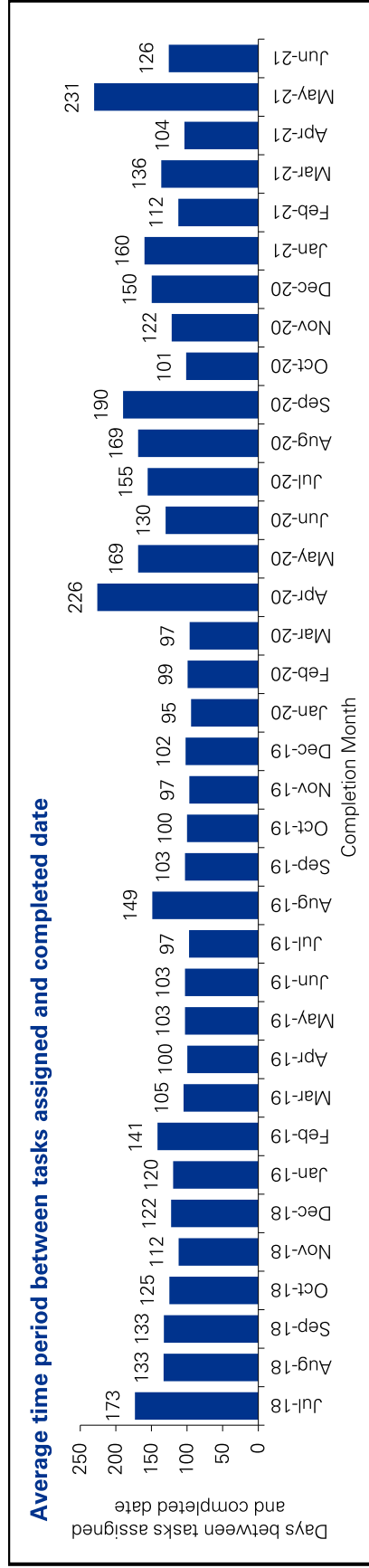


Figure 65: Source KPMG analysis of data

Percentage of tasks completed within the target timeframe

The below chart illustrates the percentage of tasks completed by the assigned target date in TMT. On average, 25 percent of tasks were completed by the assigned date in FY18-19, increasing to 26 percent in FY19-20 and falling to 24 percent of tasks completed by the assigned target date in FY20-21.

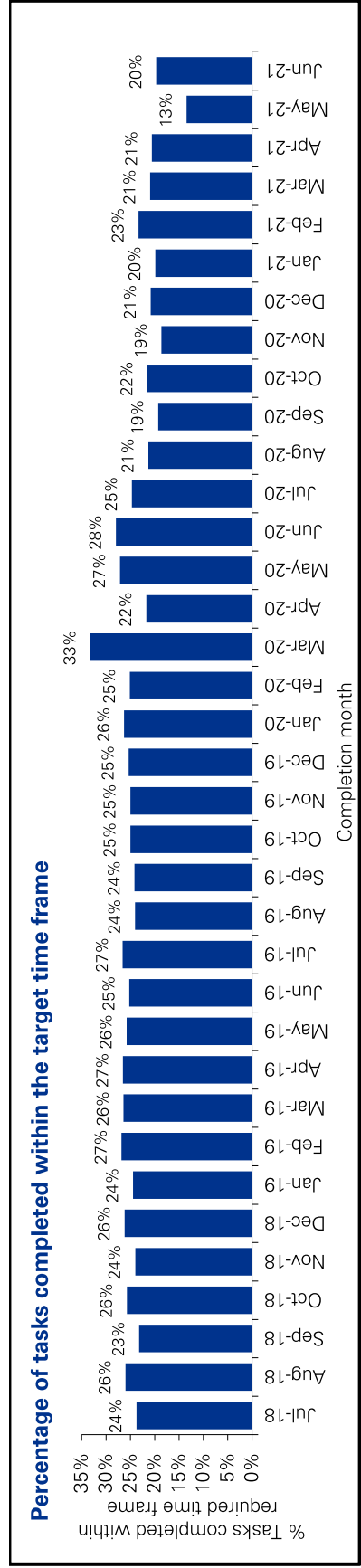


Figure 66: Source KPMG analysis of data

Task type as a percentage of total tasks per month

The below chart illustrates the top 10 tasks completed as a percentage of total tasks per month. Task types "SAR 7" and "MAGI RRR" are typically the most frequently completed tasks across FY18-19 and FY20-21.

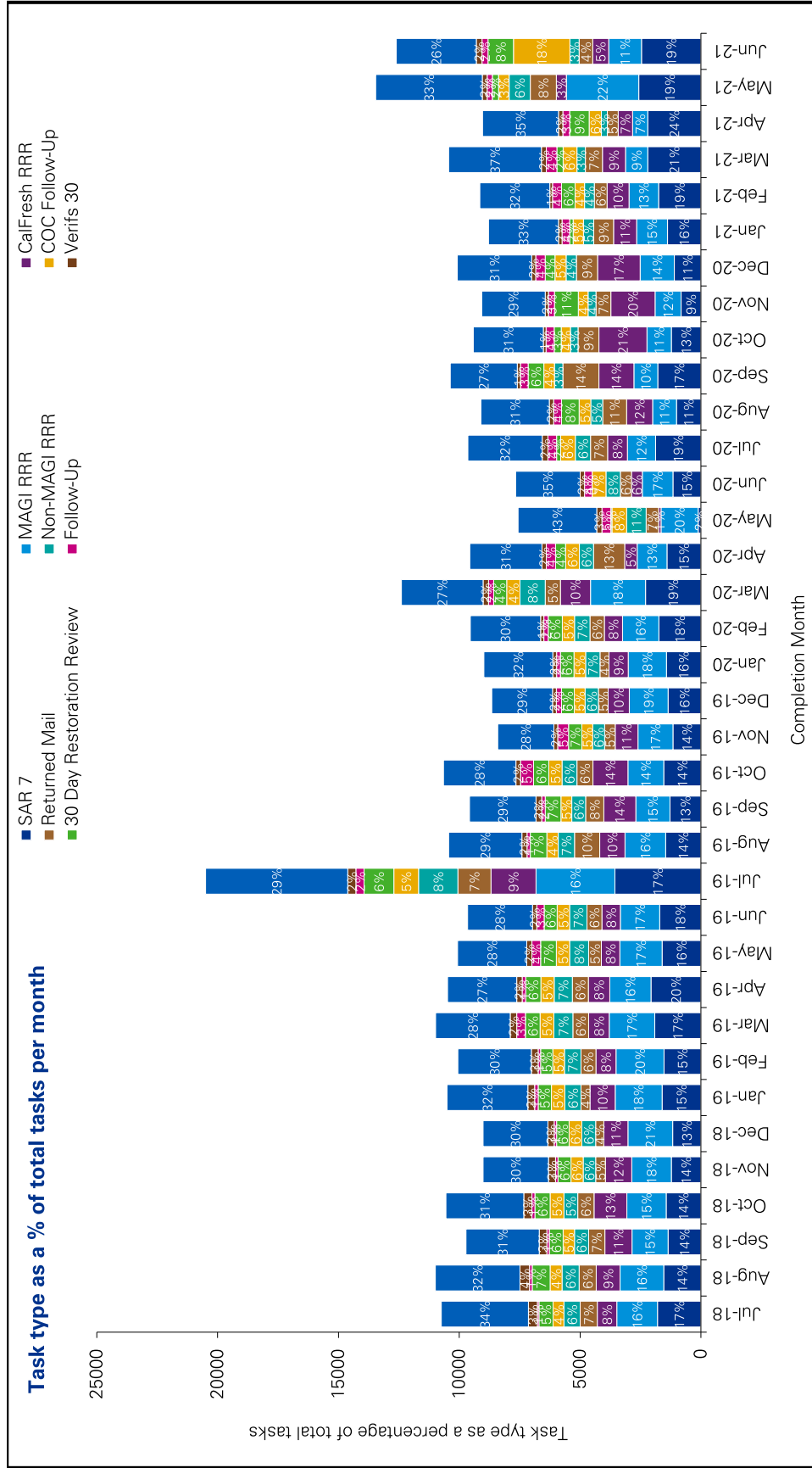


Figure 67: Source KPMG analysis of data

Appendix K: APS Charts

The following visualizations were completed based on data provided by the APS Division. The data provides insight into the number of reports received across regions per month, the number of reports referred to investigation per month, the number of investigations completed per month, and caseloads per region between FY18-19 and FY20-21.

Number of Reports received per month by Report Type

The below chart identifies the number of reports received per month across APS between FY18-19 and FY20-21. On average, the Division receives approximately 280 reports a month with approximately 74 percent resulting in referral for investigation.

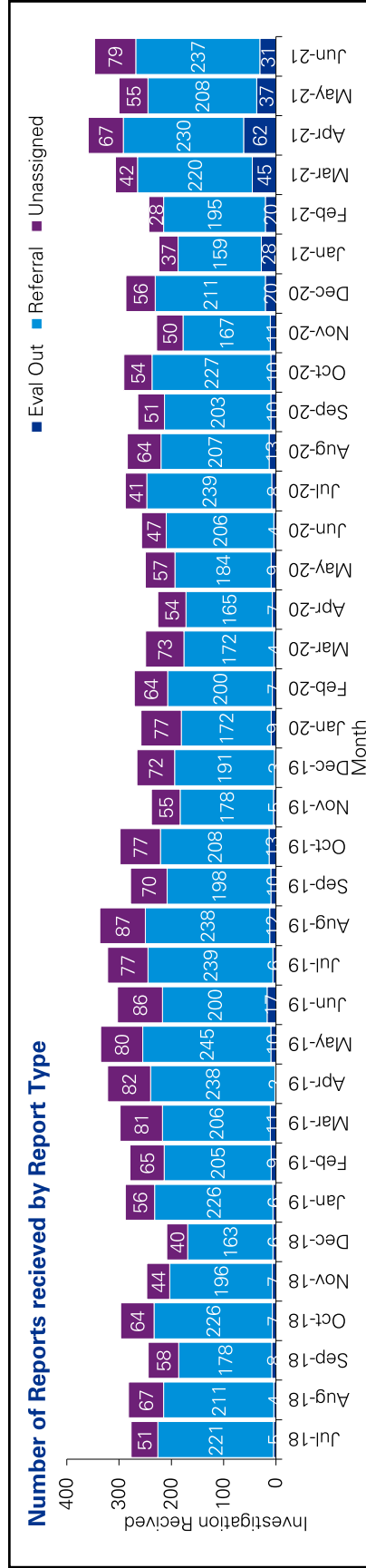


Figure 68: Source KPMG analysis of data

Number of Reports received per month – Regional Analysis

The below chart outlines the number of reports received by each region per month across APS between FY18-19 and FY20-21. Across each fiscal year, the Santa Barbara district offices received the maximum number of reports at an average of 134 reports per month, followed by Santa Maria at 93 reports, and Lompoc at 53 reports.

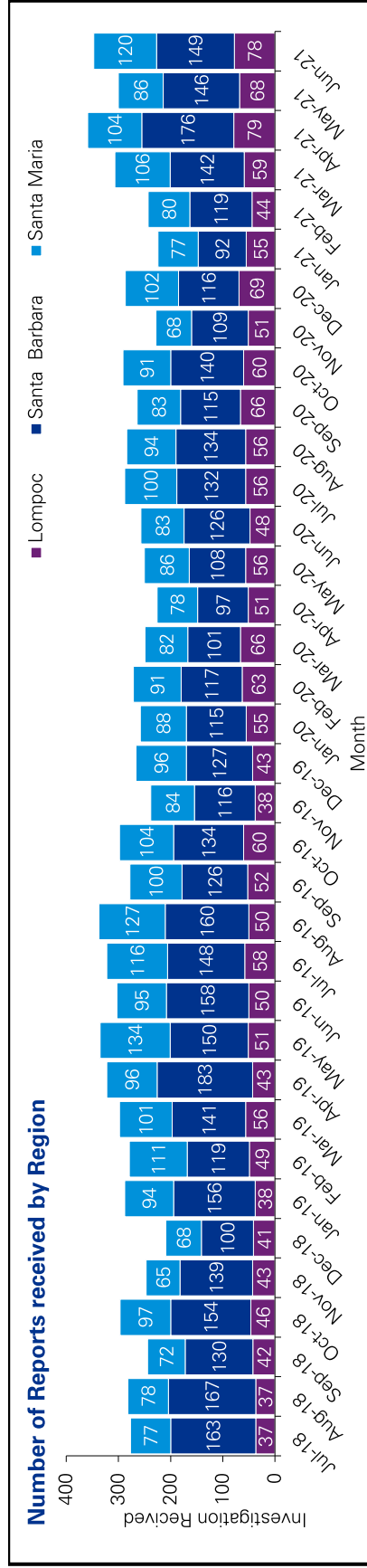


Figure 69: Source KPMG analysis of data

The below chart illustrates the number of reports received per month within the Lompoc Office between FY18-19 and FY20-21. On average the Lompoc Office receives an average of approximately 53 reports a month with approximately 71 percent resulting in referral for investigation.

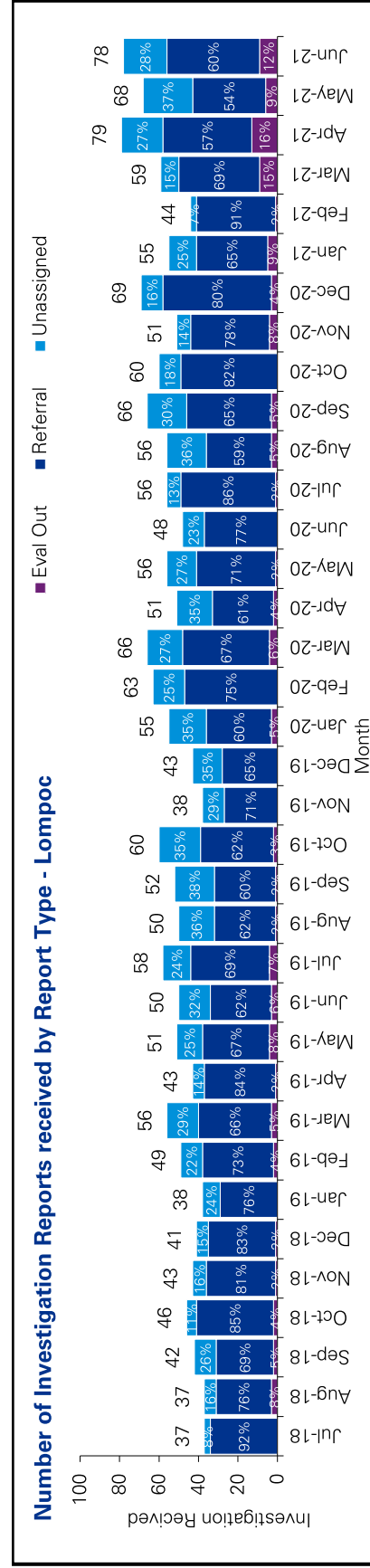


Figure 70: Source KPMG analysis of data

The below chart illustrates the number of reports received per month within the Santa Barbara Office between FY18-19 and FY20-21. On average, the Santa Barbara Office receives approximately 134 reports a month with approximately 76 percent resulting in referral for investigation.

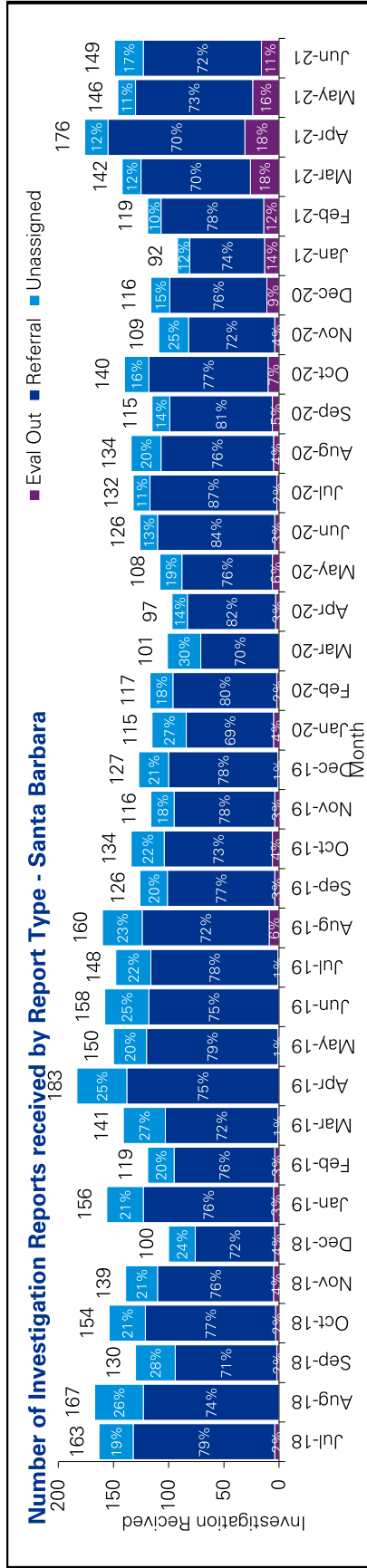


Figure 71: Source KPMG analysis of data

The below chart illustrates the number of reports received per month within the Santa Maria Office between FY18-19 and FY20-21. On average, the Santa Maria Office receives approximately 93 reports a month with an average of approximately 72 percent resulting in referral for investigation.

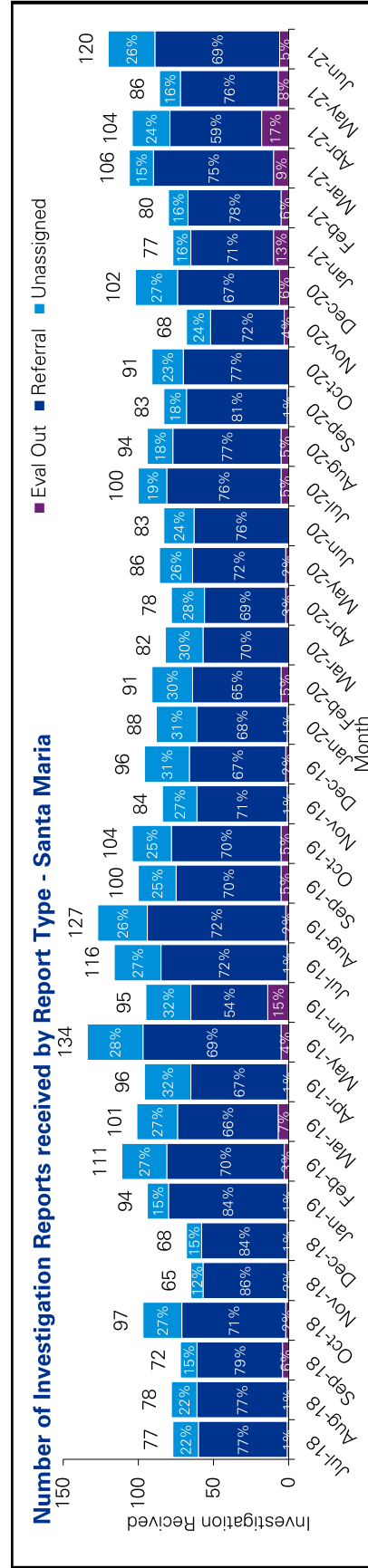


Figure 72: Source KPMG analysis of data

Number of Reports referred to Investigation per month

The below chart illustrates the number of reports referred to investigation per month across APS. On average, 204 investigations were referred to investigation per month between FY18-19 and FY20-21.

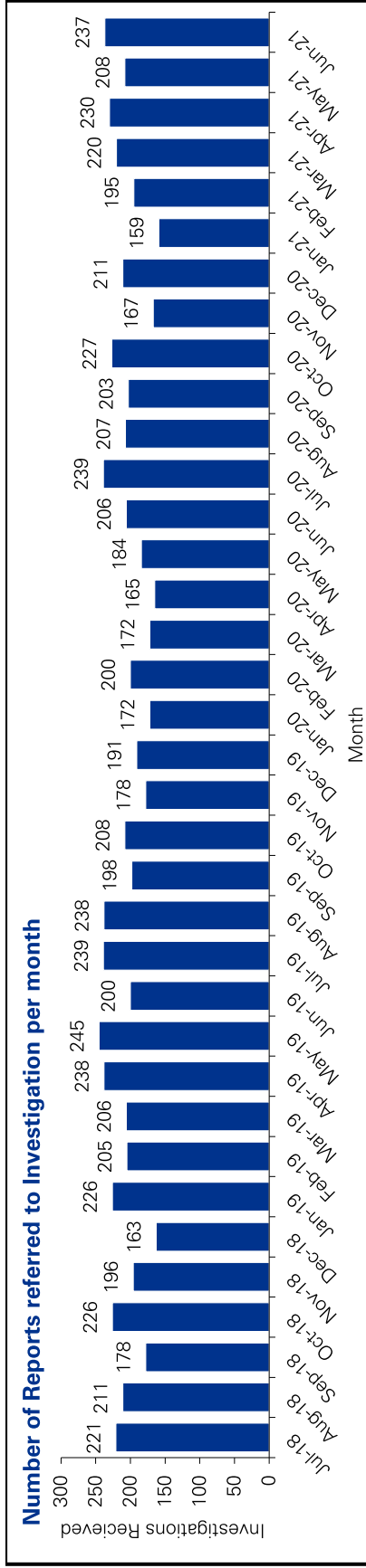


Figure 73: Source KPMG analysis of data

Number of Reports referred to Investigation per month – Regional Analysis

The below chart illustrates the number of reports referred to investigation between FY18-19 and FY20-21 across the Lompoc, Santa Barbara, and Santa Maria Offices. The Santa Barbara Office accounted for the highest number of referrals to investigation at an average of approximately 101 per month, followed by 67 in Santa Maria, and 37 in Lompoc.

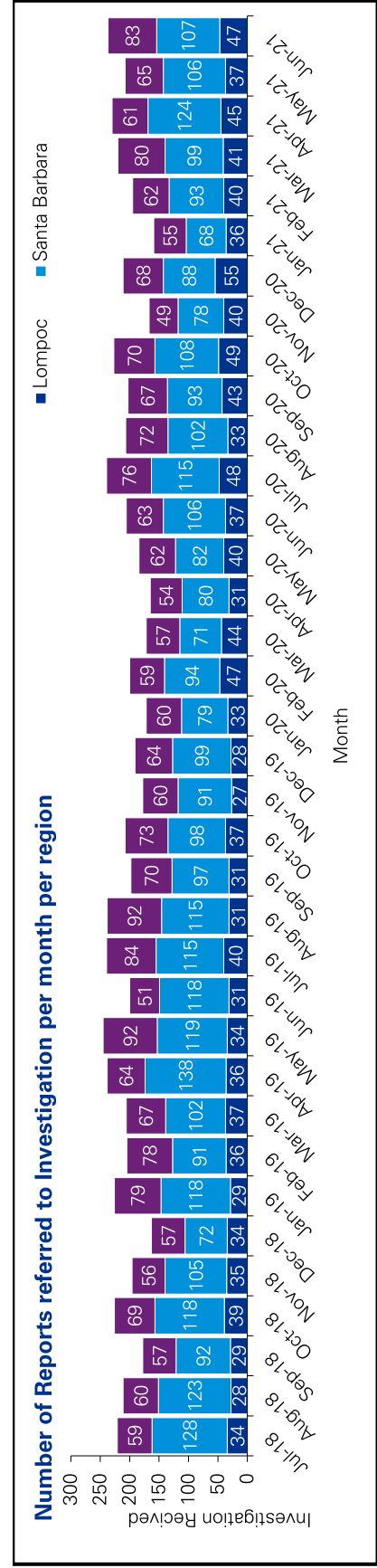


Figure 74: Source KPMG analysis of data

Number of Investigations completed per Month

The below chart illustrates the number of investigations completed per month across APS. On average, 192 investigations were completed per month between FY18-19 and FY20-21.

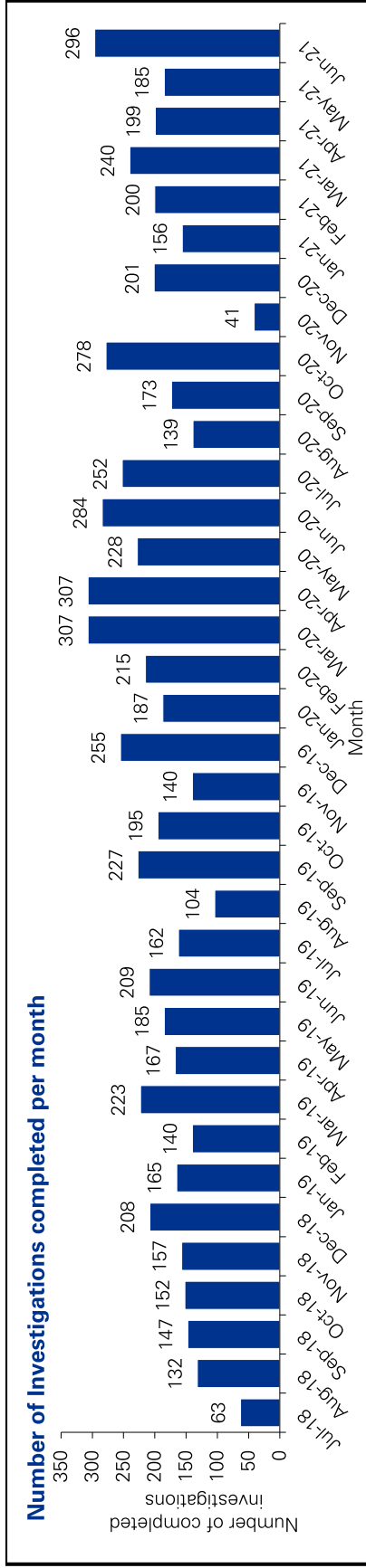


Figure 75: Source KPMG analysis of data

Number of Investigations completed per Month – Regional Analysis

The below chart illustrates the number of investigations completed between FY18-19 and FY20-21 across the Lompoc, Santa Barbara, and Santa Maria Offices. The Santa Barbara Office accounted for the highest number of investigation completions at an average of approximately 96 per month, followed by 63 in Santa Maria, and 33 in Lompoc.

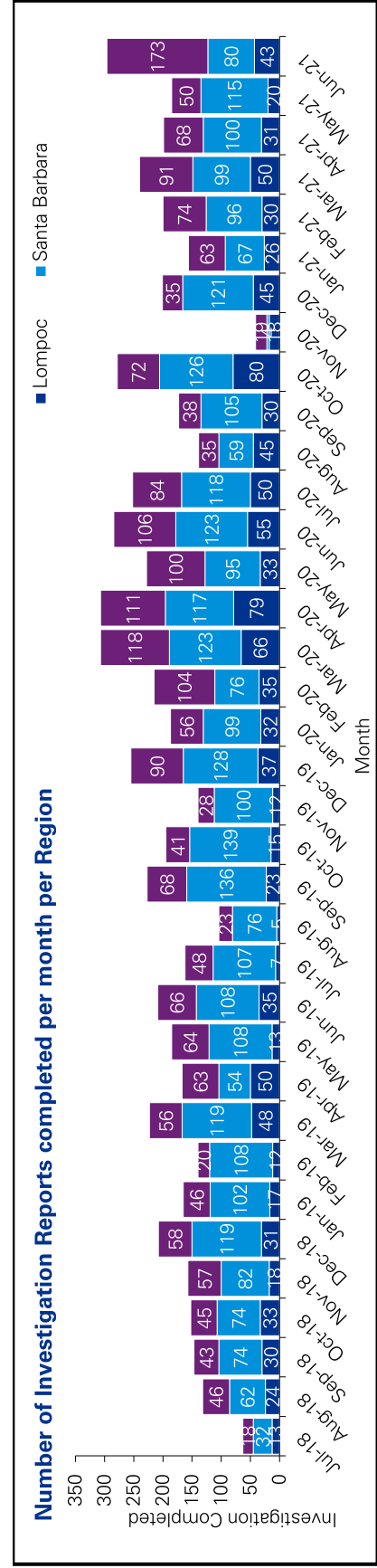


Figure 76: Source KPMG analysis of data

Percentage of Investigations by Response Type

The below chart illustrates the number of investigations by response type between FY18-19 and FY20-21. During that period, on average, 38 percent of investigations required a ten-day response, 30 percent required a “no ten-day” response or a response after 10 days, while 26 percent required an immediate response.

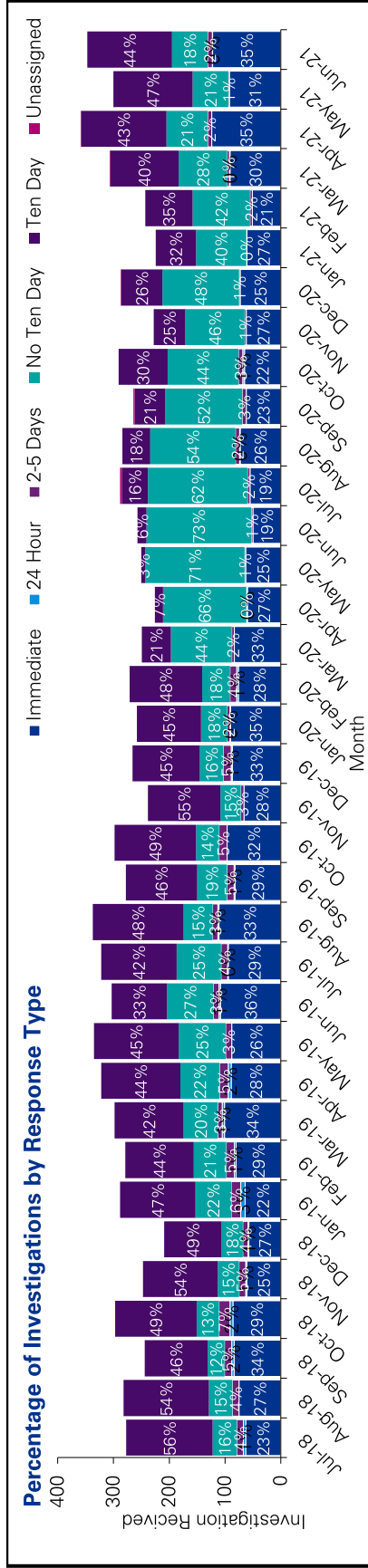


Figure 77: Source KPMG analysis of data

Percentage of Investigations by Response Type – Regional Analysis

The below chart illustrates the number of investigations by response type within the Lompoc Office between FY18-19 and FY20-21. During that period, on average, 36 percent of investigations required a ten-day response, 32 percent required an immediate response, while 28 percent required a “no ten-day” response or a response after 10 days.

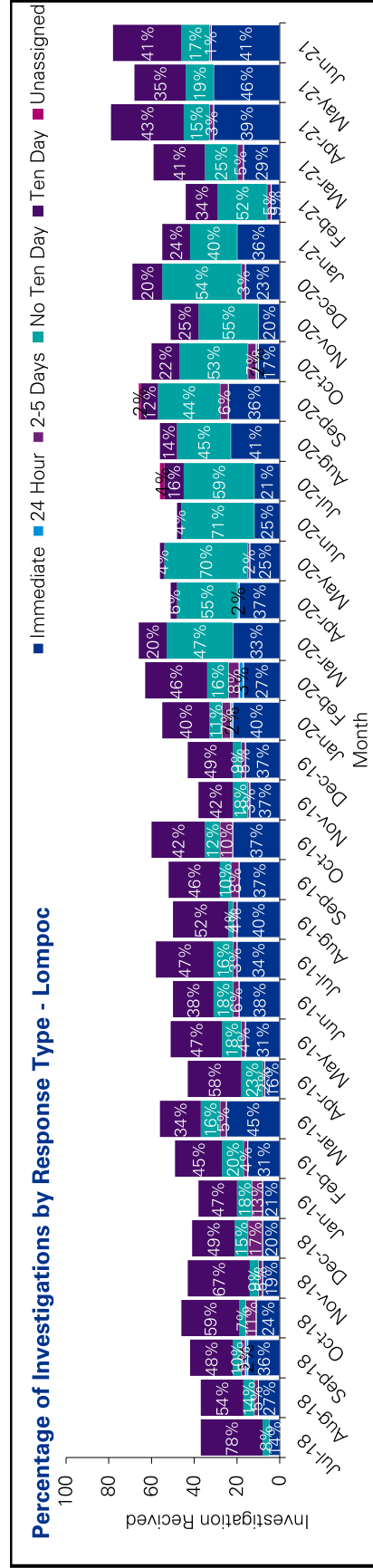


Figure 78: Source KPMG analysis of data

The below chart illustrates the number of investigations by response type within the Santa Barbara Office between FY18-19 and FY20-21. During that period, on average, 39 percent of investigations required a ten-day response, 31 percent required a “no ten-day” response or a response after 10 days, while 27 percent required an immediate response.

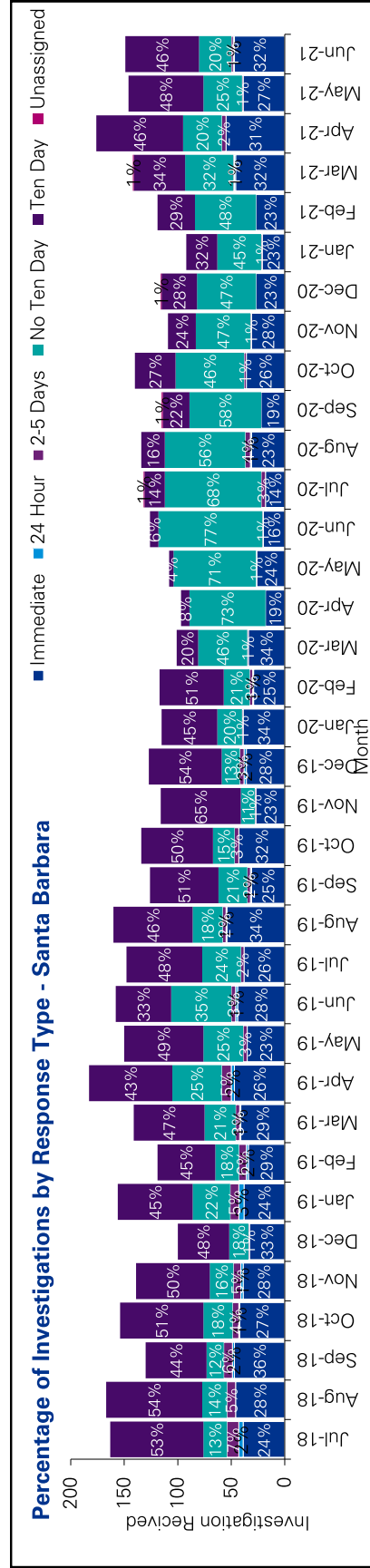


Figure 79: Source KPMG analysis of data

The below chart illustrates the number of investigations by response type within the Santa Maria Office between FY18-19 and FY20-21. During that period, on average, 38 percent of investigations required a ten-day response, 30 percent required an immediate response, while 29 percent required a “no ten-day” response or a response after 10 days.

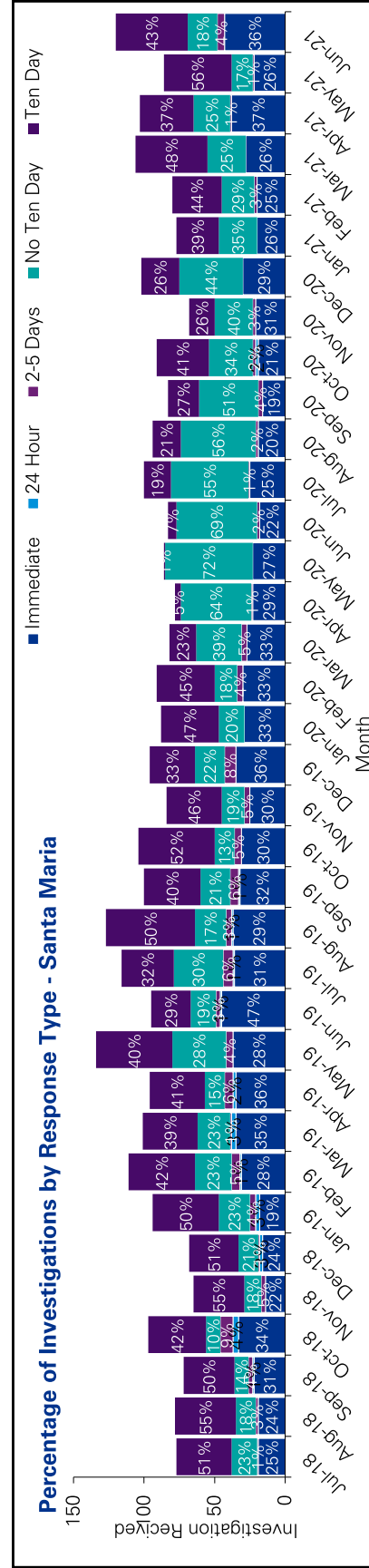


Figure 80: Source KPMG analysis of data

Average Investigations received per Client

The below chart illustrates the average number of investigations received per client between FY18-19 and FY20-21. During that period, 73 percent of clients received one investigation with 17 percent receiving 2 investigations, 6 percent receiving 3 investigations, 2 percent receiving 4 investigations, and just 1 percent receiving 5 investigations.

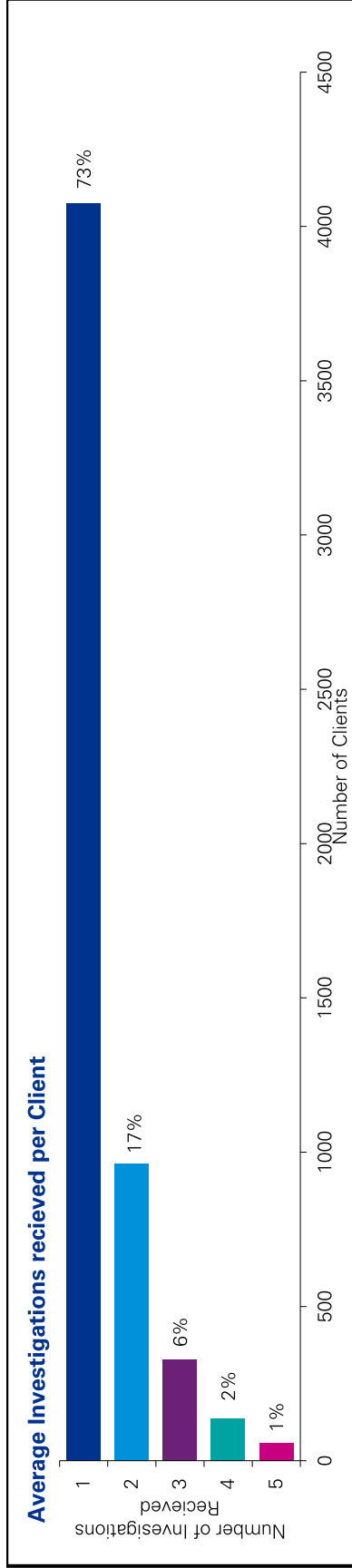


Figure 81: Source KPMG analysis of data

Average Number of days between Investigation receipt and completion

The below chart illustrates average time between the investigation received date and the investigation completed date. On average, the time between investigation received date and completion date was highest in FY18-19, at 84 days; this fell to 74 days in FY19-20, falling further to 55 days between FY20-21.

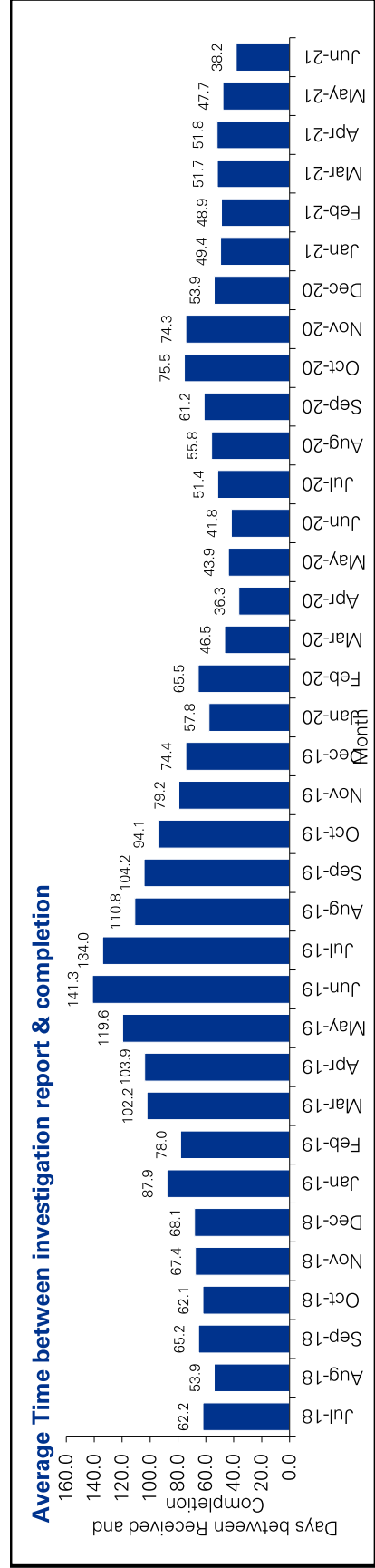


Figure 82: Source KPMG analysis of data

Number of Caseloads per Office

The below chart outlines the number of caseloads per district office based on data provided by the APS Division. As identified below, caseloads can be shared between offices during periods of high demand. However, on average, the Santa Barbara Offices accounts for the highest average caseload per month at 332 in FY18-19, 335 in FY19-20, and 243 in FY20-21, closely followed by Santa Maria, which had an average of 178 cases per month in FY18-19, 338 in FY19-20, and 256 in FY20-21.

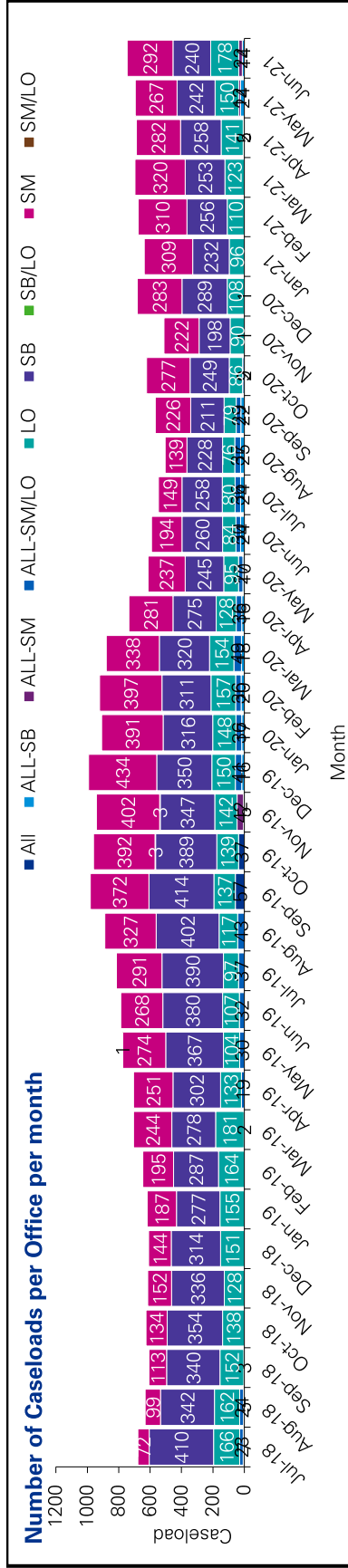


Figure 83: Source KPMG analysis of data

Average Caseload per Position per Month

The below chart illustrates the average caseload per position type per month across APS between FY18-19 and FY20-21. Social workers account for the highest caseloads at an average of 77 per month across the data set. Average caseloads have fallen by approximately 16 percent between FY19-20 and FY20-21 from an average of 87 to an average of 73.

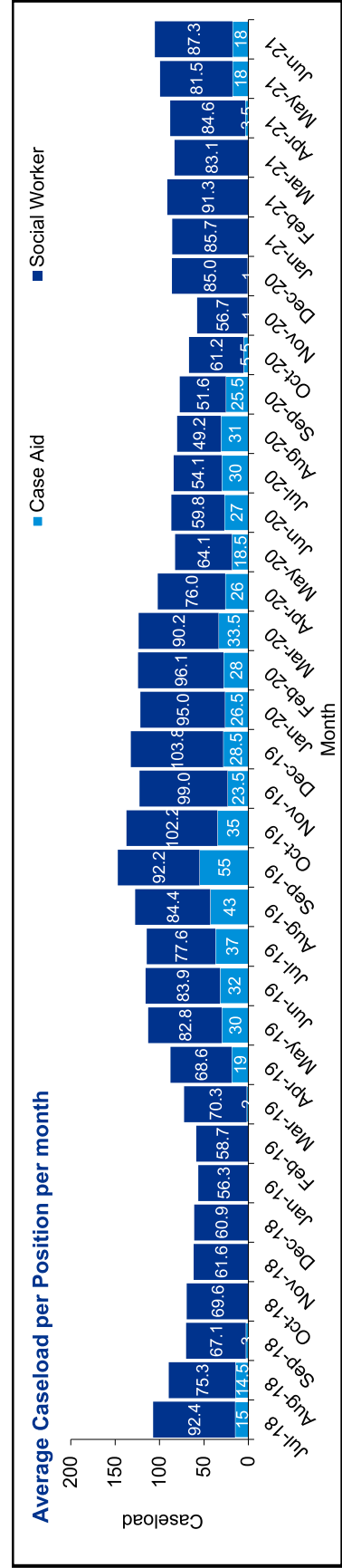


Figure 84: Source KPMG analysis of data

Appendix L: CWS Charts

The following visualizations were completed based on Safe Measures data and Report Card data provided by the CWS Division. Safe Measures data is only available for a period of 18 months from the date of download, with data being provided to the KPMG team from March 2020 to September 2021. As such, FY20-21 was focused on for the purpose of analysis. The data provides insight into the number of hotline calls, number of new referrals, number of investigations, percentage referrals assigned for investigation, number of visits per employee, contact status, service component, number of cases per staff member, average time a child remains in placement and number of cases in compliance versus noncompliance per month.

Total Number of Hotline Calls per month

The below chart illustrates the number of hotline calls per month. On average, approximately 568 calls were received per month, with the maximum calls recorded in October 2018 and October 2019 at 808.

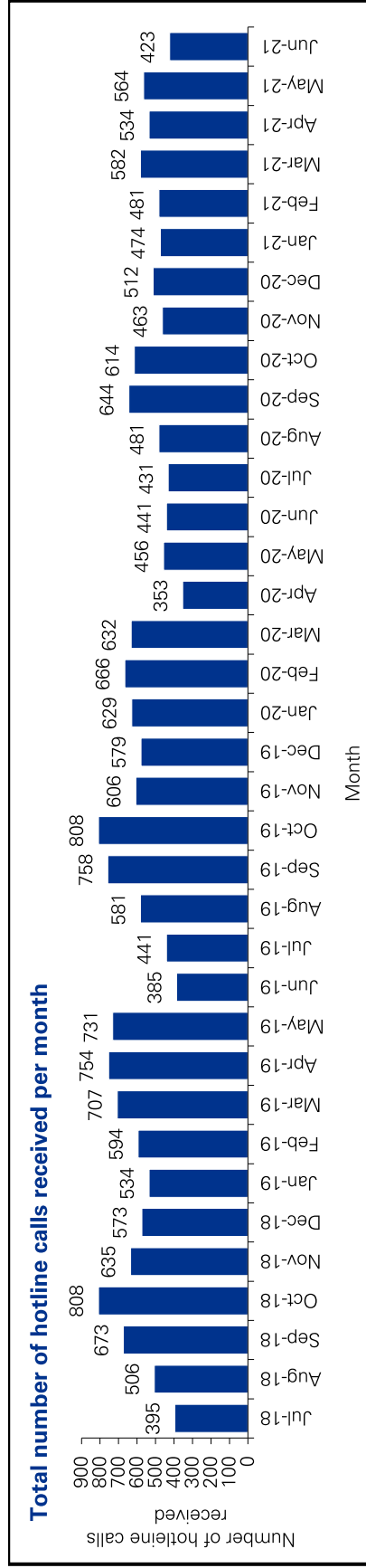


Figure 85: Source KPMG analysis of data

Total Number of New Referrals per Month

The below chart depicts the total number of new referrals per month from FY18-19 to FY20-21 based on Report Card data provided by the Department. During this period, an average of 500 new referrals per month were received by the CWS Division, with the highest number of referrals received in October 2019 at 677.

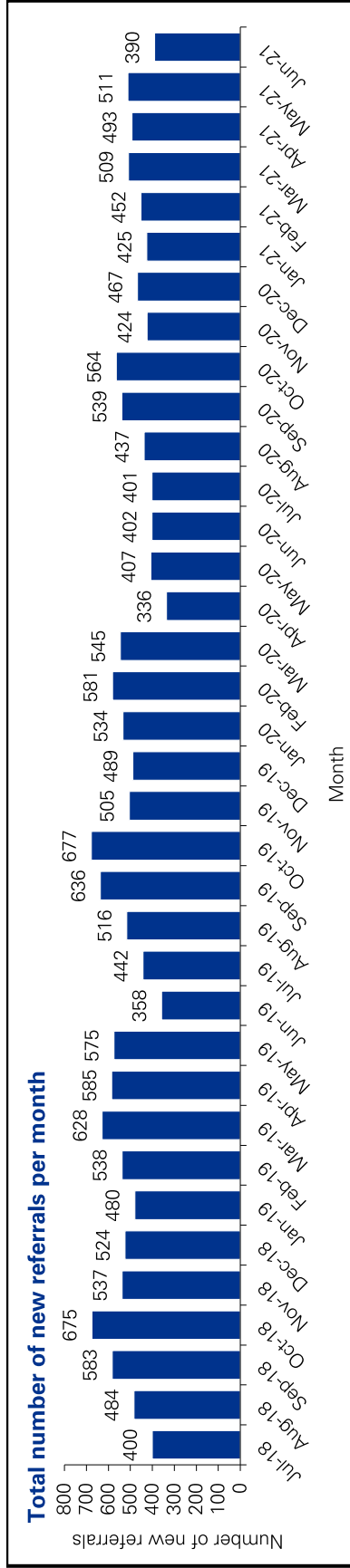


Figure 86: Source KPMG analysis of data

Percentage of Hotline Calls screened for referral

The below chart depicts the total number of hotline calls received per month alongside the percentage of calls screened for referrals. On average, 89 percent of the hotline calls received were screened for referrals. The minimum percentage was recorded in May 2019, where only 77 percent of hotline calls were screened for referral.

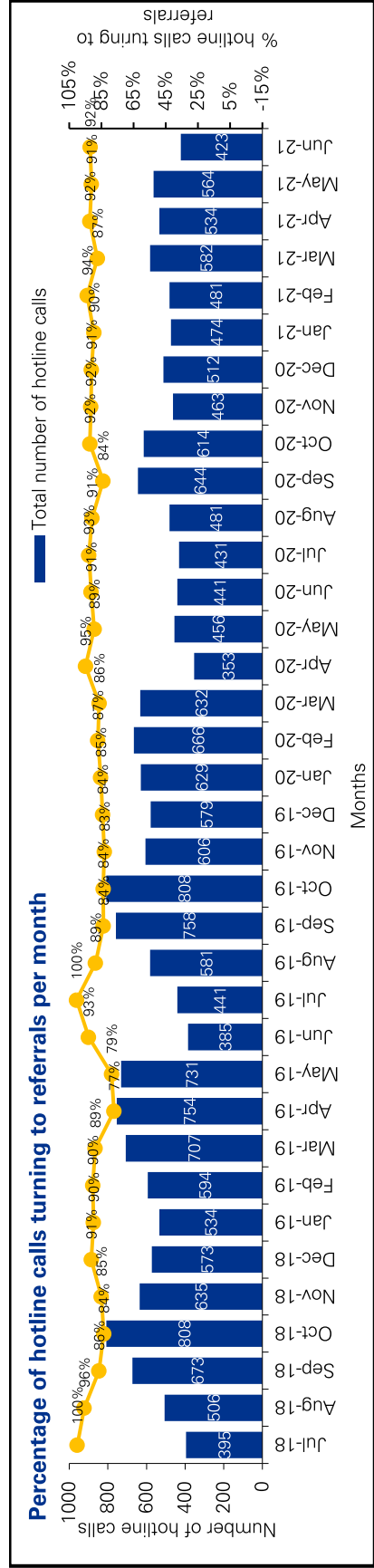


Figure 87: Source KPMG analysis of data

Total Number of New Referrals and Referrals Assigned for Investigation per month

The chart below outlines the relationship between total number of new referrals received per month and the total number of new referrals assigned for investigation based on Report Card data provided by the CWS Division. The number of new referrals assigned for investigation per month is indicated by a trend line. In line with the highest number of referrals, the highest number of referrals assigned for investigation occurred in October 2019 at 677.

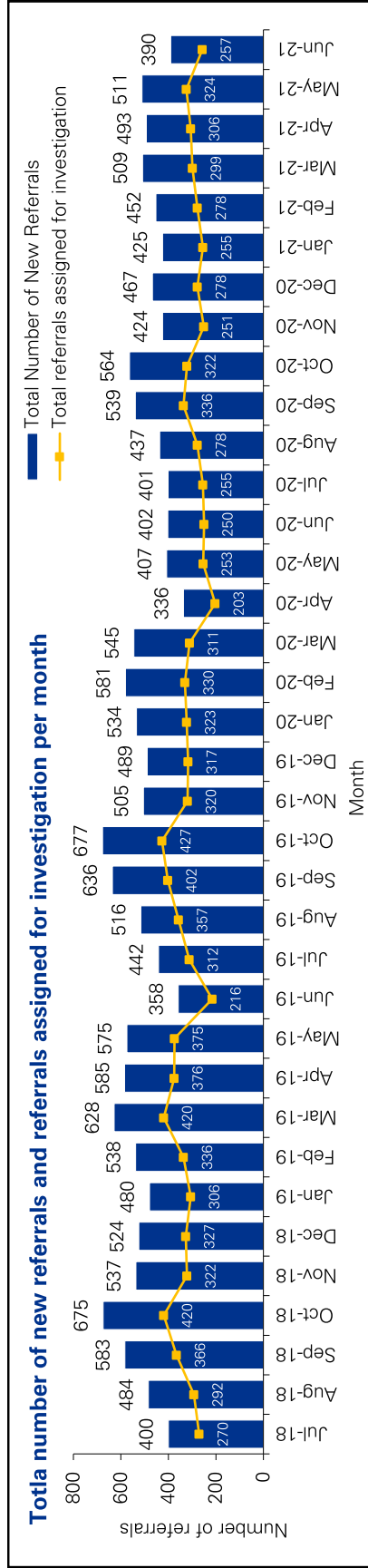


Figure 88: Source KPMG analysis of data

Percentage of Referrals Assigned for Investigation per month

The chart below illustrates the percentage of referrals assigned for investigation per month based on Report Card data provided by the CWS Division. On average, 62 percent of referrals were assigned for investigation monthly between FY18-19 and FY20-21.

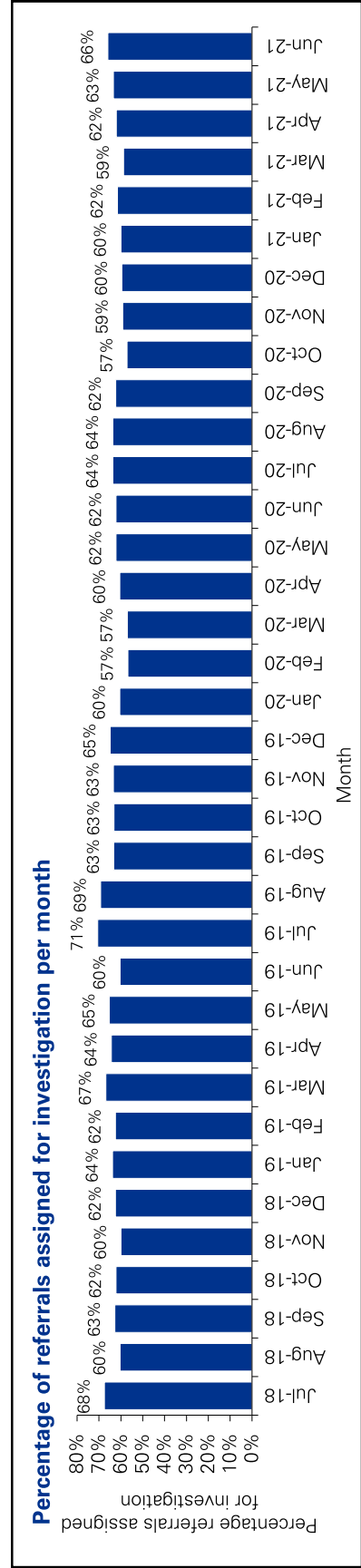


Figure 89: Source KPMG analysis of data

Total Number of New Cases per month

The chart below illustrates total number of new cases per month. Highest cases are evidenced in July 2018 and January 2021. On average 30 new cases occur per month.

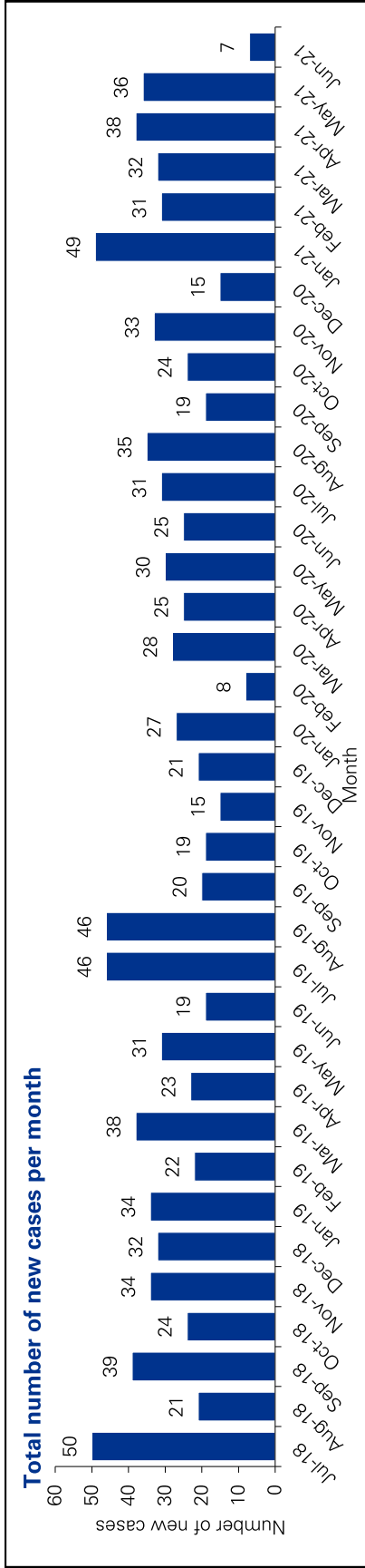


Figure 90: Source KPMG analysis of data

Percentage of Investigations Assigned to Ongoing Case Management per month

The chart below illustrates the percentage of investigations per month that result in a new case. On average, 9 percent of investigations result in a new case.

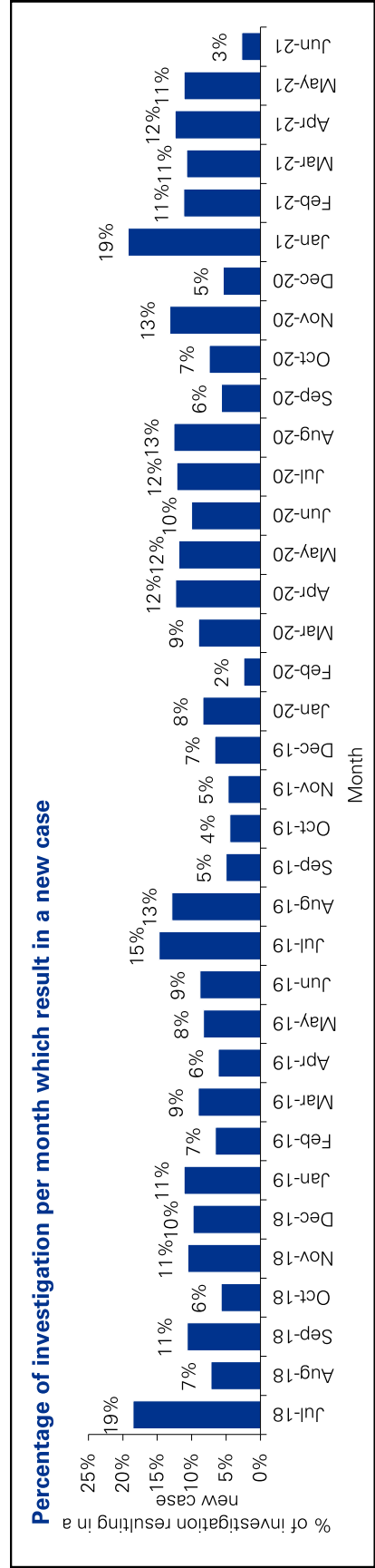


Figure 91: Source KPMG analysis of data

Safe Measures Data

The following charts and analysis were using data provided by the Department for FY20-21.

Percentage of Referrals per Response Priority per month

The chart below illustrates the percentage of referrals per response priority per month. On average in FY20-21, 85 percent of all referrals require a 10-day response, while 15 percent require an immediate response.

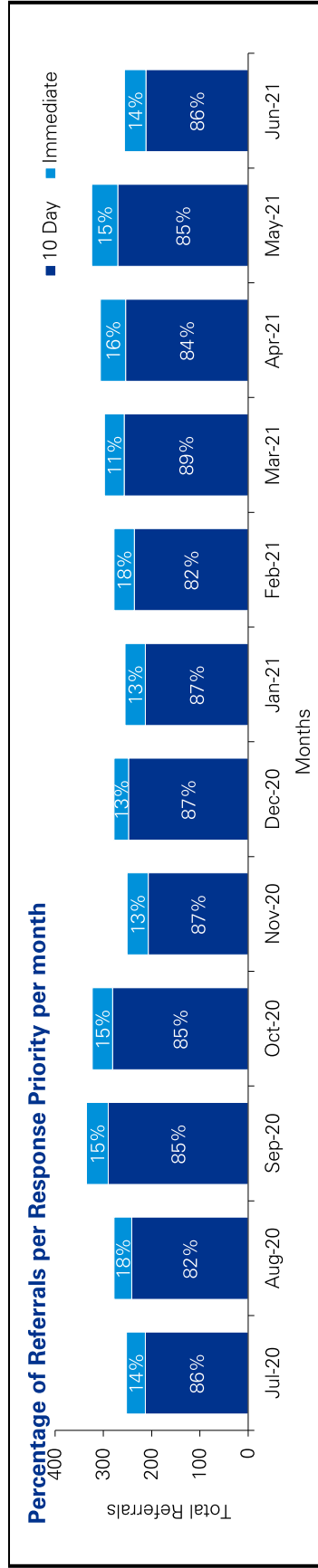


Figure 92: Source KPMG analysis of data

Average Time in Days between Referral Date and First Contact Date per month

The below chart highlights the average time in days between referral date and first contact date per month for FY20-21. On average, the time between initial referral and first contact was approximately 5 days during this period.

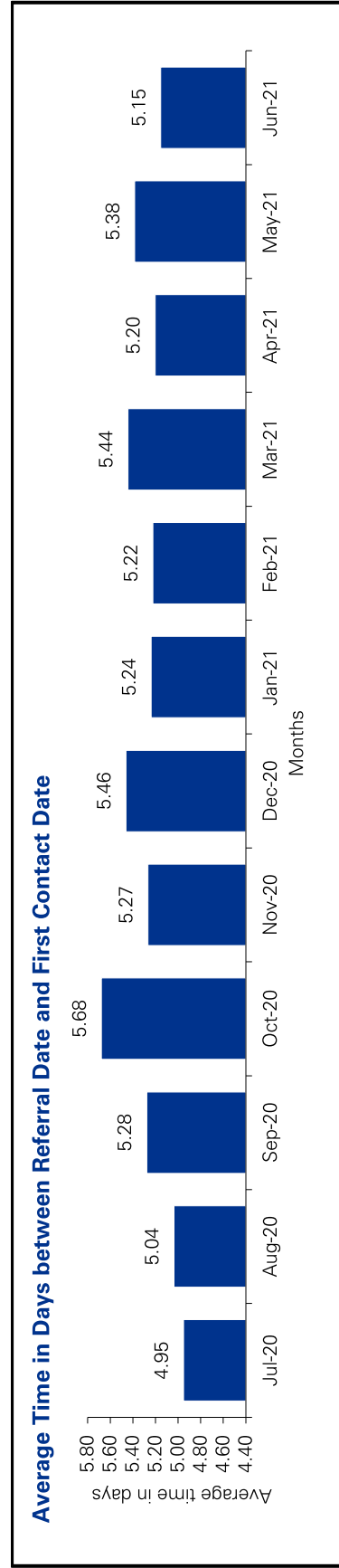


Figure 93: Source KPMG analysis of data

Average Time in Working Days between Referral Date and First Contact Date per month

The chart below highlights the average time in working days between referral date and first contact date per month for FY20-21. On average, the time between initial referral and first contact was approximately four working days during this period.

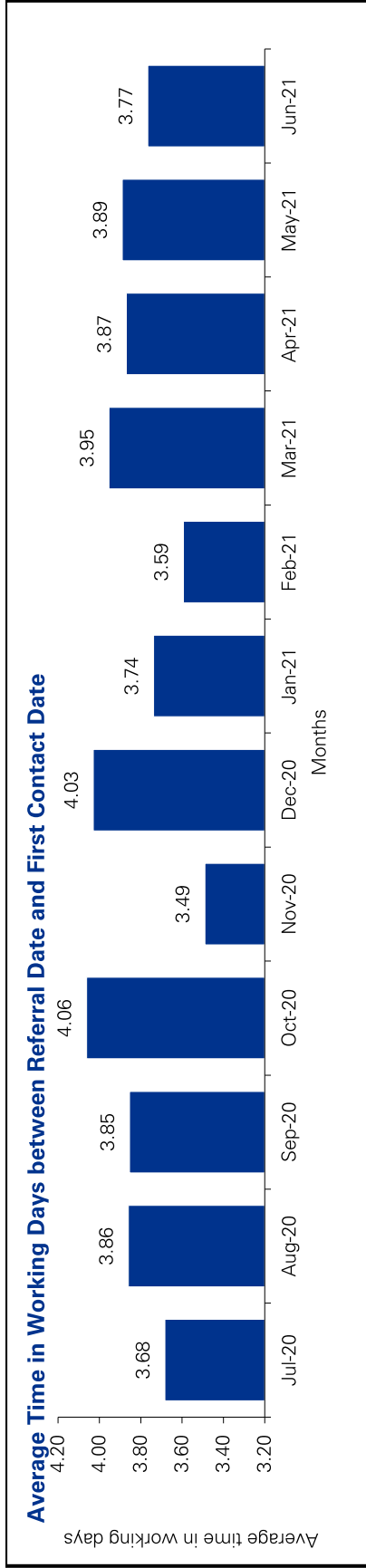


Figure 94: Source KPMG analysis of data

Number of Cases in Compliance versus Noncompliance per month

The below chart outlines percentage of cases that were in compliance with response priorities (immediate and 10 day) during FY20-21. Across months, almost 100 percent of cases were in compliance with the required response priorities.

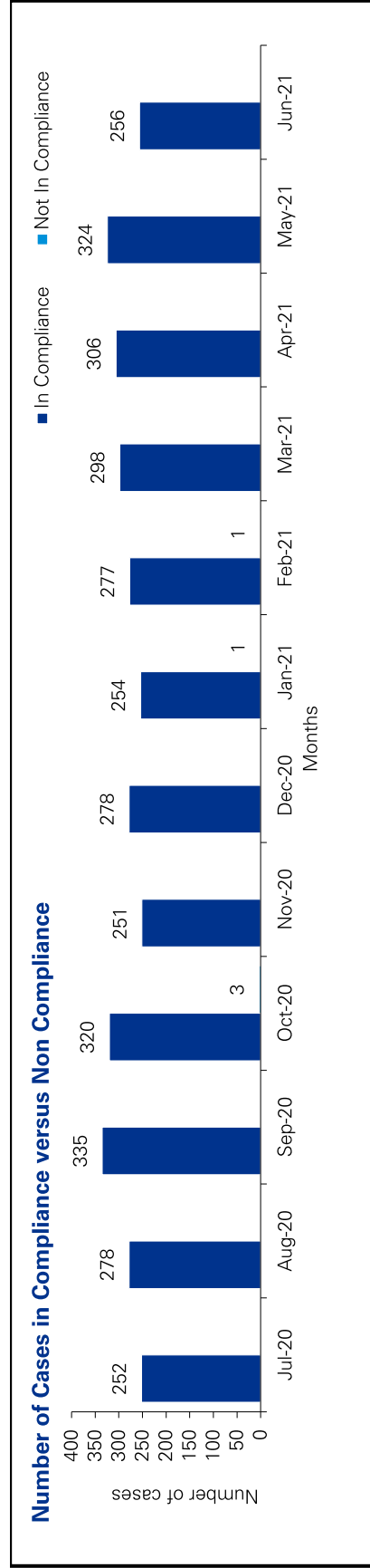


Figure 95: Source KPMG analysis of data

Number of Visits per month

The below chart depicts the number of visits completed per month from July 2020 to June 2021. The highest number of visits were recorded in March 2021 at 1,329.

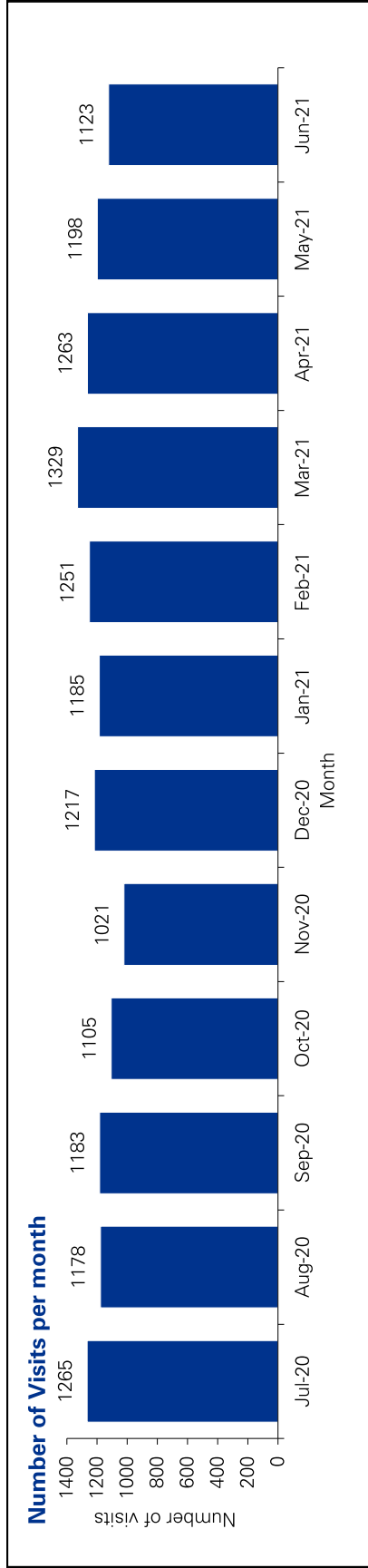


Figure 96: Source KPMG analysis of data

Average Number of Visits per Case per month

The below chart depicts the average number of visits per case per month. On an average, a case received approximately two visits per month from July 2020 to June 2021.

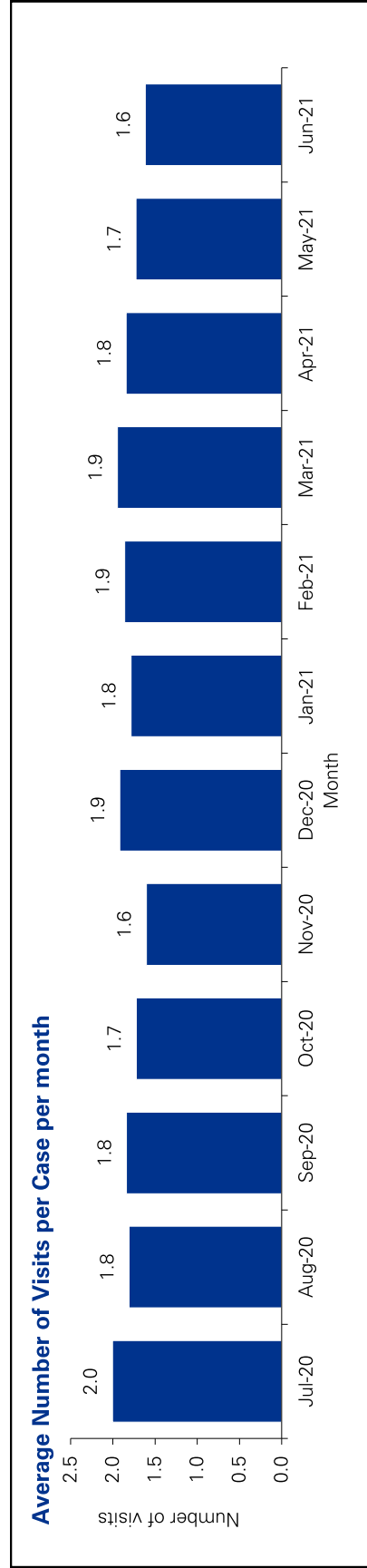


Figure 97: Source KPMG analysis of data

Visits per Employee per month

The below chart depicts the number of visits completed per employee per month in percentage terms. Across the data, approximately 46 percent of employees completed between 0 and 5 visits per month, while an average of 26 percent of employees completed more than 30 visits per month and an average of 14 percent completes 21 to 30 visits.

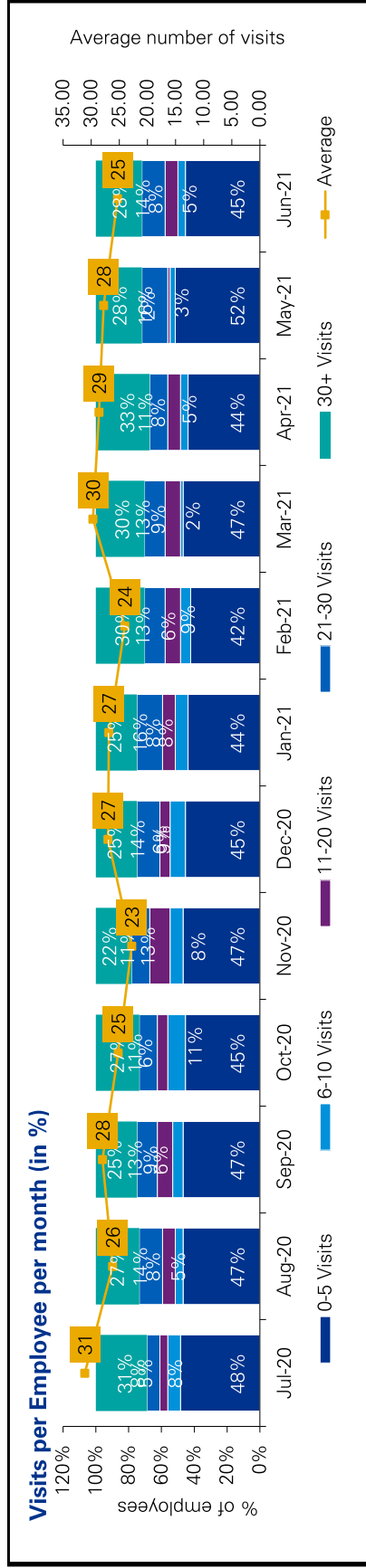


Figure 98: Source KPMG analysis of data

Percentage of Qualified Contacts per Contact Status per month

The graph below depicts the percentage of qualified contacts per contact status per month. On average, the timely preferred category accounted for 85.6 percent of qualified contacts per month between FY20-21. Based on discussions with the Department, the contract overdue status relates to instances within which a client is released from the program midmonth but shows up as overdue in the following month's report.

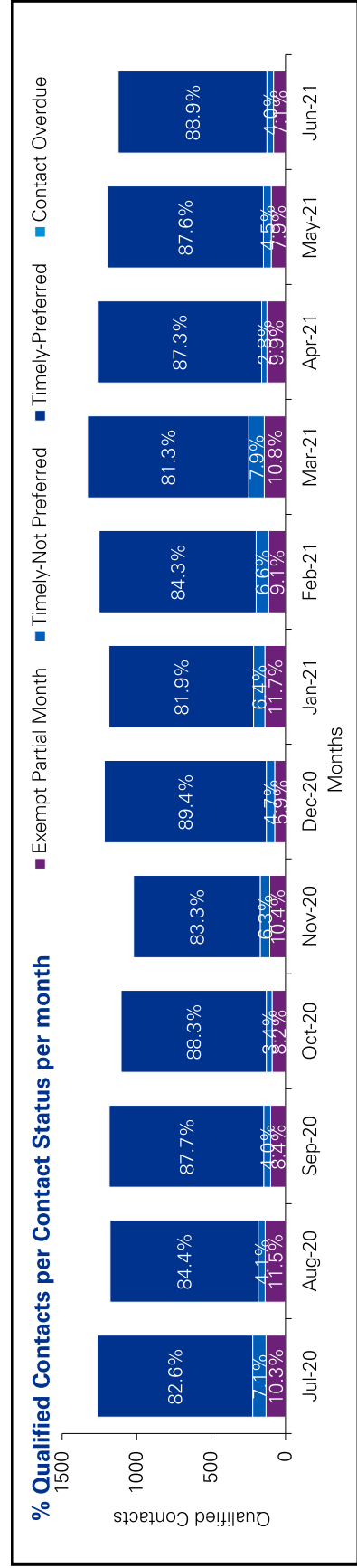


Figure 99: Source KPMG analysis of data

Percentage of Service Component per Month

The below graph depicts the percentage of service components across monthly caseloads. On average, Permanent Placement (PP) accounts for the highest percentage service components across FY20-21 at 32 percent, followed by Family Maintenance (FM) at 24 percent, Family Reunification (FR) at 23 percent, and both Emergency Response (ER) and Transition (ST) at 10 percent.

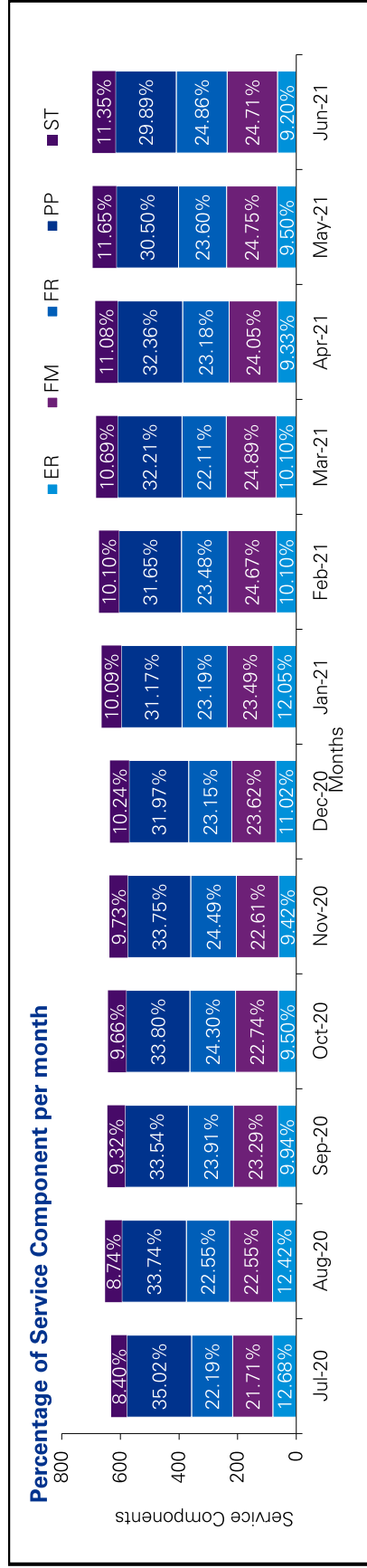


Figure 100: Source KPMG analysis of data

Number of Cases per Staff Member & Average Number of Cases per Staff Member

The graph below illustrates the relationship between the number of cases per staff member and the average number of cases per staff member. Average cases per staff member are depicted by the yellow trend line. Across, FY20-21, On average, 46 percent of employees had 0-10 cases per month, while only 2 percent had an average of over 40 cases. The average caseload across all employees for FY20-21 was 13.

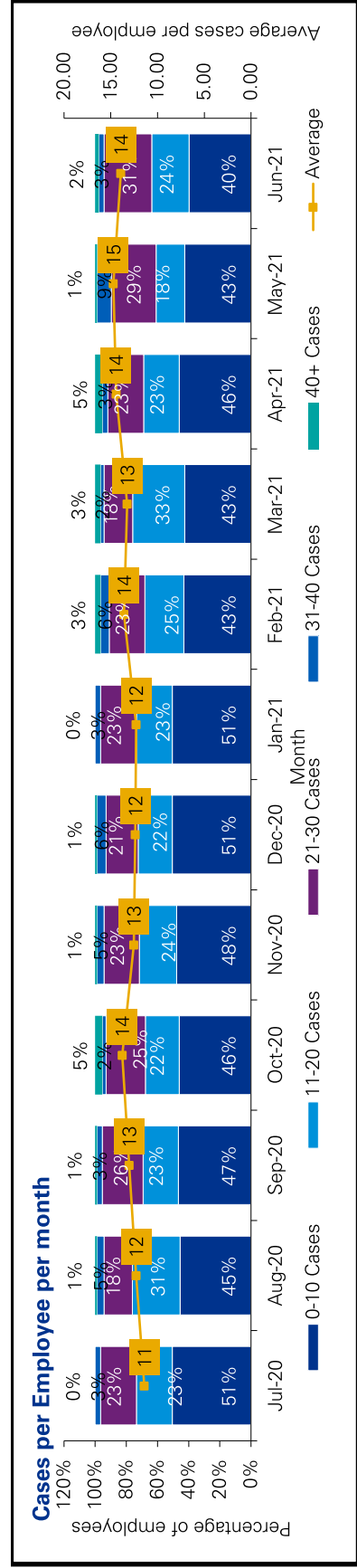


Figure 101: Source KPMG analysis of data

Number of Cases per month per Case Type

The graph below illustrates the number of cases per month per case type. On average, referrals comprised the highest proportion of case types across the months of FY20-21 with an average of 511, followed by PP at an average of 207, and FR at 155.



Figure 102: Source KPMG analysis of data

Total Number of Children in Placement per month in FY 20-21

The chart below highlights the total number of children in placement per month in FY20-21. On average, 458 children were in placement per month during this period, from a low of 447 in September 20 to a high 484 in September 2021.

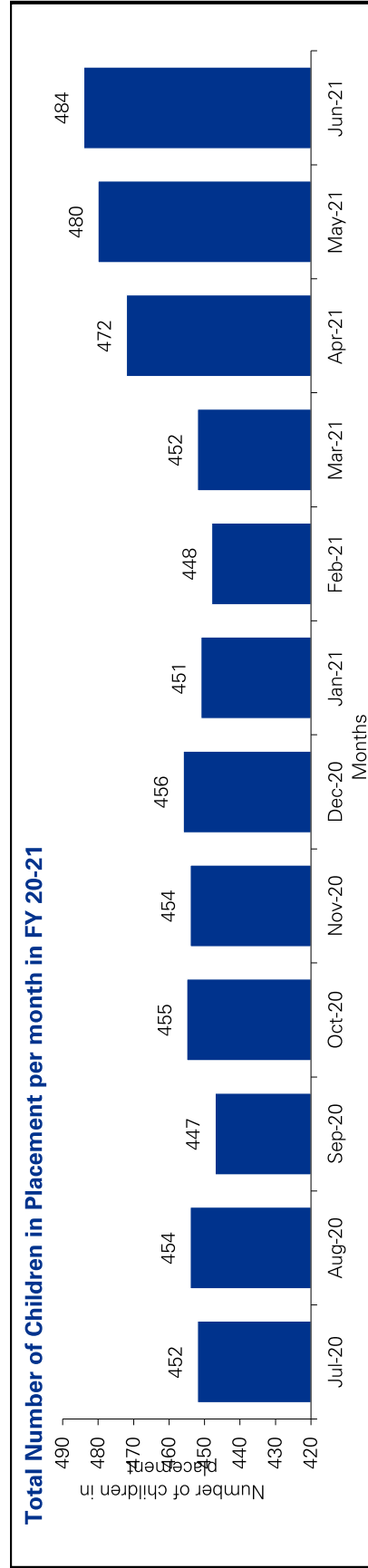


Figure 103: Source KPMG analysis of data

Average Age of Children in Placement per month

The chart below highlights the average age of children in placement monthly for FY20-21. On average, children in placement were 9 years old during this period.

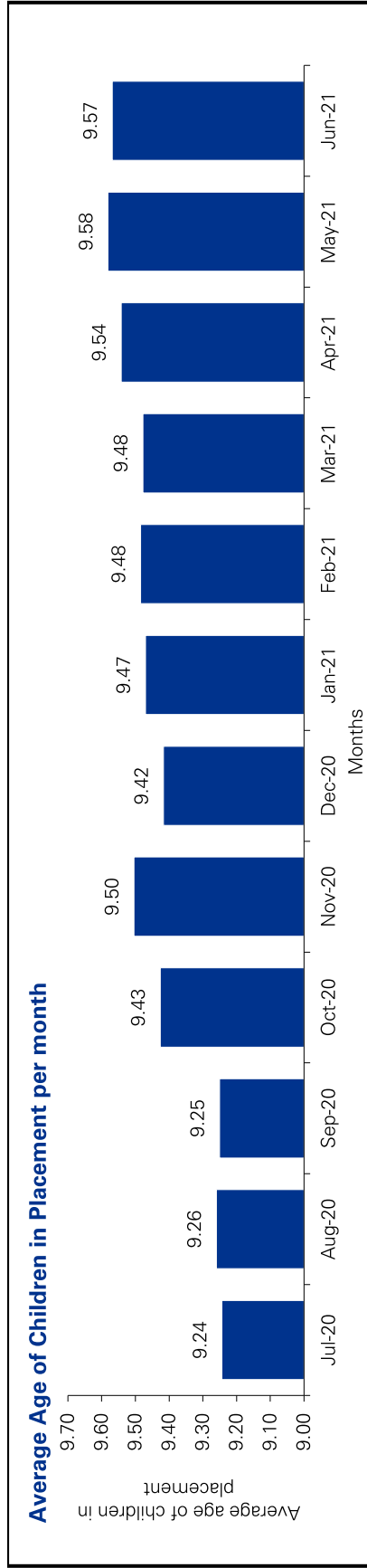


Figure 104: Source KPMG analysis of data

Appendix M: Customer Journey

The below customer journey map seeks to follow a client's journey through the apply for and receiving assistance through the Economic Assistance & Employment Division, the high-level steps that they take, as well as the potential challenges faced.

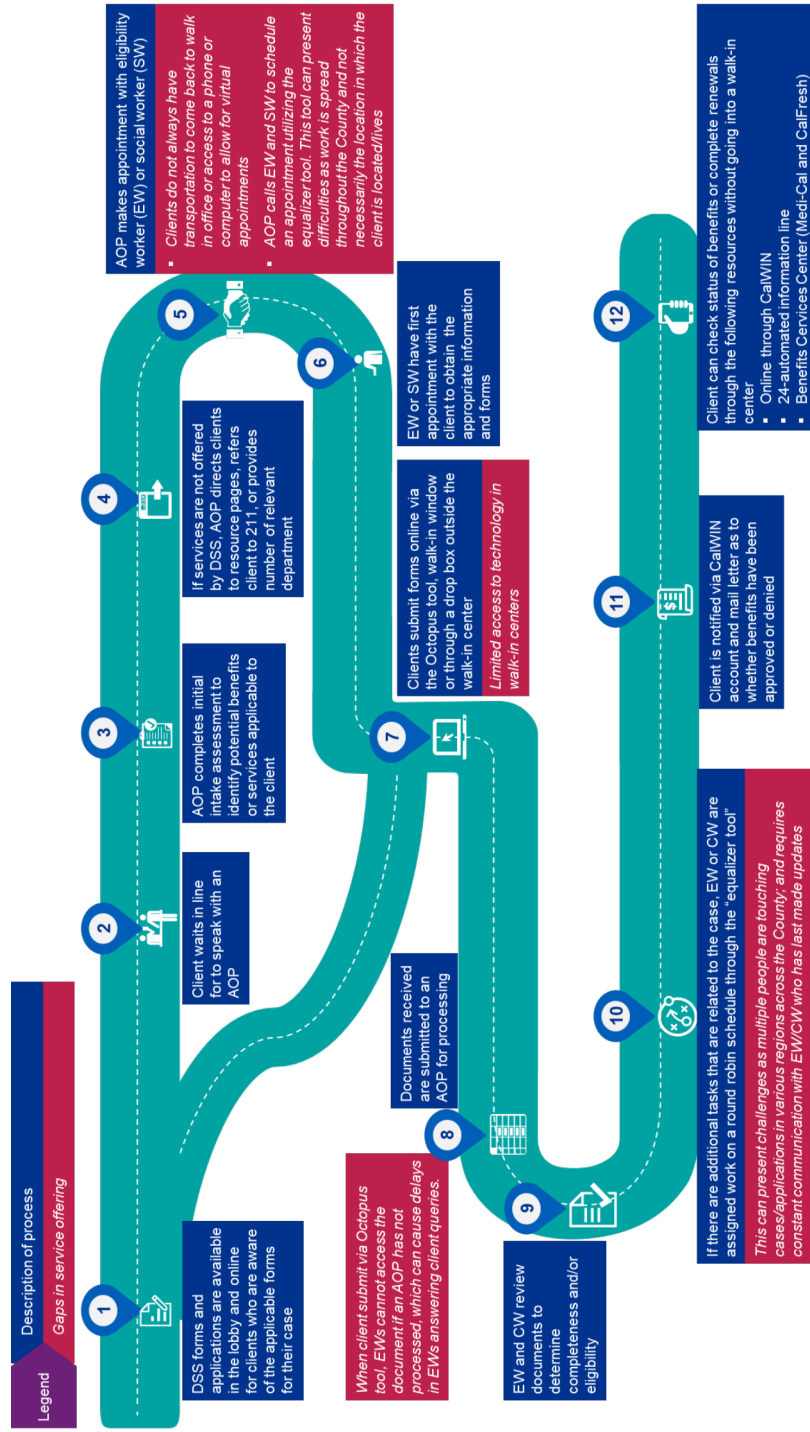


Figure 105: Source: KPMG

Appendix N: Santa Barbara Walk-In Centers

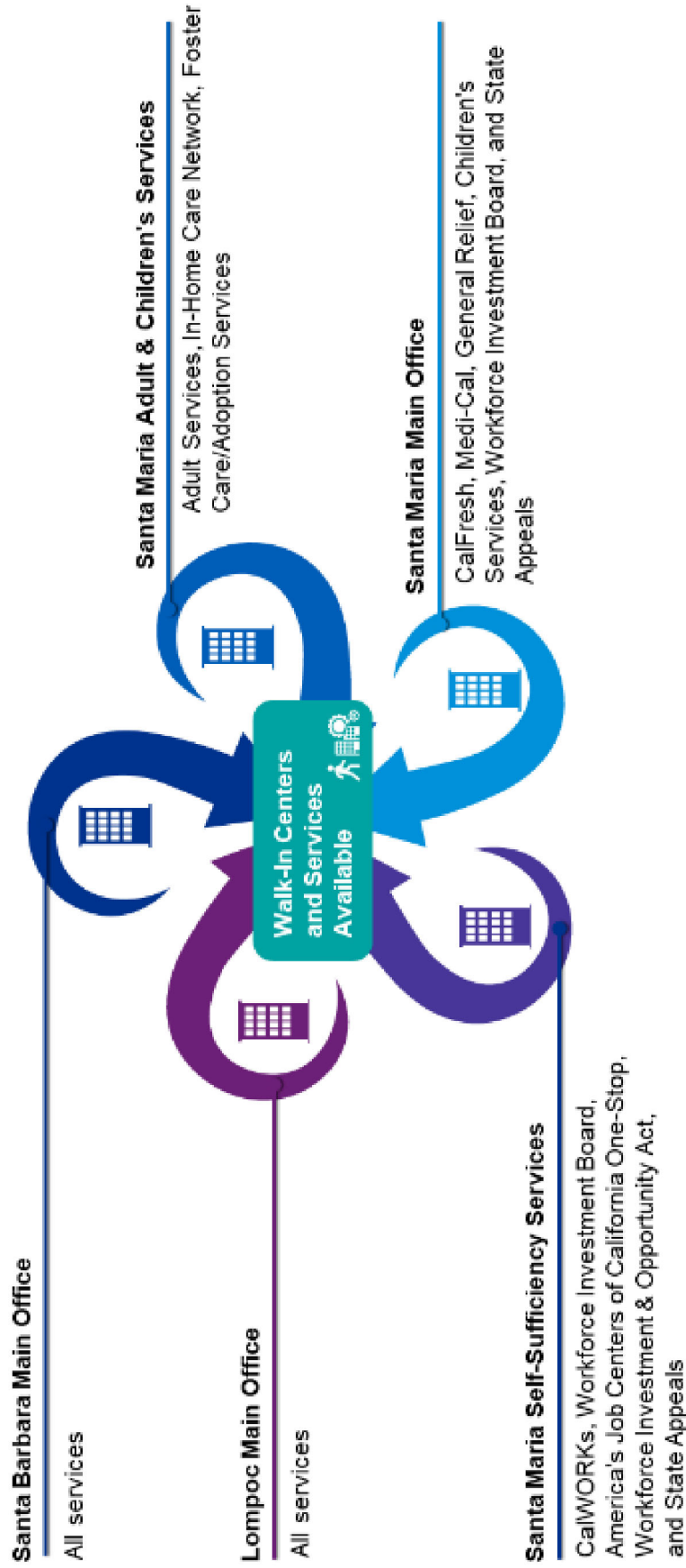


Figure 106: Source: KPMG



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