

**County Employees: Overworked and Undermined**  
**Impacts of San Diego County Reorganization on Family Resource Centers**

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## EXECUTIVE SUMMARY:

Public employees at all levels of government have become scapegoats for budget deficits, facing reductions in their pay, benefits and even collective bargaining rights, along with budget cutbacks in the public services they perform. Yet few studies have examined the work done by public employees and how it is affected by these changes.

This study focuses on the results of San Diego County's effort to reorganize the work of its Family Resource Center employees. Through data analysis and a survey of 342 County employees, we found that the business-model reorganization in many ways has caused the opposite of its intended outcomes. The reorganization has negatively impacted the workers' ability to perform their jobs and the quality of public assistance services available to county residents. The San Diego County eligibility system is in a crisis of structural dysfunction because of understaffing and inefficient, failed reforms.

The San Diego County Board of Supervisors, under fire for an abysmally low rate of enrolling eligible residents, undertook two potential solutions in 2008 and 2009:

- A significant effort to advertise and expand access to programs such as food stamps, CalWORKS and Medi-Cal, just as the recession greatly increased the number of people in need;
- A reorganization plan called Business Process Reengineering – BPR - that changed the eligibility process into an assembly-line format, so that caseworkers who previously were responsible for specific clients now work as task-based and call center staff. The BPR was meant to increase efficiency, using a software system called CalWIN, and implementing a document imaging system (DoReS) and a call center (ACCESS).

The stated intent of the BPR was to raise efficiency, enhance customer service, and improve performance and job satisfaction of employees. From the workers' perspective the BPR has accomplished *none* of these goals, and has actually caused a deterioration of customer service and accountability. As one eligibility worker explains:

I first took this job because I liked helping people. I had clients, I knew them and where they worked, their families. Now that we are task-based I don't know any of the clients. The BPR has created a situation where there is nobody following up with clients, so they fall through the cracks.

This study is based on a review of reports on the county eligibility system, an analysis of publicly available data on applications and data obtained from the county on staffing, as well as a survey of 342 eligibility workers and clerical staff conducted in March and April 2011 at nine Family Resource Centers and the ACCESS call center. In-depth interviews were also conducted with 24 of the employees. Seventy-seven percent of respondents were eligibility workers, who determine assistance eligibility, 21% were clerical staff and 2% were supervisors.

## **FINDINGS:**

- 1) Staffing has fallen far behind applications.
- 2) The county has failed to invest in services.
- 3) The case resolution rate has dropped.
- 4) Newly implemented technology crucial to the BPR has not functioned as planned, creating confusion, delays and errors.
- 5) Pressure to produce numbers has undermined supervision.
- 6) Eligibility workers report that the BPR, and its transition from a caseworker to task-based system, has severely damaged accountability, client service and the entire process.
- 7) The complexity of cases has increased as newly unemployed seek aid.
- 8) Most eligibility workers and clerical staff report that their wages cannot cover their families' basic needs, and some have relied on public aid themselves.
- 9) Workload is a bigger concern than pay for the employees.
- 10) Employees feel very strongly that the BPR goal of worker engagement has not been met.

## **RECOMMENDATIONS**

- 1) The county should implement a process of collaborative decision-making with workers about changes to work organization, program improvements, and evaluation of current procedures (including BPR). The county should live up to the original promise of "joint governance" as stated on page six of the Eligibility BPR Project Document.
- 2) Staffing should increase with growing numbers of assistance recipients, and should be kept at sufficient levels by hiring replacements in a timely manner and considering the active workforce in staffing formulas.
- 3) The worst effects of the BPR should be reversed by restoring the caseworker system, reinstating accountability measures and instituting consistent practices across all sites.
- 4) Supervisors must have time to do their job of overseeing and supporting workers. Management must also ensure a workplace with clear guidelines and open communication, where dignity and respect are enforced norms of behavior.
- 5) Program-specific training should be given in-person by knowledgeable trainers experienced in that program and should emphasize problem-solving. Workers must be given designated time for training of sufficient length and quality.
- 6) ACCESS eligibility workers must be given time to resolve issues on the phone. Technological improvements should be made to alleviate call volume. These changes should include improving the call distribution system and instituting a more effective website that makes application status and the specific reasons for actions easily accessible to clients.
- 7) DoReS must function properly for eligibility workers to do their jobs and management should solicit feedback from workers on the newly installed centralized imaging center.

## ACRONYMS and TERMS:

ACCESS: a public assistance call center created in 2009 to handle applications questions, adjustments and follow-up over the phone

BPR: Business Process Reengineering, a reorganization of work processes aimed at increasing efficiency

CalWIN: California's computer software program for government aid programs

CalWORKS: California's version of TANF (Temporary Aid to Needy Families)

DoReS: Document Retrieval System, which scans documents into electronic versions

FRC: Family Resource Centers, where public assistance applications are processed

FSP: Food Stamp Program, called CalFresh in California

HHSA: Health and Human Services Agency

Medi-Cal: California's Medicaid program, which use federal and state funds to provide healthcare to low-income families, elderly and disabled people

SDC: San Diego County

SEIU: Service Employees International Union, represents eligibility workers and clerical staff

SharePoint: software system to coordinate case management.

SNAP: Supplemental Nutrition Assistance Program, federal name for food stamps

USDA: United States Department of Agriculture

## **County Employees: Overworked and Undermined** **Impacts of San Diego County Reorganization on Family Resource Centers**

Public employees have been under attack across the country. Politicians and the media alike have painted public employees as “overpaid and underworked” and blamed them for rising deficits. Moreover, this year several states have restricted the collective bargaining rights of their employees. However, it is not just the pensions, representational rights and reputations of public employees that are being undermined – it is also that the actual work they perform. This study focuses on San Diego County’s effort to reorganize the work of welfare employees and the devastating results for clients and workers alike.

### **The San Diego County Eligibility System**

In 2008, the Health and Human Services Agency (HHSA) of San Diego County adopted the Eligibility Business Process Reengineering (BPR) plan, which was phased-in during 2009. As in other contexts, the Eligibility BPR was an effort to increase efficiency by reorganizing work to take advantage of newly implemented information technology. In this case, the transition was made possible by CalWIN, a \$744 million automated benefits software system funded in 2005 by the county, state and federal government in order to comply with a 1995 state law to automate the 30-year old caseload management system.<sup>1</sup> The BPR was meant to address widespread criticism that San Diego County had one of the lowest enrollment rates for food stamps in the nation.<sup>2</sup>

San Diego County (SDC) not only ranked extremely low in food stamps delivery,<sup>3</sup> but it also ranked at the bottom in enrollment of eligible residents for Medi-Cal and near the bottom for CalWORKS, according to a study of the 12 largest California counties.<sup>4</sup> The Rose Institute study also found that SDC had the highest denial rates for CalWORKS and food stamps. In addition to leaving eligible residents without aid, low enrollment rates hurt the San Diego economy. According to the United States Department of Agriculture (USDA), the local economy gains \$1.79 for every dollar of food stamps received.<sup>5</sup> The USDA also estimates a rise in employment with increased food stamps receipts. In 2008, the county enrolled 40% of eligible residents in food stamps, which was up 5% from the previous year, but still left \$106 million in unused federal funds.<sup>6</sup> Using the USDA’s multiplier effect, \$190,000,000 of economic activity was lost to the region, along with at least 1,000 potential jobs.

Low assistance enrollment is as much a matter of political will as efficiency of

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<sup>1</sup> Sanchez, Edgar. (2005, July 27). Welfare Computers Breed ‘Chaos,’ Supervisors Told. *Sacramento Bee*.

<sup>2</sup> United States Department of Agriculture. (2009). *Supplemental Nutrition Assistance Program Program Access Review Of State of California Health and Human Services Agency Department of Social Services San Diego County*. Bennett, K., & Salas, D. (2010, January 31). San Diego’s Safety Net: Riddled With Gaps. *Voice of San Diego*.

<sup>3</sup> The Food Stamp Program (FSP) is referred to as SNAP (Supplemental Nutrition Assistance Program) nationally and most recently in California has been renamed CalFresh. We use food stamp or FSP throughout since it is what the general public knows the program by.

<sup>4</sup> Rose Institute of State and Local Government. (2010). *Comparing San Diego County Services: A Twelve County Analysis*.

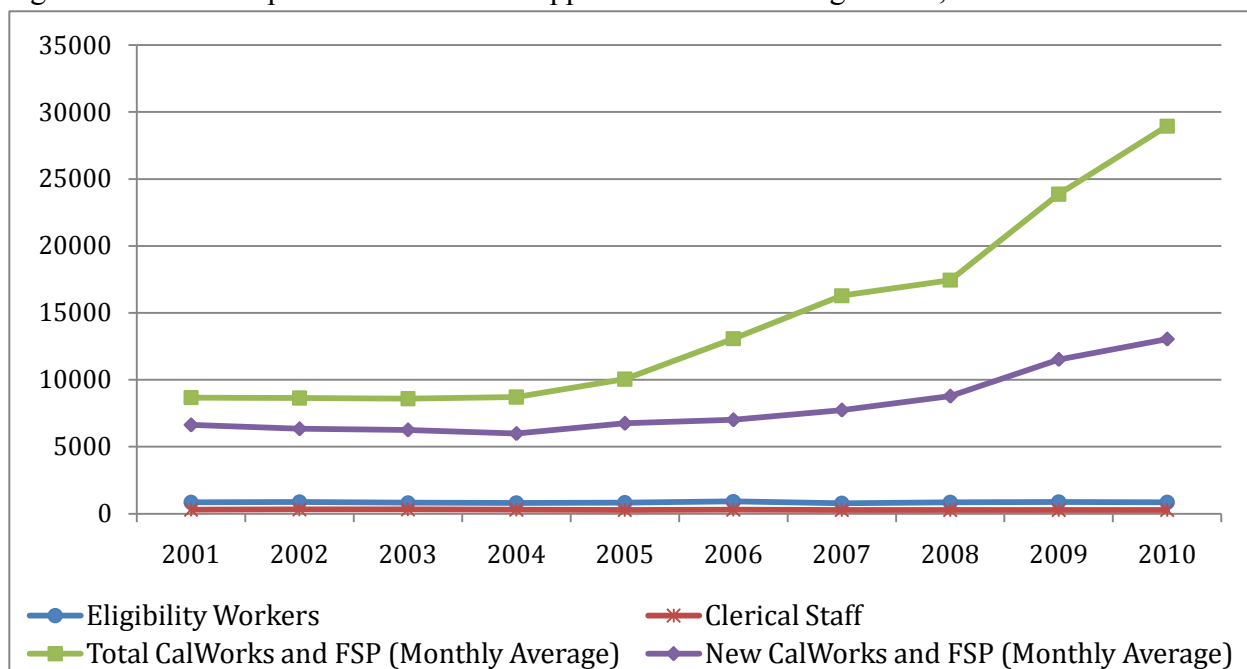
<sup>5</sup> Hanson, Kenneth. *The Food Assistance National Input-Output Multiplier (FANIOM) Model and Stimulus Effects of SNAP*. ERR-103. U.S. Dept. of Agriculture, Econ. Res. Serv. October 2010., Available at <http://www.ers.usda.gov/Publications/ERR103/ERR103.pdf>; also see Davis, K. (2009, April 28). Feed the need. *San Diego City Beat*.

<sup>6</sup> Food Research and Action Center. (2011, January). *SNAP Access in Urban America: A City-by-City Snapshot*.

processing. The *Voice of San Diego* examined the county’s attitude toward welfare programs. When compared to other counties, SDC put little effort into enrolling its residents in assistance programs and, in fact, discouraged residents with some of the strictest anti-fraud programs in the state, including an invasive home investigation program. Other counties have assumed responsibility for providing services as federal and state monies are cut to counties for administering assistance programs. SDC’s Board of Supervisors have been reluctant to support such public assistance administration. Supervisor Dianne Jacob explains her position, “It is a tough task, because it’s a balancing act. But if I take police officers off the street to hand out welfare checks to those who don’t deserve it because I’ve eliminated a fraud program, am I doing my job? I’d say no.”<sup>7</sup> This sentiment is evident in the amount the county invests in administering assistance programs. In fiscal year 2007, SDC only spent 34¢ for each dollar of welfare received in the county. This is the second lowest rate out of the eleven largest counties, where the range is from 20¢ to \$1.22.<sup>8</sup> Given that the number of cases has greatly increased since 2007 with no corresponding increase in staffing, the administrative expenditures per case for San Diego County has dropped even lower.

In fact, an analysis of publicly available CalWORKS and Food Stamps Program data combined with staffing information provided by the county shows an astounding rise in applications per worker.

Figure 1: Food Stamps and CalWORKS Applications vs. Staffing Levels, 2001-2010



Source: Staffing numbers provided by San Diego County HHS and represent July 1<sup>st</sup> of each year. Application numbers are taken from tables DFA 296 and CA 237 CW (by averaging every month for each year) available on the California State website: <http://www.dss.cahwnet.gov/research>

The above graph shows average new applications per month and average total (new and pending)

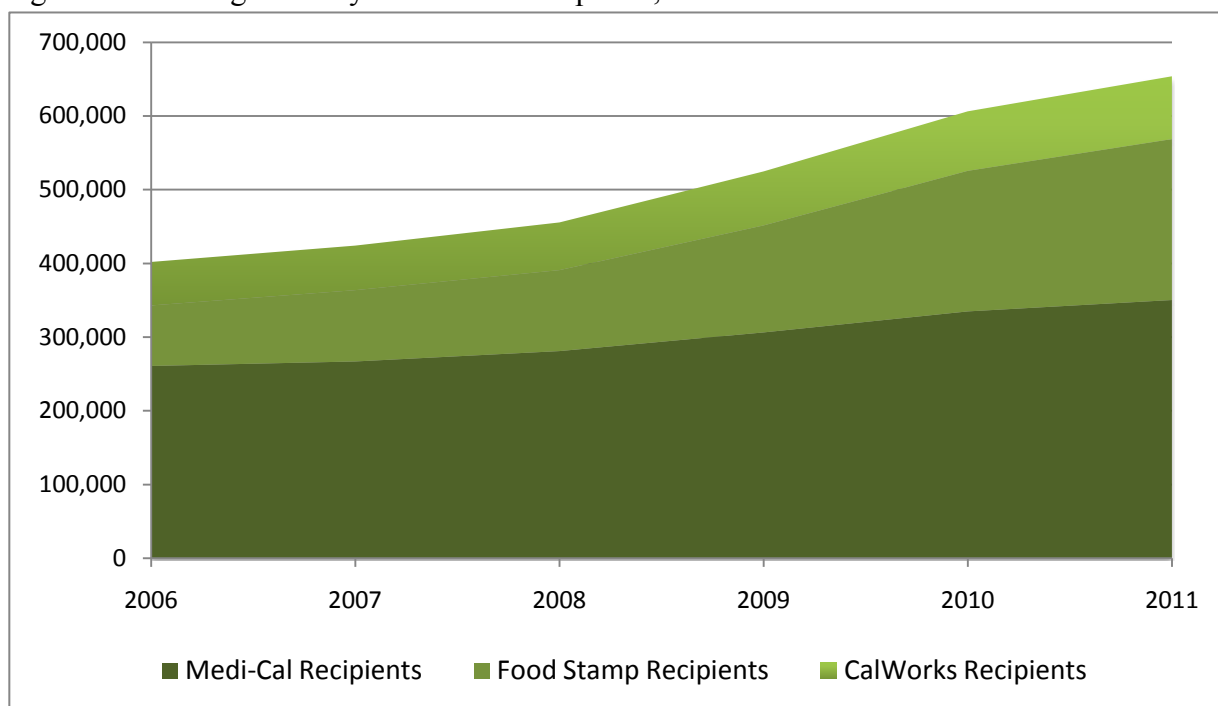
<sup>7</sup> Bennett, K., & Salas, D. San Diego’s Safety Net.

<sup>8</sup> The Rose Institute of State and Local Government warns the data is not exactly comparable, but does do a head on comparison with Orange County, which spends twice as much.

applications per month in these two programs alongside the number of employees: eligibility workers, who make determinations on applications, and their clerical staff. While the monthly average of new CalWORKS and food stamp applications rose 97% and total monthly applications rose 234% over the decade, eligibility workers serving those clients rose only 1%.<sup>9</sup> In fact, many eligibility workers were transferred out of the Family Resource Centers (FRCs) into a newly established call center, resulting in a 9% decrease in eligibility workers in the FRCs where applications are processed. Over the same period there has been a 6% reduction in clerical staff (counting ACCESS) and a 10% decrease in clerical staff at the FRCs.

Including Medi-Cal applications, the largest program, and the eligibility workers and clerical staff posted in medical facilities around the county there has been a 60% rise in recipients for the three major programs from 2006-2010, while there has been a 6% decline in eligibility workers and a 5% reduction in clerical staff over that period.

Figure 2: San Diego County Assistance Recipients, 2006-2010



Source: Recipient data is from San Diego County website and are taken for July 1<sup>st</sup> of each year from trend data available at: [http://www.sdcounty.ca.gov/hhsa/programs/ssp/ssp\\_progrend.html](http://www.sdcounty.ca.gov/hhsa/programs/ssp/ssp_progrend.html)

As a result, the ratio of recipients to eligibility workers went from 428:1 to 686:1, and this does not include County Medical Services (CMS), General Relief, CAPI and Refugee Assistance Program applicants all now processed at FRCs.<sup>10</sup>

The county contends that there has only been a 17% increase in funding for administration for food stamps and CalWORKS over the decade, even as applications have risen

<sup>9</sup> If you include the workers in Hospital Outpatient Services who do mostly Medi-Cal and CMS (not food stamps and CalWORKS), eligibility workers increased by 2%, and clerical staff decreased by 3% overall. These are included in the second group of statistics.

<sup>10</sup> The data on the three major programs is publicly available on the county's website for 2006-2010 and the county could not provide numbers for any prior years.

several times this figure.<sup>11</sup> Even so, the 17% has not been spent on hiring staff. The county has ramped up its spending on advertising the programs and making them more easily accessible, without hiring new employees to service the increased number of applicants. This lack of investment in servicing applicants is despite the fact that the county has \$2.2 billion in accumulated surplus, and that HHSA is the largest single part of the county budget at 38%.<sup>12</sup>

Instead of investing resources in the expanding system, the county has used the BPR to further speed up the work of employees. The county proudly touts that the plan has, “Met increasing demand for public assistance without increasing staff.”<sup>13</sup> The final evaluation of the Eligibility BPR conducted by UCSD Center for Management Science in Health, the contracted architects of the BPR, states that from early 2008 to the end of 2009 productivity has risen 39%. In 2009 alone, the county effectively saved over \$33 million dollars in “adjusted cost offsets” by raising the applications per employee ratio. In fact, the following year there was actually a 3% decline in eligibility workers, with a continued sharp increase in applications so the savings for 2010 should be even higher. But as this report demonstrates, savings have come at an enormous cost to the well being of the eligibility workers and clerical staff, as well as to service for clients. Moreover, while the UCSD report and the county credit the increased productivity to the BPR, the BPR was not even implemented in five of the FRCs until halfway through the year and in the three largest offices until October, and ACCESS was not fully functional until November 2009. Increased productivity is due to an increase in client load, not the BPR.

Moreover, while there has been a rise in productivity, an analysis of program statistics from the state, shows that the county has not actually improved its general resolution of cases. HHSA is certainly dealing with more cases, and statistics show it has greatly improved its ability to meet the food stamp 30-day granting deadline in the last two years. It is true that SDC went from having 56% over deadline in 2008 to 23% in 2010, but this is still almost four times the state rate of 6% for food stamp applications over deadline. It should also be noted that earlier, from 2001-2005, SDC resolved 100% of food stamps cases within deadline. However, left unexplained is why the percentage of cases resolved each month out of total cases (new and pending applications) has decline precipitously, even after the BPR was implemented. Since 2005, San Diego’s resolution rates have fallen dramatically, by more than 30% compared to a 5% drop statewide. Rates continued to fall even after the implementation of the BPR.

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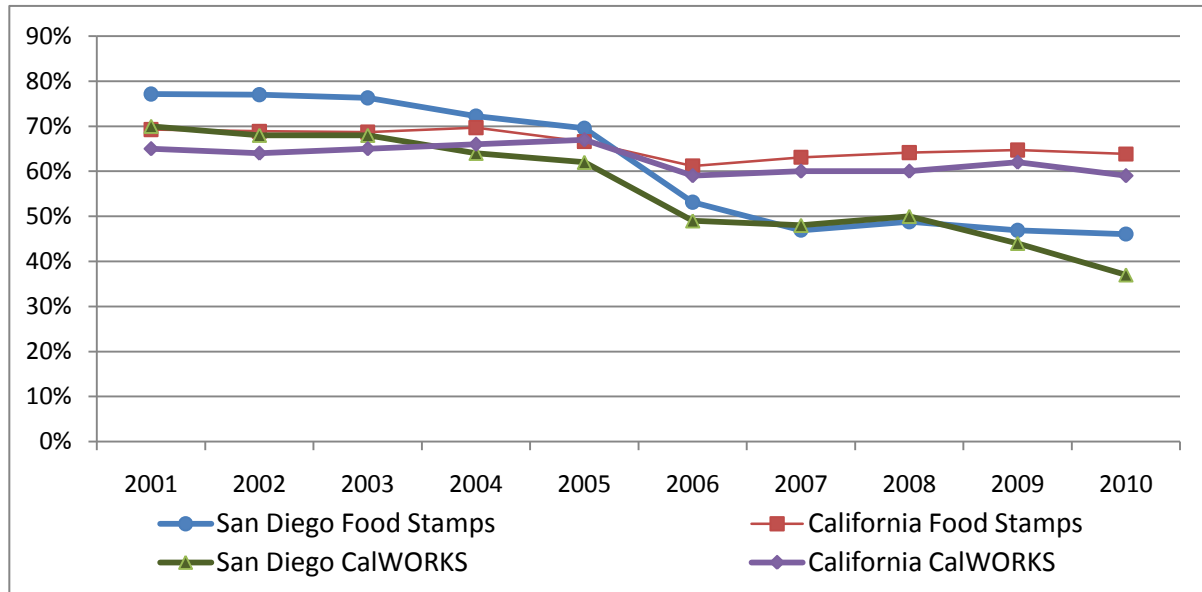
<sup>11</sup> Bennett, Kelly and Dagny Salas. (2010, February 1). County Government Resents Bearing Safety Net Burden, *Voice of San Diego*.

<sup>12</sup> Center on Policy Initiatives. (2011). *San Diego County Revenues and Reserves*

<sup>13</sup> Forrester, K. County of San Diego Health and Human Services Agency. *Business Process Re-engineering and Conversion to a Task-Based Model (Lessons Learned – Successes and Achieved)*.



Figure 3: Percentage of CalWORKS and Food Stamps Cases Resolved out of Total Cases, Monthly Averages for California and San Diego, 2001-2010



Source: Application numbers are taken from tables DFA 296 and CA 237 CW available on the California State website: <http://www.dss.cahwnet.gov/research>. Ratio is “Disposed of” divided by “Total/Month.”

While new cases seem to be resolved quickly, it is unclear why resolution rates are dropping, be it because of languishing older cases, applicants reapplying multiple times in frustration, or computer problems, these statistics reveal continuing problems with service and accuracy. Moreover, the US Department of Agriculture review of the BPR in 2009, found high rates or error in application processing in the three FRCs reviewed.<sup>14</sup>

The Eligibility BPR program converted a case-based system to a task-based delivery system. Task-based is a dramatic change for clients and for workers, who had previously seen an applicant all the way through the process including return visits, renewals and problems. Workers are now assigned to a specific part of the process, which they do over and over for many more clients who are then passed from task-worker to task-worker. The BPR also created a call center (ACCESS) and utilized a document imaging system called DoReS (Document Retrieval System).<sup>15</sup> According to the Eligibility BPR Project document the intent was to: raise efficiency, promote timely and accurate processing of applications, increase customer satisfaction and, “Finally, and most significantly, with CalWIN as the primary tool for determining eligibility, adjusting our processes to harness the power of this system will enhance the performance and job satisfaction of the eligibility and administrative support staff performing this important work.”<sup>16</sup> While the BPR *may* have accomplished the first objective of efficiency, this report shows that the second and third objectives, increasing accurate processing and customer satisfaction – at least from the perspective of the workers – have not been met and movement toward the final, supposedly most important, objective of enhanced job performance

<sup>14</sup> United States Department of Agriculture. (2009). *Supplemental Nutrition Assistance Program Program Access Review Of State of California Health and Human Services Agency Department of Social Services San Diego County*.

<sup>15</sup> County of San Diego Health and Human Services Agency. *Eligibility Continuous Improvement (CI)/Business Process Reengineering (BPR) Project*.

<sup>16</sup> County of San Diego HHSA. *Eligibility (BPR) Project*.

and satisfaction has been decidedly reversed by the BPR.

This is the first report to present the workers' perspective, after the release of three major studies in the last two years from other points of view and the UCSD final BPR evaluation, which includes eligibility workers' job satisfaction before BPR but not after. Although the UCSD evaluation states that client satisfaction has risen, the client advocates' own report shows dissatisfaction with the new system. The Supportive Parent Information Network (SPIN), in response to SDC's low food stamp participation rate, conducted in-depth interviews with 172 clients. According to the SPIN report, CalWIN and ACCESS are to blame for benefits not being delivered efficiently. The first recommendation of the report is to: "Reinstate the client-caseworker relationship, decrease caseloads" and have an eligibility worker review all computer-generated denials. As they explain, "People who help other people for a living, such as caseworkers, need to feel they are contributing to the lives of people they know, whose fortunes they follow, whose performance they encourage, and whose compliance with abundant regulations requires intelligent review. This is the heart and soul of the client-caseworker relationship, but it has been reduced to a paper and voicemail war by CalWIN and ACCESS (BPR)."<sup>17</sup> The focus on technology and the fact that there is no specific caseworker to call has, according to the clients themselves, left them confused and distressed.

The United States Department of Agriculture (USDA) conducted an additional review of the BPR, also in November and December of 2009. This report specifically assessed the functioning of the reengineering process in three FRCs. While the USDA found some improvement in dealing with case backlog, they found ongoing problems with both quality and service due to the dysfunction of ACCESS and DoReS, as well as the enforcement of unnecessary requirements and verifications on applicants. They also found that at two of the three FRCs, "Management does not seem tuned into what is happening below the supervisory level and believes that the transition is going well. On the other hand, workers and clients expressed frustration with the new processes citing lost paperwork and difficulty in phone contacts."<sup>18</sup> The USDA goes on to say that the BPR "as it has been implemented will not produce the desired results in improved customer service or workload reduction due to several choke points within the system."<sup>19</sup> ACCESS and DoReS are two of the choke points.

ACCESS was created in March 2009 and was fully implemented in November of the same year. It is staffed by eligibility workers transferred from various FRCs. The USDA review found that ACCESS was understaffed and that the 140 phone lines were not enough to keep up with customer demand. While the average customer abandons a call after 10 minutes, ACCESS wait times were over 20 minutes.<sup>20</sup> The county responded that the system had not been fully implemented and that the later UCSD evaluation had found much improvement.<sup>21</sup> However, according to the UCSD evaluation itself, 85% of their test calls met with either a busy signal or message to call back later. Of calls that did go through, it took 15-60 minutes to connect to the choice menu.<sup>22</sup> UCSD found that ACCESS workers received high ratings for professionalism, consistency and knowledge from both test callers and actual clients. UCSD suggests a web-based

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<sup>17</sup> Supportive Parents Information Network. (January 2010). *Hunger & The Safety Net in San Diego County: A Participatory Action Research Project Conducted by Supportive Parents Information Network*. p. 58-59.

<sup>18</sup> USDA. *SNAP Access Review*, p.10.

<sup>19</sup> USDA. *SNAP Access Review*, p.10

<sup>20</sup> Bennett, K. (2010, June 14). If You're Calling the County, Hold the Phone. *Voice of San Diego*.

<sup>21</sup> San Diego County Response to USDA FNS SNAP Program Access Review. (2010, May).

<sup>22</sup> UCSD, *Final Evaluation*, p.13

portal to handle many of the status questions, which comprise nearly 40% of calls.<sup>23</sup>

The document imaging system, DoReS, was also adopted in an attempt to process same-day applications and to reduce visits to the FRCs. According to the USDA, DoReS was being introduced to the FRCs at the same time it was being developed, which has placed an even greater burden on those applying for aid. Documents are lost or misrouted, resulting in more visits, and are backlogged, due in part to an overwhelming and sometimes unnecessary number of verifications. Additionally, images scanned reflected the date of the scanning, not the date the clients submitted them.<sup>24</sup> In response, SDC stated that DoReS is being improved and the county is piloting an off-site Centralized US Mail Processing center to meet the needs of a 24-hour imaging policy.<sup>25</sup> However, workers have not been consulted about the center's creation or implementation. They have serious concerns including the fact that their offices will be even more understaffed because of transfers of clerical staff to the centralized facility, that delays will be longer because of transport time and backlog, and that they will not even be able to track down the physical document as they can sometimes now do.

Despite the implementation of new technology and work reorganization, and an aggressive advertising campaign, the extremely low rate of food stamp enrollment in the county continues to be a problem. To address problems with access and delivery, the San Diego County Social Services Advisory Board (SSAB) formed a SNAP (food stamps) Work Group in August of 2010. The work group was comprised of client and anti-hunger advocates, HHS administrators, 211 call center private contractors and civil rights lawyers. No workers or their representatives were included. At the end of 2010, the Work Group issued a report with 69 recommendations for "simplifying the process, increasing the program participation, and maintaining program integrity."<sup>26</sup> Many of these recommendations specifically addressed problems faced by the client that made enrollment in the program difficult, including: lost submitted documents, difficulty in reaching the ACCESS call center, multiple visits to the FRCs, undertrained employees, negative error rates (denying clients who are in fact eligible) and cases not being resolved within 30 days.<sup>27</sup>

On March 15, 2011, the County Board of Supervisors adopted 58 SSAB Work Group recommendations. Of those 58, 29 impact eligibility workers although they did not have input. Some of the recommendations will actually result in added responsibilities. For example, there are recommendations that require eligibility workers to spend time in trainings, writing fuller case notes, reviewing backlogs, and other tasks without any means of providing the time or extra staff necessary to accomplish these duties. The recommendations do not take into account the day-to-day reality "on-the-ground" in the FRCs, as experienced by the vast majority of the workers. The biggest problem, which is not addressed by these new measures, is that eligibility workers are enormously overworked and understaffed. While some of the recommendations may indeed be great ideas, there is no accompanying commitment to provide resources for implementation. The fact of the matter is that unless the county is willing to invest more in this system -- through which the local economy is experiencing an infusion of resources -- problems with wait times, thoroughness and accuracy cannot be addressed. In fact, the very system that

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<sup>23</sup> UCSD, *Final Evaluation*, p.14.

<sup>24</sup> USDA. *SNAP Access Review*.

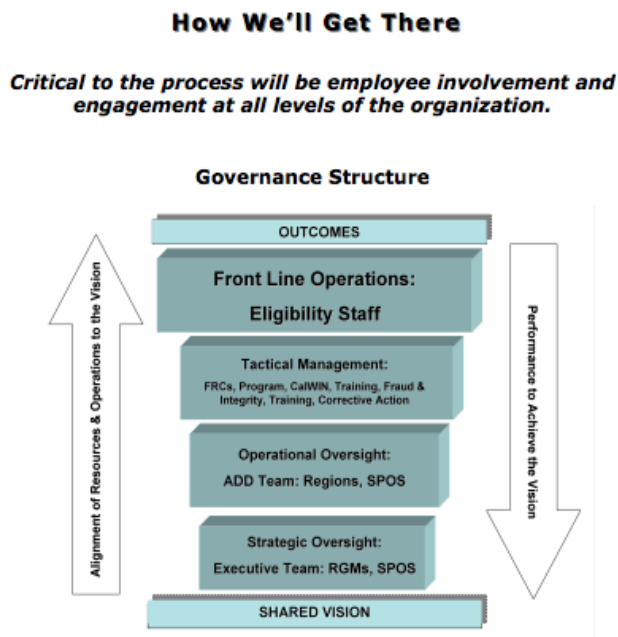
<sup>25</sup> San Diego County Response to USDA.

<sup>26</sup> San Diego County Social Services Advisory Board. (2010, November 10). *Recommendations for Improving the San Diego County Supplemental Nutrition Assistance Program (SNAP): A Report to the County Board of Supervisors*.

<sup>27</sup> SSAB. *Recommendations*

the county implemented to improve work organization – the Business Reengineering Process (BPR) – has caused a deterioration not only in workers’ morale and job satisfaction, but in such important aspects of system functioning as accountability, loss of documents, and client relationships.

While workers were originally consulted in the development of the BPR, they have not been part of the evaluation and improvement process. The following is from the Eligibility BPR Project document itself:<sup>28</sup>



Our report calls on the county to take seriously its own commitment to worker involvement and engagement.

## SURVEY METHODS

The subjects of this study are San Diego County Health and Human Services Agency employees working in the Family Resource Centers (FRCs) and the ACCESS call center. The primary focus is on employees commonly referred to as eligibility workers, but we also surveyed clerical staff. Our main research questions were: what obstacles do these workers face in terms of their own well-being and in terms of being able to do their jobs? By studying reports and articles on the San Diego County welfare system and speaking with worker advocates, we created a survey and held two focus groups with five workers in each to test the questions. Revisions were made based on this testing procedure. We also created a separate survey for ACCESS workers, based on input from advocates and ACCESS workers. We conducted a final focus group of 12 workers to gather feedback on survey results and potential recommendations.

We gained access to workers through the employees’ union, the Service Employees International Union (SEIU).<sup>29</sup> Representatives of the union made the initial contact with workers

<sup>28</sup> County of San Diego Health and Human Services Agency. *Eligibility Continuous Improvement (CI)/Business Process Reengineering (BPR) Project*, p. 7.

<sup>29</sup> Any potential self-selection bias toward more disgruntled workers was mitigated by the fact that workers took the survey in their place of employment, in some cases with supervisors in the room, we

and invited them to attend closed-door meetings during non-working hours (a regular procedure at their worksites). Our researchers informed attendees of the purpose of the study, risks, benefits, confidentiality, and provided contact information for questions. The survey took approximately 20 minutes to complete. After the survey, workers were also asked to inform their co-workers of the opportunity to participate in our study.

As of July 2010, there were 1,134 eligibility workers and clerical staff in the FRCs and ACCESS, 342 of whom participated in the survey. This is a high response rate, giving a confidence level of 95% with only a 4.4% margin of error. We conducted surveys at 10 sites: nine Family Resource Centers and ACCESS, with between 14 and 64 surveys at each site. Seventy-seven percent of respondents were eligibility workers, 21% (70) were clerical staff and 2% (8) were supervisors.

We created an interview guide for in-depth interviews to delve more profoundly into the issues raised in the survey. We asked workers during the focus groups and surveys if they were willing to be contacted for an in-depth interview. These interviews lasted about one hour, and were conducted at a site chosen by the worker outside of work hours. Twenty-four in-depth interviews were conducted with workers from nine FRCs and ACCESS.

Most of the statistics in this report are based on responses from all survey participants. The survey specified that certain questions were only relevant for eligibility workers. For questions asking workers to compare the situation after the recession to the situation prior, only responses from employees who had been at HHSA for more than three years were used, this was 84% of the total sample. Similarly, for responses to BPR questions only the responses of eligibility workers who had been employed at HHSA for more than three years are shown here, since this is the group most competent to gauge the effects of the BPR. These represent 85% of the eligibility workers.

## **DEMOGRAPHIC INFORMATION**

Of the 342 eligibility workers and clerical staff surveyed in our study, the large majority, 81%, are female. Slightly over half of the workers self-identify as Hispanic/Latino. Workers of color are overrepresented in the FRCs at 80% compared to 50% in San Diego County. Workers reflect the client population much more closely than the general population.<sup>30</sup> Two-thirds of workers are women of color.

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were told some workers were afraid to take the survey, and management at some worksites discouraged taking the survey. Given these factors, it could be argued that the results are conservative.

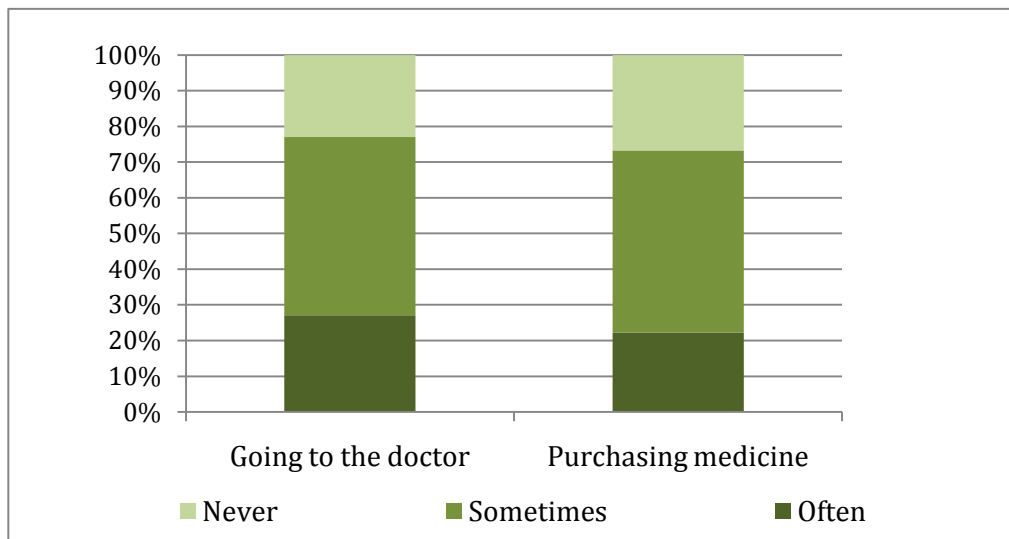
<sup>30</sup> “Annual Recipient Report on CalWORKS, Foster Care (FC), Social Services, Non-assistance Food Stamps (NAFS), Welfare to Work (WTW), Refugee Cash Assistance (RCA), and the Cash Assistance Program for Immigrants (CAPI) by Ethnic Origin and Primary Language,” July 2010 available at: <http://www.cdss.ca.gov/research/PG367.htm>

## EMPLOYMENT TENURE, PAY AND BENEFITS

Workers have generally been with HHSA for a long time, with the median and mean years of service being in the 7-10 year category. The Bureau of Labor Statistics reports that 4.4 years is the average employee tenure in the US.<sup>31</sup> Eighty-four percent have been with HHSA for four years or more, with 37% working there over 10 years, and 8% over 20 years. Despite relatively long average employment tenure, median salary for those surveyed is approximately \$41,600, only two-thirds of the county median of \$62,820.<sup>32</sup> These workers are not the overpaid government employees that politicians and the media often complain about. In fact, nearly 70% of those surveyed said they are not able to meet the basic needs of themselves and their family with their salary. Just over half survive on their salary alone (51%). Of these single wage earners, 60% have dependent children living with them. Overall, almost 80% of workers have children and two-thirds of workers have dependent children living with them. In addition to being established in their jobs, these are also workers who should be in their peak earning years, with 65% being over 40. Yet these workers are still in financially precarious situations, as demonstrated by in their use of health services.

The majority of workers surveyed receive health (89%), dental (83%) and vision (70%) insurance from their employer. Only 8% have dependents without health insurance. However, while almost all workers and their dependents have health insurance, high co-pays keep 77% of the workers and/or their family members from going to the doctor at least sometimes, and over a quarter from going to the doctor often. Co-pays are currently \$20 a visit and may soon rise. According to a seven-county comparison conducted by the workers' union, SEIU, San Diego eligibility workers have the highest doctor visit co-pays. Moreover, 73% respond that at least sometimes they or their family members do not get medicine because of high co-pays, with 22% saying they often have to go without medicine.

Figure 4: For those on insurance from your employer, do high co-pays ever prevent you or your family members from . . .



<sup>31</sup> Bureau of Labor Statistics. (2010, January). "Employee Tenure Summary," available at: [http://www.bls.gov/news.release/tenure\\_nr0.htm](http://www.bls.gov/news.release/tenure_nr0.htm)

<sup>32</sup> US Census, available at: <http://quickfacts.census.gov/qfd/states/06/06073.html>

While most FRC workers do not use services for low-income residents, 24% report having used at least one form of government assistance during their employment with HHS. The most common aid used is free school lunches and Healthy Families, a subsidized insurance program. Government employees should be paid enough to support their families, access medical care and not rely on government assistance.

## **WORKLOAD AND STAFFING**

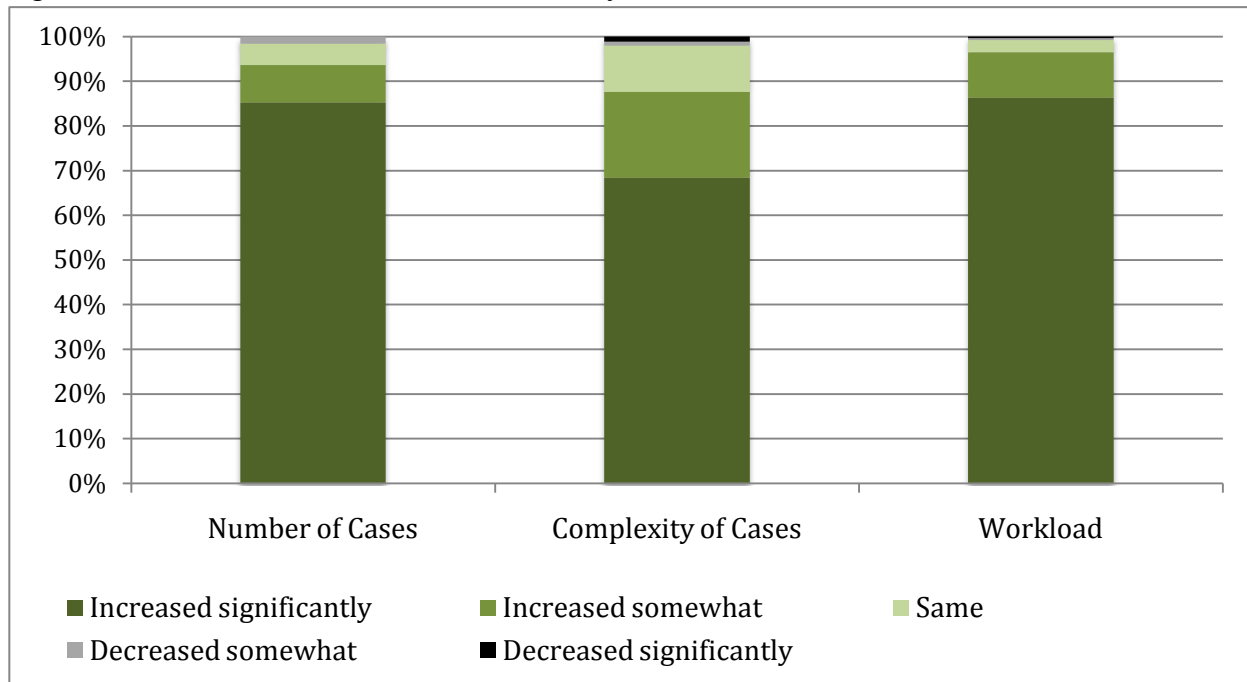
The *most* salient issue that arose from our study is the tremendous increase in workload, and the resultant deterioration in workers' ability to perform their jobs well and to have positive job experiences. Workload is the most common answer to an open-ended question on the survey asking, "What aspect of your work most affects your job satisfaction?" The most common answer to the open-ended question, "What improvement would you most like to see?" is: an increase in staffing. A reduction in workload is a clear second. These two answers together account for 126 workers – almost half of those who wrote in an answer (256), compared to 19 who responded with an increase in pay or benefits. Even for workers who clearly need more pay and better benefits, workload is their primary concern.

There are several problems involved in the workload issue. The first and most obvious is the sheer increase in cases, as explained in the introduction; this is due to a confluence of factors, including the county's aggressive marketing campaign for food stamps. Some of the technology implemented under the BPR indeed makes food stamps more accessible, but the workers still need to review, process and follow-up on every case and this has become virtually impossible. One respondent said,

You no longer just have to come to the FRCs – you can apply online, you can call the phone number and apply, you can do a telephone interview. You no longer have to show up and wait in line and be there at the FRC. Now what has that done to our workload? It has tripled our workload. It's done wonderful things for the members of the County of San Diego because it allowed them to apply in different methods, but it has put a lot of pressure on the people who do the job to perform and we're unable to handle it.

Another contributing factor to workload is the recession. We asked workers who have been at their jobs four years or longer how the recession impacted their work. The results are shown in the graph below. Not only do workers note a drastic uptake in cases with 94% of respondents saying that the number of cases increased and 85% saying that it increased *significantly*, but they also say cases are more complex. Eighty-eight percent of respondents feel that the complexity of cases increased, with 68% saying it increased *significantly*. Workers point out that with the recession, many people applying for assistance recently lost their jobs and have many more assets than the average pre-recession applicant. They may have a house in foreclosure, and quickly dwindling savings or other accounts. Workers say there are also more families due to the recession, which means more people on the applications. All of this adds up to more verifications, paperwork and time per case.

Figure 5: How has the 2008 recession affected your work?



This is added to an already complicated process. Emphasizing the point, one interviewee explains,

If we do approve a case, there's a lot of paper work involved. For CMS we have to do liens. We have to approve them for County Medical Services. We have to have them sign all the liens, all the forms. We have to give them the card and put the money on the card that day (usually we try and do it that same day)...And so, it's a long process. We have to check the systems, go into meds and check a lot of things. So, yes – it's very complex.

This increase is combined with a decrease in staff over the last few years. County data shows a 6% decrease in eligibility workers and a 5% decrease in clerical staff since the high point in 2006. Because of the increase in work, the experience of FRC workers is that they are much more relatively understaffed than prior to the recession. One interviewee describes management's constant struggle to compensate for understaffing, without hiring any more workers,

They've changed so many different things, because like I said, to compensate for all the errors and for the lack of staff, because honestly, we do not have enough staff to manage the workloads, and... to compensate they've just been, "Now we're going to try this. Now we're going to do that. Now we're going..." And they keep on changing things... often, and it seems like every month we switch to see what works, and...it might seem like they're working at first, but in the long run, it's not, because the work is just being shifted.

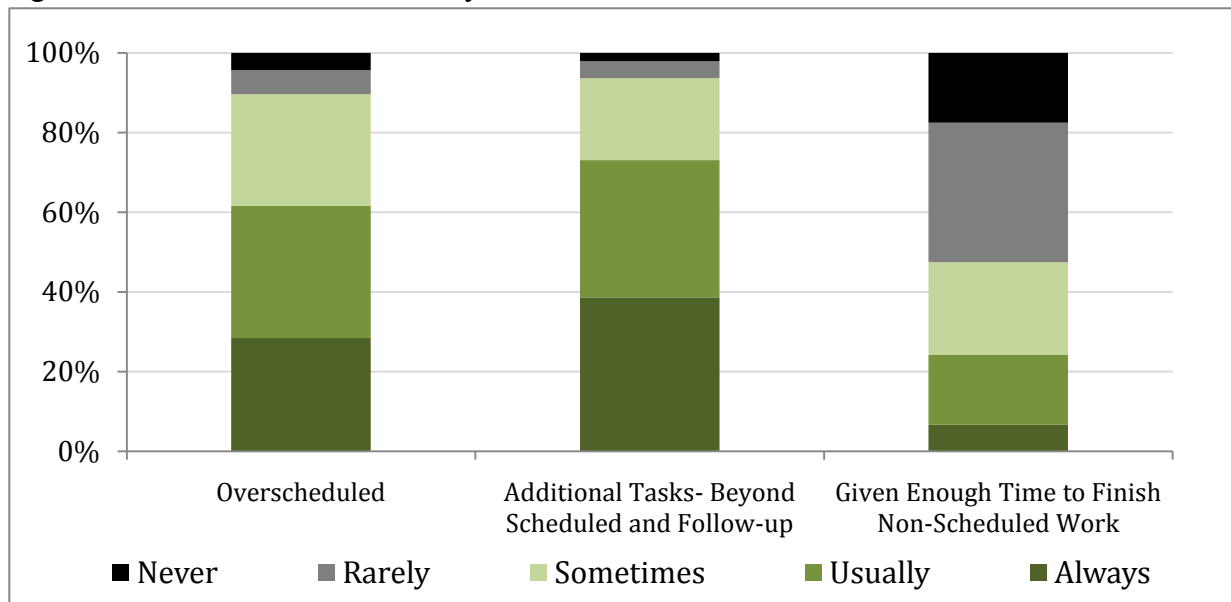
As this eligibility worker describes, the BPR has not been an effective means to manage the



increased workload without increasing the number of staff members.

In fact, when asked about the implementation of the BPR impacting their work, 82% say workload has increased under BPR and only 5% think the BPR has decreased work. Under the BPR, workers feel a lack of control over the scheduling of their day and have too many tasks assigned without sufficient time for each task. Adding to the stress and pressure, workers are constantly interrupted from assigned tasks to deal with other emerging situations or non-scheduled demands. Because the facilities are so understaffed and have a “Same Day” policy, where every applicant who walks in the door before 5:00 pm must be seen that day, eligibility workers will commonly be doing the necessary follow-up to an intake, for example, and an “all hands on deck” call will come out, forcing them to drop what they are doing and rush to the lobby. Also, non-scheduled tasks, such as training, may be important, but workers are expected to complete them without being provided specific time to do so. The following graph shows what eligibility workers report about specific factors that contribute to their workload.

Figure 6: Please indicate how often you are . . .



When asked about their workload, 62% of eligibility workers say they are usually or always overscheduled, that is given more tasks in a day than can be completed. As one eligibility worker explains,

Instead of having a task of 10 cases a day, I was tasked as many food stamp cases as were brought into the building in a week. So we're talking 80, 85 cases, plus extra work that isn't SharePoint, plus whatever lands on my desk...So we're talking, you know, three times as much work as is physically possible for one person to do.

When asked separately for the time scheduled for intakes of various types of programs and the time it actually takes, the majority of workers indicated the time it takes as longer than the time that is scheduled. On average, estimates differed by about 30 to 40 minutes per case, with CalWORKS and combination cases (Combos) being the most short-scheduled.

Because workers are so overscheduled, even potentially helpful tasks, like on-line trainings, are perceived as an extra burden. And, as mentioned, several of the new policies adopted by the County Board of Supervisors will increase expectations without adding staff. One eligibility worker sums up how workload issues impact morale,

There is always more work. There used to be a time where I felt that an accomplishment that happened, like any job, you know? You get tasked, and you are given work, and you complete it and the boss says, 'Good job,' and you know, you move onto the next thing. So there's not enough 'good job.' There's just more work, more work, more work, more work and more work.

## **SUPERVISION**

The BPR has put enormous strain not only on workers, but also on supervisors who are under constant pressure to produce higher numbers and are left with insufficient time to complete their primary duty of offering support to workers. As management pressures supervisors, supervisors in turn sometimes yell at workers or ignore requests for assistance. Workers feel strongly that, "Lately management is more worried about statistics than the health and welfare of their employees." The BPR has also created a "chaotic" environment where clear guidelines and open communication are not consistently fostered and which involves an almost singular focus on quantity. The BPR creates a high-pressure system that has a negative impact on all relationships – supervisor/worker and worker/client.

The survey results show a mixed picture of the relationship between the workers and the supervisors. Most of the workers surveyed report being fairly satisfied with their own supervisors. However, they are not as pleased with management and supervision, in general, at their worksites. Moreover, it seems that supervisor behavior varies greatly by worksite. For example, approximately 83% of workers feel supported by their own supervisors at least some of the time, with 56% saying they feel supported most of the time. One respondent said, "I get a lot of support from my supervisors and co-workers. I know that I can go to them if I need them, even if they're overwhelmed, they will stop and help me." However, approximately one-third of workers say that their supervisors rarely or never promote a positive work environment, 37% say this happens only sometimes, and 30% say this usually or always happens. Moreover, there is great variation from an FRC where *everyone* thinks that supervisors at least sometimes promote a positive environment to an FRC where only half the respondents think the supervisors even sometimes do this. In regards to being treated with dignity and respect, 27% report that their supervisor never or rarely treats them this way, while 21% report sometimes being treated this way and a little over half say they are usually or always treated this way. However, when comparing the results from FRC to FRC, a range of 7%-79% of respondents report that they are rarely or never treated with respect. A sign of the problem of disrespect is that while about 60% report that supervisors never publicly yell at or demean workers, over a quarter report that each of these happens at least sometimes. Obviously, this is neither professional nor acceptable behavior.

There are also almost equally divided results regarding the quality of supervision at the workplace. Thirty four percent of respondents report that supervisors never or rarely communicate with staff effectively, 36% report that supervisors communicate effectively sometimes, while 30% report that this is usually or always the case. Approximately one-third of workers feel that their supervisors never or rarely spell out clear guidelines, while 41% feel this

only happens sometimes, and a little over a quarter report that guidelines from supervisors are usually or always clear. Results indicate improvement in the consistency of supervision is necessary.

Although respondents are split in their opinions of supervision, there is a consensus that the BPR has not improved supervision, and most feel supervision has diminished under the BPR. Fifty-six percent of eligibility workers who have been there over three years (since before the BPR) report that their supervision has worsened since the BPR, with very few reports of improvement (5%). Many workers feel that their supervisors are under pressure to drive the workers to produce higher numbers of processed applications. Workers point out that supervisors are now so focused on generating statistics that they cannot do their own jobs properly. For example, when a worker asks her supervisor a program question a typical response is, “ ‘Okay, let me get back to you, because I have to finish these stats that I have to turn in by the end of the day.’ They need to know how many cases we’ve approved.”

Many workers note that there is a lot of pressure now to approve cases. One-third of survey respondents say that supervisors at least sometimes tell them to grant cases they feel do not qualify, and 6% report that this happens always or most of the time. Workers express grave concerns about the accuracy of determinations, with so much pressure to meet the granting deadline and to raise numbers. Workers describe rapid last minute determinations without attention to detail, indicating that by saving money on staff, the taxpayer may be losing money on ineligible applicants, or that applicants who do qualify may be wrongly denied in the rush.

Another significant finding is that the Metro FRC has the highest ratings of supervision. This is important to note because Metro is the only worksite in this study that still operates based on caseloads. While they have also experienced a drastic increase in their caseload and feel the effects of the recession, they only work with the BPR system in a limited way. Their work organization has some BPR aspects, like new technology, but does not have the task-based system. It may be that Metro has particularly competent and professional supervisors, but it may be that the BPR itself undermines supervision, not least because the BPR is constantly being reworked. There is a sense that supervisors do not really know what is going on under the BPR. One interviewee explains, “I even asked my supervisor...to show me the BPR and show me where it says how much I'm expected to do every day in these certain tasks, and they could never come up with it.”

Regardless of the specific worksite, it is clear that supervision is a concern to the workers at the FRCs. When asked in an open-ended question: “What improvement would you most like to see?” supervision was the third most common answer, after increased staffing and decreased workload.

## **TRAINING**

The results from the surveys show that the majority of workers feel that they were adequately trained in the technological aspects of the BPR. For example, three-quarters of the respondents say they were adequately trained in CalWIN and two-thirds feel adequately trained to use DoReS, while 57% feel adequately trained in SharePoint, a software system to coordinate case management

Although technological training is reported as adequate by most of the workers via the survey, the in-depth interviews made apparent that many are dissatisfied with the extent of program training and how training is administered. For example, many feel that they were adequately trained in one welfare program, but then were expected to work in other programs as

well without sufficient training, causing a multitude of problems.

You know when they implemented task based, they just kind of said, ‘Okay, this is what we’re doing now.’ I don’t think they bothered to think about if everybody was at the same level as far as knowledge and experience. If everybody were on the same page, we all had the same training, we all knew what the expectations were, and had an understanding of, you know, eligibility...there wouldn’t be as many errors as there are now.

Some also point out that there is a lack of instructor-based training, much of which was replaced by online programs. One respondent said,

Before you would actually sit down in a classroom and your time would be designated just to that, learning that program or whatever they’re teaching you at the moment. Now they send it through email or you have to go through the LMS system and you have to do it pretty much when you have time to do it, when you’re not with a client.

Workers point out that because they are under such time pressure, and time is not set aside for trainings, that many end up just “click, click, clicking” through the pages. Others point out that while sitting alone at the computer may be “efficient” it is not an effective way to learn much of this material. “How do you expect them to learn if you’re not talking to an actual person or seeing it done?” Additionally, workers felt that supervisors push them to do trainings because they receive a bonus based on the number of workers who take the training, a bonus workers used to receive for taking the training but no longer do. This generates some cynicism about the online, non-program trainings that are required.

There is also an emphasis on how often the procedures change; the workers have trouble keeping up with all the changes and are sometimes left to learn new regulations or policies for themselves. The in-depth interviews indicate that training and its format delivery is an issue of much concern to the workers.

## **EFFICIENCY AND TECHNICAL ISSUES**

In addition to workload and supervision, specific issues with the technological aspects of the BPR also impact employees. A reorganization of work and more technology were implemented to improve efficiency. However, 75% of eligibility workers who have worked for more than 3 years at HHS say the efficiency of work organization has worsened since the BPR was implemented. One interview participant says about the BPR,

It changed everything. You know it may be working for a corporation, but we are not a corporation. We work differently. They thought it was going to go smoother and that there would be less problems and paperwork. But there are more problems. There is more paperwork.

In addition, only 7% of these eligibility workers feel that the implementation of the BPR made their technical/computer problems better. In fact, more than half (52%) believe that technical/computer problems have worsened since the BPR was implemented. In regards to the

loss of documents 78% say that the problem has worsened since the implementation of the BPR. “I think it’s really bad,” said one respondent, “you can’t find anything on any of the cases. Everything gets lost.” The BPR was supposed to make eligibility workers’ jobs more efficient, but as the employees have noted, it has made their jobs more prone to technical problems, partly because of the faulty document scanning.

## **DoReS**

As mentioned earlier, DoReS is an online imaging system whose purpose was to provide a fast and easy way to access clients’ documents that are required for an application to be processed. Unfortunately, the unreliability of DoReS has made documents more unavailable than when caseworkers relied on paper files. When asked to average how often DoReS goes down, over half the employees that use DoReS say the system is down multiple times a week (52%), with another 10% estimating even more often. In regards to the amount of time DoReS is down, the majority of respondents (59%) said that when DoReS does go down, it is usually down for hours at a time. According to 68% of respondents, this downtime significantly affects their work. DoReS was one of the largest complaints in our interviews. One respondent says,

It’s down most of the time and the purpose of DoReS is to have the verifications that we request to be imaged, you know, so we can easily access them through the computer. So, we get a lot [that] the clients come in and say, ‘You know what, I just turned it in a few days ago.’

Many respondents cite the difficulty of having to explain to clients that their case cannot be resolved because of problems with the computer system. Clients who have come multiple times become justifiably frustrated. One respondent highlights the human element of the mechanical process,

We tell the clients to bring the verifications again, because we can’t process the cases without that. So, that means another trip home and then come back and bring the verification, *if* they even have it, because a lot of times the clients submit original documents such as pay stubs, which we cannot process quarterly reports without pay stubs, or original birth certificates. We cannot issue cash assistance without those.

Clients have to go out of their way to accommodate the problems with DoReS, with multiple trips that require waiting in lines. The technical problems of DoReS clearly impact the eligibility workers’ ability to close a case, their interaction with increasingly frustrated clients and their own stress levels.

## **ACCESS**

ACCESS, the customer service call center, is also known among eligibility workers for its share of problems. ACCESS is operated by experienced eligibility workers, who provide assistance via phone, email, or fax to clients who are applying or thinking of applying for county services. Applicants should be able to call ACCESS with a question about their application and reach a live eligibility worker who can resolve their issue.

Regrettably, ACCESS workers have not been able to keep up with the number of calls

received on a daily basis. According to the eligibility workers in the FRCs, the addition of ACCESS has made their job harder (61%). Only 13% believe that ACCESS has made their job easier. One respondent says, “There’s never an issue that...will be resolved in less than 15 minutes. I’m against ACCESS, because as far as I’m concerned, it doesn’t do anything good.” Another respondent says,

They’re just there to make people happy so that you don’t get them to come in the office...It’s frustrating. It’s really frustrating. Because I’ve had too many cases where I’ve gone back to the case for whatever reason...maybe I got a verification that a client failed to bring at interview, and then I go back to the case to update it, and I see that the client called ACCESS and they changed my case. Very frustrating.

Eligibility workers in the FRCs are frustrated with the fact that ACCESS workers often cannot resolve problems and so the clients are even more upset. In open-ended responses on the survey and in the in-depth interviews, many workers expressed the sentiment that ACCESS just removes eligibility workers from the FRCs, leaving more actual eligibility work to be done by fewer people. In fact, eligibility workers were transferred into ACCESS from the FRCs leaving 9% fewer of them in the FRCs than in 2008.

Moreover, the ACCESS workers themselves are frustrated. ACCESS workers are constantly aware of the time pressures they feel prevent them from assisting callers. Eighty-three percent of ACCESS employees feel pressured to rush through their calls at least sometimes, with 61% usually or always feeling rushed. Seventy-five percent feel they are not usually given enough time to resolve the client’s issues. In fact, when asked why they do SharePoints to the FRCs, 61% say it is usually or always because they do not have time to resolve the issue, with lack of program knowledge being another significant reason. Seventy-eight percent say they rarely or never do SharePoints just because it is easier (an accusation of FRC staff).

One ACCESS employee says, “We are eligibility workers, not just phone staff. There are issues we can address, concerns right then and there, but we are rushed off the phone.” Another ACCESS worker tells a story of when she encountered a woman with a child who needed cancer treatments. This woman needed Medi-Cal, but had one document remaining to be processed before the child could get the treatment he needed. The ACCESS worker took 25 minutes to finish the case and she “got harassed for that.” This same worker also says of the system,

It’s not people oriented. It’s not service oriented. Sometimes we have to deal with the human spirit and human need. I don’t want to be harassed by my supervisor for doing that. I don’t want to be rude and brush off the customer. So how do we win here?

As the above respondent touches on, ACCESS workers are in the business of helping humans with real and complicated issues, and are not merely taking phone orders. However, three-quarters of ACCESS workers (74%) believe they usually or always are evaluated based on call volume, while only one-third (32%) feel they are evaluated based on the quality of their work or ability to resolve cases. The overemphasis on volume versus quality undermines the purpose of ACCESS - to relieve pressure on the FRCs - since callers often cannot be helped quickly and end

up back at the FRCs.

In addition, the monitoring technology inherent in a phone system intensifies the time pressures on ACCESS workers. For example, almost half (47%) of ACCESS workers respond they are never or rarely given adequate time between calls to attend to their own needs for such things as using the restroom or getting a drink. In addition, 56% of employees usually or always feel micromanaged on the job. One worker says, “At [the] FRC, if I wanted to help someone coming in the door, I could do that. I did not have someone looking over my shoulder.”

Although there was variation, most of those surveyed think that they are expected to answer about 4 calls an hour. At a labor-management meeting, management stated that calls take about half the time and follow-up (making notes, processing documents, sending SharePoints) takes the other half. At the same meeting, managers indicated that a light appears to a supervisor if an eligibility worker has been on the phone for more than 15 minutes and the supervisor then sends an email to the ACCESS worker to see if s/he needs help. However, it appears that workers are handling even more calls than the four an hour. A rough estimate can be derived from looking at the volume of calls and dividing it by staff. The last published call volume was a little over 60,000 in May of 2010. In 2010, ACCESS had 74 workers. Dividing 60,000 by the 20 working days in that month, 7.5 hours per day (excluding breaks) and 74 staff members comes to 5.4 calls an hour. This is assuming that *no one* is on vacation, out sick, or in meetings or trainings. So *conservatively*, workers are doing an extra two and a half hours worth of calls each day. Of course, calls vary by month, with between 52,000 and 70,000 calls.<sup>33</sup> If we take the conservative estimate of 5.4 calls an hour, this is less than six minutes per call, since notes and follow-up must be done (the UCSD evaluation also says the average is six minutes a call). What eligibility work can realistically be done in six minutes?

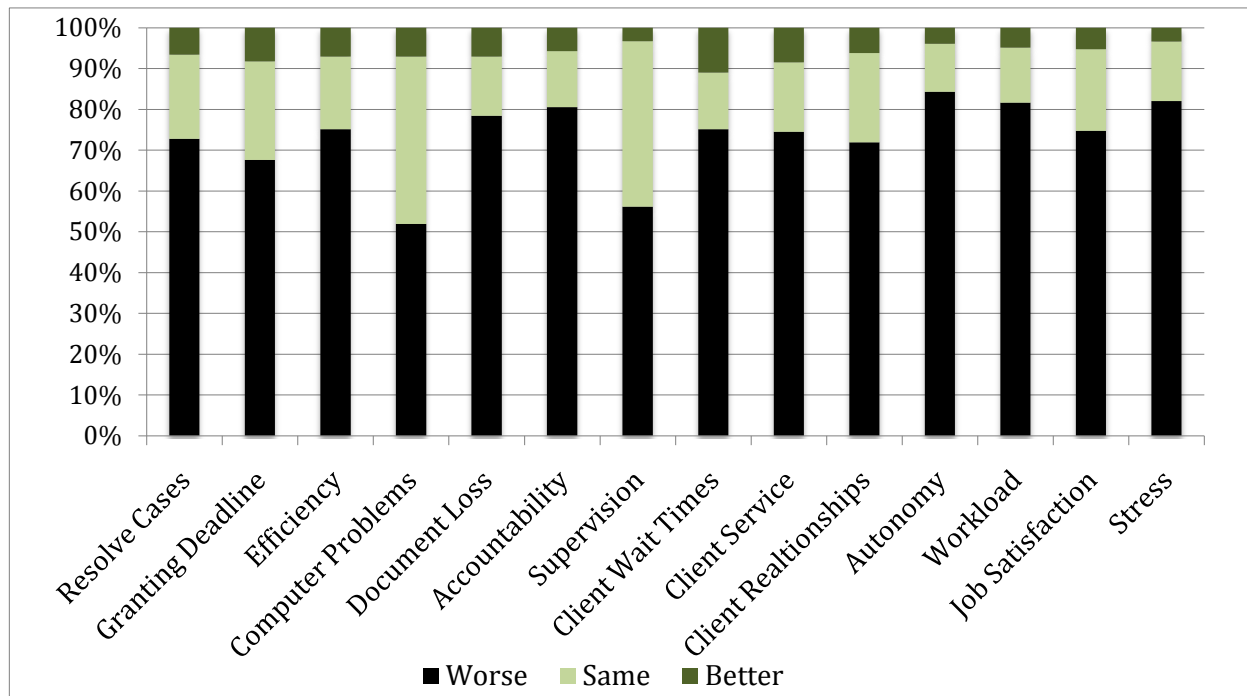
## **DETERIORATION OF WORK UNDER BPR**

Among the 224 eligibility workers who have been at HHSA over three years and are therefore able to compare the work environment pre and post-BPR, the large majority report that *none* of the BPR goals have been accomplished. In fact, the majority report that the BPR has worsened *every* aspect of work and service they were surveyed about. For eleven work-related aspects, over 70% feel they worsened since the BPR was implemented, and in *no* aspect do more than 11% report any improvement. The following graph shows eligibility workers’ responses to fourteen questions about the BPR.

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<sup>33</sup> Call numbers publicly available at: [www.cwda.org/.../tools/.../San-Diego-FS-Best-Practice-Symposium-PPS.pps](http://www.cwda.org/.../tools/.../San-Diego-FS-Best-Practice-Symposium-PPS.pps), presentation by Kim Forrester, Assistant Deputy Director, HHSA

Figure 7: How have the following work-related factors changed since the implementation of the BPR:



The BPR was developed to enhance workers’ ability to perform their jobs, which primarily revolves around resolving cases. However, only 7% of eligibility workers feel the implementation of the BPR has made their ability to resolve a case better. Conversely nearly three-quarters (73%) believe their ability to resolve a case has been hindered by the BPR. One worker describes the current system as “chaos.” Another worker explains how clients often fall through the cracks, without any caseworker responsible for them. Under the BPR, workers feel their ability to resolve their clients’ cases have been taken away. One worker explains, “We used to work forward, now we work backward.” He says previously he could anticipate what was coming up in a case, now he is just trying to fix problems.

Accountability also changed dramatically when FRCs transitioned from caseloads to task-based work. Now any eligibility worker can handle any case, the presumption being that this will expedite client service. However, the resulting system is one that breeds errors, since workers are not responsible for specific cases. In fact, 81% of eligibility workers agree that worker accountability has deteriorated with the implementation of the BPR. Nearly half (47%) believe that worker accountability is now *much* worse. One eligibility worker states,

Before, you were accountable for your own cases. If there was something wrong with your case, or a client had a problem, they could call your supervisor. You know you are held accountable if you screw something up. Now if somebody screws up in task-based, they are not held accountable. If you are the last person to touch a case, you are responsible for it.

Workers are no longer accountable for the quality of work as cases are passed between employees.



The task-based model means workers have less control over their work. More than 80% of eligibility workers surveyed feel that since the BPR was instituted, they have less autonomy and half respond that the situation is *much* worse. One interviewee says "...and then there was the BPR. That happened and it made some really drastic changes. They took away all the caseloads. They imaged everything and now you really don't have any control over your work." Previously workers had files of all their clients with all their papers. Under the task-based model, they now input a certain piece of data and pass the case on. As a result, employee investment in their work has declined. As one eligibility worker puts it, "Before, we had pride in our work."

Workers also feel strongly that the BPR has deteriorated service for clients, with 72-75% reporting that wait times, service, and relationships with clients have all worsened under the BPR. The task-based system does not fulfill the needs of the clients or the workers. As one worker explains,

Before, we used to have clients who were your clients, who...you would get to know. They would know you; they would call you. And they would either trust you or not trust you. Sometimes they would request 'I don't want that worker, change my worker.' But I think you were able to build a relationship with the client and get to know them a little bit better, but now you don't really get to know the client. They come in, you do the intake, you ask for their verifications and you get rid of the case. You do the next person, and you do the same thing.

The task-based system turns clients into numbers; they are no longer people but data needing to be entered. An eligibility worker explains an issue that arose as a result of the task-based system,

I caught a case once that should have been closed months earlier, but they were still getting money. They just fell through the cracks, and it goes both ways. Cases get closed before they should because that task wasn't on anybody's desk, and workers don't care, because 'I'm just doing my task.' They're not concerned with anything else in the case.

The clients suffer when they do not have a worker overseeing their case to follow the application process through. The workers also suffer. Most eligibility workers entered this field to do social work, not clerical work.

Job satisfaction has declined since the enactment of the BPR. Nearly three-quarters of the eligibility workers surveyed report their job satisfaction diminishing with the BPR. As one worker describes, "I used to love my job. I was helping people get services they needed. Now I just do changes. That's it. How can I like my job when its only updating addresses?" The BPR has subjected workers to monotonous tasks, without the rewards of helping clients they know. Eligibility workers now rarely see the fruits of their labor.

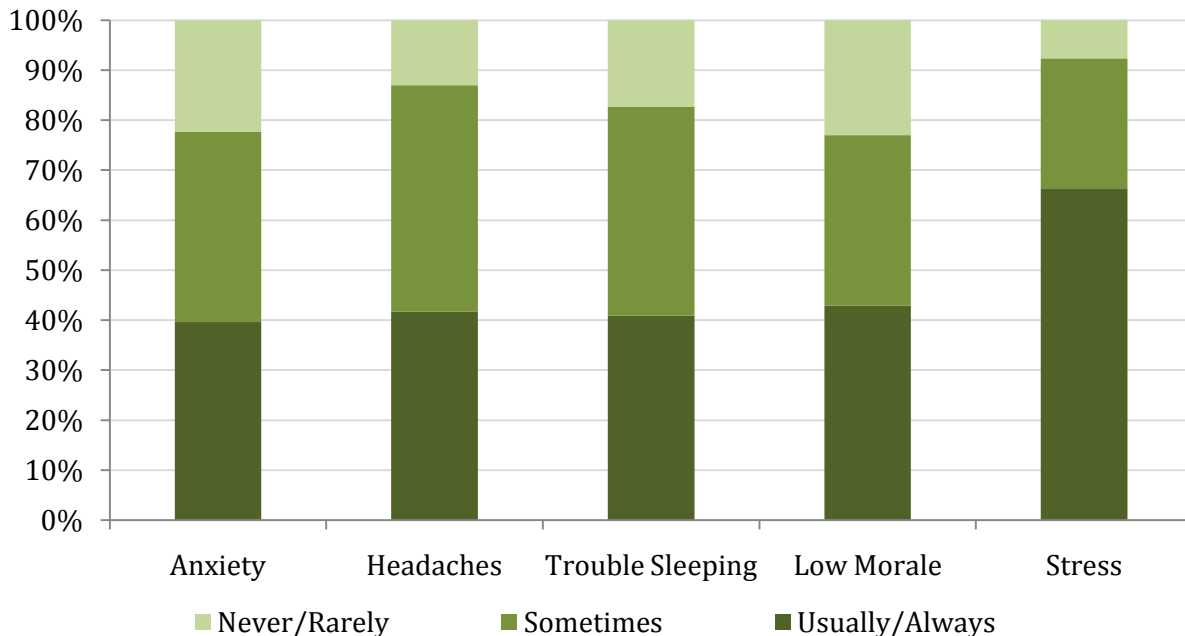
## **STRESS**

In one interview, an eligibility worker explains, "Well it's very hard work, very demanding, emotionally as well as psychologically." Some level of stress may be endemic to social work, but stress levels have skyrocketed with the BPR. Eighty-two percent of eligibility workers who have been at HHS for over three years report that stress levels are worse since the implementation of the BPR; fully two-thirds report that stress levels are "*much* worse." Only 3%

of eligibility workers report an improvement in stress with the BPR. Another eligibility worker laments the current situation, “I am sad to see so much protection (by management) and not looking at what workers are going through, the stress levels. People walk off job, they quit, they are crying in the restrooms.”

Based on survey data, FRC and ACCESS workers suffer physically and emotionally because of their job. Strikingly, 66% usually feel stressed because of their job, with 40% reporting that they *always* feel this stress.

Figure 8: How often do you experience the following due to your job?



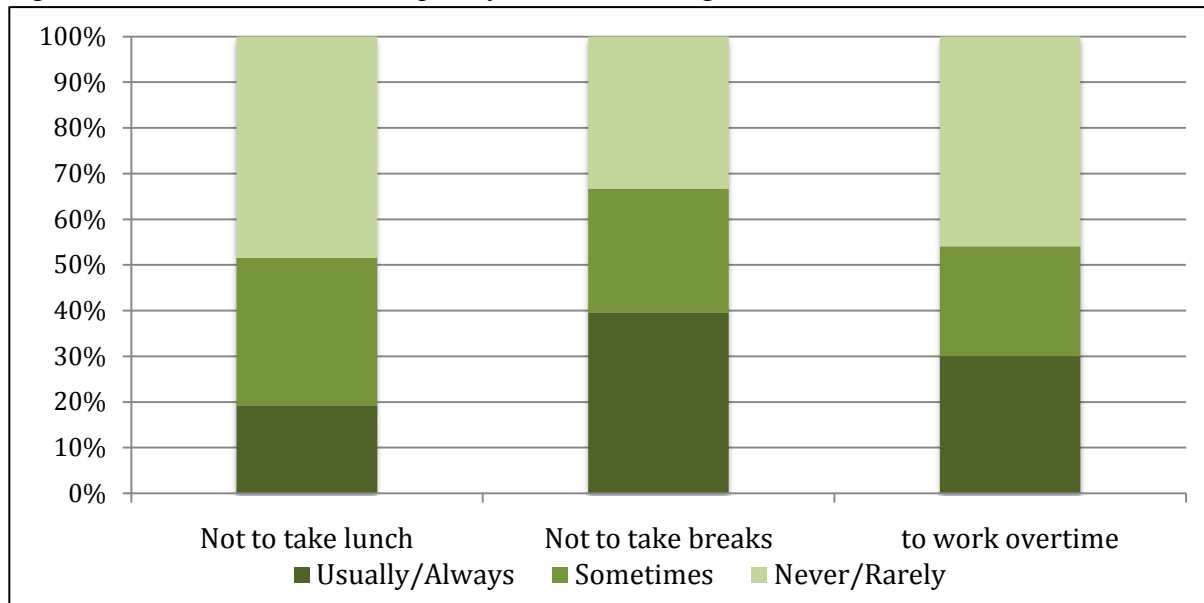
Moreover, over three-quarters of respondents report experiencing stress symptoms related to their job. Eighty-seven percent have headaches at least sometimes, with 42% reporting that they usually or always have headaches. Eighty-three percent say that they have trouble sleeping at least sometimes, with forty-one percent usually or always experiencing sleep difficulties. Approximately 78% report having anxiety related to their jobs at least some of the time, and over three-quarters also feel low morale at least some of the time, with over a quarter feeling this way always. A national survey conducted by the American Psychological Association contextualizes the findings.<sup>34</sup> The nationally representative survey asked respondents if they had experienced stress related symptoms within the last month. For women (who comprise 80% of our sample and whose stress is higher) the response rate was: headache 41%, nervous or anxious 38%, and lying awake at night 49%. Eligibility workers’ stress symptoms are much higher than those experienced by women nationally.

FRC and ACCESS workers attribute some of their stress to pressure that they feel during the workday. Workers are so overloaded that they are not taking legally mandated breaks. About two-thirds feel pressure not to take breaks at least sometimes, and 40% feel this pressure most of

<sup>34</sup> American Psychological Association. 2010, *Stress in America*, p. 20. Available at: <http://www.apa.org/news/press/releases/stress/national-report.pdf>. The symptoms were considerably lower for men.

the time. Also even as hourly employees, many are working through their lunch hour and overtime, even when they are unpaid for these hours. As can be seen below, over 50% of the FRC workers feel pressure not to take a lunch at least some of the time. More than half the workers feel pressure to work overtime at least sometimes.

Figure 9: Please indicate the frequency of the following statements: I Feel Pressured . . .



In addition, almost half the employees report working overtime without getting “comp time.”

There are many contributing factors to stress that have been discussed in this report, workload being the most salient. However, an additional stressor may be FRC employee’s treatment by their clients. Reports by client advocates document the incredibly frustrating process of long waits and repeated visits for clients. This frustration is sometimes misdirected at workers. Eighty-seven percent of workers report being yelled at by a client, with over a quarter (28%) saying it happens regularly. Over one-third of workers report that a client has threatened them and a third of workers report having had something thrown at them by a client. On the other hand, 86% of the workers report that their clients have “shown understanding towards them,” with 20% saying this happens regularly.

Many workers also express sympathy for their clients’ situations and for the fact that clients have had to wait on the phone, wait in long lines, contend with lost documents and deal with multiple people. In fact, many eligibility workers express going into their job because they want to serve the clients. Common answers to the open-ended question: “What most affects your job satisfaction?” were such things as, “Being able to take care of clients and follow thru with them,” “working directly with clients,” and “feeling like I am making a difference in helping the public.” Similarly, when asked during an interview, “What is the best part of your job?” a typical eligibility worker responds, “being able to help families transition.”

The research suggests a mutual understanding between clients and FRC workers, even as tensions exist. This may indicate that something beyond the control of either the worker or the client creates a stressful environment for both. One of the causes of high stress levels seems to be the enormous rise in the number of cases and the implementation of the BPR.

Employee stress is a problem, not only for the workers but also for the county and the

clients. Although we do not have data on turnover or workers taking medical leaves due to stress, workers report that there are a high number of such inactive workers and that retention is declining. If so, this should obviously be of concern in a job that requires a two-month training period and in which accumulated knowledge is an invaluable asset. When the county loses workers due to stress, it is losing an important investment of taxpayer money.

## RECOMMENDATIONS

**Our research demonstrates that eligibility workers are invested in their jobs, dedicated to their clients and eager to contribute to solutions to the current dysfunction now rampant at the Family Resource Centers. Workers are aware that workload will inevitably increase with a budget crisis, but it has reached unsustainable levels and is exacerbated by the fact that workers feel they have no voice in solutions. The following recommendations are based on their input gathered through the survey, interviews and focus groups.**

1) The County should implement a process of collaborative decision-making with workers about changes to work organization, program improvements, and evaluation of current procedures (including BPR). The County should live up to the original promise of “joint governance” as stated on page 6 of the Eligibility BPR Project Document.

Taking advantage of workers' input based on their experience on the job could help prevent or ameliorate many of the problems documented in this report. Employee Advisory meetings and Labor-Management meetings have not served the purpose of authentic worker input. Excluding workers from decisions that affect the organization and functioning of their workplace is counterproductive to the goals of customer service and increased performance.

2) Staffing should increase with growing numbers of assistance recipients, and should be kept at sufficient levels by hiring replacements in a timely manner and considering the *active* workforce in staffing formulas.

Eligibility workers and clerical staff are at a breaking point, with extremely high stress levels. The County has raised participation in assistance programs by eligible residents, but is not hiring new staff to handle the increased demand for services. While California is in a budget crisis, San Diego County has accumulated reserves that are meant for just such times. Although technology has increased the accessibility of applications, human beings still need to review, make determinations and follow up with applicants.

3) The worst effects of the BPR should be reversed by restoring the caseworker system, reinstating accountability measures and instituting consistent practices across all sites.

The task-based system has greatly degraded accountability, client-worker relationships and autonomy. Treating eligibility workers as assembly-line workers does a disservice to clients and undermines morale. The caseworker system promotes follow-through with clients, worker responsibility, and worker investment in their jobs. Moreover, the very technology that is the basis of the BPR – CalWIN – does not function in a task-based environment. In addition, the task-based system is being implemented differently at each site and is constantly changing, causing confusion for workers and clients alike.

4) Supervisors must have time to do their job of overseeing and supporting workers. Management must also ensure a workplace with clear guidelines and open communication, where dignity and respect are enforced norms of behavior.

High pressure and stress caused by a focus on quantity does not allow for good relationships with supervisors or clients. Supervisors must be given the time and training to properly do their jobs. Supervisors should have an open-door policy in regards to worker requests for assistance. Moreover, supervisors need to hold workers accountable and in turn to be held accountable by management. .

5) Program-specific training should be given in person by knowledgeable trainers experienced in that program and should emphasize problem solving. Workers must be given designated time for training of sufficient length and quality.

Training has become very ineffective in many instances, as workers click through the pages in order to get on to pressing work. Training should be focused on improving job performance and not just fulfilling a mandate. When workers are cross-trained, they need to be given full training in the new program and ACCESS workers need the same training as everyone else, not a modified version because of call volume.

6) ACCESS eligibility workers must be given time to resolve issues on the phone. Technological improvements should be made to alleviate call volume. These changes should include improving the call distribution system and instituting a more effective website that makes application status and the specific reasons for actions easily accessible to clients.

ACCESS was intended to ease the process for clients and relieve some of the workload for workers. It has done neither. Customers are frustrated by the time it takes to get in touch with ACCESS, and often can't get through. Workers are frustrated by the time pressure they are under, which often prevents them from resolving issues for clients. If eligibility workers are to provide actual eligibility information and work on cases over the phone they need to be given time to do so, or ACCESS could be decentralized, with workers returned to the Family Resource Centers, to allow better coordination with co-workers.

7) DoReS must function properly for eligibility workers to do their jobs and management should solicit feedback from workers on the newly installed centralized imaging center.

Workers agree that DoReS would actually be a very useful system if it functioned properly. Instead it creates bottlenecks and delays as well as forcing clients to present documents multiple times. Technological issues must be solved. Instead, management's solution has been to centralize the system without worker input. Centralization may alleviate or exacerbate the problems, as there will now be an automatic delay in imaging and workers will not be able to even look for the physical document in the office. Managers and supervisors should now solicit worker input on the functioning of the revised system and be prepared to abandon it if problems worsen.