

**El Dorado County Board of Supervisors  
Response to the  
2024-25 El Dorado County Grand Jury Report  
(Case 25-07: HHSA Staffing Challenges Impact Medi-Cal Clients)**

## Case 25-07: HHSA Staffing Challenges Impact Medi-Cal Clients

The Grand Jury has requested responses from the Board of Supervisors to all Findings and Recommendations.

Consistent with previous practice and pursuant to Board Policy A-11, the Chief Administrative Office is responsible for coordinating the County's response to the Grand Jury. Responses to the Grand Jury Report are directed by Board Policy A-11 and Penal Code 933.05. Accordingly, the Chief Administrative Office has reviewed and compiled the responses from all non-elected department heads into this Initial Draft Response for the Board's consideration.

### **FINDINGS**

- F1. The current staffing of the HHSA Medi-Cal division is inadequate, unable to keep up with the workload from post-Covid disenrollment requests, and many employees are leaving because of the lower pay.

*The Board of Supervisors disagrees partially with the finding.*

*The current staffing of the HHSA Medi-Cal division struggles to keep up with the workload that built up as a result of temporary regulatory changes related to the Covid Public Health Emergency and Medi-Cal eligibility expansion that occurred as part of the state's Healthy California for All strategy. It is not clear that the vacancy rate is related to the salary level.*

- F2. The Medi-Cal eligibility specialist is a challenging position and difficult to identify and hire candidates. Onboarded employees require six months of training, with roughly 50% of those completing the process. HHSA doesn't track the exact numbers.

*The Board of Supervisors agrees with the finding.*

- F3. HHSA does not currently have a system for tracking Medi-Cal eligibility specialist staff productivity.

*The Board of Supervisors disagrees partially with the finding.*

*The California Statewide Automated Welfare System (CalSAWS) is the automated welfare business process in California that was required to serve all 58 California counties by 2023. The implementation merged California's previous three county-level consortia welfare systems into one system and supports six-core programs. The merger of three systems into one changed data reports that are available to counties for monitoring and tracking productivity. As a result, the EDCHHSA Leadership team now tracks productivity utilizing manual spreadsheets and system data reports that provide limited productivity data.*

- F4. The HR system does not track turnover rates, which should include documentation for reason for leaving, and which would provide greater insight to staff shortages and how to improve hiring and retention rates.

*The Board of Supervisors disagrees partially with the finding.*

*When an employee separates, a termination code is noted on the employee record, which provides some information about the employee's reason for leaving. In addition, an exit survey is provided to the departing employee, but it is voluntary for the employee to complete.*

- F5. Several counties have implemented the use of lower cost call centers to address basic inquiries for greater efficiency and referring enrollment steps to eligibility specialists. Currently El Dorado County relies on eligibility specialists to manage all tasks associated with inquiries to the department and calls from clients to their case workers, increasing their workload.

*The Board of Supervisors disagrees wholly with the finding.*

*It is unknown whether there is a cost savings associated with the operation of call centers. Call center staff in other Counties are staffed with eligibility staff. The difference between a call center and El Dorado County's model is that call centers process cases by individual tasks with no specific eligibility specialist assigned to the case. Call centers do not provide individualized support by specific workers. El Dorado County assigns cases to individual eligibility specialists who processes all tasks associated with each individual case and clients are given the direct name and phone number of the employee assigned to their case.*

## **RECOMMENDATIONS**

- R1. Direct Human Resources to conduct a compensation study for the Eligibility Specialist classification and ensure that total compensation is competitive with neighboring counties by August 30, 2025.

*The recommendation will not be implemented because it is not warranted.*

*Salaries and benefits are subject to collective bargaining and the County recently concluded negotiations with the union that represents the Eligibility Specialist classification. The newly executed memorandum of understanding includes pay increases of 4% in April, 2025 and 2% in July, 2025.*

- R2. Direct HHSA to implement a process, such as utilizing a software system, to track and evaluate eligibility specialist staff performance and productivity by end of 2025.

*The recommendation will not be implemented because it is not warranted.*

*EDCHHSA already began the process of exploring a software system that will provide appropriate data to track and evaluate eligibility specialist staff performance and productivity and has identified a vendor that will meet this need. It is anticipated this process will be implemented by the end of 2025.*

- R3. Direct Human Resources to investigate software systems that can track employee turnover and reasons for resignations/terminations by end of 2025. This information should be employed to determine future efforts to address staffing issues and shared periodically with the Board of Supervisors.

*The recommendation will not be implemented because it is not warranted.*

*The gathering of any such information is dependent on the departing employee's willingness to share their reasons for leaving. HR already provides this opportunity through the exit survey.*

- R4. Direct HHSA to develop a plan by end of 2025 to review the costs and benefits of a call center approach to complement eligibility specialty staff.

*The recommendation will not be implemented because it is not warranted.*

*EDCHHSA had already begun reviewing the cost and benefits associated with a call center approach and hopes to complete their review by the end of 2025.*