AGN. NO. _____

MOTION BY SUPERVISOR LINDSEY P. HORVATH October 6, 2026

**Strengthening Partnerships Between DPSS and Community Clinics**

Changes to social service eligibility resulting from H.R.1 and state actions have created immense uncertainty and logistical challenges for benefits recipients, County departments, community clinics, and the broader community. Changes to Medi-Cal and CalFresh are complex, with new eligibility requirements, different implementation timelines, and varying impacts across different populations. The Department of Public Social Services (DPSS) has been tasked with a tremendous amount of additional work and an enormous responsibility to help ensure Angelenos understand these changes and can maintain uninterrupted access, whenever possible, to the benefits for which they remain eligible. This includes running the “Keep Your Benefits” campaign and implementing new systems to ensure as many people as possible maintain CalFresh and Medi-Cal coverage; responding to changes for populations who no longer qualify for benefits; preparing for more frequent Medi-Cal renewals; liaising with community partners; adapting to ongoing changes in federal policy; and training staff on all these changes.

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Community clinics are critical partners in this work. They not only provide direct health care services but also help clients navigate the benefits (re)enrollment processes. They inform clients about eligibility changes, help them utilize BenefitsCal, and connect with DPSS when an issue cannot be resolved through self-service. Clinic staff often call DPSS alongside patients and play an important role in helping community members navigate changes to eligibility and program requirements.

Regular meetings and formal information-sharing pathways between DPSS and clinics can help ensure that shared clients receive consistent, accurate, and timely information while reducing unnecessary burdens on both clinic staff and DPSS workers. The work of DPSS and community clinics is complementary, and stronger coordination can help support residents as they navigate an increasingly complex benefits landscape.

The influx of benefits changes has also increased demand on DPSS call centers, often resulting in longer wait times for callers. Long wait times can create additional barriers for residents seeking to understand or maintain their benefits and can increase the burden on both callers and DPSS staff.

As the County adjusts to a rapidly changing benefits landscape, it must ensure DPSS and its staff have the supports, resources, and partnerships necessary to administer programs as effectively as possible. Strengthening partnerships can create a more streamlined experience for residents and improve the work of DPSS and community clinics alike.

**I, THEREFORE, MOVE** that the Board of Supervisors direct the Department of Public Social Services (DPSS) to:

1) Establish regular, recurring meetings and a formal information-sharing and case-

resolution process between DPSS and community clinics that assist clients with benefits navigation;

2) Evaluate existing materials and approaches used by community clinics and other community partners and, where appropriate, incorporate additional effective approaches into DPSS communications; and
3) Develop and distribute materials to increase use of self-service options, including information about services that can be completed through BenefitsCal, and to increase caller readiness, including a list of materials residents should have available before contacting DPSS, broken down by program, while ensuring clients who require phone assistance continue to have timely access to it.

**I, FURTHER, MOVE** that DPSS report back in writing in 60 days on:

1) Progress implementing the directives above;
2) Current data on call center wait time and strategies to increase call center capacity to support callers that require phone assistance with an Eligibility Worker, including an assessment of opportunities to leverage technology, expand self-service options, provide call-back options before callers abandon or disconnect, and the resources, staffing, technology, or operational changes DPSS would need to implement those strategies.

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LPH:sph