



Agenda

FAMILY & HUMAN SERVICES COMMITTEE

September 23, 2019

10:30 A.M.

651 Pine Street, Room 101, Martinez

Supervisor Candace Andersen, Chair

Supervisor John Gioia, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. RECEIVE and APPROVE the draft Record of Action for the July 29, 2019 Family & Human Services Committee meeting. *(Julie DiMaggio Enea, County Administrator's Office)*
4. CONSIDER accepting the joint update report from Behavioral Health Services and the Mental Health Commission on the public mental health care system, child and teen psychiatric services. *(Matthew P. White, M.D., Medical Director; Suzanne Tavano, PH.D., Behavioral Health Director; Barbara Serwin, Chair, Mental Health Commission)*
5. CONSIDER accepting status report on the Employment and Human Services Department providing an update on CalFresh and the department's implementation of the CalFresh benefits expansion.. *(Kathy Gallagher, Employment and Human Services Director)*
6. The October 28, 2019 meeting of the Family and Human Services Committee has been canceled. A special meeting has been scheduled for October 7, 2019 at 1:00 p.m. in Room B001, County Finance Building, 625 Court Street, Martinez.
7. Adjourn

The Family & Human Services Committee will provide reasonable accommodations for persons with disabilities planning to attend Family & Human Services Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Family & Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th

floor, during normal business hours.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact:

Julie DiMaggio Enea, Interim Committee Staff
Phone (925) 335-1077, Fax (925) 646-1353
julie.enea@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

3.

Meeting Date: 09/23/2019
Subject: RECORD OF ACTION FOR THE JULY 29, 2019 FHS MEETING
Submitted For: David Twa, County Administrator
Department: County Administrator
Referral No.: N/A
Referral Name: N/A
Presenter: Julie DiMaggio Enea **Contact:** Julie DiMaggio Enea (925)
335-1077

Referral History:

County Ordinance requires that each County body keep a record of its meetings. Though the record need not be verbatim, it must accurately reflect the agenda and the decisions made in the meeting.

Referral Update:

Attached is the draft Record of Action for the July 29, 2019 Family & Human Services Committee meeting.

Recommendation(s)/Next Step(s):

RECEIVE and APPROVE the draft Record of Action for the July 29, 2019 Family & Human Services Committee meeting.

Fiscal Impact (if any):

None.

Attachments

Draft FHS Record of Action for July 29, 2019



FAMILY AND HUMAN SERVICES COMMITTEE

RECORD OF ACTION FOR
JULY 29, 2019

Supervisor Candace Andersen, Chair
Supervisor John Gioia, Vice Chair

Present: Chair Candace Andersen
Vice Chair John Gioia

Staff Present: Timothy Ewell, Chief Asst CAO

Attendees: Laura Malone, EHSD; Sandra Wall, SEIU Local 1021; Roslyn Gentry, EHSD; Kathy Marsh, EHSD; Larry Sly, CC Food Bank; Caitlyn Sly, CC Food Bank; Steve Weiss, Bay Area Legal Aid; Mariana Moore, Ensuring Opportunity; Susan Jeong, CCC Office of Education; Katharine Mason, EHSD; Camilla Rand, EHSD; Ali Hudda, EHSD; Rebecca Darnell, EHSD; Kathy Gallagher, EHS Director; Noramah Burch, EHSD-WS; Donna Van Wert, Workforce Dev Board Director; Don Graves, EHSD; Lori Castillo, EHSD; Julia Taylor, County Admin Office; Melanie, Multi-Faith Action Coalition

1. Introductions

Chair Andersen call the meeting to order at 9:01 a.m. and invites attendees to introduce themselves.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).

No one requested to speak during the public comment period.

3. RECEIVE and APPROVE the draft Record of Action for the June 10, 2019 Family & Human Services Committee meeting.

The Committee approved the Record of Action for the June 10, 2019 meeting as presented.

AYE: Chair Candace Andersen, Vice Chair John Gioia
Passed

4. RECOMMEND to the Board of Supervisors the appointment of David Boots to the Consumer 60 or Older - Seat 1 to the In-Home Supportive Services Public Authority Advisory Committee to a term ending on March 6, 2022, as recommended by the Authority.

Approved as recommended.

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

5. RECOMMEND to the Board of Supervisors the appointment of Pearl C. Parmelee Cabrera to the Alternate seat on the Arts and Culture Commission of Contra Costa County (AC5) to a term that will expire June 30, 2023, as recommended by AC5.

Approved as recommended.

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

6. RECOMMEND to the Board of Supervisors the reappointment of Carol Carillo to the Sector Seat 4 - Child Abuse Prevention Council, Marianne Gagen to At-Large Seat 3, and Joseph DeLuca to At-Large Seat 4 on the Family and Children's Trust Committee for terms expiring September 30, 2021, as recommended by the Employment and Human Services Department.

Approved as recommended. Supervisor Gioia commented on need to enhance representation on the Committee in East and West County.

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

7. RECEIVE report from the Employment and Human Services Department on the proposed closure of the Crescent Park Child Development Center in Richmond.

Camilla Rand presented the staff report. She reported that the facility closure is due to teacher shortages and low enrollment, which were attributed to low teacher salaries and community violence in the surrounding area of Crescent Park. Supervisor Gioia stated he will work with the City to develop strategies in that area. Supervisor Gioia also requested the Department to conduct and report back to the Committee on a salary study. The Department agreed and stated Associate Teachers are paid the lowest, with the highest turnover rate, so the Department is especially targeting research and efforts on that job class. The Committee accepted the staff report and the Department is targeting to report back to FHS in 3-4 months.

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

8. ACCEPT status report on the Employment and Human Services Department's implementation of the CalFresh expansion. (Kathy Gallagher, Employment and Human Services Director)

Kathy Gallagher presented the staff report. As of Friday July 26, the Department had received 3,428 applications. The rate of receipt has leveled to about 200 per week. In July, 906 applications were received in contrast to 2,000 applications received in June. The Department has prioritized the 650 applications that have been pending more than 30 days; of these, most are 1-2 weeks over the 30-day processing deadline.

Chair Andersen asked about the expectations for application volume and associated need for more staffing come August. Kathy Gallagher anticipates a possible spike in applications in August due to increased outreach, and a correlating need for additional staff. She stated that workload was heavier than anticipated due to several factors, including: State misinformation that a client will receive substantially higher benefit amounts, a change in assumption that IHSS applicants would be enrolled at time of reapplying, the protracted timeline for onboarding eligibility workers, and staff turnover.

Larry Sly commented that EHSD should have anticipated the need for more staff last November. With the radio ads starting again in August, Caitlyn Sly expects this will be a large issue for backlog and suggested that Contra Costa County is singular with this backlog. She requested data to be provided by EHSD on a more regular basis.

Melanie commented that other counties are helping applicants with medical expenses. She urged our County to be more proactive in getting benefits for individuals, and objected to framing outreach as a contributor to the backlog. Rebecca Darnell noted that the Department is working to get the maximum benefits possible for each applicant. The Department is not holding up applications for the MediCal deductible, but instead incorporates that information when it is received.

Sandra Wall stated that Contra Costa County failed to competitively compensate and staff up as other counties did.

Steve Weiss commented that a high percentage of applications are not being processed timely, and that other counties are being more proactive and helping clients be considered as separate households to help them receive benefits.

Vice Chair Gioia commented that the county should have assumed the highest possible number of applicants to make sure we were prepared, and also observed that many other counties have a more robust property tax base and also local sales tax.

The Committee accepted the staff report and requested Kathy to provide an update at the Committee's next meeting on September 23, 2019. Vice Chair Gioia directed staff to meet with outside stakeholders for assistance and to look at other counties for insight. He asked for a report back on plans to address long-term trends of this program; Plan A should be the plan with resources as currently allocated, Plan B should be a plan that contemplates additional resources.

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

9. ACCEPT this report from the Employment and Human Services Department on youth services and the Independent Living Skills Program; and continue to support the Children and Family Services Bureau and its efforts to serve foster youth in the ILSP program.

Chair Andersen left the meeting. Supervisor Gioia accepted the staff report.

AYE: Vice Chair John Gioia

Other: Chair Candace Andersen (ABSENT)

Passed

10. ACCEPT attached report on the activities and key accomplishments of the Local Planning and Advisory Council for Early Care and Education during fiscal year 2018-19.

Chair Andersen left the meeting. Supervisor Gioia accepted the staff report.

AYE: Vice Chair John Gioia

Other: Chair Candace Andersen (ABSENT)

Passed

11. The next meeting is currently scheduled for August 26, 2019.

The Committee decided to cancel the August 26, 2019 meeting with the next meeting being scheduled for September 23.

AYE: Chair Candace Andersen, Vice Chair John Gioia

Passed

12. Adjourn

Vice Chair Gioia adjourned the meeting at 10:30 a.m.

For Additional Information Contact:

Julie DiMaggio Enea, Interim Committee Staff
Phone (925) 335-1077, Fax (925) 646-1353
julie.enea@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

4.

Meeting Date: 09/23/2019

Subject: Public Mental Health Care Systems; Child and Teen Psychiatric Services; and Grand Jury Report No. 1703

Submitted For: Anna Roth, Health Services Director

Department: Health Services

Referral No.: 115/116

Referral Name: Public Mental Health Care System

Presenter: Matthew P. White, M.D.; Suzanne Tavano,
PH.D; Barbara Serwin, Chair, Mental Health
Commission

Contact: Warren Hayes
(925) 957-2616

Referral History:

On October 30, 2017 the Family and Human Services Committee (FHS) accepted the report from the Health Services Department addressing various mental health service issues and concerns raised by the FHS, the Board of Supervisors, the Mental Health Commission's White Paper, the Civil Grand Jury, and members of the public. These issues and concerns centered upon the difficulty in accessing mental health care, particularly for children and youth experiencing serious emotional disturbances. Indicative to this lack of access was the 1) increase in Psychiatric Emergency Services visits, 2) long wait times to access care, and 3) shortage of clinical staff, especially psychiatrists. The Health Services Department report addressed these issues and concerns, and reported upon the initiatives and progress made to date.

The FHS asked the Department to provide an update to the Mental Health Commission in six months, and to the FHS annually thereafter. The last status report made to FHS was on September 24, 2018.

Referral Update:

The attached report represents current updates to issues identified in the report entitled, "Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116".

Recommendation(s)/Next Step(s):

ACCEPT the joint update report from Behavioral Health Services and the Mental Health Commission on the public mental health care system, child and teen psychiatric services.

Fiscal Impact (if any):

There is no fiscal impact.

Attachments

Joint Behavioral Health Services and Mental Health Commission Status Report

Joint Update Report from Behavioral Health Services and the Mental Health Commission on Referral Nos. 115/116

This is a joint report of the Mental Health Commission (MHC) and Contra Costa Behavioral Health Services (BHS), and provides an update on identified areas of opportunity to provide better public mental health services in Contra Costa County.

Background

In 2016 an MHC and Grand Jury report focused attention on the public's difficulty in accessing the mental health care provided by BHS. A significant correlation was made between the rise in Psychiatric Emergency Services (PES) visits and the lengthening wait time for consumers to receive care at BHS clinics. A number of factors that contributed to this access difficulty were examined and partially addressed in 2017, to include staffing shortages, especially psychiatry time, and additional treatment staff focused on children, youth and their families. These efforts were chronicled in a series of reports presented to the FHS Committee in October of 2017. While a number of issues were successfully resolved the FHS recognized that adding additional treatment staff for children, youth and their families, increasing available psychiatry time, and changes to intake and assessment procedures would take longer to demonstrate significant reductions in wait times for mental health care. The FHS requested that BHS provide updates to the MHC, and an update report was provided to the FHC on September 24, 2018 on progress made. BHS has continued to meet with the MHC on a regular basis to report on changes and progress made.

Update

The following represents current updates to issues identified in the report entitled, *Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116*:

Upgrading the Current West County Children's Clinic Facility

Last year the West County Children's clinic resolved immediate needs, such as roof repairs, interior paint, carpet replacement, ADA compliance, asbestos issues and the acquisition of new furniture. The Children's clinic, along with the West County Adult mental health clinic, are scheduled to move to San Pablo in March 2020 and occupy separate floors in a new building being constructed next door to the West County Health clinic. Current project activities on the new building include painting, door and window installation, and information technology connectivity.

Acquiring a New Location for First Hope

The First Hope youth prevention and early intervention program has expanded and moved to a new location in Pleasant Hill. Initially, First Hope's "clinical high risk" program focused on preventing conversion to psychosis for youth who experience a first break. It now also serves as an early intervention program for youth who experience a first onset of psychosis.

This expanded program, now roughly double in size, will significantly add quality care to prevent youth from becoming life-long consumers of public mental health services. It will improve access to care and will reduce the need for psychiatric emergency services (PES) and in-patient psychiatric hospitalizations for the youth population.

Addressing the Shortage of Psychiatrists

BHS continues its proactive efforts to incrementally increase psychiatrist participation in clinical care. BHS has continued its recruiting and retention efforts by 1) significantly increasing psychiatry pay by 20% for contract psychiatrists (who make up the majority of the current work-force), 2) expanding tele-psychiatry to now include East and West County adult clinics and East and Central children's clinics, 3) contracting with additional psychiatry staffing organizations to provide additional psychiatry time, 4) continuing our student loan repayment program, and 5) recruiting psychiatric mental health nurse practitioners as alternate psychotropic medication prescribers. In the last twelve months the vacancy rate for psychiatrists has decreased from 31 to 17 percent. Since hiring a new Medical Director in March 2018, we have had a net increase of 5.5 FTEs of psychiatry, despite several retirements. Wait time to see a psychiatrist has been cut in half, from over a month to two weeks. Recruiting and retention efforts will continue to be a priority, as there continues to be both a regional and national significant shortage of psychiatrists.

While meeting state standards for provider adequacy, BHS continues to work toward building capacity to meet the increasing demand for intensive out-patient care and timely psychotropic medication prescriptions from the community. The need for more psychiatry time will continue to be closely monitored to ensure BHS provides sufficient, timely prescriptions for psychotropic medications.

Filling the Vacant Position of Medical Director

In March 2018 Matthew White, MD, was appointed Medical Director and Acting Behavioral Health Services Director. Until June of this year Dr. White had been providing day-to-day leadership for BHS as well as devoting attention to the above recruitment and retention of psychiatrists and improvement in the provision of quality mental health care, such as multiple Value Stream Mapping and Rapid Improvement Events that have occurred in the last year.

In June of this year Suzanne Tavano, PhD, was appointed Director of BHS, thereby enabling quality senior leadership in both key positions. Dr. Tavano has quickly focused BHS attention on the clinical integration of mental health and substance use disorders with accompanying drug Medi-Cal waivers, reviewing the use and costs of institutional care, reviewing and adjusting the network of residential service providers, addressing supportive housing needs, and reorganizing core administrative functions.

Behavioral Health Services now has both leadership positions filled with individuals dedicated to consumer and family centered care who actively partner with all our stakeholders in the County.

Legacy Planning for High Level Positions

County hiring practices do not permit a Department to interview and fill a position until the incumbent has vacated the position. The MHC and BHS join in advocating for the County to consider entertaining a process for approving appropriate requests for staffing overlap, especially senior leadership positions and positions considered critical for continued operations.

Relief to Impacted Psychiatric Emergency Services (PES): PES Internal Adjustments

BHS and CCRMC have implemented internal staffing additions to respond to the volume of client admissions to PES. The monthly average number of visits for the year has averaged 866, which has trended slightly down from previous years. CCRMC, which has operational control of PES, has increased staffing in the morning to allow for more re-evaluations of overnight clients to be accomplished within the same time frame. This has resulted in clients with a slightly reduced length of stay, and thus reduced daily census. BHS has continued to position one of their substance use disorder clinicians at PES in order to facilitate linking dually diagnosed clients to appropriate alcohol and other drug services. Two MHSA funded Community Support Workers facilitate discharge planning, assist in connecting consumers to outpatient clinic care, and provide support to family members of consumers at PES. The establishment of Electronic Health Record System for BHS assists clinicians at PES to connect and follow the disposition of where PES patients receive their follow up and treatment in the BHS systems of care.

Relief to Impacted Psychiatric Emergency Services (PES): Addressing Children's Needs for the Facility

Space allocation and facility planning and operations within PES are under the control of CCRMC, and our understanding is that CCRMC is continuing to look at ways to improve the current situation to have children and adult services be more segregated. The MHC and BHS join in recommending PES facility changes that will improve treatment space for children, and enable separate access, waiting area, family consultation, and exit for children and their families. The MHC and our other stakeholder bodies view these modifications as a top priority and are currently preparing a joint report of recommendations for changes to the PES facility. They have engaged senior leadership at CCRMC in order to actively participate in the planning process, to include the requisite resources needed to effect facility changes.

Relief to Impacted Psychiatric Emergency Services (PES): Expanded Mobile Relief Services

The Adult Mobile Crisis Response Team has been live since July of 2018 and has added staff to increase availability after hours and on weekends. This enables a rapid response to individuals experiencing a mental health crisis in the community. Metrics have been developed to track and project number of crisis interventions in the field and resulting PES diversions.

For the Children's System of Care Seneca has added hours of availability for their MHSA funded START team to respond to children and their families in crisis. The expanded hours are now from seven A.M. to eleven P.M., seven days a week. It is anticipated that the full

implementation of these new and additional services will have a significant impact on the volume of children and adults being brought to PES.

Unclear Staffing Needs of the Children's Division

The MHC White Paper and Referral Nos. 115/116 expressed concern that authorized and actual staffing levels for Children's services may not be sufficient to fully meet the needs of several new mandates, such as the recent Continuum of Care Reform legislation. Within the last year BHS has implemented an additional \$5 million in programming in the Children's System of Care. This has included additional clinical staffing in the county operated clinics, as well as enhanced contracting with established community based organizations who specialize in serving children and youth, such as Seneca, Youth Homes and Lincoln Child Center.

BHS has been tracking the positive impact of this additional programming by utilizing the state Mental Health Plan standards for length of time from initial request to offered psychiatry and non-psychiatry appointment (clinics), and Network Adequacy Standards (individual service providers). In April of this year BHS submitted its annual Network Adequacy data, which indicated that BHS met the yearly certification requirements of both sufficient mental health providers in the County as well as offered appointment times.

Improvements to Family Support Services

The Family Support Volunteer Network officially opened their doors in August of last year. This MHSA funded program provides a structure of NAMI – Contra Costa professionals to recruit, train and support a cadre of volunteers to support families whose loved ones are compromised by mental health issues. This new resource was a culmination of intensive mutual planning by BHS in partnership with families, consumers and other stakeholders to identify the need, establish a time line for implementation, and develop a training curriculum. In addition, the County's adult and children Family Support Coordinators and the Office for Consumer Empowerment meet regularly with NAMI to ensure efficient and effective coordination is built into this new and improved support network for families. All peer and family support county positions within the children and adult clinics are now filled.

Determination of Wait Times at Clinics

The MHC White Paper and Referral Nos. 115/116 expressed concern that requests for services at the County's children and adult clinics resulted in lengthy wait times for a first appointment, with even longer wait times to see a psychiatrist. Incremental improvement has been realized, with non-psychiatry wait times meeting the standard of 10 days, and psychiatry wait times close to meeting the standard of 15 days. Telepsychiatry has expanded in the last year to now include the East and West County Adult Clinics as well as East and Central Children's clinics. In March 2018 the initial telepsychiatry pilot in the East County Adult Clinic had 20 scheduled appointments. A total of 147 child and adult telepsychiatry appointments were scheduled throughout the county in June of this year.

BHS has now established Client and Service Information (CSI) timeliness metrics with standards that are consistent with state and federal requirements for offering assessment and treatment appointments to new clients. These metrics track progress in reducing wait times at all clinics, to include psychiatry visits, are reported on a monthly basis to the Department of Health Care Services, and are being incorporated as a regular area of communication with the MHC.

Reduction of Wait Times for CBO and Private Therapist Appointments

BHS has implemented Network Adequacy Standards with metrics to measure the capacity of our service providers to respond to requests for mental health care in the County.

As required by AB 205 BHS is providing quarterly and annual demonstrations of network adequacy standards that tracks a client's time and distance to psychiatry and out-patient mental health services as well as beneficiary-to-provider ratios. BHS began submitting Network Adequacy data on a quarterly basis in April of 2018, with an annual submission in April of this year. Thus far BHS has been able to meet the 30 minute drive time or 15 mile distance standard for clients who request services during each reporting period. As of July of this year there are 794 qualified providers serving 16,758 clients throughout the county.

The Continued Need for a Children's Residential Treatment Center

Within the last year Youth Homes has obtained certification of its four Short Term Residential Treatment Programs (STRTPs) here in the County. However, the need for STRTP beds for our highest acuity children and youth remains and is shared by all county mental programs throughout California. Regional solutions are being explored by the County Behavioral Director's Association, where counties could share in a pool of beds, thereby sharing costs and decreasing the risk of any one treatment center having to cover the cost of an unfilled bed. In addition, BHS is examining all possible avenues to address this issue locally, such as re-purposing a lower acuity STRTP to enable serving the highest acuity children. BHS will be sharing any possible promising strategies that are financially feasible with the MHC as they surface.

The Need for Housing for Those with a Serious Mental Illness

BHS continues to work closely with stakeholders in increasing supportive housing for those individuals who experience serious mental illness, are participating in our most intensive community treatment, and are homeless or at risk for chronic homelessness. The Systems of Care committee of the Consolidated Planning Advisory Workgroup (CPAW) has been working closely with BHS staff to prepare for potential funding opportunities, such as No Place Like Home (NPLH) and the Special Needs Housing Program. In June of this year Contra Costa was awarded \$3.6 million toward construction of 30 affordable permanent supportive housing units in Pittsburg and is preparing for competing for round two of NPLH this Fall. Planning is underway to add master leasing and shared housing capacity to our Full Service Partnership Programs so that persons who are seriously mentally ill and homeless can be housed as part of their treatment plan.

These efforts will continue, as the need far outstrips the availability of affordable housing for individuals who are homeless and experiencing serious mental illness. This lack of availability severely impacts our ability to appropriately discharge into the community people who are being held in more costly in-patient psychiatric hospitals, such as State Hospitals, IMDs, psychiatric hospital facilities, CCRMC Ward 4-C, and out-of-plan hospitals.

Summary

Much has been done this past year to make progress on issues raised two years ago. However, as noted above several issues will continue to be a challenge, such as the overall shortage of psychiatrists, and affordable housing in the community for persons who are housed in our locked facilities. Most importantly, structural changes to Psychiatric Emergency Services are recommended that will segregate and improve access and treatment for children and adults.

Leaders of the MHC and BHS will continue to positively work together in addressing substantive, positive improvements that are within the purview of BHS. We will also continue to advocate for improvements in related programs and services that directly impact BHS consumers, especially PES and access to crisis residential treatment beds. Senior leadership from both Health Services and Behavioral Health continue to model open and participatory communication and problem solving with stakeholders that stresses client and family centered care throughout the health care system. The objective is to engage all interested stakeholders in continuously improving the quality of public mental health care provided in this County.

Moving forward we propose to seek time on the FHS Committee's agenda on an as needed basis.

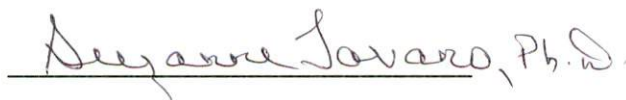
Respectfully submitted:



Matthew P. White, M.D.
Medical Director



Barbara Serwin, Chair
Mental Health Commission



Suzanne K. Tavano, Ph.D.
Behavioral Health Director



Contra Costa County Board of Supervisors

Subcommittee Report

FAMILY AND HUMAN SERVICES COMMITTEE

5.

Meeting Date: 09/23/2019
Subject: SNAP/CalFresh (Food Stamp) Program Follow-up Report
Submitted For: Kathy Gallagher, Employment & Human Services Director
Department: Employment & Human Services
Referral No.: FHS #103
Referral Name: SNAP/CalFresh (Food Stamp) Program
Presenter: Kathy Gallagher **Contact:** Rebecca Darnell, Director, Workforce Svcs Bureau

Referral History:

The SNAP Program was originally referred to the Family and Human Services Committee by the Board of Supervisors on February 15, 2011. This program was formerly known as Food Stamps and is currently known as the Federal Supplemental Nutrition Assistance Program (SNAP). In California, the name of the program is CalFresh.

EHSD has presented periodic status reports to the FHS related to concerns about extended wait times for benefits and the anticipated impact of the expansion of CalFresh benefits to SSI (Supplemental Security Income/Supplementary Payments) recipients effective June 1, 2019. FHS received status reports on September 24 and December 3, 2018; and on April 22, June 10, and July 29, 2019. EHSD also presented a status report directly to the Board of Supervisors on July 9, 2019.

In July 2019, Kathy Gallagher presented the staff report. As of Friday July 26, the Department had received 3,428 applications. The rate of receipt had leveled to about 200 per week. In July, 906 applications were received in contrast to 2,000 applications received in June. The Department prioritized the 650 applications that had been pending more than 30 days; of these, most were 1-2 weeks over the 30-day processing deadline.

Chair Andersen asked about the expectations for application volume and associated need for more staffing come August. Kathy Gallagher anticipated a possible spike in applications in August due to increased outreach, and a correlating need for additional staff. She stated that workload was heavier than anticipated due to several factors, including: State misinformation that a client will receive substantially higher benefit amounts, a change in assumption that IHSS applicants would be enrolled at time of reapplying, the protracted timeline for onboarding eligibility workers, and staff turnover.

Larry Sly commented that EHSD should have anticipated the need for more staff last November.

With the radio ads starting again in August, Caitlyn Sly expects this will be a large issue for backlog and suggested that Contra Costa County is singular with this backlog. She requested data to be provided by EHSD on a more regular basis.

A speaker named Melanie commented that other counties are helping applicants with medical expenses. She urged our County to be more proactive in getting benefits for individuals, and objected to framing outreach as a contributor to the backlog. Rebecca Darnell noted that the Department is working to get the maximum benefits possible for each applicant. The Department is not holding up applications for the MediCal deductible, but instead incorporates that information when it is received.

Sandra Wall stated that Contra Costa County failed to competitively compensate and staff up as other counties did.

Steve Weiss commented that a high percentage of applications are not being processed timely, and that other counties are being more proactive and helping clients be considered as separate households to help them receive benefits.

Vice Chair Gioia commented that the County should have assumed the highest possible number of applicants to make sure we were prepared, and also observed that many other counties have the advantage of a more robust property tax base and also a local sales tax.

The Committee accepted the staff report and requested Kathy to provide an update at the Committee's next meeting on September 23, 2019. Vice Chair Gioia directed staff to meet with outside stakeholders for assistance and to look at other counties for insight. He asked for a report back on plans to address long-term trends of this program; Plan A should be the plan with resources as currently allocated, Plan B should be a plan that contemplates additional resources.

Referral Update:

Please see attached report from EHS Director Kathy Gallagher providing an update on CalFresh and the department's implementation of the CalFresh benefits expansion.

Recommendation(s)/Next Step(s):

ACCEPT status report on the Employment and Human Services Department's providing an update on CalFresh and the department's implementation of the CalFresh benefits expansion.

Attachments

EHSD CalFresh Report

EHSD CalFresh Expansion Report

CalFresh Update



**Report to the County Family and Human Services Committee
September 23, 2019**

Prepared by:

Kathy Gallagher
Employment and Human Services Director

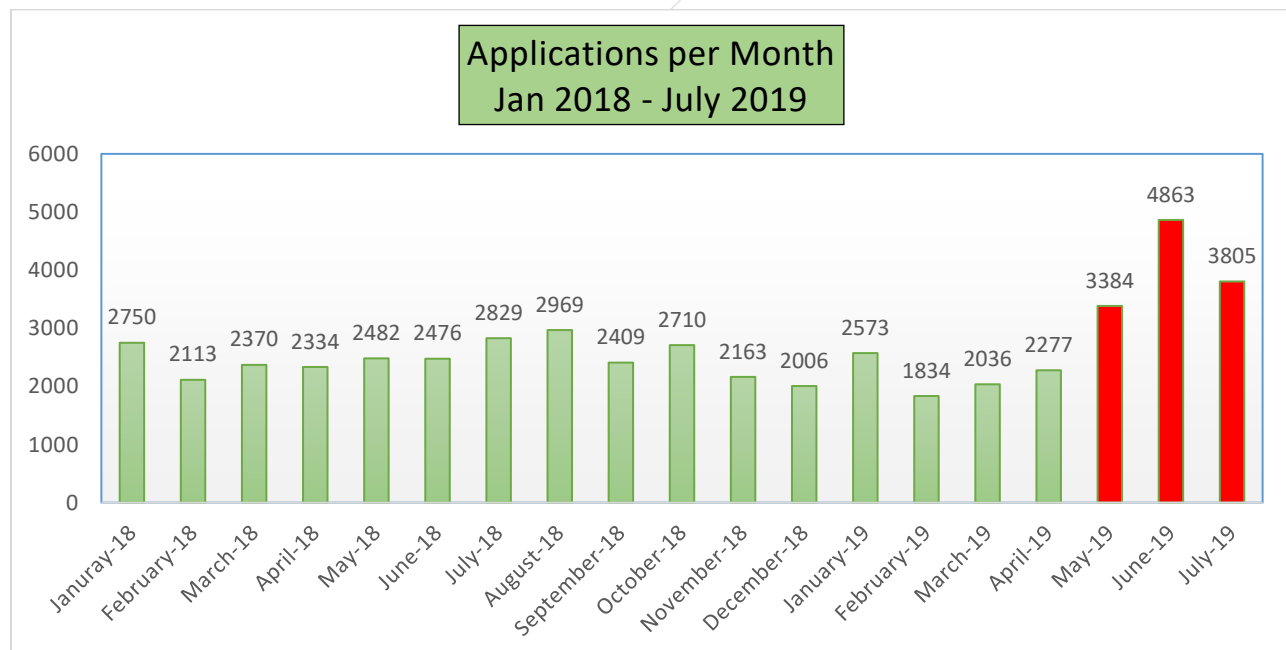
CALFRESH UPDATE

I. Overview

The CalFresh program, formerly known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), is for people with low income who meet federal income eligibility rules and want to expand their budget to put healthy and nutritious food on the table. The program issues monthly electronic benefits that are used to buy most foods at many markets and grocery stores.

The CalFresh program helps to improve the health and well-being of qualified households and individuals by providing them a means to meet their nutritional needs. At the federal level, the United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS) administers the program. In California, the CalFresh program falls under the California Department of Social Services (CDSS) and is administered at the local level by the Employment and Human Services Department (EHSD).

In Contra Costa County, the Employment and Human Services Department (EHSD) serves 31,035 households and 60,000 individuals monthly. CalFresh puts almost \$8.0 million into the local economy each month. As indicated by the USDA, research shows that every \$1 provided in CalFresh benefits generates \$1.79 in economic activity. For Contra Costa County, that was \$14.32 million into the local economy over the past year. This economic stimulus is almost exclusively Federal and State funded and provides an important local boost to our economy. CalFresh benefits help families stretch their food dollars to buy healthier foods for the whole family.



From January 2018 through July 2019, an average of approximately 2,660 applications were submitted monthly. In May 2019, newly eligible SSI (Social Security Income) recipients began applying for benefits (noted above in red). This programmatic change is also known as CalFresh Expansion.

II. Eligibility for CalFresh

Households that include single individuals, couples, or families are eligible for CalFresh benefits if they meet certain income criteria and legally reside in California. For some CalFresh beneficiaries under the 200% FPL, eligibility is not asset-based or resource-based which means their property is not counted. New proposed legislation may affect these households, and changes to property limits may soon affect our families. This proposed change will be outlined in VII - Legislation and Policy of Interest.

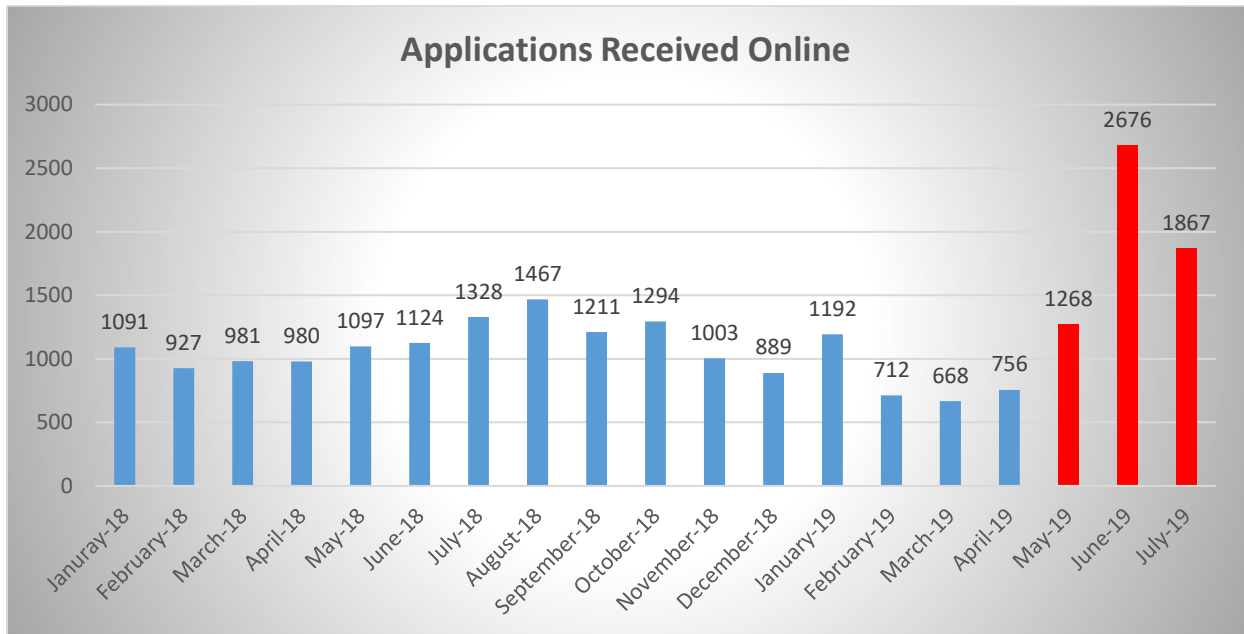
The amount of benefits a person receives depends on the number of people in the household who purchase and prepare food together, and how much monthly income is left after certain expenses are deducted. Income consists of earned and unearned income. Expenses like rent, utilities, dependent care and certain medical expenses are allowable deductions. For example, a household of one (1) with no income would be eligible to receive \$192.00 a month in CalFresh benefits and a household of 10 with no income would receive \$1,441.00 a month.

III. Program Accessibility

Over the last several years, in order to make CalFresh benefits more readily accessible to County residents and families, the Department has increased its efforts in working with the Food Bank of Contra Costa and Solano County as well as other community agencies dedicated to the CalFresh eligible population. As listed below, these efforts have contributed to the success of our expanding benefits to those in need of food security.

- The application process has been made easier by eliminating the requirement to apply through a face- to- face interview process. A telephone interview is now acceptable at both intake and recertification. A customer may still request a face- to- face interview if they are more comfortable meeting directly with an Eligibility Worker.
- Use of telephonic signature is being utilized for annual reviews at the Medi-Cal CalFresh Service Center (MCSC) and is coming soon to all intake units.
- Individuals applying online are no longer required to produce a wet signature on applications. Not only does this simplify the CalFresh application process but expedites the granting of the application and saves money by eliminating mailings.
- Applicants can apply for CalFresh benefits on-line through the My Benefits CalWIN.org portal (MyBCW). Many of our community-based partners have received orientations/trainings on assisting individuals through this on-line application process. In addition, Community Based Organizations (CBOs) can register their organizations as vendors in CalWIN, allowing the CBOs to track the number of applications they register. For PY 2018/19 we received 1,553 applications via MyBCW. Thus far, in PY 2019/20, we have received 1,543 applications. Based on these numbers we are on track to almost double the number of applications received in PY 2018/19.
- To further support the Food Bank and other CBO efforts to assist clients directly, EHSD has provided CalWIN read only access. This will allow designated staff to review case status, remind clients of their appointments, advise them of missing paperwork or verifications, etc.
- The Get CalFresh portal is another online access point for individuals to apply for benefits. This portal is easily accessible to any individual online and requires very little information to begin the CalFresh application process. In 2018, we received 10,531 applications via Get CalFresh.

- Beginning June 2019, we are receiving an average 1,300 electronic applications per month due to the newly eligible SSI recipients.



IV. Current CalFresh Service Levels and Program Performance

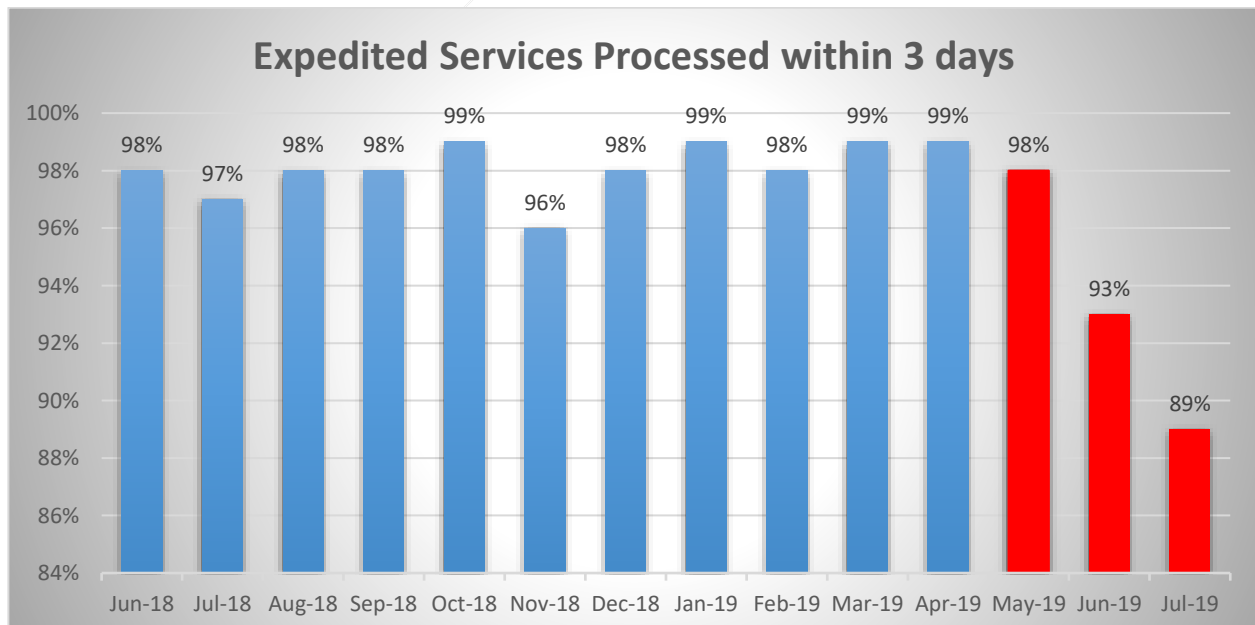
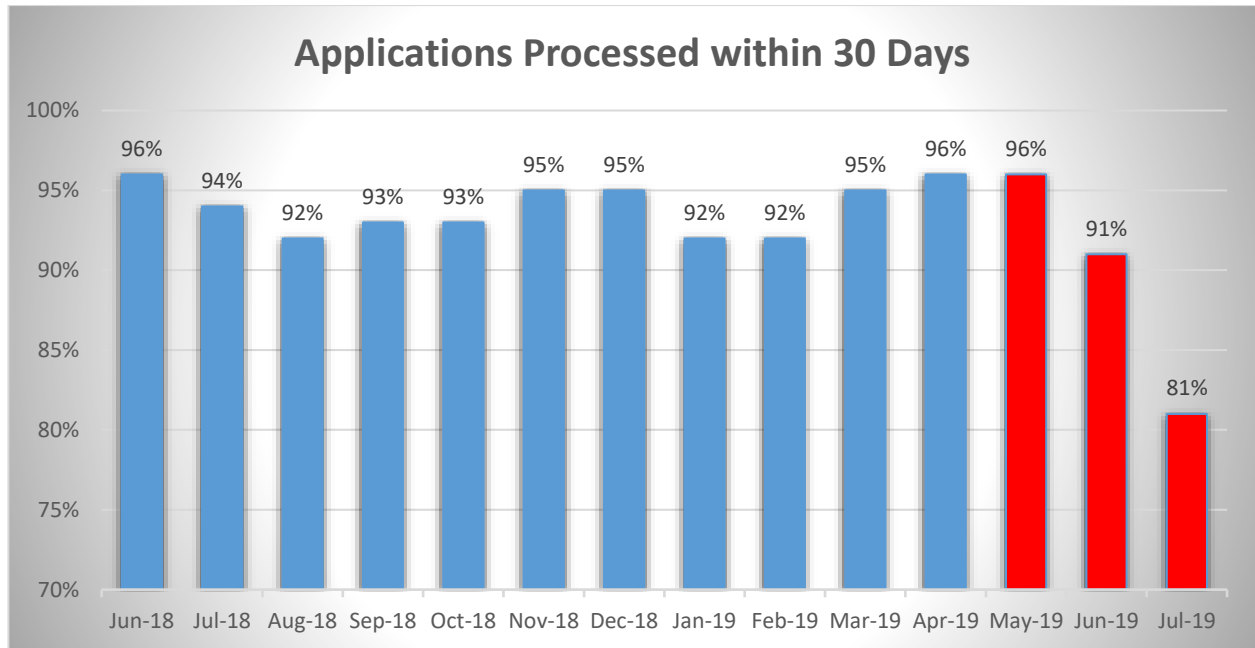
Service Levels:

During PY (Program Year) 2017/18, the monthly average of individuals (families and single households) who were in receipt of CalFresh benefits was 59,136 and 48% of these individuals are children. This is approximately a 9% decrease in the monthly average of individuals from the previous program year.

Program Performance: Timeliness Processing Standards

FNS requires states and counties to maintain certain performance measures for the timely processing of CalFresh applications. These measures require that 90% of all applications received be processed within 30 days and requires a three (3) day processing period for those CalFresh applicants who we determine require Expedited Services (ES).

We continued to meet the 30-day CalFresh application-processing standard of 90% for PY2017/18 with 97% of applications processed within the 30-day processing requirement through June 2019. During this same period, we achieved a 98.71% average of processing ES applications within three (3) days. CalFresh Expansion has affected our ability to maintain the 90% processing standard of ES in three (3) days and applications in 30 days during the months of July and August 2019. We anticipate being in compliance by October 2019.



The Department reviews the denied applications and the reasons for the denials. The reviews assist with identifying training needs and increasing participation and approval ratings. The top reasons for denial are failure to keep scheduled intake interviews after multiple contacts, failure to provide verification, over income limits, not a separate household, ineligible student, and withdrawn application. In July, the Department had a 69% approval rate, 27% denial rate and 4% of applications were withdrawn. Of the 27 % that were denied, 20% of those were deemed ineligible where the other 80% were denied for procedural reasons including missed appointments, loss of contact, and failure to provide documents. Individuals can contact the department within 30 days of their denial notice to reschedule or provide what is needed to determine eligibility.

Management Evaluation (ME)

As mandated by the FNS, the California State Department of Social Services (CDSS) is required to conduct a Management Evaluation (ME) review of Contra Costa County's administration of the CalFresh Program. The federal priority areas of the ME for FFY 2019 were Program Access, Customer Service, Timeliness of Application Processing, Payment Accuracy, Quality Control and Training. The ME review was conducted October 15 – 19, 2018.

CDSS observed and interviewed staff at the Medi-Cal CalFresh Service Center (MCSC), Central Mailing Unit, Benefits CalWIN, and our Ellinwood and Richmond District Offices. CDSS complimented the County for excellent customer service and our timeliness granting expedited services.

During the exit interview, CDSS noted thirteen findings. All findings required minimal effort to correct, as they were related to providing informational notices and forms to individuals who are denied CalFresh services at application.

Our next ME is scheduled for December 2 - December 6, 2019.

CalFresh Error Rate

Every month in every county, FNS selects a random sampling of CalFresh cases that are reviewed for case errors involving miscalculations of income or household composition, which result in benefit issuance errors. Our Quality Control (QC) Unit reviews the cases that have been selected and determines our CalFresh error rate. The cumulative (rolling) error rate is from the beginning of the federal fiscal year through the current month and ending in September. The error rate percentage is derived from the number of cases reviewed and the dollar amount of the errors cited. QC reviews are always several months behind in the calendar year, currently we have been reviewed through April 2019.

The cumulative error rate in for FFY 18/19 (October 2018-April 2019) was 3.76% which is well below the State average of 5.79%.

CDSS reported that California would not be sanctioned for last FFY 17/18 even though California's average error rate was 7.25% and over the National average. California is ranked 31st in the Nation.

V. Current Changes to the CalFresh Program

CalFresh Expansion

Effective June 1, 2019, individuals receiving, or authorized to receive, Supplemental Security Income/Supplementary Payments (SSI/SSP) through the Social Security Administration are now potentially eligible for CalFresh or the Supplemental Nutrition Assistance Program (SNAP).

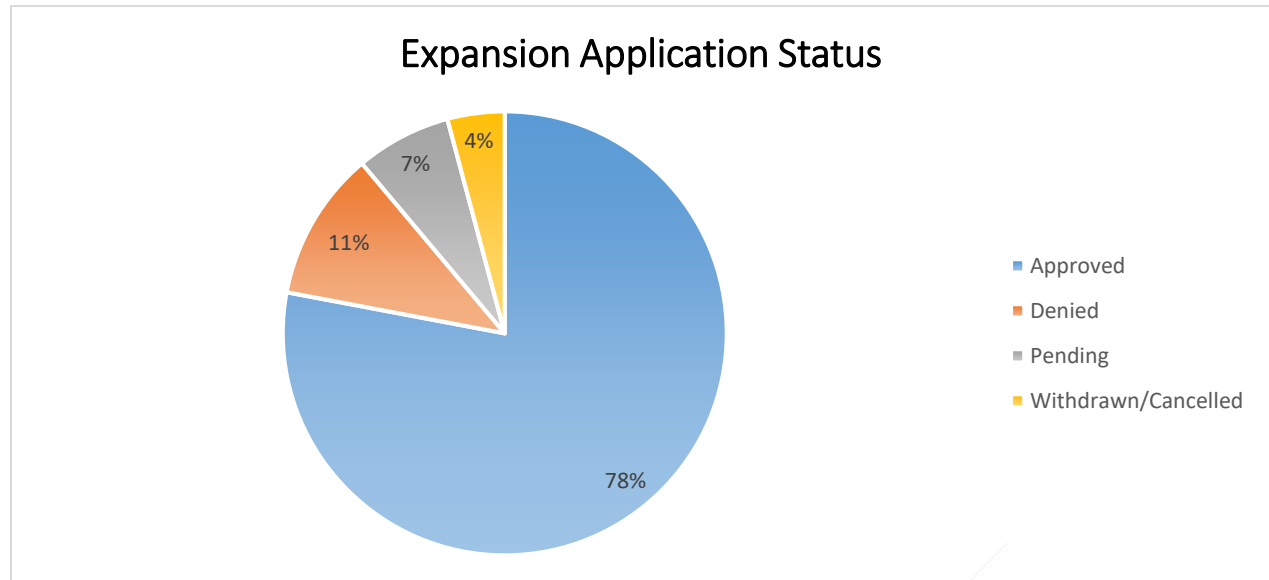
Projections from the State of California Department of Social Services (CDSS) identified 10,045 SSI/SSP residents of Contra Costa County to be CalFresh eligible. Of this population, we anticipate that approximately 6,500 of these individuals are currently receiving In Home Supportive Services (IHSS) through the Aging and Adult Services Bureau of the Employment and Human Services Department (EHSD).

Leading up to implementation, EHSD was understaffed and lacked adequate resources to hire. The FY 18/19 State/Federal funding was provided in December 2018 in the amount of \$973,280 to cover planning and implementation costs. The CAO made up to \$300,000 (\$600,000 with Federal match) available to fill the gap until September when the FY 19/20 CalFresh/SSI allocations are known (still pending). The FY 19/20 State budget shows a very small statewide allocation of \$30 million for SSI Expansion, which is offset by a \$30 million reduction in the overall CalFresh allocation, leaving no estimated increase for CalFresh services. Employment and Human Services (EHSD) funded 24 positions (15 temporary Eligibility Workers-EW, 4 temporary clerical and 5 permanent EW's) to assist in this effort.

Under Federal law, the eligibility determination for CalFresh must be completed within 30 days of the application date. The initial influx of applications has been challenging and beyond our capacity to meet this requirement. Currently we have pulled staff, department wide, to process these applications and continue to focus on overtime to bring our application timelines into compliance.

CalFresh SSI Expansion: Individuals

SSI Category	
CalFresh SSI Expansion	3910
CalFresh SSI Expansion with IHSS	1422
TOTAL	5332



Next Steps

EHSD has a long history of working with the SSI population and we are familiar with the vulnerabilities and special physical and mental challenges with which many struggle. To that end, and with the aim of providing a supportive case management environment, EHSD will be combining the caseloads of SSI recipients into a separate eligibility division under one manager. These program caseloads include General Assistance, the SSI Advocacy program, IHSS Medi-Cal (not IHSS program cases handled by social workers), CalFresh eligibility cases, and non IHSS CalFresh cases. Workers in this division will have assigned cases and will be the primary case management point of contact for their recipients. This division has been established and we are solidifying our dual program workers to ensure holistic services for this population. Management is currently refining the business process and procedures and are in the final stages of hiring. The Aging and Adult Services Bureau will conduct targeted outreach to their IHSS/SSI recipients, in an attempt to bring those eligible into the CalFresh program and increase participation.

Able-Bodied Adults Without Dependents-ABAWD

The Personal Responsibility and Work Opportunity Reconciliation ACT (PRWORA) of 1996 limited the receipt of CalFresh benefits to three (3) full months in a 36-month period for Able Bodied Adults without Dependents (ABAWDs).

California has been under a statewide waiver of the ABAWD time limit since 2008 due to the high statewide unemployment rate. Effective August 31, 2018, the statewide waiver expired for certain geographic areas within California (San Francisco, Santa Clara, and San Mateo counties) and those areas became ineligible for a waiver of the time limit. Counties that lost their waiver were required to implement ABAWD beginning September 1, 2018. Effective August 31, 2019 three additional geographic areas (Alameda, Contra Costa and Marin Counties) will become ineligible for a waiver of the time limit and will be required to implement ABAWD effective September 1, 2019.

An ABAWD is an able-bodied adult between 18 years and 49 years old who is not disabled, pregnant, or living in a household with minor children. For individuals in this category there are ways to be exempt from the rule and ways to meet the requirement. In both exempt and meeting the requirement situations, individuals will not be held to the three (3) month time limit.

Some of the more common exemptions are:

- Complying with CalWORKs Welfare to Work requirements
- Responsible for the care of an incapacitated person
- Applying for or receiving Unemployment Benefits
- Participating in a drug or alcohol treatment/rehabilitation program
- Attending high school, a training program or an institution of higher education at least half time

An individual will meet the ABAWD work requirement by:

- Working at least 20 hours per week (80 hours average per month)
- Participating at least 20 hours per week (80 hours average per month) in an allowable work activity (training program)
- Electing to perform community service or volunteer work at least 20 hours per week (or 80 hours averaged monthly)

Federal law provides that each state be allotted a number of individual exemptions equal to a percentage of the state's annual caseload that is subject to the ABAWD time limit. These exemptions allow counties to extend eligibility to ABAWDs who would otherwise be ineligible. Each exemption is equal to one month of eligibility for one individual and are referred to as percentage exemptions (previously known as the 15% and 12% exemptions).

The percentage exemption is only available to individuals at risk of losing federal benefits and the law allows discretion in how to utilize this exemption. CDSS has established statewide criteria regarding the allocation of the percentage exemption adopted by Contra Costa County including:

- Error protection for ABAWDs who were inadvertently issued benefits after exhausting their 3 months
- Individuals who are making an effort to work
- Special Circumstances, i.e., reentry, seasonal employment, Foster Care

California is operating on a "fixed statewide clock" meaning the 36-month period has the same beginning and ending date in all 58 counties for all ABAWD individuals. California's first 36-month period began January 1, 2017 and will end on December 31, 2019. A new 36-month "fixed statewide clock" will begin January 1, 2020.

Contra Costa County is electing to approve a percentage exemption for all individuals who have used their three (3) months for December 2019. This will allow a safety net while we continue screen ABAWDs for exemptions, finding employment or enrolling in a training program. With the new "fixed state clock" starting in January 2020, Contra Costa County – EHSD will not see anyone terminated, for ABAWD rules

until April 2020. Currently the Food Bank of Contra Costa and Solano County is employing an ABAWD navigator who is screening potential ABAWDs for exemptions.

In an effort to have available opportunities in Contra Costa County as our ABAWD waiver comes to an end, the Foundation of California Community Colleges (FCCC) in coordination with Contra Costa County is in the process of expanding CalFresh E&T also known as Fresh Success. It is anticipated by mid-fall we will be bringing two additional employment and training providers to Contra Costa County. This expansion will provide additional options for those who do not otherwise meet an exemption.

VI. Outreach, Access, and Community

EHSD continues our efforts to increase CalFresh participation ensuring that more children, families and individuals are able to purchase nutritious food by working with our Community Partners. We continue to work with the Food Bank of Contra Costa and Solano to train nonprofit staff in CalFresh so they have a better understanding of the program and enrollment process. This enhanced training and knowledge will make a positive impact in the community and will assist us in strengthening our community partnerships.

Our partnering agencies continue to express a desire for the County to participate more robustly in outreach efforts. Grants and funding opportunities often request organizations to collaborate with the County, which we evaluate and assess, taking into account funding, resources and grant requirements. Funding for direct outreach efforts by the department is limited by a prohibition on using Federal funds.

Access to CalFresh through our Intake system has been at the forefront as a result of the influx of applications from SSI recipients. We are in the process of planning improvements that will facilitate access across our county and improve our processing time. The CDSS and CWDA are collaborating on proposals to streamline county processes and bring more consistency in our CalFresh application systems. Another important aspect of facilitating application access is expanding our reach in the community. We will be exploring options to increase sites in the county that provide application assistance for CalFresh.

Some of our recent highlights:

- The Food Bank of Contra Costa County and Solano has hired an ABAWD Navigator to screen for exemptions and provide resources. The Navigator is located in our Hercules office two days per week. Her primary goal is to contact individuals that may be impacted by the new ABAWD rules, explain the guidelines to the recipient, and submit an exemption if applicable. To date, our ABAWD Navigator has made contact with 1,430 individuals and assisted recipients with 115 exemption worksheets.
- The EHSD CalFresh Program Analyst conducts “Just the Basics” training with the Food Bank. This takes place three to four times per year with 25 to 30 participants from various community organizations. This training has been a foundation in developing new partners since 2006. Aides of the Board of Supervisors, staff from WIC, the Monument Crisis Center, La Clinica, Rubicon, Public Health, Head Start, One Stop Centers, and the Family Justice Centers attend these trainings.

The training provides an overview of the applications process, eligibility requirements and specific topics such as the upcoming ABAWD requirements.

- EHSD has developed a video that is available on EHSD.ORG that outlines the ABAWD requirements. This video was developed to assist our partners in identifying ABAWD exemptions and submitting these to the County. This video can be found on ehdsd.org.



- EHSD continues to provide client navigational services and direct access to benefits, including CalFresh, through our 4 Our Families Strategic Initiative. This service model provides a holistic approach to helping first time clients access the supports and services they need through EHSD and our Community Partners. Our 4 Our Families staff has been requested to assist with CalFresh Expansion; however, they still provide services at the Richmond Family Justice Center, Bay Point SIT Site, EHSD Antioch District Office and the EHSD satellite office in Brentwood.
- The CalFresh Program Analyst continues to participate in training for Contra Costa County Health Services Department, Health, Housing and Homeless, H3. This training is another avenue to educate the community and other service providers on CalFresh benefits, including how to apply, ABAWD, CF Expansion and basic eligibility.

VII. Legislation and Policy Items of Interest

Under the current Administration, we continue to be concerned about potential legislative or allocation methodology changes, which may result in client eligibility and/or funding reductions to SNAP. We continue to track this issue through several mechanisms, including County representative organizations and our Policy and Planning Division. These changes will have an impact to our CalFresh participations and/or increase the workload of our staff.

- A proposed rule by the US Department of Agriculture will limit benefits to those earning less than 130% of the national poverty level or \$32,640 for a family of four and only allowing \$2,250 in assets. It is estimated that 3 million individuals will be impacted in California, and 4,000 households in Contra Costa County. This new regulation was introduced on July 22, 2019 and is currently in the 60-day comment period.
- Public Charge is a term used by the US Citizenship and Immigration Services (CIS) when referring to noncitizens that have or may become dependent on public cash assistance. The Trump Administration published a final rule regarding the definition, determination, and application of Public Charge on August 14, 2019. This rule will take effect on October 15, 2019. The Final Rule expands the types of benefits that may be considered for Public Charge, which impacts programs EHSD administers to low income individuals and families. Programs that may negatively affect immigration and newly considered Public Charge are Medi-Cal, CalFresh, and Section 8. Use of these benefits may be taken into account when decisions are made about entry into the country and adjustment of immigration status. Due to the complexity of the rules, EHSD and other partners are anticipating a general fear from our non-citizen population to apply for, or continue, benefits. Although difficult to quantify, we have had individuals contact the MCSC to terminate their benefits. EHSD has been preparing for possible changes to the Public Charge rules by working with our community partners and posting information and resources at ehsd.org.
- Because of the significant increase of disasters combined with record-breaking destruction, California created Assembly Bill AB 607, the community Resiliency and Disaster Preparedness Act of 2017. In accordance with AB 607, the Bay Area Social Services Consortium (BASSC) is developing a social services mutual aid plan. The plan is a work in progress and includes Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Solano and Sonoma Counties. It is anticipated that the agreement will be officially incorporated into the Department and CDSS disaster plan for FFY 2021.
- The telephonic signature is a type of electronic signature that uses an individual's recorded spoken signature or verbal consent in place of an actual written signature. The use of the telephonic signature, as part of the application or recertification process, will eliminate the need to mail documents in order to gather a client's ink signature. In addition, utilizing this process will also reduce the amount of cases that are discontinued for failure to complete the recertification process, which will assist with reducing churn. Currently this software is available at our Medi-Cal CalFresh Service Center (MCSC) and our Hercules office. EHSD is pushing the software out to all staff department-wide for immediate implementation along with Adobe sign, a secure document submission system.

CalFresh Employment and Training

- Contra Costa County's CalFresh Employment and Training (CFET or CF E&T) is a voluntary program that launched in April 2017 in partnership with the Foundation of California Community Colleges (FCCC). Our CFET program design is that of an intermediary model, in which the FCCC serves as the entity between the State and its service providers, Rubicon and Opportunity Junction. The FCCCs, under the authority of the California Department of Social Services (CDSS), maintains responsibility for completion of the Statewide CalFresh E&T Plan, training, selection, and immediate oversight of the participating providers and administrative responsibility. Contra Costa County Employment and Human Services (EHSD) has a non-financial contract with both Rubicon and Opportunity Junction that describes our partnership, working relationship, and information sharing process.

Our CFET program offer participants a pathway to a better job through skills building and workforce preparatory services. CFET services address the urgent need for participants to build skills and receive job-driven training. The increasing need for a skilled workforce is an opportunity to move CalFresh (CF) recipients into new and better paying jobs. This has led EHSD to collaborate with community-based organizations to expand E & T services in Contra Costa County.

- Elderly and/or Disabled Household Demonstration Projects

Standard Medical Deduction

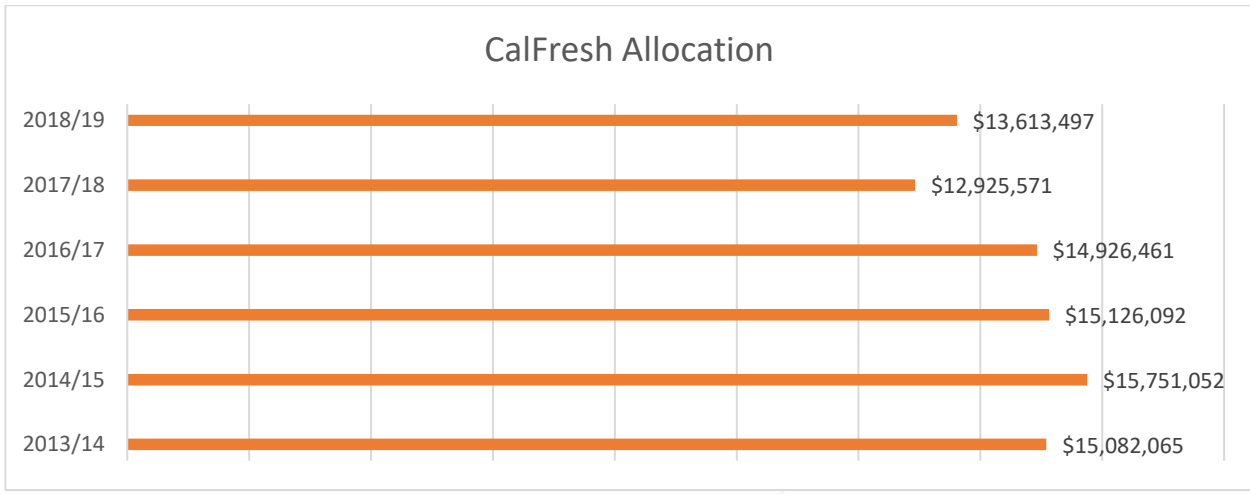
Effective October 1, 2017 through September 30, 2021, a standard medical deduction of \$120 will be issued for households in which an elderly or disabled member incurs medical expenses in excess of \$35 per month. Households with an elderly or disabled member include those with at least one individual who is 60 years of age or older and/or disabled and/or receives a disability based benefit. To be eligible, the household must verify that they incur more than \$35 a month in qualifying medical expenses. Households with more than \$155 a month may opt out to document and claim actual expenses. Since the implementation of this new policy, there are currently 2,745 households utilizing this deduction. EHSD has sent mailers to households and posted notifications in its lobbies outlining this deduction in the hopes of increasing these numbers. This deduction is especially important for our SSI/SSP individuals, this deduction can help maximize their benefit amount.

Elderly Simplified Application

Effective October 1, 2017 through September 30, 2021, a simplified application process has been approved in an attempt to improve CalFresh access among the state's low-income elderly and disabled population. The project waives the recertification interview requirement, uses existing data matches to reduce verification requests, and extends the certification period to 36 months. The project applies to households where all members are either elderly (age 60 or older) and/or disabled with no earned income. The project does not apply to other CalFresh participants. Since the implementation of this new policy, the 36-month certification has been approved for over 4,000 households.

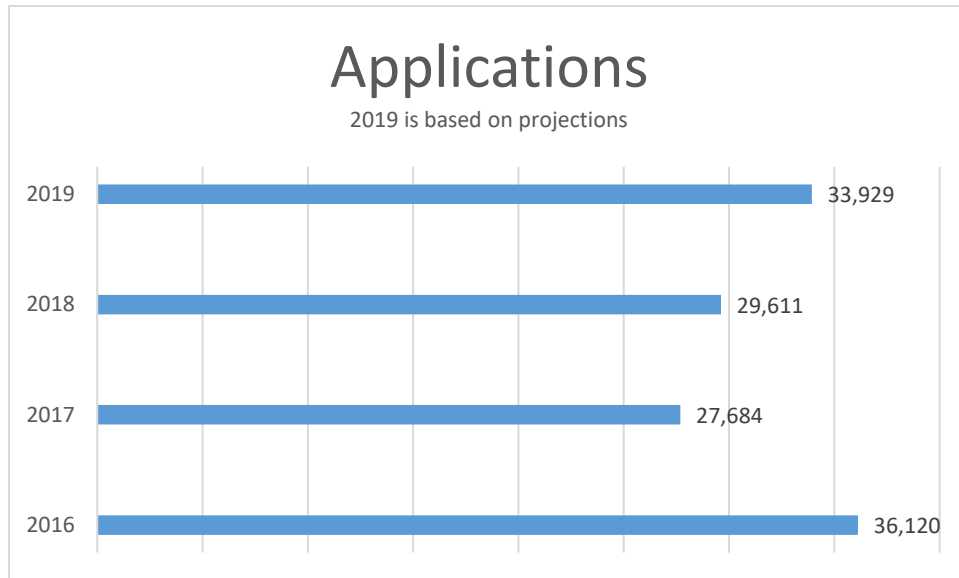
X. Revenue and Allocations

CalFresh Allocations of State and Federal funds continue to drop each fiscal year. The slight increase in FY18/19 was to accommodate for CalFresh Expansion. The allocation for FY 19/20 has yet to be received.



Recently discussions have begun at CDSS and the California Welfare Directors Association (CWDA) to review the administrative budgeting methodology. It has been determined that the worker rate is understated and counties are underfunded. This will be an ongoing project with a committee comprised of County representatives, CDSS, CWDA, Fiscal and Self Sufficiency committees.

EHSD has seen a significant increase to CalFresh applications so far this program year. Using monthly averages, the department anticipates receiving close to 34,000 applications in 2019. With the introduction of technology to simplify the application process, policy changes that expand eligibility, and outreach efforts, EHSD is anticipating increases to CalFresh participation.



XI. Next Steps

The Department remains committed to providing timely and ready access to CalFresh benefits for those with food insecurities. The streamlining of processes, use of technology and ongoing assessment of service improvement are all current priorities. Additionally, EHSD has a continual objective to improve in areas of outreach, access and enrollment.

CalFresh Expansion Implementation Update



**Report to the County Family and Human Services Committee
September 23, 2019**

Prepared by:

*Kathy Gallagher
Employment and Human Services Director*

CalFresh Expansion Implementation Update



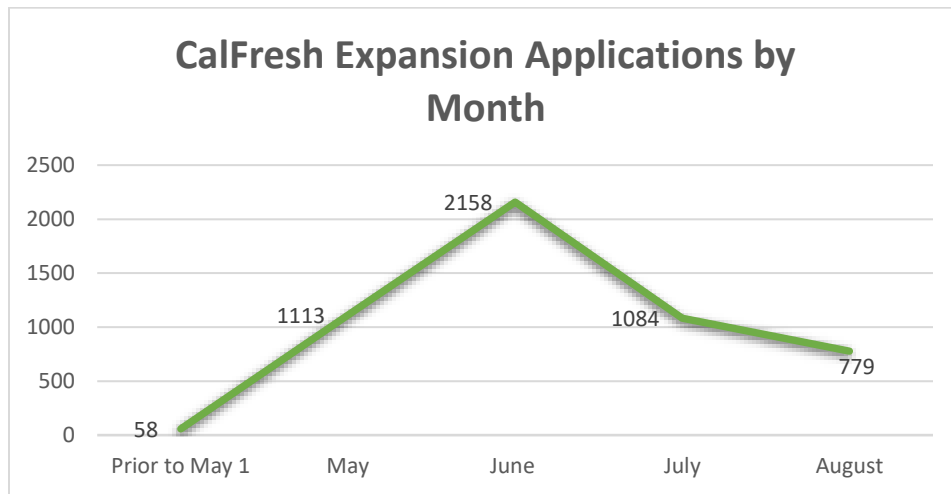
The Family and Human Services Committee received a comprehensive CalFresh Expansion Report on July 29, 2019. The following is a brief update on that report.

EXECUTIVE SUMMARY

- EHSD remains committed to serving our community and continues to direct resources to supporting SSI recipients.
- The overall inflow of CalFresh Expansion applications remains high. CalFresh applications were still 35% higher-than-average in August due to the continued need of SSI recipients.
- The number of pending applications has decreased by 82% since our last update. The decline has been possible through extensive internal collaboration between units, availability of overtime hours, and our temporary workforce.
- Of the pending applications, only 9.5% are pending over 30 days. We continue to assist clients with rescheduling interviews and obtaining necessary verifications, though the SSI populations has unique barriers that can cause delays.
- The approval rate for the CalFresh Expansion overall is 79%, which is higher than the 50% approval rate for non-Expansion CalFresh applications. Continued communication about CalFresh eligibility criteria and the requirement to complete the full application processes is needed.
- We receive slightly over half of CalFresh Expansion applications through the GetCalFresh portal. While EHSD supports the use of online applications, especially for those with mobility issues, we encourage the public and community partners to use the MyBCW online application when possible.
- Progress continues on building out a new integrated eligibility unit in Aging and Adult Services, encompassing the operations of General Assistance, IHSS, and our SSI Advocacy team. Currently, 27% of CalFresh Expansion applicants are IHSS recipients.

INFLOW OF CALFRESH EXPANSION APPLICATIONS

On June 1, 2019, individuals receiving SSI/SSP became eligible to receive CalFresh, however, clients were allowed to turn in applications beginning May 1, 2019. June 2019 was by far the highest volume month of the expansion thus far. Still, the overall inflow of applications remains high. Prior to the expansion, EHSD received an average of 2,180 CalFresh applications each month in 2019. Even in August, the lowest month since we officially began accepting Expansion applications, our number of applications each month has increased over 35%.



Though the total number of CalFresh Expansion applications did decrease in August, the overall volume remains a significant increase in what EHSD would typically process for CalFresh in a given month. Continued use of overtime and temporary employees remains necessary to deal with the inflow. The first week of September 2019, we received 140 CalFresh Expansion applications, the second-highest first week since May, which is notable given the Labor Day holiday and the shortened timeframe of being available to accept applications in offices. In the coming months, we do expect that the total number of CalFresh Expansion applications will level off, though the initial influx of new clients is still strong.

STATUS OF CALFRESH EXPANSION APPLICATIONS

As of September 8th, we have received 5,333 CalFresh Expansion applications. Approximately 73% of these applications have come from new clients who are not currently receiving In-Home Supportive Services (IHSS). Initially, the state predicted we would receive about 1,000 of such applications in total. Though still early in the implementation process, we have far exceeded that total.

The number of pending applications has also **decreased** by 82% since our last update. This has been possible through extensive internal collaboration between units, availability of overtime hours, and our temporary workforce. EHSD is immensely grateful for the effort staff have put into processing applications in a timely manner and drastically reducing our backlog.

In an average month, approximately 50% of CalFresh cases are approved. The approval rate for SSI recipients / CalFresh Expansion is much higher at 79%. EHSD and community partners should continue communicating with SSI recipients that CalFresh income limits still apply and SSI recipients will need to complete the entire CalFresh application process.

CalFresh Expansion Implementation Update



SSI Expansion Application Status	Number of Applications	% of Total
Approved	4,199	79%
Denied	595	11%
Pending	317	6%
Withdrawn, Cancelled, or Discontinued	222	4%

PENDING APPLICATIONS AND 30-DAY COMPLIANCE

The state of California defines compliance for CalFresh applications as 90% of applications being processed within 30 days. In May 2019, SSI recipients became eligible to apply for CalFresh benefits. State data shows our 30-day compliance rate decline from 96% in May to 91% in June 2019, then 81% in July 2019. This decline coincided with the increased backlog created by the influx of CalFresh Expansion applications.

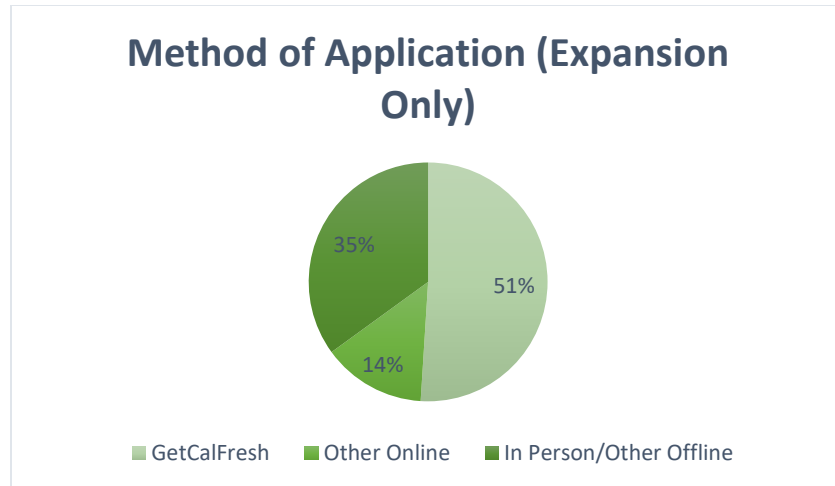
We have developed internal methods for tracking compliance rates specifically for the CalFresh Expansion SSI population. Of the 262 pending CalFresh Expansion applications as of September 12, only 25 have been pending for over 30 days (9.5%). Further, nearly half of these overdue applications are overdue by less than 10 days. While we strive for complete compliance with the 30-day timeframe, the influx of applications combined with the unique needs of CalFresh Expansion applicants has made 90% compliance difficult for both EHSD and applicants.

After a client misses an interview or fails to turn in verifications, they have an additional 30 days to do so before their application receives a final denial and they need to start a completely new application in order to receive benefits. Because of the unique challenges the SSI population faces, which can include homelessness and severe disabilities, clients may need additional time to complete interviews or obtain their necessary paperwork.

ONLINE APPLICATIONS

One method of reducing wait times and expediting processing is the use of online applications. While we recognize that some SSI recipients may have disabilities that make the use of computers difficult, for those with mobility-related issues it may be an alternative to needing to make the trip to a district office. Approximately 65% of CalFresh Expansion applications have arrived through an online portal. However, the vast majority of these have come through GetCalFresh, a Code For America site that requires minimal information from clients before sending the information to EHSD.

While we recognize that some clients may have limited time and GetCalFresh is a convenient option, we do wish to stress that these applications have a higher-than-average denial rate for all CalFresh clients due to the impression the application gives some clients that they have already completed the entire process. MyBCW is an alternative online application system that better informs clients of the entire CalFresh application process. We provided a MyBCW guide to community partners in May and are available for any ongoing questions or support to use this system. When possible, we do encourage both the public and community partners to use MyBCW instead of GetCalFresh to lessen the confusion for clients and potentially expedite the application process.



INTEGRATED SERVICES DIVISION

When the Expansion was approved by the legislature, we began planning for a new, integrated unit within Aging and Adult Services (AAS) to oversee the ongoing case management of CalFresh expansion customers. The goal of this unit is a customer-friendly application experience for IHSS customers who have SSI and may be eligible for CalFresh. Currently 27% of CalFresh Expansion applicants are existing IHSS clients.

This new division will serve both General Assistance (GA) customers and the IHSS clients that have SSI. GA currently processes CalFresh applications for individuals already applying for GA, which will remain the same. Customers who have both IHSS and SSI are currently able to apply for Medi-Cal, and will now be able to apply for CalFresh through this new division. Additionally, Social workers in this new division will continue to refer clients to apply for SSI benefits when appropriate, as well as provide advocacy and case management during their SSI application process.