FAMILY AND HUMAN SERVICES COMMITTEE

RECORD OF ACTION FOR SEPTEMBER 23, 2019

Supervisor Candace Andersen, Chair
Supervisor John Gioia, Vice Chair

Present:	Chair Candace Andersen Vice Chair John Gioia
Staff Present:	Julie DiMaggio Enea, Sr. Deputy County Administrator
Attendees:	Rebecca Darnell, EHSD; Warren Hayes, HSD Behavioral Health Services; Leslie May, MH Commission; Colleen Kauth, Bay Area Legal Aid; Luis Tenorio, Bay Area Legal Aid; Suzanne Tavano, HSD Behavioral Health Services; Carolyn Foudy, EHSD; Colleen Isenberg, District IV Supervisor's Office; Douglas Dunn, MH Commission; Kathi McLaughlin, CPAW; Kathy Gallagher, EHS Director; Rich Wengal, Youth Homes; David Bergesen, COFY, Inc.; Susanna Marshland, Fred Finch Youth Center; Leticia Galyean, Seneca Family of Agencies; Antionette Harris, Uplift Family Services; David Geiger, Human Services Alliance of CCC; Jay Berlin, Alternative Family Services; Pete Caldwekk, We Care Services; Jill Ray, BOS District II Representative; Barbara Serwin, MH Commission; Mariana Moore, Ensuring Opportunity; Tracy Murray, EHSD

1. Introductions

   Chair Andersen convened the meeting at 10:32 a.m. and invited 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 offered testimony during the public comment period.

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

   The Record of Action for the July 29, 2019 meeting was approved as presented.

   AYE: Chair Candace Andersen, Vice Chair John Gioia
   Passed

4. 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.

Behavioral Health Director Suzanne Tavano summarized the staff report, advising that under Managed Care, the County must meet certain State compliance standards. She reported that the County has met the standards for the required number of providers but fell slightly short of the standard for timeliness in consultations and medication. She noted that there had been incremental improvement, with non-psychiatry wait times meeting the 10-day standard and psychiatry wait times close to meeting the 15-day standard. She highlighted the expansion of tele-psychiatry as one of the strategies used by the department to reduce wait times.

Suzanne discussed how the department has analyzed the flow of people through the behavioral health system and determined that housing is a serious bottleneck and should be the focus of current attention. Behavioral Health works closely with the County's Homeless (H3) program to smooth the transition of people from hospital to locked facility to community housing settings. She noted that funding and regulatory silos hinder these efforts. She observed that the lack of adequate step-down programs result in lengthier hospital stays than are strictly necessary.

Vice Chair Gioia noted that H3 has been working with the City of San Pablo to leverage HUD funding to construct 60-70 units of housing with supportive services in San Pablo. He praised the City of San Pablo for its strong collaboration with the County on the housing project, a library, a fire station, a WIC (Women, Infants and Children) site, and the West County Health Center.

Suzanne commented that the County's open-door policy to psychiatric emergency services (PES) is generous when compared to other counties, noting that the majority of counties do not have crisis stabilization units (CSUs) as does Contra Costa County. She noted that the average daily population at PES is 40, which is a challenge in that limited space. She remarked on the push and pull between PES beds and hospital beds, and the way cost reimbursement influences that relationship.

She reported visiting adult and children CSUs and thought that the Willow Rock CSU (Alameda Co.) might be a good model to implement in this county if separate space for a children's facility could be identified. She noted how traumatizing it can be for a child to witness a W&I 5150 (psychiatric emergency) event.

She concluded by stating that the County and its community contractors struggle to find qualified providers due to lack of competitive salaries.

Barbara Serwin spoke on behalf of the Mental Health Commission, praising the new Behavioral Health leadership and their fresh approach to solving old problems. She appreciates the division of responsibilities among the new leadership. She is of the opinion that PES redesign should be the priority, citing the findings in a 2019 grand jury report. She reported that the MH Commission will reach out to community partners to collate best practice concepts and bring those to the FHS Committee for consideration.

Douglas Dunn provided a handout (attached) that discusses the impacts of a shortage of step-down programs and housing for persons discharged from locked facilities. He claimed that the County's locked facility budget was balanced only by a

temporary savings in other programs. He recommended that the County support the repeal of the Medi-Cal reimbursement exclusion.

Chair Andersen was not present during the testimony of the following public speakers, who each spoke about the need of community-based mental health services providers for additional funding, and their struggles to maintain staffing and services with uncompetitive salaries: Dan Geiger, Rich Wengal, David Bergeson, Susanna Marshland, Leticia Galyean, Antoinette Harris, Pete Caldwell, and Jay Berlin.

Vice Chair Gioia assured the speakers that the Board of Supervisors is aware of their predicament and, earlier this year, authorized the formation of a work group to study the problem. He advised that Health Services Director Anna Roth will contact the agencies soon. He observed that Contra Costa County has a lower tax base than neighboring counties and also lacks a local sales tax that many other counties enjoy. He advised that the Board's Finance Committee is studying a proposal for a local sales tax initiative and, should it be pursued, will need the help of community partners to raise awareness of the need.

Suzanne added that HSD has already begun gathering salary data from the County's community contractors and has also engaged an outside consultant to assist with the study effort.

Leslie May suggested that the community partners recruit at college campuses.

The Committee accepted the report and directed staff to forward it to the Board of Supervisors on Consent for their information. The Committee directed HSD to report back in one year.

AYE: Chair Candace Andersen, Vice Chair John Gioia
Passed

5. 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.

Kathy Gallagher and Rebecca Darnell presented the CalFresh annual update and SSI expansion reports. Kathy reported that CalFresh applications are beginning to level off at about 2,700 per month as compared to 2,200 per month prior to the SSI expansion.

Kathy also advised that effective September 1, the current waiver for Contra Costa County from the Able Bodied Adults Without Dependents (ABAWD) 90-day limit for CalFresh benefits was terminated. The termination of this waiver is somewhat mitigated by individual exemptions that are allotted to each state based on annual caseload. The County has adopted the State's criteria for granting the exemptions and has elected to approve exemptions for all individuals who have exhausted their 90-days of benefits. The exemptions will maintain benefits for these individuals until April 2020 or until such time that employment is found for them.

Rebecca reported that the Food Bank and other community organizations such as Opportunity Junction have partnered with EHSD to assist clients in navigating the application process to receive new or expanded benefits or ABAWD exemptions.

Caitlyn Sly alleged that EHSD was unwisely discouraging clients from using the "Get CalFresh.org" website to apply for benefits.

Mariana Moore commented that EHSD should not celebrate the leveling off of new CalFresh applications. She stated that the significant unmet need warrants further outreach. She requested data from EHSD on the number of recipients who qualified for only a $15 benefit vs. those who qualified for more once the Medi-Cal exemption was verified. She felt that telegraphing a low expectation for additional benefits had discouraged participation.

Colleen Kauth complained that EHSD had not responded to her letter sent in June/July, to which Kathy Gallagher responded that she was in consultation with County Counsel. Ms. Kauth stated that while 90% compliance is the threshold to avoid DHS fines, 100% compliance is required by law.

Vice Chair Gioia wrapped up the discussion by asking EHSD to provide better estimates of potential benefits to people to encourage greater participation.

The Committee accepted the report and Vice Chair Gioia asked that the Bay Area Legal Aid's concerns be referred for discussion by the Board in its next closed session. He also directed EHSD to report back to the Committee in November with a written outreach plan involving community partners and with a current staffing model and proposed staffing model should there be new federal funding allocations.

AYE: Chair Candace Andersen, Vice Chair John Gioia
Passed

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

Vice Chair Gioia adjourned the meeting at 12:25 p.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 **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

Minutes Attachments

No file(s) attached.

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

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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

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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.

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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.

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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.

Agenda Attachments

Joint Behavioral Health Services and Mental Health Commission Status Report

Minutes Attachments

Public Comment Douglas Dunn

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, stablish 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

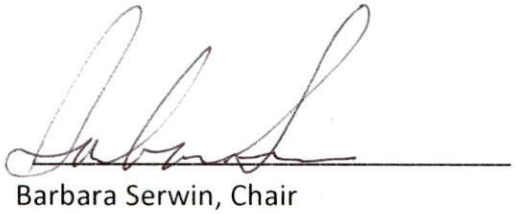
Much has been done this past year to make progress on issues raised two years ago. However, as noted above several issues will continue to be a challenge, such as the overall shortage of psychiatrists, and affordable housing in the community for persons who are housed in our locked facilities. Most importantly, 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.

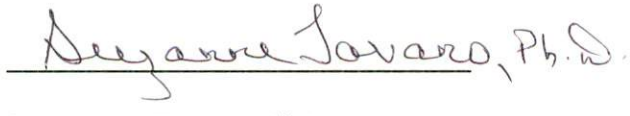
Moving forward we propose to seek time on the FHS Committee's agenda on an as needed basis.

Respectfully submitted:

Matthew P. White, M.D.
Medical Director



Barbara Serwin, Chair
Mental Health Commission



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

September 23, 2019 F&HS Comments—Douglas Dunn

My comments focus on the "downstream" effects of the lack of lower cost locked facility beds and the resultant lack of appropriate community step down programs and housing for persons discharged from these facilities, referenced on page 6 of this report. In the Mental Health Commission's ad hoc Data Committee report efforts, we've been made aware that Adult locked facility costs are currently running $10M above projected budget. We're aware the total $225M Behavioral Health budget is not "over" because the Children and Adolescent (C&A) budget of approx. $59M is running "under" by $10M. When the new C&A programs get fully up and running, this particular under budget situation will disappear.

From what we know, the current $10M adult locked facility "overage" is driven by lack of available Institute of Mental Diseases (IMD) beds for persons who really need them. We're aware 10-11 persons in the Contra Costa Regional Medical Center Psychiatric Ward (4C) have been there for 100-180 days there because there are no LPS Conservatorship or State Hospital beds available, despite their very high acuity needs. The "cascading" financial effect is as follows:

- Daily census of 40-45 persons in Psychiatric Emergency Services (PES)..
- 4C: Approx. $1,500/day covered approx. 75-85% by Medicare/$1,150/day, or Medi-Cal/$1,250/day for 47 days (5151+5250+5270). After 47 days, covered costs drop to approx. $400 or less Administrative Day rate.
- 6 Contracted hospitals in-patient psychiatric care: Approx. $1,500/day because of the IMD Medi-Cal reimbursement exclusion for persons 21-64 years of age.
- Non-contract in-patient psychiatric care: +$1,500/day to $3,200/day—same IMD Medi-Cal reimbursement exclusion issue.

By contrast, LPS Conservatorship:

- 120-150 persons/year at $300-$600/day, depending on level of program care at each of the 13 out-of-county contracted facilities.
- Annual state Realignment cost: Approx. $5.5M

State Hospitals

- 20 beds (14 Napa, 6 Metropolitan in Norwalk)—Mainly forensic (criminal justice) patients
- Annual state Realignment cost: $5.5M or $754/day/bed

The federal Health & Human Services dept. (HHS) currently has an up to 30 day IMD reimbursement waiver available to the states. However, there have been very few "takers." The National Association of State Attorney's General (NAAG), has written a letter signed by 39 AG's (including Xavier Becerra, CA) urging Congress to completely repeal the IMD Medicaid (Medi-Cal) reimbursement exclusion. Repeal would mean at least $25M annual additional available to this county primarily for badly needed community step-down programs and some additional lower cost locked facility beds.

The Commission and its MHSA-Finance Committee are taking a "deep dive" into this issue and will be seeking Board support for complete repeal of the IMD Medi-Cal reimbursement exclusion. The California State Assn. of Counties (CSAC) is in favor.

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 or 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.

Agenda Attachments

EHSD CalFresh Report

EHSD CalFresh Expansion Report

Minutes Attachments

EHSD Supplement to CalFresh Report

EHSD Supplement to CalFresh Report Statewide Data

CalFresh News Article

Public Comment Multi-Faith Action Coalition

CalFresh Update

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

Prepared by:

Kathy Gallagher
Employment and Human Services Director

CONTRA COSTA COUNTY
EMPLOYMENT & HUMAN SERVICES

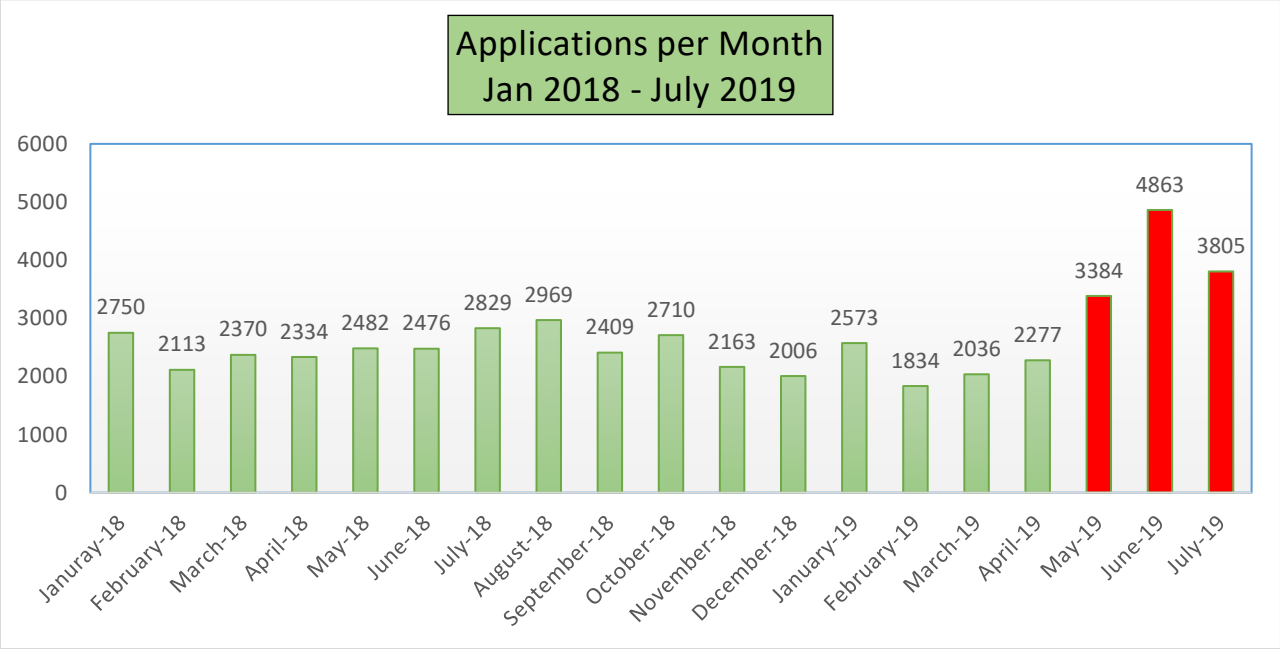
CALFRESH UPDATE

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.

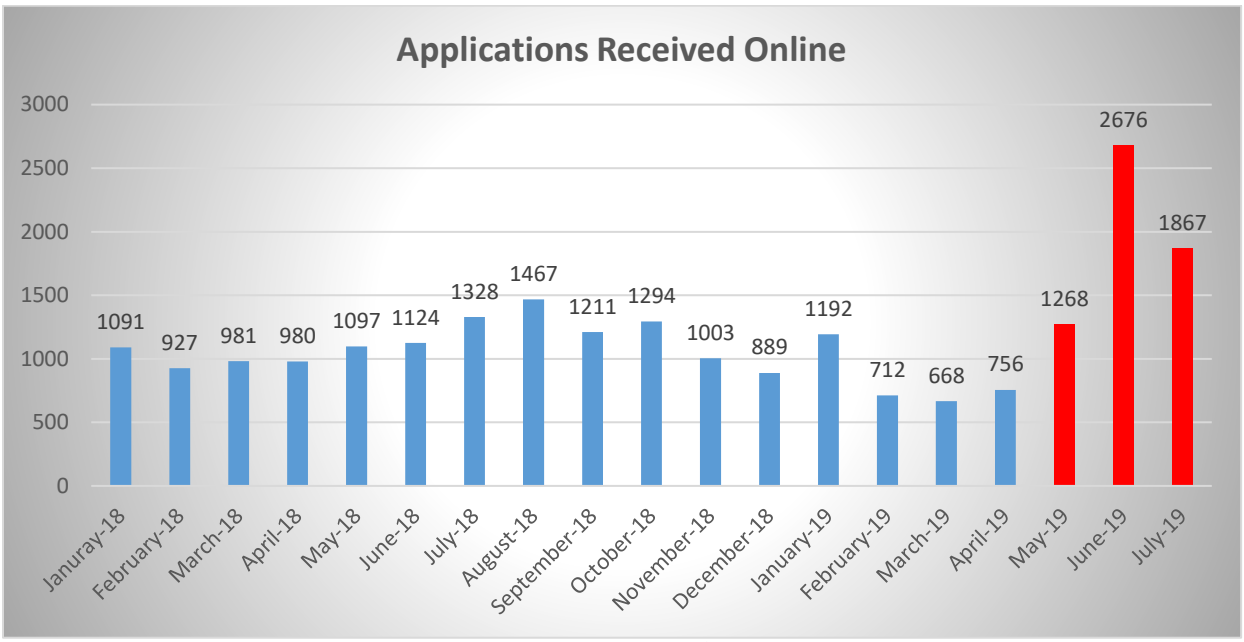
The amount of benefits a person receives depends on the number of people in the household who purchase and prepare food together, and how much monthly income is left after certain expenses are deducted. Income consists of earned and unearned income. Expenses like rent, utilities, dependent care and certain 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

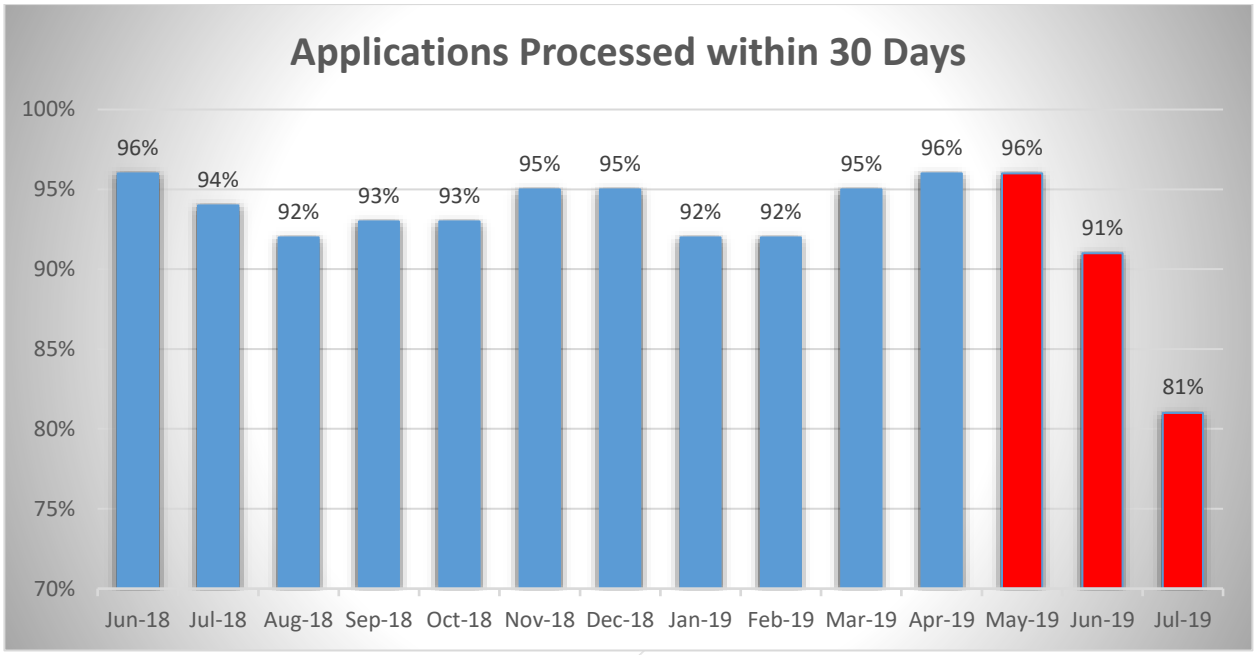
Service Levels:

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.


Applications Processed within 30 Days
100%
95%
90%
85%
80%
75%
70%
96%
94%
92%
93%
93%
95%
95%
92%
92%
95%
96%
96%
91%
81%
Jun-18
Jul-18
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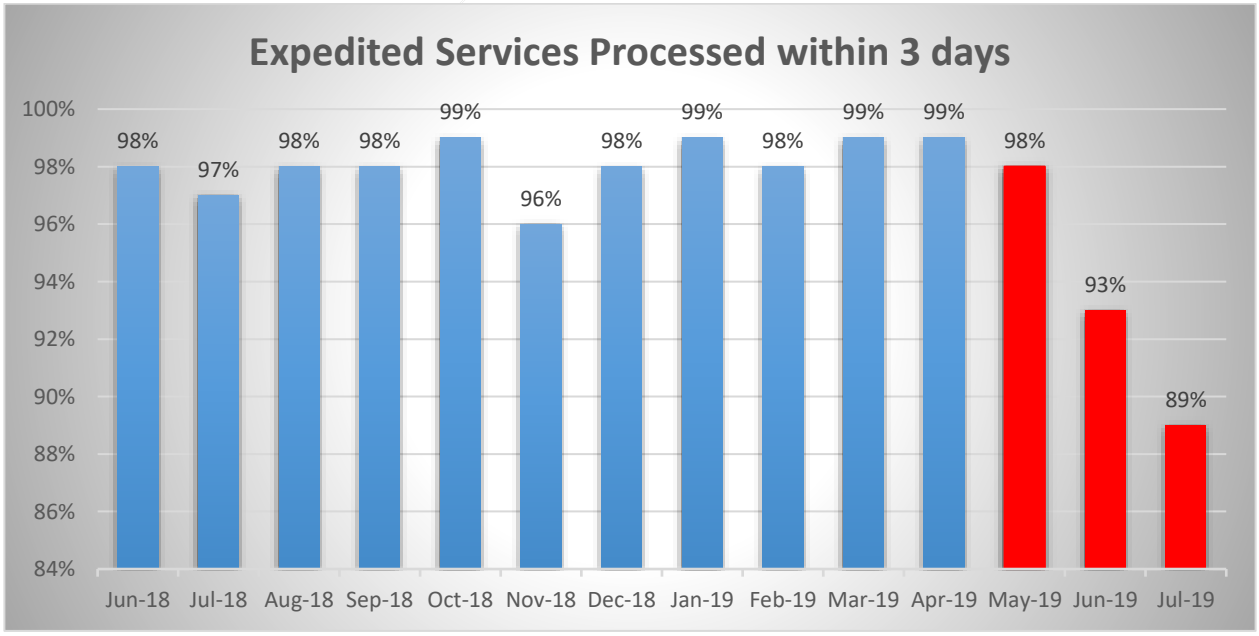
Expedited Services Processed within 3 days
100%
98%
96%
94%
92%
90%
88%
86%
84%
98%
97%
98%
98%
99%
96%
98%
99%
98%
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Jun-18
Jul-18
Aug-18
Sep-18
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May-19
Jun-19
Jul-19

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).

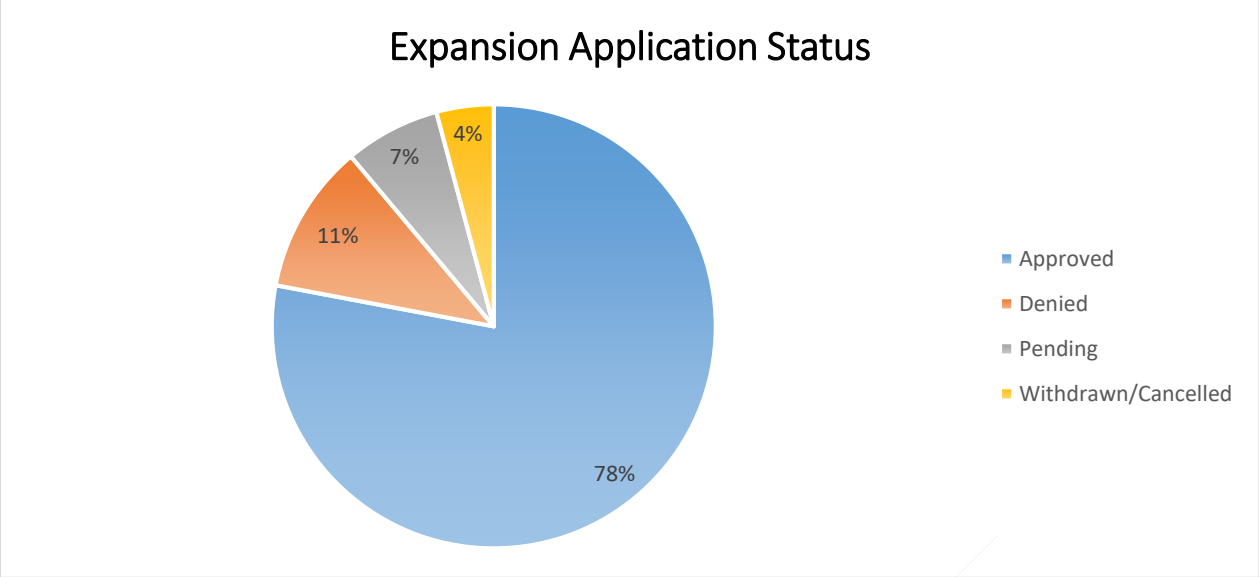
Projections from the State of California Department of Social Services (CDSS) identified 10,045 SSI/SSP residents of Contra Costa County to be CalFresh eligible. Of this population, we anticipate that approximately 6,500 of these individuals are currently receiving In Home Supportive Services (IHSS)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

<u>CalFresh Employment and Training</u>

- 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

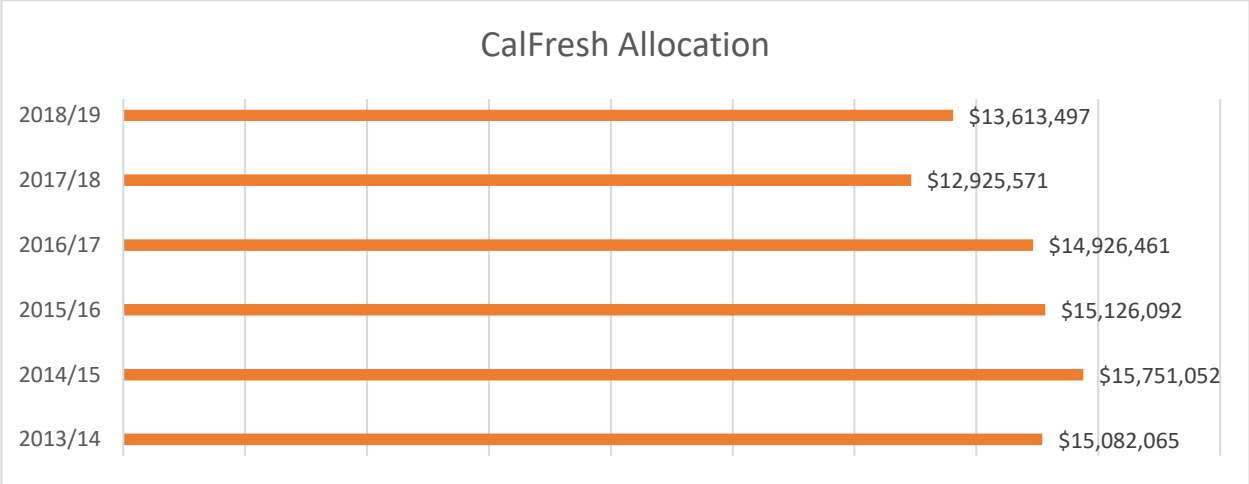
  Effective October 1, 2017 through September 30, 2021, a standard medical deduction of $120 will be issued for households in which an elderly or disabled member incurs medical expenses in excess of $35 per month. Households with an elderly or disabled member include those with at least one individual 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.

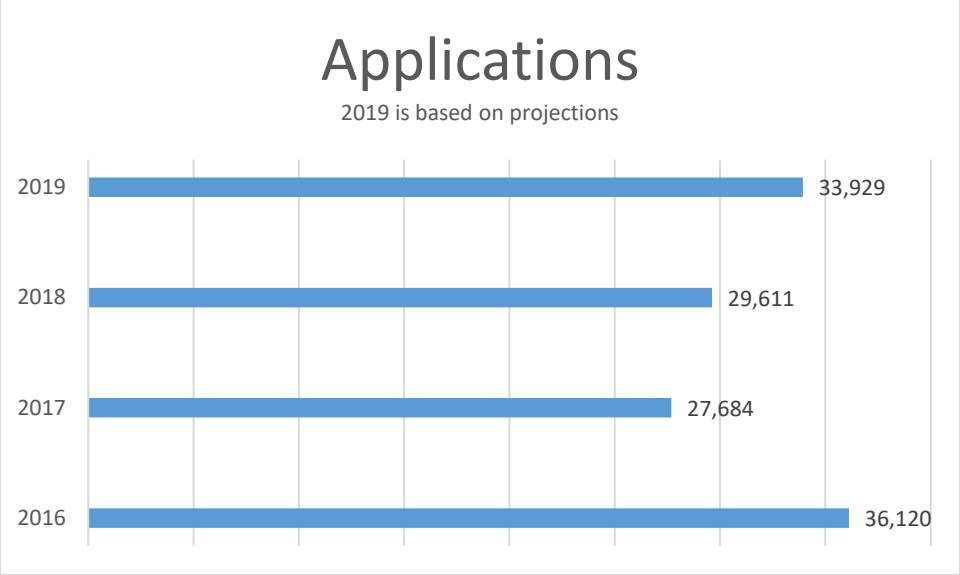
X. Revenue and Allocations

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

Contra Costa County
Employment & Human Services

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.

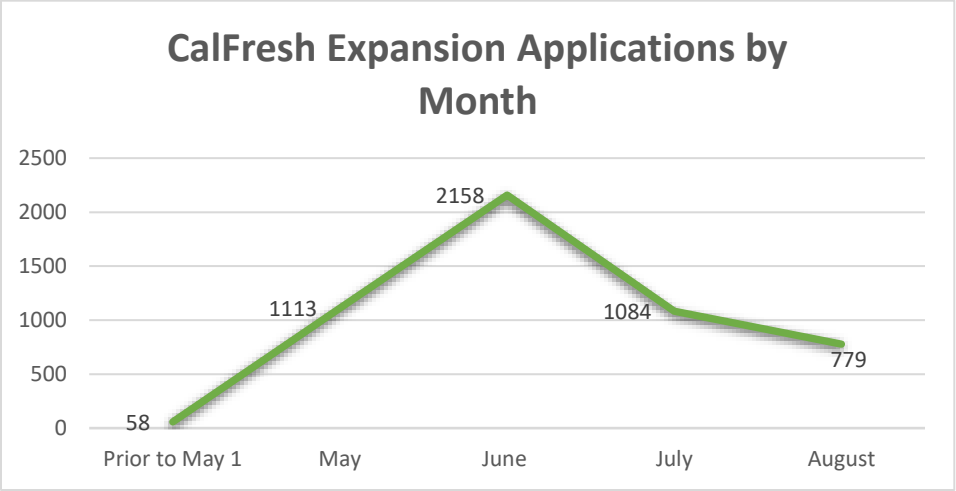
- The approval rate for the CalFresh Expansion overall is 79%, which is higher than the 50% approval rate for non-Expansion CalFresh applications. Continued communication about CalFresh eligibility criteria and the requirement to complete the full application processes is needed.

- 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.

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.

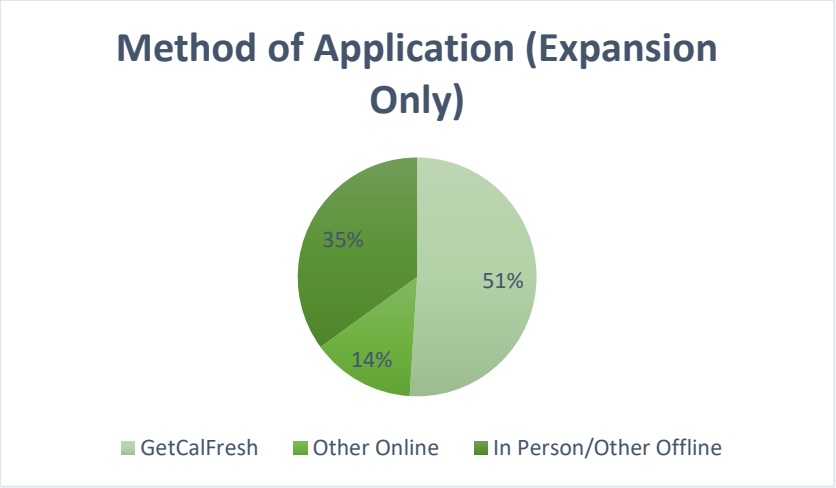
We have developed internal methods for tracking compliance rates specifically for the CalFresh Expansion SSI population. Of the 262 pending CalFresh Expansion applications as of September 12, only 25 have been pending for over 30 days (9.5%). Further, nearly half of these overdue applications are overdue 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.

CONTRA COSTA COUNTY

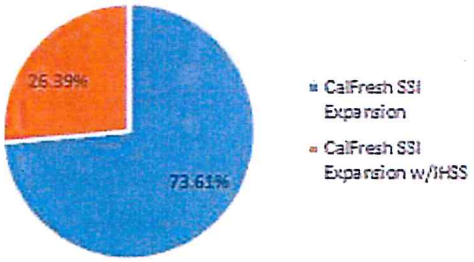
EMPLOYMENT & HUMAN SERVICES

CalFresh SSI Expansion Report

Date Range: 05/01/2019 – 09/22/2019

Number of Cases: 5236

CalFresh SSI Expansion Individual Applicant Report by SSI Category



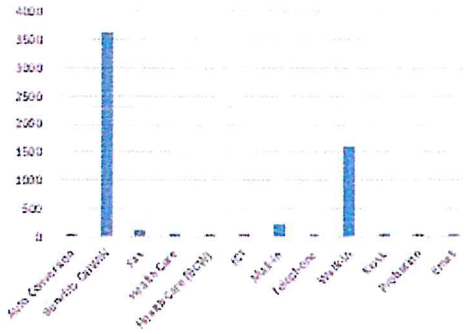
SSI Category	Count of SSI Category
CalFresh SSI Expansion	4111
CalFresh SSI Expansion w/IHSS	1474
Total Individual Applicants	**5585**

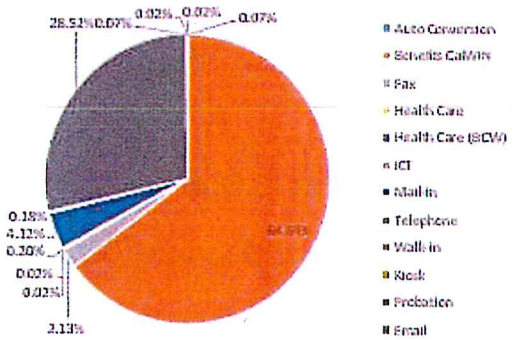
Note: A case count may have multiple individuals which account for the difference in the case count vs individual count.

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

CalFresh SSI Expansion Report by Application Source





Application Source Type	Count
Auto Conversion	4
Benefits CalWIN	3610
Email	1
Fax	119
Health Care	1
Health Care (BCW)	1
ICT	11
Kiosk	4
Mail-in	230
Probation	1
Telephone	10
Walk-in	1593
Total	**5585**

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

Applications from various sources (getcalfresh, CBOs, individuals) submitted/passed through MyBCW for the period 05/01/2019-09/22/2019

Get CalFresh Portal Applications	
Food Bank of Contra Costa County and Solano	723
Code for America – SSA Assisted	666
Code for America	1452
Total	**2841**

Additional CBO Applications – Non Get CalFresh	
Community Connect	78
LifeLong Brookside	4
La Clinica	2
Rubicon	1
Total	**85**

Regular BCW Applications Entered by Individuals	
Individual Applications (MyBCW Non-CBO Assisted)	684
Total	**684**

Grand Total = 3610

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES

Total Number of SSI Expansion Cases by Application Status

SSI Expansion Application Status	
Approved	4474
Cancelled	30
Discontinued	141
Denied	638
Pending	224
Withdrawn	78
Total	**5585**

Note: The detail spreadsheet will show the specific cases that are in "Pending" status including the number of days pending.

CONTRA COSTA COUNTY

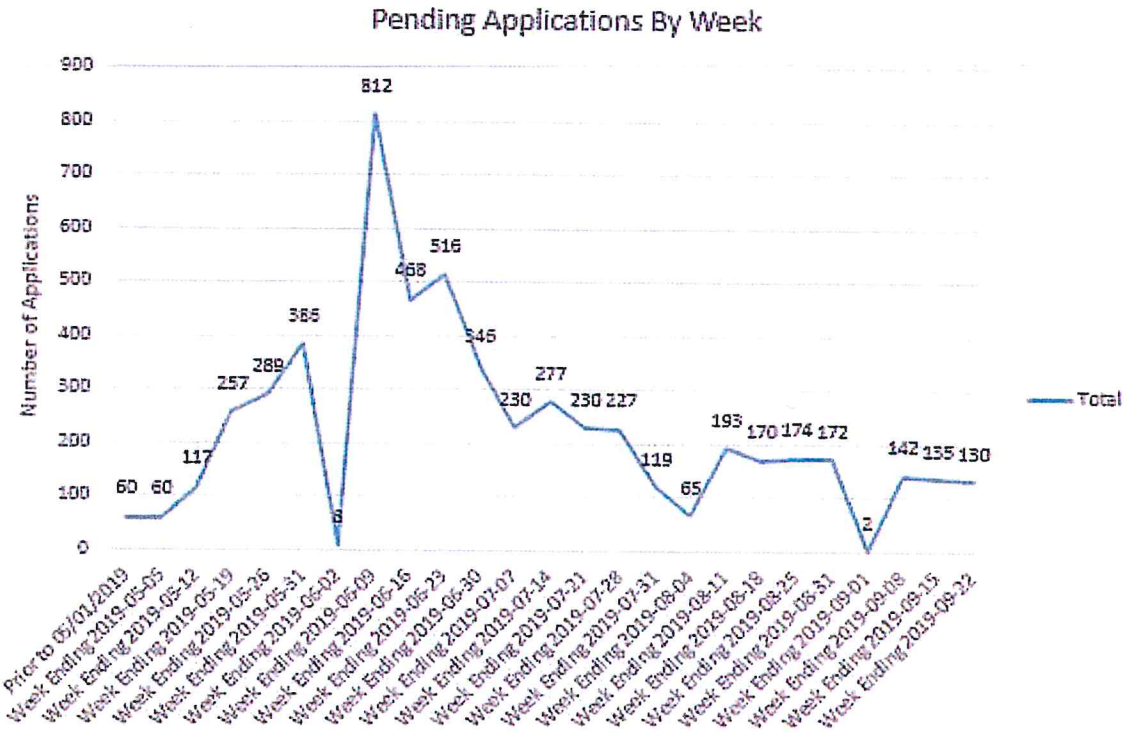
EMPLOYMENT & HUMAN SERVICES

CalFresh SSI Expansion Identified Applications

Prior to 05/01/2019	**60**
	60
May	**1109**
Week Ending 5/05	60
Week Ending 5/12	117
Week Ending 5/19	257
Week Ending 5/26	289
Week Ending 5/31	386
June	**2150**
Week Ending 6/02	8
Week Ending 6/09	812
Week Ending 6/16	468
Week Ending 6/23	516
Week Ending 6/30	346
July	**1083**
Week Ending 7/07	230
Week Ending 7/14	277
Week Ending 7/21	230
Week Ending 7/28	227
Month Ending 7/31	119
August	**774**
Week Ending 8/04	65
Week Ending 8/11	193
Week Ending 8/18	170
Week Ending 8/25	174
Week Ending 8/31	172
September	**407**
Week Ending 9/01	2
Week Ending 9/08	142
Week Ending 9/15	135
Week Ending 9/22	130
Grand Total	**5585**

CONTRA COSTA COUNTY

EMPLOYMENT & HUMAN SERVICES



Counties	Total CF Households (Source: Data Dashboard / DFA 256)		Total CF Individuals (Source: Data Dashboard / DFA 256)		Total Seniors on CF (60+) (Source: MEDS)		Total SSI (Source: SDX)		Total IHSS (Source: CMIPS)		Total IHSS Population on SSI (Source: CMIPS)	
	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018
Alameda	57,141	55,241	108,000	101,859	10,989	11,523	49,918	48,494	23,508	24,195	16,841	17,006
Alpine	79	78	139	138	15	15	36	35	23	21	18	16
Amador	1,653	1,525	3,006	2,751	300	324	719	685	289	294	159	162
Butte	16,843	17,171	31,147	31,082	2,053	2,240	11,088	10,747	3,991	4,095	2,559	2,593
Calaveras	2,807	2,761	5,046	4,929	600	633	1,029	991	386	397	315	319
Colusa	701	654	1,586	1,413	112	115	590	582	185	229	130	155
Contra Costa	31,398	30,517	62,682	60,065	4,726	5,174	25,594	24,841	9,147	9,757	6,196	6,527
Del Norte	2,586	2,500	5,313	4,960	291	318	1,920	1,871	350	356	264	272
El Dorado	6,914	6,437	12,254	11,048	1,262	1,260	3,060	2,966	1,192	1,234	625	642
Fresno	88,492	93,686	205,269	214,282	8,801	9,104	43,237	42,885	18,154	19,033	13,024	13,473
Glenn	1,502	1,489	3,424	3,332	212	241	1,111	1,081	464	477	272	279
Humboldt	12,156	11,983	20,524	19,779	1,516	1,656	6,103	5,815	1,864	1,997	1,240	1,275
Imperial	17,175	16,743	41,625	39,425	3,020	3,096	10,441	10,284	5,605	5,793	3,845	3,917
Inyo	1,018	1,030	1,942	1,943	201	216	406	393	132	127	86	83
Kern	69,012	67,478	160,089	154,691	7,842	8,445	33,173	32,892	5,220	6,322	3,540	4,194
Kings	10,610	10,610	23,969	23,488	1,101	1,151	4,739	4,673	2,216	2,414	1,417	1,504
Lake	6,388	N/A	11,854	N/A	1,128	1,198	3,740	3,610	2,210	2,223	1,374	1,348
Lassen	1,598	1,464	3,162	2,850	197	225	1,028	949	188	177	116	114
Los Angeles	531,794	551,468	1,068,841	1,073,224	71,245	90,781	406,937	393,690	216,538	222,431	168,360	169,654
Madera	11,544	11,209	27,982	26,919	1,039	1,143	4,762	4,654	1,920	2,094	1,345	1,410
Marin	5,942	6,080	9,819	9,842	1,355	1,484	3,400	3,182	1,924	1,921	1,160	1,135
Mariposa	1,026	1,016	1,835	1,840	239	256	448	421	172	221	104	144
Mendocino	6,329	6,128	11,777	11,288	1,030	1,139	3,391	3,374	1,706	1,743	974	977
Merced	23,660	22,847	54,748	51,930	2,389	2,564	11,062	10,738	3,363	3,306	2,380	2,333
Modoc	537	604	1,137	1,214	62	73	431	429	108	129	93	115
Mono	399	375	679	653	66	56	101	96	29	30	18	23
Monterey	21,073	19,501	46,439	42,718	2,971	2,954	8,581	8,190	4,688	4,927	2,802	2,857
Napa	3,222	2,948	6,398	5,796	613	646	2,211	2,075	1,173	1,183	605	605
Nevada	4,148	4,096	7,119	6,987	846	880	2,087	2,009	712	680	498	500
Orange	116,037	109,744	234,962	218,039	21,500	22,194	73,416	72,324	30,125	31,667	20,962	21,776
Placer	8,726	8,229	16,164	14,836	1,713	1,819	5,529	5,423	2,880	3,173	1,543	1,676
Plumas	1,135	1,183	2,071	2,140	170	189	661	641	310	336	227	243
Riverside	122,275	116,060	269,873	251,657	17,406	18,010	61,435	60,436	31,603	34,277	20,183	21,269
Sacramento	98,582	94,780	206,394	196,683	11,171	11,975	66,284	64,338	25,894	27,212	18,807	19,354
San Benito	2,244	2,099	5,021	4,545	343	332	915	890	577	576	299	289
San Bernardino	166,694	156,484	363,138	337,399	21,221	21,411	71,463	69,633	29,034	30,743	19,597	20,215
San Diego	133,304	132,714	267,684	259,784	25,278	27,506	82,963	80,708	27,597	28,931	20,054	20,496
San Francisco	34,088	32,850	50,807	48,414	9,714	10,178	42,649	41,182	22,731	22,703	17,571	17,354
San Joaquin	48,610	45,569	107,840	99,379	6,002	6,199	28,582	27,660	6,114	6,368	4,536	4,642
San Luis Obispo	9,608	9,240	17,037	15,908	1,676	1,778	4,538	4,331	1,821	1,847	1,035	1,049
San Mateo	13,636	12,405	26,186	23,338	3,494	3,396	10,937	10,465	4,979	5,125	3,273	3,318
Santa Barbara	18,503	20,034	37,821	38,640	2,559	2,799	8,716	8,388	3,415	3,402	2,138	2,095
Santa Clara	47,284	42,871	92,106	80,663	10,119	10,220	44,350	42,903	23,285	24,071	16,322	16,457
Santa Cruz	14,653	14,553	26,228	25,200	2,452	2,573	5,626	5,476	2,683	2,658	1,521	1,513
Shasta	12,457	12,271	23,286	22,687	1,655	1,773	9,796	9,490	3,072	3,219	1,962	2,012
Sierra	167	143	275	251	46	43	85	81	39	39	29	29
Siskiyou	3,096	3,173	6,406	6,384	504	577	2,557	2,543	594	569	495	467
Solano	21,025	20,301	39,458	37,331	3,123	3,319	12,021	11,490	4,706	4,886	3,301	3,330
Sonoma	17,326	16,319	30,450	28,135	3,539	3,697	9,167	8,766	5,840	5,954	3,174	3,172
Stanislaus	39,844	37,211	83,142	76,976	4,742	4,908	21,355	20,622	6,910	7,168	4,808	4,935
Sutter	5,558	5,083	12,737	11,542	629	652	4,038	3,923	1,169	1,232	798	833
Tehama	4,319	4,150	9,386	8,831	573	618	3,163	3,041	985	1,020	640	656
Trinity	974	990	1,706	1,639	160	159	637	600	202	202	139	125
Tulare	50,995	49,934	118,132	114,152	5,899	6,136	18,635	18,357	3,562	3,982	2,363	2,575
Tuolumne	2,863	2,690	5,039	4,622	581	570	1,661	1,592	365	406	221	226
Ventura	35,340	33,777	70,075	65,507	6,081	6,423	16,278	15,757	6,042	6,614	3,540	3,709
Yolo	10,054	10,022	19,272	18,001	1,415	1,464	5,459	5,234	2,538	2,560	1,728	1,706
Yuba	5,983	5,980	12,987	12,825	610	695	3,955	3,803	799	828	546	558
Total	**1,983,127**	**1,948,498**	**4,093,488**	**3,935,954**	**290,596**	**320,523**	**1,258,214**	**1,222,749**	**557,328**	**579,574**	**402,172**	**409,711**

Counties	Total SSI HH Estimated to be CF Eligible *(Source: Mathematica)*	Total SSI HH Estimated to be CF Eligible and Participating *(Source: Mathematica) NOTE: Fiscal Forecasting assumes a 75% participation rate.*	Total CF HH Estimated to Experience Decrease in CF *(Source: Fiscal Forecasting)*	Total CF HH Estimated to Experience Increase in CF *(Source: Fiscal Forecasting)*	Total CF HH Estimated to Experience Total Loss in CF *(Source: Fiscal Forecasting)*
	September 2018	**September 2018**	**September 2018**	**September 2018**	**September 2018**
Alameda	19,502	14,626	2,901	1,776	281
Alpine	14	*	*	*	*
Amador	279	209	41	25	*
Butte	4,340	3,255	646	395	63
Calaveras	401	301	60	37	*
Colusa	234	176	35	21	*
Contra Costa	10,045	7,533	1,494	915	145
Del Norte	769	576	114	70	*
El Dorado	1,191	893	177	108	17
Fresno	17,314	12,985	2,576	1,577	250
Glenn	434	325	65	39	*
Humboldt	2,340	1,755	348	213	34
Imperial	4,148	3,104	616	377	60
Inyo	154	116	23	14	*
Kern	13,289	9,967	1,977	1,210	192
Kings	1,880	1,410	280	171	27
Lake	1,464	1,098	218	133	21
Lassen	392	294	58	36	*
Los Angeles	157,685	118,264	23,461	14,358	2,276
Madera	1,891	1,418	281	172	27
Marin	1,260	945	187	115	18
Mariposa	169	127	25	15	*
Mendocino	1,365	1,024	203	124	20
Merced	4,331	3,248	644	394	62
Modoc	175	131	26	16	*
Mono	38	28	*	*	*
Monterey	3,311	2,483	493	302	48
Napa	837	628	124	76	12
Nevada	810	608	121	74	12
Orange	29,076	21,807	4,326	2,648	420
Placer	2,221	1,666	330	202	32
Plumas	255	191	38	23	*
Riverside	24,505	18,379	3,646	2,231	354
Sacramento	25,993	19,495	3,867	2,367	375
San Benito	356	267	53	32	*
San Bernardino	28,122	21,091	4,184	2,561	406
San Diego	32,610	24,458	4,852	2,969	471
San Francisco	16,506	12,380	2,456	1,503	238
San Joaquin	11,186	8,389	1,664	1,019	161
San Luis Obispo	1,755	1,316	261	160	25
San Mateo	4,199	3,149	625	382	61
Santa Barbara	3,381	2,536	503	308	49
Santa Clara	17,146	12,859	2,551	1,561	247
Santa Cruz	2,187	1,640	325	199	32
Shasta	3,811	2,858	567	347	55
Sierra	33	25	*	*	*
Siskiyou	1,036	777	154	94	15
Solano	4,620	3,465	687	421	67
Sonoma	3,522	2,641	524	321	51
Stanislaus	8,372	6,279	1,246	762	121
Sutter	1,600	1,200	238	146	23
Tehama	1,237	927	184	113	18
Trinity	251	188	37	23	*
Tulare	7,400	5,550	1,101	674	107
Tuolumne	638	479	95	58	*
Ventura	6,339	4,754	943	577	91
Yolo	2,070	1,552	308	188	30
Yuba	1,523	1,142	227	139	22
Total	**492,012**	**368,987**	**73,186**	**44,791**	**7,036**

Counties	SSI Aged (65+) (Source: SDX)		SSI Blind (Source: SDX)		SSI Disabled (Source: SDX)		SSI Age Under 65 (Source: SDX)		SSI Age 65 Or Older (Source: SDX)		SSI Living Independently (Source: SDX)		SSI Institutions (Source: SDX)		SSI with Representative Payee (Source: SDX) NOTE: This is not a required field for the SDX, as a result, there is data missing for 882,392 SSI/SSP recipients associated with this data variable.
	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	July 2018
Alameda	16,340	16,003	545	634	33,033	31,857	25,780	24,386	24,138	24,108	40,193	39,665	2,406	2,262	13,703
Alpine	*	*	*	*	31	29	23	22	13	13	32	32	*	*	*
Amador	52	54	*	*	661	625	571	528	148	157	614	601	30	25	221
Butte	870	852	127	140	10,091	9,755	8,683	8,277	2,405	2,470	9,822	9,696	311	293	3,239
Calaveras	73	67	*	12	946	912	817	778	212	213	899	902	27	22	297
Colusa	147	143	*	*	437	429	349	353	241	229	490	496	*	*	134
Contra Costa	5,957	5,923	278	314	19,359	18,604	15,830	14,962	9,764	9,879	19,606	19,368	1,426	1,376	8,215
Del Norte	137	137	17	16	1,766	1,718	1,547	1,486	373	385	1,762	1,752	25	25	474
El Dorado	392	407	33	36	2,635	2,523	2,283	2,152	777	814	2,601	2,534	59	64	918
Fresno	9,098	9,043	606	684	33,533	33,158	26,444	25,870	16,793	17,015	36,107	36,142	1,332	1,335	15,069
Glenn	160	150	14	17	937	914	793	755	318	326	928	928	29	31	326
Humboldt	332	328	53	57	5,718	5,430	4,878	4,515	1,225	1,300	5,537	5,352	183	167	1,535
Imperial	3,968	3,893	138	163	6,335	6,228	4,556	4,419	5,885	5,865	9,059	9,044	145	143	2,202
Inyo	67	66	*	*	335	322	260	245	146	148	364	355	*	*	78
Kern	5,544	5,593	396	442	27,233	26,857	23,186	22,696	9,987	10,196	26,891	26,963	1,376	1,355	12,034
Kings	994	969	53	65	3,692	3,639	3,091	3,018	1,648	1,655	3,747	3,786	131	116	1,565
Lake	275	277	34	36	3,431	3,297	2,921	2,752	819	858	3,381	3,337	53	41	922
Lassen	57	61	*	*	962	880	842	755	186	194	915	867	20	21	210
Los Angeles	137,970	133,937	4,729	5,529	264,238	254,224	192,365	181,660	214,572	212,030	329,051	322,547	18,659	17,632	96,773
Madera	1,108	1,072	59	55	3,595	3,527	2,907	2,826	1,855	1,828	3,790	3,763	217	207	1,605
Marin	747	716	36	39	2,617	2,427	1,995	1,765	1,405	1,417	2,661	2,481	344	345	1,002
Mariposa	46	45	*	*	394	370	329	301	119	120	403	387	*	*	105
Mendocino	402	413	31	26	2,958	2,935	2,374	2,331	1,017	1,043	3,036	3,074	83	64	1,002
Merced	2,131	2,100	162	174	8,769	8,464	7,168	6,844	3,894	3,894	9,122	9,045	366	320	3,839
Modoc	33	33	*	*	396	394	339	329	92	100	396	405	*	*	89
Mono	15	15	*	*	84	79	71	68	30	28	87	80	*	*	34
Monterey	2,073	1,937	128	134	6,380	6,119	5,191	4,951	3,390	3,239	6,550	6,329	389	364	2,911
Napa	465	459	24	22	1,722	1,594	1,436	1,311	775	764	1,672	1,586	150	138	709
Nevada	184	189	26	27	1,877	1,793	1,604	1,518	483	491	1,857	1,809	81	68	608
Orange	31,254	31,044	768	851	41,394	40,429	28,850	27,867	44,566	44,457	56,280	56,410	4,391	4,221	19,806
Placer	1,081	1,103	74	85	4,374	4,235	3,707	3,516	1,822	1,907	4,434	4,450	311	291	1,838
Plumas	42	48	*	*	613	586	510	491	151	150	606	618	*	*	123
Riverside	14,822	14,766	795	918	45,818	44,752	38,057	36,769	23,378	23,667	48,621	48,743	2,463	2,329	20,145
Sacramento	11,369	11,422	792	881	54,123	52,035	42,638	40,135	23,646	24,203	56,810	56,012	2,395	2,356	20,872
San Benito	220	218	17	21	678	651	567	539	348	351	667	669	24	25	329
San Bernardino	14,646	14,572	1,123	1,268	55,694	53,793	47,120	44,996	24,343	24,637	56,383	56,117	3,469	3,322	22,647
San Diego	24,122	23,396	1,165	1,308	57,676	56,004	44,553	42,609	38,410	38,099	67,156	66,525	4,177	4,033	22,003
San Francisco	19,327	18,749	350	459	22,972	21,974	15,304	14,205	27,345	26,977	38,493	37,729	1,454	1,362	6,710
San Joaquin	5,053	4,931	372	416	23,157	22,313	18,592	17,663	9,990	9,997	22,422	21,997	1,699	1,661	10,790
San Luis Obispo	621	607	44	50	3,873	3,674	3,268	3,032	1,270	1,299	3,865	3,780	274	265	1,370
San Mateo	4,790	4,599	94	107	6,053	5,759	4,670	4,386	6,267	6,079	6,955	6,637	1,036	1,042	3,190
Santa Barbara	1,820	1,780	94	106	6,802	6,502	5,475	5,120	3,241	3,268	7,133	6,989	318	295	2,668
Santa Clara	19,863	19,326	444	538	24,043	23,039	16,437	15,480	27,913	27,423	34,990	34,225	2,465	2,363	11,116
Santa Cruz	993	968	71	80	4,562	4,428	3,696	3,539	1,930	1,937	4,596	4,563	392	378	1,873
Shasta	628	621	80	94	9,088	8,775	7,860	7,497	1,936	1,993	8,668	8,536	451	450	2,716
Sierra	12	12	*	*	72	68	55	52	30	29	75	73	*	*	12
Siskiyou	248	258	21	31	2,288	2,254	1,906	1,848	651	695	2,329	2,359	42	39	495
Solano	2,248	2,184	150	161	9,623	9,145	8,334	7,814	3,687	3,676	9,364	9,073	642	644	4,096
Sonoma	1,363	1,327	120	141	7,684	7,298	6,346	5,948	2,821	2,818	7,362	7,173	559	529	2,758
Stanislaus	3,594	3,514	253	287	17,508	16,821	14,158	13,395	7,197	7,227	17,067	16,818	1,240	1,195	7,690
Sutter	1,026	1,007	45	58	2,967	2,858	2,399	2,293	1,639	1,630	3,396	3,316	158	180	1,028
Tehama	254	244	35	34	2,874	2,763	2,472	2,359	691	682	2,704	2,650	166	157	883
Trinity	62	61	*	*	570	531	490	440	147	160	592	582	*	*	117
Tulare	3,925	3,853	234	262	14,476	14,242	11,860	11,601	6,775	6,756	14,550	14,593	1,087	1,014	6,518
Tuolumne	132	126	15	17	1,514	1,449	1,311	1,235	350	357	1,464	1,419	70	79	500
Ventura	4,632	4,463	188	198	11,458	11,096	9,500	9,122	6,778	6,635	11,628	11,472	895	868	5,401
Yolo	1,087	1,059	57	70	4,315	4,105	3,397	3,192	2,062	2,042	4,572	4,435	207	195	1,645
Yuba	346	328	41	51	3,568	3,424	3,026	2,873	929	930	3,398	3,336	179	171	1,042
Total	**359,217**	**351,468**	**14,931**	**17,114**	**884,002**	**854,106**	**685,191**	**651,889**	**573,023**	**570,860**	**1,018,153**	**1,004,625**	**58,406**	**55,878**	**350,200**

Counties	SSI Race/Ethnicity Breakouts (Source: MEDS)													
	Unknown		White		Hispanic		Black		Asian/Pacific Islander		American Indian		Other	
	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018
Alameda	13,235	13,645	6,945	6,372	3,956	3,794	12,536	11,957	13,909	13,679	134	124	1,389	1,514
Alpine	*	*	13	12	*	*	*	*	*	*	21	22	*	*
Amador	163	163	509	485	44	47	*	*	*	12	18	18	*	*
Butte	2,765	2,823	6,756	6,509	722	713	305	306	742	716	245	237	106	135
Calaveras	247	231	742	720	52	66	13	13	17	12	24	22	*	*
Colusa	154	161	206	203	225	220	*	13	*	*	*	*	*	*
Contra Costa	7,587	7,505	6,219	5,979	2,924	2,911	5,807	5,536	3,568	3,477	97	82	720	843
Del Norte	451	478	1,233	1,198	76	77	12	14	89	77	121	117	13	23
El Dorado	839	857	2,046	1,961	160	155	36	36	98	96	30	35	26	25
Fresno	11,109	11,677	8,084	7,802	13,665	13,597	4,269	4,194	6,246	5,988	279	255	1,170	1,336
Glenn	297	288	483	492	259	267	12	12	85	81	24	22	*	13
Humboldt	1,375	1,430	4,146	3,875	193	176	118	110	174	176	357	338	56	49
Imperial	2,528	2,565	974	928	6,816	6,808	164	168	53	56	54	56	93	101
Inyo	103	91	232	229	35	38	*	*	*	*	43	48	*	*
Kern	8,759	8,970	9,566	9,325	10,461	10,575	4,120	4,074	1,341	1,357	211	203	263	301
Kings	1,136	1,104	1,143	1,138	2,016	2,023	357	353	151	164	17	16	42	46
Lake	806	784	2,622	2,552	225	251	127	134	27	19	96	89	17	22
Lassen	302	294	683	618	41	41	24	23	*	*	31	32	*	*
Los Angeles	86,231	87,792	92,821	89,804	111,586	107,866	60,614	58,609	62,334	59,720	766	733	5,241	5,482
Madera	1,362	1,342	1,262	1,218	1,904	1,914	231	242	89	102	50	49	41	38
Marin	770	705	1,775	1,678	323	332	318	292	322	312	14	*	54	61
Mariposa	108	92	332	325	*	12	*	*	*	*	12	13	*	*
Mendocino	784	807	2,145	2,113	285	304	49	47	64	54	212	199	32	36
Merced	2,886	2,856	2,554	2,459	3,797	3,770	882	846	1,182	1,095	60	49	156	204
Modoc	116	114	282	288	15	18	*	*	*	*	20	23	*	*
Mono	23	24	54	57	15	13	*	*	*	*	*	*	*	*
Monterey	2,289	2,285	1,884	1,783	3,761	3,649	349	338	572	545	32	31	96	98
Napa	564	547	1,034	952	468	480	84	72	198	206	*	*	20	18
Nevada	580	590	1,505	1,465	71	80	15	18	22	24	20	15	12	12
Orange	20,333	20,939	15,384	14,884	12,112	11,909	1,390	1,341	24,681	24,384	99	93	2,097	2,091
Placer	1,649	1,686	3,070	3,005	366	384	153	149	433	435	46	41	112	120
Plumas	168	173	460	443	24	24	*	15	*	*	18	16	*	*
Riverside	15,915	16,058	16,186	15,694	19,899	20,138	7,294	7,294	3,925	3,880	231	236	664	732
Sacramento	16,548	16,943	20,305	19,331	5,840	5,695	11,970	11,432	12,116	11,824	509	500	2,017	2,305
San Benito	238	241	228	217	456	452	*	*	35	30	*	*	*	*
San Bernardino	18,435	18,396	16,879	16,259	21,770	21,845	11,669	11,508	4,685	4,670	306	295	757	865
San Diego	24,660	25,285	21,586	20,644	17,504	17,193	6,649	6,392	12,384	11,716	352	310	3,420	3,840
San Francisco	9,665	9,851	8,089	7,635	2,734	2,619	5,718	5,441	16,512	16,030	155	139	1,085	1,108
San Joaquin	8,880	8,928	5,659	5,381	5,230	5,175	4,059	3,960	5,324	5,148	122	119	468	495
San Luis Obispo	1,176	1,200	2,565	2,454	696	669	106	107	143	137	34	37	110	128
San Mateo	3,149	3,302	2,414	2,304	1,596	1,500	766	727	3,092	2,899	26	23	401	328
Santa Barbara	2,469	2,508	3,207	3,029	2,624	2,550	319	315	353	308	60	57	230	269
Santa Clara	11,659	11,909	7,945	7,397	5,741	5,640	1,291	1,283	17,947	17,394	113	114	1,281	1,246
Santa Cruz	1,641	1,694	2,440	2,323	1,433	1,415	101	106	166	139	33	40	76	105
Shasta	2,380	2,340	6,574	6,407	342	347	179	181	450	444	349	335	47	57
Sierra	16	22	62	60	*	*	*	*	*	*	*	*	*	*
Siskiyou	860	876	1,532	1,534	82	85	50	51	58	60	83	87	15	16
Solano	3,275	3,284	2,889	2,697	1,179	1,205	3,333	3,137	1,689	1,612	60	60	323	312
Sonoma	2,284	2,321	4,995	4,681	1,196	1,175	317	312	575	561	167	164	138	175
Stanislaus	6,017	5,887	8,223	7,908	4,760	4,771	1,079	1,057	1,666	1,630	92	90	355	451
Sutter	1,066	1,072	1,574	1,501	620	619	117	117	773	805	27	20	41	46
Tehama	753	722	2,155	2,075	268	271	33	33	50	45	57	68	13	14
Trinity	146	144	461	452	*	*	*	*	*	*	20	27	*	*
Tulare	5,865	6,143	4,716	4,509	6,911	6,798	523	518	920	870	104	104	382	339
Tuolumne	440	421	1,156	1,145	74	66	*	*	*	*	28	30	*	14
Ventura	5,031	5,125	4,639	4,357	5,247	5,190	427	410	1,268	1,158	74	74	352	383
Yolo	1,422	1,438	2,327	2,210	1,013	992	309	304	464	445	49	38	110	131
Yuba	993	989	2,112	2,037	431	419	157	162	294	295	66	72	53	66
Total	**314,702**	**320,117**	**328,082**	**315,113**	**284,243**	**279,343**	**148,451**	**143,759**	**201,286**	**194,887**	**6,268**	**6,017**	**24,094**	**25,993**

Counties	SSI Language Breakouts (Source: MEDS)																			
	English		Spanish		Cantonese		Mandarin		Japanese		Korean		Tagalog		Russian		Sign		Others	
	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018	June 2017	June 2018
Alameda	28,063	27,677	3,125	3,092	6,296	6,407	1,388	1,400	14	12	351	354	784	740	288	278	79	81	11,716	11,044
Alpine	44	38	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Amador	685	675	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	58	49
Butte	9,541	9,452	461	452	12	13	*	*	*	*	*	*	*	*	*	*	*	*	1,599	1,488
Calaveras	969	955	18	16	*	*	*	*	*	*	*	*	*	*	*	*	*	*	111	96
Colusa	337	344	208	208	*	*	*	*	*	*	*	*	*	*	*	*	*	*	68	64
Contra Costa	17,688	17,424	2,510	2,492	352	360	271	265	*	*	125	123	428	454	350	346	33	34	5,164	4,832
Del Norte	1,734	1,738	38	37	*	*	*	*	*	*	*	*	*	*	*	*	*	*	215	202
El Dorado	2,741	2,703	104	110	*	*	*	*	*	*	*	*	*	*	13	*	*	*	359	324
Fresno	26,366	26,707	8,059	8,155	97	108	21	20	*	*	18	23	99	109	112	113	88	91	9,960	9,520
Glenn	792	793	237	241	*	*	*	*	*	*	*	*	*	*	*	*	*	*	137	140
Humboldt	5,747	5,526	49	45	*	*	*	*	*	*	*	*	*	*	*	*	*	*	609	571
Imperial	2,877	2,939	7,028	7,038	*	*	*	*	*	*	*	*	*	*	*	*	*	*	766	691
Inyo	356	357	19	16	*	*	*	*	*	*	*	*	*	*	*	*	*	*	51	46
Kern	24,281	24,452	6,847	7,067	*	*	*	*	*	*	19	23	92	101	*	*	26	30	3,433	3,112
Kings	3,190	3,185	1,228	1,244	*	*	*	*	*	*	*	*	27	30	*	*	12	*	405	374
Lake	3,602	3,549	122	130	*	*	*	*	*	*	*	*	*	*	*	*	*	*	190	165
Lassen	980	929	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	101	84
Los Angeles	186,385	181,963	96,374	95,453	12,541	12,524	8,631	8,476	107	93	12,050	12,017	5,393	5,168	7,273	7,146	400	390	90,439	86,776
Madera	2,935	2,980	1,572	1,537	*	*	*	*	*	*	*	*	*	*	*	*	*	*	419	377
Marin	2,454	2,298	262	259	28	30	15	14	*	*	*	12	*	*	76	80	*	*	723	690
Mariposa	422	403	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	44	43
Mendocino	3,040	3,045	244	260	*	*	*	*	*	*	*	*	*	*	*	*	*	*	271	243
Merced	6,824	6,719	2,581	2,571	*	*	*	*	*	*	*	*	*	20	*	*	17	14	2,075	1,945
Modoc	400	417	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	39	30
Mono	79	79	13	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	13
Monterey	4,759	4,649	3,169	3,121	*	*	*	*	*	*	31	34	61	49	19	20	*	*	922	836
Napa	1,601	1,537	441	429	*	*	*	*	*	*	*	*	54	61	*	*	*	*	267	241
Nevada	1,964	1,967	25	28	*	*	*	*	*	*	*	*	*	*	*	*	*	*	229	203
Orange	29,779	29,906	11,569	11,538	296	280	654	672	*	*	2,163	2,268	507	495	238	223	61	52	30,820	30,197
Placer	4,339	4,389	186	182	13	14	17	20	*	*	15	16	67	66	144	153	13	14	1,035	966
Plumas	629	620	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	54	51
Riverside	40,446	40,686	14,498	14,739	84	87	124	136	*	*	206	205	453	424	59	57	178	192	8,060	7,502
Sacramento	43,854	42,967	3,035	3,042	2,081	2,128	301	295	*	*	214	211	551	559	3,900	3,908	153	148	15,214	14,771
San Benito	552	553	318	318	*	*	*	*	*	*	*	*	*	*	*	*	*	*	97	79
San Bernardino	51,320	50,930	13,340	13,589	178	196	279	304	*	*	328	343	369	356	34	34	163	157	8,490	7,929
San Diego	43,316	43,289	16,050	15,999	351	364	368	411	*	*	183	176	2,703	2,556	828	845	176	153	22,570	21,578
San Francisco	16,100	15,744	2,219	2,205	14,490	14,473	1,165	1,162	13	*	340	339	1,046	959	2,979	2,852	16	18	5,590	5,060
San Joaquin	20,076	19,916	3,008	2,977	164	152	19	19	*	*	16	17	176	169	*	*	26	37	6,251	5,913
San Luis Obispo	3,803	3,763	448	437	*	*	*	*	*	*	*	*	14	15	*	*	*	*	545	496
San Mateo	6,025	5,762	1,469	1,448	734	754	272	295	*	*	37	38	613	586	303	310	15	14	1,973	1,875
Santa Barbara	5,821	5,695	2,297	2,311	*	*	*	*	*	*	*	*	20	21	20	20	*	*	1,074	957
Santa Clara	16,579	16,304	3,603	3,530	1,368	1,353	2,559	2,427	*	*	551	538	1,025	968	1,076	1,028	38	42	19,173	18,784
Santa Cruz	3,745	3,717	1,333	1,350	20	20	*	*	*	*	*	*	*	*	*	*	*	*	762	705
Shasta	9,157	9,029	78	69	12	*	*	*	*	*	*	*	*	*	*	*	15	13	1,046	976
Sierra	75	76	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Siskiyou	2,368	2,417	32	28	*	*	*	*	*	*	*	*	*	*	*	*	*	*	278	261
Solano	9,545	9,208	665	883	39	38	16	19	*	*	16	16	686	687	21	19	37	31	1,522	1,405
Sonoma	7,059	6,903	1,114	1,084	25	22	17	19	*	*	13	18	43	37	22	22	14	16	1,363	1,267
Stanislaus	14,294	14,148	3,012	2,981	38	48	19	16	*	*	*	*	47	37	34	37	30	32	4,708	4,485
Sutter	2,710	2,666	441	433	*	*	*	*	*	*	*	*	*	*	*	*	*	12	1,038	1,052
Tehama	2,863	2,778	209	210	*	*	*	*	*	*	*	*	*	*	*	*	*	*	250	233
Trinity	589	592	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	64	52
Tulare	11,452	11,449	5,260	5,345	12	*	*	*	*	*	*	*	30	33	*	*	15	13	2,649	2,428
Tuolumne	1,548	1,513	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	171	168
Ventura	9,555	9,447	4,707	4,699	36	39	65	71	*	*	46	40	248	232	43	47	23	19	2,314	2,102
Yolo	3,402	3,358	787	763	20	24	32	34	*	*	*	*	25	15	527	517	17	15	876	826
Yuba	3,355	3,305	223	225	*	*	*	*	*	*	*	*	*	*	*	*	*	*	513	497
Total	**705,212**	**696,630**	**224,835**	**224,386**	**39,287**	**39,434**	**16,233**	**16,075**	**134**	**105**	**16,722**	**16,811**	**15,561**	**14,947**	**18,359**	**18,055**	**1,645**	**1,618**	**268,870**	**256,814**

CALIFORNIA DIVIDE | POVERTY

Getting food stamps to poor Californians is surprisingly difficult

BY JACKIE BOTTS , CRESENCIO RODRIGUEZ-DELGADO

PUBLISHED: SEPTEMBER 2, 2019

A man learns how he can apply for CalFresh, the state's food stamp program, at an outreach event in Contra Costa county. Photo by Anne Wernikoff for CalMatters
(A man folds his hands next to brochures for CalFresh)

IN SUMMARY

Pressure is increasing on counties to sign up more people for food stamps since the state's participation rate is one of the

lowest in the nation. But greater enrollment may require more money or more state intervention.

In May 2017, the Los Angeles County Board of Supervisors set an ambitious goal: enroll 70,000 new families in food stamps in two years.

Home to the state's highest poverty rate and a growing homeless crisis, the county was enrolling just 69% of residents who were eligible for CalFresh, the state's name for the federal food stamps program. With full participation, the county would have been expected to gain $560 million in federal funding for its poor.

The social services department got to work, doubling down on outreach, simplifying the application process with new technology, and producing data-driven progress reports each month.

Two years later, enrollment had only budged slightly.

"At the end of the day, we only got 3,000 new (households). And that was a lot of work we did," said Antonia Jiménez, director of the Los Angeles Department of Public Social Services.

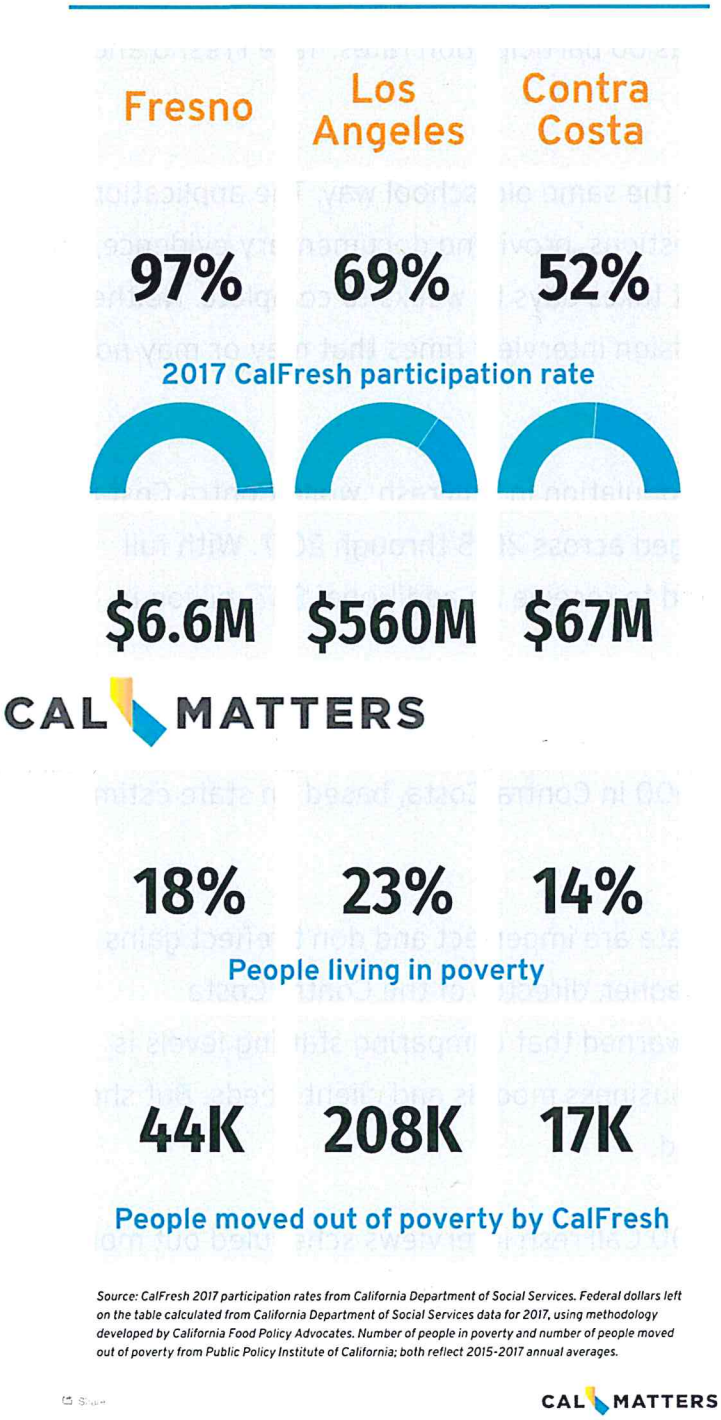
California has long struggled to get food stamps to the hungry. The state enrolled just 72% of eligible residents in CalFresh in 2016, the fifth lowest rate in the nation, leaving behind about $1.8 billion in federal funding earmarked for the hungry.

Increased scrutiny on the participation gap has prompted a debate among state leaders over how much improvement can be gained by pressuring counties to be more efficient and how much will depend on more money for county eligibility workers.

California is one of only 10 states that manage the food assistance program at the county level, with a wide range of application procedures, technologies and staffing levels. Senator Scott Wiener, a San Francisco Democrat, said the root of the state's participation gap is an application process that varies from "incredibly easy" to "unnecessarily complicated and onerous," depending on which county you live in.

"It's really all over the map and short of transferring responsibility of the program to the state, which would be politically very difficult, we should at least have statewide standards in terms of streamlining the application process and improving awareness among our residents," he said.

A bill by Wiener would have set a goal for California to enroll 95% of eligible households by 2024, but didn't survive a committee vote on Friday. The legislation would have required the state to oversee improvement plans and provide technical assistance to the state's 58 counties, while counties would be required to offer applications entirely over the phone. But it included no money for eligibility workers.



As the experience in Los Angeles and other counties suggest, however, increasing efficiency alone may not be enough to achieve the state's goal. County and state officials, including Wiener, say more state funding is needed.

The state's 2019-2020 budget to administer CalFresh was $639 million. Kimberley Johnson, the newly appointed director of the California Department of Social Services, said she will revisit the way CalFresh is funded in next year's budget.

"It's one of our huge safety net programs that we know makes a difference at disrupting poverty of course," she said.

The demand for increased funding comes even though California already spends more on administrative costs for food stamp programs than nearly every other state, according to a recent federal study.

Each California food stamp case cost $808 to administer in 2016, compared to the national average of $348. The study also found that states in which counties run the program spent 24% more per case than other states, after controlling for economic, demographic, and policy differences.

Frank Mecca, executive director of the County Welfare Directors Association of California, said California is simply a much more expensive place to do business. "California is one of the highest cost places in the country," he said. "Our salaries are higher, the cost of living is higher, workers get more humane benefits."

Mecca also said the state estimate that each CalFresh eligibility worker should cost $58.27 per hour, including salaries, benefits and overhead costs, is out of date. The association calculates that counties currently pay about $105 per hour.

CalFresh staffing levels vary significantly by county, as do participation rates. Take Fresno and Contra Costa counties, for example.

The two counties operate their CalFresh programs in the same old-school way. The application involves three separate steps—answering lengthy questions, providing documentary evidence, and participating in an interview during business hours. It takes days to weeks to complete. Neither county has a telephone-only application. And both assign interview times that may or may not conflict with applicants' schedules.

Yet Fresno County enrolls about 90% of its eligible population in CalFresh, while Contra Costa enrolls less than 60%, according to state data averaged across 2015 through 2017. With full participation, Contra Costa would have been expected to receive an additional $67 million in federal funds for hungry residents in 2017.

Staffing data from the two counties indicates that Fresno has about 1.6 CalFresh workers per 1,000 people eligible compared to just under 1 per 1,000 in Contra Costa, based on state estimates of the eligible populations in 2017.

Mecca cautioned that the state's participation rate data are imperfect and don't reflect gains made by counties over the last two years. Kathy Gallagher, director of the Contra Costa Employment and Human Services Department, also warned that comparing staffing levels is misleading because the two counties have different business models and client needs. But she acknowledged Contra Costa's program is understaffed.

Recently, Gallagher said the county had more than 100 CalFresh interviews scheduled out more than a month, out of compliance with the state's requirement that eligibility be determined within 30 days of an application.

County resident Eduardo Mendoza, 66, applied for CalFresh in mid-July, but his interview was scheduled for mid-October. Until then, Mendoza said he would continue getting daily free meals at

a local soup kitchen.

"I'm patient, you know," Mendoza said, "I know I'll survive."

Mendoza became eligible for CalFresh in June after state lawmakers voted to make the program available to recipients of Supplemental Security Income (SSI), an assistance program for the elderly and disabled. The expansion made 500,000 more people eligible for the program statewide and overwhelmed Contra Costa.

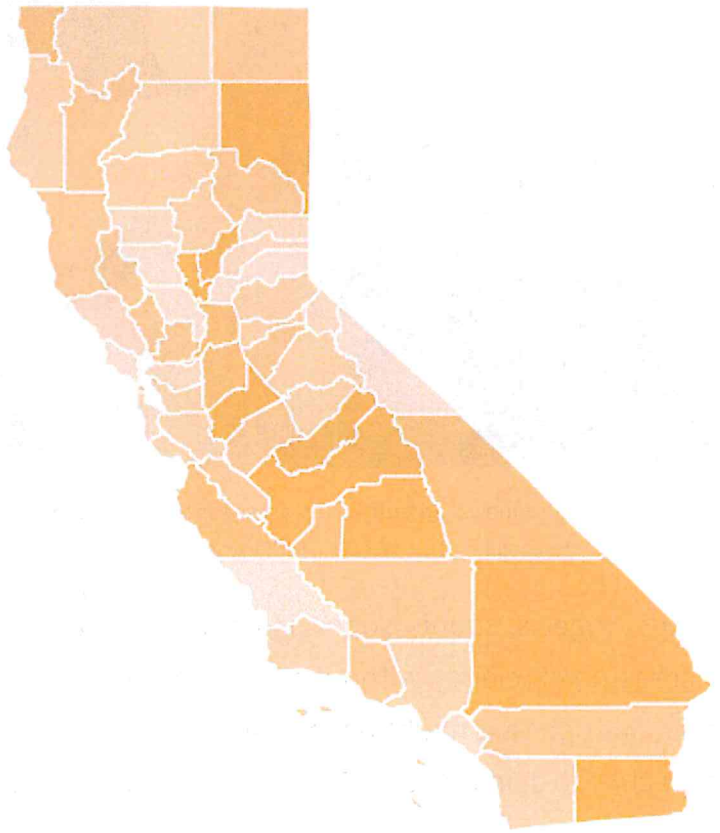
For years, advocates have implored the county to upgrade technology, increase outreach, and above all, hire more staff. A 2015 grand jury report on the county's underutilization of CalFresh recommended the same.

Counties pay 15% of administrative costs for CalFresh while the state pays 35% and the federal government pays the rest. Each county's budget is also based on last year's CalFresh enrollment rather than the total number of eligible people in a county, leaving struggling counties with limited resources to close the gap.

Gallagher said, unlike Contra Costa, other Bay Area counties set aside additional money to support CalFresh to keep up with the high costs of the area. Meanwhile, Contra Costa, struggling with tight budgets and a hiring freeze, didn't pay its full 15% share of administrative costs in several recent years, reducing the amount of federal and state matching funds it received.

CalFresh participation rates in 2017

The state tracks the participation rate for CalFresh using the Program Reach Index, which compares county enrollment data with estimates of the eligible population based on census data. The Index is more accurate in more populous counties, but less reliable in smaller counties, according to California Department of Social Services researcher Aynalem Adugna.



0% 20% 40% 60% 80% 100%

Source: California Department of Social Services

CAL MATTERS

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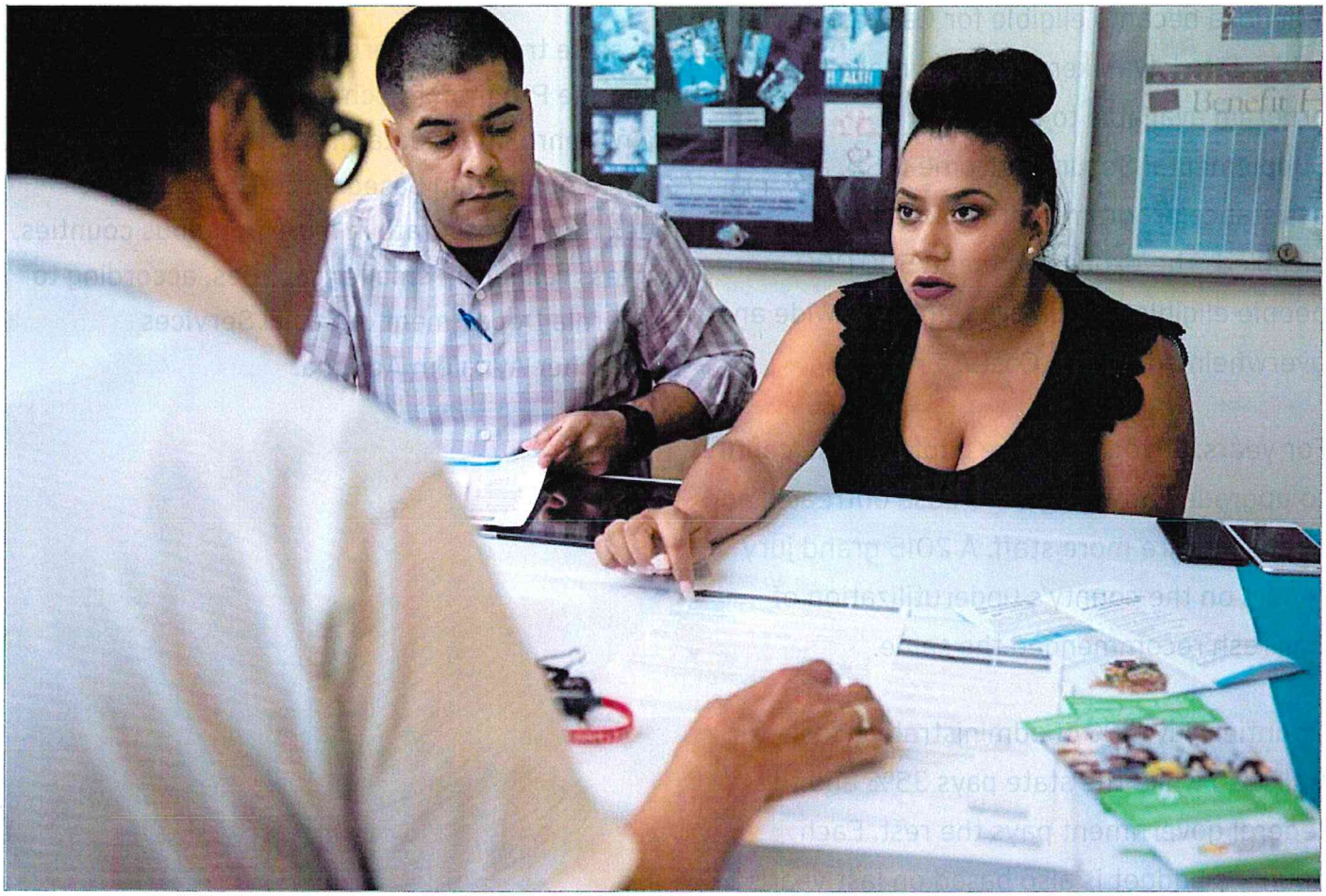
"I think Contra Costa is in the position of many other counties that don't have local revenue measures that supplement their property tax," John Gioia, chair of the county Board of Supervisors, said. "Contra Costa County relies on state funding ... but the state funding is really not sufficient to do the best job."



Elizabeth Ambriz, an outreach worker for the Food Bank of Contra Costa and Solano, helps a man sign up for CalFresh in a Pittsburg health clinic. Photo by Anne Wernikoff for CalMatters

In Los Angeles, county supervisors hoped to add 70,000 new households over two years by increasing efficiency without adding more money. If it had been successful, the Los Angeles participation rate might have grown from 69% to 80% and the county's poor would have been expected to gain an additional $201 million in federal assistance.

Jiménez speaks proudly of the changes she made. The department mailed people on Medi-Cal, the state's health insurance for low-income residents, an estimate of their CalFresh benefit if they applied. It targeted outreach to students. It rolled out a new one-and-done call center which allows some people to finish the entire application in a single phone call. It also began texting reminders to people to submit their semi-annual recertification reports.

The county processed 899,000 CalFresh applications over the two years, but nearly as many families dropped off. One lesson learned: "It wasn't really getting people in the door that was the problem, the problem was keeping them in the system," Jiménez said.

Despite adding just 3,000 additional households, county officials say the program was a partial success. One reason is that the number of eligible households dropped statewide during the period because of the strong economy. Had the county kept pace with the state's enrollment decline, over 40,000 households might have unenrolled over the two years.

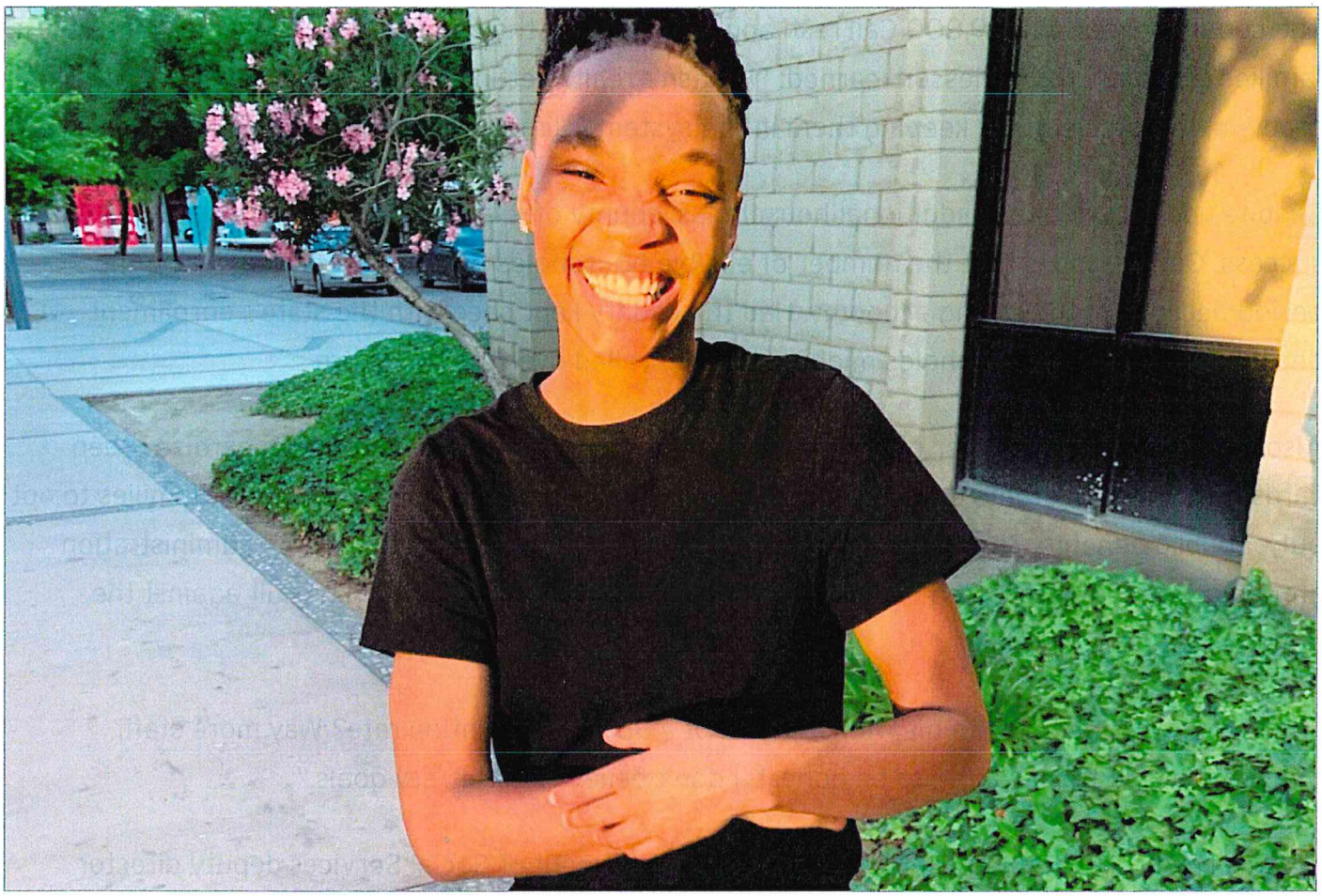
Also, officials say the specter of a Trump administration proposal that would jeopardize green cards for legal immigrants deemed likely to use public assistance caused immigrant families to opt out of public benefits. They expect that chilling effect will grow after the Trump administration announced the final so-called "public charge" rule in August (California filed suit against the government days later).

What would it have taken to hit Wiener's goal of a 95% participation rate? Way more staff, Jiménez said. "But you know, to be honest, I don't believe in arbitrary goals."

Even in Fresno, with its high participation rate, Department of Social Services deputy director Linda Du'Chene said her CalFresh program is "grossly underfunded."

"It's really about the clients," Du'Chene said. "More funding means more workers; more workers means more efficiency in our ability to process applications" on time.

Du'Chene said a key to Fresno's high participation rate is the county's partnership with more than 50 community organizations that help reach eligible people. Contra Costa and Los Angeles officials said they've had less success with outreach through nonprofits.



Jerrene Richardson, a college student, began her CalFresh application at the West Fresno Family Resource Center's annual back to school event in August. Photo via Jerrene Richardson

The West Fresno Family Resource Center, a community group that helped more than 700 families sign up for CalFresh in 2018, drew over 200 families to its 17th annual back to school event in early August. Organizers kept track of attendee data like primary language spoken, ethnicity, and participation or eligibility in CalFresh. Over 100 families showed a need, according to executive director Yolanda Randles.

"Despite what folks are saying about the economy being great, there are families still suffering," Randles said. "To be able to go to the grocery store and purchase food, I can't tell you the impact that has on families."

Jerrene Richardson, a 20-year-old college student, began her application at the event. Unemployed and living alone, Richardson said she hoped CalFresh could help her move a step closer to being independent.

"I really want to be able to get my own food without any trouble," she said.

Cresencio Rodriguez-Delgado is a journalist at The Fresno Bee. Jackie Botts is a journalist at CalMatters. This article is part of The California Divide, a collaboration among newsrooms examining income inequity and economic survival in California.

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September 23, 2019

Supervisor Candace Andersen
309 Diablo Road
Danville, CA 94526

Supervisor John Gioia
11780 San Pablo Avenue, Suite D
El Cerrito, CA 94530

Dear Supervisors Andersen and Gioia:

I apologize that a representative from the Multi-faith ACTION Coalition will not be at today's committee meeting. This does not signal any change in our commitment to speaking out for residents who depend on Cal Fresh to improve their ability to feed themselves and their families.

The Multi-faith ACTION Coalition joined the CalFresh Partnership several years ago to try and increase the number of people receiving benefits in our County. The people we seek to help qualify according to county and state statistics but don't receive this needed assistance. These are dollars left on the table and it hurts families with food insecurity. The residents receiving SSI/SSD finally are eligible but yet the numbers in today's report show that only a fraction of those eligible have been enrolled. We urge you to seek assurances that outreach is happening in these communities. Contra Costa County must do everything possible to bring these benefits to its residents.

According to the author of SB 285, California lags behind most other states in connecting eligible, low-income households with federally funded food assistance—our CalFresh program. California ranks third to last in connecting working poor households and last in connecting seniors to CalFresh. Despite recent changes to the enrollment process, California still fails to reach four in five eligible seniors. This is a situation we must address and improve. Shouldn't Contra Costa lead the way?

The Multi-faith ACTION Coalition joins with our partners calling on you to make sure everyone who is eligible for Cal-Fresh receives it and has their applications processed quickly and with all the information included to ensure they receive the maximum benefit that they are entitled to receive. It is our moral obligations to work to help hungry people, so please act to address these concerns.

Sincerely,

Melody Howe Weintraub

Melody Howe Weintraub
Chair, Steering Committee

Multi-Faith ACTION Coalition
c/o Richmond Community Foundation
1014 Florida Ave., #200, Richmond, CA 94804
contactmfac@gmail.com