

# **Enrolling Medi-Cal Participants in CalFresh: What Works?**

*Lessons from County-Level Experimentation in  
California and National Research*

February 2019



## ACKNOWLEDGMENTS

---

We are grateful to the many county welfare department representatives, state administrators, and advocates who generously shared their insights, innovations, and feedback to help us understand the opportunities reduce hunger through CalFresh enrollment.

Alberto Garcia and Ismael Lopez, San Diego County HHSA

Allison Gonzalez, Andrea Ruffin, Kay Smith, Riverside County DPSS

Caitlin Docker, Code for America, GetCalFresh.org

Dawn McLeish, San Joaquin County HAS

Dellora Ellis-Gant, La Shonda Diggs, Carlos Portillo, Los Angeles County DPSS

James Locurto, Elaine Angely, Gary Henderson, Gilbery Ramos, San Bernardino TAD

Margarita Cabral, Ventura County HAS

Maria Gardner Santa Barbara County DSS

Peri Weisberg & Jeimil Belamide, San Francisco County HSA

Rashon Seldon, Alameda County SSA

Santa Clara County SSA

### **About the Alliance to Transform CalFresh**

The Alliance to Transform CalFresh is composed of leading non-profit organizations that have come together to advance an ambitious but pragmatic goal: move California from a 66% participation rate in CalFresh (among the last in the nation) to an 80% participation rate, with no county below 70% by the end of 2019 in order to significantly reduce hunger and poverty in our state. Founding members include the California Association of Food Banks, California Family Resource Association, California Food Policy Advocates, Los Angeles Regional Food Bank, SF-Marin Food Bank, Western Center on Law and Poverty, and Catholic Charities of California.

### **Principal Authors:**

Jared Call, California Food Policy Advocates

Diana Jensen, San Francisco-Marin Food Bank

With support from Jennifer Tracy, Alliance to Transform CalFresh

For more information visit [TransformCalFresh.org](http://TransformCalFresh.org) or contact [djensen@sfmfoodbank.org](mailto:djensen@sfmfoodbank.org) and [jared@cfpa.net](mailto:jared@cfpa.net).

## TABLE OF CONTENTS

---

Introduction	Page 3
New Research and Resources	Page 4
Learnings from County Experiments	Page 8
Recommendations	Page 14
County Welfare Departments	
Health Providers	
California Department of Social Services	
County Welfare Directors Association	
Appendix A: County Case Studies	Page 16
Strategy 1: Proactive In-reach Campaign Examples	Page 17
Strategy 2: Business Process and Technology Improvements	Page 24
Strategy 3 Worker Capacity and Encouragement	Page 29
Strategy 4: Community Partnerships and Promotional Messaging	Page 33
Box 1: Leveraging CalFresh Expansion to SSI Recipients in Healthcare Settings	Page 6
Box 2: Key Lessons for the Planning Process	Page 10
Box 3: How to Design and Implement A Proactive In-reach Campaign in Four Easy Steps!	Page 12
Table 1: Matrix of County Strategies	Page 13

## I. INTRODUCTION

---

In January of 2017, the Alliance to Transform CalFresh (ATC) brought together 60 people from 20 counties to learn more about opportunities to increase CalFresh Participation through engagement with Medi-Cal recipients.

Later in the year, the San Francisco Marin Food Bank and California Food Policy Advocates (CFPA), as part of the ATC, published “Increasing CalFresh Participation through Medi-Cal In-reach: Data and Practical Strategies”, which highlighted the opportunities to utilize the Medi-Cal expansion to engage likely eligible households to apply for CalFresh. The report documented the various strategies that counties were implementing.

The strategies typically fit into one of four categories:

1. Proactive In-Reach,<sup>1</sup>
2. Business Process and Technology Improvements,
3. Worker Capacity and Encouragement, and
4. Community Outreach Partnerships and Promotional Messaging.

In this report, we revisit the counties interviewed in 2017 to find out more about how these strategies have worked out, where they have been expanded or pulled back, and the impact on participation in CalFresh. We also interviewed new counties that undertook dual enrollment strategies since January 2017. Finally, we’ve added findings from SNAP (CalFresh in CA) enrollment research to further ground the dual enrollment work in promising practices from other states. *Appendix A: County Case Studies*, includes an overview of each responding county’s projects, along with their strategy and outcomes, lessons learned, or next steps.

We have updated the recommendations to better reflect the changing landscape in California: CalFresh SSI Expansion, which will make thousands of vulnerable Californians eligible for the CalFresh program,<sup>2</sup> and the start or continued implementation of the ABAWD time limit rules in six counties.

Successful dual enrollment strategies and models can be adopted at the state level and adapted in all California counties in order to engage SSI recipients in application processes that reduce barriers and increase efficiency.

Most importantly, we continue to face hunger in our communities that could be ameliorated by improved access to CalFresh.

---

<sup>1</sup> For the purposes of this report, CalFresh “in-reach” is an effort to identify and connect with specific individuals who are likely-eligible for CalFresh based on information available through their enrollments in other means-tested programs.

<sup>2</sup> Some may qualify for a Transitional Nutrition Benefit or a Supplemental Nutrition Benefit if they are a CalFresh household with an SSI recipient whose benefits would be negatively impacted by the cash out reversal policy.

## II. NEW RESEARCH and RESOURCES

---

Academic research continues to reveal more detail about the most effective strategies for encouraging enrollment in SNAP. Pairing these findings with new analytical tools released by CDSS will support the state and counties in their efforts to connect with unenrolled Medi-Cal clients, including SSI recipients when they become eligible for CalFresh in June.

### ***New research demonstrates the effectiveness of mailed outreach materials with and without application assistance***

In May 2018, economists at the [Abdul Latif Jameel Poverty Action Lab \(J-PAL\)](#) published findings from a rigorous randomized experiment involving more than 30,000 seniors in Pennsylvania, and conducted in partnership with Benefits Data Trust (BDT).<sup>3</sup>

---

*The experiment found that those who received information about SNAP along with application assistance enrolled at three times the rate of those who received neither.*

---

Seniors age 60+ enrolled in Medicaid but not SNAP were randomly assigned to one of three equally sized groups, each with a different enrollment strategies (see below). Findings from this study are of particular interest in light of the upcoming CalFresh SSI Expansion policy in California, as 46% of the state's SSI recipients are over 65.<sup>4</sup> Providing information alone helped to promote enrollments, but pairing with application assistance made even more of a difference.<sup>5</sup>

---

*Outreach materials generated calls, and resulting enrollees were less sick and received lower benefits on average than those who didn't receive an intervention.*

---

---

<sup>3</sup> Finkelstein, A and Notowidigdo, M. *Take-up and Targeting: Experimental Evidence from SNAP*, May 2018. [https://bdtrust.org/wp-content/uploads/2018/07/FN\\_maintext\\_May\\_18\\_2018-3.pdf](https://bdtrust.org/wp-content/uploads/2018/07/FN_maintext_May_18_2018-3.pdf)

<sup>4</sup> SSI Recipients by State and County, Social Security Administration. Accessed Oct 31, 2018. [https://www.ssa.gov/policy/docs/statcomps/ssi\\_sc/2017/ca.html](https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2017/ca.html)

<sup>5</sup> Finkelstein, A and Notowidigdo, M. *Take-up and Targeting: Experimental Evidence from SNAP*, May 2018. [https://bdtrust.org/wp-content/uploads/2018/07/FN\\_maintext\\_May\\_18\\_2018-3.pdf](https://bdtrust.org/wp-content/uploads/2018/07/FN_maintext_May_18_2018-3.pdf), page 26

<b>Randomly Assigned Group</b>	<b>Results: Enrollment Rate</b>
<b>Control Group:</b> Individuals in the control group received no intervention.	6%
<b>Information Only Group:</b> Individuals in the Information Only intervention received outreach materials (a letter and follow up postcard) informing them of their likely eligibility for SNAP and the benefits they might receive, and providing them with information on how to call the Department of Human Services to apply.	11%
<b>Information Plus Assistance Group:</b> Individuals in the Information Plus Assistance intervention received similar outreach materials (a letter and follow up postcard) but with information on how to call <i>BDT</i> to apply; if they called they then received application assistance.	18%

Approximately 30% of those who received either type of outreach material called the respective numbers provided. Both application rates and enrollment rates were twice as high when assistance was provided. There was little difference in denial rates between the two groups, suggesting that the differences in enrollments has more to do with the impact on willingness to apply than on successfulness of initiated applications (p. 26). Curiously, analysis of benefit levels and health care use suggests that those who enrolled in response to either intervention receive lower benefits and are less sick than the average enrollee in the control group (p. 32).

---

*These types of interventions pass a cost-benefit test  
from the perspective of state finances.*

---

### *Findings*

Reminders matter. Researchers included a series of sub-tests to assess the impact of sending reminder postcards eight weeks after the initial letter if the individual had not yet called. They found that the lack of a postcard reminder had a statistically significant impact on the caller rate (reduced by 7 percentage points), the application rate (reduced by 3 percentage points, and the enrollment rate (reduced by 2 percentage points) (p. 29).

These types of interventions pass a cost-benefit test. Based on the average annual benefit amount for new enrollees, the researchers found that both types of interventions passed a basic cost-benefit test from the perspective of state finances (p.29).

## *In-Reach Interventions by Health Providers*

A growing body of research shows that access to SNAP/CalFresh not only reduces food insecurity, but improves health outcomes and lowers health care costs.<sup>6</sup> A recent study in Maryland by Benefits Data Trust<sup>7</sup> showed that SNAP has a particularly positive impact on seniors' health care needs:

- SNAP participation and greater benefit amounts reduced the odds of hospital admittance by 14% and reduced duration of stay when seniors were admitted.
- Among SNAP recipients, every \$10 increase in monthly SNAP benefits further reduced the odds of additional days in the hospital.

Given the large number of seniors receiving SSI who will be newly-eligible for CalFresh when the state's Cash-Out policy ends in summer 2019 (perhaps as many as 250,000 households), it is not surprising that there is growing interest among California's health care providers in conducting in-reach to Medi-Cal recipients to identify, refer, and assist eligible clients to enroll in CalFresh. For example, Kaiser Permanente has recently engaged in several pilot projects to provide CalFresh referral and enrollment assistance to clients on Medi-Cal.

The infrastructure of health plans puts them in a great position to test interventions that complement efforts of California Department of Social Services (CDSS), county agencies, and other organizations to help newly-eligible SSI beneficiaries access CalFresh.

---

<sup>6</sup> Center on Budget and Policy Priorities, *SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs*, January 17, 2018, available at <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>

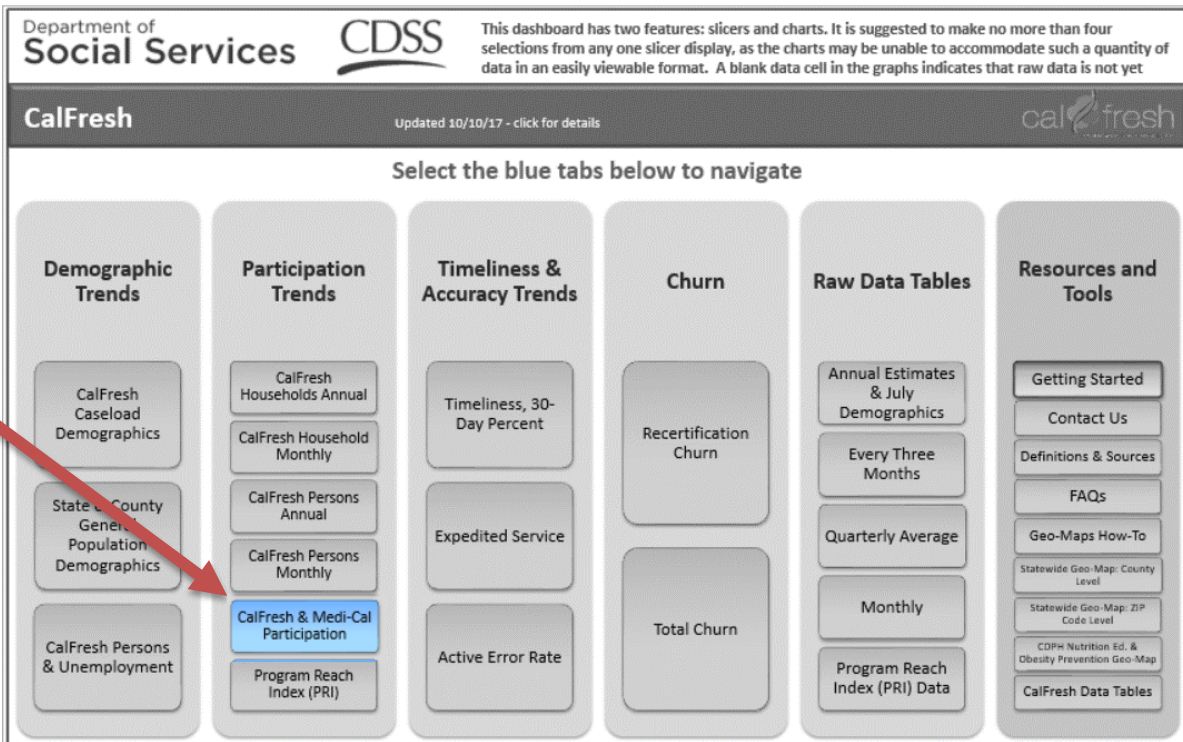
<sup>7</sup> Samuel, et al, *Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland*, available at [https://www.bdtrust.org/wp-content/uploads/2017/07/Pop-Health-Mgmt\\_Hospitalizations\\_linked.pdf](https://www.bdtrust.org/wp-content/uploads/2017/07/Pop-Health-Mgmt_Hospitalizations_linked.pdf)

## Box 1: Leveraging CalFresh Expansion to SSI Recipients in Healthcare Settings

1. **Review the data on your target population for in-reach.** SSI recipients will have Medi-Cal aid codes of 10, 20, or 60.
2. **Consider the most common touch points for the target population in your care setting.** These touchpoints are opportunities for creating pilot protocols for screening SSI recipients for CalFresh eligibility and connecting clients to application assistance.
3. **Align the timing and messaging of your SSI population in-reach plans with state and local county communication plans:**
  - a. Attend [CDSS All Stakeholder Meetings](#) to stay up to date about state planning;
  - b. Reach out to local county administrators and CalFresh outreach providers<sup>1</sup> in your area to learn about any additional communications that may be in the works; and
  - c. Plan your own in-reach messages to be complementary to avoid confusing clients.
4. **Fine tune messaging** to ensure:
  - a. Clients who might already be an excluded member of a CalFresh case know that they do not need to reapply for CalFresh (you may not always know when someone receiving outreach is in this situation);
  - b. Instructions for applying aligns with the local county business practice; and
  - c. Clients receive locally relevant connections to application assistance.
5. **Adopt a "Just Do It" attitude!** Don't be afraid to get started messaging CalFresh through multiple channels. It often takes many encouraging reminders for a person to decide to apply for CalFresh; the role of health providers is vital as a trusted source of the message that CalFresh supports good health.

## *New resources from CDSS help to understand your county's potentially CalFresh-eligible Medi-Cal participants*

CDSS is working to continuously improve the analyses they can provide about dual enrollment rates between Medi-Cal and CalFresh, including tables that provide insight into key sub-populations. The screenshot below shows a prior version of the dashboard<sup>8</sup> with the section on CalFresh/Medi-Cal participation trends noted. The dashboard is currently being updated so keep an eye out for new versions. Below is a detailed summary of the types of analysis that dashboard may include in the future.



- **Medi-Cal and CalFresh** shows the trend over time of the share of Medi-Cal beneficiaries also receiving CalFresh for selected counties, and vice versa.
- **Medi-Cal Recipients Likely Eligible for CalFresh** has several analyses:
  - **Eligibility Sub-Tiers** shows detailed counts and percentages of dually-enrolled Medi-Cal participants within a series of sub-tiers of Medi-Cal aid codes. Tier 1 is the most likely eligible by income level, followed by Tier 2 and Tier 3.

<sup>8</sup> CDSS CalFresh Dashboard <https://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>



- **PRI** shows county CalFresh enrollment rates among Tier 1 Medi-Cal participants, color coded by CalFresh Program Reach Index.<sup>9</sup> It is common for counties with PRIs above 90% to have a dual enrollment rate at or near 50% for individuals with Tier 1 Medi-Cal aid codes.
- **Target Enrollments** shows, for a selected county, an estimated target enrollment for each sub-tier. The estimated target enrollment is the number of Medi-Cal recipients to be enrolled in CalFresh if sub-tier enrollment in that county was increased to match the average rate in that sub-tier of counties with a Program Reach Index over 90%. County administrators may choose to target in-reach efforts to sub-tiers with the largest target enrollment numbers.
- **Demographics** shows the race/ethnicity, gender, and age distributions for Tier 1 Medi-Cal recipients not enrolled in CalFresh for a selected county. These data may support decisions about key community partnership to support in-reach activities.
- **CalFresh and WIC** shows, for selected counties, the percentage of CalFresh recipients age 0-4 enrolled in WIC, as well as an estimate of the number of WIC recipients age 0-4 that are likely reachable by CalFresh.

### III. LEARNINGS FROM COUNTY EXPERIMENTS

---

Interviews were conducted with administrators from 12 County Welfare Departments: Alameda, Humboldt, Los Angeles, Marin, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Barbara, Santa Clara, Ventura.

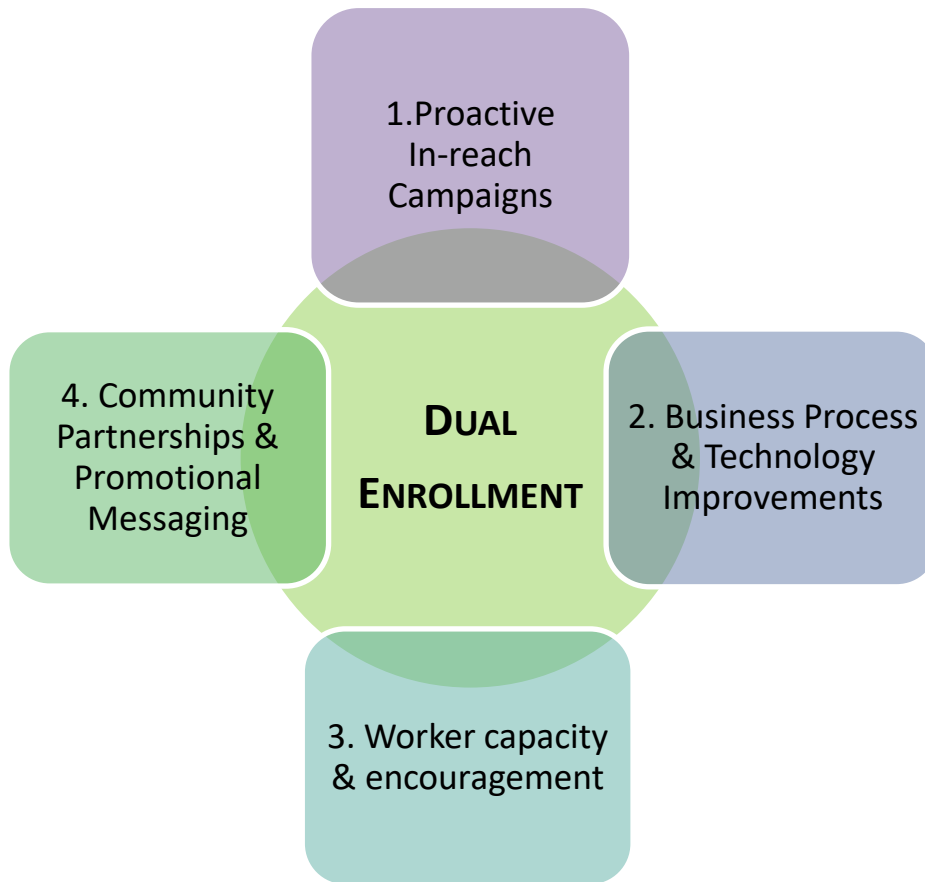
Interviews focused on learning more about the four main strategies counties employ to increase dual enrollment.

In this section, we outline the tactics counties use within each strategy, lessons learned, and simple steps to implement each strategy.

See *Appendix A* for case studies of each county's processes, outcomes, and lessons learned.



<sup>9</sup> Methodology for Measuring Neighborhood Access to CalFresh, 2015. California Department of Social Services. <https://www.cwda.org/sites/main/files/file-attachments/primethodology.docx>



### 1. Proactive In-reach Campaigns

A number of counties have implemented some type of proactive in-reach campaign targeting Medi-Cal participants not receiving CalFresh. Specific approaches and outcomes vary widely, for example, with respect to target populations, Los Angeles and San Francisco Counties contact all Medi-Cal participants with income under 200% FPL (the CalFresh gross income limit for non-elderly or disabled households) who do not receive SSI and are not categorically ineligible for CalFresh due to immigration status.

By contrast, Alameda has taken a more targeted approach by narrowing their target group to specific subpopulations (e.g. seniors and families with children). Communication strategies also vary from sending a CalFresh solicitation flyer (Los Angeles), a pre-populated CalFresh application (Alameda), a series of mailings with follow-up phone calls (San Francisco), texts (San Diego), and so on. Even the timing of communications vary, in some cases aligning with the client’s Medi-Cal renewal and sometimes not. *Table 1* provides a summary of their efforts, including outcomes where available.

Though counties’ specific approaches have varied, certain themes and lessons learned emerged that counties seeking to implement an in-reach campaign should factor in when planning and executing a similar campaign. However, some approaches are proven to improve outcomes. For example, given that research shows households who received information about SNAP along with application assistance enrolled at a rate three times

higher than those who received neither, counties should make an effort to pair in-reach efforts with application assistance. More detail can be found in the county case studies in *Appendix A*. As counties begin the planning process, follow the key lessons in *Box 2*.

## 2. Business Process and Technology Improvements

Counties can leverage new technology and business process improvements to integrate Medi-Cal in-reach into daily operations. Examples of technology and business process enhancements that have been successfully implemented to support in-reach efforts include: electronic signature by phone, flexible interview scheduling, Interactive Voice Response (IVR) systems, text messaging reminders, and same day service models.

It is also important to note that all of the above have been identified by the state-led SSI Cashout Reversal Customer Experience Workgroup as solutions to assist in enrolling newly eligible SSI recipients beginning summer 2019.<sup>10</sup>

## 3. Worker Capacity and Encouragement

County Eligibility Workers should treat screening and applying for CalFresh as an integral step in the Medi-Cal enrollment process. They should have sufficient training to do it with confidence, and be able to effectively communicate its value. Counties focused on improving dual enrollment have implemented cross-program training of Medi-Cal and CalFresh (and CalWORKS) in order to allow clients to “tell their story once” and be connected to both health and nutrition programs.

Counties should also create a long term plan that tackles the common barriers to cross-training, including: resistance to changing existing staffing models, balancing training needs of new employees

## Box 2: Key Lessons for the Planning Process

### 1. Do what you have the capacity to do -

Though outcomes have varied, every county that has undertaken an in-reach campaign has found some measure of success and continued the project after the initial pilot.

Some counties have greater capacity to analyze client data and target in-reach, and others may have greater capacity to target messaging to specific populations. Text campaigns have had similar response rates to mailed campaigns, but they require the capacity to initiate the texts to a reasonable number of target households to be successful.

New counties choosing to implement any of these strategies can benefit from processes and materials developed by this first wave of counties. Code for America’s GetCalFresh campaign can also provide technical assistance and outcomes data to counties who would benefit from additional support.

### 2. Follow-up contact matters -

Counties that sent a follow-up mailer, text, or phone call had a better response rate than those that did not follow up after the initial contact. This is consistent with academic research that has found improved outcomes with follow-up communication.

### 3. Coordination with outreach partners is key -

Counties that worked closely with outreach and application assistance partners (whether traditional CBOs, 2-1-1, or GetCalFresh.org) saw a greater response and approval rate and were better able to evaluate the projects outcomes, document successes, and make ongoing project refinements.

<sup>10</sup> CDSS SSI Cashout Reversal Workgroup *Framework of Solutions*, available at <http://www.cdss.ca.gov/Portals/9/CalFresh%20SSI%20Cash-Out/SSI%20Cash-Out%20Implementation%20Framework-Final.pdf?ver=2018-11-29-080455-720>

with the need for ongoing training, and the complexities of training staff on policy changes to multiple programs.

For more information on which counties have implemented Cross-program training, including staff contacts, see *Appendix A: County Case Studies*

#### **4. Community Outreach Partnerships and Promotional Messaging**

There is a robust relationship between Medi-Cal and CalFresh. Provider hubs should explore and seek to implement the existing promising practices that actively promote CalFresh and link applicants effectively to the program. Strong application referral protocols are a key element of the partnership between CBOs and County Welfare Departments.

Medi-Cal applicants should encounter frequent, convincing messages that applying for CalFresh is a good idea—online, in-person at the county office, by mail, or by phone.

Messages and promotional events should be tailored to specific audiences (e.g. seniors, working families, families with children, and non-English speakers).

## Box 3: How to Design and Implement a Proactive In-reach Campaign in Four Easy Steps!

### **1. Identify the target population, and determine the message format and content that will resonate with them.**

Some counties have designed in-reach projects to reach specific, underserved populations. Others have cast a wider net and contacted all Medi-Cal participants not receiving CalFresh. Counties should choose an approach that matches their capacity; conducting a test run with a sample of a larger target population can help to gauge impact on workload before a full roll-out. Text-based efforts that connect to GetCalFresh.org can be another low-resource way to send in-reach messages to a sample of households.

Tailor the messaging to the target population. Busy working families may be more receptive to text messaging, while seniors may be more likely to respond to a mailing.

### **2. Send notices at a time and frequency that will reach your target population.**

Counties need to decide whether to send in-reach notices at the time of initial Medi-Cal application, at renewal, and/or another time during the Medi-Cal certification period. Staff capacity and workflow should be factors to consider when making this decision.

### **3. Send follow-up messages and reminders to increase response rates**

Sending a follow-up communication to clients after the initial notice is a clear best practice identified by counties and academic researchers. San Bernardino's text messaging system has shown immediate and positive results in response rates to renewal and reporting requirements. Even simpler follow-up reminders like an additional mailed notice or phone call have demonstrated a positive impact. Third-party outreach agencies like 2-1-1 and GetCalFresh.org can be especially effective partners for follow-up contact.

### **4. Evaluate your results and refine your methods.**

Including an evaluation component in your project from the start is integral to understanding what methods are most effective, and what changes would improve response rates and enrollment outcomes. Evaluation methods can range from more sophisticated and technology-based such as GetCalFresh.org reports, to simple but effective tracking methods like including a unique phone number on notices for clients to call.

For more information on which counties are conducting in-reach projects, see *Appendix A*.

Table 1: Matrix of County Strategies

Table 1	Type of Communication				Added supports		Timing		Results	
County	Letter Flier Or Postcard	Text	Call	Application packet	Follow up	App Assistance	At MC app or renewal	Target Pop	% apply	% apps approved
Alameda	Letter			✓ pre-filled		✓	Renewal	Seniors, children	9%	23%
San Diego	Flier	✓		✓	✓	SD 2-1-1 & GetCalFresh	~1 week after MC app	All Medi-Cal recipients	11%	39%
San Francisco	Letter, postcard		✓		✓	SD 2-1-1		Likely-eligible MC aid codes	8.5%	58%
Los Angeles	Flier						✓	<200% FPL	3%	25% <sup>11</sup>
Santa Barbara	Flier						✓	All Medi-Cal recipients	N/A	N/A
Santa Clara		✓			✓	GetCalFresh	~1 week after MC app	All Medi-Cal recipients	10%	Unknown

<sup>11</sup> As of December 2018, 85,867 CalFresh applications were approved through the Los Angeles County Medi-Cal In-Reach Flyer project.

## IV. RECOMMENDATIONS

---

### County Welfare Departments

1. Prioritize dual enrollment as a strategy for increasing access to CalFresh in your county.
2. Develop a vision for a successful process and use it to guide the development or evolution of your dual enrollment in-reach plan.
3. Use and build upon the promising practices identified in this report.
4. Reach out to similar counties that have successful in-reach processes to further expand your county's vision for improving access to CalFresh.

### Health Providers

1. DHCS should provide leadership in supporting health plans and other providers that serve Medi-Cal participants in streamlining access to CalFresh.
2. Prioritize effective CalFresh screening and referral as an effective health intervention.
3. Review the data on your target population for in-reach (e.g. SSI recipients will have Medi-Cal aid codes of 10, 20, or 60).
4. Determine the most common touch points for the target population in your care setting.
5. Align the timing and messaging of your SSI population in-reach plans with state and county communication plans:
  - a. Attend [CDSS All Stakeholder Meetings](#) to stay up to date about state planning;
  - b. Reach out to county administrators and local CalFresh outreach providers<sup>12</sup> to learn about any additional communications that may be in the works; and
  - c. Plan your own in-reach messages to be complementary.
6. Make sure that instructions provided align with that county's business processes and take advantage of support available from local application assisters.
7. Don't be afraid to get started! It often takes multiple reminders for a person to decide to apply for CalFresh; the role of health providers is vital as a trusted source of the message that CalFresh supports good health.

### CDSS

1. Continue to collaborate with counties and outreach partners to share and refine CDSS data tools that support dual enrollment planning.
2. Continue to facilitate the sharing of best practices via convenings and webinars.
3. Facilitate connections and consider centralized text message solutions to promote county utilization of this option.

---

<sup>12</sup> [http://www.cdss.ca.gov/Portals/9/CalFreshOutreach/9\\_AttachmentC\\_by%20County.pdf?ver=2018-09-25-095007-440](http://www.cdss.ca.gov/Portals/9/CalFreshOutreach/9_AttachmentC_by%20County.pdf?ver=2018-09-25-095007-440)

4. Incorporate these lessons into outreach and in-reach planning for CalFresh SSI Expansion:
  - a. Plan for state-initiated in-reach communications to SSI recipients to include scheduled follow-up communications and linkages to application assistance.
  - b. Include in-reach materials and process recommendations as a part of the communications toolkit, for example:
    - i. Sample client-facing letter, with recommendations to send follow-up mailings and linking to application assistance.
    - ii. Share details of successful texting campaigns (messages, timing, best practices) for testing and subsequent broad based use with the SSI population.
  - c. Use the CalFresh SSI Expansion as an opportunity to test and learn more about what works best: partner with communications contractors and researchers to plan for A/B testing of communication strategies.

### **California Welfare Directors Association**

1. In partnership with CDSS, evaluate effective strategies and spread the best ones statewide.
2. Nearly all counties wished there were more opportunities to learn from each other. In partnership with CDSS, develop opportunities for counties to share expertise, problem solve together, and work collaboratively.
3. Encourage counties as they prepare for CalFresh SSI Expansion to consider dual enrollment strategies in order to engage newly eligible households.

### **SAWS Consortia**

1. Ensure text messaging is a core function of the CalSAWS system, including data analysis options and sufficient training for counties to be able to use it.
2. Ensure the data systems have the functionality to track information related to the outcomes for clients who connect with CalFresh using the dual enrollment campaigns.

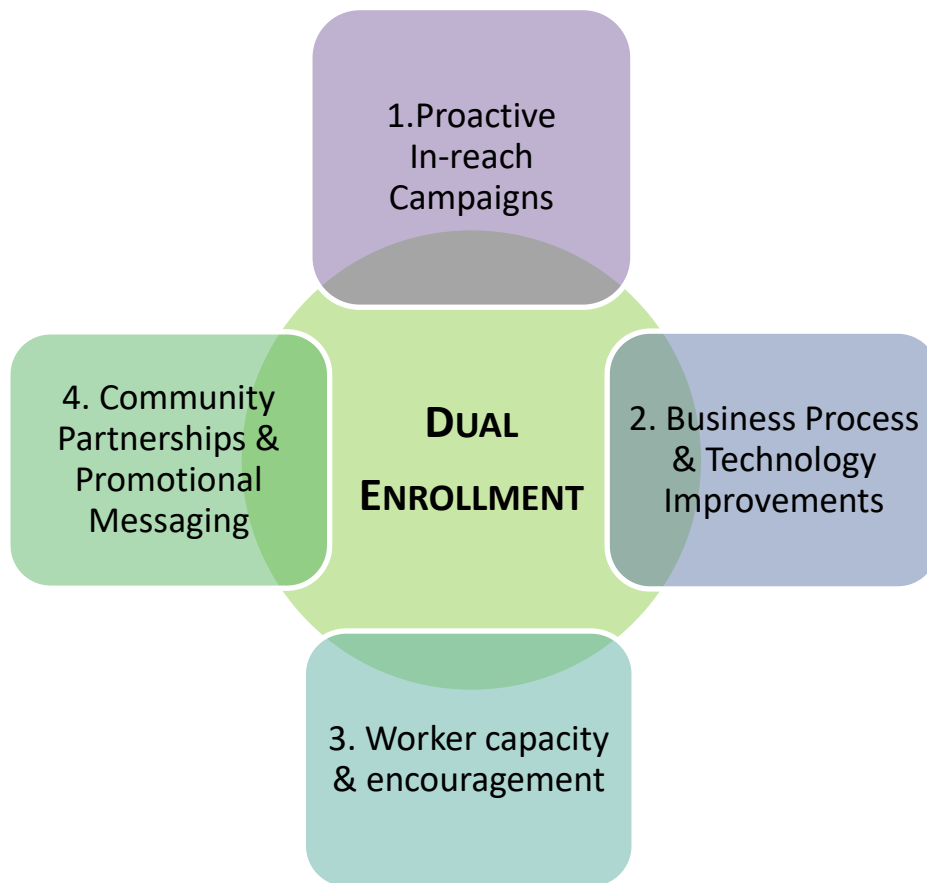


## APPENDIX A: COUNTY CASE STUDIES

---

The case studies below reflect individual interviews with county administrators and GetCalFresh.org. County case studies are grouped and color-coded by type of intervention (i.e. Proactive in-reach Campaign or “Worker Encouragement and Support”) as noted in the graph below.

Measurable results were requested from each county and are included where available.



## *Strategy 1: Proactive In-reach Campaigns*

A number of counties have implemented some type of proactive in-reach campaign targeting Medi-Cal participants not receiving CalFresh. Specific approaches and outcomes vary widely, for example, with respect to target populations, Los Angeles and San Francisco Counties contact all Medi-Cal participants with income under 200% FPL (the CalFresh gross income limit for non-elderly or disabled households) who do not receive SSI and are not categorically ineligible for CalFresh due to immigration status.

By contrast, Alameda has taken a more targeted approach by narrowing their target group to specific subpopulations (e.g. seniors and families with children).

Communication strategies also vary from sending a CalFresh solicitation flyer (Los Angeles), a pre-populated CalFresh application (Alameda), a series of mailings with follow-up phone calls (San Francisco), texts (San Diego), and so on. Even the timing of communications vary, in some cases aligning with the client's Medi-Cal or renewal and sometimes not. The table on the following page provides a summary of their efforts, including outcomes where available.

### *GetCalFresh Texting Campaign*

#### **San Diego & Santa Clara Counties**

Starting July 2017, San Diego County partnered with Code for America's GetCalFresh to test a texting campaign that encourages Medi-Cal applicants to check their eligibility and apply for CalFresh benefits.

##### *Phase 1: Texting all active Medi-Cal clients, 1% apply*

At first, Code for America partnered with a county to send texts to all active Medi-Cal clients without an active or pending CalFresh case. The text reminded clients that they may also be eligible for CalFresh, and included a link to apply through GetCalFresh.org. The URL was specific to the text campaign, allowing Code for America to track any GetCalFresh.org applications that resulted from it. Approximately one percent of people receiving the text clicked through the link and applied for benefits. The team determined that clients who were actively looking for assistance were more likely to apply for benefits.

##### *Phase 2: Texting recent Medi-Cal applicants in San Diego, 10% apply*

The county shifted its approach in an attempt to increase conversion rates and enrollment in CalFresh. Rather than texting all active Medi-Cal clients, they refocused on clients who had recently applied to Medi-Cal within the week but don't have an active or pending

CalFresh case. This time, 10% of text recipients clicked the link. The county is continuing to run this query and send texts to recent applicants on an ongoing basis.

Sample text:

This is the County of San Diego. You recently applied for healthcare. You may be eligible to get extra money for groceries with CaFresh! Click: <https://getcalfresh.org/s/dtext>

Este es el Condado de San Diego. Usted solicitó cobertura médica. Podría recibir dinero extra para su despensa con CaFresh! Haga click: <https://getcalfresh.org/s/dtext>

### *Phase 3: Santa Clara implementation - same results*

Starting in May 2018, Santa Clara began implementing both text campaigns in partnership with GetCalFresh.org: first all Medi-Cal clients, followed by regular queries of recent Medi-Cal applicants. To date, conversion rates there have mirrored those in San Diego County (1% and 10% conversion rates, respectively).

#### *Lessons:*

- ✓ Conversion rates were higher the closer the timing of the text to the recent Medi-Cal application. Specifically, recent Medi-Cal applicants were much more likely to apply than were other active Medi-Cal applicants. Sending texts based on a weekly query vs. a monthly query yielded higher conversion rates.
- ✓ It is important to coordinate with county operations staff to make sure that the spike of applications isn't overwhelming. This will be especially important during Medi-Cal open enrollment, as the volume of recent applications increases dramatically during that time.
- ✓ County ability to text clients is critical. This means collecting and maintaining cell phone numbers for clients, leveraging texting technologies, and using opt-out (rather than opt-in) agreements for texting whenever possible.
- ✓ Include a link to an online portal in the text.
- ✓ Keep the text to 150 characters so it doesn't break up in transit

## *Pre-filled CalFresh Applications with Medi-Cal Renewal Packet*

### **Alameda County**

Starting in October 2016, Alameda County has included a pre-populated CalFresh application with the Medi-Cal recertification packet for likely-CalFresh-eligible<sup>13</sup> families and seniors. Target populations include likely-CalFresh-eligible Medi-Cal cases with seniors as well as those with children. Packets also include carefully tailored CalFresh informational materials with the client's perspective in mind. Food bank contact information is included for those who need help. As of March 2018, the county had mailed more than 25,000 packets in eight languages.

#### *Results*

Alameda County has recently completed a one-year analysis of the project.<sup>14</sup> More than 9% of those receiving the packets returned a CalFresh application, and approximately 23% of applications were approved. A review of a sample of denied cases revealed that denials were largely due to procedural, not eligibility, reasons: nearly 8 in 10 denials were due to either missed interviews (47%) or failure to provide verifications (30%).

A cost-benefit analysis revealed significant net benefits from the initiative. Startup costs were approximately \$205,000 (CalWIN programming for querying and pre-populating applications, as well as professionally designed informational materials). Ongoing costs are estimated at \$6/application mailed, or \$145,000 for the year. However estimated CalFresh benefits to approved households, plus the economic multiplier effect,<sup>15</sup> resulted in \$3.8 million in economic activity.

#### *Lessons:*

- ✓ Certain populations had higher success rates:
  - English and Spanish cases were the most likely to return an application.
  - Senior applicants were less likely to be denied than family applicants.
- ✓ Some applicants chose to withdraw their CalFresh application, not having realized until later that they were applying for something in addition to Medi-Cal. The county is considering whether there are things that they can do differently internally and with community partners to avoid confusion in the first place, and to convert some of the withdrawals into completed applications.

---

<sup>13</sup> Likely-eligible cases included those with no share of cost Medi-Cal.

<sup>14</sup> Alameda County Social Services Agency report, CalFresh Prepopulated Application Pilot Report October 2016 – June 2017, available at [https://drive.google.com/open?id=1rcFO3RQiyFKQXCKWwg8Qm\\_alCLbL\\_A4p](https://drive.google.com/open?id=1rcFO3RQiyFKQXCKWwg8Qm_alCLbL_A4p)

<sup>15</sup> <https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap/economic-linkages/>

- ✓ Other counties interested in pursuing a similar strategy could expect lower project costs. CalWIN counties can use the programming designed for this project, and Alameda County can share the supplemental packet materials.
- ✓ Net benefits make this project well worth continuing.

## *Medi-Cal In-reach CalFresh Solicitation Flyer*

### **Los Angeles County**

Beginning June 2017, Los Angeles County DPSS began sending “CalFresh Solicitation Flyers” to existing Medi-Cal clients identified as likely eligible, but not enrolled in CalFresh. Flyers are mailed to clients at the time of annual Medi-Cal redetermination as part of the redetermination packet. Currently, Ex Parte households do not receive a renewal notice, and therefore are not sent a CalFresh flyer, but DPSS plans to add those households to the mailing list soon.

A Medi-Cal client is established as “likely eligible for CalFresh” within the county eligibility determination system (LRS) by the following aid codes:

- Income below 200% of the Federal Poverty Guidelines (FPG)
- Not receiving Supplemental Security Income (SSI)<sup>16</sup>
- Not ineligible due to citizenship status
- Not residing in a correctional facility
- Not a fleeing felon
- Not a non-exempt parolee
- Not a college student (as defined in CalFresh regulations)<sup>17</sup>

The flyer is also customized to the client by including the estimated monthly CalFresh benefit amount the client would receive upon successful enrollment. Language is included making clear that the benefit amount is just an estimate, and the actual amount may change due to specific client circumstances. The department indicated that the client response rate increased after the benefit estimate was added to the flyer.

The flyer includes information on four ways to apply for CalFresh: online via the county’s “Your Benefits Now” portal, by mail, in person at a local office, or through a community-based outreach partner organization. Contact information for participating outreach partners is listed on the reverse side of the flyer.

---

<sup>16</sup> Note that after summer 2019, SSI recipients can qualify for CalFresh. For more information visit: <http://www.cdss.ca.gov/inforesources/SSI-SSP>

<sup>17</sup> Note that some college students are eligible for CalFresh, so counties may want to include these populations and possibly develop language specifically for this population. For more information visit: [https://wclp.org/wp-content/uploads/2018/09/College\\_Student\\_Hunger\\_Whitepaper\\_WCLP\\_Sept2018.pdf](https://wclp.org/wp-content/uploads/2018/09/College_Student_Hunger_Whitepaper_WCLP_Sept2018.pdf)

## *Results*

As of December 2018, 85,867 CalFresh applications were approved through the flyer solicitation process. On average, 5,300 applications were approved each month of the project. While these numbers are encouraging, and represent one of the most successful CalFresh enrollment interventions the department spearheaded over the past two years, there are opportunities to improve both the overall number of applications approved and the rate of return on flyer mailouts.

## *Lessons*

As indicated above, the department recognizes a number of opportunities to improve the process and increase the “bang for the buck” that the project delivers. Among those being considered currently are:

- ✓ Outbound follow-up calls to clients after receipt of the flyer
- ✓ Similar outbound client contact but utilizing text messaging rather than or in addition to phone calls

## **Santa Barbara County**

The department’s approach was to send a CalFresh informational flyer to Medi-Cal households (MAGI recipients) not receiving CalFresh at the time of their Medi-Cal annual redetermination. Beginning in April, the county began mailing flyers to one-twelfth of that subset of the caseload each month (about 1,000 per month). The flyer explains that the client may be eligible for food assistance through CalFresh and directs them to contact the county or visit [GetCalFresh.org](http://GetCalFresh.org) online if they are interested in applying.

## ***Application Mailing Campaign with Text Message Reminders***

### **San Diego County**

San Diego has developed a number of avenues to improve their dual enrollment numbers. They have implemented and expanded their text messaging and application mailing campaign for new Medi-Cal enrollees; and they are increasing the training and culture of access with their workforce, both in the office and outstationed.

In 2016, San Diego began mailing CalFresh packets to the Medi-Cal applicants that came through Covered California. Since then, the county has scaled up these efforts to include Medi-Cal applicants that come through the online app, MyBenefitsCalWin (MBC). The county routinely runs a query to identify any Medi-Cal application that has come in through either electronic portal, cross reference with the existing CalFresh caseload, and send an application to those not enrolled.

Applicants seeking health benefits are sent a text message informing them of CalFresh and how to apply. San Diego continues to send the text messages and have scaled it up from their original model of only sending to GetCalFresh applicants to also include applicants that come through MBC.

### *Results*

Mailed applications packets: Currently they get the same volume of apps, but approval rate has gone down. It used to be mid-40% but at end of 2017 it was about 39%. The volume is about the same but they seem to have a lower approval rate.

While the county is unsure why, they speculate that it could be due to the combination of higher saturation level of those willing to apply and the unemployment rate improving (currently at 2.9%).

## *Mailings paired with outbound calls to likely-CalFresh-eligible Medi-Cal clients*

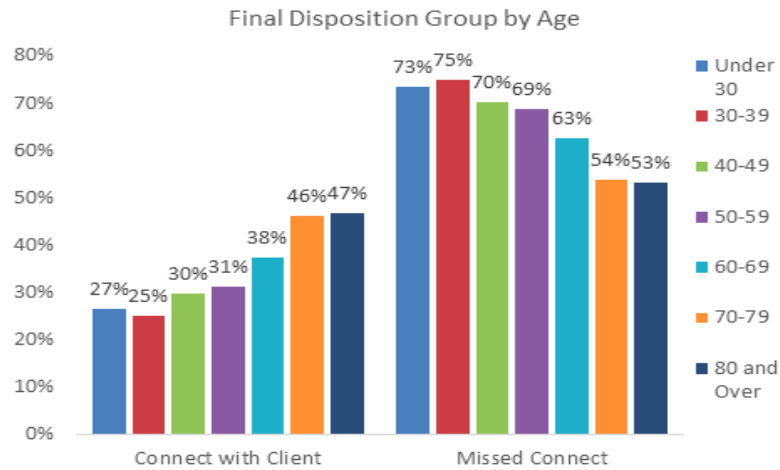
### **San Francisco County**

#### *Project Description*

The county contracted with San Diego 211 to conduct outbound calls to Medi-Cal clients who are likely eligible for CalFresh. Using CalWIN data, the county identified approximately 1,200 Medi-Cal cases per month who were likely eligible for CalFresh. They sent a postcard and letter informing the household that they might be eligible for CalFresh and should be expecting a call to discuss, along with a phone number in case they'd like to proactively respond. Mailing materials were developed by a marketing consultant to include culturally relevant foods and messaging for each target language. San Diego 211 performed auto-dialer calls in English, Spanish, and Cantonese, completing as much of the application over the phone as possible including verifications and signatures. Over the course of the project, likely-CalFresh-eligible clients were contacted up to four times, plus the postcard and letter mailers. Calls were not intentionally timed to coincide with Medi-Cal application or renewal timing.

#### *Results*

During the 2017-18 contract year, San Diego 211 Enrollment Specialists attempted to reach 12,971 clients through outbound calls. The majority of were English-speaking clients (76%), with 19% Cantonese and only 5% Spanish-speaking. A quarter of outbound calls resulted in a live connection, and 34% of live connections were successful. Successful outcomes are when the client was interested in a CalFresh appointment, scheduled an appointment, or completed an application. Just under 60% of applications were approved.



*Lessons:*

- ✓ *When in doubt, contact more people.* While there are different response rates by population, the per-contact cost is low enough to justify reaching out to all likely-CalFresh-eligible individuals. The more significant costs to implementing this type of strategy is in the set-up and message development. If broad-based messages are available, it makes sense to “go big” with the pool of potential CalFresh applicants.
- ✓ *Time of day seems to matter.* Outbound calls were most likely to reach people right after traditional work hours and right after lunchtime. Saturdays were the preferred time to schedule assistance appointments, but those slots weren’t always available.
- ✓ *Seniors had higher success rates,* specifically with regard to the rate at which calls connected with a client.



## *Strategy 2: Business Process and Technology Improvements*

Counties can leverage new technology and business process improvements to integrate Medi-Cal in-reach into daily operations. Examples of technology and business process enhancements that have been successfully implemented to support in-reach efforts include: electronic signature by phone, flexible interview scheduling, Interactive Voice Response (IVR) systems, text messaging reminders, and same day service models.

It is also important to note that all of the above have been identified by the state-led SSI Cashout Reversal Customer Experience Workgroup as solutions to assist in enrolling newly eligible SSI recipients beginning summer 2019.<sup>18</sup>

### *“No Wrong Door” and Covered CA On-line Applications*

#### **Humboldt County**

Humboldt County is taking the approach of “no wrong door” to the next level by bringing CalFresh Outreach and Enrollment to every county department. They are integrating CalFresh access into the culture of their services including Public Health and Mental Health. The goal is to make sure people get the help they need with as few referrals as possible, and ideally in one contact, no matter if they connect through mental health or medical health.

Medi-Cal enrollment is part of the no wrong door strategy. No matter how someone engages with the Medi-Cal program, either through addiction treatment, their employer, or an online portal, the county’s efforts to saturate each avenue with CalFresh means that customers are likely to get CalFresh messaging, an application or a phone call to complete an application and schedule an interview.

When someone submits a Medi-Cal application through Covered California, they can note if they are interested in learning more about CalFresh. If the customer marks yes, then the county will contact the client and review all the ways to apply for CalFresh, including over the phone during that same call. When the customer is unsure about wanting to apply, the worker will mail an application with a postage paid return envelope.

If necessary, they will leave a message with all the ways people can apply by phone and mail an application packet.

---

<sup>18</sup> CDSS SSI Cashout Reversal Workgroup *Framework of Solutions*, available at <http://www.cdss.ca.gov/Portals/9/CalFresh%20SSI%20Cash-Out/SSI%20Cash-Out%20Implementation%20Framework-Final.pdf?ver=2018-11-29-080455-720>

## Dual Enrollment business processes and staff training

### **San Bernardino County**

The San Bernardino County Transitional Assistance Department (TAD) is among the highest performing large counties in CalFresh participation rate.<sup>19</sup> Administrators credit much of their ongoing success to a combination of strong leadership, dedication to high standards of customer service, early adoption of technology, and strong community partnerships. The county's high participation rate correlates with their emphasis on providing excellent customer service to all clients, including efforts to streamline and simplify dual enrollment in Medi-Cal and CalFresh.

Given their high participation rate and established processes for increasing dual enrollment (cross-trained workers, cross-program outreach, no wrong door lobby management and call center) TAD has now focused continuous improvement efforts on reducing caseload churn. Over the past year, the department undertook a new initiative aimed at keeping both Medi-Cal and CalFresh clients (and those dually enrolled) connected to programs without interruption.

#### *Text Message Reminders to Reduce Churn*

In April 2018, TAD launched a text messaging campaign to remind Medi-Cal, CalFresh, and dual program participants to complete their semi-annual report (SAR-7) or recertification/redetermination timely. Prior to the April project launch, clients with a SAR-7 due would not receive a reminder other than the official mailed notice and report form. Now, prior to the month the report is due, clients receive a proactive text reminder with a link to an online video tutorial on how to complete SAR-7. The tutorial includes most the common problems and missing information clients face when completing the SAR-7. Once the client submits their SAR-7, they receive a text indicating TAD is in receipt of the SAR-7, a function meant to cut down on call center volume and lobby traffic as clients want to check on the status of their report. Once the SAR-7 is processed, the client receives another follow-up text including the monthly benefit amount for CalFresh (and CalWORKS as relevant).

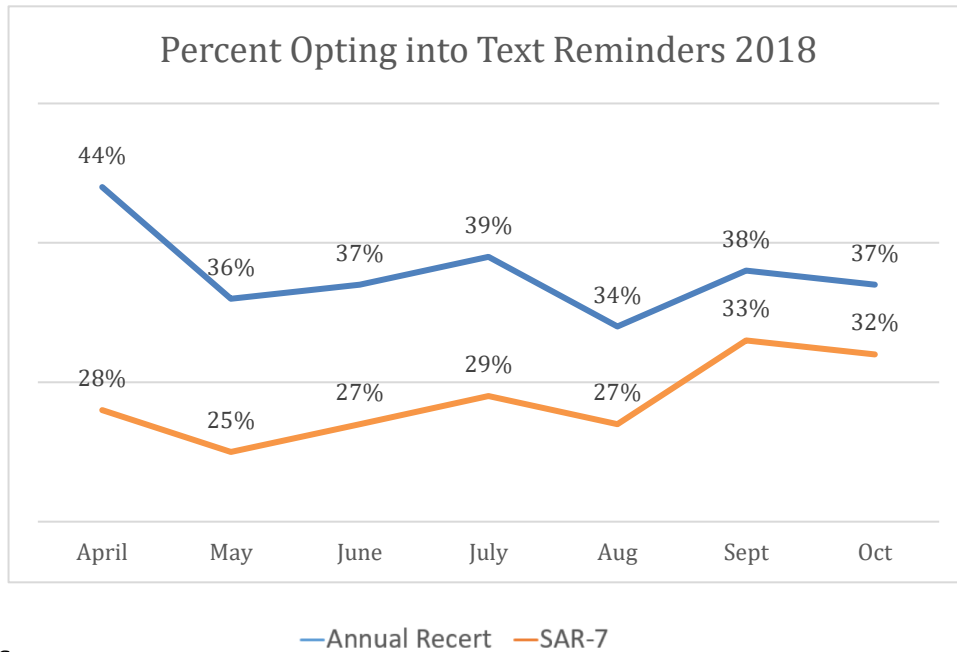
A similar text message process is used at annual recertification (CalFresh) and redetermination (Medi-Cal). TAD sends a text notice the month prior to the recertification/redetermination due date, and a follow-up text upon approval, which includes the monthly benefit amount for CalFresh. Different from the SAR-7 process, the client does not receive a text when the completed recertification/redetermination form is received and in process.

---

<sup>19</sup> <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

*Results*

- 17.83% difference (reduction in churn) in April for those that opted in to text notification for SAR-7
- Over a third of participants opt in to text message reminders for SAR-7 or annual recertification/redetermination.



*Lessons:*

- ✓ Given the high rate of uptake and success of the text messaging campaign at reaching clients at the time of recertification, the county now plans to expand text messaging for outreach and health events, as well as Medi-Cal open enrollment, where they expect to realize similar benefits.
- ✓ TAD is open and eager to share their best practices with other counties, and have recently been in discussion with San Francisco and Los Angeles counties about best practices related to dual enrollment and overall participation rate.

**Dual Enrollment Integrated into Business Process**

**San Joaquin County**

San Joaquin County Human Services Agency (HSA) has consistently ranked in the top quarter of all counties in participation rate and dual enrollment rate. For year, the department has implemented policies and procedures that improve business processes to streamline dual-program access, including:

- Cross-program training of all Eligibility Workers (Medi-Cal, CalFresh, CalWORKS).
- Additional and ongoing messaging to Eligibility Workers reiterating the importance of reviewing Medi-Cal renewals for potential CalFresh eligibility (the county issues a regular newsletter to workers with tips and case management highlights).
- Screening for dual-eligibility at intake and recertification/redetermination.
- Individual case management model to better serve clients who have unique circumstances.
- County call center staff are trained to suggest applying for other programs when Medi-Cal calls are referred from Covered CA.
- Use of electronic signature to complete CalFresh applications through the call center without referring to an intake worker. Call center staff can add CalFresh while completing Medi-Cal enrollment.
- "Ready to interview" scheduling model<sup>20</sup>: if a client doesn't make their interview appointment (CalFresh) or Medi-Cal appointment, a county worker calls and offers to complete the interview or redetermination immediately over the phone.

### *Results*

At the time of interview, the county was not able to provide data on outcomes, though as noted above, the county consistently ranks near the top in both participation and dual enrollment.

### *Lessons*

The two most impactful interventions the San Joaquin would recommend to other counties are related to missed interview mitigation: implementing immediate phone scheduling and electronic signature. The department has seen positive impacts on both client experience and administrative workload.

## [GetCalFresh.org App Business Process Improvements](#)

### **Santa Barbara County**

The county's partnership with Code for America began last year and has increased the total number of CalFresh applications received and processed, freeing up capacity to implement the Medi-Cal in-reach project. The county's CBO partners promote the app at outreach events and the county displays posters in district offices. One subpopulation of particular focus is college students, and now GetCalFresh.org is the primary method for college student applications and the second leading source of online applications overall. The

---

<sup>20</sup> This is one of five alternatives to on demand interview scheduling featured in the ATC's November 2018 report "Flexible Interviews in California Counties: Increasing Access to the CalFresh Interview with Alternatives to On-Demand." Available at [transformcalfresh.org/reducing-churn-increasing-calfresh-participation-innovative-interview-scheduling-models/](http://transformcalfresh.org/reducing-churn-increasing-calfresh-participation-innovative-interview-scheduling-models/)

county is now planning to add the SAR-7 option through GetCalFresh.org to help reduce churn rates.

### *Results*

The Medi-Cal in-reach project started in late April. The county has seen about a 10% response rate, but will continue the project and incorporate electronic signature to allow for outbound follow up calls that the county believes will improve the response rate.

In June, GetCalFresh.org produced nearly five times the number of applications submitted as the county's traditional online portal, MyBenefitsCalWIN had (539 vs 123).

### *Lessons*

- ✓ Cross-training eligibility workers takes time but is worth the effort by improving the customer experience and reducing administrative burden.
- ✓ Complete in-reach campaign results are not available yet, but incorporating electronic signature is recommended.
- ✓ Third-party outreach partners (e.g. Code for America / UC / Foodbank joint campaign) can result in major increase in applications, especially among college students.

## **Business Process and Technology Improvements**

### **Ventura County**

Ventura County moved to task-based system about two years ago. Units are organized into teams to recertify dual Medi-Cal/CalFresh cases, as well as SAR-7 processing. All customers are offered CalFresh or Medi-Cal if they aren't enrolled, and any chance for workers to have contact with customers is leveraged to check for eligibility and enrollment

In October 2017 the county began accepting SAR-7's over the phone, meaning clients can now apply, recertify or report entirely over the phone, including providing an electronic signature. The county also uses text messaging to remind clients of interview appointments, needed verifications, and incomplete reports or recertifications. The county also works with GetCalFresh.org to generate and process applications and track outcomes.

### *Lessons*

The best practices highlighted above (electronic signature by phone, text reminders, IVR system with call back feature) put Ventura County in an excellent position to enroll newly-eligible SSI recipients when the cashout policy is reversed in June, and going forward.

Ventura also considered implementing an in-reach project using pre-populated applications (similar to the Alameda model), but encountered technical obstacles with the CalWIN consortium.

### *Strategy 3: Worker Training and Encouragement*

County Eligibility Workers should treat screening and applying for CalFresh as an integral step in the Medi-Cal enrollment process. They should have sufficient training to do it with confidence, and be able to effectively communicate its value. Counties focused on improving dual enrollment have implemented cross-program training of Medi-Cal and CalFresh (and CalWORKS) in order to allow clients to “tell their story once” and be connected to both health and nutrition programs.

Counties should also create a long term plan that tackles the common barriers to cross-training, including: resistance to changing existing staffing models, balancing training needs of new employees with the need for ongoing training, and the complexities of training staff on policy changes to multiple programs.

For more information on which counties have implemented Cross-program training, including staff contacts, see *Appendix A: County Case Studies*

## Dual Enrollment Worker Training

### **Humboldt County**

All eligibility workers (EWs) are cross trained in CalFresh and Medi-Cal programs. EWs explain that adding on CalFresh to their Medi-Cal case during the intake process is as simple as responding to a few additional questions.

#### *Lessons*

- ✓ Maximizing available staff is an important part of increasing access to services. Humboldt County has avoided the model of double or triple booking their workers with interviews, which makes it hard to circulate staff and triage when the work flow changes.
- ✓ Humboldt County has identified supervisors that are particularly skilled in managing the workflow when the availability of staff become limited (eg, when people were out sick) and have started to research the things these managers have done in order to institutionalize this model of management and staff coordination throughout the workforce.
- ✓ Include CalFresh info with every call center contact.

- ✓ Humboldt County has extensive guides and desk aids to ensure workers have the information they need at their fingertips, and support accurate benefit determinations.
- ✓ Instead of trying to reach each person a certain number of times, they attempt to make sure that every time someone engages with a county entity about their health needs (with “health” being broadly defined) they will get CalFresh messaging and application support, and vice-versa.
- ✓ Evaluate the intake process: Analyze the source of Medi-Cal applications that have the most likely CalFresh-eligible customers. Use that information to target outreach efforts to those sources.

## *Dual Enrollment Effort as a part of county QC Processes*

### **Marin County**

In Marin County, CalFresh leadership is working to shift practices of eligibility workers so that encouraging CalFresh enrollment becomes a standard part of Medi-Cal enrollment and recertification. The county is working to increase accountability around this practice by including the explicit expectation that Medi-Cal applicants be encouraged to apply for CalFresh if they are likely eligible in the county’s Quality Control (QC) forms. This makes the expectations clear, and workers will be “dinged” as a procedural error if they fail to encourage consideration of CalFresh. Options for encouraging CalFresh enrollment include fliers, letters, and/or in-person phone calls.

Managers are looking at all the QC sheets to see what protocols might be able to be standardized to support this new expectation. The program is also looking at the possibility of using the journal template format in C-IV as well.

## *Dual Enrollment Cross-Program Worker Training*

### **Riverside County**

Beginning December 2016, Riverside DPSS implemented cross training of eligibility staff to enroll applicants in both CalFresh and Medi-Cal simultaneously. In order to handle the increased training needs of two programs, including both at application and redetermination processes, the county implemented a new two-year timeframe for new training of existing staff. Going forward, newly hired eligibility workers will be trained initially in both programs’ rules and how to maximize dual enrollment.

Recognizing that the new dual-program model has the potential to increase line staff workload, DPSS concurrently initiated a campaign to emphasize self-service options for clients. Marketing materials urge applicants and clients to apply online through the C4Yourself portal. The department has also implemented a text message reminder

campaign for both programs, focusing on the client interview, mid-period report, and recertification for CalFresh, as well as the redetermination period for Medi-Cal. Each time a new client has a contact with a DPSS worker, they are asked if they would like to opt-in to the text messaging service. The county is now exploring how to text message Medi-Cal clients not enrolled in CalFresh to provide information and ways to apply.

## *Ongoing Worker Training and Support*

### **San Bernardino County**

San Bernardino County continues to cross-train all workers in Medi-Cal, CalFresh, and CalWORKS, having already implemented some time ago. All workers are trained to screen for dual-eligibility at application intake and at mid-period, recertification, and any client contact. To address the increased processing needs, the county has invested in a number of technological and business process improvements, including: high-functioning call centers, established 4/10 schedules to support Saturday calls, created a central processing center to assist in the processing MAGI referrals and shifted workers to intake during open enrollment when more support is needed.

## *Worker training and In-Office Customer Engagement*

### **San Diego County**

Staff are instructed to inform Medi-Cal applicants of the availability of, and potential eligibility for, CalFresh when customers are in the office. EWs are cross trained to process both types of applications.

2019 update: San Diego has continued this process but it has scaled up in the sense that they now have universal workers (instead of combo workers), so any worker can engage and assist customers to apply for CalFresh.

## *Worker training to encourage CalFresh applications and enrollment among Medi-Cal clients*

### **San Francisco County**

San Francisco County pursued several training strategies to increase CalFresh enrollment rates among Medi-Cal applicants.



1) Ongoing cross training of eligibility workers to enroll in all programs, including classroom training, one on one support, workshop models, unit trainings, and hands-on work.

2) Training to “rebut” common reasons that clients say they do not want to apply for CalFresh. The county conducted research to identify the most common reasons, developed scripts to “rebut” those reasons, and conducted trainings where eligibility workers practiced the scripts with an improv coach. The county then measured dual enrollment outcomes, and celebrating successes until the rates stabilized.

### *Results*

The county celebrating successes based on incremental increases compared to the prior year at the building level. This worked well to improve morale and to remind staff that dual enrollment was a priority.

### *Lessons*

- ✓ Strong cross-training and support on CalFresh eligibility needs to be the first priority. Workers who are not confident in CalFresh eligibility are much less likely to encourage Medi-Cal applicants to apply for CalFresh or to use what they learn in rebuttal training.
- ✓ Expect imperfect results. When tracking and celebrating success, managers should anticipate and plan for way to handle mixed results so as not to result in lower morale when outcomes don’t meet expectations.

## *Cross-training Eligibility Workers*

### **Santa Barbara County**

All eligibility workers are dual-trained in Medi-Cal and CalFresh. Some workers who handle General Relief also handle Medi-Cal and CalFresh. The county utilizes a “No wrong door” approach at applicant intake with a process for adding CalFresh or Medi-Cal to a client’s case with a warm handoff.

The county routes CalFresh applications that are submitted through the online Covered CA system to staff whether they are initial intake or an ongoing case. Workers are provided training on how to process those applications, and staff also receive regular reminders so referrals aren’t lost.

## *Cross-training Eligibility Workers*

### **Ventura County**

All Ventura County Intake Eligibility Workers are cross-trained on Medi-Cal, CalFresh, CalWORKS and General Relief. New hires receive Medi-Cal training first then additional programs one at a time. Eligibility Workers offer CalFresh to clients at Medi-Cal recertification, and vice-versa.

### ***Strategy 4: Multi-Program Outreach***

There is a robust relationship between Medi-Cal and CalFresh. Provider hubs should explore and seek to implement the existing promising practices that actively promote CalFresh and link applicants effectively to the program. Strong application referral protocols are a key element of the partnership between CBOs and County Welfare Departments.

Medi-Cal applicants should encounter frequent, convincing messages that applying for CalFresh is a good idea—online, in-person at the county office, by mail, or by phone.

Messages and promotional events should be tailored to specific audiences (e.g. seniors, working families, families with children, and non-English speakers).

## *Dual Enrollment Integration with In-person Medi-Cal enrollment and Employment Agency Connections*

### **Humboldt County**

Humboldt County works closely with their health clinic partners that may be a first point of contact for Medi-Cal. The community partners at the clinics include CalFresh in their conversations about applying for benefits. Multiple local medical providers are contracted to provide CalFresh Outreach services along with their regular work with their patients.

The unemployment rate has improved, but many part-time workers still need access to services. The County had an outreach contract with a local employment agency to encourage part-time or underemployed workers to apply for CalFresh. The primary project manager for this work has expanded their efforts and now operates the contract as a private consultant. This allows the consultant to work with employers to provide

information about CalFresh in a positive light when workers are part-time or having difficulty making ends meet. This is especially valuable in a rural community like Humboldt, where there are many who are dependent on seasonal work in fishing, the lumber industry, construction and farming.

#### *Lessons*

- ✓ Working closely with community partners to align with goals and engage them in using the same messaging. Use the Medi-Cal Recertification timing as a way to divide up the caseload for outreach; focus on outreach to households that are recertifying their Medi-Cal.

### **Dual-Program Outreach**

#### **Riverside County**

Riverside DPSS' Community Outreach Branch enrolls both CalFresh and Medi-Cal applicants at multiple countywide community events (health fairs, WIC and Public Health offices, and farmers' markets). The Outreach Branch is focused on building lasting relationships with community partnerships and community based organizations that serve residents enrolled in or eligible for Medi-Cal and CalFresh. New Medi-Cal and CalFresh promotional materials are distributed at all district offices and all outreach events. As part of this effort, the Community Outreach Branch sits on over ten community collaboration teams and in the first quarter of 2016-17, outreach events served an average of 3,370 attendees.

#### *Results*

The department recently set a goal to increase CalFresh and Medi-Cal participation by 10 percent in 2018-19. In addition to the activities described above, the county is working with CDSS to use geocoding information to target certain under-enrolled populations. Staff participate in a county-wide workgroup and are currently developing a reporting and evaluation plan, which should be finalized soon.

The county also participates in a separate workgroup with FNS and CDSS focused on improving business processes to reduce churn. Dual enrollment is one strategy that workgroup is pursuing.

#### *Lessons*

During the interview conducted to inform this report's findings, DPSS staff indicated they are still interested in exploring use of Medi-Cal aid codes to conduct an in-reach project targeting clients who are likely eligible for CalFresh.

## **Ventura County**

Ventura County has one staff member dedicated solely to outreach. All outreach efforts include both Medi-Cal and CalFresh and are tailored to specific populations, including seniors, people with disabilities, and community college students. Outreach staff attend a variety of community events including an annual parade with the Department of Public Health, farmers' markets, and senior center events. Promotional messaging for both programs is published on the department website with comprehensive program information and directions on how to apply for both programs.

## **Prescription for CalFresh/ Outreach partnerships**

### **San Diego County**

Nurses at a public health clinic screen patients for potential CalFresh eligibility. Likely eligible clients receive a paper referral titled "Rx for CalFresh" with details about how to apply.

2018 update: This process continues, but is now facilitated electronically, instead of with a paper referral. The ConnectWell system generates the electronic referral.

Other outreach partnerships include:

- Hospital Eligibility Workers – Historically, San Diego County has partnered with local hospitals to have eligibility workers on site to enroll patients in Medi-Cal. These outstationed eligibility workers are now cross trained and will enroll patients in CalFresh along with Medi-Cal.
- Outreach through the Registrar of Voters
  - HHSAs applied and were chosen by the registrar of voters to have a CalFresh insert included in the sample ballot when mailed.
  - For the presidential election in 2016, 400,000 voters saw CalFresh info page in the recent election; 227,000 saw the insert in the most recent local election.
- Promo Material: Flyer developed and shared at monthly events and resource fairs.
- 2019 update: This outreach avenue has been scaled back in exchange for other strategies that are more targeted and easy to measure. Like the other strategies, using a flyer is more effective when it's based on an existing relationship such as Medi-Cal. GetCalFresh.org analytics have shown them that people might be more inclined to apply when there's an existing contact/familiarity.

## *Investing in messages that resonate with target communities*

### **San Francisco County**

In order to support in-office, outreach, and in-reach efforts to enroll Medi-Cal participants in CalFresh, San Francisco County contracted with marketing firms to develop:

1. Culturally relevant letters & postcards to accompany outbound call campaign (messages, food images).
2. Posters/banners with myths/facts about Medi-Cal and CalFresh, posted at county offices and outstation sites.
3. Videos in English, Spanish, and Cantonese for use with community partners.
4. Social media toolkit.

#### *Results*

Materials have been well received, and the county feels strongly that the culturally relevant materials make a difference, though it is difficult to measure.

## *CalFresh and Medi-Cal Application Assistance at Outreach Events*

### **Santa Barbara County**

County staff go out to the targeted population (families of school-age children) to promote and do enrollment at the same time. They also do senior outreach events, and are present at farmers' markets for seniors and other targeted groups.

This year, the county has put focus on building community partnerships for dual enrollment with CBOs that target Medi-Cal clients. CBO partners are proactive in offering both programs, for example, food banks are now collecting Medi-Cal applications and outreach as well. One healthcare partner, CenCal Health, regularly features CalFresh in their member newsletter. The county has also collaborated with local school districts to send promotional flyers, with options for applying (GetCalFresh.org or phone number or mail).

## *Outstationed Eligibility Workers at Health Care Settings*

### **San Francisco County**

Outstationed eligibility workers at health care settings: SFHSA outstationed a worker at Zuckerberg San Francisco General Hospital, the SF Health Plan, and a community clinic. The

county piloted an "Rx for CalFresh" effort at the health clinic to encourage applications. Seven other (non-health-related) outstation sites also take dual applications.

### *Results*

The volume of CalFresh applications was not ultimately deemed to be worth the investment of staff time. The focus of the questions eligibility workers received in these settings was often Medi-Cal, not CalFresh.

### *Lessons*

- ✓ Outstation locations work best when there is a champion of the effort within the outstation organization, ideally paired with an outstationed worker who enjoys conducting pro-active outreach work. Without those elements, clients of the outstation location are not actively encouraged to engage with the outstationed eligibility worker.