

“Collaboration Makes a Difference”: Partnering with Community Organizations to Enhance CalFresh Outreach and Improve Participation

ELIZABETH VERDUZCO

EXECUTIVE SUMMARY

This case study explores how partnering with a community-based organization fills in the gap where the public sector falls short. The partnership creates greater avenues of access to underserved populations by utilizing the established infrastructure of service delivery, technology, and workforce that reaches a broader spectrum of people in the county. In an effort to build on the outreach strategy, Sonoma County grew the concept further, in creating an internal system of outreach by developing a CalFresh mobile outreach unit and partnering with Adult and Aging Services. The partnership and collaboration between the Economic Assistance Division and the Adult and Aging Division is of special interest and the focus of this case study. The lesson extracted

from their efforts is that collaboration and partnership is strengthened when it is built from the inside out. Alameda County can benefit from this aspect of Sonoma County’s model of outreach. Alameda County has a long and strong outreach history but does not currently collaborate with In-Home Support Services (IHSS). The IHSS program serves a growing population of at-risk aging and disabled adults, and since the most underserved group in Alameda County are seniors, it makes sense to look at developing a partnership. IHSS conducts assessments of its recipients in their homes annually, which presents a golden opportunity to assist them in accessing CalFresh benefits that contribute to maintaining a healthier lifestyle through proper nutrition.

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Introduction

The purpose of CalFresh (CF) outreach is to enhance participation, essentially making the customer experience a better one. Collaborative business models offer great rewards and not only increase development capacity, but accelerate the product in the service delivery process.¹ Sonoma County’s partnering with community-based organizations (CBOs) to enhance CalFresh participation displays care for positive service delivery outcomes, and compassion for the underserved population. These collaborative measures contribute to stronger community infrastructures, which leads to sustainability.

Background

Service delivery over the years has evolved to accommodate the changing needs of the public. Now more than ever, social services programs need to make services more accessible, and more efficient in delivery. Social service organizations have made completing a service application easy; one example of that is by allowing this to be done online, in kiosks, or at a location other than the county office. In the US, one out of every ten adults and one of every six children experience hunger, and getting people to apply for CF is not as easy as one might think. The idea of accepting charity or even worse, government aid, is a concept that for many translates into shame or embarrassment. Because of this stigma, people are not applying for CF and experience food insecurity. The idea of approaching people in their own environments, in places that they feel comfortable, may be the most effective method of reaching them. This model is

called outreach. Outreach essentially means taking the business process to the customer and offering human assistance to ensure service completeness, and is complemented by a personalized customer service approach. In an article and case study entitled “Opening New Doors to Ending Hunger,” programs and policies that increase options for clients to complete food stamp applications out-of-office and receive assistance with the process are emphasized as key strategies in the fight to end hunger.²

History of CalFresh Outreach in Sonoma County: A Mission for Change

Since the recession of 2009–2010, many Sonoma County residents were faced with some form of financial insecurity that manifested itself by not having enough food to sustain themselves and their families. Seniors make up the largest group at risk of experiencing hunger, and are the most underserved group in Sonoma County with a participation rate of 25 percent. The National Council on Aging suggests that the cause for low enrollment is due to inadequate outreach.¹

Because of this crisis, the need for strategic planning and action was the charge for the Human Services Department (HSD) in Sonoma County and across the nation. The nation honed in on the obesity epidemic, and a concerted effort to educate people about proper nutrition was high on the national agenda. The economic downturn sparked an increase of vulnerability to hunger in America, which helped fuel the fire behind many of the nutrition awareness initiatives. In early 2010, a federal

stimulus disbursement came in and made it possible for Sonoma County to implement the strategic plan of partnering with CBOs to increase CF participation.

Major Activities and Evaluation

An analysis of the CF program was launched to uncover the specific contributing factors that lead to low CF participation rates. The Program Access Index estimates CalFresh utilization among low-income individuals. This annual report is produced by the United States Department of Agriculture (USDA). The report incorporates only three CalFresh criteria, and is not considered a sound measurement of participation rates among fully eligible individuals.

“Within California, CF administrative policies and practices vary by county”⁵ even though the PAI is not considered a comprehensive tool for evaluating counties’ administration of CalFresh; it does, however, provide a frame of reference to gauge the counties’ placement in the statewide efforts for CF enrollments. This information is one benchmark that counties reference and cite as an indicator of the level to which strategies are developed and pursued.³

Sonoma County’s Accountability/Response to Hunger

The roots of the BASSC program are said to trace back to “people with ideas.”³ It is quite fascinating to see the connection between what BASSC’s current vision is of “transforming organizational cultures to be more responsive to the demands related to changing client demographic and increased accountability in the form of measuring service outcomes.”³ This BASSC vision and client-centered approach is realized in Sonoma County’s outreach and partnership development with CBOs. The inspiration to establish outreach grew from a former Sonoma County BASSC participant’s half-day case study of Alameda County’s partnership with the Food Bank.

In 2009, Sonoma County recognized that a large percentage of county residents who were potentially eligible did not apply for benefits. Because of this, Sonoma County took action and began the process of exploring the barriers of why this was happening,

and committed to breaking through the barriers. HSD knew that it first had to identify and understand the barriers before exploring the strategy of reaching the potential CalFresh eligible population. It was clear that the approach needed to be new and innovative to address the problem long-term.

Identifying the Barriers

Some of the barriers Sonoma County came to recognize were the myths and misconceptions the public had about of the program’s criteria. The array of challenges this population had were in the application process. People did not want to complete the CF application on their own because it was long and cumbersome. In 2010, a collaborative partnership started with Redwood Community Health Coalition, who already had direct contact with potential CF eligible individuals and families. The partnership was developed to form a county-wide referral network and to secure completed CF applications that would be submitted to the county’s eligibility staff. This was made possible because Sonoma County HSD chose to utilize a portion of the CalFresh allocation as well as a stimulus grant to fund CBO CalFresh outreach, in hopes of increasing CF applications and to reach those individuals that would otherwise not apply for CF benefits on their own. The essential component that marks the effectiveness in achieving greater outreach to this market segment is community collaboration. The second barrier preventing individuals from applying for CF is due to the location of the office. Sonoma is 1,768 square miles and is the geographically largest county among the Bay Area counties. The Sonoma County Human Services office is located in Santa Rosa, and out of this very large span of territory, there are no other county social services offices. As a result, commuting to the office can take an entire day using public transportation. This deters many people from applying for services.

Key Elements of Outreach Expansion for Sonoma: The First Steps

OUTREACH AT MEDICAL CLINICS:

In 2010–2011, Sonoma County went into contract with Redwood Community Health Coalition (RCHC), which consists of twelve federal health clinics that are regionally spread out and serves Sonoma County's low-income families. Each facility is responsible for hiring its own Certified Application Assistant (CAA), and for all clinics combined there are 40 CAA staff who assist in making the CF application simplified. Although HSD has not officially tracked the outcomes, the RCHC has a 70% approval rate, and successfully completes about 300 CF applications per month using Benefits CalWIN. CAAs are trained to screen for eligibility, complete the application, and verify and scan all required documents required by the county. CAAs perform all of the preliminary work of informing the client of what is needed to complete the application, and assist the client by clarifying any myths or address any concerns about applying for benefits. Once the CF packet is received by the county, the county eligibility worker will contact the client for a phone interview and make the final determinations within 30 days. The focus of RCHC is to not just get people CalFresh benefits but to also focus on retention. Retention was another area of concern for Sonoma County. HSD sends the CBO partner a list of CF beneficiaries that need renewals each month. The CBO then sends the client a postcard reminding them that the renewal is due, and offers assistance to the client if they need it.

OUTREACH AT SCHOOLS:

RCHC established a contract with Santa Rosa School District under a pilot program of information sharing that allows families to be contacted by mail to invite them to apply for CF or school nutrition programs. The information on the emergency card is shared with the parental consent. The information that is focused on is the whether the family has a healthcare provider, and whether the child receives

or requested reduced or free school lunches. These serve as potential eligibility indicators.

Target Populations and the Underserved

There are three underserved groups targeted for outreach: seniors, working poor, and non-English speakers. The Hispanic segment of the population is the fastest growing population in the county. One way in which RCHC reaches the Hispanic population of Sonoma County is by having a large percentage of bilingual staff.

In the next phase of the outreach plan, Sonoma County examined different populations and participation rates, and the lowest recorded participation rates were found in young adults with earned income and people over the age of 60.

Creating an Outreach Unit: Next Steps in Community Outreach

The mission of the CalFresh outreach unit, also called CalFresh Community Connections, is focused on "improving the quality of life for the residents through increased participation of the underserved by providing access to healthy and nutritious foods."⁴

Sonoma County further developed its outreach strategy and recently implemented phase two of its strategic plan, and created a CalFresh outreach unit that rolled out in February 2013.

The liaison selected to manage the outreach model also serves as the lead representative responsible for networking and collaborating with community-based organizations. The liaison also serves in the capacity as the CalFresh Community Connections Supervisor. The role of the CF Community Outreach Manager is to fully implement the CF outreach plan that involves creating a learning environment, establishing stakeholder (employee) buy-in, and building a team of invested employees who are clear about the mission, goals and desired outcomes. Sonoma County was able to create this targeted unit as a result of realignment funding, which allowed the hiring of 21 new employees in 2013. Out of these 21 hires, the CalWORKs and CalFresh units

received seven eligibility workers, one lead worker and one supervisor.

Since the outreach unit is still in its infancy stages, the unit model is a fluid process and staff is learning the system. The unit structure consists of four Eligibility Worker IIs and one Eligibility Worker III, who serves as the Lead and the Manager/Community Liaison. Each worker in the CF Community Connections unit has a laptop computer, scanner, printer, and rolling brief case.

The goal of the outreach leadership is to secure regular and routine outreach sites that could offer more opportunity in the future to expand service delivery to larger audiences, and to community businesses from a wider scope of industries that serve the working families, children, seniors, disabled, and veterans of Sonoma County.

Additional Branches of Outreach

- **211/Human Services Department Partnership:** The Telephonic Participation Grant is a grant under Health Care Reform that was given to 211 in partnership with the Human Services Department of Sonoma County. This grant pays for the facilitation (including the interview) and completion of a CalFresh application over the phone. Sonoma County residents that call 211 can have an application taken for them using Benefits CalWIN. The CF applicant will speak and give verbal authorization (essentially a verbal signature), which will be saved to a PDF file and attached to the DFA 285. The anticipated rollout of this outreach measure is May 2013.
- **Farmers Market Participation:** Shopping for fresh fruits and vegetables can be quite enjoyable against the backdrop of live music and lovely scenery. The Farmers Market of Sonoma County accepts EBT, and welcomes CF customers to shop to their heart's content.
- **Food Banks:** Food Banks distribute CF informational materials.
- **Outreach to Seniors:** It is the goal of the CF outreach team to establish regular contact at the senior center and senior housing complexes, and to continue to develop increased interest and participation among the senior community. Outreach material specific to senior citizens is given to all attendees.
- **Veterans Organizations:** CF Community Outreach visits the Vet-Connect Facility once per week. Outreach at this facility is shared with ten other social, medical, or human service organizations that are focused on the providing assistance to veterans.
- **Adult Protective Services (APS):** As a part of routine assessment, APS identifies areas of need and has CF material on hand. If a need exists, the APS worker will make a referral to HSD and advise the authorized representative of the process.
- **In-Home Supportive Services Partnership:** Social workers are getting involved with outreach efforts; an agreement to take CF Referrals for potentially eligible seniors is in place between the Adult and Aging Division and the Economic Assistance Division of HSD.

Sonoma County's Obstacles

Retaining eligibility workers in CalFresh is an ongoing challenge for Sonoma County. This is more than likely a result of the pay differential between MOU classifications. The CF eligibility worker transfers to other divisions that pay more and have less work. Sonoma County has a high turnover in staff in this classification due to promotions. Fifty percent of eligibility workers are new hires with one year of service, 62% are recent hires at 18 months with the county, and 25% do not pass probation.

Findings

Since the partnership with RCHC in 2009, CalFresh has seen a climb in participation and enjoys a 93% approval rate in issuing benefits using Benefits CalWIN (BCW). The collaborative relationship between the health clinics represented under RCHC is a business venture reaping measurable rewards. It is recommended that RCHC increase CAA staffing in anticipation of health care reform/"Obamacare," as

the number of people wanting and needing health coverage will also be those who are potentially eligible for CF benefits.

Implications for Alameda County

With the threat of cuts to CF looming as a result of the farm bill expiring last September 2012, there is concern that more efforts need to be put behind safeguarding CalFresh. Since May 2013 is, by Board of Supervisor proclamation, CalFresh Awareness Month, additional outreach efforts should be pursued.

Alameda County is preparing for approximately 56,000 to 60,000 new Medi-Cal eligible customers by January 2014, and will be responsible for enrollment. With this charge, the need for additional staff and support will be enormous. By September 2013, the Coordinated Care Initiative calls for major changes in how In-Home Support Services delivers services under managed care. Considering the impact that this will have on our customers, county leaders need to think and plan ahead. The emphasis will be placed on improving integration and prioritizing prevention, so it is recommended that IHSS look forward and pro-actively approach the future by playing a role in reducing the risks of hunger and coordinating comprehensive services for aging and disabled clients.

Recommendations/Action Steps

It is recommended that IHSS develop a pilot program that will identify clients during routine IHSS screening (QF-MEDS) that are potentially eligible for CalFresh benefits. The target population will start with Alameda County's most at-risk and underserved group, seniors age 65 or older. When one looks at the statistics of "1 in 3 Americans age 65 or older is economically insecure, lacking resources needed to meet basic food, housing and medical needs" and "nearly 92% of older adults have at least one chronic conditions, while 77% have at least two," a response should be required. ² Building a bridge between IHSS and CalFresh/Medi-Cal will require several action steps, including:

- Setting a meeting with program managers and division directors of each program to discuss what it will take, what form(s) and CF material needed, and examining potential barriers or labor agreements in place that support the plan.
- Developing a process model from identification of the CalFresh-eligible to a warm document hand-off after the intake home visit.
- Setting parameters, and create pilot evaluation and tracking methods.

Conclusion

This case study was aimed at examining safety net programs in both Sonoma, and Alameda Counties. Although CalFresh outreach was the focus, the research uncovered the significance of food, good nutrition, and health care, drawing attention to the interrelated, costly, and serious effects they have on health. Partnerships with community-based organizations provide additional strength to combat the devastating impacts that poverty and hunger have on society. Most importantly, developing partnerships and collaborative relationships with organizations in the community that share the same vision help bridge the gap that divides and prevents service delivery effectiveness for those in need. It has been 49 years since food stamps were offered to individuals and families in need of food (Food Stamp Act of 1964). "Making America Stronger" are the words you find on the CalFresh home page at www.CalFresh.ca.gov to commemorate a 49-year program that has stood the test of time, and still proves to be relevant and necessary today. The American people are stronger now and through programs like CalFresh, will continue to grow and flourish.

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