

# EXPANDING CALFRESH TO CALIFORNIA'S SSI RECIPIENTS: SUCSESSES & OPPORTUNITIES



CALIFORNIA  
ASSOCIATION OF  
FOOD BANKS

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# ACRONYMS

CAFB – California Association of Food Banks

CDA – California Department of Aging

CDSS – California Department of Social Services

DPSS – Department of Public Social Services (Los Angeles)

ESAP - Elderly Simplified Application Project

IHSS – In-Home Supportive Services Program

PRI – CalFresh Program Reach Index

SFHSA – San Francisco Human Services Agency

SFMFB – San Francisco Marin Food Bank

SNAP – Supplemental Nutrition Assistance Program

SNB – Supplemental Nutrition Benefits

SSA – Social Security Administration

SSI – Supplemental Security Income

TNB – Transitional Nutrition Benefit

# EXECUTIVE SUMMARY

The expansion of Supplemental Nutrition Assistance Program (SNAP, known as CalFresh in California) benefits to Supplemental Security Income (SSI) recipients in 2019 was the biggest increase in program eligibility in decades, ending an inequitable policy of exclusion that had been in place for more than 40 years. The change impacted nearly 1.2 million SSI recipients. A key element to making the policy successful was the state's commitment to establish and fund two benefit programs that would "hold harmless" existing CalFresh households that might be negatively affected by the policy change: Supplemental Nutrition Benefits (SNB) and Transitional Nutrition Benefits (TNB). Implementation required a year of intensive planning, including multiple state agencies, county administrators, advocates, and clients themselves.

This report synthesizes findings from state data, key stakeholder interviews, and a client focus group to evaluate the successes and challenges of that initial roll-out, identify remaining gaps, and provide a roadmap to fulfill the full promise of the expansion.

## SUCCESSFUL PLANNING WORK SET THE STAGE FOR SUCCESS.

The California Department of Social Services (CDSS) led a hugely successful multi-stakeholder, collaborative planning process, at breakneck speed, in the year leading up to implementation. The planning process dramatically expanded the community of core CalFresh stakeholders at the state level to include public, private, and academic partners that would be critical to spreading the word to SSI recipients when it was time to enroll, including a key partnership with the Social Security Administration (SSA) itself. Stakeholders worked together to develop effective, consistent messaging for outreach campaigns. CDSS provided training and technical assistance, and supported counties and community-based providers to develop readiness plans that included accessibility considerations that are especially important for this population. Online, mobile-friendly tools were retooled to maximize effectiveness with SSI recipients, and then provided statewide.

Mailings, media campaigns, and other expanded outreach efforts successfully generated a tremendous wave of applications. It was, unsurprisingly, difficult to absorb such a surge, and some counties temporarily struggled to manage the influx given the constraints of existing funding mechanisms for staffing. Technology systems strained at first, but recovered quickly.

## CALFRESH EXPANSION ALREADY FUNDS >\$740 MILLION A YEAR.

As of June 2021, nearly 578,000 SSI recipients were receiving CalFresh, SNB, and/or TNB. This significantly exceeded initial state estimates and represented 49% of all SSI recipients. Monthly CalFresh benefits exceeded an estimated \$50 million per month in the summer 2021, or more than \$604 million annually. At peak enrollment, SNB and TNB benefits added another \$6.3 million per month. Recent increases in CalFresh benefit levels, driven by federal changes to the Thrifty Food



Plan, would push these figures to nearly \$62 million per month and \$742 million per year. For a sense of scale: This is more than three times the entire California Department of Aging (CDA) Senior Nutrition Program budget for fiscal year 2021/2022, one of the pillars of nutrition assistance for older adults.<sup>a</sup>

Critically, SSI recipients enrolled in CalFresh were also able to benefit from COVID-19 SNAP Emergency Allotments, driving the impact even higher. The United States Department of Agriculture estimates that every dollar in SNAP benefits yields \$1.54 in economic benefits in a weak economy.

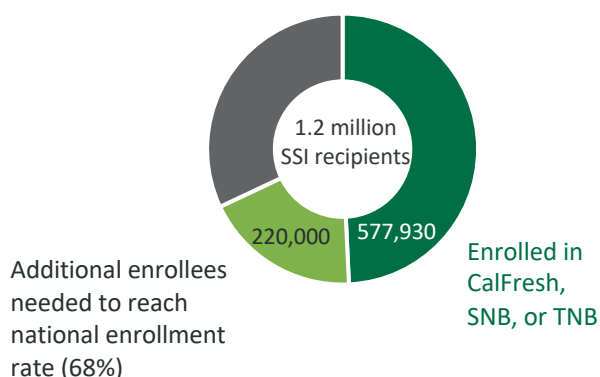
On an individual level, new enrollees had an average benefit per person of \$88 per month. While this was higher than was expected, it was still not enough to meet the needs of many people, and many people experienced the frustration of receiving less. Average allowable shelter deductions were higher for SSI recipients than for the overall CalFresh population, and nearly all enrollees received a related deduction that helped boost benefits. Other deductions related to homeless shelter expenses and medical expenses were rarely used.

## ANOTHER 220,000 SSI RECIPIENTS COULD LIKELY STILL ENROLL.

California's CalFresh enrollment of SSI recipients (49%) is impressive for an initial push, but it remains far from the national average (68%, excluding California). Improving enrollment of certain key populations will be key to fulfilling the promise of the CalFresh expansion to SSI recipients. The biggest enrollment gaps that emerged from our analysis were:

- Inequitable enrollment of Spanish speakers and younger SSI recipients (<60 years old).
- Low enrollment of In-Home Supportive Services (IHSS) clients in some counties.
- Relatively low enrollment rates in certain counties, especially in larger counties that are typically very successful at enrolling people in CalFresh.
- Clients who were denied due to procedural, not eligibility, reasons. This issue appears to have been more common in some counties than others. Denial rates for SSI recipients also peaked during the initial months of the pandemic.
- Eroding SNB and TNB enrollment during the pandemic. Unfortunately, the "hold harmless" promise was short-lived for nearly 80,000 people who lost their connection to these programs. Current policy precludes re-enrollment.

CalFresh Enrollment of SSI Recipients  
(June 2021)



<sup>a</sup> CDA administers the federal Older Americans Act, of which the Senior Nutrition Program is a part. The Senior Nutrition Program includes congregate and home-delivered meals programs for older adults. The FY21/22 budget was \$209,146,742, including both core funding and pandemic-related supplemental funding.

## RECOMMENDATIONS

Full CalFresh enrollment of SSI recipients will require dedicated efforts in outreach, policy refinement, and operational improvement. The recommendations are largely focused on areas that will need strong leadership from CDSS and the California legislature, in partnership with county administrators and advocates. See the full Recommendations section of the report for more specifics on each item.

1. **Invest in outreach that will bring the CalFresh enrollment rate for SSI recipients (49%) in line with national rates (68%).**
  - a. Invest in outreach to increase CalFresh enrollment of IHSS recipients in places where their enrollment is relatively low. Provide technical assistance to counties, as needed. Pursue a state-level approach.
  - b. Increase state outreach investments to achieve CalFresh enrollment parity for under-enrolled SSI recipient populations.
  - c. Develop a protocol to further streamline enrollment of new SSI recipients in CalFresh.
  - d. Incorporate enrollment rates into the CalFresh Data Dashboard for the SSI population.
2. **Remove administrative burdens to CalFresh, TNB, and SNB program enrollment, and take steps to address the harm that they have caused.**
  - a. Restore SNB and TNB benefits to cases that were discontinued during the pandemic.
  - b. Conduct outreach to SSI applicants who were denied for procedural reasons and did not subsequently re-enroll, especially now while Emergency Allotments are still in place.
  - c. Massively simplify recertification processes for SSI recipients to reduce procedural disenrollment.
  - d. Further investigate geographic and/or consortia-level differences in denial and discontinuance rates to identify and resolve any issues that may create systematic barriers to program access.
3. **Increase CalFresh benefit levels so they are always worth the effort of applying.**
  - a. If not addressed at the federal level, create a state supplement to CalFresh to increase the minimum benefit level for older adults and people with disabilities address the erosion of benefits that has resulted from increased food costs.
  - b. Increase claim rates for medical deductions by educating people who are most likely to be able to claim them successfully, and by standardizing self-attestation templates.
  - c. Expand the availability and promotion of Market Match-style benefit enhancement programs. Ensure that expansions maximize access to these benefits for older adults and people with disabilities.
4. **Create a plan to improve accessibility of CalFresh for people with disabilities.**
5. **Use the SSI CalFresh Expansion planning process as a model for rolling out future policy changes.**

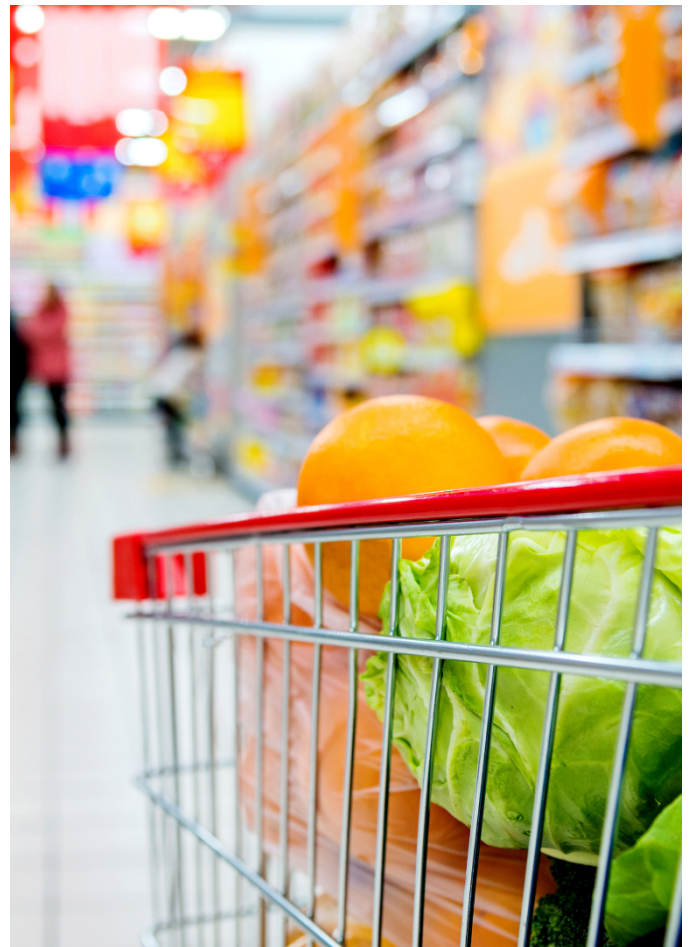
# INTRODUCTION

In June 2019, California implemented its biggest CalFresh eligibility expansion in decades by allowing people who receive Supplemental Security Income to apply for benefits. State legislators were careful to simultaneously stand up two new programs - Supplemental Nutrition Benefits and Transitional Nutrition Benefits - that would protect any existing CalFresh households that might have benefits reduced by this policy change.<sup>b</sup>

Fulfilling the promise of the CalFresh expansion to SSI recipients is an essential tool for addressing food insecurity among older adults and people with disabilities, especially considering the impact the pandemic has had on this population. As of the writing of this report, 20.3% of Californians are food insecure, with deep disparities for Black and Latinx households.<sup>1</sup> A recent report from Feeding America estimates that 6.3% of older adults in California are food insecure.<sup>2</sup> Research shows that enrollment in CalFresh improves access to nutritious foods, contributes to overall budgets, eases mental distress resulting from poverty, and reduces labor spent accessing food for SSI recipients.<sup>3</sup>

In this report, we take a look back at CalFresh expansion's successes, challenges, and

remaining opportunities. CDSS publishes data about SSI recipients receiving CalFresh, SNB, and TNB benefits on their CalFresh Data Dashboard. For the purposes of this report, CDSS also provided supplemental datasets to allow for deeper analysis. We conducted a series of stakeholder interviews and a focus group with SSI recipients to provide a fuller picture beyond what we could glean from the quantitative analysis. See Appendix A for more details on methodology.



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<sup>b</sup> Households could have benefits reduced or lose CalFresh eligibility altogether when the policy required them to add a previously excluded SSI recipient

household member which adjusted their income to benefit calculations. SNB backfilled benefits for households with reduced benefits, TNB did the same for those who lost eligibility altogether.



# SUCCESS! CALFRESH EXPANDS DRAMATICALLY

Enrollments significantly exceeded state projections, reaching nearly 587,000 SSI recipients by Summer 2021

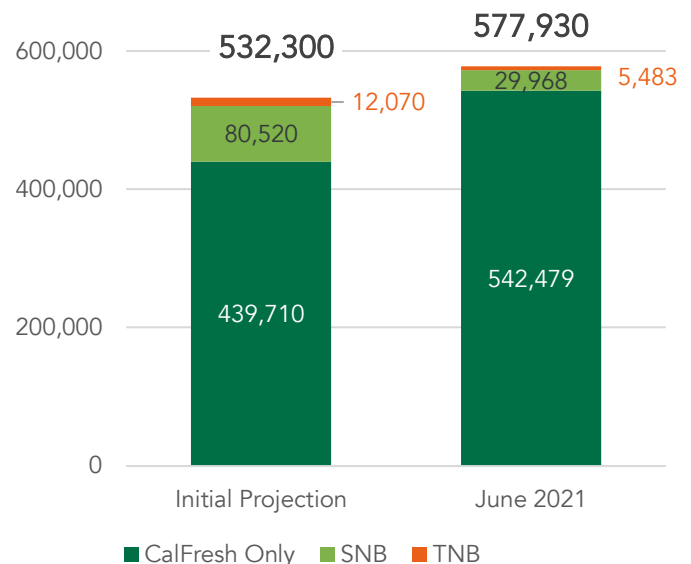
CDSS initially estimated that approximately 532,000 SSI recipients might enroll in CalFresh, SNB, and TNB.<sup>c</sup> As of June 2021, 577,930 SSI recipients were receiving benefits via CalFresh, SNB, and TNB, representing nearly half (49%) of all SSI recipients in the state. The vast majority of applications from households with SSI recipients were approved.<sup>4,d</sup>

It is worth noting that Los Angeles County had higher enrollment than many other counties, which skews the overall statewide enrollment rates upward. Excluding Los Angeles County, the statewide enrollment rate was 46%.

**CalFresh benefits to SSI recipients reach >\$50 million per month**

As of June 2021, monthly CalFresh benefits for households with at least one SSI recipient exceeded \$50 million per month, or more than \$604 million annually. This is even more impressive when we consider that every dollar in new CalFresh benefits increases economic activity by about \$1.54 during a weak economy,<sup>5</sup> making the economic benefit of the expansion of CalFresh to SSI recipients nearly \$931 million.<sup>6</sup> When we consider COVID-19 Emergency Allotments that were authorized by

## Actual Enrollments Significantly Exceeded Projections



**"It was a big sense of inclusion for a lot of folks, especially because they have been excluded for so long. A barrier was lifted and they are now able to eat."**

*—Marcela Marquez, Maternal and Child Health Access*

<sup>c</sup> See a more detailed explanation of CDSS' initial estimates in the Appendix C

<sup>d</sup> As of August 2021, 632,759 new applications had been approved with at least some SSI participants, and the vast majority of those applications were approved (87%).

the Families First Coronavirus Response Act the impact is even higher.<sup>7</sup>

### State “hold harmless” programs maintained benefits for many, at first

One important piece of making the expansion of CalFresh benefits to SSI recipients possible was the State’s commitment to create a mechanism to “hold harmless” households that might be *negatively* affected by the policy change, which could happen when SSI recipients lived in households with non-SSI recipients who were already enrolled in CalFresh. Adding the SSI recipient, along with their income, could sometimes result in a decrease in CalFresh benefits for the household or even ineligibility. The

Supplemental Nutrition Benefit and Transitional Nutrition Benefit programs were designed to protect against that harm: SNB supplemented benefits when new benefit levels were lower, TNB replaced benefits for households that became ineligible.<sup>8</sup>

Combined SNB and TNB enrollments peaked in December 2019,<sup>e</sup> at 51,858 households.<sup>f</sup> While these figures are lower than initial projections from CDSS, it is worth noting that making projections for this population was incredibly difficult to do due to limited data. Enrolled households included 60,388 SSI recipients and 167,957 total aided household members.<sup>9</sup> Monthly benefits to those households during that peak month was over \$6.3 million.

Table 1: SNB & TNB Projections vs. Actual Enrollment & Benefits in Peak Months

	CDSS Estimates <sup>10</sup> (Households)	Peak Month	Households Enrolled	SSI Recipients Enrolled	All Aided HH Members	Monthly TNB/SNB Benefits	Monthly economic impact
TNB	7,100	1/2020	8,559	13,263	20,542	\$1.5 M	\$2.3 M
SNB	73,200	12/2019	43,498	47,848	147,893	\$4.8 M	\$7.2 M
Total	80,300		52,057	61,111	163,435	\$6.3 M <sup>9</sup>	\$9.5 M

<sup>e</sup> Peak enrollment for TNB, individually, was in January 2020, only slightly higher than December 2020.

<sup>f</sup> At the time of the writing of this report, CDSS estimated that there were only about 30 people who might be eligible for TNB or SNB benefits but had not

yet had the opportunity to do so. These people would all be in Elderly Simplified Application Project (ESAP) households with extended certification periods.

<sup>9</sup> Combined maximum - December 2019.

# AN EFFECTIVE STATE PLANNING PROCESS

Across all stakeholder interviews,<sup>11</sup> we found broad consensus that the planning process for the expansion of CalFresh to SSI recipients was remarkable in its speed, inclusivity, and depth. The process engaged a diverse set of players, forging new partnerships to deliver consistent messages to potential applicants. CDSS, counties, and advocates worked together to operationalize new policy rapidly, while staying centered on accessibility.

## Multi-stakeholder, collaborative planning works

CDSS led a planning and roll-out process that engaged a diverse set of stakeholders in a truly collaborative way. State and county administrators conducted sprint after sprint on the policy guidance and technology

implementation work that was necessary to make the roll-out a reality. Focused stakeholder workgroups and regular update meetings were inclusive, providing opportunities for substantive input from myriad sources. Feedback was quickly incorporated into plans and materials. The sessions engaged more deeply with individual clients than is common in many State planning processes.

The multi-stakeholder engagement did not stop at the planning phase. Once roll-out began, CDSS continued to work closely with key stakeholders to rapidly identify and resolve operational issues. Advocates and direct service providers became a critical conduit of tailored information sharing; relationships

"The implementation of the expansion of CalFresh to SSI recipients in 2019 was a huge lift that would not have been successful without the collaboration of various stakeholders and community partners. We should all be proud of the work we did. It exceeded the initial projections and has helped thousands of SSI recipients receive the food benefits they need."

*—Kathy Yang, California Department of Social Services*

forged during early planning made that possible.

At the local level, the breadth and style of collaboration between county CalFresh leadership, other county departments, community-based organizations, and advocates varied.

Some counties created work groups with a diverse group of stakeholders to develop outreach strategies and comprehensive campaigns beyond those planned by the state, others did not have the capacity to do so.

**"County leaders partnered closely with the state on sprint after sprint to get the policy, technology, operations, and outreach pieces right for launch. They were ready to move fast so California could bring food to our communities' older adults and people with disabilities as soon as possible, after years of having had to turn them away."**

*—Kim McCoy Wade, California Department of Social Services*

**"What was really unique about [the CalFresh expansion to SSI recipients] was that everybody in the ecosystem was pointed to a singular goal."**

*—CalFresh Assister*

"We not only met our targets, but exceeded them. And we did it at a timeline that is virtually impossible in state service. It was compounded by the fact that it was multi-organizational. It was working across organizations with automation, with the stakeholder community. It really stands out as a highlight, I think for all of us to be able to implement something so successfully so quickly."

*—Brian Kaiser, California Department of Social Services*

"I think this was the best stakeholder process that we ever went through...and I think this is a story where there's not really a villain. By and large this was an extremely effective process. And the results speak for themselves."

*—Michael Herald, Western Center on Law & Poverty*

"The CalFresh expansion to SSI was an historic achievement...fulfilling the promise of this policy required an equally significant implementation effort. Key to the multi-stakeholder engagement behind the expansion was that it didn't end at implementation: the trust and structures built continued and allowed for rapid response to any issues that arose. It is a model for future implementation success."

*—Andrew Cheyne, Food Research & Action Center*



## Leveraging trusted partners

Given the long history of exclusion of from CalFresh, it was critically important to leverage SSI recipients' existing service connections as trusted messengers about this huge policy change. State and county CalFresh administrators rapidly built relationships with a whole new set of partners, encouraging them to step up, often without dedicated funding, to educate their clients and even support application processes. Leadership on this process at the state level meant, in theory, that outreach and assistance models could be developed once at the state level rather than independently by 58 separate county welfare agencies. Stakeholders interviewed for this report agreed that there was broad agreement during the planning process on the value of bringing together the formerly siloed worlds of service systems focused on older adults and people with disabilities, and CalFresh.

CDSS worked hard, largely successfully, to develop new relationships at the state and federal level. They built relationships with the Social Security Administration, the California Department of Aging, the California Department of Rehabilitation, and the California Department of Developmental Services.

The formal collaboration with the SSA was especially key to success. If a person at the SSA had only SSI benefits, an SSA technician could pursue their CalFresh application with them.

CDSS developed a script that ensured that technicians would accurately convey CalFresh information, and then used GetCalFresh.org to complete the application.

**"It was really important having SSA on board; it [took significant] back and forth with SSA to get that process finally approved and in place."**

**—Kathy Yang, California Department of Social Services**

**"The phrase I recall now, even to this day, is 'focusing on trusted partners.' If we were going to get people signed up, we had to work with the organizations and networks that SSI recipients already trusted and worked with."**

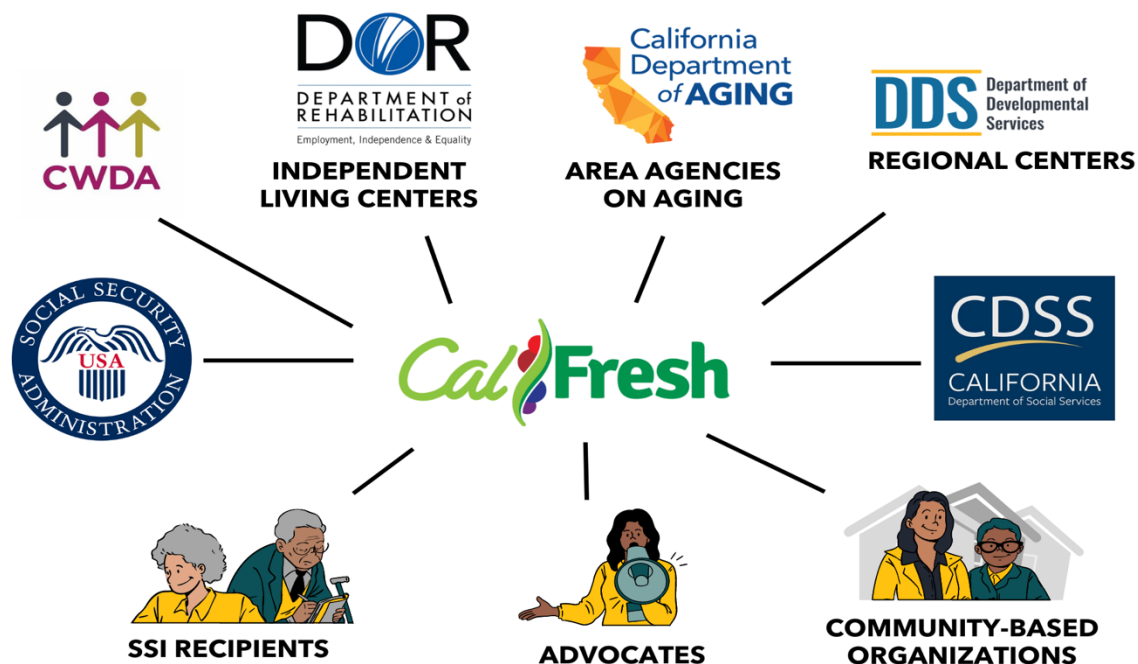
**—Michael Herald, Western Center on Law & Poverty**

CDA was another strong new partner. CDA's relationship with CalFresh is solidifying even more in recent years, leading to them becoming a prime outreach contractor starting in October 2022. CDA has contributed a significant piece of the budget for that work, which will provide \$2 million for outreach assistance services through Area Agencies on Aging annually statewide.<sup>h</sup>

CDSS supported preparation of various partners by providing a two-part training webinar series,<sup>12</sup> a role that the department had not historically filled. The training series reinforced consistent messaging on the policy change and provided clear guidance on technical policy questions. Community partners interviewed for this report praised these training sessions.

**"Part of [the] success of the rollout was making sure that everyone was on board; bringing in the individuals who are eligible, their providers, and the communities that are supporting them."**

*–Trinh Phan, Justice in Aging*



<sup>h</sup> \$1.13 million provided by CDA, the remainder is from federal resources.

“Trusted partners” are not always public or nonprofit service partners, of course. Many SSI recipients apply for CalFresh benefits with the help of their informal caregivers. As the change was rolling out, CDSS became increasingly aware of the need for materials for caregivers and developed them.<sup>13</sup>

The CalFresh application website, GetCalFresh.org also developed an application flow specifically for caregivers after discovering how common it was for people to receive help from someone else to apply.<sup>14</sup> It was used by approximately 22% of SSI recipients who utilized the platform.<sup>15</sup>

Efforts to coordinate statewide were not always completely successful. For example, Regional Centers had the potential to be a strong partnership, as the agencies that oversee the coordination and delivery of services for Californians with developmental disabilities. The Regional Centers enjoy significant local autonomy, however; DDS administrators did not provide strong leadership to persuade local Regional Centers to become active participants in the roll-out. As a result, some Regional Centers were very engaged, while others did very little. This was unfortunate, given that the SSI population served by Regional Centers was very likely to need additional assistance to navigate the CalFresh application process.

Coordination with the SSA was, at times, a challenge. Supporting a client through the CalFresh application process took extra time,

which made it hard to get some SSA technicians on board. Additional training may have helped those technicians to gain a better understanding of why their support was so essential to success. Federal partners struggled, at first, to engage with planning for new operations at a state and regional level, as their agency does not typically work that way.

Local collaboration between counties and community-based organizations varied as well. In San Francisco, San Francisco-Marin Food Bank staff recalled that “there was just so much organization and this concerted effort and willingness of everybody to do just what needed to be done to make sure that this was a successful effort.” In Los Angeles, community-based partners described a similar situation, but also experienced frustration when county outreach materials were not

**“That's one of the main reasons the rollout went so well, because everyone was providing consistent information. Everyone from the counties, to the providers, to the advocates, we were all saying the same thing.”**

**—Michael Herald, Western Center on Law & Poverty**

always coordinated with the local agencies to which they referred.

### Consistent messages

Early on, stakeholders identified the need for consistent, simple messaging that could be used across multiple platforms throughout the state. CDSS led the charge on this work, developing a two-part training that included shared messaging for use in the field, while still acknowledging that different communities would require different levels of explanation. Among other themes, many SSI recipients needed to feel confident that receiving CalFresh benefits would not reduce their SSI benefit amount before they would consider applying.

### A heightened focus on accessibility

Common application process issues are even harder for people with disabilities,<sup>16</sup> reducing program access for a population that experiences higher food insecurity rates. Older adults and people with disabilities that limit the activities of daily living report food insecurity rates more than twice as high, and very low food security rates nearly three times higher, as people without similar impairments.<sup>17</sup> COVID-19 can also be more dangerous for these populations.

The expansion of CalFresh to the SSI population created an opportunity to take a closer look at accessibility issues in the

**“There was a lot of really good collaboration and engagement with CDSS as well as with a broad partnership of stakeholders and advocates trying to work together to have consistent, accurate messaging. When we first started, we talked about it as ‘cash out’ and eventually shifted it to the CalFresh expansion, because we recognized that the language that we used was really not resonating with the target population.”**

**—Christiana Smith, California Welfare Directors Association**

CalFresh program at the state and local levels. CDSS embraced this opportunity, establishing much stronger relationships with statewide disability advocacy groups, as well as with CDSS’ own Deaf Access program, which continues to improve program delivery today. Training sessions addressed a wide variety of accessibility considerations (e.g. disability, language, LGBTQ access, etc.), few of which were unique to the SSI population. Counties were asked to create readiness plans, using a state-developed template, identifying how

their systems would handle various issues related to accessibility and other operational issues that were likely to arise with a surge of applications.<sup>18</sup> Disability advocates who participated in the state planning process raised a variety of issues that had not previously been central considerations for many counties.

"So they will process the application in [my] county over the phone, but you have to make a phone call and battle through. I basically have to blow half an afternoon doing it."

*—SSI Recipient from Focus Group*

Code for America, a non-profit that operates a statewide digital CalFresh application called GetCalFresh.org, also hired an external nonprofit, Knowbility, to complete an independent accessibility review for GetCalFresh during the planning process. The effort went beyond achieving basic accessibility compliance. Based on client feedback, Code for America revamped color schemes and significantly changed the look of GetCalFresh.org to improve accessibility for

people with visual impairments, among other functional improvements."<sup>19</sup>

Accessibility considerations were not limited to disability. SSA agents, surveyed in 2020, identified language barriers, technological literacy, fear of mistakes or issues, and access to the internet as potential reasons for the difficulty with the tool.<sup>i</sup> CDSS also focused significant attention on questions of language access as a part of the planning for the roll-out, specifically engaging with counties to assess their capacity to serve applicants in multiple languages.

Nonetheless, accessibility remains far from perfect. For example, focus group participants described numerous ways in which the accessibility of online systems, written materials, and other pieces of the application and renewal processes remains inadequate for people with visual impairments. While systems may have mechanisms for providing more accessible options, it is often a challenge to get them to work. For people with underlying health conditions, worries about COVID-19 continue to create barriers to service when phone systems cannot provide effective service. Effective phone-based mechanisms for client communication have always been identified as a priority by older adults and people with disabilities – COVID-19 has made that even more so.

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<sup>i</sup> From Code for America's summary of a 2020 survey of SSA Agents: *SSA Agent Experience Assisting SNAP Apps Online* (unpublished, provided by CDSS for this project).



## Outreach Investments

At the state level, CDSS dedicated \$10 million over two years to outreach related to the expansion. They developed an outreach campaign that included a direct mail postcard campaign to all SSI recipients in the state, public service announcements, and social media campaigns. The department also spread the word about the policy change through a broad variety of media outlets. Customizable outreach materials were provided for local use.

State-initiated mailings were very successful for immediate bumps in applications. Several SSI recipients in our focus groups said that they heard about the opportunity from a mailing. Counties saw immediate upticks in calls and applications in the days following the State mailing, but they were only done once due to the expense. Some counties with higher enrollment rates described using locally initiated mail campaigns (see Appendices D and E).

Of course, many people heard about the policy change through word of mouth, which was accelerated by county-level efforts to educate community service providers about the policy change and distribute information to their clients. In fact, some organizations found that outreach conducted by peers (older adults, for example) was especially successful, as it was an excellent way to build trust.

While outreach funding did support increased hands-on assistance, it seemed never to be

enough to meet the demand for that kind of help from SSI recipients and their caregivers. Brian Kaiser, of CDSS reflected, that “this was a group that had never, for the most part, been engaged with us because they had never been eligible. So there were a lot of questions.”

## Expansion of online tools

More than 60% of all applications from SSI recipients are submitted online.<sup>20</sup> CDSS worked with Code for America to expand GetCalFresh.org to statewide coverage as a part of the SSI CalFresh expansion, including a version that was used to accept applications at SSA offices. That SSI application experience was developed using human-centered, iterative design. Code for America conducted qualitative research with more than 100 SSI recipients across California to understand their experience. They also worked with organizational stakeholders. Regular review of performance metrics and client feedback loops improved the service throughout the expansion.

Leading up to the policy change, GetCalFresh.org launched a unique landing page to respond to common client questions that emerged before the roll-out. They collected email addresses and phone numbers in order to directly notify interested CalFresh applicants when it was time to apply. From this landing page, more than 10,000 people signed up to be notified and nearly 55% subsequently applied for benefits using GetCalFresh.org.

This GetCalFresh.org direct messaging effort was inexpensive to implement, proving that timely and specific reminders help clients access the assistance in a cost-effective manner.

GetCalFresh.org was also leveraged to reassure clients when application surges caused slower service. For example, during the first months of the roll-out, clients on GetCalFresh.org's live chat service expressed they were having difficulties reaching caseworkers and referenced long call center wait times. GetCalFresh.org was able to reassure clients that the county received their application, and that counties were experiencing a higher-than-normal volume of applications."<sup>21</sup> Of course, expanded online and mobile-friendly access became even more important during COVID-19.

### The challenge of staffing for a surge

Unfortunately, the funding, hiring, and training structures to support surges of applications into CalFresh are often simply not flexible or responsive enough to respond to sudden spikes in application volume. These types of surges are not as rare as we might think; Counties have seen multiple surges in safety net program applications recently (e.g. the Affordable Care Act, the 2008 recession, and more recently, SSI expansion, and the pandemic).

For the SSI CalFresh expansion, counties used various strategies to improve efficiency and to

handle the surge. For example, increased cross-training of Medi-Cal workers, calling back retirees, increased training to support third-party verifications, specialized units to handle TNB and SNB applications, and more. But there is no getting around the fact that counties found the funding provided for staffing to be far less than what was needed to process the number of new applications. Depending on the way that surge staffing is handled, it can sometimes require short term local budget investments that boards of supervisors may or may not embrace without absolute certainty that it will be recouped.

**"The funding provided for staffing was not commensurate with the number of new applications and recipients that [counties] ended up receiving and finding eligible as a result of the [policy] change."**

**—Cathy Senderling, California Welfare Directors Association**

### Automation successes and challenges

Getting the automated systems ready to handle SSI recipients was a sprint to the finish.

In the month leading up to roll-out, it was possible for applicants to submit information that would be held until the June 1, 2019 roll-out date. While this was helpful to applicants, it was administratively difficult for counties to manage effectively.

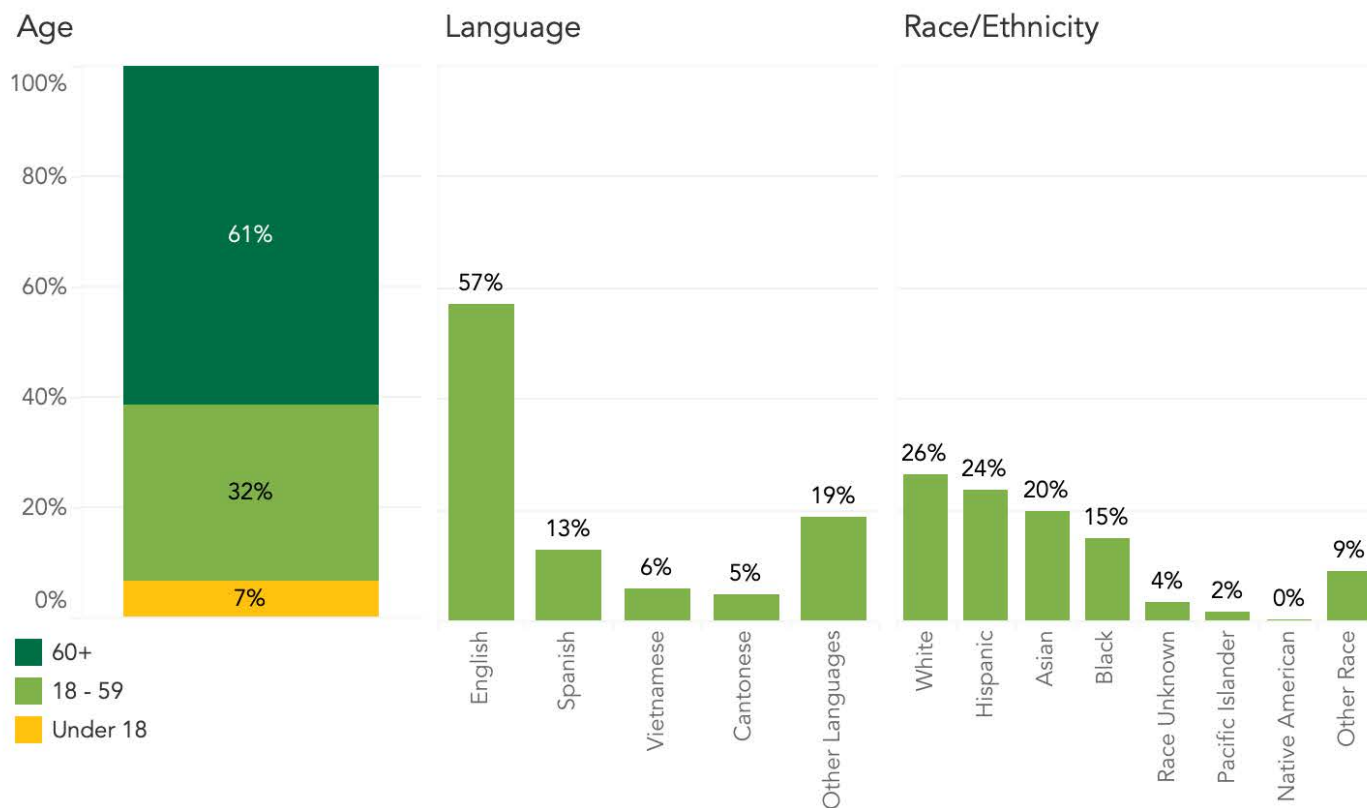
Testing and maintenance in the automated systems was, unfortunately, not coordinated to prevent major hiccups. For example, in the early days of the roll-out, the surge of applications overwhelmed the automated systems and, at one point, routinely scheduled system maintenance actually prevented SSI recipients from applying for an entire morning.

# WHO ENROLLED? WHAT DID THEY GET?

This section provides a summary of the demographics and household characteristics of SSI recipients who enrolled in CalFresh, SNB, and TNB, as of June 2021. We describe age, language, race and ethnicity, household size, benefit levels, and common deductions.<sup>j</sup>

## Profile of SSI Recipients on CalFresh

Source: California Department of Social Services, CDSS MEDS Extract (June 2021).



## Demographics

Most SSI recipients (61%) who enrolled in CalFresh are older adults age 60 or older. Children under 18 make up the smallest group of people who enrolled (7%).

Approximately one quarter of enrollees are White, and another 24% are Hispanic. Compared to all CalFresh participants, SSI recipients are much more likely to be Asian (20% for SSI recipients vs. 7% for all CalFresh participants) and much less likely to be Hispanic<sup>k</sup> (24% vs. 42%).<sup>22</sup> By far the largest

<sup>j</sup> Race/ethnicity and language breakdowns include TNB clients. TNB age breakdowns were not available.

<sup>k</sup> While many people prefer the terms Latino/a/x to Hispanic, all of the data sets used for this report use the term Hispanic. For consistency with the source material.

group of enrollees by written language are English speakers (57%).<sup>l</sup>

An analysis of the enrollment rates of each demographic group is included in the next section of this report.

## Household Sizes & Benefit Levels

### *Households are small*

Not surprisingly, SSI households on CalFresh benefits are relatively small: 1.3 people per household<sup>23</sup> compared to 1.8 people per household for all CalFresh households. In fact, as of August 2021, 89% of all CalFresh households with only SSI recipients enrolled were one-person households.<sup>24</sup> SNB and TNB households both had an average household size of 3.1 people total, but SNB households had fewer SSI persons per household (1.1) than did TNB households (1.7).

### *Higher benefit levels than had been anticipated*

SSI recipients on CalFresh do receive lower benefits amounts, on average, compared to the overall caseload (\$114/household vs. \$216/household). This difference remains even when you take into consideration the smaller household sizes: \$88/person vs. \$120/person for the whole caseload. It is worth noting that

per person benefit levels were much lower for larger households.<sup>25</sup>

A common concern among potential SSI applicants was that they would receive only the minimum benefit, and some described feeling uncertain about whether applying would be worth the effort.<sup>m</sup> An average benefit of \$88/person is certainly higher than what many people feared they might receive. Benefit levels are higher now; CDSS' internal analysis estimates that the US Department of Agriculture's updates to the Thrift Food Plan increased monthly benefits for CalFresh recipients by approximately 22.7% in October 2021. It is worth noting that increases in SSI and SSP grant levels over the last few years do result in decreased baseline CalFresh benefits, as they are counted as increased unearned income. A back of the envelope calculation suggest that those decreases will not systematically be enough to off-set the benefits of those increases. See Appendix C for more detail on these estimates.

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<sup>l</sup> In some cases, demographic groups are small enough to require CDSS to mask the data. In those instances, masked numbers are treated as zeros for the purposes of this analysis.

<sup>m</sup> An analysis of GetCalFresh.org applicants found that fewer than 20% of SSI recipients reported receiving less

than \$30 a month in CalFresh benefits in follow-up surveys. Code for America, *CalFresh SSI Expansion: Digital Outreach and Application Assistance* (January 2020).



"Well, prior to COVID it probably wasn't [worth it]. When COVID hit, we ended up with a lot, like several hundred dollars worth of resources. But if COVID hadn't happened for a while, I was wondering whether it was even worth going [...] there and spending 45 minutes to two hours to fill the whole thing out."

*–SSI Recipient from Focus Group*

"The Emergency Allotments are really important to me. I use them to equal out my budget. So, the pandemic was, in one way, a positive for me because those Emergency Allotments helped me feed myself. I was able to eat healthier."

*– SSI Recipient from Focus Group*

"I have food sensitivities and all kinds of allergies, so it's really hard for me. I have to eat pretty much a specialized diet, but I was having to try to make junk food work for me and it wasn't working too well. And so this has been awesome to be able to get fresh produce - stuff that I normally couldn't buy very much of, to be honest. Well, it gives me more energy. [H]onestly, if I don't eat enough decent food during the day, I feel terrible. I hope they can somehow continue that."

*–SSI Recipient from Focus Group*

It is hard to overstate the value of increased Emergency Allotments during COVID-19 to people who were otherwise only eligible for relatively low monthly benefits. Other sources of additional resources (income from temporary work, for example) are undercut by a corresponding loss in public benefits.<sup>n</sup> Some people who initially received very low benefits described thinking carefully about whether it would be worth bothering to maintain them. But those feelings changed with the COVID-19 Emergency Allotments, which were approximately \$82 per person monthly.<sup>26</sup> Higher allotments motivated some people to take the effort to enroll, reassured that they could be confident that they would, at least temporarily, receive a higher benefit.

While some people who initially chose not to bother enrolling for fear of low allotments may have heard about pandemic increases and subsequently enrolled, surely many others did not.

Interestingly, no one in the focus group mentioned using Market Match at farmer's markets to increase the value of their benefits. It is possible that the program may be more difficult for people with certain disabilities to use, as it requires navigating more crowded settings without provided carts. It is unfortunate that the population that has lower benefits levels, on average, is more likely to have functional impairments that create

barriers to accessing the mechanisms that can increase them.

### Common deductions<sup>27</sup>

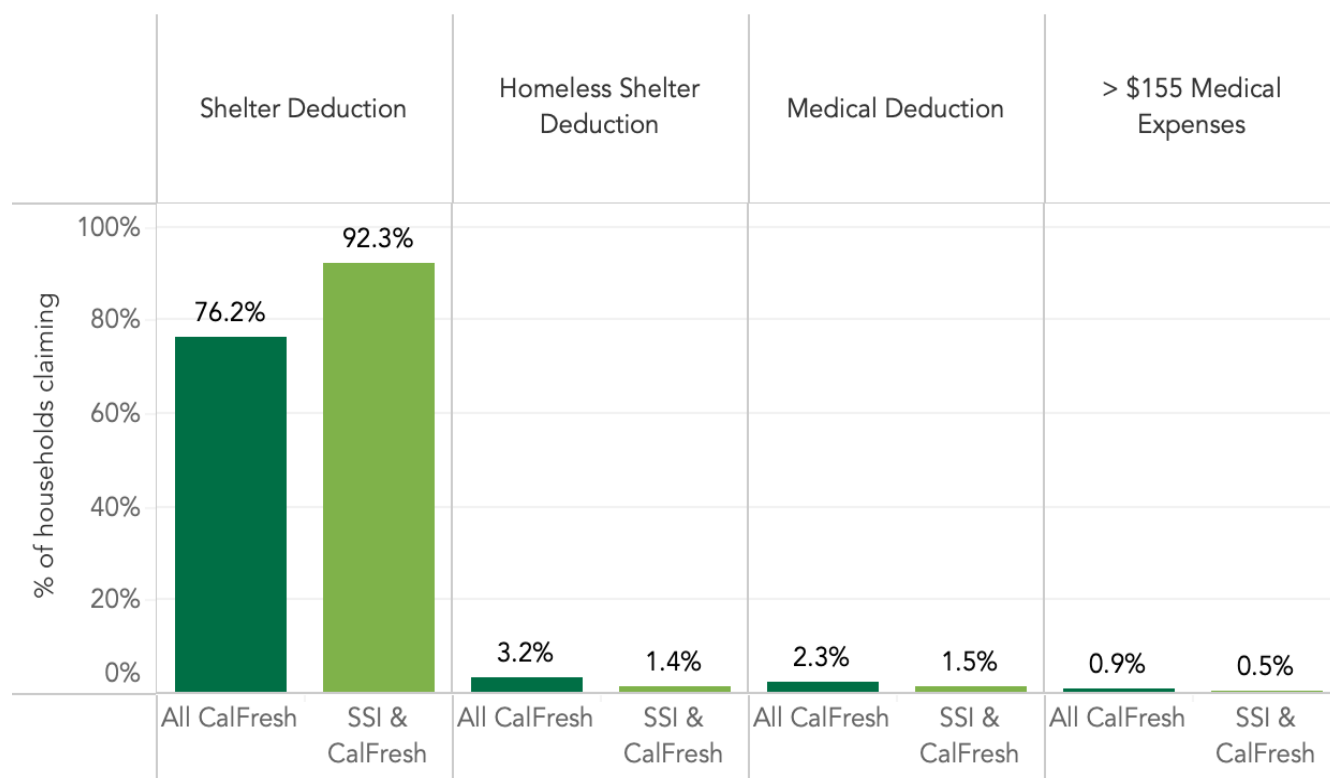
CalFresh applicants are allowed to deduct certain expenses, with some limitations, from the income that will be considered during their eligibility determination. We were able to analyze the frequency with which SSI applicants claimed certain deductions based on a snapshot of August 2020 households.<sup>28</sup> While it would have been helpful to compare those rates to the rates at which other older adults or disabled households claimed these deductions, that data was not available. Instead, we compared them to the rates at which those deductions were claimed by all CalFresh households.

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<sup>n</sup> For example, reductions in SSI payment, reduced CalFresh allotment, increased rent that is calculated

based on income, etc. SSI Recipient Focus Group, conducted by Diana Jensen, April 26, 2022.

## CalFresh Households Claiming Shelter & Medical Deductions



### Nearly all SSI recipient households claimed shelter deductions.

SSI recipient households are much more likely to claim the shelter deduction<sup>o,29</sup> as compared to all CalFresh households: 92% vs. 76%. It is worth noting that a policy change in 2019<sup>30</sup> allowed for CalFresh applicants to self-attest to shelter expenses, making it much easier for people to receive that deduction. All SSI recipient applicants would have applied with that process in place, which may account for some of the difference.

They also have somewhat higher reported shelter expenses, on average: \$639 vs. \$611. This is not surprising given that shelter

expenses are uncapped for households with an older or disabled member. SSI recipient households are less likely to claim the homeless shelter deduction as compared to all CalFresh households (1% vs. 3%).

### Medical deductions were rare, but that's the norm nationwide.

Very few households claim the standard medical deduction, regardless of SSI status. SSI households are even less likely to claim it (1.5% vs. 2.3% for all CalFresh households). Nationally, rates are similar, with 1.8% of SNAP SSI recipients claiming the medical deduction.<sup>31</sup> Almost no one documents more than \$155 per month of medical expenses.<sup>p</sup>

<sup>o</sup> This reflects the overall shelter deduction, not the excess shelter deduction.

<sup>p</sup> 0.5% of SSI households do, 0.9% of all households.

This may be because the Medi-Cal services that are linked to the SSI program do not include a share of cost. Curiously, a much higher proportion of SSI recipient households who apply for CalFresh through GetCalFresh.org report having more than \$35 in unreimbursed medical expenses (nearly 24%), but only one in 10 of those applicants subsequently submits verifications through GetCalFresh.org systems.<sup>32</sup>

It is worth noting that the topic of medical deductions came up frequently in stakeholder interviews for this report. There seems to be a perception that maximizing medical deductions for as many people as possible was essential. While it does occasionally boost benefits, it seems that it may be a good idea to tailor those messages. For example, focusing on unreimbursed, high-cost items (e.g., incontinence supplies for people who are not able to get them via a Medi-Cal reimbursable mechanism), transportation costs for people in non-urban locations, or service animal expenses.

# THE ROAD TO FULL ENROLLMENT

California's enrollment is still far from the national average.

While the initial roll-out of CalFresh to SSI recipients did significantly exceed projections, there is still a long way to go to get to full enrollment. It is worth noting that the timing of the COVID-19 pandemic created a major disruption to outreach efforts less than a year into the policy change. Every player in the ecosystem shifted attention, toward pandemic response. Meanwhile, hunger skyrocketed, service locations including county and SSA offices, and it became dangerous for SSI recipients to engage in any in-person service navigation. While many phone and online systems have improved as a result, the focus has yet to shift back to achieving the full promise of CalFresh expansion to SSI recipients.

Nationally, excluding California, 68% of all SSI recipients are enrolled in SNAP.<sup>q33</sup> This might reasonably be considered a long-term enrollment rate target in California. This is far lower, even, than the target that the US Department of Agriculture set for overall SNAP enrollment, (82%).<sup>34</sup> Reaching even a 68% enrollment target rate would require enrolling nearly 220,000 additional SSI recipients. If those

enrollees had similar benefit levels to what SSI recipients have received to date, enrolling these additional participants would amount to more than \$278.8 million in CalFresh benefits annually, generating more than \$429 million in economic impact.<sup>r</sup> Considered another way, every one percentage point increase in statewide enrollment rates for SSI recipients is equal to nearly \$15 million in new benefits and \$22.9 million in economic impact annually.

**Enrollment across key target populations is not currently equitable.**

We reviewed enrollment rates across several key target populations, based on data availability. See the chart on the next page.

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<sup>q</sup> Rate calculated for this report by the Center for Budget and Policy Priorities.

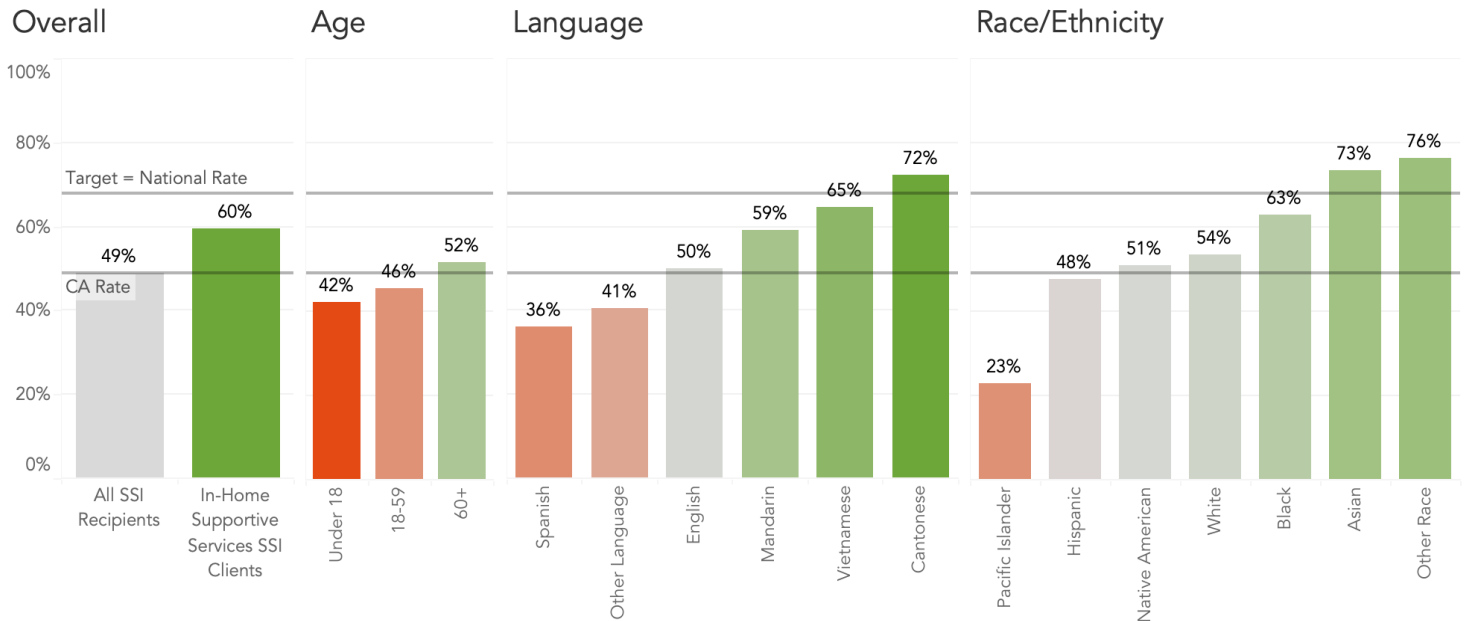
<sup>r</sup> Projected impact estimates calculated: (# estimated new participants) x (\$88/month per

person based on August 2020 benefit levels) x (12 months) x (1.227 to reflect 22.7% increased benefits as of October 2021 from Thrifty Food Plan update).



## CalFresh Enrollment Rates of SSI Recipients | Statewide Overall and by Key Population

**49%**  
of all SSI recipients enrolled



Enrollment rates include CalFresh, SNB, and TNB, with the exception of age rates for which TNB enrollment was not available. Sources: California Department of Social Services, *CDSS MEDS Extract* (June 2021) for CalFresh and SNB, and *CalFresh Data Dashboard* (January 2022) for June 2021 TNB.

## **Younger adults with disabilities and children have relatively low enrollment.**

Older SSI recipients, age 60+, have the highest enrollment rates (52%). Rates among children are lowest (42%), but the population is small. Younger adults with disabilities make up the largest group of under-enrolled SSI recipients, by age. Increasing their enrollment to the state rate would add approximately 13,000 new enrollees statewide.<sup>5</sup>

## **Spanish speakers have the lowest enrollment rate, despite efforts to target them.**

English and Spanish are by far the most common written languages<sup>†</sup> among SSI recipient households (56% and 17%, respectively).<sup>35</sup> People from households with a Spanish-speaking householder have the lowest CalFresh enrollment rates across all languages, while English-speaking households are enrolled at close to the overall state rate. The highest enrollment rates are among Russian, Cambodian, and Vietnamese-speaking households.<sup>‡</sup> GetCalFresh.org expanded language access to Cantonese and Mandarin during the SSI expansion; that version received high satisfaction ratings from applicants who used it.<sup>36</sup> Increasing enrollment rates of

Spanish speakers to the state rate would add approximately 26,500 new enrollees statewide. CDSS' initial outreach mailer was, in fact, bilingual in English and Spanish. Unfortunately, the timing of the roll-out coincided with perhaps the height of community fears related to public charge.<sup>37</sup> Low enrollment rates for Spanish speakers is especially troubling given research that shows that Hispanic older adults, at least nationally, report food insecurity at over twice the rate of non-Hispanic older adults.<sup>38</sup> Unfortunately, relatively low enrollment among Spanish speakers and many other limited English speakers was an issue that already plagued the CalFresh program before the SSI expansion.<sup>39</sup>

It is difficult to identify under-enrolled populations by race and ethnicity because so many SSI recipients do not report this information. The highest enrollment rates for SSI recipients, by race, were among people who reported their race as "Other" (76% enrolled), a relatively small group representing less than one out of every 10 CalFresh-enrolled SSI recipients. We also found higher than average enrollment rates among Asian (73%), Black (63%), White (53%), and Native American (51%) SSI recipients. Hispanic SSI recipients had relatively low enrollment (47%),

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<sup>5</sup> TNB data was not available by age. This means that estimates in enrollment gaps for age groups are based on comparisons between the age group enrollment rates in CalFresh/SNB to the enrollment of all SSI recipients in CalFresh/SNB.

<sup>†</sup> Languages are based on written language for the householder.

<sup>‡</sup> Some language breakdowns were only provided for larger counties, however: Alameda, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, and Santa Clara. In smaller counties, the number of people in these households was small enough to require data masking according to CDSS data de-identification guidelines.

but not nearly as low as “Race Unknown” (11%) and Pacific Islanders (23%). The largest groups of unenrolled SSI recipients in absolute numbers, statewide, were Race Unknown, Hispanic, and White. It seems likely that some reasonable share of the people reporting race as unknown may be Spanish speakers, as many Latinx communities describe feeling confusion over how to respond to race and ethnicity options that do not align well with their sense of identity.

### **In-Home Supportive Services clients have high enrollment, but not in every county.**

More than one-third of all SSI recipients statewide (36%) are also enrolled in IHSS, California’s Medi-Cal-funded home care program. Statewide, and in nearly all individual counties, enrollment rates for SSI recipients who are also enrolled in the IHSS program is higher than overall SSI enrollment rates (60% vs. 49% statewide). Increasing enrollment of IHSS SSI recipients to the national SSI enrollment rate would add more than 35,000 new participants.

Table 2. Estimated Impact of Increasing Enrollment of SSI Recipient Populations

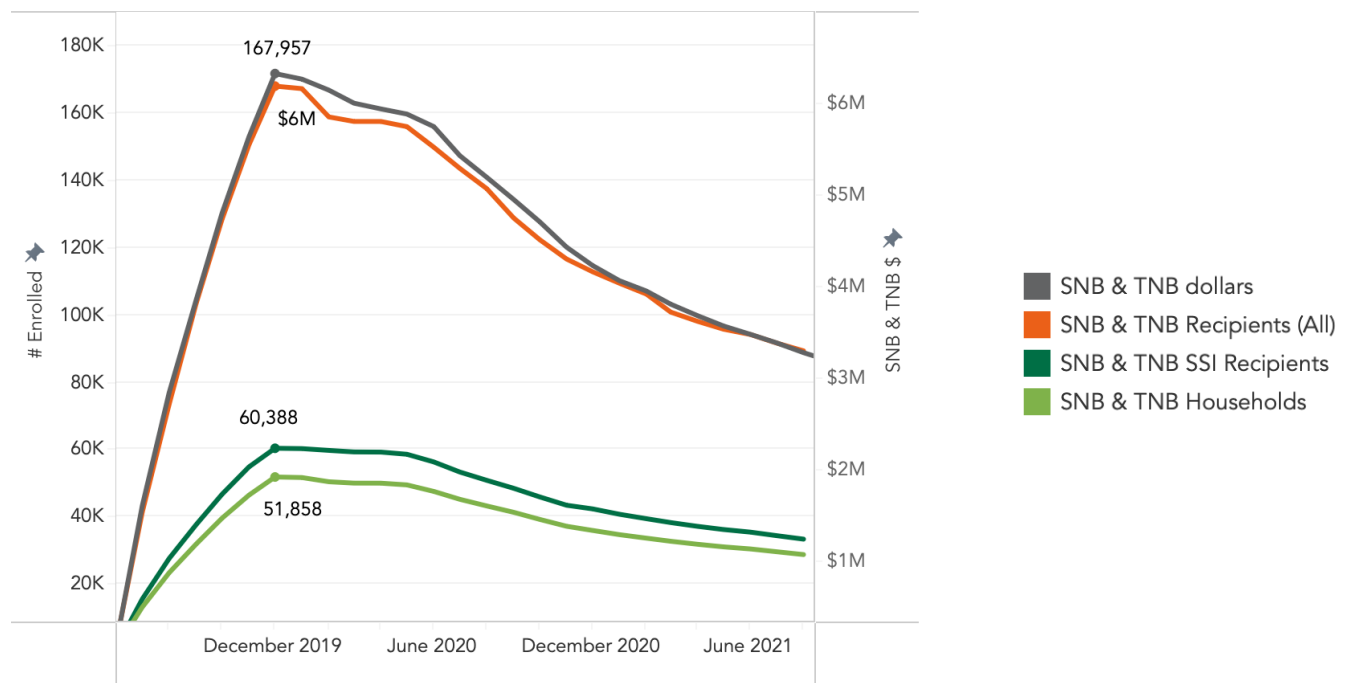
Increase enrollment...	to the state rate (49%)			to the national rate (68%)		
	New people enrolled	Annual benefits (millions)	Annual economic impact (millions)	New people enrolled	Annual benefits (millions)	Annual economic impact (millions)
Adults with disabilities (age 18-59)	13,000	\$16.9	\$25.5	90,470	\$114.6	\$176.5
Spanish-speakers	26,500	\$33.6	\$51.8	65,570	\$83.1	\$127.9
IHSS SSI recipients				35,300	\$44.8	\$69.0
CA SSI recipients (overall)				220,000	\$278.8	\$429.3
All figures are approximate, based on statewide aggregate enrollment rates as of June 2021. These are not mutually exclusive groups.						

The “hold harmless” promise was short-lived for nearly 80,000 people.

Unfortunately, SNB and TNB program enrollment has rapidly eroded. Enrollment for both programs flattened out after approximately six months, reflecting the timing when most households would have had their opportunity to enroll.<sup>v</sup> It then declined steadily following the one-year mark. Program design that precluded re-enrollment if a household did not stay consistently enrolled eroded

benefits to these households by approximately 50% as of September 2021. The timing of this decline aligns with the months during which program participants would have had their first regular reports due to their local county, suggesting that erosion in program reach for these programs is due to administrative burden of mid-period reporting. Unfortunately, once TNB and SNB households are discontinued from the program, they are not entitled to re-enrollment.

### SNB & TNB peaked in December 2019



This erosion of enrollment has amounted to more than 27,000 SSI recipients falling off benefits, unable to re-enroll, and another 50,000 non-SSI household members who may or may not have re-enrolled in CalFresh but are

no longer connected to the “hold harmless” portion of their benefits. For TNB households, more than 11,600 people (8,300 SSI recipients and 3,330 other aided household members) had lost TNB benefits as of August 2021

<sup>v</sup> Many households would have their opportunity to enroll in TNB or SNB at a six month reporting period.

For ESAP households the opportunity would come at the one year mark.

compared to peak enrollment. Another nearly 67,400 participants have disenrolled from SNB since peak enrollment (approximately 19,300 SSI recipients and more than 48,000 others).

SNB households could re-enroll in CalFresh after dropping off, though the baseline benefit level would be lower unless something else had changed in the household given that the SSI income would be taken into consideration in eligibility determination. Unemployment insurance payments, which were especially high during the pandemic, may have also pushed some SNB households temporarily over the income threshold for CalFresh, disconnecting those households from SNB. Curiously, pandemic Emergency Allotments may mask the experience of lost benefits for the time being for many households. For TNB households with no significant change in circumstances from the time of their initial TNB enrollment, CalFresh eligibility would be out of reach.<sup>w</sup>

Total benefits have eroded to approximately a third of the high-water mark for TNB and to 56% of the peak for SNB. These overall levels will show increases in October 2021 due to the recent increases in TNB and SNB benefit amounts per household, but they do not represent any growth in the number of households served.<sup>40</sup>

By language, the largest groups of TNB and SNB households are English and Spanish speakers (written language, head of household). Spanish speakers were slightly more likely to drop off the program than English speakers (50% drop off between December 2019 and August 2021 for Spanish speakers as compared to 45% for English speakers).

Unfortunately, overall CalFresh discontinuance rates seem to have spiked in concert with the surges of the pandemic.<sup>41</sup> Waves of applications for benefits swamped the capacity of counties, especially when paired with staffing shortages. Surely this only served to exacerbate the issue for SNB and TNB households, as counties were not in a position to do additional outreach to ensure that they maintained connections to benefits.

Several new policies will be helpful to reduce program erosion and to provide increased benefit levels, but they do not restore the benefits that have already been lost. Households eligible for the TNB Program were initially certified for one 12-month period. Eligible households were then recertified for additional six-month periods. If a household lost TNB eligibility for failure to provide the documentation or information required to determine continuing eligibility, TNB eligibility could be restored if all documentation and

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<sup>w</sup> There may be some households that experienced a change in household composition that resulted in becoming newly eligible for traditional CalFresh. Others

may have had lost TNB benefits but also experienced an increase in income and no longer be eligible for benefits.



information required to determine continuing eligibility was provided within 30 days of the discontinuance. AB 135<sup>42</sup> extends the TNB Program recertification period to 12 months and increases the TNB restoration period to 90 days. Until this policy change can be automated, TNB restorations have been

paused altogether as of November 2021.<sup>43</sup> Additionally, households where all members are either older adults (age 60 or older) and/or disabled with no earned income, regardless of SSI status, are no longer required to submit periodic reports at 12 and 24 months, as of March 1, 2022.<sup>44</sup>

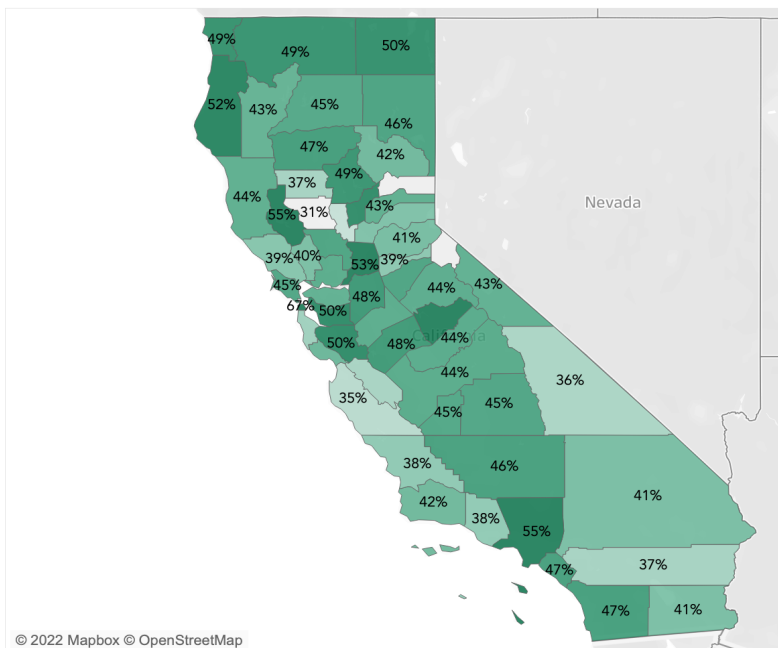
## Some counties had much higher enrollment rates than others

Given that CalFresh is administered by the counties in California, it is useful to consider county-level differences in enrollment rates, which were fairly varied.

San Francisco County had by far the highest enrollment rate (67%), followed by Los Angeles County (55%).<sup>x</sup>

### SSI CalFresh Enrollment Rate

(June 2021)



### Top 10 County Enrollment Rates

San Francisco  
Los Angeles  
Lake  
Sacramento  
Mariposa  
Humboldt  
Alameda  
Santa Clara  
Yuba  
Modoc

On the chart on the next page, we can see how county enrollment rates compare to the initial projections, average statewide enrollment rate, and national enrollment rate. Counties are grouped based on the overall size of their SSI population. Many counties exceeded the initial CDSS

enrollment projections. Some quite large counties had low enrollment rates (e.g. San Bernardino and Riverside), even those with who have historically had high enrollment rates as measured by the Program Reach Index (PRI),<sup>45</sup> a measure of overall CalFresh enrollment.<sup>y</sup>

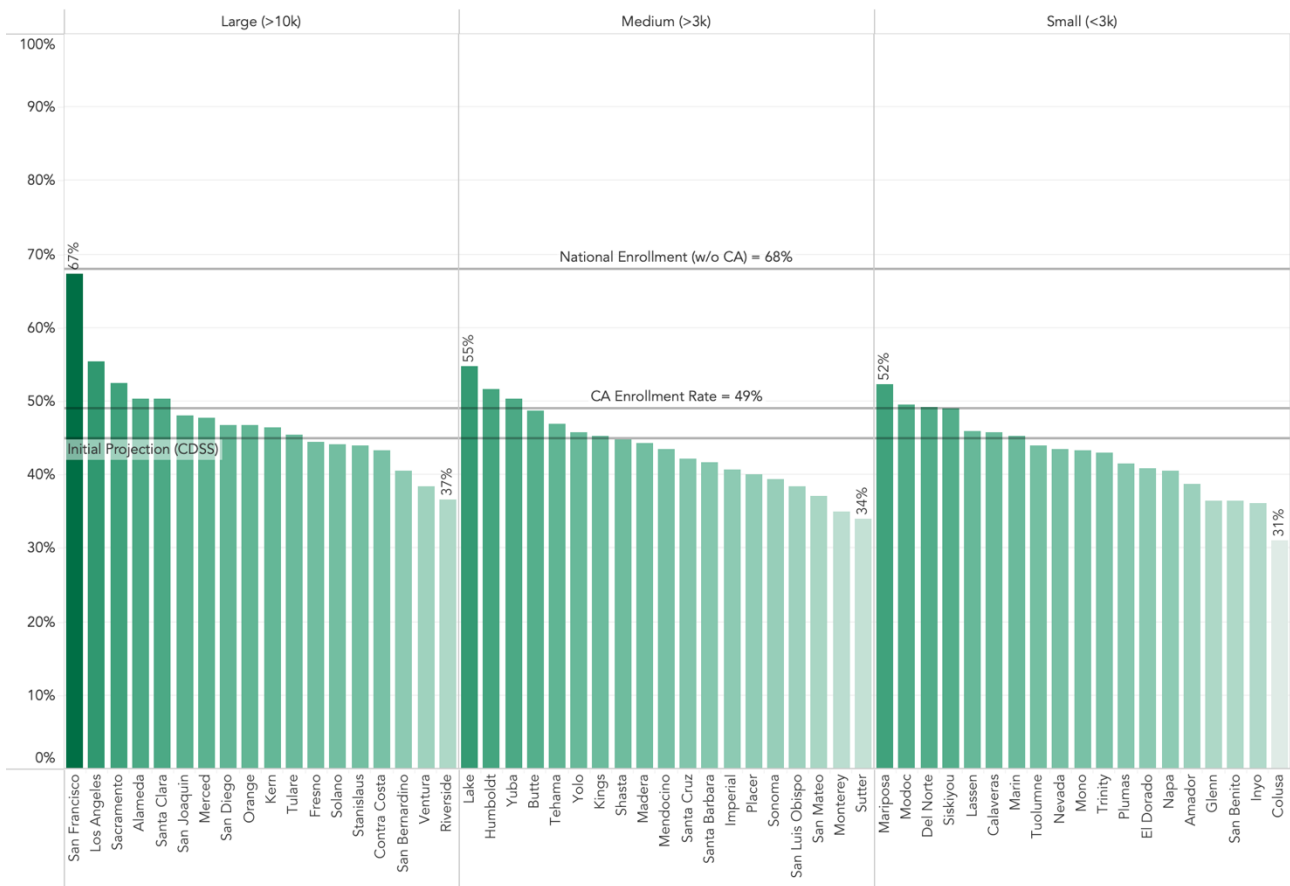
<sup>x</sup> See Appendices D and E for more detail on their roll-out campaigns

<sup>y</sup> See Appendix F for a chart that shows the number of SSI recipients that would need to be enrolled in

each county in order to reach the national enrollment of 68%, and a chart comparing SSI enrollment rate to Program Reach Index.

## SSI CalFresh Enrollment Rate by County

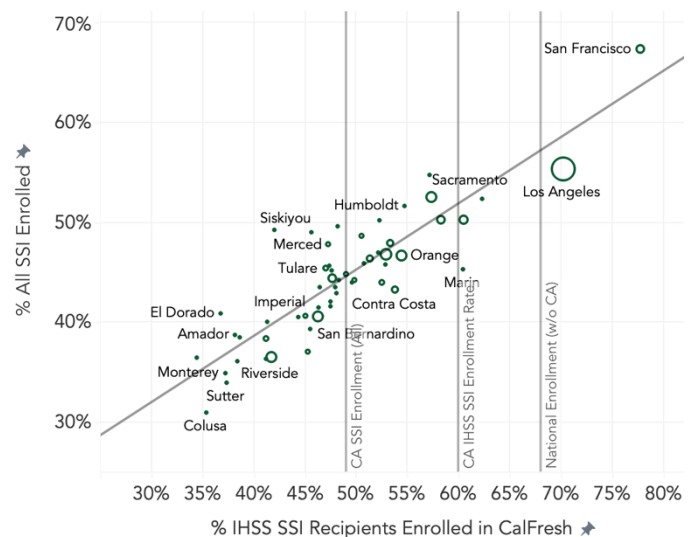
Source: California Department of Social Services, CDSS MEDS Extract (June 2021). Sierra and Alpine Counties excluded due to small numbers.



Curiously, enrollment of SSI recipients into CalFresh, SNB, and/or TNB seems to have little relationship to a county's PRI. Nor did very high local costs of living deter enrollment in many counties, despite the inadequacy of CalFresh benefits to keep up with food costs. Average benefit amounts per person did not correlate in any notable way with enrollment rates.

Overall enrollment rates of SSI recipients were highly correlated with the enrollment rate of SSI IHSS recipients. Additional efforts to increase enrollment among IHSS recipients

**CalFresh enrollment rates for all SSI recipients was higher in counties where In-Home Supportive Services clients had high enrollment.**

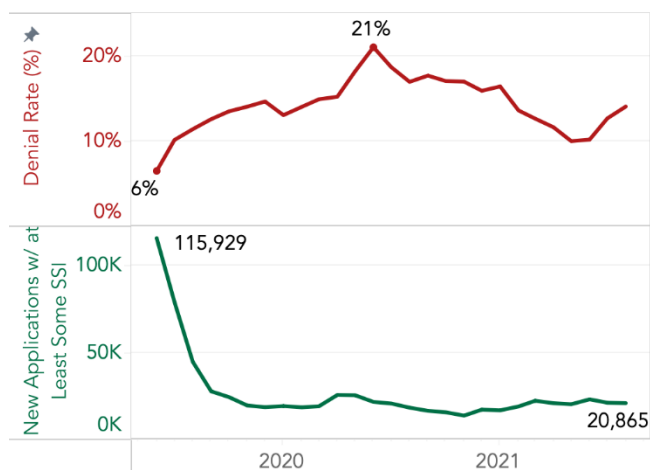


may be a valuable strategy for counties looking to increase enrollment rates.

### Some applicants may have been denied unnecessarily.

Overall, denial rates for applications with any SSI recipient have been low, but they have varied over time. Denials peaked during the early months of the pandemic, when counties were inundated with applications following waves of job losses.

Denial Rate vs. SSI Application Volume



Denial rates were notably higher in the counties that used the C-IV eligibility

database system and in Los Angeles County than they were in counties that used the CalWIN database system. It appears that the difference in denial rates may be due to the likelihood that an applicant would be denied because of procedural reasons (e.g., missed interview, missing verifications, etc.). Denied applications in C-IV counties were very likely to be denied for these reasons, while CalWIN applications were not. But enrollment rates were similar in the end; it is possible that more SSI recipients *reapplied* following an initial procedural denial in C-IV counties. Unfortunately, higher procedural denials can be detrimental to community impressions of the program, risking suppression of future enrollments.

See more charts that illustrate these findings, along with additional analysis notes on this issue and related discontinuance trends that occur at mid-period reporting in Appendix G.

# CONCLUSION & RECOMMENDATIONS

Realizing the full promise of the expansion of CalFresh benefits to SSI recipients will require dedicated efforts in outreach, policy refinement, and operational improvement. These recommendations are largely focused on areas that will need strong leadership from CDSS and the California legislature, in partnership with county administrators and advocates.

## 1. Invest in outreach that will bring CalFresh enrollment rate for SSI recipients in line with national rates.

Excluding California, 68% of the nation's SSI recipients are enrolled in SNAP. While California has made great progress enrolling nearly half of the state's SSI recipients in CalFresh, it is reasonable to consider 68% to be an achievable long-term target. Reaching this rate will require a concerted effort and associated investments. Given that enrollment in SNAP has been demonstrated to reduce healthcare expenditures,<sup>46</sup> outreach investments may be quickly balanced out by those savings in the state budget.<sup>47</sup>

### *a. Invest in outreach to increase CalFresh enrollment of IHSS recipients in places where their enrollment is relatively low. Provide technical assistance to counties, as needed.*

While CalFresh and IHSS are both administered at the county level, it is important to consider opportunities to pair county-level CalFresh eligibility determination with state approaches to outreach and application assistance. For example, data matches between IHSS' CMIPS II dataset and MEDS could efficiently identify unenrolled participants. Outreach mailings, and even follow-up calls or application assistance could theoretically be handled through a state-level approach, sharing workload with counties that would process additional applications. Any such effort would need to be closely coordinated with affected counties.

Examples of strategies employed by counties with the highest IHSS recipient<sup>z</sup> enrollment rates:

- Mailing letters to IHSS providers explaining new eligibility opportunities and encouraging enrollment of IHSS clients
- Providing general CalFresh program training to IHSS social workers
- Including CalFresh outreach conversations as a part of regular IHSS intake and assessment visits
- Connect interested applicants with support
- Follow-up phone calls to provide application assistance
- Promoting CalFresh on IHSS phone lines

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<sup>z</sup> See Appendix D and E for details.

***b. Increase state outreach investments to achieve CalFresh enrollment parity for under-enrolled SSI recipient populations.***

These investments should focus on proven CalFresh outreach strategies (e.g. mailings, broad-based PR campaigns, social media marketing, peer-to-peer outreach). Spanish-speaking SSI recipients and younger adults with disabilities are the largest such groups.

Some potential approaches might include:

- Leveraging the CDPH [Healthy Places Index](#) that was used to do geographically targeted vaccine outreach to older adults. A similar equity analysis could be used to identify areas where these populations are under-enrolled, and then pair that with extra outreach funding to target specific neighborhoods.
- Create a grant program model that rolls out targeted campaign options (e.g. mailings, PR campaign, application assistance funding) in areas that demonstrate a certain level of under-enrollment for key populations.
- Pair models with other related efforts (e.g. new CDA outreach contractors, the proposed California Food Assistance Program expansion to people of all ages regardless of immigration status).
- Providing refreshed lists of SSI recipients not enrolled in CalFresh, with relevant

contact information, for county outreach purposes.<sup>aa</sup>

***c. Develop a protocol for further streamlining the enrollment of new SSI recipients in CalFresh.***

As a first step, CDSS should work to evaluate the effectiveness of current strategies for enrolling new SSI recipients in CalFresh, both for SSI-only households through SSA offices and for mixed households elsewhere.

Suggestions for more streamlined protocols identified in interviews for this project included:

- Mailing an EBT card to newly enrolled SSI, with simple instructions for activating it.
- Initiating a Combined Application Project in California (this would require the Food and Nutrition Service and the Social Security Administration to re-establish the opportunity for states to do such projects).

***d. Incorporate enrollment rates into the CalFresh Data Dashboard for the SSI population to track progress toward goals.***

CDSS has recently added a number of new data visualizations related to SSI program enrollment and application processing. But the dashboards do not currently include the data that would help the state and counties to easily track progress toward full enrollment overall, or

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<sup>aa</sup> CDSS provided lists during the initial roll-out, but they have not been updated.

for key populations. These rates would be most useful if they could be updated on a quarterly basis. The dashboards developed for this project could be used as a template: <https://cafoodbanks.org/calfresh-expansion-data>

## **2. Remove administrative burdens to CalFresh, TNB, and SNB program enrollment, and take steps to address the harm that they have caused.**

Procedural denials at initial enrollment and during reporting periods has resulted in many SSI recipients losing out on benefits for which they are eligible. The timing of the pandemic seems to have exacerbated this problem. Strategies for addressing this harm include:

- a. *Restore SNB and TNB benefits to cases where those benefits were discontinued during the pandemic.*
- b. *Conduct outreach to SSI applicants who were denied for procedural reasons and did not subsequently enroll, especially now while Emergency Allotments are still in place.*
- c. *Massively simplify recertification processes for SSI recipients to reduce procedural disenrollments (e.g. automate verification processes, defaulting to continued enrollment when SSI benefit amounts are unchanged, etc.).*
- d. *Further investigate geographic and/or consortia-level differences in denial rates and discontinuance rates to identify and resolve any issues that may create systematic barriers to program access.*

## **3. Increase CalFresh benefit levels so they are always worth the effort of applying.**

Higher benefit levels are especially important for people who have special dietary needs associated with underlying health conditions, which is common among people with disabilities and older adults. CalFresh recipients regularly describe the impact that higher Emergency Allotments have had on their health and well-being.

Some strategies for increasing benefits:

- a. *Create a state supplement to CalFresh to:*
  - o *increase the minimum benefit level for older adults and people with disabilities, and*
  - o *address the erosion of benefits that have resulted from increased food costs if they are not addressed through federal benefit adjustments.*
- b. *Increase claim rates for medical deductions by educating people who are most likely to be able to claim them successfully, and by standardizing simple self-attestation templates.*
- c. *Expand the availability and promotion of Market Match-style benefit enhancement programs. Ensure that expansions maximize access to these benefits for older adults and people with disabilities.*

Campaigns that could be easily deployed by trusted messengers to promote the reporting



of commonly under-reported high cost medical expenses might include topics such as:

- Incontinence supplies that are not reimbursed by Medi-Cal. While Medi-Cal will often pay for those supplies with a doctor's authorization, in theory, this doesn't always happen in practice. It would be possible to target a campaign related to this topic among IHSS recipients who are authorized for support related to incontinence.
- Transportation costs for people who live in rural areas with spread-out Medi-Cal providers.
- Service animal expenses among visually impaired SSI recipients.

#### **4. Create a plan to improve accessibility of CalFresh for people with disabilities.**

While there have been significant improvements over the last several years, applying for CalFresh and maintaining benefits remains difficult for older adults and people with disabilities. It is important to also take into consideration the intersectionality of other accessibility issues such as language barriers or immigration status.

Some options for elements that might be included in such a plan:<sup>48</sup>

- Incorporate ongoing accessibility assessments, including structured mechanisms to incorporate feedback from older adults and people with various types of disabilities into the design and

improvement cycles of program delivery systems. These continuous improvement mechanisms are important for automation systems (e.g. CalSAWS design and maintenance) and for program operations (e.g. via county management evaluations).

- Expand outreach related to EBT online ordering to uncovered areas, including promotion of pick-up mechanisms (e.g. IHSS or other local efforts) when delivery is not available.
- Streamline mechanisms for capturing CalFresh application signatures, including FNS extension of the COVID-19-era flexibility that allowed applicants to provide a signature over the phone without requiring counties to capture a recording, allowing counties to manually case note the attestation.
- Roll out state-level default options for telephonic access, with appropriate resources, once that technology is fully operational in the State's CalSAWS database system.
- Maximize the reach and ease-of-use of the simplified CalFresh paper application for older adults and people with disabilities.

#### **5. Use the SSI CalFresh Expansion planning process as a model for rolling out future policy changes.**

CDSS should use the planning and stakeholder engagement processes from the CalFresh expansion to SSI recipients as a model for

future policy rollouts. Specifically, learnings from this process include:

- Engage a broad coalition of stakeholders that includes CDSS, other relevant state departments, counties, advocates, and clients in planning for policy change implementation. This type of collaborative approach is essential for identifying potential issues, and for developing consistent messaging that will resonate with affected communities.
- Plan for broad-based, regularly scheduled communication to update all stakeholders on planning progress (e.g. webinars).
- Ensure that policy and automation implementation plans are ready to test well in advance of “go live” dates.
- Prepare county partners and other stakeholders by implementing a robust training plan that identifies and educates around relevant policies and access issues.
- Share learnings related to surge staffing in order to pilot different operational and funding models that could improve that challenge in the future.

# APPENDIX A | METHODOLOGY & DATA SOURCES

This project included a quantitative analysis of program data, supplemented with qualitative findings based on interviews with key stakeholders, and a focus group with SSI recipients (see Appendix B for a list of interviewees).

Quantitative analyses were based on publicly available California Department of Social Services data sets (*CalFresh Data Dashboard Raw Data Excel file* for January 2022, and the *CF 296 - CalFresh Monthly Caseload Movement Statistical Report* for June 2019 - June 2021) and several ad hoc data queries provided by CDSS for this project. The content of those ad hoc data sets is described below, all data was provided statewide and by county:

1. California Department of Social Services, *CDSS SAWS Extract (August 2019 and August 2020)*.
  - SSI application approvals, denials, and denial reasons for the report months of August 2019 and August 2020, and also cumulatively (August 2019 to August 2020):
    - Total SSI Applications
    - SSI Applications Approved
    - SSI Applications Denied
    - Denial Rate
    - Denial Reasons (monthly snapshots, only)
  - CalFresh household-level characteristics for all CalFresh households and for CalFresh SSI households for August 2019 and August 2020 report months. Specifically:
    - Average household size
    - Average CalFresh benefit
    - Average shelter expense
    - Percent claiming
      - Shelter deduction
      - Homeless shelter deduction
      - Medical deduction
      - >\$155 medical expenses
  - CalFresh person-level characteristics for all CalFresh households and for CalFresh SSI households for August 2019 and August 2020 report months. Specifically:
    - Age (under 18, 18-59, 60+)
    - Language (written). Japanese, American Sign Language, Tagalog, Mandarin, Farsi, Cambodian, and Russian were only provided for the largest counties due to small group sizes for other counties.
    - Race/Ethnicity
    - Gender
  - SAR7 details for the report months of August 2019 and August 2020:
    - SAR7s due (all, non-SSI, and SSI)
    - SAR7 discontinuances ((all, non-SSI, and SSI)

- SAR7 discontinuance rates
  - SAR7 discontinuance reasons (all, SSI, non-SSI)
2. California Department of Social Services, *CDSS MEDS Extract (June 2021)*.
- Person-level characteristics for SSI recipients receiving CalFresh and for those not receiving CalFresh. Specifically:
    - Age (under 18, 18-59, 60+)
    - Language (written). Japanese, American Sign Language, Tagalog, Mandarin, Farsi, Cambodian, and Russian were only provided for the largest counties due to small group sizes for other counties.
    - Race/Ethnicity
3. California Department of Social Services, *CDSS MEDS Extract (Q3)*.
- SSI IHSS CalFresh crossover benefits for June 2021. Specifically:
    - Number receiving IHSS and SSI
    - Number receiving IHSS, SSI, and CalFresh

The Center for Budget and Policy Priorities also analyzed the following data to identify national SNAP participation rates:

1. Social Security Administration, [\*Number of recipients by state or other area, eligibility category, age, and receipt of OASDI benefits, December 2018\*](#).
2. 2019 SNAP household characteristics data (Quality Control).

The time frames covered by each of these data sources was slightly different. Wherever possible, we used the most recent complete data available to us as of February 2022 for each question under consideration.

CDSS used the methods outlined in the [\*Data De-Identification Guidelines\*](#) to protect the privacy of individuals served by the department by “masking” certain figures. In each dataset provided by CDSS, cells were masked when the value was less than 11 but greater than 0. Whenever this masking occurs, at least one other number will need to be masked if the masked number could be re-identified through the addition or subtraction of any unsuppressed numbers. These masked figures were treated as null values for the purposes of this report. In some cases, this leads to percentages that do not add up to 100%. For smaller counties, masking of data makes certain analyses less useful, and may be omitted from county-level summaries as a result.

“County size,” which appears in some charts throughout, is based on the total number of SSI recipients in that county as of June 2021.

LRS and C-IV counties have been transitioning to the new CalSAWS system throughout the period of analysis but most dates precede those transitions, so this report uses the older names.

Given the significant changes to SSI/SSP benefits between 2020 and 2022, as well as changes to CalFresh benefit levels that have resulted from the federal changes to the Thrifty Food Plan, we ran spot checks to understand the net impact these changes might have on average CalFresh benefit amounts for SSI recipients. The California Association of Food Banks ran comparisons of benefit estimates between 2020 and 2022 for a common sample household. Estimates incorporated the SSI/SSP rates, relevant deduction rates, and CalFresh benefit levels for each year. These estimates showed that a single elderly or disabled SSI recipient receiving maximum SSI/SSP allotments and claiming the statewide average shelter deduction reported by SSI recipients statewide in August 2020 would still receive approximately 20% higher monthly CalFresh benefits in 2022 than in 2020 despite the increased income. This left us feeling confident that it would be reasonable to calculate projected impacts of expanded CalFresh participation of SSI recipients based on the August 2020 benefit levels, increased by 20%, especially given the fact that shelter expenses are typically rising over time, not staying steady.

## APPENDIX B | INTERVIEWS & FOCUS GROUPS

Some stakeholder interviews were conducted in small groups, others were individual. All interviews were conducted virtually and transcribed for later review and analysis.

**Jeimil Belamide**

SF BenefitsNet Program Manager  
San Francisco Human Services Agency

**Amanda Brochu Schultz**

Chief Program Officer  
San Diego Hunger Coalition

**Andrew Cheyne**

SNAP Deputy Director  
Food Research & Action Center

**Amy Dierlam**

CalFresh Outreach Director  
River City Food Bank

**LaShonda Diggs**

General Relief & CalFresh Division Chief  
Los Angeles County Department of  
Public Social Services

**Caitlin Docker**

Director of Program Operations, Safety  
Net  
Code for America

**Genoveva Flores**

County Technical Assistance Section  
Chief  
CalFresh and Nutrition Branch  
California Department of Social Services

**Michael Herald**

Director of Policy Advocacy  
Western Center on Law & Poverty

**Brian Kaiser**

CalFresh and Nutrition Programs Bureau  
Chief  
California Department of Social Services

**Ana Marie Lara**

SF BenefitsNet Program Analyst  
San Francisco Human Services Agency

**Marcela Marquez**

CalFresh Program Coordinator  
Maternal and Child Health Access

**Kim McCoy Wade**

Former Chief, CalFresh  
California Department of Social Services

**Jenny Nguyen**

Senior Policy Analyst  
California Welfare Directors Association

**Stephanie Nishio**

Director of Programs  
California Association of Food Banks

**Trinh Phan**

Senior Staff Attorney  
Justice in Aging

**Liliana Sandoval**

Associate Director of Programs Outreach  
San Francisco-Marin Food Bank

**Cathy Senderling**

Executive Director  
California Welfare Directors Association

**Christiana Smith**

Director of Information Technology Policy  
California Welfare Directors Association

**Julie Sutherland**

Design Manager, GetCalFresh.org  
Code for America

**Francisco Verduzco**

Management Evaluations Section Chief  
CalFresh and Nutrition Branch  
California Department of Social Services

**Nancy Volpert**

Senior Director of Public Policy &  
Community Engagement  
Jewish Family Service LA

**Kathy Yang**

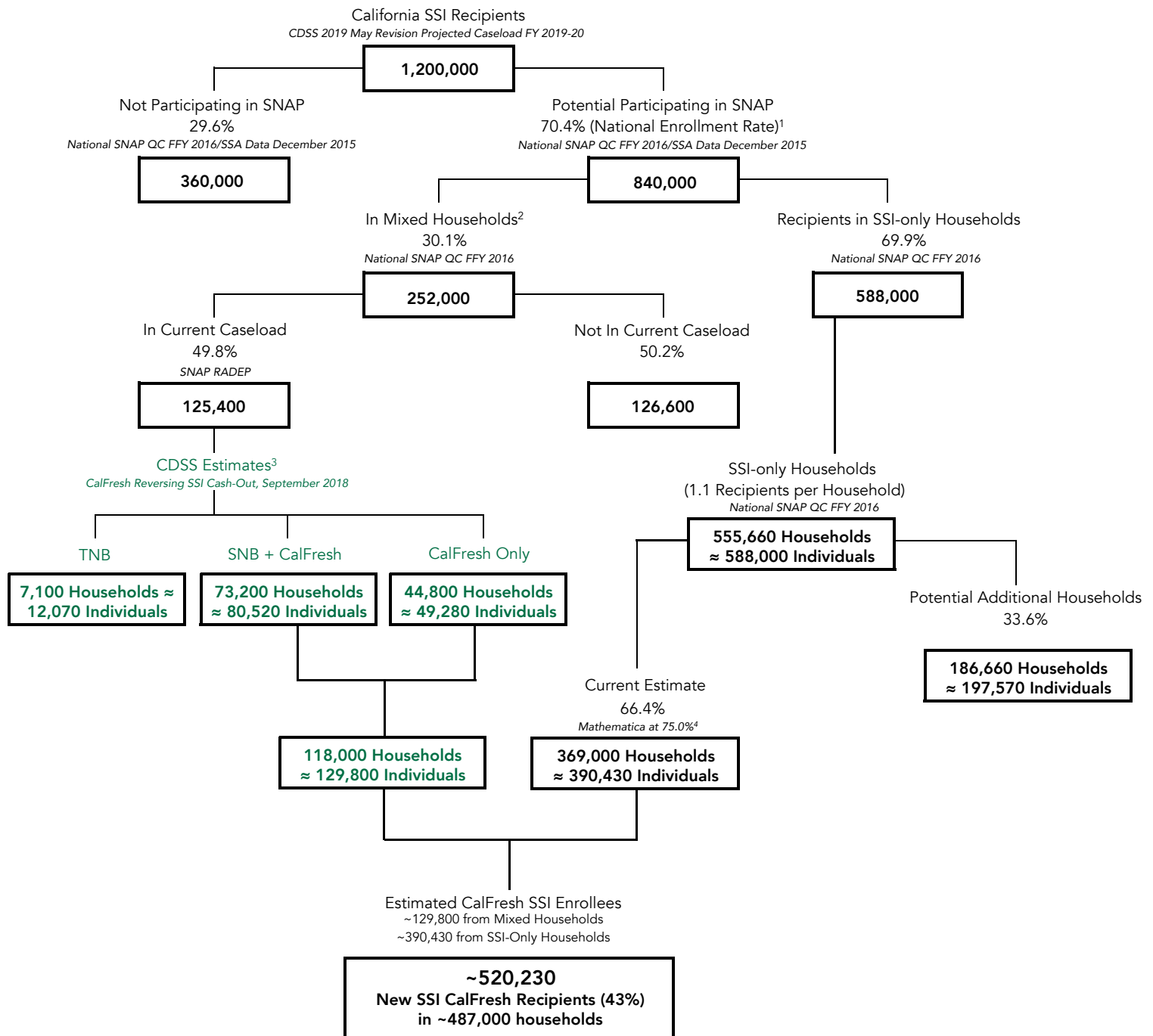
Acting CalFresh and Nutrition Branch Chief  
California Department of Social Services

We also conducted a focus group with seven English speaking SSI recipients. Participants represented several Bay Area counties and one Southern California county. All had received CalFresh at some point, most were still enrolled in the program. One participant only received CalFresh for a short period of time before later being denied. Several participants were blind.



# APPENDIX C | ENROLLMENT PROJECTIONS

CDSS provided rough projections of the number of SSI recipients that they expected to enroll in CalFresh, SNB, and TNB during the initial roll-out period. This provides an annotated version of those projections.



- 70.4% was the national enrollment rate at the time of the analysis. National rates may be a good long term target, but were not expected to be achieved in the initial outreach effort. The rest of the flow chart projected enrollment of various sub-populations that might be expected to enroll. As of DATE, national enrollment rates without California were down to 68%.
- "Mixed households" are households where an SSI recipient lives with at least one other person who is not on SSI. "SSI-only households" are ones where all household members are SSI recipients.
- Estimates for the breakdown of mixed households in the current caseload were rough, and do not add perfectly to 125,400. TNB households have 1.7 people on average. SNB households have 1.1 people on average.
- 75% was the projection of enrollment that might result for a strong initial outreach effort to SSI-only households.

Sources:

Flow chart: <https://www.cdss.ca.gov/Portals/9/CalFresh%20SSI%20Cash-Out/Potential%20Additional%20SSI-Only%20Households-Updated.pdf?ver=2019-05-17-164327-590>

CalFresh Households CDSS Estimate (CalFresh SSI Population Chart): <https://www.cdss.ca.gov/Portals/9/CalFresh%20SSI%20Cash-Out/SeptemberUpdateHandout-SSICashOutv5%2010-15-18.pdf?ver=2018-10-15-154253-353>

## APPENDIX D | LOS ANGELES CASE STUDY

Los Angeles County had the second highest enrollment rate in the state, enrolling more than 205,600 SSI recipients as of June 2021. Los Angeles County's Department of Social Services (DPSS) had a three-pronged approach to connecting SSI recipients with food benefits.

### *Connecting SSI participants in from CalFresh households (~31,000 households)*

DPSS sent fliers, made phone calls, and sent text messages to the existing CalFresh households that included SSI recipients to ensure that they stayed connected to benefits. Call center staff were trained to flag these cases and refer them to specialized units to ensure that they could enroll in SNB or TNB if needed. Communication campaigns were timed to align with required report timelines. Customer service center call centers include messages promoting CalFresh for SSI recipients in their interactive voice recognition systems.

### **A rolling campaign to IHSS recipients (~156,000 households)**

DPSS spread the word to IHSS clients first by mailing letters to their home care providers informing them of the policy change. All IHSS social workers received general CalFresh training. When IHSS social workers conducted home visits for program intake or annual assessment visits, they did additional outreach and provided support to get an application started. Social workers could either help them with a paper application or support them to connect with the CalFresh call center.<sup>bb</sup> Because assessments occur annually in IHSS, it took a full year to reach all IHSS clients this way. Throughout this time, anyone calling the IHSS helpline was informed about CalFresh and encouraged to apply. DPSS also reached out to IHSS Providers to encourage IHSS recipients to apply for CalFresh.

### **Community outreach strategies**

For SSI recipients without another connection to DPSS, outreach work included:

- Communications planning with AARP to inform their members.
- Coordination with the county's Workforce Development Aging and Community Services agency to send mailings, distribute flyers, do social media promotions, and host events to reach clients in their programs for older adults.
- Distribution of hundreds of thousands of business card sized fliers that described the program change and provided information on how to enroll.

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<sup>bb</sup> Two new call centers were set up in Los Angeles to support the expansion.

- Promotion of the GetCalFresh.org application platform.
- Partnership with Social Security Administration to inform SSI recipients of the change and to submit a CalFresh application for SSI recipients who have no other household member via GetCalFresh.org.
- Efforts to reach clients of LA Care Health Plan via electronic and printed general information resources in the DPSS's threshold languages distributed and posted at their six Family Resource Centers. LA Care also hosted an educational briefing for their staff at their offices to inform staff of the change in policy.

## APPENDIX E | SAN FRANCISCO CASE STUDY

San Francisco county engaged in a multifaceted campaign that resulted in the highest enrollment rate in the state. Key features of their effort included:

### Multi-stakeholder planning

San Francisco's Food Security Task Force convened a work group consisting of representatives from key public and nonprofit organizations to identify promising strategies and necessary planning preparations. The San Francisco Human Services Agency (SFHSA) initially co-chaired that group with the San Francisco-Marin Food Bank (SFMFB). Once early planning concluded and the workgroup disbanded, workgroup participants returned to their respective organizations to carry out and/or expand upon the initial concepts and strategies. SFHSA unveiled a communications and data-driven outreach strategy that leveraged key community partnerships to help boost the overall enrollment rate. See more, below.

### Staffing

SFHSA identified an internal lead to project manage the roll-out campaign, rearranged staffing to handle the surge of applications, and supported additional staffing time as necessary to keep systems running smoothly for applicants.

### Deep engagement with community-based organizations

SFHSA not only administers CalFresh, but it also houses the county's Area Agency on Aging. The Area Agency on Aging has contracts with a network of community-based service providers that reach many older adults and people with disabilities. The SFMFB is also a close partner with the County's CalFresh program; their network of food distributions was also well connected with older adults and people with disabilities. SFHSA hosted two community forum events to educate providers about the policy change and to share ways to support outreach work.

### Communications campaign

In addition to the materials provided by CDSS, SFHSA's communications team developed a [provider toolkit](#), including FAQs, fliers, handout, and social media packets to promote the program with San Franciscans in mind.

## Outreach to IHSS recipients

San Francisco's IHSS social workers included several questions related to food security in their regular assessment. Clients interested in CalFresh would receive a follow-up phone call to provide application assistance.

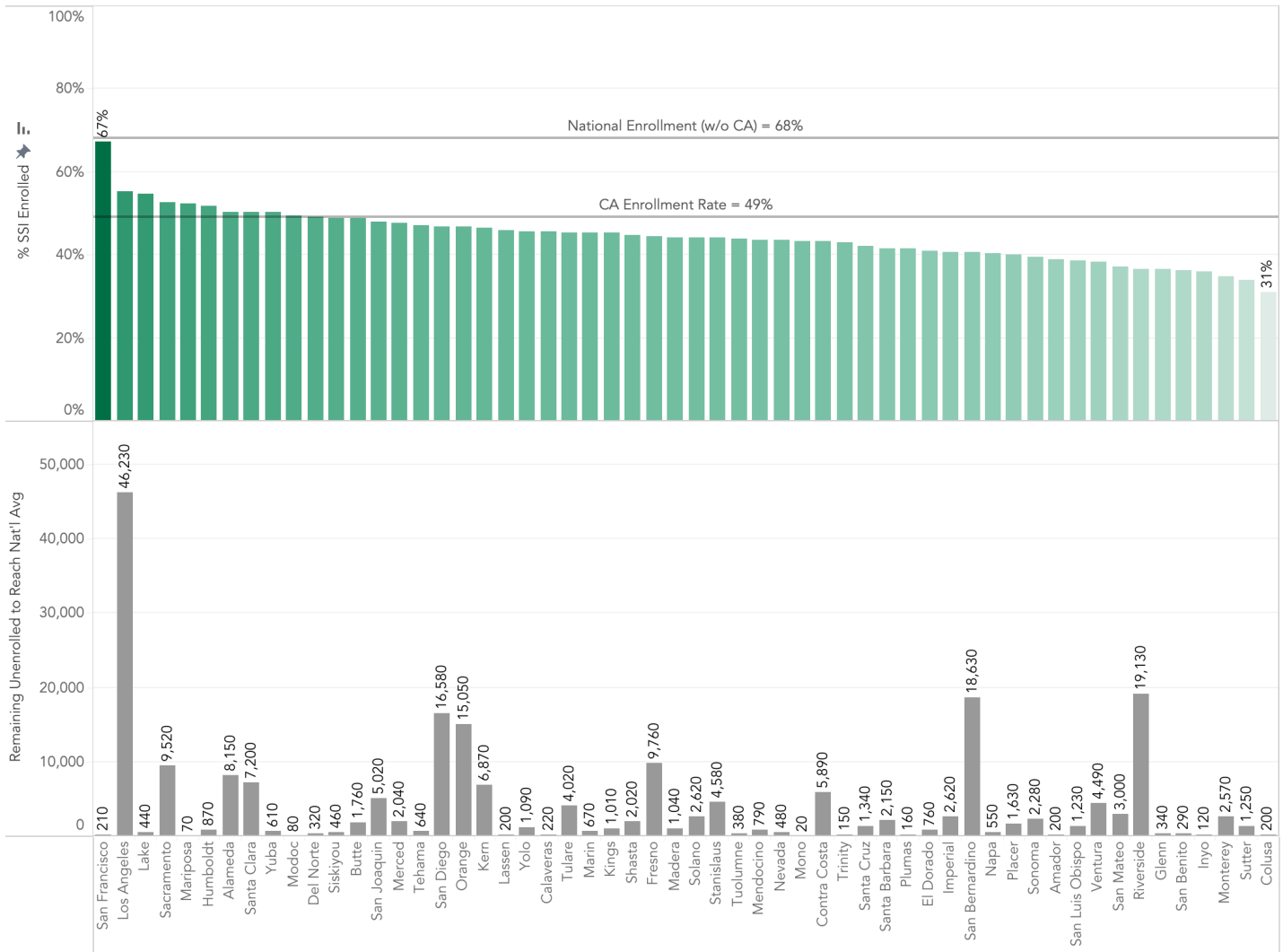
## Leveraging the CDSS dataset of SSI recipients

CDSS provided all counties with a list of SSI recipients, including addresses and phone numbers. SFHSA used that list to:

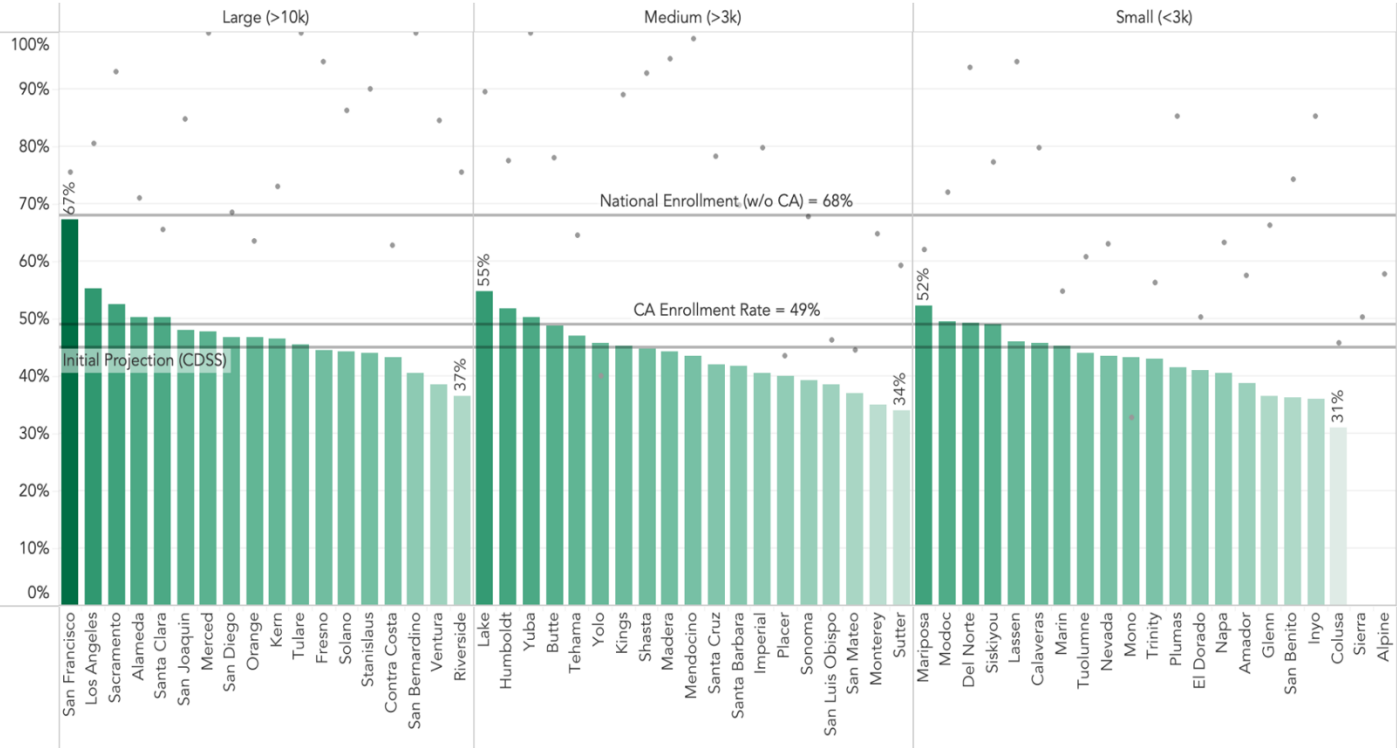
- Identify new community-based locations to outstation CalFresh eligibility workers. Five strategically-placed new locations housed CalFresh staff to dramatically increase program accessibility for applicants who preferred to apply in-person. Most are still operating today.
- Direct mail campaign. SF-HSA mailed letters to all SSI recipients, informing them about the policy change and encouraging them to apply.
- Out-bound calls. Through a contract with San Diego 211, San Francisco has conducted three rounds of calls to SSI recipients to encourage them to apply and to provide application assistance.

# APPENDIX F | ADDITIONAL COUNTY-LEVEL DETAILS

County Enrollment Rate and Remaining Unenrolled the Reach National Enrollment Rate



SSI CalFresh Enrollment Rate vs. Program Reach Index





## APPENDIX G | DENIALS & DISCONTINUANCES

Using the CF 296 CalFresh Caseload Movement Report, we did some additional analysis to try to identify other possible sources for the difference in denial rates between consortia.

One hypothesis was that non-approved applicants in CalWIN counties may have been marked as withdrawals rather than denials at a higher rate. Withdrawals were not higher in those counties, suggesting this was not the case.

Another hypothesis was that SSI applicants may not have been flagged with their SSI status systematically. In other words, perhaps more SSI applicants were denied in CalWIN counties than appear in the data because they are simply not flagged as SSI applicants until they are approved. We investigated this theory by looking at overall denial rates leading up to and then during the initial months of the roll-out. If the difference had come from the way that SSI status was captured in new applications, then we would still see overall denial rates dropping at somewhat similar rates in all counties, even if the rates for cases identified as having an SSI recipient didn't drop. This didn't seem to be the case. In all the CalWIN counties, the overall CalFresh denial rates drop precipitously during the first months of the roll-out, and then return to more or less historical rates by the end of the calendar year in 2019, aligning with the shifting volume of SSI applications. LRS denial rates actually jumped higher in May and June 2019, dropped a bit lower than pre-roll-out rates in July 2019 (a little) and then stayed more or less steady through the end of the year. C-IV counties don't show any clear pattern of decreased denial rates, even in larger counties. It appears that SSI recipients may have been denied at very similar rates to non-SSI recipient applications in those counties.

Differences in discontinuance rates for SAR7s are equally puzzling. Based on August 2020 snapshot data, SAR7 discontinuance rates were roughly the same for SSI recipients as they were for non-SSI recipients statewide, with some notable differences by consortia. C-IV and LRS discontinuance rates are dramatically lower than CalWIN rates (3%, 2%, and 28% respectively for SSI recipients). CalWIN discontinuances for SSI recipients are largely due to "Incomplete determination" or for "Client requested discontinuance." It is hard to know what share of the CalWIN discontinuances might be reinstated in the following month, however.

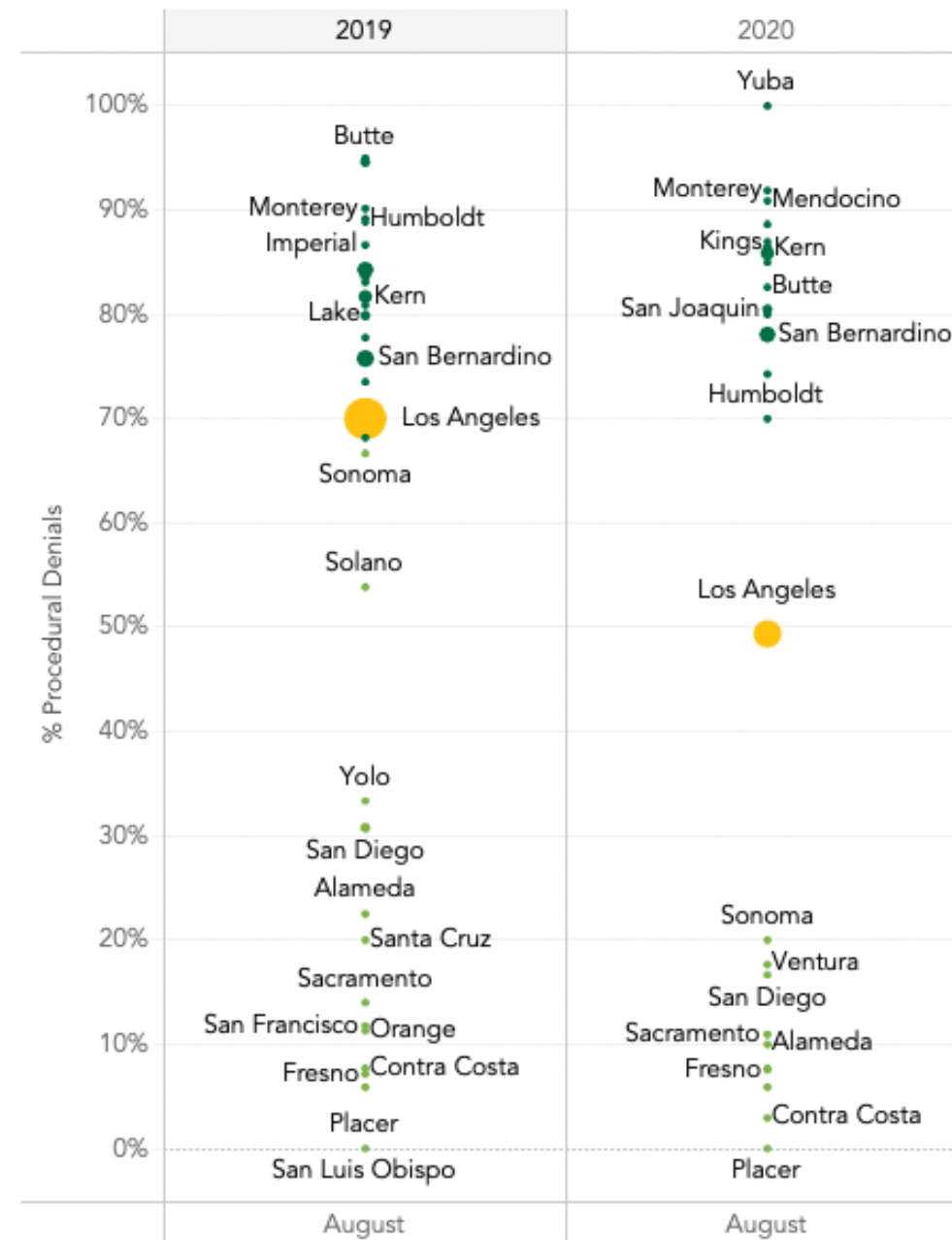
# Denial Rates vs. Enrollment Rates



## % SSI Applications Denied for Procedural Reasons

Smallest counties removed.

Size = number of denied applications



# APPENDIX H | NATIONWIDE SNAP ENROLLMENT RATES FOR SSI RECIPIENTS

Rates calculated based on a comparison conducted for this report by the Center for Budget & Policy Priorities using: Social Security Administration, *Number of recipients by state or other area, eligibility category, age, and receipt of OASDI benefits, December 2018*; and 2019 Supplemental Nutrition Assistance Program household characteristics data (Quality Control).

State	SSI participants in SNAP	Total SSI	Share	Rank
Washington	141,843	149,251	95%	1
Delaware	16,156	17,047	95%	2
Pennsylvania	323,389	355,814	91%	3
Oregon	77,707	88,233	88%	4
Connecticut	57,971	66,442	87%	5
Massachusetts	157,928	184,020	86%	6
New York	536,369	628,644	85%	7
Florida	460,540	576,375	80%	8
Rhode Island	25,691	32,936	78%	9
Hawaii	18,019	23,155	78%	10
Missouri	103,288	136,338	76%	11
Louisiana	130,436	175,204	74%	12
Maine	27,438	36,860	74%	13
Vermont	10,943	15,190	72%	14
Idaho	21,793	30,870	71%	15
West Virginia	50,515	72,299	70%	16
New Jersey	124,760	179,808	69%	17
Maryland	83,803	121,059	69%	18
Michigan	187,420	271,833	69%	19
Ohio	209,014	308,349	68%	20
Minnesota	63,234	93,517	68%	21
Montana	12,047	17,891	67%	22
South Dakota	9,668	14,642	66%	23

Colorado	47,857	73,012	66%	24
Alabama	105,131	161,635	65%	25
Tennessee	114,019	176,395	65%	26
Nevada	36,342	56,578	64%	27
New Hampshire	11,911	18,548	64%	28
New Mexico	39,254	62,877	62%	29
Iowa	31,761	51,142	62%	30
Virginia	96,162	155,992	62%	31
Illinois	163,227	267,026	61%	32
Oklahoma	58,383	96,201	61%	33
Nebraska	16,992	28,281	60%	34
Wisconsin	69,518	116,810	60%	35
North Carolina	134,350	228,906	59%	36
District of Columbia	14,777	25,755	57%	37
Mississippi	66,979	117,083	57%	38
Kansas	26,827	47,735	56%	39
South Carolina	63,698	115,194	55%	40
North Dakota	4,623	8,389	55%	41
Georgia	135,659	259,434	52%	42
Arizona	61,908	118,707	52%	43
Indiana	64,953	127,408	51%	44
Utah	16,049	31,529	51%	45
Texas	308,540	649,912	47%	46
Alaska	5,690	12,537	45%	47
Arkansas	47,206	105,213	45%	48
Kentucky	68,056	174,213	39%	49
Wyoming	2,687	6,889	39%	50
California*	115,574	1,238,456		
<b>Total</b>	<b>4,778,100</b>	<b>8,127,634</b>	<b>59%</b>	
<b>Total Without CA</b>	<b>4,662,526</b>	<b>6,889,178</b>	<b>68%</b>	

# APPENDIX I | SSI RECIPIENT COMMENTS ABOUT CALFRESH

Several additional themes emerged during our focus group with SSI recipients that were more general comments about applying for and using CalFresh benefits. These were not included in the body of the report because they are not specific to the experience of CalFresh expansion to SSI recipients, but they do provide valuable insights into opportunities for strengthening the program for all Californians applying for or receiving CalFresh.

1. Information about the amount of benefits and the ways to use them is not shared with participants effectively or consistently. People rely on information from their friends to understand what is going on. Among the small number of people in our focus group, people expressed confusion or misunderstandings about the following topics in the course of only one hour:
  - Several people in our focus group were unaware of the existence of the CalFresh restaurant meals program. That program is currently expanding to more counties, but the plan to educate clients when it becomes available in a new county is unclear.
  - One person was approved, then later denied because the county said that she no longer qualified. The information about the reason for her denial was confusing; she remained unsure about what had happened.
  - Confusion about how benefits programs interact - one person believed that receiving home delivered meals would make her ineligible to use the restaurant meals program, though this is not true.
  - One person thought that the federal increase from the Thrifty Food Plan had increased her household's baseline benefits from \$16 to \$92 when it seems very unlikely to have had that significant an impact.
  - People describe not getting informed when their EBT card is loaded, and then receiving messages saying that benefits will be discontinued if they take too long to use them. Benefits do expire if they are not used within a year, but people described receiving a message to this regard after only several months.
2. Business process hiccups plague SSI CalFresh participants in the same ways that they do other participants.
  - One focus group participant described confusion during the application process that resulted from a delay between the timing of submitting verification documents online and the worker being able to see that they had been submitted.
3. Another person had benefits stop at the time of her renewal despite having submitted information on time. It turned out that the county simply hadn't processed it yet, requiring her to wait several weeks to receive benefits.

# REFERENCES

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- <sup>1</sup> Northwestern Institute for Policy Research, *Household Pulse Survey Visualization App*. <https://www.ipr.northwestern.edu/apps/economicindicators.html>. Accessed May 31, 2022.
- <sup>2</sup> James P. Zilliak and Craig Gunderson, *The State of Senior Hunger in America in 2020: An Annual Report* (May 2022). Prepared for Feeding America.
- <sup>3</sup> Katie Savin, Alena Morales, Ronli Levi, Dora Alvarez, and Hilary Seligman. "'Now I Feel a Little Bit More Secure': The Impact of SNAP Enrollment on Older Adult SSI Recipients." *Nutrients*, n. 13 (2021), <https://doi.org/10.3390/nu13124362>.
- <sup>4</sup> California Department of Social Services, *CDSS MEDS extract (June 2021 report month)*. California Department of Social Services, *CalFresh Data Dashboard (January 2022)*.
- <sup>5</sup> Patrick Canning and Rosanna Mentzer Morrison, *The Supplemental Nutrition Assistance Program (SNAP) and the Economy: New Estimates of the SNAP Multiplier*, ERR-265, U.S. Department of Agriculture, Economic Research Service, July 2019. Accessed May 10, 2022. <https://www.ers.usda.gov/publications/pub-details/?pubid=93528>. Some methods of estimating the economic impact of SNAP yield even higher estimates (e.g \$1.79 per \$1).
- <sup>6</sup> This estimate applies the average benefit level of \$88 per person from August 2020 to the June 2021 enrollment figures. Average benefits per household (\$114) and average household size (1.3) for SSI recipients receiving CalFresh = ~\$88 per person in average benefits per SSI recipient. California Department of Social Services, *CDSS SAWS Extract (August 2020)*; California Department of Social Services, *CDSS MEDS Extract (June 2021)*.
- <sup>7</sup> More information on Emergency Allotments is available at the U.S. Department of Agriculture's SNAP COVID-19 Emergency Allotments Guidance Website: <https://www.fns.usda.gov/snap/covid-19-emergency-allotments-guidance>
- <sup>8</sup> For more detail about the SNB and TNB programs, see California Department of Social Services, *All County Letter No. 19-41, Expanding CalFresh to Supplemental Security Income (SSI) Recipients, Supplemental Nutrition Benefit Program and Transitional Nutrition Benefit Program Quarterly Question and Answer No. 3*. <https://www.google.com/url?q=https://www.cdss.ca.gov/Portals/9/ACL/2019/19-41.pdf> Legal Services of Northern California also has helpful summaries of both programs on their website: <https://reg.summaries.guide/2018/09/transitional-nutrition-benefit-program/> and <https://reg.summaries.guide/2018/09/supplemental-nutrition-benefit-program/> All accessed June 2, 2022.
- <sup>9</sup> California Department of Social Services, *CalFresh Data Dashboard (January 2022)*. Persons are calculated using (total households) \* (average aided persons/household), and (total households) \* (average ssi persons/household) for each program.
- <sup>10</sup> California Department of Social Services, *CalFresh Reversing SSI Cash-Out Implementation Update – September 2018 (Meeting Handout)*. Accessed May 12, 2022. <https://www.cdss.ca.gov/Portals/9/CalFresh%20SSI%20Cash-Out/SeptemberUpdateHandout-SSICashOutv5%2010-15-18.pdf?ver=2018-10-15-154253-353>
- <sup>11</sup> Findings in this section are drawn from interviews with representatives from CA4SSI, community-based application assistance providers, CDSS, CWDA, and Code for America.
- <sup>12</sup> All CDSS training materials related to SSI expansion are on CDSS' *CalFresh SSI/SSP Cash-Out Policy Training* website: <https://www.cdss.ca.gov/inforesources/calfreshssi/training>.

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- <sup>13</sup> See caregiver focused materials on CDSS' *Expanding CalFresh to SSI Recipients - Partners* website: <https://www.cdss.ca.gov/inforesources/calfreshssi/partners>.
- <sup>14</sup> Julie Sutherland and Nicole Rappin, "Improving Food Access for Seniors and Adults with Disabilities," Code for America blog, July 19, 2019, <https://codeforamerica.org/news/improving-food-access-for-seniors-and-adults-with-disabilities/>.
- <sup>15</sup> Code for America, *CalFresh SSI Expansion: Digital Outreach and Application Assistance* (January 2020).
- <sup>16</sup> Julie Sutherland and Nicole Rappin, "Improving Food Access for Seniors and Adults with Disabilities," Code for America blog, July 19, 2019, <https://codeforamerica.org/news/improving-food-access-for-seniors-and-adults-with-disabilities/>.
- <sup>17</sup> James P. Zilliak and Craig Gunderson, *The State of Senior Hunger in America in 2020: An Annual Report* (May 2022). Prepared for Feeding America. Activities of daily living included: hearing, visual, cognitive, ambulatory, self-care, or independent living.
- <sup>18</sup> All plans available at CDSS' *CalFresh Supplemental Security Income Resources* webpage: <https://www.cdss.ca.gov/inforesources/calfresh/supplemental-security-income/resources>.
- <sup>19</sup> Code for America, *CalFresh SSI Expansion: Digital Outreach and Application Assistance* (January 2020).
- <sup>20</sup> California Department of Social Services, *CalFresh Data Dashboard* (January 2022).
- <sup>21</sup> Code for America, *CalFresh SSI Expansion: Digital Outreach and Application Assistance* (January 2020).
- <sup>22</sup> California Department of Social Services, *CDSS SAWS Extract* (August 2020) for all CalFresh participants. California Department of Social Services, *CDSS MEDS Extract* (June 2021) for SSI recipients.
- <sup>23</sup> Note that summaries related to overall SSI households and all CalFresh households are based on CDSS *CalSAWS Data Extracts* (August 2019 and August 2020) provided for this project, using the most recent report month available which was typically August 2020. SNB and TNB figures are based on the CDSS *CalFresh Data Dashboard* (January 2022).
- <sup>24</sup> California Department of Social Services, *CalFresh Data Dashboard* (January 2022).
- <sup>25</sup> California Department of Social Services, *CalFresh Data Dashboard* (January 2022). The dashboard provides per person benefit levels for SSI-only households of various sizes that were added each month. Over all month in that report, SSI-only households with two people had \$40.12/person, and SSI-only households of three or more people had \$32.58/person.
- <sup>26</sup> National estimate. Andrew Cheyne and Ellen Vollinger, "A Strengthen SNAP Agenda to Address the Hunger Cliff—Part 1," *FRAC Chat Blog*, Food Research & Action Center, February 3, 2022, <https://frac.org/blog/strengthen-snap-agenda-part-1>.
- <sup>27</sup> California Department of Social Services, *CDSS SAWS Extract* (August 2020).
- <sup>28</sup> California Department of Social Services, *CDSS SAWS extract* (August 2020).
- <sup>29</sup> For a detailed description of all allowable deductions, see: Legal Services of Northern California, *LSNC Guide to CalFresh Benefits: Income deductions for CalFresh households*. Accessed June 2, 2022. <https://calfresh.guide/income-deductions-for-calfresh-households/>
- <sup>30</sup> AB-494 CalFresh: eligibility: shelter expense deductions, California Welfare and Institutions Code, Section 18901.15 (2019).
- <sup>31</sup> United States Department of Agriculture, Kathryn Cronquist, *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2019* (2021). Accessed May 10, 2022. <https://www.fns.usda.gov/snap/characteristics-snap-households-fy-2019>
- <sup>32</sup> Code for America internal database queries, May 2 & 24, 2022.



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- <sup>33</sup> Center for Budget and Policy Priorities calculations using: Social Security Administration, *Number of recipients by state or other area, eligibility category, age, and receipt of OASDI benefits, December 2018*; and 2019 Supplemental Nutrition Assistance Program household characteristics data (Quality Control).
- <sup>34</sup> United States Department of Agriculture, [FY 2023 Budget Summary](#). Accessed May 10, 2022. <https://www.usda.gov/sites/default/files/documents/2023-usda-budget-summary.pdf>
- <sup>35</sup> California Department of Social Services, *CDSS MEDS Extract (June 2021)*.
- <sup>36</sup> Code for America, *CalFresh SSI Expansion: Digital Outreach and Application Assistance* (January 2020).
- <sup>37</sup> For more on public charge, see the *Protecting Immigrant Families Analysis & Research Website*: <https://protectingimmigrantfamilies.org/analysis-research/>
- <sup>38</sup> James P. Zilliak and Craig Gunderson, *The State of Senior Hunger in America in 2020: An Annual Report* (May 2022). Prepared for Feeding America.
- <sup>39</sup> Joony Moon, U.C. Berkeley Goldman School of Public Policy, *Lost in Translation: Language access solutions to increasing uptake in CDSS programs* (2019).
- <sup>40</sup> California Department of Social Services, *All County Letter No. 21-107, Supplemental Nutrition Benefit and Transitional Nutrition Benefit Programs: Changes to Benefit Tables*. Accessed May 10, 2022. <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-107.pdf>
- <sup>41</sup> California Department of Social Services, *CF 296 CalFresh Caseload Movement Report* (January 2020 - September 2021 report months). Accessed January 7, 2022. <https://www.cdss.ca.gov/inforesources/research-and-data/calfresh-data-tables/cf296>
- <sup>42</sup> [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB135](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB135)
- <sup>43</sup> California Department of Social Services, *All County Letter No. 21-131, CalFresh Implementation of Assembly Bill 135 Transitional Nutrition Benefit (TNB) Program Recertification Extension and Pause*. Accessed May 10, 2022. <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-131.pdf?ver=2021-10-27-084034-477>
- <sup>44</sup> California Department of Social Services, *All County Letter No. 22-15, CalFresh Elimination of Periodic Reporting Requirements for Elderly Simplified Application Project Households*. Accessed June 2, 2022. <https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2022/22-15.pdf?ver=2022-02-10-093545-903>
- <sup>45</sup> California Department of Social Services, *CalFresh Data Dashboard* (January 2022).
- <sup>46</sup> Seth Berkowitz, Hilary Seligman, Joseph Rigdon, B. Meigs, Sanjay Basu, "Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults," *JAMA Internal Medicine* 177, 11 (2017):1642–1649. doi:10.1001/jamainternmed.2017.4841
- <sup>47</sup> Annual health care savings for SNAP participants were estimated to be \$1,400 in a 2017 cohort study of 4447 noninstitutionalized adults with income below 200% of the federal poverty threshold. Assuming that these costs would be covered by Medi-Cal for SSI recipients, a back of the envelope estimate of the state share of these cost savings would be 37% (based on the KFF Federal and State Share of Medicaid Spending - found here: <https://www.kff.org/statedata/>), or \$518 per year. It is worth noting that the study focused on people who were already enrolled in SNAP, not new enrollees. It did not focus exclusively on older adults or people with disabilities.
- <sup>48</sup> A number of these recommendations are based on recommendations included in the following recent report: Diana Jensen, *Closing the Meal Gaps for Older Californians: Estimating Gaps in Food Assistance for Low Income Older Adults in CA & A Roadmap to Closing Them* (Fall 2021). Accessed May 9, 2022, <https://djconsults.com/reports>.



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