



# HUNGER AND HEALTH:

An assessment of social service models integrating CalFresh and Medi-Cal in community based organizations in San Diego, California

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## **CalFresh Task Force:**

A collaborative group of trained CalFresh outreach agencies and HHSA liaisons that work to identify barriers and create solutions to improve CalFresh outreach and enrollment processes.

## **CBO: Community Based Organizations**

Community based organizations, that, for the purposes of this report, engage in either CalFresh or Medi-Cal application assistance.

## **CEC: Certified Enrollment Counselors**

Staff at community based organizations who are trained by Covered California to assist individuals applying for Covered California health plans, including Medi-Cal.

## **CEE: Certified Enrollment Entity**

Community based organizations that are certified by Covered California to provide in-person application assistance to individuals applying for Covered California health plans.

## **Dual Application Assister:**

Community based organization staff who provide CalFresh and Medi-Cal application assistance.

## **HHSA: Health and Human Services Agency (San Diego County)**

The agency that administers CalFresh and Medi-Cal among other public assistance programs.

## **Host CBO:**

A community based organization that provides space in their facility for partner CalFresh/Medi-Cal application assisters from another community based organization to provide application assistance.

## **Partner CalFresh/Medi-Cal Application Assister:**

Community based organization staff who partner (formally or informally) with another community based organization to provide CalFresh/Medi-Cal application assistance either through referrals or onsite with another agency.

## I. INTRODUCTION

Helping individuals in need access social services should be straightforward, or at least that's what we believe at the San Diego Hunger Coalition.

While the Hunger Coalition has focused the majority of our efforts on helping people access a variety of food resources, we recognize food as an important element of overall health.

### **Food is medicine.**

We look forward to a day when all forms of assistance can be streamlined and easily accessible to help individuals get back on their feet; however, recent events have made the reality of bridging the gap between hunger and health attainable.

Through shifts in funding and staff allocations, many organizations have already begun to "integrate" hunger and health assistance through dual CalFresh and Medi-Cal application assistance.

We are excited by these efforts and want to support other organizations in following suit!

The purpose of this report is to recognize current models of CalFresh and Medi-Cal "integration" and provide recommendations to support additional organizations to move towards further integrating and streamlining their application assistance programming.

It is based on the observations and experiences of resident groups, county- and state-level stakeholders, and community based organizations that provide application assistance.

The report will break out four different models, providing client and organization considerations.

It will also provide overarching considerations and discuss the necessary resources to implement any of the integration models shared.

As the implementation of the Affordable Care Act and accompanying legislation continue to bring change to social service delivery models, our goals are two-fold:

1. We hope that this report will serve as a framework for discussion of on-the-ground implementation of integration models to bridge hunger and health services for those who need it most.
2. We hope that philanthropic agencies utilize this report as a tangible set of guidelines to engage their current and future grantees in conversations about the best ways to leverage and maximize their resources.

## II. WHAT IS INTEGRATION?

“Integration” is the term we use to describe how community based organizations (CBO) provide application assistance for both CalFresh and Medi-Cal.

This report identifies four different ways that CBOs currently integrate CalFresh and Medi-Cal application assistance. The four models identified are as follows:

1. One application assister helps clients complete a combined CalFresh and Medi-Cal application.
2. An in-house application assister helps clients complete either a CalFresh or Medi-Cal application and then another helps clients complete the other application. If an application assister who specializes in the other program is unavailable, then clients are referred to a different location.
3. An in-house application assister helps clients complete a Medi-Cal application and their office provides space for an application assister from a different CBO to help them apply for CalFresh.
4. A CBO provides space for separate application assisters for CalFresh and Medi-Cal.

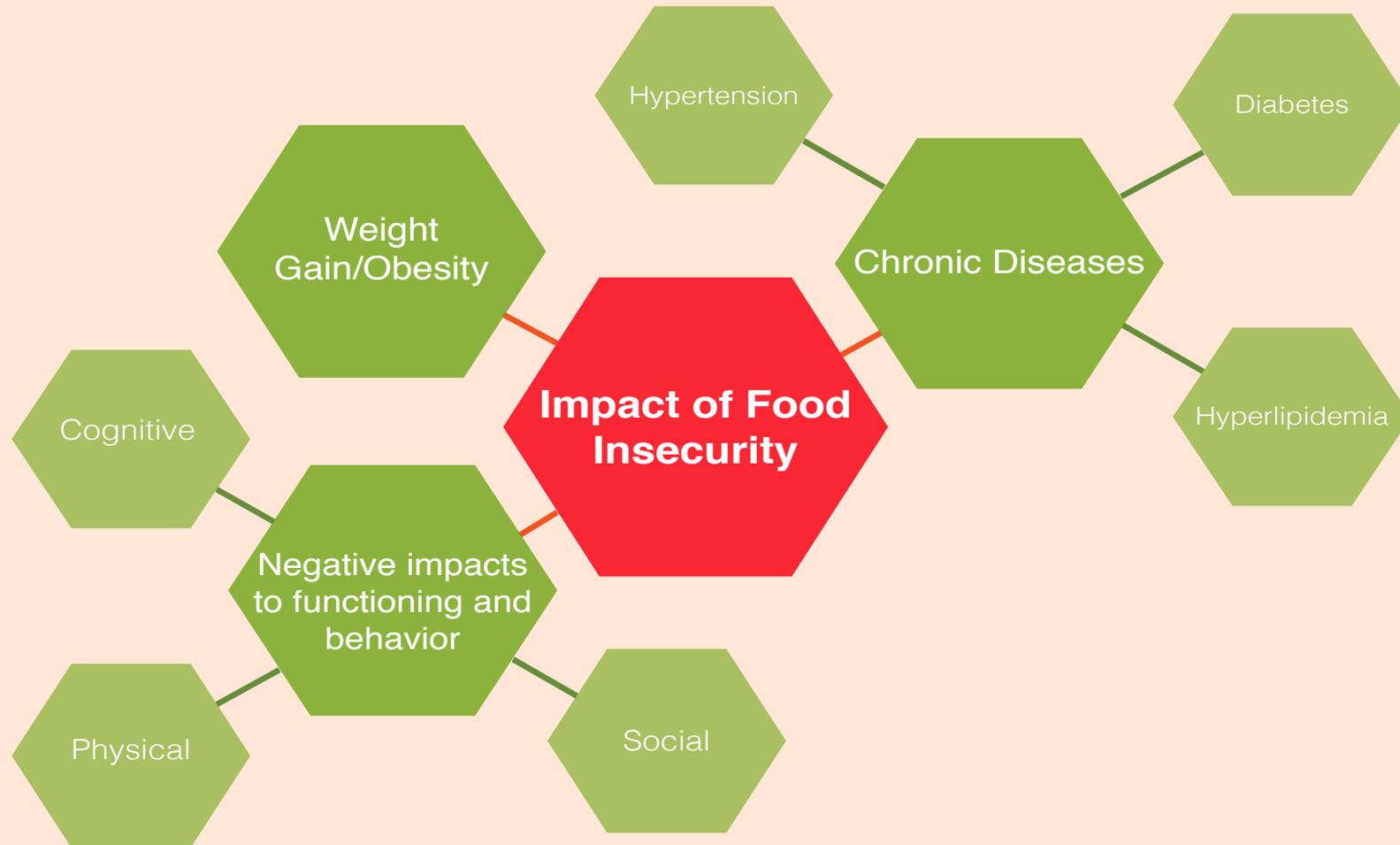


“The connection between CalFresh and Medi-Cal is so important! Because if the client is ill or sick, it would be hard for them to have a good body. And for good health they also need good mental health. A good body is coming from good nutrition. Good body, good nutrition, and good health. So all that is connected. And if they cannot eat good nutritious food, their health is going to go down because of their nutrition and if their immune system goes down, then they’ll need a good medical treatment, so it’s all connected and that’s why I believe people deserve to receive a good treatment. They should receive all these services in the same place.”

–Besma Coda  
Chief Operation Officer  
Chaldean Middle Eastern Social  
Services

### III. WHY IS INTEGRATION IMPORTANT?

- Integration eliminates the duplication of paperwork, effort, and time for the client, CBO, and HHSA.
- Integration increases the likelihood that clients in need of both programs will get assistance.
- Integration streamlines and reduces the stress of applying and enrolling.
- Access to both programs improves clients' overall health and wellbeing.



Sources:

Cook, John T., Elizabeth L. March, and Stephanie Ettinger De Cuba. "Even Very Low Levels of Food Insecurity Found to Harm Children's Health." Children's HealthWatch (Children's HealthWatch Policy Action Briefs): Boston, MA, May 2009.

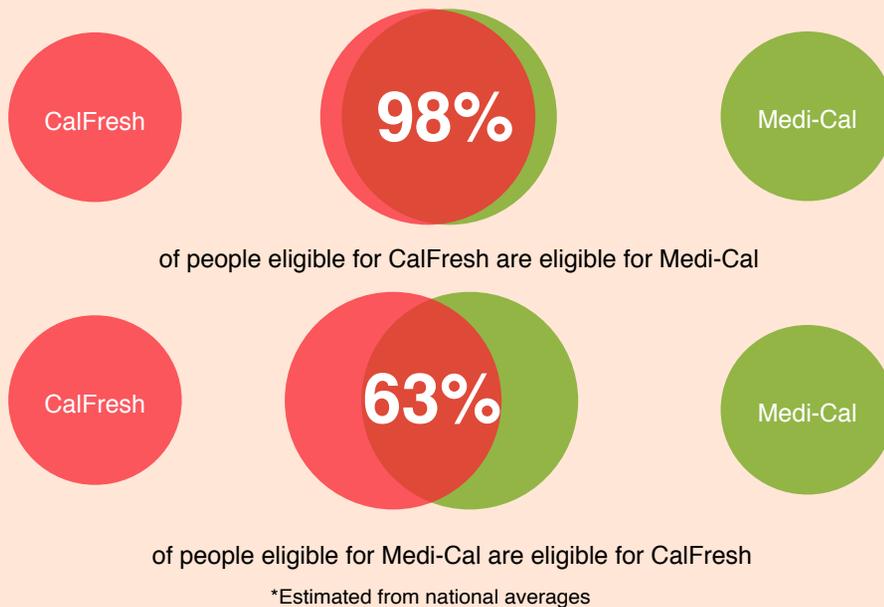
Seligman, Hilary K., Barbara A. Laraia, and Margot B. Kushel. "Food Insecurity is Association with Chronic Disease Among Low-Income NHANES Participants." The Journal of Nutrition. 140 (2): 304-310.

## IV. WHY NOW IS THE TIME TO INTEGRATE



The opportunities for integration have never been greater:

1. The recent and historic expansion of Medi-Cal under the Affordable Care Act (ACA) increases the opportunity to dually enroll eligible people in CalFresh and Medi-Cal:



Source: Angeles, January and Shelby Gonzales. "Coordinating Human Services Programs with Health Reform Implementation." Center on Budget and Policy Priorities. Washington, DC, 2012. <http://citesource.trincoll.edu/chicago/documents/chicagoconfpaper.pdf>.

2. AB 191, a state law effective January 1, 2014, expands CalFresh eligibility specifically for households with Medi-Cal recipients.<sup>1</sup>
3. The ACA has language that allows states to apply for waivers to automatically enroll the CalFresh population into Medi-Cal. California is currently exploring this option.<sup>2</sup>
4. For community based organizations who are interested in providing Medi-Cal, it is still possible to become a Certified Enrollment Entity (CEE). CEEs are reimbursed \$58.00 for each approved Medi-Cal application. Covered California's health exchange website provides information on how to apply:

<http://www.healthexchange.ca.gov/Pages/EnrollmentAssistanceProgram.aspx>

\* A press release on Jan 23, 2014 announced that Covered California has been granted additional federal funding for outreach, marketing, enrollment assistance, staffing and technology. It is possible that more Medi-Cal funding opportunities will result.<sup>3</sup>

1. California Department of Health and Human Services Agency. "Implementation of Assembly Bill 191—CalFresh Categorical Eligibility for Medi-Cal." California, 2013. <http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2013/13-108.pdf>.

2. Shing, Angela and Kim McCoy Wade. "Webinar: Covered California/Affordable Care Act and CalFresh." California Food Bank Association. October 28, 2013. <http://myfoodstamps.org/resources.html>.

3. "Covered California Receives Federal Grant to Continue Work of Expanding Health Care Access." January 23, 2014. Press Release.

## V. HOW CAN COMMUNITY BASED ORGANIZATIONS INTEGRATE, AND WHAT ARE THE BENEFITS AND CHALLENGES FOR EACH INTEGRATION MODEL?

### MODEL A: IN-HOUSE DUAL APPLICATION ASSISTANCE

In this model, community based organizations (CBO) employ application assisters (AA) that are cross-trained in both CalFresh and Medi-Cal. This means that clients can receive CalFresh and Medi-Cal application assistance from one AA, usually in one sitting.

### Model A: In-House Dual Application Assistance



**Client walks into CBO**



**Dual Application Assister**  
Client works with AA to complete and submit CF and MC application



**HHS**  
contacts client for next steps



**CBO Follow-up**  
Depending on client's case needs

**CBO:** Community based organizations, that, for the purposes of this report, engage in either CalFresh or Medi-Cal application assistance  
**Dual Application Assister:** Community based organization staff who provide CalFresh and Medi-Cal application assistance  
**AA:** Application Assister  
**CF:** CalFresh  
**MC:** Medi-Cal  
**HHS:** Health and Human Services Agency (San Diego County)



### **Impact on client:**

1. The application process is easier for clients because they fill out one application for both programs.
2. Clients save time because they don't have to repeat their story, fill out duplicative paperwork, or make multiple trips to turn in the same documentation to meet verification requirements.
3. A streamlined approach to application assistance ensures that clients who are likely eligible for CalFresh and Medi-Cal apply for both.

### **Impact on CBO:**

1. Providing application assistance for two programs requires more staff time, training, and funding.
2. CBOs are better able to meet their mission of supporting the health and wellbeing of their clients.

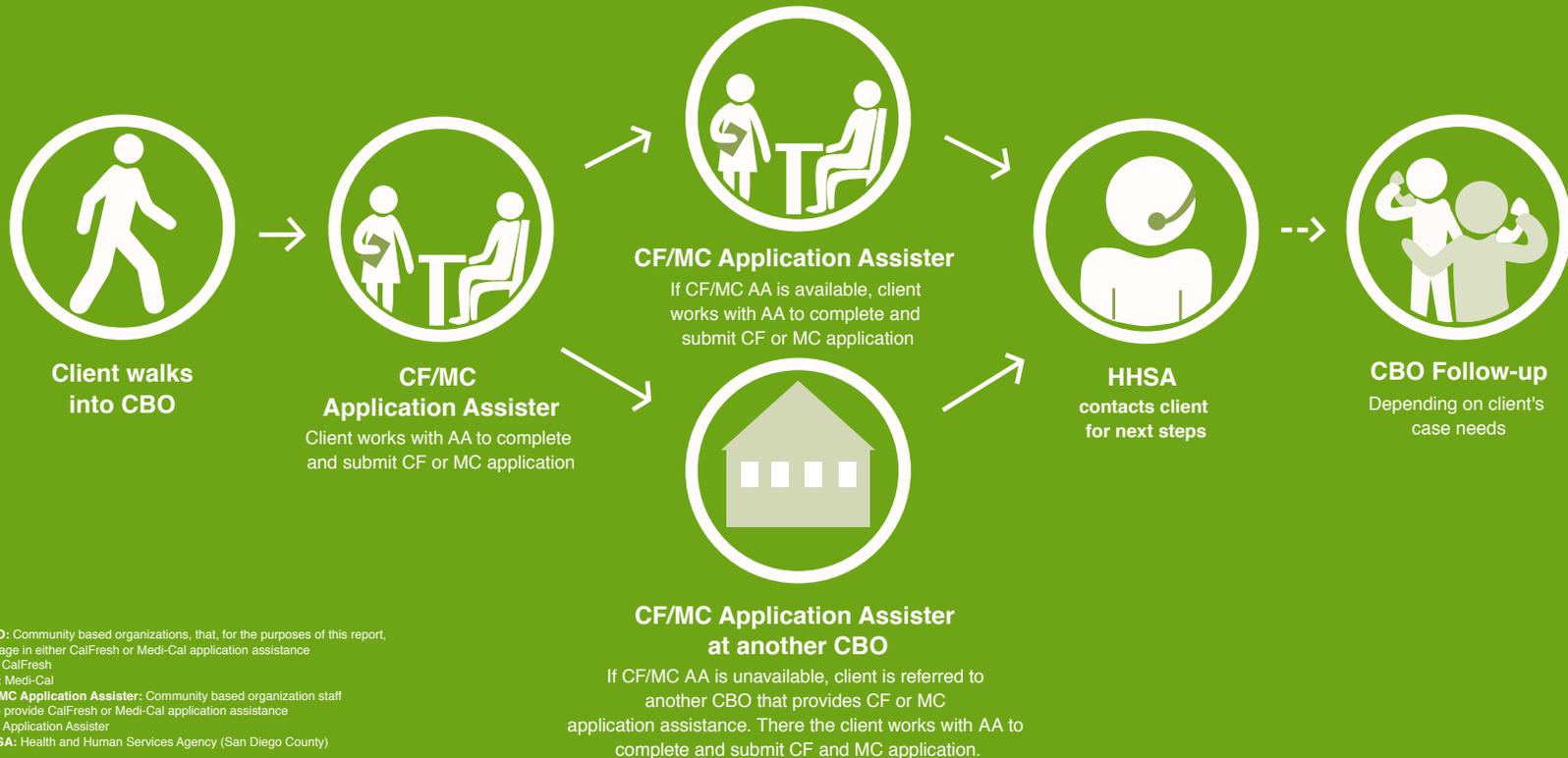
### **Considerations for CBOs:**

1. Diverse funding is needed to cover the costs of both CalFresh and Medi-Cal programs unless CBO has a large source of unrestricted funding.
2. CBOs should look for funding that allows them to engage in all steps of application assistance for both CalFresh and Medi-Cal: outreach, prescreening, application assistance, and follow-up.

## MODEL B: IN-HOUSE CALFRESH AND MEDI-CAL APPLICATION ASSISTANCE

In this model, community based organizations (CBO) employ distinct CalFresh and Medi-Cal application assisters. Depending on what service a client enters the organization seeking, they will be helped by one of these assisters. For example, a client seeking Medi-Cal application assistance will be helped by an application assister (AA) who is trained in Medi-Cal. The client will then be asked if they are interested in applying for the other service available and will be sent to another AA that specializes in that program. If, at any point, there is not an AA available to assist with the secondary application, the client may be referred to another CBO.

### Model B: In-House CalFresh and Medi-Cal Application Assistance





### **Impact on client:**

1. If an AA who has the expertise to enroll a client into CalFresh/Medi-Cal is unavailable, the client will have to wait in the office, come back another day, or be referred to another CBO. This is not the most efficient way to receive services.
2. Client is made aware of and connected to CalFresh and Medi-Cal application assistance services.

### **Impact on CBO:**

1. It requires additional staff time to provide two programs with separate application assisters. This is not the most efficient way to provide services.
2. CBOs are striving to meet their mission of supporting the health and wellbeing of their clients.

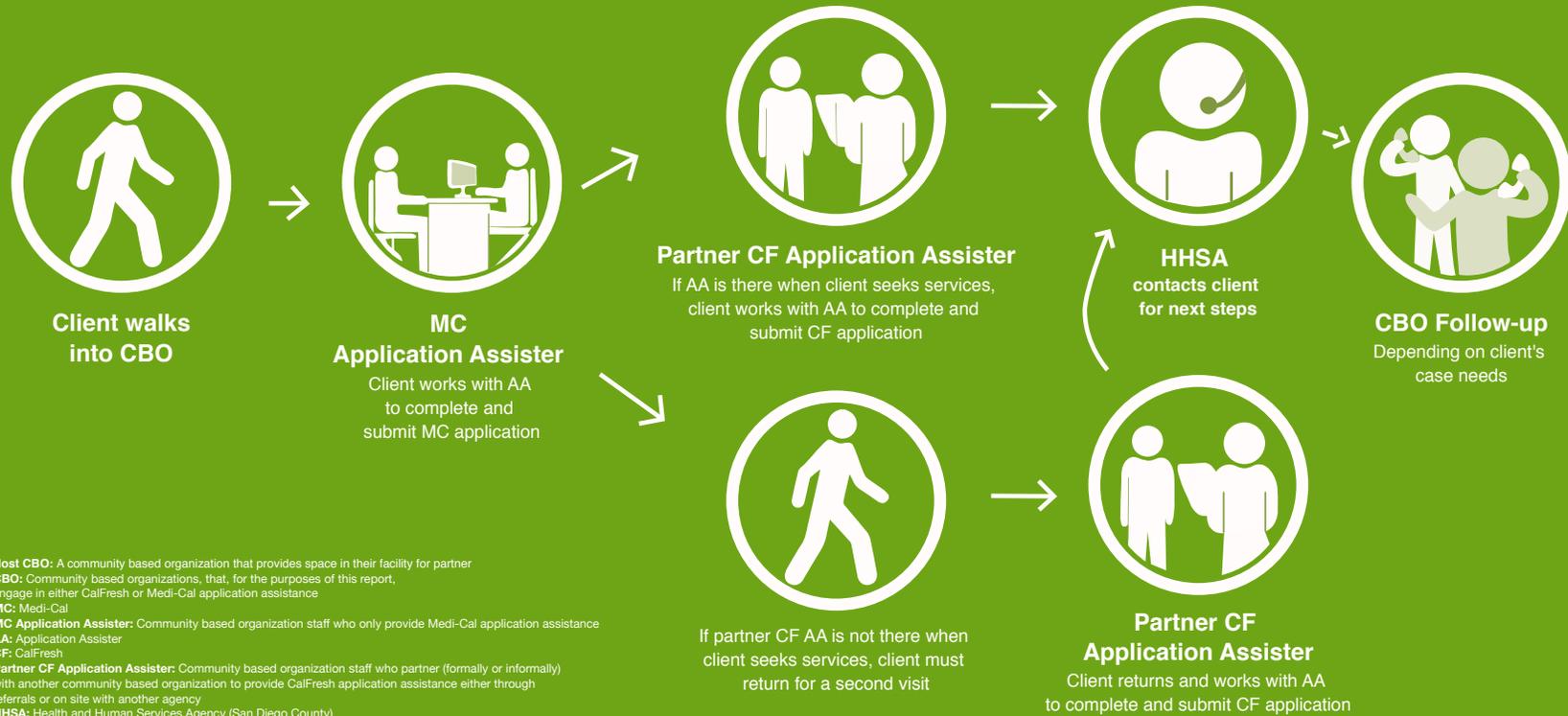
### **Consideration for CBOs:**

While this model is a great step towards meeting the multifaceted needs of clients visiting a CBO, it does not take full advantage of staffing resources available. Cross-training application assisters in both CalFresh and Medi-Cal, however, allows CBOs to most effectively utilize staff while meeting client needs.

# MODEL C: Host CBO PROVIDES IN-HOUSE MEDI-CAL APPLICATION ASSISTANCE AND PARTNER CALFRESH APPLICATION ASSISTANCE

In this model, community based organizations (CBOs) employ Medi-Cal application assisters (AA) and host a CBO partner agency to provide CalFresh application assistance onsite. While scheduling formats vary across host sites, most sites host CalFresh AAs at least once a week for several hours.

## Model C: Host CBO Provides In-House Medi-Cal Application Assistance and Partner CalFresh Application Assistance





### **Impact on the client:**

1. Clients can potentially receive both CalFresh and Medi-Cal application assistance under one roof with two AAs and two applications.
2. If the client receives Medi-Cal application assistance at a time when the partner CalFresh AA is not there, they will have to return to apply for CalFresh. A multi-visit application process increases the risk that eligible clients will not sign up for both programs or will need to seek additional application assistance from another source.

### **Impact on CBO:**

1. Enables CBOs that do not have the capacity to employ dual AAs onsite to still offer CalFresh application assistance to their clients.
2. Builds connections and partnerships with other CBOs, which increases the resources available to them.

### **Considerations for host CBOs:**

1. This partnership can form easily and informally. Often it only takes a couple of phone calls to find a CBO that is interested in partnering.
2. CBOs providing partner CalFresh application assistance typically prefer that the host CBO has the following:
  - a. Heavy traffic of a population that is potentially eligible for CalFresh.
  - b. A relatively private place to provide application assistance.
  - c. Staff who are invested in promoting the CalFresh program to their clients (e.g., disseminating flyers or making interagency referrals).
  - d. Access to wireless Internet (depending on the partner CalFresh AAs' needs).
3. All Medi-Cal AAs should be educated on the goals of the partnership.
4. Dedicating a space for application assistance is a key way to increase the visibility of these services.

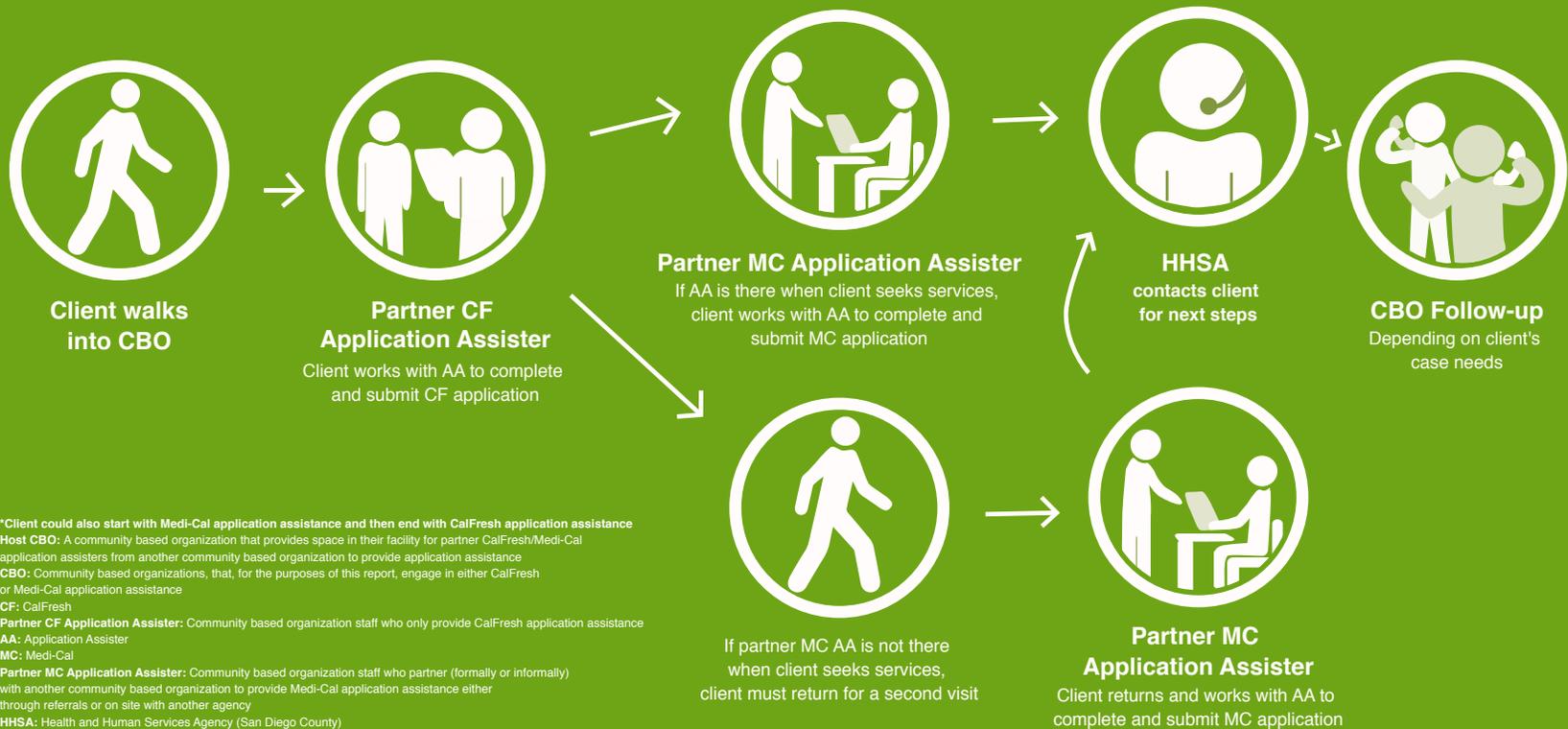
### **Considerations for host and partner CBOs:**

1. Consistency and commitment from both partners is important to building visibility and trust within the client population of the host organization. The partner agency must also show up at the scheduled time and the host site should have dedicated space.
2. A calendar of events makes clients aware of when services will be offered and helps them plan accordingly.
3. Additional resources should be available in the case that partner CalFresh AA services are not available when the client visits the host CBO.

# MODEL D: Host CBO Works with Partners to Provide CalFresh and Medi-Cal Application Assistance

In this model, community based organizations (CBO) that do not have application assisters (AA) for each program host both CalFresh and Medi-Cal AAs from partner CBOs to provide regular, onsite application assistance. Since the partner AAs are coming from different CBOs, the times that they provide application assistance at the host CBO may or may not overlap.

## Model D: Host CBO Works with Partners to Provide CalFresh and Medi-Cal Application Assistance





### **Impact on client:**

1. It is convenient for clients to be able to receive CalFresh and Medi-Cal assistance at the same CBO.
2. Due to challenges scheduling simultaneous CalFresh and Medi-Cal application assistance, the client may need to make an additional visit to apply for both programs. Like Model C, a multi-visit application process increases the risk that eligible clients will not sign up for both programs or will go elsewhere to seek assistance.

### **Impact on host CBO:**

1. The cost of this partnership is free to the host CBOs, but it requires a program coordinator to communicate with partner CBOs.
2. If the CBO does not have the capacity to build its own application assistance programs, this model assists CBOs in providing additional assistance to accessing important resources.

### **Considerations for host and partner CBOs:**

The considerations are the same as with the previous Model C: Partnerships can form easily and informally, CBOs providing partner CalFresh application assistance have certain requirements for host CBOs, consistency and commitment from both partners is necessary, etc. The difference is that CBOs in Model D should coordinate their CalFresh and Medi-Cal application assistance to help clients access both services during the same visit.

“...How wonderful if I could bring [CalFresh] to our patients. That was my vision, so then I made some phone calls, got to know the staff a little more, invited them in and that’s how the partnership was formed. And it just made sense to have [the CalFresh outreach partner] here. I have the space, I have the patients....and so I thought that would be great to have them here so they wouldn’t have to go anywhere else... It’s a wonderful agreement of passion and commitment to our community ”

- Martina Nittra Savedra  
Program Supervisor  
Women’s Wellness Center

## VI. WHAT ARE THE KEY DIFFERENCES BETWEEN THE INTEGRATION MODELS?

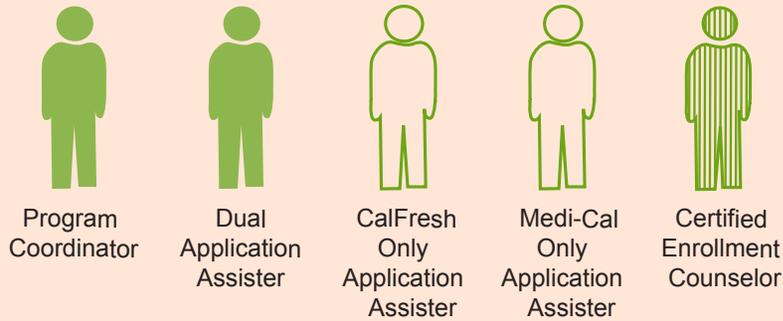
The differences in Models A, B, C, and D are primarily the result of differences in staff capacity and funding:

- Community based organizations in Model B spend the most staff time per client on application assistance. Application assisters help clients fill out an application for either CalFresh or Medi-Cal and then spend time connecting clients to another staff member to repeat the entire process all over again. While CBOs in Model A also provide both CalFresh and Medi-Cal programs, they spend less time per client on application assistance because they use a single streamlined application.
- The majority of funding sources currently available to CBOs engaging in application assistance are unique to either CalFresh or Medi-Cal. Very few dual application assistance funding streams exist. This means that organizations engaging in Model A's dual application assistance require diverse funding sources to train and employ staff members that are able to assist both CalFresh and Medi-Cal.
- While funding diversity characteristics are similar between Models B and C, Model C requires less staff capacity as all CalFresh application assistance services are provided by a partner organization. Thus, both might have to seek a diversity of funding sources to meet granter fund matching requirements, but overall Model C's costs are lower because they are only employing one form of application assistance.
- Model D's funding is unlike the other models. Since the cost is free to host application assisters, it only requires a program coordinator to communicate with partner CBOs.

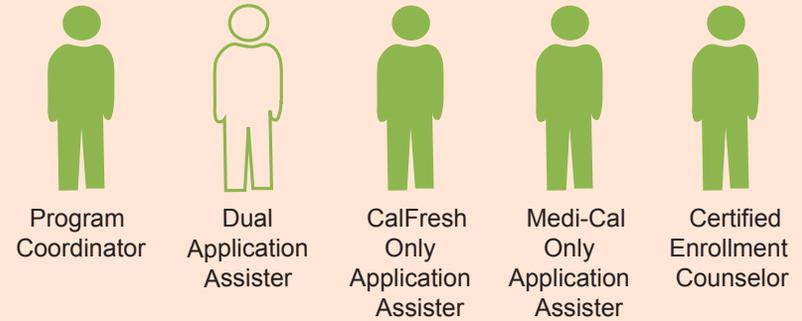
# Staff Capacity & Funding



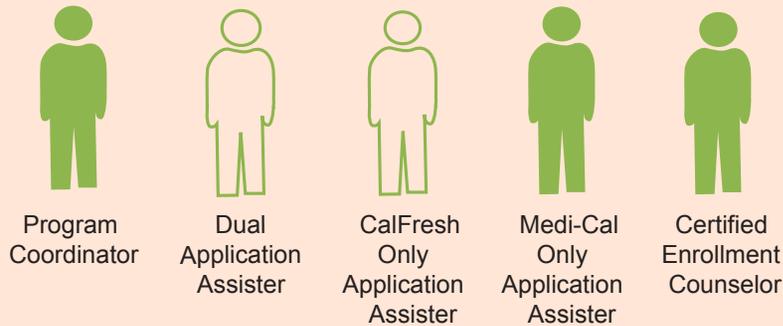
Model A



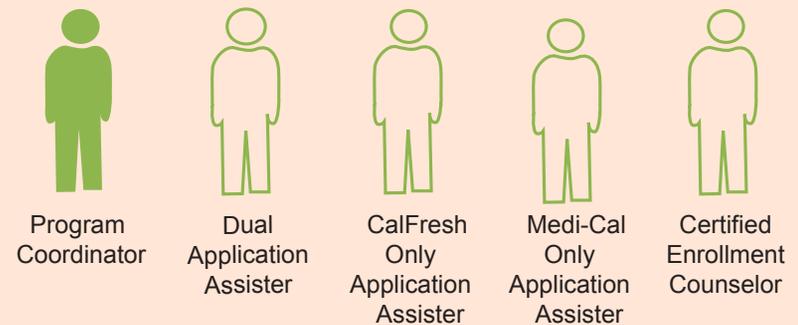
Model B



Model C



Model D

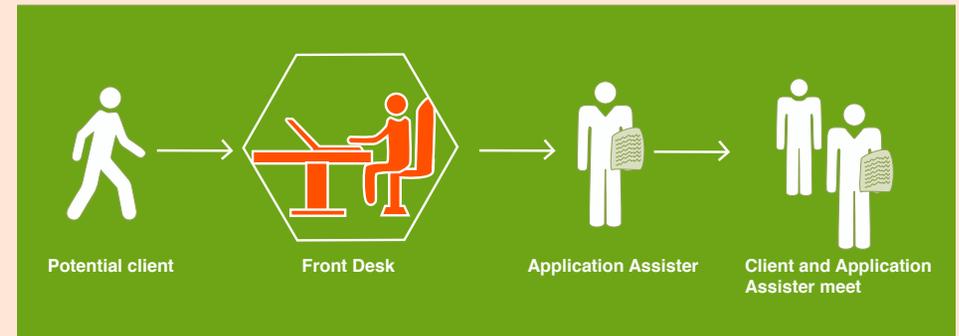


 CBOs have this position	 Some CBOs have this position	 CBOs don't have this position	 Average number of funding sources	 Model funded through general operating costs
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## VII. WHAT MAKES INTERGRATION SUCCESSFUL?

Integration requires the active participation of different players. Below are specific ways community based organizations (CBO) and philanthropic agencies can enhance the effectiveness of integration efforts:

40% of program managers who had Medi-Cal trained AAs were uncertain of the agency they had received Medi-Cal training from



1. Community based organizations assisting with Medi-Cal need a nonprofit organization or coalition that provides comprehensive Medi-Cal training. The CalFresh Task Force does this for CalFresh and numerous organizations wanted to see the same thing for Medi-Cal.

2. Hiring multi-lingual application assisters to meet the language needs of the communities being served, or partnering with CBOs that can provide translation improves the effectiveness of integration efforts. Promotion materials available in multiple languages improve education and access.

### APPLICATION ASSISTENCE LANGUAGE NEEDS



3. Implementing a prescreening protocol with a client's first point of contact (e.g. front desk workers, etc.) and educating them about CalFresh and Medi-Cal services is a key way to disseminate information about these programs to all potentially eligible individuals walking through the CBO's doors.



4. Follow up case management services helps clients navigate the complex eligibility process.

25% of CalFresh clients are more likely to have their application approved with Hunger Coalition partner agencies than if they were to apply through the county on their own.

5. Building outcome-tracking mechanisms, such as number of clients prescreened, enrolled, or assisted with follow-up advocacy, etc., is essential for reporting successes, which can be used as data for funding requests.

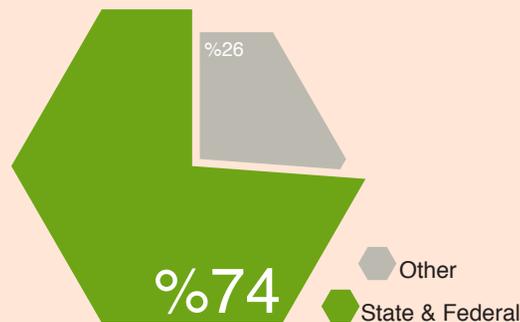
6. Tracking clients' barriers and establishing relationships with HHSA (directly or through a lead agency) is a great way to share concerns and build opportunities to create systemic improvements. Client experiences provide powerful examples of what changes need to be made in the eligibility process.

7. Community based organizations that are not currently taking advantage of federal and state funding sources for their programs should inquire and consider doing so since these were the most common types of funding reported by CBOs that integrate.

8. Supporting clients at every step of the process is crucial to successful application rates. Funders can enable CBOs to best serve clients through their willingness to fund robust and comprehensive programming that supports the client from start to finish, including outreach, prescreening, application assistance, and follow-up.

9. Providing matching grants to draw down federal funds and cover important program costs not covered by government grants is another key role of funders.

Types of Funding CF/MC CBOs Reported



10. CBOs rely on a variety of tools to provide application assistance, case management, and advocacy. Below is a summary of some of the most commonly used tools:

### APPLICATION ASSISTANCE TOOLS

Application Used:	Technology Used:
<ul style="list-style-type: none"><li>• MyBenefits CalWin: Online application for CalFresh, Medi-Cal, and CalWorks</li></ul>	<ul style="list-style-type: none"><li>• Phone: Used for interviews with HHSA.</li><li>• Desktop computer</li><li>• Scanner</li><li>• Laptops: Enable CBOs to provide application assistance offsite in order to reach potentially eligible clients. A hot spot will sometimes be used in places with no Internet connection.</li><li>• Portable scanners: Used when providing application assistance offsite in order to submit a completed application immediately.</li><li>• Computer labs: An effective way to empower clients by making it possible for them to check and manage their accounts.</li></ul>

Applications Used:	Technology Used:
<ul style="list-style-type: none"><li>• SAWS 2 Plus: Streamlined CalFresh and Medi-Cal paper application</li><li>• CF285: CalFresh only paper application</li></ul>	<ul style="list-style-type: none"><li>• Phone</li><li>• Scanner</li><li>• Fax</li></ul>

<ul style="list-style-type: none"><li>• WebX: Web-based interview tool for CBOs in remote areas</li></ul> <p>*Use of WebX is dependent upon collaboration with HHSA.</p>	<p>Technology Used:</p> <ul style="list-style-type: none"><li>• Head set</li><li>• Camera</li><li>• Microphone</li><li>• Desktop computer</li><li>• Scanner and/or fax machine</li></ul>
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## CASE MANAGEMENT TOOL

- Case management database: Helpful for tracking and organizing client information. Some CBOs use specific databases required by their funding agencies. There are database platforms created specifically for CalFresh outreach.

## CLIENT ADVOCACY TOOLS

- Dedicated CBO line
- Out-stationed eligibility workers: County employees who provide outreach and enrollment services at a CBO.
- County Liaisons: Points of contact, usually supervisors from HHSA, that can help address more complex case issues for organizations trained in CalFresh advocacy (training provided by SDHC).
- CalFresh Task Force: A collaborative group of trained CalFresh outreach agencies and HHSA liaisons that work to identify barriers and create solutions to improve CalFresh outreach and enrollment processes.

## VIII. QUESTIONS UNRESOLVED AS OF FEBRUARY 2014



Integration is constantly evolving as people adjust to new regulations and new technologies. Right now the following questions are still unresolved:

1. Will Certified Enrollment Entities (CEE) be reimbursed for their approved Medi-Cal applications if they apply through MyBenefits CalWin instead of Covered California?
2. Who will reimburse CEE's approved Medi-Cal applications and provide trainings after Covered California's contract with CEEs ends?

## IX. APPENDIX

Qualitative data was collected in the form of in-depth interviews and focus groups with various key stakeholders at multiple levels of the CalFresh and Medi-Cal application processes.

We conducted 30 in-depth interviews with CBO program managers and application assisters offering CalFresh and Medi-Cal application assistance.

Our interview questions explored each organization's specific program models to learn about how they formed, how they provide application assistance, and what barriers they face to providing both programs.

In-depth interviews were also conducted with three HHSA administrators and program managers and three state-level CBO leaders in order to gain a better understanding of their efforts to integrate CalFresh and Medi-Cal.

Lastly, two focus groups were held with San Diego county residents in City Heights and National City to learn about their experiences with CalFresh and Medi-Cal. Our methodology presented several limitations.

First, our sample size of Medi-Cal only CBOs was limited because phone calls to these organizations were either not returned, or the front desk was unable to direct us to the appropriate staff member.

In addition, two out of our 30 interviews were held with application assisters because their program managers were unavailable.

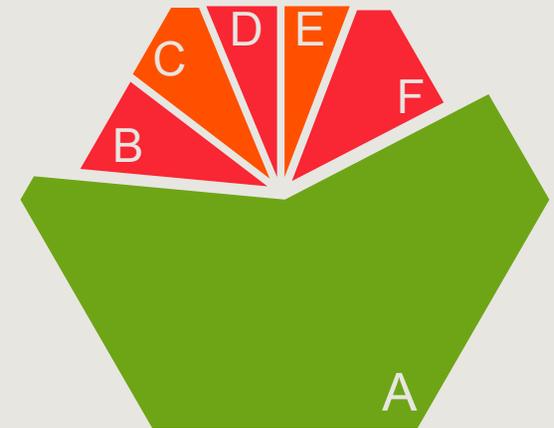
Since these two positions have different areas of expertise, we may have been limited in learning about the aspects we were seeking to learn about.

Also, numerous additional questions surfaced during the course of data collection.

While various attempts were made to collect additional data based on early conversation and evolving policy changes, we were not always able to reconnect with every key stakeholder.

Lastly, since the Affordable Care Act (ACA) was still rolling out at the time of the interviews, program managers were often uncertain about the specific ways in which ACA changes were going to impact their Medi-Cal program.

### Distribution of Stakeholders



**A:** 20 CF/MC CBOs

**B:** 3 State CBO Leaders

**C:** 3 County Admin. and Program Managers

**D:** 2 Resident Groups

**E:** 1 MC only CBO

**F:** 4 CF only CBOs

