

JUNE 2017

# INCREASING CALFRESH PARTICIPATION THROUGH MEDI-CAL IN-REACH: DATA & PRACTICAL STRATEGIES

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## Executive Summary

California has one of the lowest enrollment rates in the Supplemental Nutrition Assistance Program (formerly Food Stamps, CalFresh in California) compared to nearly all other states in the nation,<sup>1</sup> leaving nearly two million Californians with inadequate access to food resources. However, the expansion of the Medi-Cal population in recent years has forged a relationship between many potentially CalFresh-eligible households and the local county welfare departments that administer both programs. The California Department of Social Services (CDSS), in partnership with the Alliance to Transform CalFresh (ATC), has developed a method for identifying such likely-CalFresh-eligible individuals and their enrollment status in CalFresh. With growing threats to Medicaid at the federal level, it is time to leverage CDSS' approach to engage in targeted in-reach to increase CalFresh participation rates. The SF-Marin Food Bank has conducted this initial analysis of CDSS' data to identify specific opportunities at the state and local levels.

### *Key Findings and Recommendations:*

1. Strong dual enrollment rates among likely-CalFresh-eligible Medi-Cal participants correspond with high CalFresh Participation Reach Indices (PRI). Eight counties have a dual enrollment rate of 50% in the target population; these counties also have the highest PRIs.

**Recommendation #1:** CDSS should set 50% as the target dual enrollment rate for this population.

2. Dual enrollment rates vary notably by consortia and by geographic region. It is unclear whether this reflects a meaningful business process difference by consortia, differences in Medi-Cal program representation by region, and/or economic or population differences by region.

**Recommendation #2:** CDSS should investigate differences in dual enrollment rates by consortia and region to gain an understanding of which factors are the largest drivers.

3. Analysis of the age, race/ethnicity, and language profiles of unenrolled but likely-CalFresh-eligible participants reveals important demographic themes statewide, as well as important local variation.

**Recommendation #3 (a):** CDSS and counties should use the demographic information about their unenrolled likely-CalFresh-eligible population to create targeted in-reach strategies that will be the most likely to resonate with sub-groups.

**Recommendation #3 (b):** CDSS should support the development and sharing of targeted message campaigns to common target sub-groups.

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<sup>1</sup> Cunyngnam, Karen (January 2017). *Reaching Those in Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2014*. Accessed June 13, 2017: <https://fns-prod.azureedge.net/sites/default/files/ops/Reaching2014.pdf>

4. Several tools exist to identify individuals in the target in-reach population at the county level: C-IV has a data query report, San Francisco has shared notes on how to pull CalWIN data.

**Recommendation #4 (a):** C-IV counties should utilize the ad hoc report to generate a list of likely-CalFresh-eligible individuals, refining in-reach strategies based on the geography and demographics of those individuals.

**Recommendation #4 (b):** CalWIN and LRS should develop a similar tool.

5. Strategies for increasing dual enrollment typically fit into one of four categories: Worker capacity and encouragement, community partnerships, active county follow-up / in-reach, and promotional messaging. Appendix A provides a summary of specific examples by county.

**Recommendation #5:** CDSS should support counties in adopting strategies that create the biggest opportunities to increase dual enrollment, building on resources and protocols that have been developed and tested elsewhere.

## Overview – Identifying and reaching out to likely-CalFresh-eligible Medi-Cal participants

Enrollment of low-income Californians in Medi-Cal is robust statewide thanks to the successful ACA rollout started in 2014. In contrast, enrollment in CalFresh still remains tepid in many counties. The relationship that county welfare departments have to Medi-Cal participants creates a valuable opportunity for identifying likely-CalFresh-eligible individuals and households and encouraging them to apply for CalFresh.

California Department of Social Services (CDSS) has recently released county-level data showing the CalFresh enrollment rates for likely-CalFresh-eligible Medi-Cal participants, along with basic demographic information about those who are not enrolled (the target population for in-reach).<sup>2</sup>

The first several sections of this report provide analysis of these data, focusing on the following key questions:

1. How strongly does dual enrollment of likely-CalFresh-eligible Medi-Cal participants correlate with CalFresh participation rates?
2. What would a reasonable target rate be for dual enrollment of this target population?
3. Are there notable differences in dual enrollment rates across consortia, region, or county size?
4. What do we know about the population of unenrolled but likely-CalFresh-eligible Medi-Cal participants, and how can that help guide in-reach strategies? Do demographics of this population differ significantly across counties?

The subsequent sections describe ways to identify the target population at the county level, as well as useful strategies for improving dual enrollment outcomes.

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### *Which Medi-Cal participants are likely-CalFresh-eligible?*

CDSS uses Medi-Cal aid codes to identify participants who are:

1. Very low income (below 138% FPL);
  2. Not SSI recipients;
  3. Not inmates or in long term care facilities; and
  4. Citizens or authorized immigrants.
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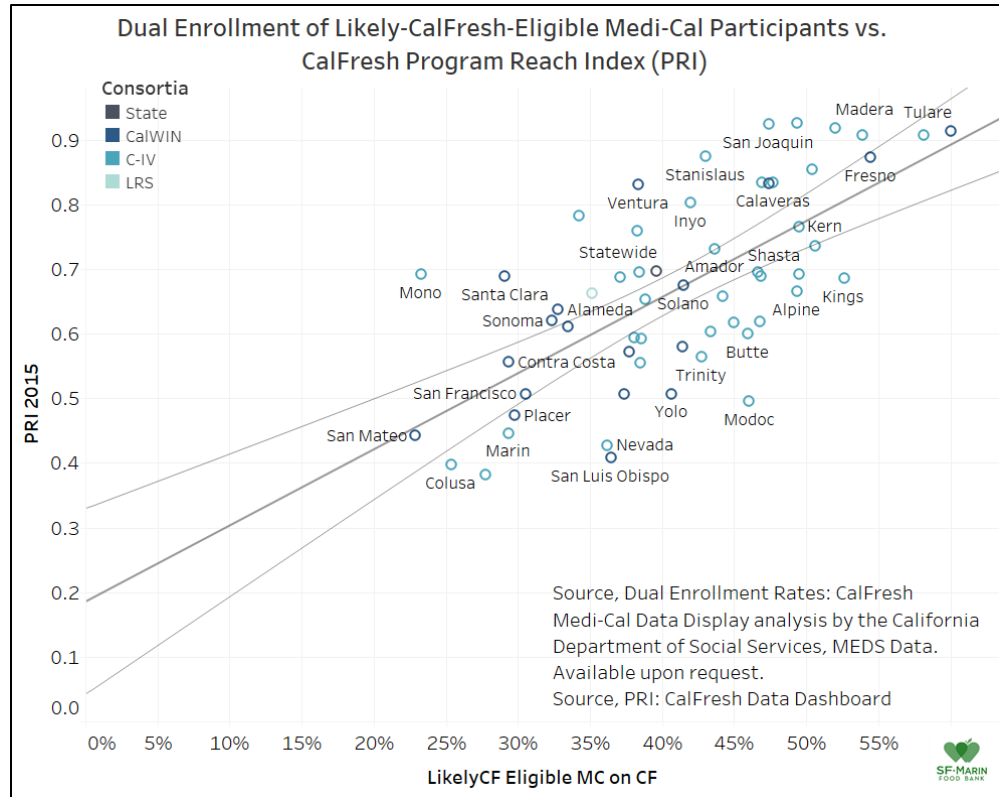
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<sup>2</sup> “Likely-CalFresh-eligible” is defined by Medi-Cal aid code. CDSS developed the [methodology](#) for this in partnership with the SF-Marin Food Bank. Data for January 2017 is available from CDSS upon request.

## Strong dual enrollment rates translate to high CalFresh participation

Fifty percent dual enrollment of likely-CalFresh-eligible Medi-Cal participants represents very strong CalFresh participation.

It is no surprise that counties with high CalFresh enrollment rates of likely-CalFresh-eligible Medi-Cal participants also have high PRI scores, reinforcing the value of targeted in-reach in this population. While the aid code method for narrowing the in-reach population does not completely eliminate ineligible households (the maximum rate is 60%



CalFresh take-up), it does narrow the field considerably. Counties can use data from local SAWS databases to get an even more targeted in-reach pool.<sup>3</sup>

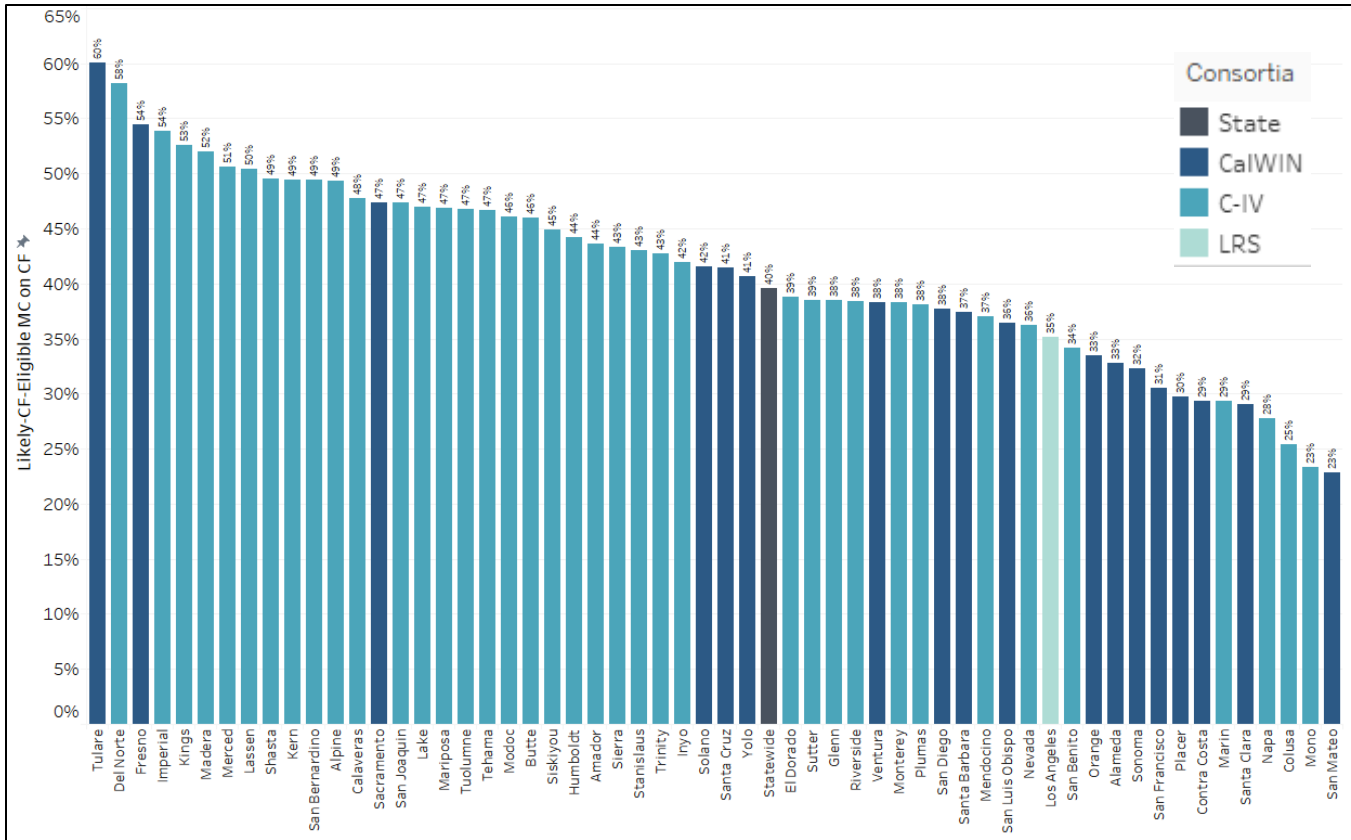
[Our analysis](#) by county shows that dual enrollment among likely-CalFresh-eligible individuals range from 23% to 60% at the county level, suggesting that some counties have a lot of opportunity to increase CalFresh enrollment in this population (see chart on the following page). Eight counties have rates of 50% or higher. **We recommend that the California Department of Social Services (CDSS) set 50% as the target dual enrollment rate for this population.** If the state rate were to reach 50%, it would push the PRI over 80% statewide.

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**Recommendation #1:**  
*CDSS should set a target of 50% for CalFresh enrollment rates among likely-CalFresh-eligible Medi-Cal participants.*

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<sup>3</sup> San Francisco County narrowed the aid code methodology in three ways. First, they excluded anyone with reported income more than 100% FPL. Next, they removed anyone in a case where another member of the Medi-Cal case was either enrolled in CalFresh or not considered likely-CalFresh-eligible.



## Dual enrollment rates vary notably by consortia and region, but reasons are unclear

The chart on the following page shows that C-IV counties have stronger dual enrollment rates, on average. Regionally, the San Joaquin Valley has the highest rates, while Los Angeles and the Bay Area have the lowest rates. These differences could be due to:

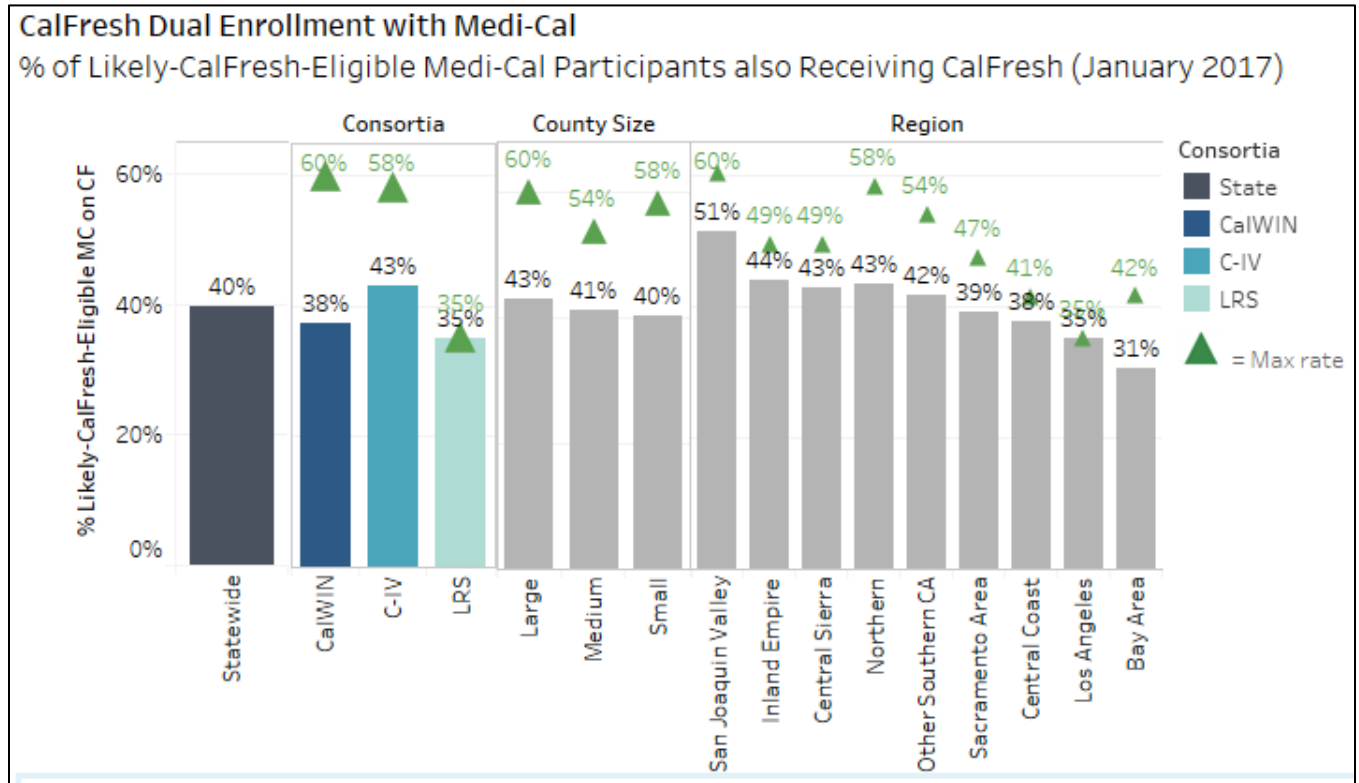
- Operational differences in dual enrollment protocols/practices by consortia.
- The composition of the Medi-Cal target population in certain counties or regions. That is, some Medi-Cal programs may have lower maximum dual enrollment rates than others, which could impact the overall rate in a county or region if that program represented a larger share of the target group.
- Other economic or population trends, especially by region.

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**Recommendation #2:**  
*CDSS should investigate differences in dual enrollment by consortia and region to gain an understanding of which are the largest drivers.*

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We recommend that CDSS investigate differences in dual enrollment rates by consortia and region to gain an understanding of which factors are the largest drivers.



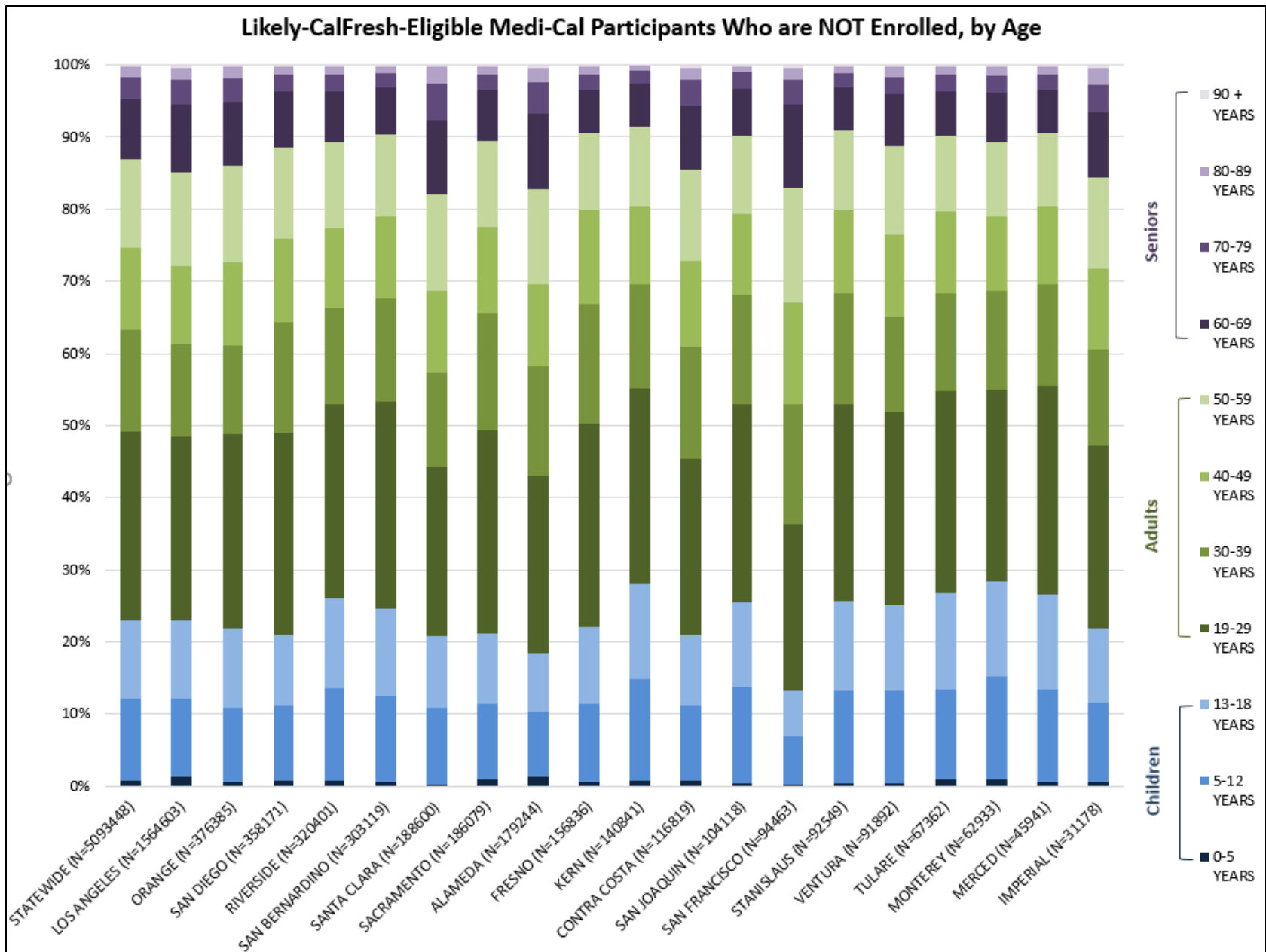
## Demographics of the unenrolled target population should guide state and county-level in-reach strategies

Demographic analyses (age, race/ethnicity, and language) of unenrolled likely-CalFresh-eligible Medi-Cal participants are available statewide and for the 19 largest counties.<sup>4</sup> Those counties represent 88% of the statewide target population. Smaller counties may be able to request a similar breakdown of this population from CDSS.

**Age:** The age charts on the next page show three major groups by age: non-senior adults, children, and seniors. Each group may respond better to tailored messages and in-reach partnerships.

<sup>4</sup> CDSS has some limitations on the data summary breakdowns that they are able to provide publicly when those summaries result in very small sub-groups. For that reason, this initial analysis was limited to the 19 largest counties: Los Angeles, Orange, San Diego, Riverside, San Bernardino, Santa Clara, Sacramento, Alameda, Fresno, Kern, Contra Costa, San Joaquin, San Francisco, Stanislaus, Ventura, Tulare, Monterey, Merced, and Imperial.





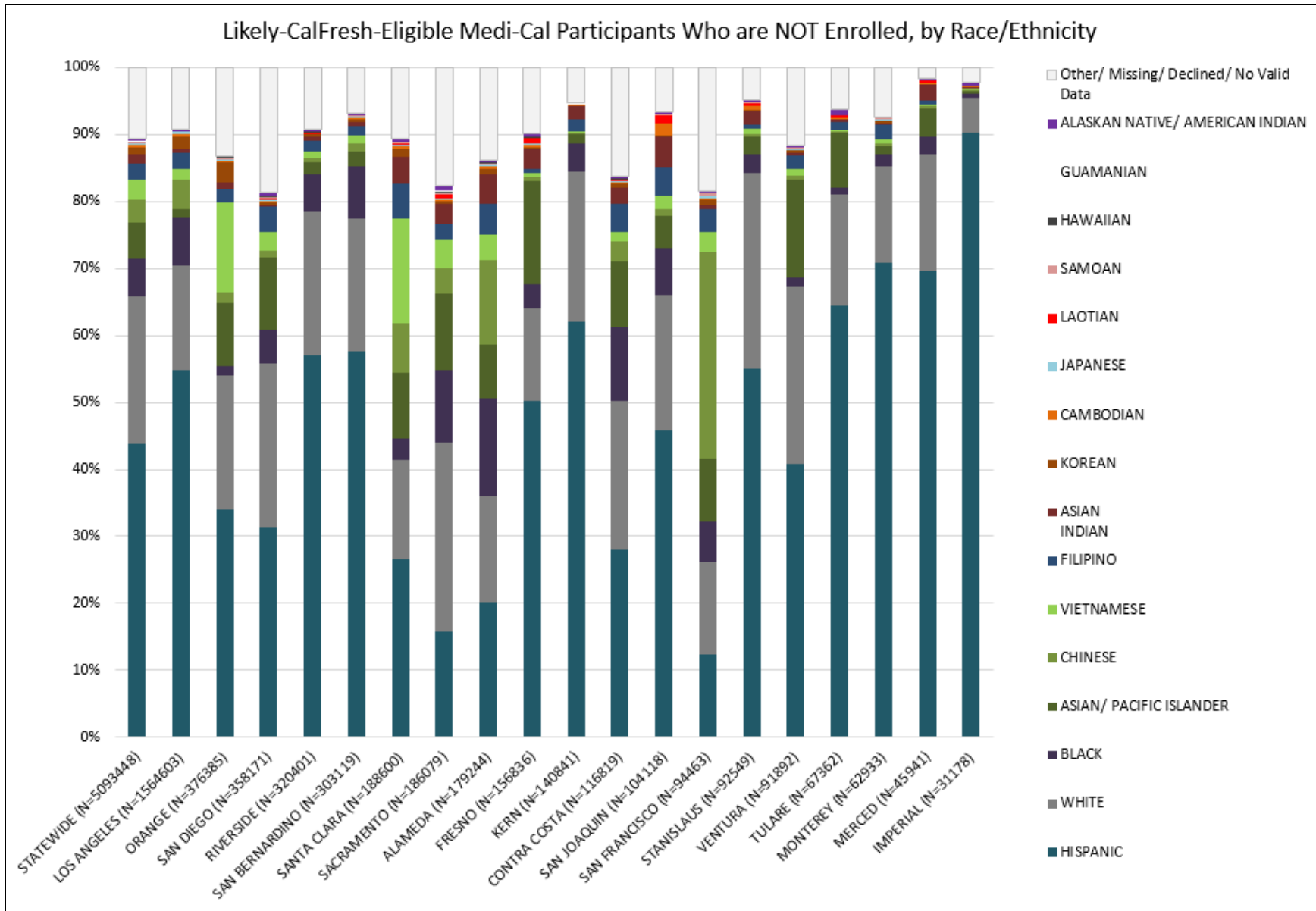
Source: CDSS Summary of January 2017 MEDS Data

The following trends are largely similar across counties, with some variations:

1. **Non-senior adults** (age 19-59) make up the biggest group of unenrolled likely-CalFresh-eligible Medi-Cal participants. Within that group, the youngest cohort (age 19 – 29) is often the largest. In-reach efforts may want to consider this youngest group separately. For example, what share are likely to be students given the presence of higher education institutions in the county? What are the best strategies for reaching them in collaboration with schools? For those younger adults that are not students, are there certain messages that might be the most compelling? Are there low-income young adults who might not think that CalFresh is “for them”? How might targeted messaging convince them otherwise?
2. **Children** typically make up anywhere from 20% to 25% of the target population, with nearly all of them being school age (5-18 years) across all counties. Surely, some of the non-senior adults represent the parents of these children.
3. **Seniors** (age 60+) typically make up 10% - 15% of the target population. Within the senior cohort, the largest group by far is baby boomers (age 60 – 69) for all counties. The roll out of the Elderly Simplified Application Project and Standard Medical Deduction would be a good opportunity to refine messages for this population. Seniors may also benefit from in-reach plans that incorporate trusted community partners in the senior services arena, as older adults are sometimes wary of requests for personal information that may be fraud or elder abuse.

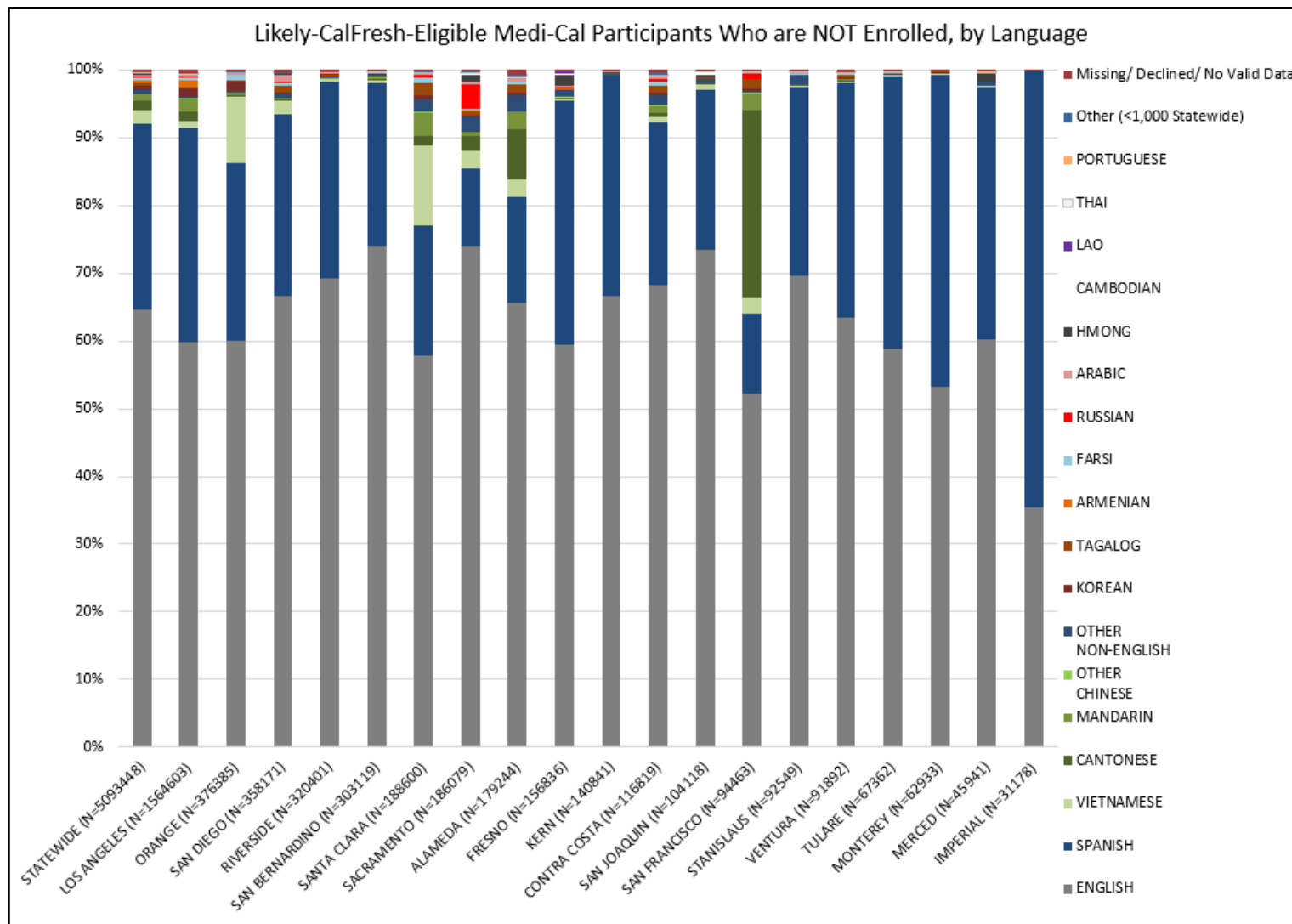
**Race/Ethnicity:** Most counties have race/ethnicity data reported for at least 85% of the population. See the race/ethnicity charts on the next page. For those with reported race/ethnicity:

1. **Hispanic or White** Medi-Cal participants make up the two largest groups of the target population in nearly every county. San Francisco is an outlier, with a very large share being Chinese.
2. **Race/ethnicity breakdowns vary a lot by county.** Some of this variation may reflect demographics and some may reflect data collection practices. For example, some counties report a reasonably large share of the target population as “Asian/Pacific Islander,” a catch-all category, rather than identifying sub-groups. For those counties, language may provide more insight into demographics.
3. **The number of significantly sized sub-groups varies by county.** In some counties, the target population is largely composed of only two or three major groups; others have a more diverse set of reported groups, which may or may not require different messaging and in-reach.



Source: CDSS Summary of January 2017 MEDS Data

**Language:** With the exception of Imperial County, the largest reported language is typically English, followed by Spanish. It is unclear whether this language field indicates the primary spoken or written language. Again, San Francisco is an outlier, with a large Cantonese-speaking target population. Orange and Santa Clara counties have reasonably sized Vietnamese-speaking communities in their target population.



Source: CDSS Summary of January 2017 MEDS Data

While broad-based in-reach efforts (e.g. mailings, postcards, or text campaigns) are an important tool for encouraging likely-CalFresh-eligible Medi-Cal participants to apply for CalFresh, counties may find greater success by pairing those with tailored, strategic efforts focused on specific sub-populations. These may include targeted messages, as well as partnerships with community partners that may already have relationship with the target populations. **We recommend that CDSS and counties analyze unenrolled likely-CalFresh-eligible populations to create in-reach strategies that will be the most likely to resonate with sub-groups. CDSS should support the development and sharing of targeted message campaigns to common target subpopulations so that counties do not need to develop those messages over and over again.**

## How to identify likely-CalFresh-eligible Medi-Cal participants in your county

Several tools are available to counties pursuing Medi-Cal in-reach.

### ***C-IV Ad Hoc Report:***

C-IV, in partnership with Humboldt County, has recently created a report that will generate a list of unenrolled likely-CalFresh-eligible Medi-Cal clients.

[ATC's recent webinar<sup>5</sup>](#) provides details about how to use that report.

### ***CalWIN Data Query Suggestions from San Francisco:***

San Francisco County used CalWIN data to query and refine the in-reach population. Notes about how they queried that data are available here:

[SFHSA Aid Code Notes<sup>6</sup>](#).

### ***Methodology Documentation:***

A [document describing the methodology](#) for using aid codes to identify likely-CalFresh-eligible Medi-Cal participants is available on the ATC website at TransformCalFresh.org. This resource should enable other counties or the CalWIN/LRS consortia to develop a similar tool to the C-IV ad hoc report.

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### ***Recommendation #3:***

- a) *CDSS and counties should use the demographic information about their unenrolled likely-CalFresh-eligible population to create targeted in-reach strategies that will be the most likely to resonate with sub-groups.*
  - b) *CDSS should support the development and sharing of targeted message campaigns to common target subpopulations.*
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### ***Recommendation #4:***

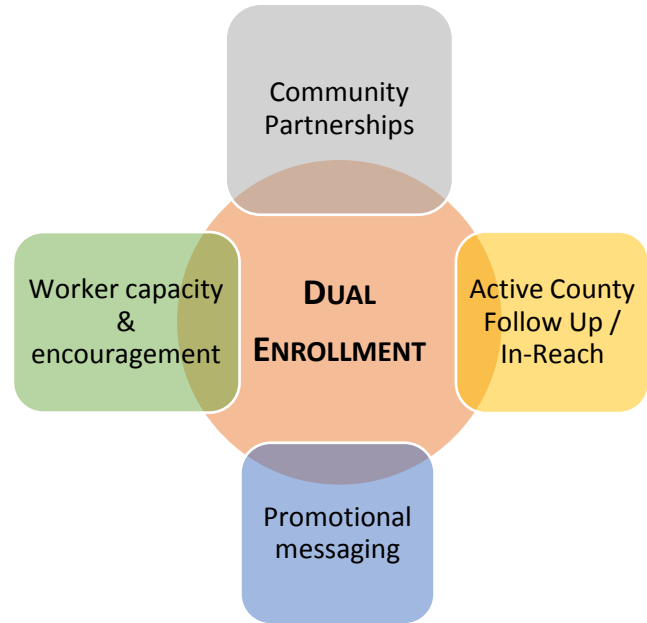
- a) *C-IV counties should utilize the ad hoc report to generate a list of likely-CalFresh-eligible individuals, refining in-reach strategies based on the geography and demographics of those individuals.*
  - b) *CalWIN and LRS should develop a similar tool to allow those counties to identify likely-CalFresh-eligible individuals easily.*
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<sup>5</sup> <http://transformcalfresh.org/webinars/finding-potential-calfresh-participants-using-medi-cal-caseload-data-step-step-guide/>

<sup>6</sup> [http://transformcalfresh.org/wp-content/uploads/2016/05/SFHSA-Notes\\_AidCodes\\_MC\\_CF.pdf](http://transformcalfresh.org/wp-content/uploads/2016/05/SFHSA-Notes_AidCodes_MC_CF.pdf)

## What strategies should counties pursue?

Strategies for increasing dual enrollment typically fit into one of four categories: Worker capacity and encouragement, community partnerships, active county follow-up / in-reach, and promotional messaging. The goals of these strategies are:



- **Worker capacity and encouragement:** Eligibility Workers (EWs) treat screening and applying for CalFresh as an integral step in the Medi-Cal enrollment process. They have sufficient training to do it with confidence, and they effectively communicate its value.
- **Community Partnerships:** Medi-Cal providers and CBOs that serve many Medi-Cal participants understand the value of CalFresh and have a robust relationship with the program. Provider hubs actively promote CalFresh and link applicants effectively to the program. Application referral protocols are strong.
- **Active County Follow Up / In-Reach:** Likely-CalFresh-eligible cases are informed about CalFresh and encouraged to apply (e.g., via mail, text, email, in office). Applying is easy enough that it feels like the obvious thing to do.
- **Promotional messaging:** Medi-Cal applicants encounter frequent, convincing messages that applying for CalFresh is a good idea (Online, in-office, mail). Messages are tailored to specific audiences.

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### **Recommendation #5:**

*CDSS should support counties in adopting strategies that create the biggest opportunities to increase dual enrollment, building on resources and protocols that have been developed and tested elsewhere.*

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For a list of specific strategies that counties are pursuing as of the writing of this report, see Appendices A and B.

## Conclusion

CDSS and county welfare departments are poised to engage in increasingly meaningful in-reach work with the likely-CalFresh-eligible Medi-Cal population. In order to further this work, we recommend specific next steps for CDSS and local counties.

### **Recommendations for CDSS:**

- Set a meaningful target for dual enrollment rates for likely-CalFresh-eligible Medi-Cal participants: 50%.
- Investigate differences in dual enrollment rates by consortia and region to gain an understanding of which factors are the largest drivers.
- Develop tools to analyze the demographics and geographic locations of unenrolled likely-CalFresh-eligible population to create targeted in-reach strategies that will be the most likely to resonate with sub-groups.
- Support the development and sharing of targeted message campaigns to common target subpopulations.
- Support counties in adopting strategies that create the biggest opportunities to increase dual enrollment, building on resources and protocols that have been developed and tested elsewhere.

### **Recommendations for counties:**

- Use the demographic information about their unenrolled likely-CalFresh-eligible population to create targeted in-reach strategies that will be the most likely to resonate with sub-groups.
- C-IV counties should utilize the ad hoc report to generate a list of likely-CalFresh-eligible individuals, refining in-reach strategies based on the geography and demographics of those individuals.
- CalWIN counties and Los Angeles should request that the CalWIN and LRS systems develop a tool similar to the C-IV ad hoc report.

## Appendix A: Examples of Dual Enrollment Strategies by County, and by Strategy Type

These descriptions reflect dual enrollment strategies that the Alliance to Transform CalFresh is aware of as of June 2017.<sup>7</sup> Updates and additions are welcome – contact [djensen@sfmfoodbank.org](mailto:djensen@sfmfoodbank.org) to provide feedback. The table groups counties by consortia, as data systems are sometimes an important aspect of implementation.

County	Contact	Worker capacity & encouragement	Community Partnerships	Active Follow-up	Promotional Messaging	Strategy	Outcomes/Learning/Next Steps
<b>CalWIN Counties</b>							
Alameda	Liz Gomez (ACCFB) egomez@acafb.org  Alisa Loveman (ACHSA) Aloveman@acgov.org			✓	✓	<b>Pre-populated CalFresh application sent with Medi-Cal recertification packet:</b> Starting in October 2016, the county is sending a pre-populated CF application to ~ 1,800 likely-CalFresh-eligible Medi-Cal cases with their recertification packet each month. Target populations includes seniors and households with children. Carefully tailored the look and feel of the mailing materials with the client's perspective in mind. Food bank contact information is included for those who need help.	Since October 2016, more than 11,000 CalFresh applications were mailed along with the Medi-Cal Renewal packet. As of the end of January, ~13% of October's mailing recipients returned an application for CalFresh. The approval rate for those that returned the CalFresh application ranges from 26-30%. The county is continuing to look at the data to see if there will be an increase in approvals over the next 90 days.

<sup>7</sup> Note that there may be other counties using these strategies or others. The ATC developed this list based on information from counties in which dual enrollment rates were especially high, or in counties that were known to be making concerted efforts to address dual enrollment. Not all counties responded to ATC's request for information. We welcome additional information from other county efforts.



County	Contact	Worker capacity & encouragement	Community Partnerships	Active Follow-up	Promotional Messaging	Strategy	Outcomes/Learning/Next Steps
Fresno	Jose Corchado jcorchado@co.fresno.ca.us	✓				<b>Worker training:</b> Dual trained eligibility workers who can enroll applicants in CalFresh and Medi-Cal. Screening for dual-eligibility at application intake.	
San Diego	Rick Wanne Richard.Wanne@sdcounty.ca.gov  Albert Garcia Alberto.Garcia@sdcounty.ca.gov			✓		<b>Mailings to Covered California referrals:</b> Covered California referrals are mailed an application packet.	83,490 - Total mail-outs, from March 2016 thru February 2017. 10.2% responded (8,588), 47% of those (4,024) were approved.
San Diego	Rick Wanne Richard.Wanne@sdcounty.ca.gov  Albert Garcia Alberto.Garcia@sdcounty.ca.gov			✓		<b>Text Messages to Health Coverage Applicants:</b> Applicants seeking health benefits are sent a text message informing them of CalFresh and how to apply.	May 2017 - 7,618 individual text messages sent.
San Diego	Rick Wanne Richard.Wanne@sdcounty.ca.gov  Albert Garcia Alberto.Garcia@sdcounty.ca.gov	✓				<b>In-Office Customer Engagement:</b> Staff are instructed to inform Medi-Cal applicants of the availability or potential CalFresh eligibility when customers are in the office. EWs are cross trained to process both types of application.	

County	Contact	Worker capacity & encouragement	Community Partnerships	Active Follow-up	Promotional Messaging	Strategy	Outcomes/Learning/Next Steps
San Diego	Rick Wanne Richard.Wanne@sdcounty.ca.gov  Albert Garcia Alberto.Garcia@sdcounty.ca.gov				✓	<b>Dual Enrollment Promo Material:</b> Flyer developed and shared at monthly events and resource fairs	
San Diego	Rick Wanne Richard.Wanne@sdcounty.ca.gov  Albert Garcia Alberto.Garcia@sdcounty.ca.gov		✓	✓		<b>Prescription for CalFresh:</b> Nurses at a public health clinic screen patients for potential CalFresh eligibility. Likely eligible clients receive a Rx for CalFresh with details about how to apply. The clinic sends a copy of the referral to the CalFresh Outreach contractor to follow up and provide application assistance, if needed.	

County	Contact	Worker capacity & encouragement	Community Partnerships	Active Follow-up	Promotional Messaging	Strategy	Outcomes/Learning/Next Steps
San Francisco	Tiana Wertheim tiana.wertheim@sfgov.org			✓		<p><b>Mailings &amp; Outbound Calls:</b> The county contracted with San Diego 211 to conduct outbound calls to Medi-Cal clients who are likely eligible for CalFresh. Using CalWIN data, the county identifies 1,200 Medi-Cal cases per month who are likely eligible for CalFresh. They send a postcard and letter informing the household that they might be eligible for CalFresh and should be expecting a call to discuss along with a phone number in case they'd like to proactively respond. Contracted with San Diego 211, an auto-dialer calls in English, Spanish, and Cantonese, and completes as much of the application over the phone as possible including verifications and signatures.</p>	<p>~11% of leads complete the application, 61% of those approved. Greatest success to date is with senior households.</p> <p>Aid code analysis identified several key target populations for in-reach, including seniors.</p> <p>In 2017, SF-HSA is targeting senior households in order to tailor the messaging of letters and phone calls, as well as engaging with CBO partners in the senior services community to reinforce in-reach efforts.</p>

County	Contact	Worker capacity & encouragement	Community Partnerships	Active Follow-up	Promotional Messaging	Strategy	Outcomes/Learning/Next Steps
San Francisco	Tiana Wertheim tiana.wertheim@sfgov.org		✓			<b>Outstationed eligibility workers at health care settings:</b> SFHSA outstationed a worker at Zuckerberg San Francisco General Hospital, the SF Health Plan, and a community clinic. The county piloted a "Rx for CalFresh" effort at the health clinic to encourage applications. Seven other (non-health-related) outstation sites also take dual applications.	Success at outstations varies, and depends largely on the host agency's capacity to screen and refer potential applicants.
San Francisco	Tiana Wertheim tiana.wertheim@sfgov.org	✓				<b>Worker training:</b> 1) Ongoing cross training of eligibility workers to enroll in all programs; 2) Researched typical reasons that clients say they did not want apply for CalFresh, developed scripts to "rebut" those reasons, practiced scripts with an improv coach; 3) Measuring and celebrating unit or worker-level dual enrollment successes.	

County	Contact	Worker capacity & encouragement	Community Partnerships	Active Follow-up	Promotional Messaging	Strategy	Outcomes/Learning/Next Steps
San Francisco	Tiana Wertheim tiana.wertheim@sfgov.org					<p><b>Contracted with marketing firms to develop:</b></p> <p>1) Culturally relevant letters &amp; postcards to accompany outbound call campaign (messages, food images).</p> <p>✓ 2) Posters/banners with myths/facts about Medi-Cal and CalFresh, posted at county offices and outstation sites.</p> <p>3) Videos in English, Spanish, and Cantonese for use with community partners.</p>	All materials have been tailored to be as culturally relevant as possible.
<b>C-IV Counties</b>							
Kern	Martha Esparza esparzm@kerndhs.com	✓				<p><b>Worker training:</b></p> <p>Dual trained eligibility workers who can enroll applicants in CalFresh and Medi-Cal. Proactive screening for dual-eligibility at application intake.</p>	
Kern	Martha Esparza esparzm@kerndhs.com	✓	✓			<p><b>Partner training:</b> Provide CalFresh application training to CBO partners that already provide Medi-Cal outreach to encourage dual applications.</p>	

County	Contact	Worker capacity & encouragement	Community Partnerships	Active Follow-up	Promotional Messaging	Strategy	Outcomes/Learning/Next Steps
Kern	Martha Esparza esparzm@kerndhs.com			✓	✓	<b>Created outreach material</b> for use when referrals from Covered CA indicate interest in CalFresh. Streamlined online application for those cases by using Covered CA/SAWS online bridge to prefill certain questions based on Medi-Cal application data.	
Riverside	Liz Soler lsoler@riversidedpss.org  Ann Barnes-Dansby adansby@riversidedpss.org	✓				<b>Worker training:</b> Increased training of eligibility staff to enroll applicants in both CalFresh and Medi-Cal.	Dual eligibility training for Medi-Cal staff began October 2016.
Riverside	Liz Soler lsoler@riversidedpss.org  Ann Barnes-Dansby adansby@riversidedpss.org		✓			<b>Coordinated dual outreach:</b> 1) DPSS' Community Outreach Branch enrolls both CalFresh and Medi-Cal applicants at multiple countywide community events (Health Fairs, WIC and Public Health Offices). 2) Building lasting relationships with community partnerships & CBOs. Community Outreach Branch sits on 10-15 collaboration teams.	1) Event attendees average 3370 per 2016-2017 quarter.

County	Contact	Worker capacity & encouragement	Community Partnerships	Active Follow-up	Promotional Messaging	Strategy	Outcomes/Learning/Next Steps
Riverside	Liz Soler lsoler@riversidedpss.org  Ann Barnes-Dansby adansby@riversidedpss.org				✓	<b>Promotional Materials:</b> 1) Focused marketing initiative for the CalFresh Program. 2) Created new and improved promotional posters for CalFresh Awareness Month, distributed to all district offices for lobby display. 3) District Staff and Outreach Branch will continue to provide flyers and information regarding CalFresh and the acceptance of EBT at Farmers Markets County Wide.	CalFresh Educational Information provided to staff and customers via posters, emails, and mailers informing customers of healthy eating.
San Bernardino	Angelica Ruiz aruiz@hss.sbcounty.gov  Sarah Colella scolella@hss.sbcounty.gov	✓				<b>Worker training and support:</b> 1) Dual trained eligibility workers who can enroll applicants in CalFresh and Medi-Cal. 2) Screening for dual-eligibility at application intake. 3) Address increased processing needs: call centers; 4/10 schedules to support Saturday calls; work at home staff; Processing Center to assist in the processing MAGI referrals; shift workers to intake during open enrollment.	

County	Contact	Worker capacity & encouragement	Community Partnerships	Active Follow-up	Promotional Messaging	Strategy	Outcomes/Learning/Next Steps
San Joaquin	Kevin Stamper kstamper@sjgov.org	✓				<b>Worker training &amp; protocols:</b> 1) Dual-trained eligibility workers. 2) Screening for dual-eligibility at intake and recert. 3) Call center handles Medi-Cal calls from Covered CA, suggest applying for other programs when appropriate. 4) Follow-up liaison if client misses an appointment.	
San Joaquin	Kevin Stamper kstamper@sjgov.org			✓		<b>Renewal case review for CalFresh:</b> Workers look over cases at renewal and inform clients on a case by case basis if they appear to be eligible for CalFresh.	



## Appendix B: Summary of Dual Enrollment Strategies by Type

Worker Capacity & Encouragement Strategies	
Strategy	Counties using this strategy <sup>8</sup>
Dually trained eligibility workers can enroll applicants in Medi-Cal and CalFresh.	Fresno, Kern, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin
Workers are encouraged to actively screen for dual eligibility at intake.	Fresno, Kern, San Bernardino, San Diego, San Francisco, San Joaquin
Workers are encouraged to actively screen for dual enrollment at Medi-Cal renewal.	San Joaquin
Develop and train eligibility workers on scripts that debunk common reasons people say they might not want to apply for CalFresh.	San Francisco
Measure and celebrate dual enrollment success at the unit and worker level.	San Francisco
Adjust protocols and work schedules to address increased processing volumes due to dual enrollment.	San Bernardino
Assign a follow-up liaison for missed appointments.	San Joaquin
Community Partnership Strategies	
Strategy	Counties using this strategy
Prescription for CalFresh provided by public health nurses, referrals go to CalFresh Outreach contractor.	San Diego
Out-stationed eligibility workers take CalFresh applications at health settings.	San Francisco
Provide CalFresh application training to CBO partners that already provide Medi-Cal outreach.	Kern
Coordinated outreach for CalFresh and Medi-Cal.	Riverside
Outreach collaboration teams between county and community partners.	Riverside, San Francisco
Active Follow-Up / In-Reach Strategies	
Strategy	Counties using this strategy
Send letters, postcards, & outbound calls to unenrolled but likely-CalFresh-eligible Medi-Cal participants.	San Francisco
Send pre-filled CalFresh applications to likely-CalFresh-eligible Medi-Cal clients with renewal packet.	Alameda
Follow up with Medi-Cal/Covered CA applicants via text message regarding CalFresh.	San Diego
Send CalFresh application packet to Covered CA referrals.	San Diego
Streamlined application for Covered CA referrals.	Kern

*(Table continued on next page)*

<sup>8</sup> Note that there may be other counties using these strategies or others. The ATC developed this list based on information from counties in which dual enrollment rates were especially high, or in counties that were known to be making concerted efforts to address dual enrollment. Not all counties responded to ATC's request for information. We welcome additional information from other county efforts.

Promotional Messaging Strategies	
Strategy	Counties using this strategy
Dual enrollment promotional flyer for outreach events.	San Diego
Outreach materials for use with Covered CA referrals.	Kern
Culturally relevant letters & postcards to accompany outbound call campaign (messages, food images).	San Francisco
Posters/banners with myths/facts about Medi-Cal and CalFresh, posted at county offices and outstation sites.	San Francisco
Videos in English, Spanish, and Cantonese for use with community partners.	San Francisco
Carefully tailored the look and feel of dual enrollment mailing materials with the client's perspective in mind.	Alameda
Developed improved CalFresh promotion materials (posters, emails, mailers) distribute to staff and customers.	Riverside