

SAN FRANCISCO FOOD SECURITY TASK FORCE SSI Workgroup MINUTES

Friday, October 19, 2018 9:00 – 11:00
1440 Harrison Street

Present: Anne Quaintance (Meals on Wheels); Cissie Bonini (UCSF/EatSF); Francesca Costa (SF Marin Food Bank); Jeimil Belamide (HSA-SFBN); Paula Jones (SFDPH); Diana Jensen (SF Marin Food Bank); Peri Weisberg (HSA); Ana Marie Lara (HSA-SFBN); Mary Adrian (HSA-SFBN); Krista Blyth-Gaeta (DAAS-IHSS); Cynthia Martinez (HSA-SFBN); Susie Lau (HSA-SFBN); Linda Murley (DAAS)

Minutes

AGENDA ITEM	DISCUSSION	ACTION ITEM
1. Call to order	Diana Jensen called the meeting to order at 9:03	
2. Welcome and introductions	Following introductions Diana discussed how the work group was created at the August FSTF meeting. Paula gave a brief overview of the Food Security Task Force	None
3. Review purpose of work group	Diana asked that people review the proposal for the work group which stated in part: <ol style="list-style-type: none"> 1. Coordination of local planning related to CalFresh SSI Cash-Out Reversal with related state efforts, including sharing of recommendations for state planning. 2. Developing collective goals and measurement tools for enrollments of SSI recipients. 3. Identify areas to streamline enrollment for SSI recipients, and coordinate efforts across City departments and community-based service providers. 4. Coordinate communications planning and outreach/in-reach work at both CBOs and city services to ensure that all key entities are poised to: 	

	<ol style="list-style-type: none"> 1. inform SSI recipients about policy change, 2. encourage SSI recipients to apply for CalFresh, and 3. Assist applicants with CalFresh applications, if needed. <p>Consensus on the purpose of the group was reached.</p>	
4. Confirm co-chairs and roles	The group established consensus that Diana Jensen and Ana Marie Lara as co-chairs.	
5. Update: Human Service Agency Planning to date	<p>Mary Adrian announced that HSA has submitted a supplemental budget proposal to hire 20 workers plus additional supervisors and manager to facilitate the process of enrolling SSI recipients into CalFresh and ensuring the process is equitable. Mary will keep the group informed of the status of the budget request. There are 17,000 IHSS recipients identified.</p> <p>The following suggestions were made with regard to the proposal</p> <ul style="list-style-type: none"> • The FSTF could write a letter in support of the proposal. • Provide information to stakeholders and encourage their attendance if the matter comes before the BOS • Calls could also be made to BOS members in support of the proposal <p>A question about the length of the process to apply was asked, and it was mentioned that the process takes about an hour. There will also be set locations where people can apply, and HSA is looking to get more out station staff. HSA is also holding internal meetings in order to keep aligned during this process.</p>	
6. Update – State planning	<p>Diana continued the discussion stating that the state’s goals align with the work group’s goal.</p> <ul style="list-style-type: none"> • Outreach to inform community members. This includes both outreach and inreach. The state has hired a public relations 	Peri will bring information on how SSI impacts meal

	<p>consultant. They will develop templates to be used at the local level. The state is also gathering a list of key “players” to assist with this roll out.</p> <ul style="list-style-type: none"> • Developing measures of success. They are trying to understand what data is available at the client level, and also trying to understand what is reliable, and how can counties use the data, as well as understand what they can share. The data is necessary to use to plan for the customer experience and to target messaging. • Making sure that customers’ experience of applying (including all ways of applying) is a good one. <p>It was suggested that Kaiser and other health systems, and CALFRESH have regional work groups that may be useful to this group. Diana will see if there is a rep from DHCS on the state wide work group.</p> <p>A question of whether this will affect SSI meal allotment was asked. Peri will look into this. Peri also suggested that other states made this change years ago, and there may be learnings from their experience that we can use. Peri will look into this.</p>	<p>assistance the homeless</p>
<p>7. Facilitated Activity: Kick starting the planning process and work group activities</p>	<p>(See page 5-9 below)</p> <ol style="list-style-type: none"> 1. What does success look like 2. What steps are needed for it to happen 3. Who needs to be involved 	<p>Francesca has an intern who will type the notes</p>
<p>8. Identify next actions</p>	<p>There was general discussion of who needs to be present at future work group meetings and when people who are not in attendance to should participate</p>	<p>Send additional names and organizations to the work group co-chairs</p>
<p>9. Discuss schedule for future meeting</p>	<p>Future meetings will be held on the third Friday of the month. Next meeting will be held November 16th 9-11 am.</p>	<p>The co-chairs and Paula will meet to</p>

	<p>Goals for the next meeting:</p> <ul style="list-style-type: none"> - Determine urgency of issues - Funding - PR – what is the plan in the Bay Area – include communications directors from HSA and possibly DPH - Timeline - Identify level of involvement of individuals on the work group - Data (Peri) will present internal data as well as census data <ul style="list-style-type: none"> o Profile of the population (census data) o Summarize Individual level data (internal HSA data) - Ana Marie will reserve the 2nd floor conference room at 1440 Harrison 	<p>discuss the agenda for the next meeting.</p>
<p>10. Adjournment</p>	<p>The meeting adjourned at 10:56</p>	

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Notes from Item 7 -, Facilitated Exercise /October 19, 2018

Overall, what does success look like? (Brainstorm)

- 100% enrollment by summer 2020
- Efficient (for HSA)
 - Easy verifications
 - Minimal reporting
- Meet applicants where they are:
 - Minimal lobby traffic
 - Telephonic everything
- Medical deductions are maximized
- Clients are informed
- No/little churn for TNB/SNB
- Clients can easily USE benefits
 - Restaurant meals
- People say/believe: “It IS worth it!!”
 - Connections to more, matches, etc.

Customer Experience/ Streamlined Enrollment (Coordinate Citywide)

What does success look like?

- Application is quick and easy over the phone
 - Online and telephonic enrollment options that streamline application process
 - Income, SSN, and ID are electronically verified
 - New SSI received CalFresh at same time
- TNB and SNB Recipient get help to complete timely reports
 - No recertification
- Tell effective stories that connects CBO's, community members and HSA
- Meet clients where they are for applications (senior centers, senior housing, etc.)
- Use EBT card over the phone/online to have groceries delivered
- Multiple physical entry points targeted to areas in city with high SSI concentration
- Community is satisfied with process

What steps are needed for that success to happen?

- Application for CalFresh, county business process:
 - Create on-demand/ flexible /inbound interviews process before cash in
 - Implement telephonic signature
 - Learn what data county will have for verifications
 - Refresher training for HSA staff on disability accommodations.
 - IHSS link to CalFresh for caregivers and those receiving care
- Experience applying/getting assistance in the community:
 - Refine HSA outstation and mobile application locations

- Evaluate and rearrange outreach across HSA programs
 - Redeploy outreach within HSA
- Identify/Streamline incentives for CBO's to support applications.
- Connect with SSA to get a list of all SSI clients or CDSS
 - Open communication with/between SSA and HSA
- Experience USING benefits:
 - Understand pilot online CalFresh use of EBT → when can SF do it?
 - Engage taxis, rideshares, etc. in transportation and delivery options✓
 - Engage more restaurants to accept EBT✓
- Consumer input
 - Focus groups for CalFresh access – Seniors/ Disability
 - Plan for customers to evaluate experience/ Client satisfaction surveys

Who needs to be involved? [Suggestion – Organization (name of person suggesting)

✓ = 1+ people agreed

- HSA, Food Bank, consumers, all from this meeting, Department of Public Health
- People who are recipients of SSI/CalFresh
- HSA's ADRC lead/coordinator ✓✓ (Peri)
- Randy M & Ana Marie Lara ✓✓ - HSA-CalFresh Policy and outreach coordinators (Suzie, Peri)
- Olga Stavinskaya-Velasquez – HSA Outreach manager
- Chandra Johnson – HSA communication ✓ (Kristy)
- SSA representative ✓ (Kristy)
- Zea Malawa SFDPH
- Wannetta Davis, Wanda Matters – HOPE SF
- Perry Lang ✓✓ (Peri)
- Customer experience designer- Pro Bono- IDEO etc.? (HSA innovations)
- Peer Advocates (Peri)

Set Targets & Measure Success

What does success look like?

- IHSS, SSI, and CalFresh
- Ability to reduce/avoid churn
- Data-driven enrollment goals
- Data sharing across agencies
- Measurable outcomes
 - Outcomes specific to the most vulnerable
 - Clear, Accountability with regards to outcomes

- Consumption usage
- Measure improvement in food security
- Maximum benefit levels
 - 75% of eligible SSI recipients signed up
 - 80% remain on CalFresh 7 years or more
- All SSI recipients are enrolled
 - We know where SSI recipients live
- Customer service metrics

What steps are needed for that success to happen?

- Set overall enrollment targets with timing
 - Agility and “real-time” data tracking
 - If targets are not being met adjust strategies to achieve goals
 - Show economic impact:
 - Leverage
 - Jobs
 - Improved health
 - Monitor reports closely to ensure that SSI folks don’t get discontinued for whatever reason
 - Break-down by target groups:
 - IHSS, congregate meals, Independent living resource centers
 - Identify SSI subpopulations and measure food security pre-change
 - Map neighborhood in high SSI recipients to HUBs within those neighborhoods
 - Map language translation needs in neighborhoods
 - Map acceptance of EBT
- Design customer service satisfaction surveys

Who needs to be involved? [Suggestion – Organization (name of person suggesting)]

✓ = 1+ people agreed

- HSA, Food Bank, consumers, all from this meeting, Department of Public Health
- Peri W. – HSA Planning (Suzie)
- Meilan - SSA (Paula J)
- Food Security researchers (Paula J)
- Dr. Hilary Seligman
- Mayor’s Office and Board of Supervisors (Anne Q?)

“Get the Word Out” - Coordinate communications, outreach, and in-reach to ensure all are poised to inform, encourage and assist.

What does success look like?

- All SSI recipients are eager to apply
- All SSI recipients and other populations are aware that they're eligible and encouraged to apply ✓
- Front line staff everywhere, know what is happening
- Multi-generational approach
- Multiple Communication Methods/Information is Everywhere
 - o Radio station/TV coverage, ✓✓✓✓
 - o Flyers, Text, Mailers, posters ✓✓✓
 - o On busses, media print ✓
 - o Grocery chains
 - o In all languages
- All city agencies, CBOs, residents know about the changes
- Focus groups to develop material
- Messengers: health settings, grocery/vendors ✓
- CLEAR, CONCISE, MESSAGING ✓
- Ensuring that we use all types of communication in ALL languages.
- "Overly" communicated. In community meetings, people say "everybody knows".
- Community feels included and empowered by process
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What steps are needed for that success to happen?

Communications/marketing planning:

- Develop professional marketing materials ✓
- Designate a PR manager for the rollout → make it a "campaign" ✓
- Study benefit level projections and use that to message (Eg. "Average \$100/mo!")
- Messaging about ease of use/EBT card
- Have a collective voice: one message from HSA/CBOs
- Map communication channels into the community (association collaborative)
- Need to develop a timeline to communicate to partners
- Funding for communications strategy and execution ✓✓
- Pay for ads
- Plan to address stigma for SSI recipients and for all seniors

Educate/inform other partners

- Study/Share healthcare savings to get folks onboard
- Create referral guide:
 - o How to apply, and/or get assistance

ID Key partners

- Talk to other counties about good partners to engage with
- Need to identify key partners for next meeting
- Involve and invite key opinion leaders to be a part of the process

Other topics:

- Sharing expertise from the start
- Understand more about caretakers/how to reach them
- Story telling/sharing

Who needs to be involved? [Suggestion – Organization (name of person suggesting)]

✓ = 1+ people agreed

- HSA, Food Bank, consumers, all from this meeting, Department of Public Health
- Outreach partners:
 - o Senior housing (homes)
 - o OnLok ✓ (Francesca)
 - o ADRC (Francesca)
 - o SF-HOT (Francesca)
 - o Downtown streets (Francesca)
 - o ECS (Francesca)
 - o SSA (Francesca)
- PR Firm, Health system, word of mouth community (Anne Q)
- Places of worship (Anne Q)
- Chandra Johnson- HAS communications ✓✓✓ (Ana Marie, Susie, Mary)
- SSA Representative
- Ana Marie Lara → SFBN for planning ✓
- Rowena Fantang @ IOA with ADRC's
- UCSF, ZSFGH → Dr. Seligman (Francesca)
- HSH or Transitional/supportive providers (Peri)
- SSI advocacy organizations (Peri)
- IOA, ILRC, SOA (Mercy?)
involved (DAAS) Aging and Disability Resource Centers (Linda)
- Clinics, hospitals (Kaiser, Dignity health, ZSFGH), Behavioral health ✓ (Paula J, Cissie)
- SF Health Plan, DPH Executive Team
- Housing sites (Cissie)

Other notes:

Generally we should assign leads in each area to coordinate efforts.

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