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Racism in Public Benefit Programs: Where Do We Go From Here?

By Madison Allen, CLASP

Public benefit programs are racist. They are also essential.

For decades, programs like Medicaid, the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) have provided essential support for families with low incomes. At the same time, these programs have reinforced structures of oppression. It is critical that we understand the history of the safety net in the United States because, without recognition of past and present harm, we run the serious risk of complicity in upholding systems of white supremacy.

Many scholars have written at length about racism and the history of public benefit programs and welfare reform in America. From “mother’s pensions” in the 1900s used to exclude Black women to Reagan’s “Welfare Queen” narrative in the 1980s to Clinton’s 1996 racialized welfare reform and workfare programs, false racist narratives have long been applied to people experiencing poverty. As Johnnie Tillmon noted in 1972, “we’ve been trained to believe that the only reason people are on welfare is because there’s something wrong with their character.” For decades, these narratives have served as dog whistles that are employed to garner support to cut funding and to restrict the eligibility for these programs with direct harms to both people of color and white people with low incomes.

Many of the white supremacist structures historically embedded in public benefit programs remain in place today. Disguised under terminology like “work requirements,” “family caps,” “drug testing,” and “resource limits” – these policies are fundamentally rooted in oppression, paternalism, and control of Black and Brown lives. The policies themselves reinforce misconceptions about beneficiaries, suggesting that individuals with low incomes must be coerced to work and avoid drug use. Although whites are the largest group of beneficiaries when it comes to government programs the support basic needs, policies framing benefits access in terms of deserving versus undeserving rely upon and perpetuate false narratives about benefit recipients.

While many of these policies appear race neutral, in practice they discriminate by failing to acknowledge the skewed racial realities of the U.S. criminal justice system and labor market. For example, when racial discrimination in hiring prevails, work requirements necessarily place a disproportionate burden on people of color. When states agencies direct staff to consider an applicant’s criminal history as a basis for reasonable suspicion in drug testing, people of color suffer the consequences of disparate policing of drug use in their communities. And when agencies impose resource limits with exclusions for home ownership, again people of color experience compounded barriers due to historic and systemic racism that excluded Black people from home-buying opportunities.

(Cont’d on page 2)

(Cont'd from page 1)

With Black and Latinx people dying from COVID-19 at significantly higher rates than white people, public health data is manifesting generations of racial inequities. These disquieting statistics challenge the advocacy community to propose solutions which address the systemic and historic discrimination that have long driven policymaking and implementation of public benefit programs. Looking forward, we must ask ourselves: How do we not only reduce inequities but eliminate them?

At a time when systemic discrimination and a widening racial wealth gap make it increasingly difficult for families to thrive, now is the time for us to evaluate the ways in which our past efforts have failed, to think beyond incremental reform, and to actively dismantle racism in the safety net. I hope that the advocacy community will consider all possibilities and continue these conversations in close partnership with people directly impacted by the outcomes. We must follow the direction of people with lived experience and affirmatively address the ways in which public benefit programs have been complicit in enabling suppression of Black people, Immigrants, and other communities of color. I look forward to the work ahead and to reimagining what is possible for the future of public benefit programs in our country.

One Year Later, Most of California's SSI Beneficiaries Still Do Not Have CalFresh Benefits

California started issuing CalFresh benefits to SSI beneficiaries in June 2019. Prior to that, all SSI beneficiaries in California received a \$10 benefit with their SSI checks. The \$10 constituted a cash-out available to purchase food. California opted for this cash-out in 1973 because 70% of SSI beneficiaries did not apply for or receive food stamps.

In reversing the cash-out, California decided to use the established method of making SSI beneficiaries apply for CalFresh even though all SSI beneficiaries are eligible for CalFresh benefits. As a result, only 30% of SSI

beneficiaries receive CalFresh benefits. Based on a report from Alluma entitled "Facilitating CalFresh Eligibility and Enrollment for SSI Recipients," advocates recommended that California use 21st century tools to enroll SSI recipients.

After one year, CDSS still does not have the necessary data to identify the number of SSI beneficiaries receiving CalFresh and the benefit federal/state benefits issued. CDSS' CalFresh dashboard fails to include these very basic data points so that the effectiveness of the program can be evaluated.

The CF Data Dashboard does include the monthly number of applications submitted by SSI beneficiaries and the number of applications which were approved.

The State CalFresh Administrator stated that the number of SSI beneficiaries whose applications were approved since June of 2019 is the number of persons getting CalFresh in July 2020. Interestingly the same dashboard shows that about 9,000 food stamp beneficiaries who are receiving the state only Supplemental Needs Benefits (SNB) & Temporary Needs Benefits (TNB) lost their benefits. There are about 40,000 households in in the SNB & TNB program. 100% state funded SNB & TNB CalFresh benefits are issued to SSI households who lost benefits due to the cash-out.

There are 1,135,190 SSI beneficiaries according to the dashboard in California. As of May, 2020, a meager 388,212 households receive CalFresh benefits.

It should also be noted that as annual redeterminations come due, we have already heard from SSI CalFresh beneficiaries that they are being terminated from CalFresh for failure to complete an annual redetermination packet that they never received. Many were also dropped for failure to turn in a SAR 7.

San Francisco County "succeeded" in establishing 40% of their SSI beneficiaries. In Los Angeles County 40% of the SSI beneficiaries receive

CalFresh.

Many rural counties only have 20% of the SSI beneficiaries receiving CalFresh benefits. See Table #1 for a county-by-county analysis.

The reported numbers overstate the actual number of SSI beneficiaries receiving CalFresh because it only shows the number of approved applications June 1, 2019 and assumes that no SSI beneficiary left the CalFresh program. To date, California has failed to enroll 60% of SSI beneficiaries in the CalFresh.

What Do County Welfare Workers Believe Causes CalFresh Overissuances in California?

CalFresh overissuances have been a problem for a long time. Many overissuances are county-caused. Overissuances are often caused by the complexity of the California safety net programs. The so-called income reporting threshold (IRT) has one standard for CalWORKs and another standard for CalFresh. Although the law requires that the county informs the beneficiary of the reporting requirements, most beneficiaries do not know the amount of IRT.

Counties will admit that they do not provide education to assistance units and households regarding the IRT beyond the required notification.

An informal survey of county welfare workers as to why overissuances occur is very revealing.

Below are excerpts of written statements submitted by county welfare workers:

• **Ms. C.H.M. of Tehama County** states that overpayments are caused due to “Confusion on behalf of the customers” as to when, and what to report for the different programs and incorrect data entry by county staff.

• **Ms. S.L. of Madera County** admits that workers do not take the time to explain the IRT to beneficiaries. She says that overissuances are caused by understaffing in some units and not recognizing they need to go back and do the OI/OP.

• **Ms. K.L. of San Luis Obispo County** states that OI/OPs are caused by confusing and conflicting reporting requirements for SAR 7 processing from CDSS. ACLs complicates the process so that it is difficult to understand and administer. IRT does not make sense to recipients and is misreported. Recipients have more things to track in life than CalFresh/CalWORKs IRT.

• **Ms. L.C. of Colusa County** says that CalFresh overissuances are caused by staff shortages and workload organization in a task model due to Health Care Reform and significant increases in cases. Ms. L.C. reference to “Health Care reform” is about counties contributing 11% of the Medi-Cal Costs and 25% for CalFresh. Thus, many counties have the same worker doing Medi-Cal and CalFresh.

• **Ms. M.A. of Glenn County** reasons that it is late SAR 7 processing by staff as well as workers not clearly explaining the IRT. A DSS designed mandatory notice that better explains the IRT besides the SAR2 would be helpful. The problem with the SAR 2 is that the applicant does not receive it until after the case has been approved. The recipient disregards it and the worker forgets to explain. If the worker does not clearly explain the consequences behind not reporting income over the IRT, the recipient won't report.

• **Ms. R.F. of Glenn County** stated that the majority of the OI are due to incomplete and inaccurate reporting by recipients. They often throw away NOAs and information forms sent to them and forget reporting responsibility timelines. There is a small number of cases that are actually where the recipient knowingly omits information that causes overpayments when state generated IEVS/PVS and New Hire reports are generated. A small percentage is also due to administrative error when the verifications are provided, but the worker does not act timely on the changes.

- Ms. C.C. of San Luis Obispo County** states that what most contributes to the number of OI established by the county are late SAR7 & RRRs and incorrect income being used (misreading pay stubs or not asking for enough pay stubs).
- Ms. L.R. of Merced County** states EW failure to take timely action on reported changes. This may be attributed to several reasons with not enough staff to confusion on policy on when to take action on changes reported.
- Ms. A.M. of Monterey County** asserts that“... customers often don’t understand or forget their IRT amount which is buried in the approval NOA.
- Ms. J.L. of Yolo County** admitted that they do provide education to households regarding IRT. However, the ratio of cases to worker makes it impossible to keep up with the workload. Cal-Fresh and Medi-Cal recipients are assigned to a continuing benefit center (CBC). It is much easier in this environment for tasks to be ignored and for mistakes to continue unnoticed due to lack of accountability. Additionally, recipients are very frustrated with the call wait times and the difficulty they experience in reporting information along with not having an individual worker to report to.
- Ms. I.Z. of Tulare County** attributed banked caseloads and pooled tasks as causes for O/I in Tulare County. She also states that IRT is not properly explained to CF/CW beneficiaries.
- Ms. R.T. of Lassen County** states that lack of understanding of reporting requirement is the major reason for OP/OIs.
- Ms. J.H. of San Francisco County** attributers OIs to “task-based case system”.
- Ms. N.N. of Eldorado** states that OI are caused because of high caseloads. Many errors are caused by either late processing or eligibility staff not determining eligibility correctly (i.e. budgeting income incorrectly, not adding/remov-

ing household member as required, not obtaining the correct required income, not budgeting expenses correctly) which vary between not being detailed or not understanding regulations well enough to ensure the right information is obtained.

- **Ms. K.J.G. of Riverside County** asserts that OI are agency caused errors because of the failure of county staff to act on IEVS/PVS reports timely.
- Ms. L.J. of San Benito County** says OP/OI are caused by lack of experienced workers since the majority of San Benito staff have less than 2 years of experience.
- Ms. S.R. of San Mateo County** says that CF/CW OP/OI are caused by late processing, task-based work, lack of ownership and late reporting by recipients.
- Mr. A.V. of Madera County** says that OP/OI are caused by input errors by county staff.
- Ms. T.J. of San Bernardino County** states that OP/OI are caused by ...” EW’s not being trained properly which contributes to the number of accounts in our County.”
- Ms. TR.R. of San Bernardino County** state that OP/OI are caused by having too many workers handling the cases.

Root Causes of OI/OP

- 1) rules that are not clear and different for Cal-Fres/CalWORKs/Medi-Cal. We need objective rules and regulations that are clear and consistent throughout the State to prevent OI/OPs.
- 2) Having to many underground rules to operate the program in violation of the California Administrative Procedures Act Government Code section 11340 et seq.
- 3) lack of data showing the reasons for OI/OPs in California.

TABLE #1 - SSI Beneficiaries Whose Applications for CalFresh Were Approved Starting June 1, 2019. This does not show the real number of of SSI beneficiaries actually getting CalFresh as of May 2020. That number is unavailable today.

County	SSI Beneficiaries	Total Appicants Approved for CF	% of SSI HH getting CalFresh	County	SSI Beneficairies	Total Appicants Approved for CF	% of SSI HH getting CalFresh
Statewide	1,135,190	388212	34%	El Dorado	2,767	887	32%
Colusa	571	112	20%	Sonoma	7,736	2499	32%
Inyo	358	73	20%	Sacramento	60,416	19630	32%
Sierra	78	16	21%	Santa Clara	39,764	13000	33%
San Mateo	9,212	2063	22%	Stanislaus	18,832	6159	33%
Alpine	33	8	24%	Kern	31,038	10172	33%
Sutter	3,711	907	24%	Siskiyou	2,353	779	33%
Glenn	1,042	258	25%	Calaveras	964	319	33%
Imperial	9,949	2487	25%	Yuba	3,521	1166	33%
San Benito	859	222	26%	Modoc	414	137	33%
Monterey	7,591	1966	26%	Solano	10,681	3540	33%
Ventura	14,450	3767	26%	Butte	10,183	3393	33%
Mono	89	24	27%	Contra Costa	22,931	7647	33%
Merced	10,384	2799	27%	Napa	1,868	634	34%
Madera	4,441	1202	27%	Mariposa	411	142	35%
Placer	4,989	1357	27%	Lassen	863	301	35%
Orange	67,075	18590	28%	Lake	3,506	1247	36%
Riverside	57,936	16244	28%	Yolo	4,944	1760	36%
Kings	4,572	1311	29%	Del Norte	1,697	609	36%
Trinity	602	173	29%	Tehama	2,879	1045	36%
Santa Barbara	7,676	2221	29%	Santa Cruz	4,531	1652	36%
Plumas	621	180	29%	Shasta	8,819	3223	37%
Amador	648	190	29%	Nevada	1,844	679	37%
Tulare	17,480	5143	29%	Mendocino	3,020	1119	37%
Fresno	41,276	12389	30%	Tuolumne	1,493	562	38%
San Luis Obispo	3,802	1156	30%	Los Angeles	366,052	145876	40%
San Bernardino	65,947	20212	31%	Humboldt	5,039	2065	41%
San Joaquin	25,947	8001	31%	Marin	2,578	1080	42%
San Diego	73,274	22922	31%	San Francisco	35,035	16955	48%
Alameda	44,220	13942	32%				

Source: CDSS CalFresh Dashboard