

June 3, 2025

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 25-40

The purpose of this All County Letter is to inform County Health and Human Service Agencies about the updated Expanded Subsidized Employment county plan form for California Work Opportunity and Responsibility to Kids. This letter also provides guidance on amendments and submission frequency for county subsidized employment plans.



JENNIFER TROIA
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

June 3, 2025

ALL COUNTY LETTER NO. 25-40

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL WELFARE-TO-WORK COORDINATORS
ALL COUNTY ELIGIBILITY SPECIALISTS
ALL COUNTY CALFRESH SPECIALISTS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO
KIDS (CALWORKS) EXPANDED SUBSIDIZED EMPLOYMENT
(ESE): NEW AND REVISED ESE COUNTY PLAN FORMS, PLAN
AMENDMENTS, AND SUBMITTAL TIMELINES

REFERENCE: [ASSEMBLY BILL \(AB\) 161 \(CHAPTER 46, STATUTES OF 2024\)](#),
[WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 11322.64](#);
[MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION](#)
[42-780](#), [ALL COUNTY LETTER \(ACL\) 13-81, ACL 25-19](#); and [ALL](#)
[COUNTY INFORMATION NOTICE \(ACIN\) I-59-15](#)

This All County Letter (ACL) introduces new and revised forms for County Health and Human Service Agencies (HHSAs) to use when preparing an Expanded Subsidized Employment (ESE) county plan. This letter also provides guidance on amending ESE county plans. Each County HHSA receiving an ESE allocation is required to submit a new ESE County Plan by October 1, 2025, and to submit a plan amendment or confirmation of no plan changes every two years thereafter.

BACKGROUND

The CalWORKs ESE program was established on July 1, 2013, through the passage of [AB 74 \(Chapter 21, Statutes of 2013\)](#) and [WIC Section 11322.64](#). This legislation created a separate ESE allocation, independent of the CalWORKs Single Allocation. AB 74 required counties to submit a county approved plan to the California Department of Social Services (CDSS) outlining the use of ESE funds. These plans are posted on the CDSS website.

Change to ESE County Plan Requirements

[AB 161 \(Chapter 46, Statutes of 2024\)](#) established new requirements for ESE County Plans, requiring each participating county to submit an ESE County Plan, or an amendment to an existing plan to the CDSS at least once every two years. The plan must specify how the county will utilize its ESE allocation and outline how subsidized employment placements will be prioritized to enhance participant skills and experiences in their fields of interest.

If a county has no changes to an existing plan or amendment to report, it must submit a [WTW 39A, No Change](#) confirmation to CDSS acknowledging that its ESE program is accurately represented by the existing ESE County Plan. The County HHSA will receive a certification letter once the ESE plan or plan amendment has been posted on the CDSS ESE Plans webpage.

To implement these new ESE County Plan requirements, each county that receives an ESE allocation must submit a new ESE County Plan to CDSS within four months of the issuance of this letter using the revised ESE County Plan form linked below.

REVISIONS TO THE EXPANDED SUBSIDIZED EMPLOYMENT PLAN (WTW 39)

To align with the two-year plan submission timeline required by AB 161, the [WTW 39 County ESE Plan](#) form has been revised as follows:

- The terms “County Welfare Department” and “CWD” have been replaced with “County Health and Human Service Agency” and “County HHSA.”
- CDSS will no longer capture information specific to AB 74.
- Added a certification requirement for the County HHSA director or designee.
- Removed duplicate information covered in the ESE quarterly reporting requirements outlined in ACL 25-19.
- Added two questions regarding the use of ESE within the County HHSA’s California CalWORKs Outcomes and Accountability Review related to performance measures and integration of Racial Equity and Implicit Bias principles in existing processes.

ESE COUNTY PLAN AMENDMENTS

All amendments to a County HHSA’s ESE County Plan must include a letter from the County HHSA Director or designee. A sample letter is provided for reference (Attachment A). Significant amendments must be approved by the County HHSA Director, per [MPP Section 42-780.5](#). Each County HHSA retains discretion to determine which amendments are significant based on its policies and procedures.

The County HHSA must follow these steps to submit a plan amendment:

- Access the current ESE County plan on the [CDSS County ESE Plans webpage](#).
- Save a local copy
- Update the “County HHSA Contact Information” on the first page, if applicable, and ensure the plan date matches the last submission to CDSS.
- Make the necessary edits using track changes or use strikethrough for deletions and bold/underline for additions.
- Create a clean copy with all changes incorporated.
- Provide a letter on county letterhead signed by the HHSA director or their designee for all amendments.
- Email the letter with Director’s signature, a copy of the plan with edits, and a clean copy of the plan to the ESE mailbox at ESEProgram@dss.ca.gov. Any ESE related questions may also be direct to this inbox.

EXPANDED SUBSIDIZED EMPLOYMENT - NO CHANGE (WTW 39A)

The CDSS has created the [WTW 39A County ESE Plan - No Change](#) certification. When the county has determined that no change is required to an existing ESE County Plan, the County HHSA must submit confirmation to the CDSS. The form includes the following:

- County contact information
- Date of the county’s last plan
- Certification acknowledgement with director or designee signature
- Two-year certification reminder

Technical Assistance

CDSS will provide technical assistance to County HHSAs in revising their ESE County Plan. For questions or support, please contact the CDSS ESE Program Analyst at ESEProgram@dss.ca.gov.

COPIES AND TRANSLATIONS

Forms referenced in this letter are available on the [CDSS Forms/Brochures](#) webpage. When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by CDSS, forms translated into an individual’s preferred language must be provided to the individual pursuant to [Manual of Policies and Procedures \(MPP\) Section 21-115.2](#). For questions on translated materials, please contact Translation Services Section at Its@dss.ca.gov. If translations are not available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice

along with the [GEN 1365-Notice of Language Services](#) and a local contact number. See [All County Letter \(ACL\) 22-56](#).

Per [MPP Section 21-115](#), the County HHSA must ensure effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant/recipient. If CDSS does not provide translations of a form, it is the county's responsibility to read and interpret the form if an applicant or recipient requests it. See [ACL 22-56](#).

Additionally, the County HHSA must provide auxiliary aids and services to persons with vision, hearing, or speech disabilities, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in [MPP Section 21-115](#) and [ACL 19-45](#).

For questions or additional guidance regarding the information in this letter, contact the CalWORKs Engagement Bureau at ESEProgram@DSS.ca.gov.

Sincerely,

Original Document Signed By

ALEXIS FERNÁNDEZ GARCIA
Deputy Director
Family Engagement and Empowerment Division

Attachment

[Sample Letter]

COUNTY OF _____
[Name of County] Health and Human Service Agency
1234 Sample Street
City, CA 99999
Phone: (888) 888-8888
[Full Name], Director/Designee [Job Title of Designee]

Date

CalWORKs Engagement Bureau
California Department of Social Services
744 P Street, M.S. 8-8-33
Sacramento, CA 95814

Dear CalWORKs Engagement Bureau,

The County of _____ is amending our CalWORKs ESE County Plan to include/remove []. Our ESE Plan dated [] indicates []. We would like to revise the language to reflect [explain purpose of amendment].

We have attached a revision in the form of an amendment to our ESE County Plan reflecting the change.

Sincerely,

[Signature]

[Name of Director or Designee with Job Title]

Attachments [amendment documents including final amendment, amendment showing revisions, and Director or Designee's signature]