Outreach, Enrollment, Retention, & Utilization Business Plan: 2011-2014

Maximizing coverage and health access for all Santa Cruz County children and preparing for health care reform implementation in 2014 for children and adults.

Funding for this report provided by First 5 Santa Cruz County and the David & Lucile Packard Foundation

Healthy Kids/Health Improvement Partnership of Santa Cruz County
Outreach, Enrollment, Retention and Utilization Business Plan 2011-2014

INTRODUCTION

Santa Cruz County's success with Outreach, Enrollment, Retention, and Utilization (OERU) for public and subsidized health insurance programs is the result of a collaborative network of community partnerships united to maximize insurance coverage for the community's children. Under the umbrella of Healthy Kids of Santa Cruz County, OERU activities ensure that all children have access to comprehensive health services via health insurance – specifically, to the Healthy Kids, Healthy Families, and Medi-Cal programs.

The challenges of the 2009 economic crisis meant that more children were eligible for coverage than ever before, yet resources to fund the Healthy Kids insurance product began to dwindle due to a shift in state foundation funding priorities. At the same time, however, the Affordable Care Act (ACA) offers new opportunities to cover individuals who have never before been eligible for either Medicaid or private insurance. To support both OERU expansion and Healthy Kids sustainability, the Healthy Kids Steering Committee is committed to meeting the following business objectives.

- ✓ **Maximize enrollment of eligible children including the undocumented**, while building capacity to serve adults via the Low Income Health Plan and Affordable Care Act
- ✓ **Assure well-trained and accountable CAAs,** both contracted and other, who are able to efficiently and effectively support the OERU goals
- ✓ **Define stable, sustainable funding mechanisms,** leveraging local dollars to draw down maximum MAA and other Federal, State and private funds
- ✓ **Effectively incorporate the use of technology** (One-e-App, Benefits CalWIN, other)
- ✓ **Strengthen OERU systems and capacity** in preparation for newly eligible adults in 2014

It should be noted that these recommendations will necessarily be implemented by the OERU partnership incrementally, over time. Going forward, the Healthy Kids Steering Committee remains committed to covering all Santa Cruz County children and families regardless of citizenship, *and* assisting those adults who will be newly eligible for coverage in 2014. It will also be critical to complement the efforts of the County Human Services Department to efficiently maximize Medi-Cal enrollment in 2014. The recommendations will be subject to continuous evaluation and improvement to ensure that all Santa Cruz County residents have access to the health care services needed for good health and a strong community.

Healthy Kids OERU Committee, October 2010

Claudine Wildman, Co-Chair
Santa Cruz County Human Services Dept

Jan Wolf, Co-Chair
Central California Alliance for Health

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Thank you to First 5 Santa Cruz County and the David and Lucile Packard Foundation for funding this Plan.

About This Report

This report is divided into ten sections:

I. **OERU Goals & Recommendations**, describing the specific outcomes we hope to achieve between now and 2014;

II. **Collaborative History**, explaining the evolution of the community partnerships that have united to lead the OERU effort over the past ten years;

III. **Current Organization Structure, Oversight, Funding** to explain how current OERU partnerships are organized;

IV. **Market Analysis** to outline the current and future program eligibility for children and adults;

V. **Organizational Assessment** to identify opportunities for improvement;

VI. **OERU Recommendations and Action Steps: 2011-2014** to address improvement areas and maximize outcomes in the changing context of health reform and our local market;

VII. **Recommended Changes in Organization Structure and Relationships**, necessary to implement the Action Steps;

VIII. **Resource requirements and potential funding sources** to support implementation; and

IX. **Implementation** steps and timeline.

X. **Appendices**
- **Appendix A** provides greater detail on the revised roles and responsibilities of the County Health Services Agency, First 5, and HIP
- **Appendix B** offers a list of OERU Best Practices to explore based on research by the OERU Committee.
- **Appendix C** is a sample enrollment consent form

Section I: OERU Goals and Recommendations

2010-2014 Goals for Outreach, Enrollment, Utilization and Retention
The Healthy Kids Steering Committee has adopted the following Goals specific to Outreach, Enrollment, Retention and Utilization:

Outreach

- All families with children know about Healthy Kids, Healthy Families and Medi-Cal and know where to go to enroll and obtain health insurance coverage
- All childcare and other community organizations serving low income families know about Healthy Kids, Healthy Families and Medi-Cal and receive enrollment assistance for those programs.

Enrollment

- ✓ 100% of eligible newborns, children and family members are enrolled
- ✓ 100% of undocumented children are either enrolled in Healthy Kids (0-5) or added to the waiting list (6-18), and referred to care providers that offer low-cost services or other financing (CHDP, FamPACT, etc).
- ✓ 100% of newly eligible adults are enrolled as coverage expands through the coverage initiative and any early implementation of ACA.
- ✓ Plans are developed to link undocumented adults to coverage or health care services.

Retention

- ✓ All children and family members who remain eligible are renewed, retained or transitioned to an alternate program without a break in coverage

Utilization

- ✓ All children and family members receive appropriate comprehensive medical, dental, vision, and mental health services
- ✓ All low-income individuals, including undocumented individuals, know where, when and how to access appropriate medical services and available coverage for those services, including alternate financing such as FamPACT, CHDP, Emergency Medi-Cal etc.

Recommendations
The OERU Committee, with the assistance of consultant Caroline McCall, undertook an extensive research and assessment process focusing on both current and future needs. The resulting recommendations were approved by the Healthy Kids Steering Committee on October 6, 2010:

1. **Start with young children.** Revise CAA Scopes of Work to maximize 0-5 enrollment (newborn, childcare/daycare, CHDP, etc).

2. **Prioritize enrollment over outreach.** Focus CAAs primarily on enrollment (where they are expert) and decrease low-yield outreach activities. Deploy CAAs to high volume sites and piggyback onto outreach activities of other community organizations to identify and refer families. Utilize the "Enrollment Consent Form" to efficiently provide CAA assistance to eligible children/families. Increase CAA time designated for enrollment among non-contracted CAAs.

3. **Consolidate contracted CAA Teams in North/South County.** Two North and South County teams can maximize FTE time, increase efficiency, improve accountability and be more flexible to enrollment priorities, especially 0-5.

4. **Find an acceptable alternative to One-E-App.** Collaborate with the Health Services Agency (HSA) and the Human Services Department (HSD) to explore alternatives to One-E-App to improve one-stop-shopping capability, connect families to coverage, food stamps, and other social services, and to reduce costs.

5. **Increase the Health Improvement Partnership's Role.** Move toward centralizing program coordination through HIP to strengthen oversight, enhance coordination and build capacity for ACA implementation

6. **Partner with Monterey and Merced.** Explore collaboration with Monterey and Merced counties to share best practices, join forces for grant seeking, policy advocacy or other activities. A regional approach may leverage the interest of funders and policymakers and it also advances the goals of a common partner, the Central California Alliance for Health.

7. **Healthy Kids + Healthy Adults.** Expand Healthy Kids scope to include discussion, planning, and recommendations regarding OERU for adults (both those ineligible and newly eligible for coverage in 2014). Utilize HIP to engage the community regarding new strategies and partnerships for covering all children and families regardless of citizenship status.

Section II: Collaborative History

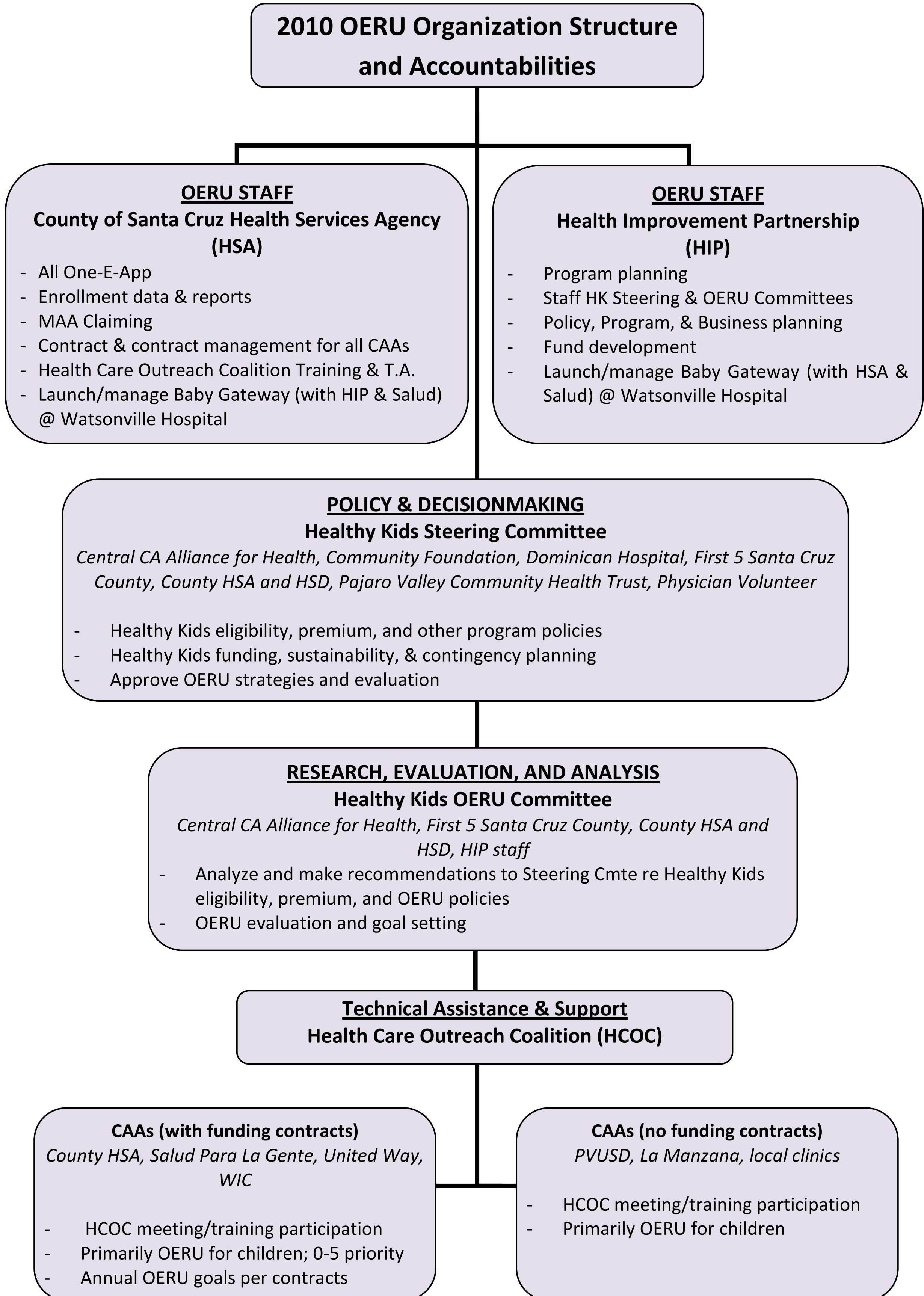
In the summer of 2002, Santa Cruz County hosted a Summit on the Uninsured to bring together organizations and individuals interested in solving the problem of the uninsured in our community. On that day, consensus was reached among the participants – local employers, health care providers, social service agencies, schools, and advocates – that covering all children was the first achievable step toward covering all residents.

Two years later, Healthy Kids of Santa Cruz County was launched by a coalition of local leaders from health care, business, philanthropy, and government. "Healthy Kids" refers both to the overall initiative to enroll all children in Santa Cruz County and the specific insurance product designed for low-income children who are ineligible for Medi-Cal, Healthy Families or other public programs due to income or immigration status.

Healthy Kids has made outreach, enrollment, retention and utilization (OERU) efforts for uninsured children a significant focus, partnering with the Santa Cruz Health Care Outreach Coalition (HCOC) toward that end. The HCOC had been launched in 2000 to increase enrollment in the Healthy Families program by providing technical assistance and support to local Certified Application Assistors (CAAs) who help enroll children and families at various locations throughout the County. Subsequently, Healthy Kids convened an OERU Committee to help oversee the activities of HCOC. Committee members include the County Health Services Agency (HSA), County Human Services Department (HSD), First 5 of Santa Cruz County, and the Central California Alliance for Health (Alliance). Through these collaborative outreach and enrollment efforts, over 15,000 individual children have been successfully enrolled into Medi-Cal, Healthy Families, and Healthy Kids coverage since 2004.

In 2006, Healthy Kids program management was assumed by the Health Improvement Partnership of Santa Cruz County (HIP), a nonprofit coalition of public and private health care organizations dedicated to increasing access to health care and building a stronger local delivery system. HIP's members include our County's three local hospitals, County Health Department, Medical Society, private physician groups, Medi-Cal Managed Care plan, two health foundations and 10 community health clinics. The alignment between the missions and activities of both Healthy Kids and HIP made the partnership a logical and effective collaboration. Today, HIP also serves as fiscal sponsor for Healthy Kids.

In addition to the OERU efforts that are part of the Healthy Kids initiative, the Healthy Kids Steering Committee focuses on securing premium dollars to subsidize the Healthy Kids product, which is administered by the Alliance. Healthy Kids premiums have been subsidized by First 5 Santa Cruz County (for all 0-5 year olds), and by grants from The California Endowment, the Blue Shield Foundation, The David and Lucile Packard Foundation, the Pajaro Valley Community Health Trust, United Way of Santa Cruz County, and the Community Foundation of Santa Cruz County (for children 6-18). Sutter Maternity & Surgery Center, Palo Alto Medical Foundation, Dominican Hospital, and the Alliance make major contributions.


2010 OERU Organization Structure and Accountabilities
OERU STAFF
County of Santa Cruz Health Services Agency (HSA)
- All One-E-App
- Enrollment data & reports
- MAA Claiming
- Contract & contract management for all CAAs
- Health Care Outreach Coalition Training & T.A.
- Launch/manage Baby Gateway (with HIP & Salud) @ Watsonville Hospital
OERU STAFF
Health Improvement Partnership (HIP)
- Program planning
- Staff HK Steering & OERU Committees
- Policy, Program, & Business planning
- Fund development
- Launch/manage Baby Gateway (with HSA & Salud) @ Watsonville Hospital
POLICY & DECISIONMAKING
Healthy Kids Steering Committee
Central CA Alliance for Health, Community Foundation, Dominican Hospital, First 5 Santa Cruz County, County HSA and HSD, Pajaro Valley Community Health Trust, Physician Volunteer
- Healthy Kids eligibility, premium, and other program policies
- Healthy Kids funding, sustainability, & contingency planning
- Approve OERU strategies and evaluation
RESEARCH, EVALUATION, AND ANALYSIS
Healthy Kids OERU Committee
Central CA Alliance for Health, First 5 Santa Cruz County, County HSA and HSD, HIP staff
- Analyze and make recommendations to Steering Cmte re Healthy Kids eligibility, premium, and OERU policies
- OERU evaluation and goal setting
Technical Assistance & Support
Health Care Outreach Coalition (HCOC)
CAAs (with funding contracts)
County HSA, Salud Para La Gente, United Way, WIC
- HCOC meeting/training participation
- Primarily OERU for children; 0-5 priority
- Annual OERU goals per contracts
CAAs (no funding contracts)
PVUSD, La Manzana, local clinics
- HCOC meeting/training participation
- Primarily OERU for children

Governance and Oversight

Healthy Kids is governed by a Steering Committee comprised of those organizations that have a direct and substantive role in the funding and day-to-day program management of the program (see above). The Steering Committee is responsible for the policies, finances and evaluation criteria for the program. It also advises on benefit design and network development to support the Healthy Kids insurance product. The Healthy Kids OERU Committee studies and makes recommendations to the Steering Committee on a variety of issues such as eligibility policies, outreach strategies, premium subsidies, and Certified Application Assistant (CAA) evaluation and scopes of work.

Certified Application Assistors

Certified Application Assistors are the primary means of achieving OERU goals. Situated at different community based organizations throughout the County, CAAs conduct outreach through several channels, including community events, businesses and schools, in-person presentations, and face-to-face contact with individuals in the community. CAAs are certified by the State and the County and receive special training to assist individuals in determining eligibility and completing application and enrollment requirements. Through First 5 and other private foundation grants CAAs have been provided with materials to support families in connecting with a health care home and understanding the importance of regular preventive and well-child visits.

One-E-App Web Based Enrollment Tool

Santa Cruz County Healthy Kids adopted the One-e-App (OEA) program through which CAAs can screen for eligibility into Healthy Kids and Healthy Families (for children) and Medi-Cal (for children and adults). Additionally, HSA staff use OEA for enrollment in the County's indigent care program, MediCruz. County staff provide CAAs with information to support annual renewal for individuals whom they enroll. First 5 and the County Health Services Agency contract with specific CAAs who maintain specified scopes of work related to OERU. Additional CAAs conduct OERU activities, but are not under contract (they receive no OERU funding from First 5 or the County and they have no obligatory scope of work to fulfill), however most do participate in the HCOC and their efforts are important to the community's overall OERU outcomes.

Santa Cruz County Healthy Kids Contracted CAA Deployment		
Salud Para la Gente	2.2 FTE	Serving Watsonville residents, clinic patients and the Baby Gateway program at Watsonville Community Hospital; provides outreach through preschools/schools, farmers markets, health fairs, other channels
Community Bridges/WIC	1.25 FTE	Serves their clientele of young children and older siblings primarily at their Watsonville office, and occasionally in North County
United Way	1.8 FTE	One CAA works out of the United Way office, does outreach to North County schools, and at Live Oak Family Resource Center one day per week. The other CAA splits her time between a downtown Santa Cruz office and the Mountain Community Resource Center in the San Lorenzo Valley. Both CAAs 0-5 enrollment
County Health Services Agency	.5 FTE	The Benefits Coordinator enrolls children one day per week in Watsonville as well as at the Emeline Health Services facility.
TOTAL CONTRACTED CAAs (OERU–funded by First 5 and MAA)	**5.75 FTE**	

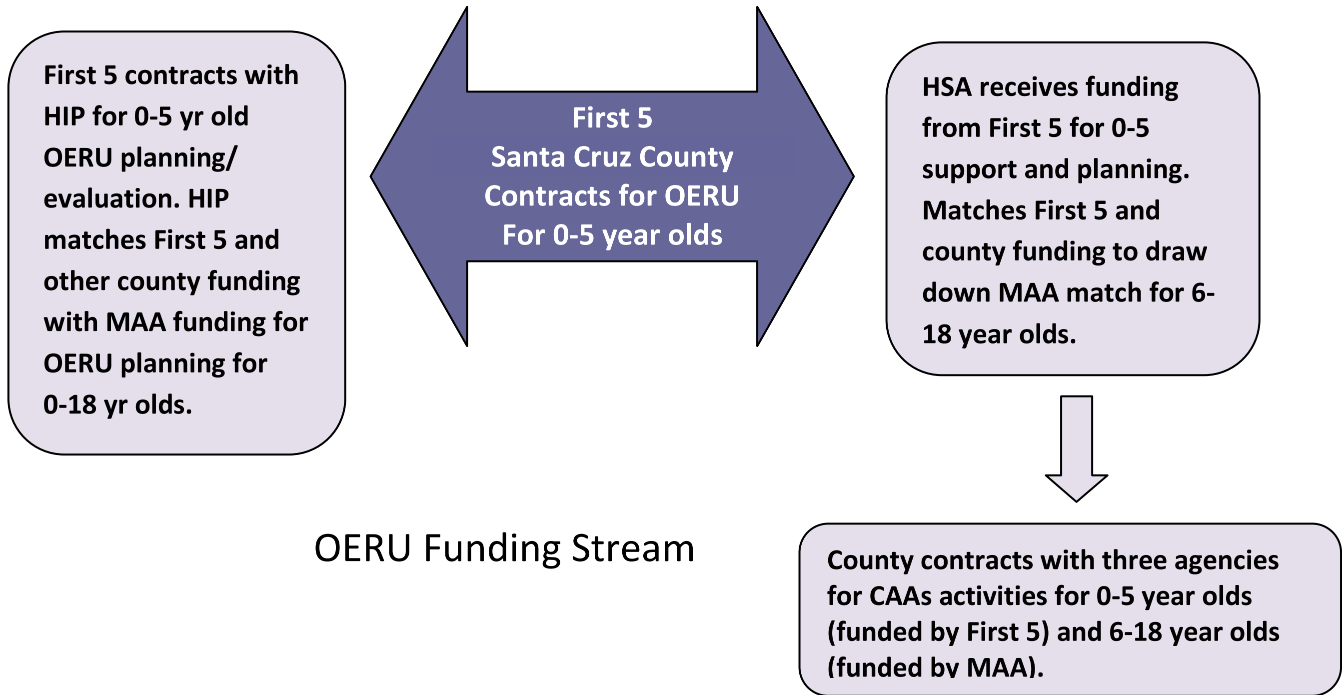
County Health Services Agency	1.5 FTE Funded by First 5 and MAA	County Analyst and Coordinator manage the contracts and evaluation for the three contracted CAA agencies, lead the Health Care Outreach Coalition, and provide training to all CAAs. The Analyst also manages the One-E-App contract and specifications and oversees CAA training in OEA
TOTAL CAA FTEs for OERU, Technology and Coordination	**7.25 FTE**	
Santa Cruz County Healthy Kids Non-Contracted CAA Deployment		
La Manzana Community Resource Center	3 CAAs (<1 FTE)not funded by HCOC	CAAs serve as community advocates who provide health and social service Information and Referral to families, including insurance enrollment and renewal
Familia Center	2 CAAs(<.5 FTE) not funded by HCOC	Not active in outreach or enrollment at this time, yet provide some enrollment as part of their information and referral services
Women's Health Center	5 CAAs (< 0% FTE) not funded by HCOC	Enroll clinic patients on a very limited scope
PVUSD	6 CAAs (~2FTE) not funded by HCOC	PVUSD schools (and some school nurses) refer students to six CAAs situated throughout the district. These CAAs also manage annual "sweeps" like Kinder Round Ups.
Total Non-Contracted CAAs for OERU	**~ 3.25 FTE**	
Total CAA FTES for OERU (Contracted + Non-Contracted + Technology + Coordination)	**~10.5 FTE**	

Health Care Outreach Coalition (HCOC)

Staffed by the County Health Services Agency, the Coalition provides on-going training and technical support to all CAAs in Santa Cruz County via monthly meetings. HCOC cultivates a supportive community among CAAs, providing help with technical issues that arise with One-e-App , program eligibility, and any other application changes that are made to the coverage programs by the State. The HCOC features guest speakers to share information on community resources, and members of the HCOC have been provided with a "resource guide" for help with referrals to other social service agencies. Because HCOC includes CAAs on contract with First 5 and the County, as well as those who are not on contract, it has not been used to emphasize common accountability for OERU.

OERU Funding

First 5 Santa Cruz County provides grants to the County Health Services Agency which in turn leverages those dollars by drawing down MAA funding. First 5 also supports planning and program administration through HIP. The flow of matching dollars is depicted in the following schematic.



OERU Funding Stream

An overview of OERU expense categories and current funding sources between 7/1/10 and 12/31/10 is shown in the following table.

OERU Expense Categories	First 5 SCC Funding	MAA
County Personnel	$66,607	$40,824
County Program Expenses	$5,883	
Contracts with Community Agencies (CAAs)	$91,041	$55,799
Indirect Expenses	$9,776	
One-e-App Maintenance (about 75% funded)	$42,500	
Healthy Kids Support (HIP – not all OERU)[1]	$74,147	$12,000
HIP Indirect Expenses	$7000	
TOTAL	**$296,954**	**$118,623**

[1] Includes .33 FTE HK Program Director, operating expenses, contract with MD consultant on Baby Gateway, and .05 of HIP ED time.

SECTION IV: MARKET ANALYSIS

Demographics of Santa Cruz County

Population

In January 2010, Santa Cruz County was home to an estimated 272,201 people[2]. Of these, 49% live in the incorporated cities of Santa Cruz (59,684), Watsonville (52,543), Scotts Valley (11,903), and Capitola (10,198). The remaining 137,873 live in the unincorporated areas of the County. An estimated 7% of the County population is under age 5, with another 11% between the ages of 5 and 14 and 7% between the ages of 15 and 19.[3] Although the population of the County is projected to continue growing, the rate of growth is expected to continue at about half the rate of the State as a whole. About one third of the County population identifies as Hispanic, a proportion that has grown significantly over the last 10 years.

Poverty

Estimates from the 2007 California Health Interview Survey showed 11,000 children ages 0-18 living under the Federal Poverty Level (FPL). In 2008, estimates from the American Communities Survey indicated that 13.3% of all county residents lived below the Federal Poverty Line (FPL) and over 14% (approximately 7,700) of Santa Cruz County children ages 0-18 live below the FPL. The number of County residents, and of children, living in poverty has almost certainly increased during the recession years since 2008.

There is no current data on the number of County residents who have incomes between 100% and 300% FPL. Estimates from the 2007 California Health Interview Survey show 17,000 children living between 100% and 250% of the Federal Poverty Line. Data from the Federal Bureau of Labor Statistics show that across all occupations in the County, the mean annual income for employed workers in 2009 was $45,870 and the median annual income was $35,734.[4] For employed farm-workers and laborers in the County, the mean annual income was $20,460 and the median was $19,386. Median household income for the County was $66,495 in 2008.

Data on students who receive free or reduced price meals (FRPM) reveal significant pockets of poverty among school age children. Pajaro Valley School District dwarfs the other districts in the county with a student enrollment of 19,477, more than half of the county's total student population. PVUSD has 9 schools (out of 32) where more than 90% of the student population receives FRPM and another 14 where more than 75% of the students received FRPM. In Santa Cruz City Schools, 4 of the 14 schools have over 50% of their students receiving FRPM and another 4 of the schools with over 25% of students receiving FRPM. These two districts are by far the largest in the county. Other districts with smaller populations also show relatively high levels of poverty. In Live Oak School District, over 50% of students in each of its four traditional schools received FRPM and in Soquel School District 3 of 4 schools have 35% or more students receiving FRPM.

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[2] State of California, Department of Finance, *E-4 Population Estimates for Cities, Counties and the State, 2001-2010, with 2000 Benchmark.* Sacramento, California, May 2010. http://www.dof.ca.gov/research/ demographic/reports/estimates/e-4/2001-10/

[3] State of California, Department of Finance, *Population Projections for California and Its Counties 2000-2050,by Age, Gender and Race/Ethnicity,* Sacramento, California, July 2007 http://www.dof.ca.gov/research/ demographic/reports/projections/p-3/

[4] US Bureau of Labor Statistics http://stats.bls.gov/oes/2009/may/oes_42100.htm#00-0000

Unemployment

The unemployment rate in Santa Cruz County has increased as a result of the recent recession. In June 2010, the County unemployment rate was 11.3%, 4 percent higher than the average annual rate for 2008, and over 1 percent higher than the June 2009 rate of 10.2%[5]. These numbers represent 17,200 unemployed individuals in the County in June 2010, 6,500 more than in 2008. According to the Kaiser Family Foundation, for every 100 people who lose their jobs, 85 become uninsured.[6] This would indicate that there are 5,525 additional individuals who are uninsured due to job loss since 2008. The June 2010 unemployment estimates show varied rates of unemployment across the County, from areas with rates above 20%, such as Watsonville and Interlaken (23.4%), Amesti (20.2%) and Freedom (20.1%) to rates below 5% in Aptos, Ben Lomond, Corralitos, and Felton.

Healthy Kids Target Population

Healthy Kids OERU is focused on enrolling low-income children in available health insurance programs and ensuring that they receive regular care. The three primary programs into which Healthy Kids OERU enrolls are Medi-Cal, Healthy Families, and Healthy Kids, each designed with specific eligibility criteria, encompassing children in families with incomes up to 300% of the Federal Poverty Level (about $66,000 annually, which is the median household income in the County).

Program	Current Eligibility (simplified)	ACA Eligibility (2014)
Medi-Cal	0-5 w/ incomes of <133% FPL 6-18 w/ incomes of <100% FPL Parents w/incomes <106% FPL	All children and adults under 65 w/ incomes of <133% FPL (no asset test) Foster children up to age 26
Healthy Families	0-5 w/ incomes 133% to 250% FPL 6-18 w/ incomes 100% to 250% FPL	MOE required until 2019 for children Potential to move all HF children to Exchange beginning in 2015
Healthy Kids	0-18 up to 300% FPL regardless of immigration status	No eligibility for undocumented under ACA; need will remain for those children (and adults)

Current Population(s) Served

Between July 1, 2009 and June 30, 2010, Healthy Kids OERU efforts resulted in the enrollment of nearly 6,650 children between the ages of 0 and 18. Almost 1,400 of these enrolled children were enrolled into Medi-Cal, over 3,400 were enrolled in Healthy Families, and 1,822 were enrolled in Healthy Kids.

Medi-Cal, Healthy Families and Healthy Kids Enrollment FY 2009-10		
	0-5 year olds	**6-18 year olds**
Medi-Cal	1,143	241
Healthy Families	960	2,483
Healthy Kids	256	1,566
Total	2,359	4,290
	6,649	

[5] State of California Employment Development Department http://www.labormarketinfo.edd.ca.gov

[6] Jonathan Gruber and Larry Levitt, *Rising Unemployment and the Uninsured* (Washington: Kaiser Family Foundation, January 2002).

Of these enrollments, almost 2,500 were new and the remaining were renewals. The children who were enrolled were concentrated in the Southern part of the County, which is consistent with the highest concentrations of low-income and likely-eligible residents. 852newborns were enrolled in Medi-Cal through the Baby Gateway program which started in 2009 at Watsonville Hospital.

Remaining Uninsured

There is no definitive source of data on the uninsured in Santa Cruz County. The most recent California Health Interview Survey (2007) found that there were 2,000 currently uninsured children and 4,000 children who had been uninsured for all or part of the previous year. These are unstable estimates due to small sample size and do not take into account the economic recession of 2008 - 2010. Adjusting this estimate upward at the same rate as the state as a whole results in a current estimate of 5,000 uninsured children in the county.

Applying a simulation model based on 2007/2009 Employment Development Department data and 2007 CHIS data, the ULCA Center for Health Policy Research estimates that 22.3% of the county is currently uninsured. Depending on the population data used, this would imply that there are between 53,000 and 60,000 uninsured individuals in Santa Cruz County.

The California Endowment's work on children's eligibility for available insurance programs found that approximately one-third of the uninsured are eligible for Medi-Cal, one third are eligible for Healthy Families, and one-third are eligible only for local programs. Using the estimate of 5,000 uninsured children in the county, approximately 1,700 children fall into each category. Without additional data (which would need to be collected through a county-specific survey or an over-sampling through CHIS), the age distribution of the uninsured is unknown. According to California Department of Finance data for 2008, about 33% of children under 18 are ages 0-5, which, if applied to the estimate of 5,000 uninsured children, would imply that about 1,700 are age 0-5 and the remaining 3,300 are ages 6-18.

Market Analysis – Estimated Children Currently Uninsured		
Population	**Estimate**	**Data Source**
County Uninsured	53,743[7]	UCLA
Uninsured Children Total	5,000	CHIS 2007 extrapolated forward by UCLA staff
Uninsured Children 0-5	1,700	DoF population distribution applied to UCLA extrapolation
Uninsured Children 6-18	3,300	DoF population distribution applied to UCLA extrapolation
Likely Eligible Children for **Each** Program (0-18)	1,700	TCE estimates of eligibility distribution

The estimated 5,000 or more children without health insurance, as well as their family members who are either currently eligible or will become eligible when federal health care reform is implemented, are likely to be concentrated in the lowest income and highest population areas of the County, such as Watsonville (Pajaro Valley) and the City of Santa Cruz, with others living in the lower income communities of Soquel, Live Oak and the San Lorenzo Valley. Although federal health care reform will expand eligibility for public and subsidized health insurance (see next section) it will not serve those residents, either children or adults, who are not citizens. These individuals are the primary Healthy Kids population, and will continue to be a focus of efforts to provide locally funded coverage and/or

[7] Data and estimates of uninsured are for those who are uninsured all or part of the year.

linkages to CHDP, Emergency Medi-Cal and safety net providers. This is particularly important as the eligible Healthy Kids population under age 5 seems to be decreasing, with an increased number of children 6-18 who are eligible for Health Kids, but must be put on a wait-list due to inadequate funds for premiums.

Health Care Reform – Newly Eligible Individuals

With the passage of federal health care reform legislation, known as the Affordable Care Act (ACA), many individuals will become newly eligible for public or subsidized insurance coverage. HIP and Healthy Kids recognize the need for OERU efforts to be able to serve these new populations, particularly those individuals who are part of a family unit with children who are in the Healthy Kids OERU target population.

Analysis by the California Department of Health Care Services estimates that there will be 1.4 million individuals who will be newly eligible for Medi-Cal and approximately 412,000 individuals who are already eligible who will seek coverage because of the federal mandate. Of the 1.4 million newly eligible for Medi-Cal, an estimated 162,000 children would be transitioned from Healthy Families. Data extrapolated from a recent UCLA Health Policy report estimate that over 17,000 Santa Cruz County residents will be newly eligible for Medi-Cal in 2014, and 17,000 additional will be eligible for benefits under the new Exchange. California may implement the expansion in Medi-Cal eligibility prior to 2014 without full federal participation. The table below summarizes current understanding of the upcoming expansions to eligibility.

Market Analysis – Estimated Changes in Coverage in 2014		
Population	**Estimate**	**Data Source**
Estimated New Medi-Cal Eligible Adults under ACA	Up to 17,500	UCLA Health Policy Project[8]
Estimated adults newly eligible for the Insurance Exchange	17,000 (10,000 whom are estimated to be eligible for subsidies to help pay for coverage)	UCLA Health Policy Project
Estimated Uninsured after 2014	6,500 (majority undocumented)	UCLA Health Policy Project

[8] Lavarreda, Shana Alex and Cabezas, Livier: *Two Thirds of California's Seven Million Uninsured May Obtain Coverage Under Health Care Reform*, UCLA Health Policy Report, February 2011 (local data extrapolated from the report's statewide projections)

SECTION V: ORGANIZATIONAL ASSESSMENT

The current organizational relationships and structure for OERU have been sufficient to support the enrollment of over 15,000 children into Medi-Cal, Healthy Families and Healthy Kids and almost 1,000 newborns into Medi-Cal. The families of the children who are being served have been provided with a resource guide to connect them to other important services. HEDIS data indicate that the County's Healthy Kids members are using preventive and well-child services. These successes can be attributed to a number of factors, including the following:

- **health plan administration by the Alliance,** an award-winning health plan
- **significant funding** that has been made available for both OERU and premium subsidies
- **coordination and training of CAAs** through the HCOC
- **the geographic distribution and location of CAAs** in offices and community agencies across the county - where families live and are already served
- **One-e-App** technology, creating on access point for all three programs
- **bi-lingual and bi-cultural CAAs**
- **increased accountability** through contracting and evaluation.

At this juncture however, rising numbers of uninsured children and adults and reduced funding for Healthy Kids coverage have created additional challenges to our OERU efforts. In order to identify and enroll all the currently and newly eligible low-income individuals in the county over the next several years, the following gaps must be addressed:

- **Relationships with preschools and child-care centers, school districts and other community agencies** are not strong enough to ensure that all uninsured children are being identified, nor that their families are being linked to and assisted by a CAA
- **Expectations and accountability for non-contracted CAAs** are unclear and inconsistent with those for contracted CAAs
- **There is no mechanism or infrastructure for real-time assessment, adjustment or re-deployment of CAAs or financial resources** to maximize enrollment success across the contracted agencies
- **One-e-App is expensive and complex to use**. It is currently funded at about 75%. Continued use of One-E-App requires a plan for sustainable funding as well as training and on-going technical assistance.
- **Funding for Healthy Kids premium subsidies is limited as are funds for OERU**, thus opportunities to streamline current funding flows need to be explored.
- **Health care reform** expands eligibility and creates new roles for meeting OERU needs. Healthy Kids has the opportunity to build on its experience and expertise to play these new roles.

SECTION VI: OERU RECOMMENDATIONS AND ACTION STEPS 2011 - 2014

The remainder of this business plan defines the strategies, organizational approaches, and funding Healthy Kids will pursue over the next 3-5 years to achieve the OERU goals. Specific strategies have been articulated for each of the seven recommendations but the associated action steps are interdependent and have clear areas of overlap. As we move toward ACA implementation, coverage options will expand to include the Exchange and so the roles for all parties to the OERU collaboration may evolve accordingly.

Most of the strategies defined below accomplish two things – first they will move Healthy Kids OERU toward achieving its goals for its current target population and second they build organizational capacity and prepare for the expansion of coverage and transitions that will take place under ACA. The primary Healthy Kids OERU focus for 2011-2014 will remain uninsured children and any eligible family members. Strategies that may be applicable to both the standard Healthy Kids OERU age groups (0-5 and 6-18) and older age groups are included here, with more detail in Appendix B.

Recommendations and Action Steps

1. **Start with young children.** Revise CAA Scopes of Work to maximize 0-5 enrollment (newborn, childcare/daycare, CHDP, etc).
   - ✓ Hire a new CAA to expand the Baby Gateway program to Dominican Hospital and Sutter Maternity and Surgery Center in north Santa Cruz County and create a Baby Gateway CAA "team" to include the north and south county CAAs, County Analyst, and HIP physician consultant to continue to guide and evaluate efforts
   - ✓ Ensure dedicated CAA time to coordinate with preschools, day care centers, and other targeted sites of enrollment for 0-5 year olds
   - ✓ Ensure dedicated CAA time to enroll eligible CHDP children onto a permanent benefit program, prioritizing 0-5 year olds
   - ✓ Provide the First 5 Kit for New Parents to all mothers via Baby Gateway and orient them to the "What to Do When Your Child Gets Sick" book using HIP protocol
   - ✓ Train CAAs to communicate about utilization during outreach and enrollment contacts and to educate families with tools like Text4Baby and other scripts from the Alliance

2. **Prioritize enrollment over outreach.** Focus CAAs primarily on enrollment (where they are expert) and decrease low-yield outreach activities.
   - ✓ Deploy CAAs to high volume sites and piggyback onto existing outreach activities by other community and faith-based organizations, and events to identify and refer families
   - ✓ Increase CAA time designated for enrollment among non-contracted CAAs.
   - ✓ Utilize the new Enrollment Consent Form to identify uninsured children and family members via major enrollment channels and distribute the forms to CAAs for follow-up
     - Hospitals (via Baby Gateway)
     - Childcare and preschool providers –First 5 partnerships may help to gain access
     - Public school districts
     - Safety net clinics and other providers
   - ✓ Strengthen and formalize (through MOUs and contract requirements) key agency/ organization commitments to identify uninsured children (schools, safety net providers, CBOs contracting with HSD or HSA)
   - ✓ Formalize training for CAAs on Retention and share best practices
   - ✓ Develop standard Outreach protocols and formalize training of all CAAs to implement them effectively so that outreach events are as high yield as possible

- ✓ Include enrollment goals and obligations within the Human Service Department's contracts with relevant community based organizations in order to maximize enrollment

3. **Consolidate contracted CAA Teams in North/South County.** Two North and South County teams can maximize FTE time, increase efficiency, improve accountability and be more flexible to enrollment priorities, especially 0-5.
   - ✓ Establish intentional, cohesive feeder process to ensure enrollment consent forms are collected from various sources (clinics, schools, events, etc) and are then effectively distributed to CAAs for personal follow-up
   - ✓ Maximize school-based enrollment capacity by increasing/consolidating existing school-based CAAs, and/or by leveraging school-based clinic staff through Salud, and Dientes, and by maximizing MAA claiming
   - ✓ Provide reports and training/coordination to all CAAs to ensure families are contacted re: renewal in a timely manner.

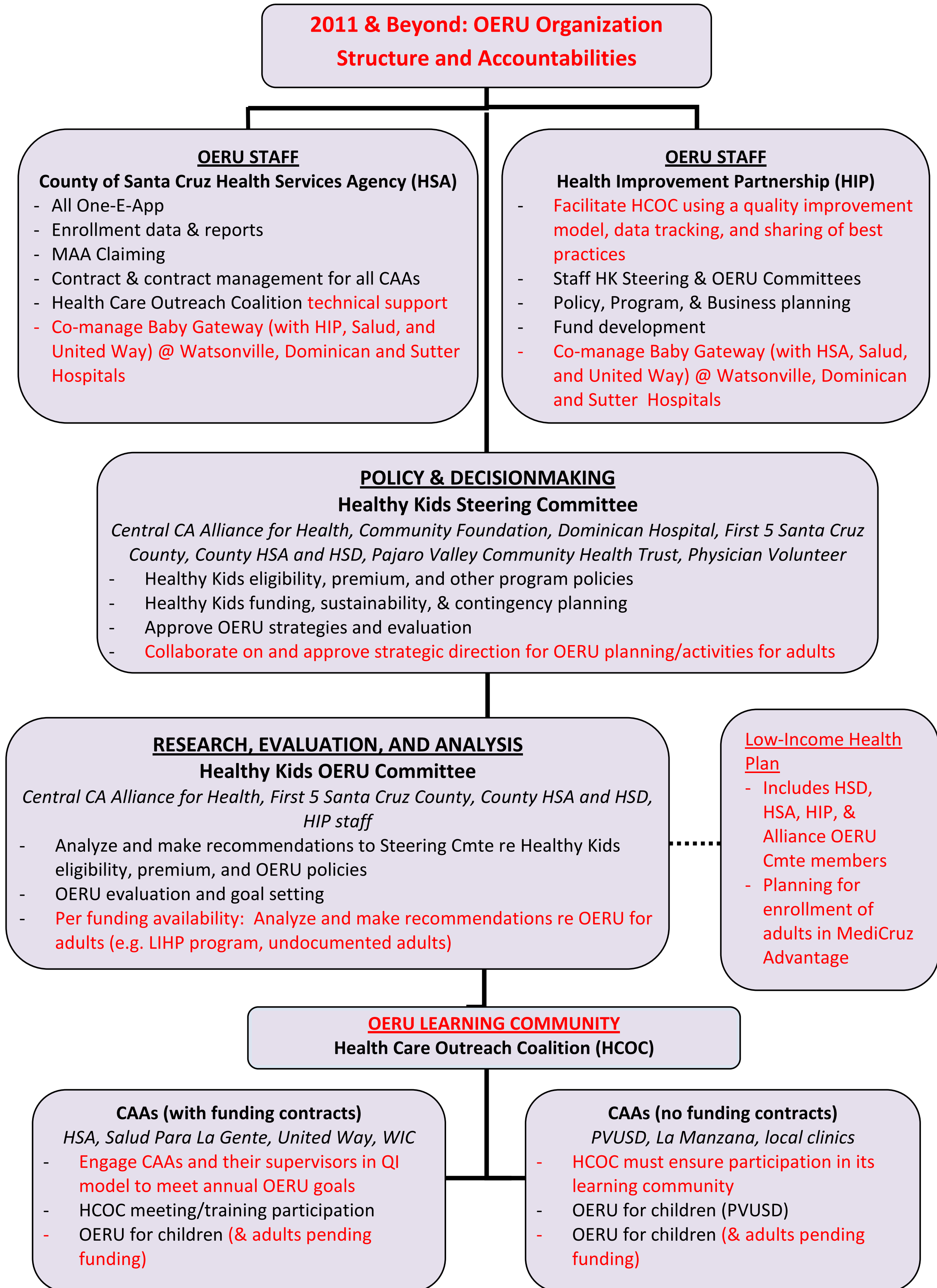
4. **Find an acceptable alternative to One-E-App.** Collaborate with the Health Services Agency to explore alternatives to One-E-App to improve one-stop-shopping capability, reduce costs, and increase the ability to coordinate with the Human Services Department and Benefits CalWIN.
   - ✓ Ensure effective coordination with Benefits CalWIN implementation so that eligible individuals can easily enroll for all applicable services. (This includes considering whether there are more cost-effective options than One-e-App for Healthy Families, Healthy Kids and Medi-Cruz eligibility and enrollment)
   - ✓ Coordinate with Benefits CalWIN for Medi-Cal renewal

5. **Increase the Health Improvement Partnership's Role.** Move toward centralizing program coordination through HIP to build capacity for ACA implementation
   - ✓ HIP to facilitate the Health Care Outreach Coalition using a Quality Improvement process to track enrollment metrics, identify and share best practices, and train CAAs accordingly
   - ✓ Introduce individual CAA and global Outreach Coalition goals and provide education and support to achieve those goals, and provide a venue for celebrating successes
   - ✓ Provided other technical assistance and information to professionalize the role and position of CAAs (e.g., customer service, computer skills, policy, etc)

6. **Partner with Monterey and Merced.** Collaborate with Monterey and Merced counties to share best practices, join forces for grant seeking, policy advocacy or other activities.
   - ✓ Leverage the California Children's Health Initiatives plan to create an expanded statewide OERU network by engaging Monterey in this process; continue supporting Merced's participation in the coalition. Seek opportunities to collaborate as a region.

7. **Healthy Kids + Healthy Adults.** Expand Healthy Kids scope to include discussion, planning, and recommendations regarding OERU for adults.
   - ✓ Target deployment of CAAs for enrollment of eligible adults (eg community clinics) and seek new revenues for such expansion
   - ✓ Enlist the Healthy Kids OERU Committee in planning for outreach and enrollment processes of the County's Low Income Health Plan
   - ✓ Engage HIP leaders to discuss long-term planning for coverage and access of undocumented children and families who will be ineligible for coverage in 2014. Explore community benefit and other funding options, as well as community health access models supported by local providers

CHANGES FROM CURRENT STRUCTURE - SEE P 6 - SHOWN IN RED



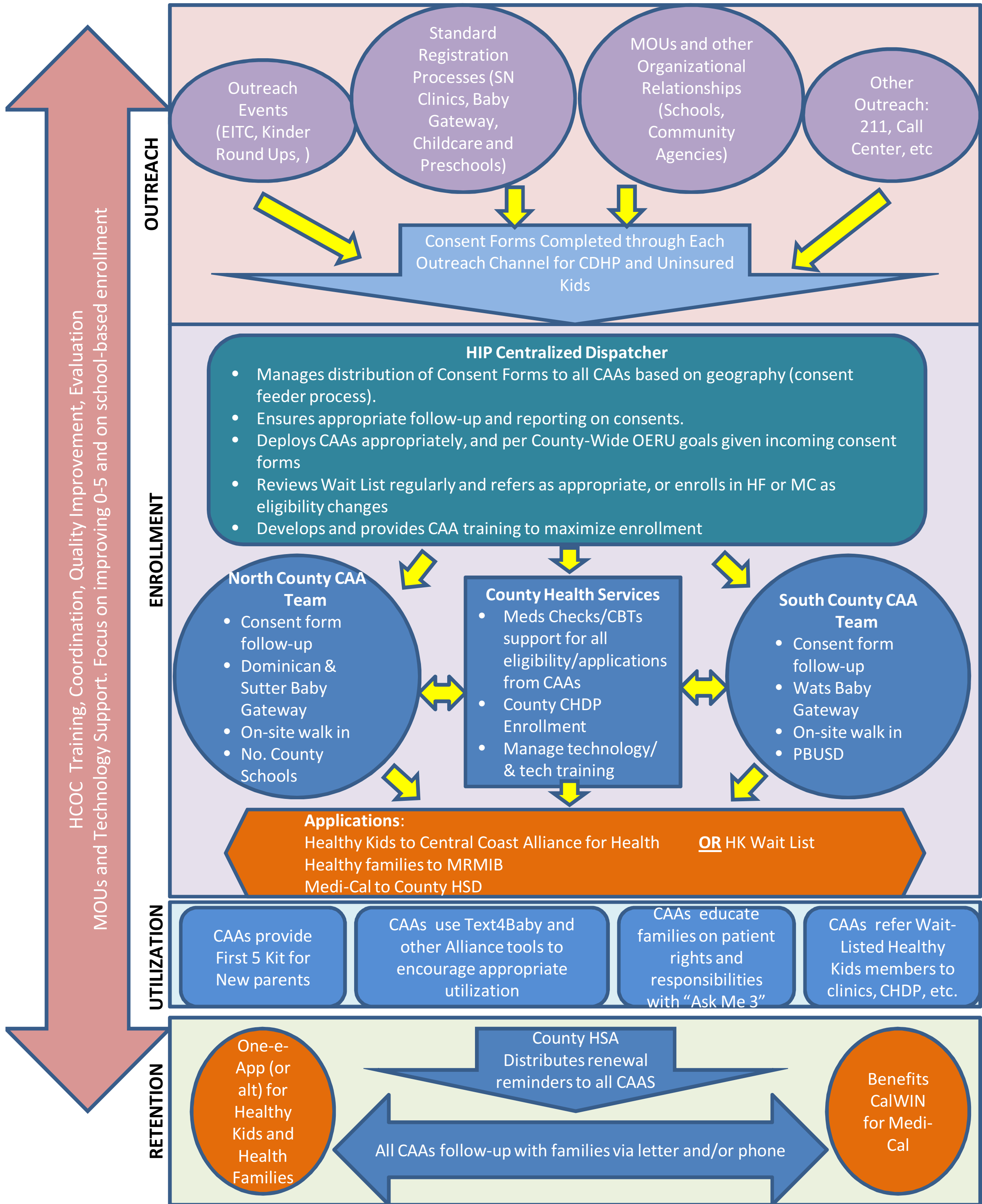
The significant organizational changes that are important to the achievement of the goals and strategies for 2011-14 include

(1) Larger role for HIP terms of creating a Learning Community within HCOC through leadership, facilitation, goal-setting and evaluation as well as support for a county-wide "Baby Gateway" enrollment team;
(2) Addition of a new Baby Gateway CAA position under the auspices of First 5;
(3) Addition of .25 clerical support to the County HSA Coordinator so the latter can increase her direct enrollment activities; and
(4) Revisions to contractual relationships and expectations, including development of MOUs for the deployment of non-contracted CAAs.
(5) Expanded role in planning of the Low Income Health Plan eligibility and enrollment process for a subset of the OERU Committee.

<u>CAA Coordination, Quality Improvement and Oversight</u>
CAA coordination and training will continue to be provided through the HCOC. Beginning in 2011-12, HIP staff will take the planning lead with regard to HCOC meetings to accommodate a formal Quality Improvement approach for enrollment and renewal and enhanced evaluation support. Finally, the data that are collected regarding enrollment, renewals and utilization will be used for real-time and periodic evaluation of the strategies, the contracts and the individual CAAs, with oversight provided by the Healthy Kids Program Director.

<u>Contractual Relationships and Expectations</u>
The increase in coordination and oversight for CAAs, the establishment of a "feeder system," as well as the need for streamlined resource allocation, will be addressed through revised Scopes of Work. In addition, the HIP Healthy Kids Program Director will change her scope of responsibility to include development and management of Memoranda of Understanding with community agencies to increase the amount of time that non-contracted CAAs devote to OERU.

Prospective Work Flow
The following diagram depicts the flow of activities under each OERU domain. It illustrates the newly envisioned "feeder process" which is managed by a County-wide "dispatcher" who then deploys CAAs appropriately.


HCOC Training, Coordination, Quality Improvement, Evaluation
MOUs and Technology Support. Focus on improving 0-5 and on school-based enrollment
OUTREACH
Outreach Events (EITC, Kinder Round Ups,)
Standard Registration Processes (SN Clinics, Baby Gateway, Childcare and Preschools)
MOUs and other Organizational Relationships (Schools, Community Agencies)
Other Outreach: 211, Call Center, etc
Consent Forms Completed through Each Outreach Channel for CDHP and Uninsured Kids
ENROLLMENT
HIP Centralized Dispatcher
Manages distribution of Consent Forms to all CAAs based on geography (consent feeder process).
Ensures appropriate follow-up and reporting on consents.
Deploys CAAs appropriately, and per County-Wide OERU goals given incoming consent forms
Reviews Wait List regularly and refers as appropriate, or enrolls in HF or MC as eligibility changes
Develops and provides CAA training to maximize enrollment
North County CAA Team
Consent form follow-up
Dominican & Sutter Baby Gateway
On-site walk in
No. County Schools
County Health Services
Meds Checks/CBTs support for all eligibility/applications from CAAs
County CHDP Enrollment
Manage technology/ & tech training
South County CAA Team
Consent form follow-up
Wats Baby Gateway
On-site walk in
PBUSD
Applications:
Healthy Kids to Central Coast Alliance for Health
OR HK Wait List
Healthy families to MRMIB
Medi-Cal to County HSD
UTILIZATION
CAAs provide First 5 Kit for New parents
CAAs use Text4Baby and other Alliance tools to encourage appropriate utilization
CAAs educate families on patient rights and responsibilities with "Ask Me 3"
CAAs refer Wait-Listed Healthy Kids members to clinics, CHDP, etc.
RETENTION
One-e-App (or alt) for Healthy Kids and Health Families
County HSA Distributes renewal reminders to all CAAS
All CAAs follow-up with families via letter and/or phone
Benefits CalWIN for Medi-Cal

SECTION VIII: RESOURCE REQUIREMENTS AND FUNDING

First 5 Santa Cruz County will continue to be a major source of funding for the HCOC and its OERU activities focused on children ages 0-5. The intent of the organizational changes described in Section VI is to improve efficiencies and oversight while preparing for the advent of ACA implementation. The following table outlines the human and organizational resources that would be required to fully implement this business plan, along with the specific functions each is envisioned to serve.

OERU Coordination and CAA Deployment 2011-2014

Organization	NORTH COUNTY CAA s	SOUTH COUNTY CAAs	OTHER FUNCTION	FTE 2011	FTE 2014
County Health Services Agency 1. County Benefits Analyst (1 FTE) 2. County Program Coordinator (1 FTE) 3. County Clerical support (.25 FTE)	.3 FTE @ Emeline Clinic	. 4 FTE @ Wats Clinic	1.55 FTE includes CHDP follow-up, manage OEA, HCOC, MAA contracts, data reports, and CAA training plus CBT, MEDS data entry	2.25	
First 5 Santa Cruz County	Baby Gateway at Dominican and Sutter hospitals. OERU in downtown Santa Cruz, Live Oak, and SLF. Prioritized 0-5 via preschools, childcare and events.			2.8	
Salud Para La Gente		Clinic patients, Baby Gateway @ Wats Hosp, outreach through preschools, events and 7 school-based clinics		2.2	
WIC/Community Bridges		Primarily South County office clientele		1.25	
HIP Staff (Healthy Kids program director, physician consultant, administrative assistant)			OERU planning and evaluation; facilitate HCOC; oversee Baby Gateway	~.50	
Total CAAs & Support Funded through HCOC				**9**	

The total FTEs listed above represent an increase of 1.75 FTEs over July – December 2010. Funding for the increase in FTEs will be from First 5 for a new north county Baby Gateway CAA position (1 FTE); and the County for additional clerical support of .25 FTE to enable the County Benefits Coordinator to do more enrollments. The augmentation of HIP staffing (.5 FTE) to the OERU effort is a shift in scope relating to its Healthy Kids program administration and does not require new funding.

All of the First 5 dollars and any other dollars that are made available for OERU will be leveraged for maximum match through MAA for all MAA-eligible activities.

In addition to the resources funded through the HCOC, CAAs who are currently working in community agencies, but not fully (or efficiently) deployed will be trained to support the recommendations of the business plan. MOUs will be used to increase dedicated time for OERU and to support more efficient and effective MAA draw-down. The agencies that are should be part of the HCOC CAA teams include:

Organization	NORTH COUNTY CAAs	SOUTH COUNTY CAAs
Dientes Community Dental Care	South County Schools Outreach (consent forms)	North County Clinic and Schools Outreach (consent forms)
Planned Parenthood	Consent forms for N. County clinic patients	Consent forms for S. County clinic patients
La Manzana		Enrollment for clients
PVUSD		PVUSD CAAs focused on PVUSD students
Women's Health Center	Enrollment and consent forms for their patients	
Other Clinics, etc TBD		

Within the next 2 years, it is hoped that additional funding will become available for OERU through implementation of ACA. These funds will be designated for those OERU activities that are related to expanded eligibility and mandates. HIP and Healthy Kids will need to continue to explore alternate options to meet the needs of individuals who will not be eligible for coverage under ACA, including new partnerships with safety net providers and securing additional funding.

Future Funding

Health Care Reform – New Roles and Opportunities for Healthy Kids and HIP

Numerous opportunities for leveraging funding and structural changes in the health insurance market are emerging through the new Coverage Initiative and implementation of ACA. As of this writing, it is unclear how the State envisions enrolling these individuals which has considerable implications for technology, staffing, and contract issues.HIP and Healthy Kids will need to remain flexible to prepare for these opportunities, which could include:

- Given the history, relationships and community linkages of Healthy Kids, the long-term role of the Exchange Navigator could be a source of funding for sustainability which is being explored in-depth by the California Children's Health Initiatives[9];

- Funding for Medicaid OERU expansion in particular has not been made clear by either State or Federal leaders - opportunities should be monitored closely;

- Increased partnership with the Santa Cruz County Human Services Department will ensure that any implementation decisions are made in concert with MediCal plans and needs (all HCOC and CAA functions should complement the gaps and needs identified by HSD);

- Explore additional partnerships with HSD vis a vis Benefits CalWIN such that enrolling families in both coverage and CalFRESH could be an expanded role for CAAs. CalFRESH may offer new sources of funding for the food stamps enrollment component;

- The Children's Health Insurance Program (CHIP) Reauthorization will present new OERU grant opportunities in the Spring of 2011 and it would behoove Healthy Kids to investigate a regional (Monterey, Merced) application or to participate in a statewide application via CCHI;

- Healthy Kids should continue to partner with CCHI on the development of its Statewide OERU Network. CCHI has achieved credibility in the policy and funding arenas such that it may be able to identify and cultivate new OERU funding streams. Another is the advocacy efforts CCHI undertook to ensure that the Exchange navigators would not exclude community-based CAAs. Together, CCHI's funding and policy strategies should form the basis of any financial sustainability plan for OERU in Santa Cruz County;

- It will be obligatory to continue to maximize MAA funding to support OERU efforts. Ensure that community-based partners are skilled in meeting the requirements of MAA claiming; and

- Private sources of funding should also be explored. Examples include engaging hospitals on Community Benefit funding opportunities, especially as 2014 will usher in a new era of coverage (and reduced uncompensated care) for nonprofit hospitals. It is worth pursuing this as an opportunity to leverage community benefit for either OERU (or coverage for undocumented children and families) in 2014. As always, private sources of funding for OERU should include local, state, and national foundations.

Finally, technology solutions are currently being explored at the local, state, and federal levels. Although there is no definitive answer to the inefficiency of different eligibility and enrollment systems, it is a federal requirement that an solution be found. For now, Benefits CalWIN enables CAAs to enroll individuals in Medi-Cal and CalFRESH and it enables families to self-serve through its web-based portal. In the future, all Medi-Cal renewals will need to be completed through Benefits CalWIN (ending the current paper renewal process). The public will also have access to Health-E-App beginning in December 2010. Regardless of these advances, our target population requires personal, hands-on assistance and the need for community-based CAA support will not go away despite public access options. For now, One-E-App will continue to be the local technology tool for enrollment, despite the fact that it is expensive and difficult to use. Long-term a solution for both California and Santa Cruz must be found – and ideally these will be one and the same.

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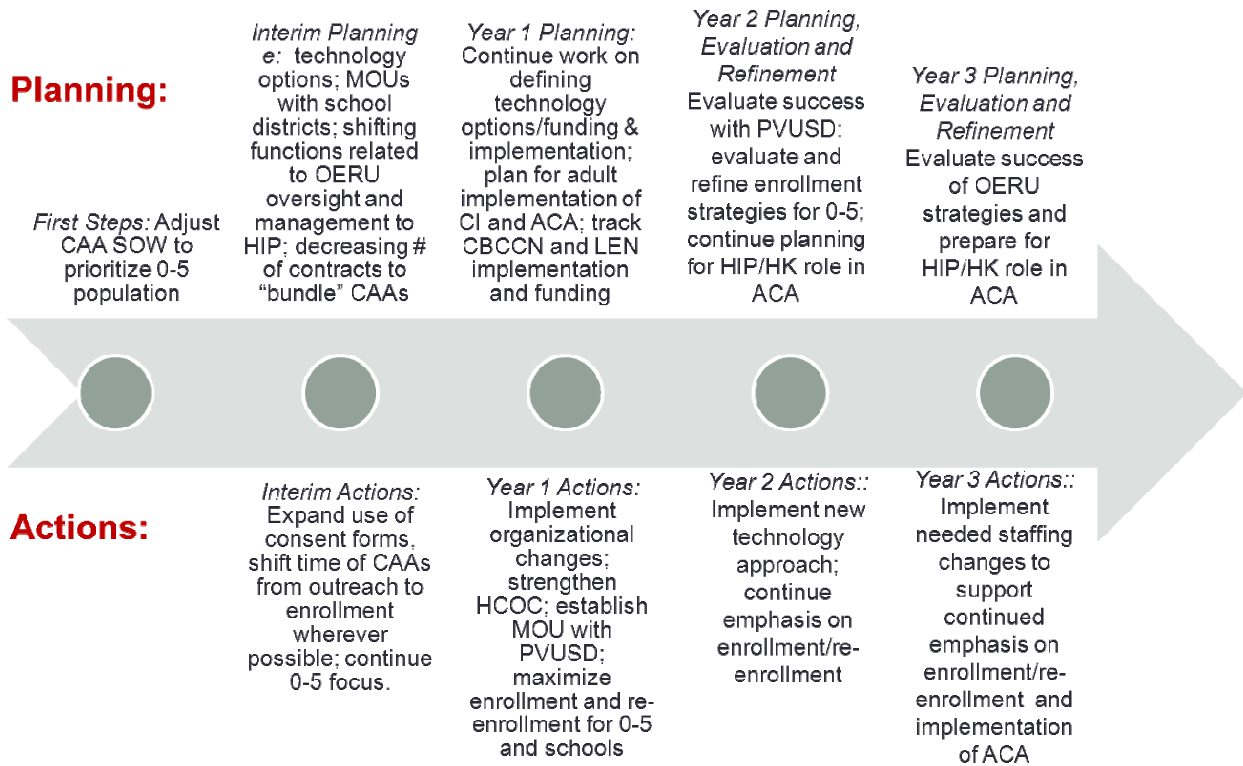
[9] After this report was written, the Governor proposed shifting Healthy Families enrollees into Medi-Cal. While the fate of Healthy Families is yet to be decided, an important future OERU function may well be helping to navigate children off the program and onto either MediCal or the Health Benefits Exchange.

SECTION IX: IMPLEMENTATION

Implementation of the 2010-14 business plan will occur in phases defined by fiscal year. The remaining 6 months of FY2010-11 will include new scopes of work for all contracted agencies to align with the strategies and priorities of this business plan. For example, contracted agencies will be accountable for shifting more resources toward 0-5 enrollment through the Baby Gateway project and dedicated efforts with preschools and childcare providers. The role for the HK Program Director will also be adjusted to include work on MOUs and further implementation and monitoring of consent forms. In addition, current staff, at the Health Services Agency and at HIP will work together to develop the capacity for "real-time" dispatch and deployment support to optimize CAA time. Finally, the HIP board will be asked to consider an increased role for HIP as the primary contract for CAA coordination, oversight and HCOC support.



Details of the subsequent years depend on the work completed in the remainder of FY 2010-11.

APPENDIX A: OERU ROLES & RESPONSIBILITIES
for Santa Cruz County Health Services Agency, First 5, and HIP, 2011-2014

Function	County Analyst	County Coordinator	County Data Entry	First 5	HIP
Program Planning	Works with HIP staff to plan/evaluate OERU activities for children and adults (includes partnering on CAA scopes to ensure goals are met) Leads technology planning, implementation, training, reporting, and contracting Leverages MAA funding re scope development and financial planning Works with HIP in the development of scopes and monitors scopes and contracts Prepares and manages OERU contracts with CBOs Works with HSD and HIP to prepare for 2014 Member of the OERU Committee	Provides feedback and info re business processes for One-E-App Participates in monthly One-E-App operations calls Works collaboratively with County Analyst and HIP re CAA training Member of the OERU Committee		First 5 is the sole funder of OERU activities for families with young children and as such provides leadership and input on program planning by approving all scopes of work for contracted partners as well as participating as members of the Healthy Kids Steering Committee and the OERU Committee.	Leads OERU program planning activities for children and adults (includes partnering on CAA scopes to ensure goals are met) for coverage and other benefits as appropriate Develops program evaluation metrics and processes Coordinates with safety net clinics to maximize OERU for children and adults Liaise with other relevant agencies (211, school districts, etc) and establish MOUs (with PVUSD, etc) as appropriate Staff the OERU Committee (manage agendas, coordinate projects, analysis, and recommendations, maintain mtg minutes) Provide recommendations/reports to Healthy Kids Steering Committee via OERU Cmte Represent HCOC at PVUSD Healthy Start Steering Committee Explores/applies for additional funding Works with HSD and HSA to prepare for 2014

Function	County Analyst	County Coordinator	County Data Entry	First 5	HIP
CAA Coordination	Leads MAA training of all CAAs and ensures MAA reporting compliance Provides info on eligibility changes for all coverage programs and maintains the HK Eligibility Matrix Ensures compliance with policies and procedures related to all coverage programs Provides secondary back-up for support and technical assistance when county coordinator is not available Serves as supervisor to the County Coordinator, ensuring the functions of that position are executed effectively and according to program planning goals.	Provides 1st line support and technical assistance for: 1) eligibility and enrollment; and 2) OEA tech assistance Coordinates/maintains CAA holiday and vacation schedules, update CAA contact lists Leads event coordination and analysis Manages event materials (maintain and re-order supplies) Attends outreach events as needed Works closely with County Analyst and all CAAs, to ensure OERU goals are achieved.		First 5 Executive Director provides oversight and accountability for the three CAAs that form the North County enrollment team, ensuring that their annual work plan aligns with OERU program goals and that they are coordinating effectively with the County Analyst and HIP physician consultant. Communicates with County Analyst to ensure these CAAs receive necessary technical assistance, training, deployment, and support.	Coordinates CAA performance and activities via planning and facilitation of the HCOC.
Enrollment & Retention	Prepares and distributes monthly retention reports for CAAs Conducts data quality analysis re processing of all enrollment and retention reports Provides HIP and/or First 5 enrollment and retention data as needed Logs and monitors CHDP/Uninsured consents received via safety net clinics	Logs, collects, and distributes consent forms appropriately to CAAs across the county based on geography, capacity (conducts consent follow-ups directly as time allows Responsible for following up on all CHDP Gateway lists received from County CHDP office with particular focus on 0-5 year olds Schedule/enroll families either in North or South County as needed Receives/schedules referrals	First responder for incoming Health Care Access Line calls (log calls, provide updates) Maria is this right? Provides 10 hours of clerical support each week: Log all CHDP/Uninsured consent forms received from events on a daily basis Provide HSA Analyst	Employs three CAAs (including one designated CAA team leader), who cover north county baby gateway program, preschools, daycare centers, business outreach, and other schools and resource centers as appropriate. Their sites/service areas include Capitola, Live Oak, downtown Santa Cruz, San Lorenzo Valley.	

Function	County Analyst	County Coordinator	County Data Entry	First 5	HIP
	Provides data to clinics and First 5 related to outcomes from consents Works with HSA IT staff to develop enrollment and retention reports via CBT Works with HSA IT staff in ensuring data quality and system development related to CBT	from other agencies, Health Access Line, walk-ins, or via families who've been enrolled in CHDP by one of the County clinics; conducts enrollment and retention of those families Tracks and obtains renewals for those families the Coordinator originally enrolled	and Program Coordinator with updates re consents logged		
Health Care Outreach Coalition	Partner with HIP in development and delivery of presentations related to OERU strategies in order to ensure maximum outcomes Provide presentations to CAAs related to program changes that impact policies and procedures	Leads regular technical assistance training and support for CAAs (for OEA, coverage program eligibility and policies, OERU processes/protocols) throughout the year Takes HCOC minutes; manages HCOC attendance log and provides informational materials to the CAAs at each meeting. Maintains up to date contact list for all CAAs and emails resource and program information to CAAs on a regular basis		All 3 First 5 CAAs participate in the HCOC	Employs a QI model within HCOC, translating goals and metrics into monthly reporting so CAAs can share best practices and maximize outcomes Aligns OERU/HCOC goals with CAA scopes and keeps CAA supervisors informed Prepares agendas and facilitates HCOC meetings; engage CAAs through effective meetings, build skills/knowledge base of CAAs Evaluate Outreach, Enrollment, Retention, and Utilization strategies to prioritize best practices, adjust and adapt strategies to maximize outcomes Partner with County Analyst to ensure operations support best practices (develop standard materials, scripts,

Function	County Analyst	County Coordinator	County Data Entry	First 5	HIP
					forms, sign-in sheets, etc) Produce monthly meeting minutes Maintain and update CAA Resource Guide
Baby Gateway	Provides specific oversight to Baby Gateway program, working with HIP's physician consultant and the CAAs to maximize outcomes, troubleshoot issues, provide training, liaise with hospital staff, etc. Organize regular meetings with CAAs and HIP physician consultant. Maintains and reports data for evaluation purposes			One CAA is lead newborn enroller at Dominican and Sutter hospitals and 2 CAAs provide back-up as needed. Participate in regular program meetings with County Coordinator, HIP physician consultant and others, as needed.	HIP's physician consultant provides guidance, oversight, planning, training, and team-building support to the Baby Gateway program, including North and South County CAAs and the County Analyst. Designs evaluation plans and metrics Incorporate BG goals and metrics into HCOC (leads break-out discussions as needed, etc)
Reports and Budgeting	Collect and report evaluation data out of CBT database Provide requisite reports to First 5, HIP and other funders and partners Prepares annual budget for the OERU/CAA activities in partnership with First 5, County MAA Administrator, and HIP	Provide Analyst with a monthly report outlining all CHDP enrollments and outcomes, broken down by age Provide HIP with any data or reports as needed	Enter all CBTs in a timely manner that meets program deadlines Conduct MEDS checks for all Healthy Families and Medi-Cal apps Conduct OEA applications review from CBTs to determine HK enrollment Update Co. Analyst re data entryData problem solving	Provide data on outreach, enrollment, and event outcomes as required of all CAAs	Evaluate and analyze outreach events outcomes, share with County Analyst and OERU Committee Collect and report Healthy Kids Evaluation Plan data to First 5, Steering Committee, and others

APPENDIX B - STRATEGIES
Outreach Strategies 2011-2014

Outreach Goals All families with children know about Healthy Kids, Healthy Families and Medi-Cal and know where to go to enroll and obtain health insurance coverage All childcare and other community organizations serving low income families know about Healthy Kids, Healthy Families and Medi-Cal and help families make the connection to the programs							
Strategy	**Channel**	**Activities or Tactics**	**Coverage**	Target Age Groups			
				0-5	6-18	19-26	26-64
Leverage standard "registration" interactions as an opportunity to identify children and family members without coverage and have them complete a consent form.	Child Care Centers, Day Care Providers, Preschools (including head start, migrant head start, early head start, CDRC, etc…)	Using First 5 as ambassador lead, provide information and education to child care and preschool community to use consent form in the registration materials that they provide to enrolling families. Ensure a means of getting the consent forms returned to a CAA for follow-up	HK, HF, Medi-Cal	X			
	Newborn Project	Ask mothers whether there are older children in the family who do not yet have coverage and if so ask for consent to contact	HK, HF, Medi-Cal	X	X		
	Safety Net Clinics	Educate clinics that lack CAA staff (PP, DHC, Dientes), to use consent forms for all individuals without coverage and to return completed consent forms to a CAA for follow-up	HK, HF, Medi-Cal, Prucol	X	X	X (CI)	X (CI)
	Hospital EDs, Urgent Care, "Doc in a Box" clinics, and other safety net providers	Use consent referral form process; ensure provider staff are educated/trained	HK, HF, Medi-Cal, Prucol	X	X	X (CI & ACA)	X (CI &ACA)

Outreach Goals All families with children know about Healthy Kids, Healthy Families and Medi-Cal and know where to go to enroll and obtain health insurance coverage All childcare and other community organizations serving low income families know about Healthy Kids, Healthy Families and Medi-Cal and help families make the connection to the programs							
Strategy	**Channel**	**Activities or Tactics**	**Coverage**	Target Age Groups			
				0-5	6-18	19-26	26-64
Piggyback onto other existing outreach efforts by other community agencies that are doing outreach to our target population for related services	Watsonville Neighborhood Services Program	Have door-to-door walkers ask re: insurance coverage and get consent forms completed if appropriate	HK, HF, Medi-Cal	X	X	X (CI &ACA)	X (CI &ACA)
	Human Services Department	Benefits CalWIN marketing campaign in Jan 2011 (Second Harvest Food Bank) EITC enrollment fairs Others TBD	HK, HF, Medi-Cal	X	X	X (CI &ACA)	X (CI &ACA)
	Second Harvest Food Bank	Partner via their extensive community outreach activities (eg farmers markets, food stamps activities, etc)	HK, HF, Medi-Cal	X	X	X (CI &ACA)	X (CI &ACA)
	Faith-Based (Churches, Temples, COPA, etc)	Disseminate information, referrals, collect contact info via pulpit, church groups, etc.	HK, HF, Medi-Cal	X	X	X (CI &ACA)	X (CI &ACA)
Strengthen and formalize school district commitment to identifying children who are uninsured	School Districts	Develop an MOU with districts regarding OERU which formalizes a process for asking about insurance coverage at the time of registration and providing a consent form if appropriate. Educate and support districts in understanding the availability of and drawing down MAA funding (Also explore school-based linkages; e.g. sports leagues, youth mentors, etc)	HK (5 year-olds or younger siblings), HF and Medi-Cal Potentially parents, caregivers and other family members, particularly under ACA	X	X	X (CI & ACA)	X (CI & ACA)
Adopt a proactive "ambassador" model for community events	Community events	Continue ongoing assessment of events to identify the most appropriate for CAA presence. Adopt a team approach to community events, incorporating one "roving" CAA and one person at an information table	HK, HF, Medi-Cal	X	X	X (CI & ACA)	X (CA & ACA)

Outreach Goals All families with children know about Healthy Kids, Healthy Families and Medi-Cal and know where to go to enroll and obtain health insurance coverage All childcare and other community organizations serving low income families know about Healthy Kids, Healthy Families and Medi-Cal and help families make the connection to the programs							
Strategy	**Channel**	**Activities or Tactics**	**Coverage**	Target Age Groups			
				0-5	6-18	19-26	26-64
Deploy CAAs in specific high-need, underserved areas based on market analysis	Community agencies and/or locations serving low-income families	Monitor data on poverty and unemployment and ensure that CAA time is allocated in areas where low-incomes families are likely to be (such as Watsonville)	HK, HF, Medi-Cal	X	X	X (CI &ACA)	X (CI &ACA)
Build and maintain relationships with small businesses, particularly those with low-wage workers newly eligible for MC in 2014	Small business employers	Provide information and materials to help them link employees and their families to currently available coverage and to prepare for expansion of coverage in 2014	HK, HF, Medi-Cal	X	X	X (CI &ACA)	X (CI &ACA)

Additional Outreach Strategies Under the Coverage Initiative and Affordable Care Act

As the strategies listed in the table above move into full implementation, it will also become clear how ACA will be implemented in California, enabling Healthy Kids Santa Cruz to define the parameters of its role in the reformed health care system. Healthy Kids Outreach will continue to evolve during this time and the following strategies may be implemented in anticipation of or support of the Coverage Initiative and the Affordable Care Act.

1. Continue to explore ways to reach farm-workers and their families. Explore Driscoll's health services to their farm worker employees. Work with Office of Migrant Education and Migrant Head Start for outreach and identification of children and family members who may be eligible for Healthy Kids, Healthy Families or Medi-Cal.
2. Use HSA and HSD contracting policy as a way to hold all CBOs contracting with the county accountable for providing information on health coverage eligibility and options - include standard requirements regarding outreach activities in all CBO contracts as a way to ensure that outreach is accomplished, there's accountability, and build mechanisms for tracking outcomes
3. Pending adequate CAA capacity, implement consent form strategy within Cabrillo Student Health Center; access any child of a Cabrillo College student via the consent forms as well. This strategy could be used to support the Coverage Initiative and the implementation of ACA to enroll both adults and children.
4. Leverage mentor, role model, and other positive adult figures in families lives' (such as coaches, teachers, sports figures) to refer, educate, and inform about coverage. Provide them with referral mechanisms through consent forms and/or other. This strategy may have the greatest impact after Medi-Cal eligibility for 6-18 year-olds is expanded.

5. Consider the application of the Motor-Voter strategy to current Healthy Kids and/or to ACA implementation - partnering with entities that have broad reach to distribute information about both eligibility and mandates (e.g., flyers in PG&E bills, flyers with DMV notices, info to anyone on unemployment)

Enrollment Strategies 2011-2014

Enrollment Goals **100% of eligible newborns, children and eligible family members are enrolled** **100% of undocumented children are either enrolled in Healthy Kids (0-5) or added to the waiting list (6-18), and referred to care providers that offer low-cost services or other financing (CHDP, FamPACT, etc).** **100% of newly eligible adults are enrolled as coverage expands through the coverage initiative and any early implementation of ACA.**							
Strategy	**Activities or Tactics**	**Coverage**	**Target Age Groups**				
			0-5	**6-18**	**19-26**	**26-64**
Visit all mothers while in the hospital after birth to enroll all eligible babies and family members	Complete enrollment for newborns in the hospital Follow-up on consent forms for siblings and other family members and enroll all eligible Expand to include all three hospitals	Medi-Cal (all eligible babies @ hospital) HK, HF, Medi-Cal(all eligible family members)	X	X	X (CI &ACA)	X (CI &ACA)
Strengthen and formalize school district commitment to enrolling children (and family members) who are eligible	Develop an MOU regarding OERU, addressing CAA resource deployment, TA regarding maximizing MAA,CAA training and accountability, information/materials availability, and systematic identification/enrollment of eligible children Begin with school districts that are high need and already use the CountyHSA for MAA – PVUSD and SLVUSD.	HK (only K and younger sibs), HF, Medi-Cal	X (K and Sibs)	X	X (CI &ACA)	X (CI &ACA)
Use One-e-App to enroll all eligible individuals for whom a consent form has been received	Contact all individuals for whom a consent form is received	HK, HF, Medi-Cal	X	X	X (CI &ACA)	X (CI &ACA)
Leverage new Benefits Cal Win public access services launched in November (with Jan 2011 marketing plan implementation)	Support referrals to Benefits Cal Win for self-enrollment where appropriate. Explore training CAAs on using BenfitsCalWIN to connect families to critical services related to health (food stamps, EITC, free/reduced school lunch)	MC + other social service programs	X	X	X (ACA)	X (ACA)

Retention Strategies 2011-2014

Retention Goal All children and family members who remain eligible are renewed, retained or transitioned without a break in coverage						
Strategy	Activities or Tactics	Coverage	Target Age Groups			
			0-5	6-18	19-26	26-64
Provide reports and training/coordination to all CAAs to ensure families are contacted re: renewal in a timely manner	Develop consistent communication/reporting for all CAAs in the county. Develop mechanisms to increase accountability for all CAAs to make timely contact with all families for renewal or transition. Employ a quality improvement model of sharing outcomes and best practices Support CAAs and their "home" organizations (schools, FRCs, etc) in ensuring MAA capture for these activities	HK, HF, Medi-Cal	X	X	X (CI &ACA)	X (CI &ACA)
Adopt automated ways of communicating with families regarding renewal	Explore using Text4Baby technology for renewal Develop simple materials and distribute upon enrollment – focus on timing and process for re-enrollment and situations that may result in a transition to a different program	HK, HF, Medi-Cal	X	X	X (CI &ACA)	X (CI &ACA)
Benefits Cal Win	As of November, MC renewals can be done on-line via Benefits CalWIN. Incorporate this into CAA renewal process?	Medi-Cal	X	X	X (ACA)	X (ACA)

Application of Retention Strategies under the Affordable Care Act

As ACA is implemented, children 6-18 in families with incomes under 133% of FPL will become eligible for Medi-Cal and will need to be transitioned from Healthy Families. This transition, and the probability that children will eventually be transitioned again to plans in the Exchange, will benefit from the implementation and refinement of the strategies listed above. As automated strategies are developed and tested for current Health Kids populations, they can be adopted and/or adapted to be used in the ACA transitions.

Utilization Strategies 2011-2014

Achieving appropriate utilization for all children is a key function of the Alliance. The Healthy Kids OERU strategies are designed to supplement and support the Alliance in its utilization efforts. These strategies all leverage the face-to-face contact that CAAs have with individuals they are enrolling (or their parents) by using the opportunity to provide clear and consistent information in support of appropriate utilization.

Utilization Goals All children receive appropriate well-child and dental care All low-income individuals, including undocumented individuals, know where, when and how to access appropriate medical services and available coverage for those services						
Strategy	**Activities or Tactics**	**Coverage**	**Target Age Groups**			
			0-5	**6-18**	**19-26**	**26-64**
Provide the First 5 Baby Kit to all Newborn Project mothers and orient them to the "What to Do" book using HIP protocol	Continue to orient mothers to the kit through the Newborn Project as it expands to all 3 hospitals Provide kit to prenatal and other primary care clinics in the safety net for distribution to new parents Continue to ensureCAA accountability for distribution Enroll in Text4Baby (all pregnant mothers and mothers with newborns)	HK, HF, Medi-Cal	X			
Provide consistent information on well child needs, immunizations and sick-child needs to all parents of enrolled children **Educate individuals on "Patient Rights and Responsibilities"**	Develop materials for CAAs to provide to all parents at time of enrollment. Coordinate with Alliance on content. Provide What to do When Your Child Gets Sick to parents of 0-5 year olds beyond Newborn Project, if possible. Also explore funding to distribute books to 6-18 year olds. Align with Alliance's forthcoming member incentives which seek to encourage healthy choices, healthy lifestyle, personal responsibility for good health.	HK, HF, Medi-Cal	X	X		
Train CAAs to communicate about utilization during outreach and enrollment contacts	Implement "Ask Me 3"	HK, HF, Medi-Cal, undocumented, uninsured	X	X	X (CI &ACA)	X (CI &ACA)

APPENDIX C – ENROLLMENT CONSENT FORM

[Name of Organization or Event Here]

Consent to Release Contact Information

Name of Child #1 (Last, First, Middle) **Child's Date of Birth**

____ ☐ CHDP ☐ Uninsured

Name of School Attended

Name of Child #2 (Last, First, Middle) **Child's Date of Birth**

____ ☐ CHDP ☐ Uninsured

Name of School Attended

Name of Child #3 (Last, First, Middle) **Child's Date of Birth**

____ ☐ CHDP ☐ Uninsured

Name of School Attended

I give permission to the above-named office to share my contact information (name, address and phone number) and the names and dates of birth of my children with publicly funded health agencies or cooperating health agencies. The purpose of sharing this information is so that I can get information about and help with enrolling my child(ren) in free or low cost health insurance.

By signing, I certify that I have read the statement above and am the parent or legal guardian of the child(ren) named above.

____ Date:____________________

Signature of Parent/Legal Guardian

____

Printed Name of Parent/Legal Guardian

Relationship to Child(ren)___________________________

Family Mailing Address: ____

Phone Number: __________________________

Thank you for taking this step toward getting free or low cost health coverage for your child(ren). A Certified Application Assistor will contact you to give you information on your child's eligibility and to help you with the application process. If you have any questions, please call **454-2515 or 763-8568**

Staff: Please fax this form to 454-4488

Call 454-5431 or 454-4586 with any questions.