

Monterey County's Children's Health Outreach for Insurance, Care and Enrollment (MC-CHOICE) Program

A Strategy for Sustainable Community Outreach

KENNETH KONG

EXECUTIVE SUMMARY

The Monterey County Children's Health Outreach for Insurance, Care and Enrollment (MC-CHOICE) program was launched in April 2007 to promote outreach, enrollment, retention and utilization of Healthy Families, Medi-Cal and Food Stamp program benefits for families throughout Monterey County.

Employing strategies, such as community collaboration, cultural competent assistance and person-to-person contact, MC-CHOICE was successful in building public trust and reaching geographically, ethnically and socially-isolated communities. The result has been increased benefit access for the eligible population. Receiving the 2008 Hunger Champion Mentor Award from United States Department of Agriculture (USDA) is a testament to the program's efforts for increasing Food Stamp utilization.

Recommendations

San Mateo County Human Services Agency (SMCHSA) should consider expanding its current outreach program by developing coordinated strategies to increase enrollment and retention for the Food Stamp and Medi-Cal programs. The program plan should include expanding the current scope of outreach activities for the Medi-Cal program by collaborating with private companies and community based organizations to reach broader populations and coordinating worker's "out-station" schedules to ensure that clients have access to needed services and programs.

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Background

During 2007 San Mateo County ranked 57 out of 58 counties in California for Food Stamp program utilization. This ranking was based on a modified United States Department of Agriculture (USDA) Program Access Index (PAI).¹ The PAI is a performance measure that indicates the number of low-income households that are participating in the Food Stamp program. This ranking for San Mateo County shows that many of the eligible families were not participating in the program.

In addition, many of the low-income families were unaware that they may be eligible for some form of government administered health insurance such as Healthy Families and Medi-Cal. Instead, they frequently came to county medical facilities for needed services, which resulted in an unnecessary fiscal burden on county funds.

For many years, these two issues have been major concerns for San Mateo County Human Services Agency (SMCHSA). This case study examines another county's approach to solving similar issues. In 2007, Monterey County ranked 48 out of 58 counties in Food Stamp program participation based on the same PAI calculation. In addition, based on the 2003 California Health Interview Survey data, Monterey County had an estimated 6,335 children who were uninsured and were eligible for Medi-Cal and/or Healthy families.² (From the same survey,

San Mateo County had an estimated 7000 uninsured children.)

To address these issues, Monterey County created an outreach program in 2007 that focused on increasing the enrollment and retention for Healthy Families, Medi-Cal and Food Stamp programs.

History

In the fall of 2006, the Central Coast Alliance for Health (CCAH) Executive Director came to Elliott Robinson, Director of Monterey County Department of Social and Employment Services (MCDSES), with a concept for creating a health care insurance outreach program. Staff from the CCAH was inspired by the success of the Santa Cruz County Health Care Coalition.³ At the same time, they were concerned over the number of uninsured children in Monterey County. Here they saw an opportunity to utilize funding from California's Department of Health Services' Outreach, Enrollment, Retention, and Utilization (OERU). The original concept was to create an outreach program where MCDSES could play a central role in coordinating and partnering with community-based organizations (CBOs) for all Medi-Cal and Healthy Families outreach activities. MCDSES applied and received the funding from OERU for the outreach program in December 2006.

In April 2007, MCDSES launched the Monterey County Children's Health Outreach for Insurance, Care and Enrollment (MC-CHOICE) program with the goal of promoting outreach, enrollment, reten-

¹"Program Access Index." *California Food Policy Advocates*. <http://www.cfpa.net/foodstamps/PAI.htm>.

²"The Healthy Families Program and Medi-Cal for Families Campaign." *Department of Health Care Services*. Apr., 2006. <http://www.dhcs.ca.gov/dataandstats/reports/Documents/Medi-Cal%20Reports/April%202006%20Outreach%20plan.pdf>.

³"Report on the Uninsured and Access to Health Care." *County of Santa Cruz Health Services Agency—Home Page*. 23 Jan., 2001. http://www.santacruzhealth.org/pdf/Uninsured_Access_Rpt.pdf.

tion and utilization of Healthy Families, Medi-Cal and Food Stamp benefits for families.

Unfortunately, after about three months of operation, the State Department of Health Care Services cut OERU funding in July 2007. Instead of shutting down the operation at that time, MCDSES decided to continue the MC-CHOICE program with other funding.

Program

The MC-CHOICE program was launched in April 2007. In its original program design, the program was to coordinate and standardize all activities for all county Certified Application Assistants (CAA). The CAAs help enroll families for various government funded health insurances, such as Healthy Families and Medi-Cal. Additionally, the program was to fund a collaborative group of community service providers to implement outreach strategies that were geographically, ethnically and linguistically competent. Due to the loss of OERU funding, MC-CHOICE had to withdraw all subcontracts with CBOs. However, due to the commitment of MCDSES's management, MC-CHOICE continued to operate its outreach and enrollment strategies with county outreach workers.

Implementation

MC-CHOICE program serves as a hub for resources and information regarding Healthy Families, Medi-Cal and Food Stamp programs for Monterey County. The program maintains a toll free number for dissemination of information and application assistance. It also consists of three outreach workers who have been trained in disseminating eligibility information as well as assisting families to apply for Healthy Families, Medi-Cal and Food Stamp programs. They are out-stationed year-round in various Women, Infants, and Children (WIC) offices, local food distribution locations, and family resource centers. The outreach workers join forces with eligibility workers to ensure all applications were completed. The outreach workers also follow up with families to obtain all the necessary documents and verifications for eligibility determination.

MC-CHOICE also collects application data and gives feedback to various CBO's regarding application status. Each month MC-CHOICE program sends to the CBO's lists of families who are at risk of losing their benefits. One community outreach worker described this information as extremely valuable to her, because she is able to contact and help the families renew their benefits before they expire.

Community Partnership (MC-CHOICE Coalition)

MC-CHOICE Coalition was established as a focal point for all enrollment initiatives and outreach efforts throughout the community. The coalition is led by a MC-CHOICE project coordinator and supported by community partners, such as Alisal Healthy Start Family Resource Center, Center for Community Advocacy, Community Oral Health Services, and the Natividad Medical Center. The monthly coalition meetings often serve as training, referral and technical assistance resources for local CAAs as well as other outreach workers. The coalition serves as a linkage for various CBO's to coordinate their outreach efforts.

Success

Given its limited resources, the MC-CHOICE's success was staggering. Accomplishments included:

- Exceeding the annual outcome goals of the OERU contract in three months of operation. Outcomes included processing 276 new applications and completing 380 renewals/eligibility reviews for Medi-Cal and Healthy Families.
- Receiving the USDA 2008 Hunger Champion Mentor Award for MCDSES's efforts to increase Food Stamp Program participation.
- Witnessing a 13.8% increase in the average number of households participating in the Food Stamp program from fiscal year 2006/07 to 2007/08.⁴

⁴"Food Stamp Program Percent Change in Average Number of Households by County, Fiscal Year 2006/07 to 2007/08." *Food Stamp Data Trend*. 18 Mar., 2009. California Department of Social Services. 9 Apr., 2009. <http://www.cdss.ca.gov/research/res/pdf/foodtrends/FSA5.pdf>.

- Visiting 632 sites and providing enrollment information assistance to over 47,000 people in 2007.

Stable funding and sustainable strategies are important components of a successful outreach program.⁵ MC-CHOICE employed both strategies of partnering with local communities to reach geographically, ethnically and socially isolated populations and provided person-to-person contacts to increase the assessments for potential participants. The program has integrated these strategies in its daily operations and funded them through regular administrative allocations, thus ensuring their sustainability and continued success.

Next Steps

MCDSES's management recognizes MC-CHOICE's success and will continue to support the program. For MC-CHOICE, the program is looking into expanding its outreach efforts to faith based communities, childcare facilities and local retailers, especially the "mom and pop" stores. In addition, the program is evaluating the possibility of doing outreach for the CalWORKS and General Assistance programs.

Implications

Although Monterey County's Medi-Cal caseload was slightly more than the caseload in San Mateo County, the number of Food Stamp households was almost double the count for San Mateo County. (See Appendix A.)

The majority of San Mateo County's population lives in urban centers while Monterey County's population lives in rural areas. San Mateo County communities have complex social and cultural needs. A successful outreach program in a rural county may not be as effective in an urban setting. However, there are many learned lessons that can be shared:

- Ensuring program access through person-to-person contacts. This strategy is one of the most direct efforts for improving program participa-

tion. Individualized assistance in the form of home visits, one-on-one contact at health clinics, schools and community resource centers can be extremely useful in helping clients navigate through the application and enrollment process.

- Partnering with organizations that have a strong community presence will greatly enhance dissemination of program information and building public trust.
- Targeting the eligible population through geographically, ethnically, and socially competent campaigns at the local level will ensure that information reaches all communities, even those who are typically less accessible.

SMCHSA has a Food Stamp outreach program that relies on community partners to reach ethnic and socially diverse populations. Although it has helped to increase participation in San Mateo County's Food Stamp program the participation rate can still be improved with well-designed outreach strategies. (See Appendix B.) This case study also affirmed that partnering with local community organizations is a sustainable and effective strategy to extend services to the hard to reach population.

Currently, SMCHSA does not have a direct Medi-Cal outreach program. Medi-Cal staff relies on participating in community coalitions. Some eligibility workers are out-stationed in the various county health facilities. A coordinated strategy will significantly improve the delivery of eligibility information and reduce confusion among community partners and potential eligible participants.

Recommendations

For San Mateo County, the Human Services Agency should consider developing a coordinated outreach program with priority on increasing enrollment and retention of Food Stamp and Medi-Cal program participation. The plans for this outreach program should include:

- Expanding the scope of outreach activities to include Medi-Cal eligibility outreach. The SMCHSA should formalize its collaborations with community based organizations to facilitate referrals

⁵"Outreach Strategies for Medicaid and SCHIP: An Overview of Effective Strategies and Activities—Kaiser Family Foundation." Apr., 2006. The Henry J. Kaiser Family Foundation. <http://www.kff.org/medicaid/7495.cfm>.

and enrollments for Medi-Cal, Food Stamp, and other public benefit programs.

- Playing a central role in marketing eligibility information by partnering with private and public organizations. SMCHSA should consider partnering with local companies that have connections to populations that may be overlooked by normal means of outreach methods. SMCHSA could partner with PG&E, a local power company, to insert culturally competent marketing materials with the monthly bills they mail. Another suggestion is to market program eligibility information through local and ethnic language newspapers.
- Coordinating workers' "out-station" schedules to cover all important locations, especially focusing on health clinics, schools, and community centers. Over time, these "out-station" locations will become centers of client-focused resources in the communities.

To ensure the success and sustainability of this outreach program, SMCHSA staff should involve representatives from private businesses, community-based organizations, and other public programs in the design, development, and implementation of these strategies.

The ultimate outcomes of these efforts will be measured by the increased number of Medi-Cal beneficiaries and the increased number of households participating in the Food Stamp program, which are counted on monthly reports.

This recommended outreach program will have additional costs in order to coordinate community collaborations, manage out-station schedules and collect data to track outcomes.

Using the "braided funding" strategy, the additional costs can be covered by Medi-Cal and Food Stamp program eligibility administration allocations. The Food Stamp caseload growth allocations can also be utilized to minimize the cost of implementing this new program.

In addition, these outreach strategies are consistent with San Mateo County Human Service Agency's mission and values of strengthening community

collaborations and providing quality services to our clients.

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MONTEREY COUNTY

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APPENDIX A

Caseload Comparison

	San Mateo County	Monterey County
Medi-Cal average monthly Beneficiaries for all aid codes in Fiscal Year 2007-2008*	64,663	73,953
Food Stamp Program average monthly households in Fiscal Year 2007-2008**	4,108	8,302

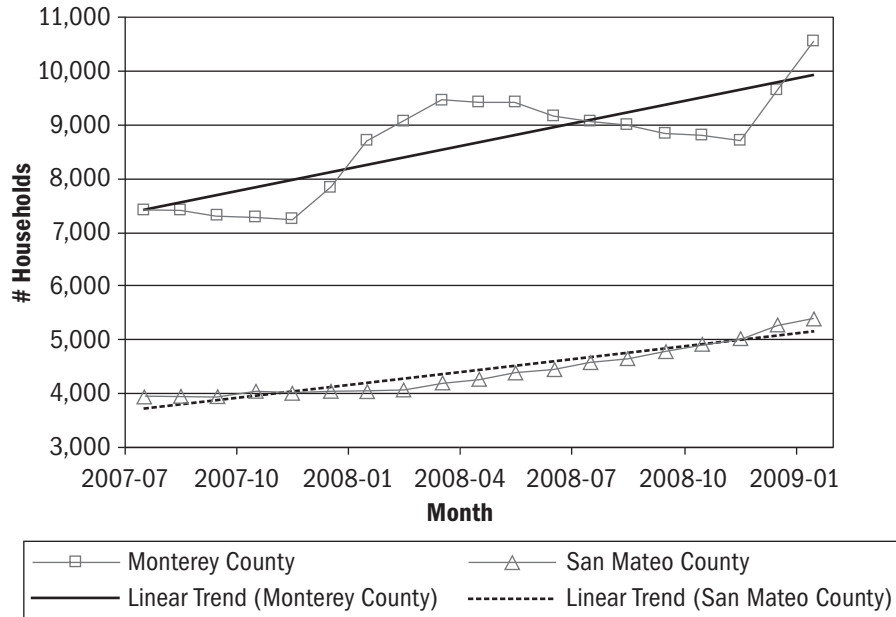
*Data source: "Medi-Cal Beneficiaries Counts Pivot Table." *California Department of Health Care Services*. <http://www.dhcs.ca.gov/dataandstats/statistics/Pages/MediCalBeneficiariesCountsPivotTable.aspx>.

**Data source: "DFA 256—Food Stamp Program Participation and Benefit Issuance Report." *California Department of Social Services*. <http://www.cdss.ca.gov/research/PG352.htm>.

APPENDIX B

Food Stamp Program Participation*

(JULY 2007–JANUARY 2009)



*Data source: "DFA 256—Food Stamp Participation and Benefit Issuance Report." *California Department of Social Services*. <http://www.cdss.ca.gov/research/PG352.htm>.