

COMPARATIVE STUDY OF THE OUTREACH EFFORTS OF SANTA CRUZ COUNTY AND SAN FRANCISCO COUNTY HUMAN SERVICES DEPARTMENTS

Teresa Kirson*

EXECUTIVE SUMMARY

As a result of the 1996 Welfare Reform legislation, government agencies have had to change the manner in which they deliver services to their customers. Because of this, quality customer service has become an increasingly high priority. This has led to the reorganization of work, one-stop centers and the creation of neighborhood district centers. San Francisco's Medi-Cal Health Connections Program participates in two coalitions with community-based organizations (CBO). My purpose in studying Santa Cruz County's Human Resources Agency (HRA) outreach efforts was to compare and contrast their efforts with those of San Francisco County as well as to determine possible strategies to improve our outreach efforts.

As a result of my visits to Santa Cruz County's HRA I have realized that, despite differences in geography and populations served, our county agencies share similar barriers to outreach as well as some of the same goals. Over the past few years both counties have formed coalitions with CBO's consisting of active, involved members. Both counties are actively involved in the process of enrolling and retaining eligible persons in the MediCal/Healthy Families and Food Stamps programs.

As a result of supervising an outstation unit in San Francisco County's Medi-Cal program for nine years, I have become increasingly aware of not only how outreach has not only impacted our customers, but also how it has changed the manner in which the department delivers its services. The number of

outstations in San Francisco has grown over the years not only to include hospitals, clinics and health centers as well as community-based organizations (CBO's). Now, as a result of the collaborative work by organizations, such as Bringing Up Healthy Kids Coalition (BUHK) in San Francisco and Santa Cruz County's HRA coalition, government agencies have become equal cooperative partners with CBO's. The advocacy of CBO's, combined with those from human service agencies, has caused the passage of recent legislation that benefits the uninsured public.

To gather data for my study I attended both counties' coalition meetings, and have spent time in HRA's South County (Watsonville) office as well as their main office located in the city of Santa Cruz. I interviewed staff and shadowed the outreach worker (Tony Martinez) who is assigned to work directly with the coalition. Both counties provided me with numerous files pertaining to background information. In addition, I attended a San Francisco Department of Public Health Strategic Planning meeting.

One important finding of my research is that, despite the many well-intentioned collaborative efforts in both counties, there remains an alarming number of uninsured families. Despite this fact, there have been positive outcomes resulting from the actions taken by coalition members. In order to expand outreach, human service agencies need to strengthen their ties with CBO's. This will assist our mutual customers as well as our organizations.

*Teresa Kirson is an Eligibility Worker Supervisor in San Francisco County Department of Human Services

My purpose in conducting this study was to explore further expansion of our department's outreach efforts. I recommend four main methods to achieve this:

- Strengthen the collaborations between DHS and CBO's by fostering bi-directional alliance
- Increase the number of outstations to community organizations currently not served
- Encourage increased cooperation between Medi-Cal and Healthy Families
- Form a task force consisting of community leaders whose purpose would be to advise and inform the members of the coalitions regarding policies and procedures

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Santa Cruz County Health Care Outreach Coalition (Coalition) was formed in 1997 to enroll the uninsured residents of Santa Cruz County into the Healthy Families/Medi-Cal program. Financing came from the Packard Foundation in 1998 and in 1999 from Federal Medi-Caid funds. These monies helped the Coalition's outreach efforts to provide health insurance to those in need.

In addition to Santa Cruz County's Human Resources Agency (HRA) and Health Service Agency (HSA) current membership in the Coalition includes representatives from:

- Local health service agencies
- Local school districts and the County Office of Education
- Community agencies that serve the general public

The Coalition conducts its outreach services by having representatives present at local health fairs and community functions. Also it produces and distributes literature, brochures, pens, posters, balloons, adhesive bandage strips, etc. One very entertaining item is the publication of their photo novella. The purpose of these activities is to make contact with the eligible public. The Coalition conducts the enrollment of eligible applicants through the coordinated efforts of their assigned outreach eligibility worker, Mr. Tony Martinez who is out-stationed four days a week at various community sites. One new site currently being developed is a Children's Resource Center for the entire district where he will be working with Healthy Start and Child Health and Disability Prevention staff. When I shadowed him at the Adelante site, I observed him interacting with the public and providing assistance with such issues as legal status, citizenship, information and referral to community resources in addition to completing Medi-Cal applications.

A report published by Health Resources and Services Administration indicates that South County has had a 25% increase in enrollment in Healthy Families and a 4% increase in Medi-Cal enrollment in 2000. This is a result of the Coalition's outreach efforts. While these numbers may not be as dramatic as HRA would like them to be, they do indicate progress with reaching a public that continues to have significant mistrust/fear of government agencies. There is reason for optimism about increased enrollment due to recent state legislation. For example, the state has eliminated the requirement of the quarterly status report as well as

the face-to-face initial interview, and has excluded the Medi-Cal program from Public Charge. Also slated for implementation in July 2001 is the inclusion of parents into the Healthy Families Program. It is hoped that as a result of implementing these programs there will be an increase in the numbers of Medi-Cal/Healthy Families cases enrolled and retained.

It appears that the Santa Cruz County Health Care Coalition (HCC) has a wide range of focus. They have been involved recently in providing their residents with information about energy discounts. HRA will include a brochure about financial assistance from California Alternative Rates for Energy (CARE) as part of the Intake and Redetermination packet. Also underway is an effort to expand outreach in public school sites as exemplified by Mr. Martinez being stationed at the Alianzo Elementary School twice a month.

The staff at the South County office is comprised of eligibility workers and line supervisors from both Medi-Cal and Food Stamps units under the direction of the site manager. There also is a program analyst employed by HRA who is a member of the Coalition. The site is located at 119 West Beach Street with the CalWORKS welfare-to-work and the One Stop programs nearby. It is obvious, given the geographical span of the county, that the proximity of these programs to each other is beneficial for providing services to the public.

Most Medi-Cal forms are available on-line to prepare staff for the implementation of CalWIN. Each worker has been set up with his or her own modular office space and computer terminal. Currently the use of on-line forms is not mandatory which allows for an easier transition to the use of electronic data processing. At one CalWIN preparatory meeting,

two eligibility workers presented their committee's plan for how intake and screening would be conducted once this statewide computer system is adopted. They outlined the configuration of the floor space (office and waiting areas) in a fully computerized work environment.

On another occasion, I participated in one of Medi-Cal and Food Stamps outreach presentations held at a community senior citizens center. The speakers shared information on the programs and distributed handouts purchased by the Coalition for public relations purposes. The main purpose of the presentations was to illustrate to the public the ease with which they can apply – simply by phoning a number and getting the assistance they require.

Since the North and South County offices are located fifteen minutes from each other, they can travel to and from each location easily and can coordinate their outreach efforts. The climate in Santa Cruz County's offices is dynamic. Staff is actively involved in the implementation of service delivery. Their ideas and suggestions are solicited to support their active participation. It is obvious when speaking with the division director, Claudine Wildman, that she embodies her belief that how you treat your staff will determine how they will treat their customers.

SAN FRANCISCO COUNTY

In comparing San Francisco County Department of Human Service's (Department) outreach efforts with those of Santa Cruz County I see many similarities. Under the direction of our Program Manager, Wanda Jung, the Medi-Cal program participates in two coalitions with CBO's: The Bringing Up Healthy Kids Coalition (BUHK) and Building a Healthier San Francisco (BHSF). BUHK consists of

representatives from citywide organizations such as:

- Hospitals and Health Service Agencies
- S.F. Unified School District
- Other neighborhood advocacy groups

Medi-Cal Health Connections' membership in both coalitions has directly improved outreach efforts into the community. This has been achieved through participation in various community events such as health fairs in schools, clinics and neighborhoods, etc. While we continue to strive for higher enrollment figures, added benefits have been the improvement of the Department's presence with CBO's and increased awareness within the Department of community resources. BUHK activities are funded by state grant funds (i.e. Medi-Cal Healthy Families Outreach, Medi-Cal1931 (b) Outreach, and Robert Wood Johnson Outreach Enrollment), BHSF school-based outreach is funded by hospitals and the United Fund Foundation.

Medi-Cal Health Connections has placed workers in outstations at various hospitals and clinics through the Perinatal Unit (1989) and Hospital Council Unit (1992). Currently under implementation is the Initial Services Unit formerly known as Screening. This unit's main function is to dispatch workers directly to community organizations and to conduct home visits as requested. They are also responsible for assisting clients with the intake process as well as conducting intakes in-house. This unit was formed to address the frequent request for eligibility workers at organizations beyond those served by the outstation units.

For several years the Food Stamp outreach unit has been located in our site at 1440 Harrison Street. Their role is to process applications so that the client is able to apply to two programs at the same location. We frequently coordinate community out-

reach efforts with the Food Stamps unit and have implemented a procedure for enabling clients to co-apply for Food Stamps and Medi-Cal with one application. Currently some Food Stamp and Medi-Cal workers are in the process of moving to a new site located at 3120 Mission Street to co-habit with workers from the CalWORKS program and other CBO's. This will improve the coordination of work between different Department programs as well as expand our joint endeavors with CBO's.

All of these efforts are intended to make the application process easier for our customers. We hope that, in time, the efforts will result in increased enrollment in Medi-Cal, Healthy Families and Food Stamps.

RECOMMENDATIONS

In order to reach a public that continues to mistrust government agencies, we need to expand our outreach efforts beyond the areas of specialized units. CBO's occasionally request that eligibility workers visit their sites. The Department would be better equipped to respond to their requests if we could realign the current staff functions. We have begun a pilot program to address this issue by having intake and carrying functions combined in the same units thus allowing more workers to perform intake. The Department's current use of One-Stop Centers is also beneficial in promoting the Department's presence in the community. It, too, can address the need for further collaboration with CBO's. These two types of outreach effort are not mutually exclusive. In the future if economic or funding realities prevent the Department from opening more neighborhood sites, then having both approaches will allow for flexibility in providing services to our customers. Another recommendation is to have an eligibility worker assume the role and function of a

liaison between government agencies and Healthy Families in order to improve the exchange of information and referrals between them.

Finally, the Coalitions would benefit from a task force comprised of local concerned citizens to offer feedback, suggestions and recommendations on the service the Coalitions are providing and how well we are succeeding in our missions.

All of these efforts over time would develop trust and better working relationships between DHS and the CBO's; moving us closer to a more complete integration among the various agencies delivering services.

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