

**CHILDREN'S HEALTH INITIATIVE:
PARTNERING WITH COMMUNITY TO FORM A VISION
Maria Gonzales*
Executive Summary**

The timing out of CalWORKS clients, and a slow economic environment has required social services agencies to change the paradigm of services offered to clients. Currently, social services agencies are not only issuing direct benefits, but they are also providing linkage to supplemental services in an attempt to strengthen the safety net. The recent introduction of the Healthy Kids program in San Francisco presents an important opportunity for the Department of Human Services to expand comprehensive health coverage to uninsured children beyond the scope of Medi-Cal, inclusive of non-resident children.

RECOMMENDATIONS

My BASSC interagency exchange demonstrated that in order to add this type of service to our Department of Human Service's portfolio the following activities need to be accomplished:

- Creation of partnerships with Health Plan, clinics and hospitals
- Exchange of information in relation to health care between partners
- Change management strategy to inform staff of the shared "vision"
- Single point of service: movement to incrementally move towards express lane
- Retention activities: study and implementation of best practices and utilization for future department- wide strategies when appropriate
- HealthEapp: technology which will enhance Ca1WIN
- Implementation of project management methodology since utilization of this practice has proven effective in public and private sector.

San Francisco's Department of Human Services can only benefit from implementing the abovementioned strategies, as they will lay the framework for future endeavors.

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INTRODUCTION

The onset of Welfare Reform ushered in a new era of public administration as localities were asked to exercise their alchemist abilities and convert years of passive benefits issuance into client-centered services. Currently, many social services agencies are rediscovering their communities in an effort of providing services in a holistic manner. "Resource brokerage" has become "resource building", as many agencies group their benefits together with supplemental services. One of the most vital services offered is health care; in particular, children's health coverage.

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Recently, the City and County of San Francisco introduced a new program, Healthy Kids. This program provides health coverage for children who may not qualify for Medi-Cal or Healthy Families. The Healthy Kids program presents a valuable opportunity for San Francisco's Department of Human Services to expand health coverage to uninsured children beyond the scope of Medi-Cal.

My study of Santa Clara's county Children's Health Initiative (CHI) is a study on how Santa Clara's Social Services Agency (SSA) is able to merge the initiative into its business practices by creating a mutually shared vision amongst staff, the community, and the county's health and hospital system.

BACKGROUND

It is evident that health care policy and income support are linked. The climbing costs of health care are major contributors to poverty as families struggle to pay monthly health insurance premiums or outstanding medical bills, causing the disparity between working poor and non-working poor to become blurred. In January of 2001, Santa Clara County became the first county to expand health care for children as it introduced the Healthy Kids program. A health plan that provides coverage for children whose family's income is below 300% of the federal poverty level. It was estimated that 71,000 children were uninsured in Santa Clara, and in response to this the county created the Children's Health Initiative (CHI). The initiative unites three health insurance programs (Medi-Cal, Healthy Families, and Healthy Kids) to provide health coverage to all uninsured children in Santa Clara, but most importantly it formed a collaborative partnership with Health and Hospital System, the Social Services Agency, Santa Clara Family Health Plan, and other community-based organizations, as they all banded together to ensure that children received free health coverage (under 300% FPL).

TALE OF THREE PROGRAMS

MEDI-CAL

Medi-Cal is the earliest governmental health insurance program and is the most rigid of the health options available; nevertheless, in reality, it is the best option for children who qualify because it can provide health care at no cost. Currently, Medi-Cal has become quite progressive due to substantial improvements to the program. These changes include: working parent coverage, property disregard for pregnant women and children through the age of 18, continuous eligibility for a year regardless of increased income for children, elimination of quarterly income reports, elimination of face-to-face interviews, and a mailin option. Individuals can now apply through mail and be referred to Healthy Families.

HEALTHY FAMILIES

Healthy Families recently entered the California market, and provides health coverage for children through the age of 18; there is no resource limit. The program is state and federally funded for children with family incomes above the level for no cost Medi-Cal and below 250% of the federal poverty income guidelines. Children eligible to receive benefits must be resident

aliens; there exists a monthly premium. Healthy Families also refers applications to Medi-Cal when it is determined that Medi-Cal can better serve the family.

HEALTHY KIDS

Healthy Kids is administered by localities, it utilizes tobacco settlement money, and public-private partnership funding to provide comprehensive health coverage for children whose families income is below 300% of the poverty limit. Children can qualify regardless if they are resident aliens or not, there is no resource test. There is a monthly premium required, and there is no referral mechanism built in, so applications cannot be forwarded to MediCal or Healthy Families.

These three programs all strive to provide health insurance to children. They share the same goal but are very different.

PARTNERSHIPS

Although Healthy Kids augments health care for children in Santa Clara, the distinctions between Healthy Kids, Healthy Families, and Medi-Cal causes most consumers to feel as if they are in a Dali painting. It is very difficult to know where one program begins and the other ends. CHI's, major task was to bundle products together in a consumer-friendly manner.

The traditional bone of contention with the public and community-based organizations is the inexplicable processes that exist within SSA. CHI's existence, in contrast, presented the community and the CHI partners with an opportunity to craft its own processes, which would be implemented in part by SSA.

The creation of a new process was accomplished by entering into agreements that bonded the partners to each other in an accountable fashion. The agreements that were entered into by CHI partners consisted of-

- A Project Charter Agreement — explains the initiative; its goals, scope of work, and the project characteristics.
- A Memorandum of Understanding (MOU) — listing partners obligations, and incorporating a Consent to Exchange/Release Information form
- Single-Point-of-Service (SPS) Design — centralization of services, linking the client to the three health plans plus any other services offered by SSA.

The culminating effect of these agreements resulted in a winning strategy. By releasing information to each partnership, the client was able to access services through SPS in a seamless manner.

The partnership formed by CHI is a "feel good" endeavor. During my visit to Santa Clara I had the opportunity to visit most of the partners, and observe the second phase of CHI which involves outreach to schools. I was extremely impressed with the respect everyone had for each other. In fact because of CHI, SSA has been able to easily map out its work for AB59 (automatic

Medi-Cal eligibility for free and reduced lunch children). Thus, CHI partners are ready and available to carry out AB59. Whether it is outreach, planning, or providing health coverage to children, the process has become a family affair.

Processes

As a result of CHI, social services departments had to develop new business practices. The infusion of CHI into the department's workflow offered a vehicle for the utilization of project management methodology, change-management, and expansion of services to successfully create a new process which was built by the community, the union, the workers, and the department.

The traditional eligibility worker model is limited to the assessment of public aid programs; and, in some instances, the worker is only able to deal with a few programs at a time. CHI redesigned the eligibility worker's range of knowledge as Medi-Cal workers wore two hats: one as a representative of the department and the other as a CHI representative. Santa Clara County was able to ensure that the transitional shift occurred in an orderly, organized proactive manner by involving management, union, staff, and CHI community partners in developing processes and practices that would benefit everyone. This was accomplished by setting off CHI as a project within SSA. It dedicated a project manager who was assigned to administer all the aspects of CHI and utilized project management skills to map out the tasks that needed to be completed.

The first course of business involved the formation of workgroups, committees, and teams, who met on a regular basis to discuss their common vision (health coverage for uninsured children). These groups and their activities consisted of:

- Pilot/Implementation — develop a process to implement CHI within SSA
- Training-comprehensive training on the three health programs
- Change management — internal communications to prepare staff for upcoming changes
- Enrollment — develop and coordinate an enrollment process between the three programs
- Outreach/inreach — work together to promote and implement single point of service
- Labor agreement — meetings with the union on work issues
- Evaluation — critical success indicators/data collection
- Retention — strategies to ensure clients receive continuous services
- Technology — planning for on-line tool (HealthEapp)

CHANGE MANAGEMENT

One of the most important changes that occurred as a result of CHI was the development of the Leading the Way newsletter, which comes out every month and details the activities of CHI. The newsletter is published jointly by SSA and the Health and Hospital System. The publication reports on such important matters as the new intake design, partner's achievements, upcoming projects and CHI retention. It also provides statistics on the completion of proposed goals. The newsletter is very colorful, contains cartoons and actually attracts one's attention by being short, simple, and appealing. This device has introduced the subtleties of change management quite effectively, as it followed the model of another newsletter the CHInsider, which framed the

external environment against the internal one. Both newsletters are important tools because staff, in most instances, are unaware of how their work affects other pieces of the puzzle. The newsletters demonstrate for staff "the big picture".

SERVICE BEYOND THE NORM

Retention

In the beginning of my internship I had the opportunity of sitting in on the beginnings of the Retention Pilot Project. The project hopes to address the discontinuation of children on MediCal. Ultimately, the goal is to remedy the discontinuations of CHI and not just Medi-Cal, but currently the first phase is limited to MediCal statistics.

As part of CHI activities: SSA, the Institute for Health Policy, and The Packard Foundation had a study conducted by Lake, Snell and Perry on retention. SSA felt that it should concentrate on the front-end of services. The back-end goal was to enroll children, but in reality all efforts would be meaningless if children were discontinued just as quickly as they were enrolled. The study demonstrated that for every 5 children who were added to Medi-Cal approximately 4 children were discontinued.

Therefore, SSA formed a Retention Committee, which was to come up with best practice strategies to diminish the number of children who were being discontinued from Medi-Cal. During my visit, I witnessed a meeting that was focused on the pilot postcard reminder campaign, it was a lively discussion that involved the Medi-Cal program coordinator, the CHI project manager, union representatives, and district office managers.

The meeting was the planning meeting prior to the kickoff of the postcard campaign. The committee had developed a small postcard that was to be sent a month prior to the renewal of the case. The postcard serves as a friendly reminder that the yearly renewal is on its way. The postcard has a space for a change of address, so that the eligibility worker could be alerted to any changes prior to sending out the renewal packets. The pilot postcard project was being launched at six different district offices. The results of the campaign would be measured up against those offices where the postcard pilot was not implemented.

TECHNOLOGY

Medi-Cal's latest improvement consists of a web-based application called HealthEapp. HealthEapp's introduction continues to streamline processes, as it allows for enrollment in non-traditional places. A laptop and a modem make it possible to take applications in schools, and in people's homes. The application is user-friendly, and contains a referral mechanism to Healthy Families and eliminates paperwork. CHI has determined that HealthEapp will not only improve services, but also help to enroll more children.

During my internship I had the opportunity to sit in on the state's site visit from the HealthEapp team. The team visited the county in order to determine if they could support this new technology as part of their business practices.

Santa Clara was the most gracious and prepared host I have ever seen. The HealthEapp project team was welcomed with a wonderful lunch and a presentation by the CHI project manager, followed by a statement of support by the manager of Health and Hospital System who reiterated the community's support of CHI and technology. The General Manager of SSA appropriately closed the meeting by re-stating CHI's vision and its importance in the community. Thereafter, the CHI project manager and IT representative escorted us to two different community sites. The first site Gardner Clinic proved to be great experience as we spoke with the clinic director and staff who all stated that they were ready for HealthEapp and would work diligently with SSA to transition it into CHI's business practices. The visit ended at a SSA district office where we all sat down with the IT manager who spoke about their processes and their demonstrated readiness for HealthEapp. He stated that SSA had taken steps to implement HealthEapp by practicing project management methodology and that they had completed all their steps and were ready to technically support HealthEapp. At conclusion, the state team seemed extremely impressed and everyone seemed very positive about HealthEapp's arrival in Santa Clara.

IMPLICATIONS AND RECOMMENDATIONS

Santa Clara's CHI is the ideal model for any locality that is concerned with the health and wellbeing of its community. The recent proposed state budget requires public service departments to take on different business practices that will supplement services without incurring additional costs. The creation of a single gateway to universal health care is an effective tool in the utilization of resources and fiscal ingenuity. Consequently, SPS design creates a large safety net that not only evaluates children's eligibility, but through Medi-Cal also assesses parent's eligibility. The introduction of HealthEapp is a vital component of services. It allows for applications to be taken at schools (AB59) and in people's homes making express-lane eligibility a reality for San Francisco.

Additionally, the integration of the Healthy Kids program into DHS's business practices will augment services as it increases the maximum Medi-Cal FPL from 200% to 300% as the three programs blend into one health care product.

In order to implement CHI in our county, I recommend the following:

- **Creation of partnership with stakeholders**
- **Creation of a Consent for Exchange of Information Device**
- **Development of change management strategy**
- **Design single point of service**
- **Formation of retention committee**
- **Infusion of HealthEapp into business practices**
- **Implementation of project management methodology**

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