
SERVICE OUTREACH

A LOOK AT MEDI-CAL OUTREACH IN SANTA CRUZ COUNTY

Amada Robles*

EXECUTIVE SUMMARY

INTRODUCTION

In the state of California there are 1.85 million children who do not have health care insurance. Approximately 1.3 million of these children are potentially eligible for Healthy Families and/or Medi-Cal. Latino children account for 60% of all children in California who are eligible for, but not enrolled in, Healthy Families and Medi-Cal. Over the years, Santa Cruz County Human Resources Agency (HRA) and Alameda County Social Services Agency (SSA) have attempted to increase health care coverage for uninsured residents of their counties.

In Santa Cruz County there are two major ethnic groups, the Anglo and Hispanic/Latino populations. Other ethnicities represent a very small portion of the overall population. My internship focused on observing Santa Cruz County HRA's Medi-Cal outreach service delivery to the Latino community. The purpose of my internship was to observe the everyday practices and procedures of Santa Cruz County's outreach staff in order to identify best practices and potentially incorporate them into Alameda County's practices. Given that Alameda County is much more diverse, the best practices identified in Santa Cruz County when serving the Latino community will have to be adjusted to be culturally appropriate for the African-American and Asian-American communities of Alameda County. Medi-Cal outreach is a relatively new concept for Santa Cruz County. In three years they have made

tremendous strides in their accomplishments. In my opinion, these are some of the reasons their efforts have been successful:

- quality service delivery
- linguistic and cultural competence
- high morale
- high sense of teamwork
- open, two-way communication
- recognition
- effective collaboration with community partners

Although Alameda County has done very well in the area of Medi-Cal outreach over the past 13 years, there is always room for improvement. The most impressive practices observed in Santa Cruz County are listed below as recommendations for Alameda County.

RECOMMENDATIONS

I recommend that Alameda County consider the following in order to improve the On-Site Medical Eligibility program and outreach efforts:

- give priority placement to Medi-Cal outreach staff for receipt of personal computers (PCs)
- provide outreach staff with state-of-the-art work stations
- evaluate increasing the numbers of both traditional and non-traditional outreach sites along with increasing the number of support staff
- increase collaboration with community partners
- support a customer "need" study for Alameda County

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- conduct further research to identify the number of uninsured in Alameda County based on ethnicity, language, age, etc.
- complete additional research to determine why the uninsured population fails to : a) apply; b) maintain eligibility; and c) utilize their benefits once received
- conduct further research in comparisons to Santa Cruz County's increased enrollment

a priority to take steps to understand our customers and their needs and attempt to provide services in an appropriate manner for all residents of Alameda County.

Providing the Medi-Cal outreach staff with PCs is essential. The outreach staff represent the SSA in the community. They should be the most informed, knowledgeable, and accessible. This is not true now since their current tools consist of a CRT and manual determination methods. If the outreach staff had PCs, they would be able to utilize an Excel application to complete automated budget determinations freeing up some of their processing time for use in other outreach activities. A PC would also allow them to have e-mail access, allowing them to receive information, newsletters, handbooks etc. in a more timely and cost efficient manner. Improved working conditions will boost morale and increase staff's sense of value.

The current budget allows for eight more eligibility workers and one supervisor in outreach. We have been unable to staff these positions due to a shortage of eligibility technician IIIs. I recommend that the Agency increase the current ratio of CalWORKs workers to clients, to enable more CalWORKs eligibility technician IIIs to be shifted to Medi-Cal.

Lastly, the SSA needs to become more familiar with our customers. We need to know who they are, what their needs are, and how we can best serve them. As our customers move towards self-sufficiency, their needs are different; yet, we continue to serve them in the same manner. I recommend we make it

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INTRODUCTION

The Personal Responsibility and Work Opportunity Act of 1996 affected all counties. To different counties it meant different things, depending on each county's reaction to change. In Alameda County Social Services Agency, change was welcomed and not perceived as threatening to our former Director, Rodger Lum. Under his direction, the agency began shifting paradigms to successfully overcome the challenges resulting from welfare reform. One of the initial changes was the re-design of the Agency's logo. The logo now represents a person thinking "out of the box", representing us as public servants doing business differently in order to meet the needs of the community we serve.

I was promoted to Program Manager one year prior to my selection as a BASSC participant. I was assigned to the Medi-Cal outreach section of the agency. The Medi-Cal outreach program began in 1988 and is viewed by other counties as a model program. As I became familiar with current practices I felt the need to suggest new ways of thinking out of the box to create more productive and effective practices. My desire was to elevate the Outreach section to a new level of improved service delivery, but I was stagnant, unable to think "out of the box". It became clear to me that I would focus my BASSC inter-agency exchange on observing another county's best outreach practices. Santa Cruz County allowed me the opportunity to become part of their outreach team and have an inside view of their outreach practices.

WHY IS OUTREACH IMPORTANT?

Currently in the state of California alone, there are 1.85 million children who are uninsured. Of those, 39% are potentially eligible for Medi-Cal and 29% are potentially eligible for Healthy Families. Hence, there are 1.3 million children potentially eligible for health care coverage and they are not receiving it. There are many approaches that can be taken on this issue. First, there are humanistic reasons as everyone deserves to feel good and be healthy. Also, healthier individuals create a healthier society, and people are our most precious resource. However others may wish to take a business perspective. It has been proven that preventative care is far less costly than emergency treatment. Another strong business argument is that although CalWORKs caseloads are dropping dramatically and many former and current CalWORKs recipients are working, they are, however, not self-sufficient. They continue to need supportive services in order to maintain their employment. CalWORKs re-authorization is just around the corner. It makes good fiscal and policy sense to take maximum advantage of federal matching funds to expand health insurance coverage to reduce the number of uninsured residents. We cannot afford to under-serve the 68% of potentially eligible uninsured children in California. Most importantly, the investment we make in our children today will determine what tomorrow will be like for everyone.

OBJECTIVE OF INTERNSHIP

The purpose of my internship was to observe the everyday practices and procedures of Santa Cruz County's outreach staff in order to identify best practices and potentially incorporate them into Alameda County's practices. During my inter-agency exchange, I had the opportunity to observe two monthly health care outreach coalition meetings, participated in outreach efforts to the elderly community, interviewed coalition members, observed outreach staff at community sites, and interviewed staff and managers in both north and south county offices.

It became apparent to me that although there were some similarities between the two counties there were very significant differences. Differences in county size, population and ethnic composition would make it impractical for me to simply identify best practices to implement in my home county. My focus then changed to observing Santa Cruz County service delivery specifically to the Latino community and explore implementation of their best practices in Alameda County. After a county comparison, this case study examines Medi-Cal outreach in Santa Cruz county. It concludes with recommendations for improving Alameda County's On-Site Medi-Cal Eligibility Program.

COUNTY COMPARISON

The major differences between Santa Cruz County and Alameda County are geographic size, population and ethnic diversity. In Santa Cruz County, there are two major ethnic groups with two language needs. Based on the 2000 Census, the ethnic composition is approximately 75% Anglo, 27% Hispanic/Latino, 3% Asian, 1% African-American and 1%

Native-American. In Alameda County, the population is much more diverse. The ethnic composition is approximately 49% Anglo, 20% Asian, 19% Latino and 15% African American. (Attachments A and B)

There are areas in Santa Cruz County that have a high percentage of Latino residents. In Watsonville, the population is over 50% Latino. In the city of Santa Cruz the population is 30-39% Latino. In Freedom, Pajaro Dunes, La Selva and Big Basin, the population is between 20-29% Latino. In Alameda County the population is much larger, more diverse and more mixed. Language needs are more complex in Alameda County as a result of the large Asian population. (Attachment B)

SANTA CRUZ COUNTY MEDI-CAL OUTREACH

Santa Cruz County is a coastal community located in the central area of California. The county has a population of 255,602 residents. The two major cities are Santa Cruz and Watsonville. The county's fastest growing ethnic group is Latino, which comprises over 25% of the population. Children make up 24% of the population, and almost 50% of the population is under age 44.

The Santa Cruz County Human Resources Agency (HRA) serves low-income families and youth abused and neglected children, the medically uninsured, vulnerable adults with disabilities, the frail elderly and veterans. HRA administers county welfare services, social services, job training programs, and child care services. The Job Opportunities and Benefits Division (JOBBD) of HRA determines eligibility for Medi-Cal as well as for CalWORKs, Food Stamps and General Assistance.

There are two components to outreach in Santa Cruz County. The first is the outreach staff within HRA. Santa Cruz County HRA has two dedicated outreach units. One unit operates out of the North County office in Santa Cruz and the other operates out of the South County office in Watsonville. There are a total of 9 outreach eligibility workers that take applications for Medi-Cal at 11 locations throughout the county including hospitals, community-based organizations, clinics and schools. All of the outreach eligibility workers are bi-lingual (English/Spanish). In general, a high percentage of eligibility staff is bi-lingual as well. For example, in the South County office (Watsonville), 99% of the staff is bi-lingual (Eng./Span.). The Latino population in this county is primarily of Mexican descent. The staff reflects the customers served thereby optimizing communication. As a result, Santa Cruz County has been successful in conducting Medi-Cal Outreach in a culturally and linguistically competent manner.

The second component is the Santa Cruz County Health Care Outreach Coalition. The Health Care Outreach Coalition was formed in 1997 from a common desire to expand health care coverage for uninsured residents of Santa Cruz County and focuses specifically on children. The coalition is funded by a grant from the David and Lucile Packard Foundation. The coalition is currently in its third fiscal year, and has selected the HRA as the lead agency and fiscal agent. The coalition is comprised of 25 agencies including county, managed care, community-based organizations (CBOs), health, education and law enforcement. Each member of the coalition has a demonstrated performance record in a community-wide, collaborative and holistic approach to the service delivery to “hard to reach” children and families. To better serve the needs of the community, each of these agencies conducts their service activities utilizing linguisti-

cally and culturally appropriate staff and materials. The staff of each of these agencies maintains a common goal: to enroll potentially eligible uninsured children into Health Families and/or Medi-Cal. The coalition meets regularly and collaborates on issues ranging from staffing community Health Fairs to preparing the fiscal budget. I had the opportunity to talk with representatives from members of the coalition who report a very high admiration of the HRA staff and consider them team members. The coalition members convene with positive attitudes and a cooperative spirit. Since the coalition is funded by a grant, they are held accountable for producing favorable outcomes. As a team they agree on where to increase or cut funding, as appropriate, to meet its overall target.

CURRENT EFFORTS AND STRATEGIES

Santa Cruz County has taken an integrated approach in conducting their outreach efforts. They recognize that the same people who are potentially eligible for Medi-Cal may be eligible for Food Stamps and other related programs. For example, I had the privilege of participating in an outreach activity to the elder community. The supervisors that participated were very respectful and let the group direct the discussion. They came prepared with literature and promotional giveaway items that were provided by the coalition. The supervisors worked independently and approached small groups of seniors who attended the center for dinner. One supervisor introduced herself as she took a seat at the table. She asked them if they might be interested in hearing about services for which they may be eligible. One of the men immediately asked if she could do anything about his energy bill. The supervisor gave him a handout that listed phone numbers of agencies that provide information on energy assistance programs. That opened the door

to communication making the seniors receptive to information regarding the Medi-Cal and Food Stamp programs. I learned a valuable lesson. Given the current energy crisis in the state, this problem is of great concern to the most vulnerable populations. HRA not only anticipated this, they were prepared for it.

The coalition participates in Health Fairs, Kindergarten Round-Ups, and other community events. They have developed a hot-line in both English and Spanish. The hot-line is advertised in the promotional give away items distributed at these events.

The coalition is innovative in its outreach strategies, and it is recognized, respected and appreciated by the community at large. For example, a group of beauty professionals in Santa Cruz County, called "Beauty Professionals for Healthy Communities", attended the March 2001 coalition meeting. Their goal is to organize quarterly networking forums for Santa Cruz County beauty professionals to learn about social service resources. This group claims that there are three predictable events in everyone's life - taxes, death and haircuts. Hairdressers, barbers, and other beauty professionals are often the "relief valve" in many people's lives. They share the many happy stages of a person's life. They also share life's tragic moments, such as death of a loved one, loss of employment, financial difficulties, health concerns, etc. Beauty professionals often feel helpless in being able to refer their clients to someone who can provide assistance. A representative from this group requested that their goal be considered. They recognized and respected the coalition enough to come to the table in the spirit of collaboration. I attribute this success to the manner in which the coalition members work together.

Information is gathered and shared in a honest, open and respectful manner. Although HRA is the

lead agency and the fiscal agent, they do not operate in a "vacuum" nor do they make unilateral decisions. The relationship among the member agencies is one of trust, teamwork and respect.

IS IT WORKING? WHAT IS THE OUTCOME?

When I evaluated the success of the coalition's efforts the first question that came to my mind was: "Has the number of uninsured children enrolled into health insurance increased?" The answer is YES. In fiscal year 1998/1999 there was an increase of 4.8% enrollment into Medi-Cal. In fiscal year 1999/2000, the increased enrollment into Medi-Cal was 3%. Health Families enrollment has continuously increased for Santa Cruz County. One outcome that cannot be measured is the tremendous improvement that has been made by the HRA in regards to community involvement and collaboration. This is something that will impact the continued increase of enrollment into Medi-Cal and Healthy Families in the future.

Every year, the Santa Cruz Board of Supervisors recognizes exemplary accomplishments on behalf of the residents of Santa Cruz County in a employee recognition awards ceremony. There are bronze, silver and gold awards presented under four categories. On February 27, 2001, members of the Santa Cruz County Health Care Outreach Coalition who are also county employees were honored with the bronze award in the category of Human Services for being instrumental in the development and implementation of the Health Care Outreach Coalition.

WHAT MAKES IT HAPPEN?

Medi-Cal Outreach is a relatively new concept for Santa Cruz County. In three years they have made

tremendous strides in their accomplishments. In my opinion, these are some of the reasons their efforts have been successful:

- quality service delivery
- linguistic and cultural competence
- high morale
- high sense of teamwork
- open, two-way communication
- recognition
- effective collaboration with community partners

In conversations with the staff at the HRA, it was very clear that each individual feels valued. Staff at every level are included in planning for changes and in evaluating its effectiveness. The eligibility staff work in clean, ergonomic work stations and are provided with a PC. The staff in Watsonville has had ergonomic work stations for a longer period of time than the staff in north county and there is marked improvement in their productivity and attitudes. The walls of the work areas display framed posters with inspiring messages. Kudos and service excellence recognition boards are displayed in different areas.

Santa Cruz is a CDS county. Their equipment is PC based with CDS, MEDS, Microsoft Office, Intranet and Internet access on their desktop. Since their equipment is PC-based, they are able to use an Excel application to complete automated budget determinations. In addition to automated worksheets, which are created and shared by other counties, their analyst has created many other shared worksheets resulting in less duplication of work and increased efficiency and accuracy.

Staff at every level is encouraged to make suggestions for improvements. The suggestions are evaluated and implemented whenever possible. This creates a working environment in which the staff feels

management listens to and values their opinions. The open communication enables them to identify and value their role in the overall mission of the agency.

BARRIERS TO ENROLLMENT

There are many enrollment barriers to Medi-Cal and Healthy Families. Barriers have kept 1.3 million potentially eligible children from receiving health care insurance. A study funded by the David and Lucile Packard Foundation and published in February, 2001 states that 32% of Latino children in California were uninsured in 1998, compared with 12% of non-Latino white children, 13% of African-American children, and 16% of Alaskan/Asian/Pacific Islander children. Latino children account for 60% of all children in California who are eligible for, but not enrolled in, Healthy Families and Medi-Cal. This is largely due to:

- difficult application and process
- language and cultural barriers
- fear of public charge
- negative view of Social Services

RECOMMENDATIONS FOR ALAMEDA COUNTY

It is important for Alameda County to recognize that we have done very well in Medi-Cal outreach over the past 13 years. The On-Site Medi-Cal Eligibility Program (OSME), in collaboration with the Alameda Health Consortium, has been a model for other counties and continues to improve. We have grown from two workers in two sites in 1988 to 32 workers in 46 sites in 2001. We have received numerous compliments from customers and community partners regarding the service delivery provided by our outreach staff. As new facilities open, state-of-the-art work stations and tools are provided

for the staff. Nonetheless, there is always room for improvement.

I was able to implement some of the practices that I observed in Santa Cruz County immediately in Alameda County. For example, our outreach staff now conducts integrated outreach; that is, we provide information on Medi-Cal, Food Stamps, Energy Assistance and other related programs at all events and outreach activities. We have expanded our participation in community events beyond just Health Fairs. We now participate in job/resource fairs, street fairs, immunization clinics and school related events. We are training our staff to take a more integrative approach in our outreach efforts to address the many needs of our customers in the best manner possible.

I recommend that Alameda County consider the following in order to improve the OSME program and outreach efforts:

- give priority placement to Medi-Cal outreach staff for receipt of personal computers (PC)s
- provide outreach staff with state-of-the-art work stations
- evaluate increasing the numbers of both traditional and non-traditional outreach sites along with increasing the number of support staff
- increase collaboration with community partners
- support a customer “need” study for Alameda County
- conduct further research to identify the number of uninsured in Alameda County based on ethnicity, language, age, etc.
- complete additional research to determine why the uninsured population fails to: a) apply; b) maintain eligibility; and c) utilize their benefits once received
- conduct further research in comparisons to Santa Cruz County’s increased enrollment

There is inequity in the tools and equipment that are provided to our staff depending on their assigned office location. With CalWIN implementation just around the corner, we realize it is just a matter of time before each worker is issued a PC. However, giving priority to the outreach staff is essential. The outreach staff represents the SSA in the community. They should be the most informed, knowledgeable and accessible. This is not true now since their current tools consist of a CRT and manual determination methods. If the outreach staff had PCs, they would be able to utilize an Excel application to complete automated budget determinations freeing up some of their processing time, for use in other outreach activities. A PC would also allow them to have e-mail access allowing them to receive information, newsletters, handbooks etc. in a more timely and cost efficient manner. Improved working conditions will boost morale and increase staff’s sense of value. PCs would allow them to provide better customer service because processing the applications would result in less duplication of work, and an increase in efficiency and accuracy.

The current budget allows for eight more eligibility workers and one supervisor in outreach. We have been unable to staff these positions due to a shortage of eligibility technician III’s. I recommend that the SSA increase the current ratio of CalWORKs workers to clients to enable more CalWORKs eligibility technician III’s to be shifted to Medi-Cal.

Lastly, the SSA needs to become more familiar with our customers. We need to know who they are, what their needs are, and how we can best serve them. As our customers move towards self-sufficiency, their needs are different; yet we continue to serve them in the same manner. I recommend we make it a priority to take steps to understand our customer’s

needs and attempt to provide services in an appropriate manner for all residents of Alameda County.

CONCLUSION

One of the Agency's goals in the 1999-2004 Strategic Plan is to promote the healthy development of children and families as well as the and healthy aging of elders in a way that emphasizes home and community. As a social service agency, we have a responsibility to reach out and attempt to provide health care insurance to the uninsured children of our community.

As a result of Welfare Reform, our SSA has changed from being a "cash centric" to a "benefit centric" organization. Expanding health care insurance to those who are eligible yet uninsured will allow our community to utilize preventative care which is less costly than emergency treatment. This allows the savings to be spent on better and more comprehensive services. Moreover, the agency would benefit from increasing collaboration with community partners and our customers. We need to listen to our customers and find out what type of services they would like rather than attempting to change the customers to fit into the services we currently provide. In paraphrasing the current business philosophy, the county should "listen and learn, rather than tell and sell".

ACKNOWLEDGEMENTS

I wish to extend my sincere appreciation to my liaison, Claudine Wildman, who so graciously included me in meetings, introduced me to contacts and made sure that I always had everything I needed. Many thanks to Cecilia Espinola, Santa Cruz County Human Resource Agency Administrator, who supported my assignment in Santa Cruz

County. Special thanks to staff of Santa Cruz County's HRA Watsonville Office for providing me with such valuable information and so willingly sharing experiences, resources, and a wealth of expertise. Very special thanks to Paul Reeves, Alameda County Social Services Agency Medi-Cal Division Director, and Kathy Archuleta, Alameda County Social Services Agency Interim Director, for recommending me for the BASSC program and supporting my participation. This unique experience has left me enlightened, more energized than ever and ready to not only think outside of, but leap from "the box".

Attachment A

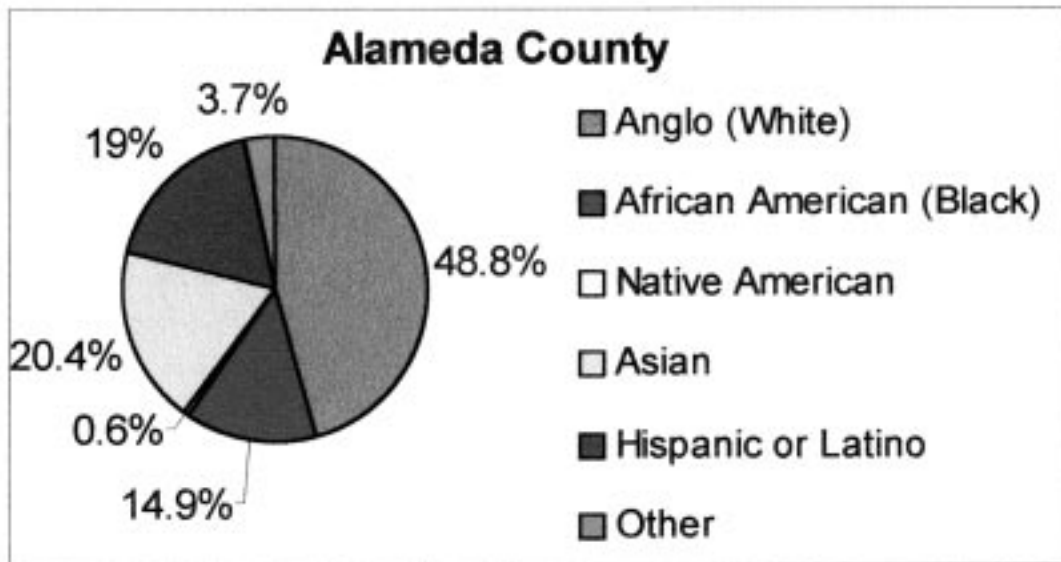
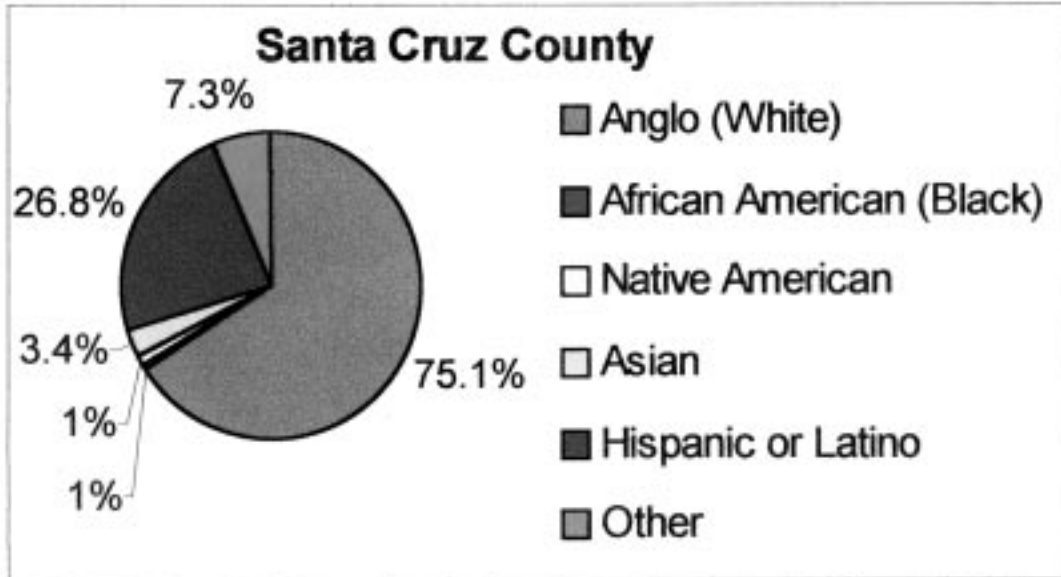
A Snapshot of County Comparisons

	Santa Cruz	Alameda	California
Total Population	255,602	1,443,741	33,871,648
% of Anglo	75.1%	48.8%	59.5%
% of Hispanic/Latino	26.8%	19.0 %	32.4%
% of Asian	3.4%	20.4%	10.9%
% of African American	1.0%	14.9%	6.7%
% of Native American	1.0%	0.6%	0.3%
Number of Outreach EWs	9	32	
Number of Outstation Sites	11	46	
% of Bi-lingual EWs in OR	100%	84%	
HF Enrollment*	2,759	8,220	

This information was obtained from the U.S. Census Bureau and is based on the 2000 Census. There is a 7.3 % margin of error for the Santa Cruz County statistics on ethnicity due to persons reporting some other race or reporting two or more races. The margin of error for Alameda County is 3.7% for the same reasons.

*This figure represents the Healthy Family Program Subscribers enrolled by county for the 12 month period of 5/00 - 4/01. (Data as of 4/12/01)

Attachment B



This information was obtained from the U.S. Census Bureau and is based on the 2000 Census. There is a 7.3% margin of error for the Santa Cruz County statistics on ethnicity due to persons reporting some other race or reporting two or more races. The margin of error for Alameda County is 3.7% for the same reasons.