California HealthCare Foundation

How Policy Changes Impact Enrollment:

A Look at Three County Efforts

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by
The Lewin Group

Authors
Lisa Chimento
Joanne Jee
Pooja Shukla

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About the Foundation

The **California HealthCare Foundation,** based in Oakland, is an independent philanthropy committed to improving California's healthcare delivery and financing systems. Formed in 1996, our goal is to ensure that all Californians have access to affordable, quality health care.

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I. Introduction

Three counties — Alameda, San Mateo, and Santa Clara — have gone beyond state requirements, not only in expanding eligibility for coverage, but also in creating a more seamless process for enrollment in county programs, Medi-Cal, and Healthy Families.

The growing number of persons without health insurance continues to be a policy concern nationwide and in California. Across the country 41 million people — almost 17 percent of the population — lack insurance. The problem of the uninsured is especially acute in California, where more than 20 percent of the state's residents are without coverage. This critical policy issue is currently being explored at many levels in California. One recent statewide initiative to improve California's health insurance rates is the California Health Insurance Act of 2003 (Senate Bill 2), a "pay or play" measure, which was signed by Governor Davis in October 2003.[1]

California counties also have been proactive in addressing the continuing concern about the state's uninsured population. A number of counties have been at the forefront of implementing initiatives to expand public health insurance coverage and to improve access to coverage for families. Three counties — Alameda, San Mateo, and Santa Clara — have gone beyond state requirements,[2] not only in expanding eligibility for coverage, but also in creating a more seamless process for enrollment in county programs, Medi-Cal, and Healthy Families. These gains were only possible through a series of policy changes and with the concerted efforts of county collaboratives to identify possible improvements in enrollment processes, to think creatively about solutions, and to make changes to daily operations.

The Lewin Group was asked by The California HealthCare Foundation to prepare this report to share the experiences of Alameda, San Mateo, and Santa Clara Counties with other California counties. The report explores the policy, operational, and other considerations of implementing partnerships among county agencies, health plans, and other community stakeholders to change and improve the process for enrolling families into public health care programs.

The Lewin Group conducted site visits to each of the three counties to learn about their enrollment initiatives. Lewin staff interviewed key individuals at the counties' health and social services agencies to understand the steps taken to develop and launch the outreach and enrollment initiatives. Lewin staff also interviewed county eligibility and outreach workers during site visits to understand how "application processing" changed as the counties centralized their eligibility screening processes and

ways in which future efforts to automate enrollment will impact their day-to-day tasks. Finally, Lewin staff interviewed representatives from the local health plans involved in the development and implementation of the expansion and enrollment initiatives to gain perspective on their successes and challenges faced.

While each county took a different approach toward increasing enrollment in public health care programs, the following lessons were learned:

- Strong leadership drove initiative development. In each county, one or more champions of the initiatives brought stakeholders to the table, gaining their commitment and support. This leadership made initiative development and implementation possible.
- Intra-county collaboration made the initiatives viable. County agencies, health plans, and other community stakeholders shared common goals. By working in partnership, agencies benefited from each others efforts. Collaboration among initiative partners previously had been inconsistent, but became the norm with implementation of county initiatives.
- Broad stakeholder support was critical to the success of the initiatives. To advance initiatives, county collaboratives considered the needs of and input from various stakeholders, such as eligibility workers, other agency line staff, health plans, community-based organizations, hospitals, and schools. Stakeholder involvement began early in the initiatives and secured ongoing support.
- County stakeholders acknowledged the financial interdependencies that exist between each county's organizations. The financial future of initiative partners is interwoven. Partners across agencies within each county recognized that their upfront financial commitments would not only bring them closer to reaching their policy goals, but that their actions would also benefit their county's overall fiscal situation.
- A common set of actions helped to build and strengthen the initiatives' underlying foundations. Action steps often were taken concurrently and required the participation of each initiative partner. The actions steps resulted in real progress toward counties' goals, strengthening their partnerships.

Additional information about each county's enrollment initiatives, as well as a more detailed discussion of the lessons learned, are presented below.

II. Background

ALL THREE COUNTIES PROVIDE HEALTH COVERAGE to a variety of populations through local health insurance expansion programs and have designed these initiatives to address their local needs (see Table 1). The counties financed their expansion programs with combined funding from Proposition 10 through local First 5 Commissions, county and municipal funds, local health plans, and hospital and health care districts. They also solicited and obtained one-time and some ongoing grant dollars from foundations and local Tobacco Settlement Funds.

Table 1. Overview of Local Health Insurance Expansion Programs, by County

COUNTY	Program Name	Population Covered	Implementation Date
Alameda	Alliance Family Care	Uninsured adults and children between 250–300% of the federal poverty level (FPL).	July 2000
Santa Clara	Healthy Kids	Uninsured children under age 19 and below 300% of the FPL.	January 2001
San Mateo	Healthy Kids	Uninsured children under age 19 and below 400% of the FPL.	January 2003

In operationalizing their expansion programs, these three counties implemented innovative approaches to eligibility determination and enrollment, "changing the way they do business" in order to improve and streamline the process for families. One of the biggest barriers faced by counties was organizational. Within these counties, the health agency is distinct from the human services agency. Each has its own budget, staff, and programs that are developed and administered with little, if any, consultation with other agencies in the county. In general, the health agency is responsible for providing public health care services and programs such as behavioral health, environmental health, and some indigent care programs; while the human services agency is responsible for public social service programs such as general assistance, food stamps, and Medi-Cal.

The independent structure of county agencies contributes to infrequent collaboration and limited awareness of each other's

missions and the interdependencies (e.g., financial and health insurance coverage goals) that exist. Front line eligibility and enrollment staff in each agency hold specialized roles and only focus on enrolling clients into the specific programs within their agency's purview. For example, a family coming to a county clinic in need of services might find that the adults could be enrolled at the clinic in a county-sponsored program, while the children would be referred to two other programs — Medi-Cal and Healthy Families — depending on their ages. To enroll the children, the family would be required to go to two separate entities, often in two separate locations, to apply for coverage.

Due to the policy decisions made in Alameda, Santa Clara, and San Mateo Counties, however, health and human services agencies, health plans, and community based organizations work together to enroll families in the most appropriate health insurance program available. The county eligibility workers, other front line staff, health plan staff, and other community based organization staff now assist families in the application and enrollment processes for several programs — Medi-Cal, Healthy Families, Healthy Kids and other county health care programs — regardless of their specific agency affiliation. Families, the agencies, health plans, and other community stakeholders have benefited from the new partnerships.

III. Overview of County Initiatives

EACH OF THE THREE PILOT COUNTIES — Alameda, San Mateo, and Santa Clara — has taken a different approach to increasing access to public health insurance programs for children and families. The initiatives in place in each county are examined below, and the approach and necessary action steps identified by the county health and human services agencies, health plans, and stakeholder groups to create a seamless enrollment process are discussed. The information presented below was obtained during county site visits and interviews with county agency and health plan staff, unless otherwise noted. For more detailed information about counties' outreach and enrollment strategies, see "County Profiles" at www.chcf.org/topics/view.efm?itemID=102216.

Alameda County's SCHIP Project and "No Wrong Door" Pilot

Until fall 2001, Alameda County's Medi-Cal intake process typically required clients to come to the county's Social Services Agency (SSA) one or more times to meet with a Social Services intake worker, complete the Medi-Cal application, and provide all required supporting documentation. The Social Services intake worker would review all the information and determine eligibility. In the event a client was deemed ineligible for Medi-Cal (which could take up to 45 days to determine), the applicant would be denied coverage under Medi-Cal and would be informed of alternative coverage options (i.e., Healthy Families), but received little additional assistance in applying for the programs. Alameda County experimented with two pilot projects, the SCHIP project and the No Wrong Door pilot, in an attempt to make the overall application process more timely and efficient, not only for the applicant but also for county staff and other stakeholder groups.

SCHIP Project

In an effort to maximize enrollment in available public health insurance programs, the Alameda County Health Care Services Agency (HCSA), in collaboration with SSA, implemented a Medi-Cal, Healthy Families, County Medically Indigent Services Plan,[3] and Alameda Alliance Family Care[4] pilot project (referred to as "the SCHIP project") in October 2001. A major objective of the project was to implement the recommendations

of the Alameda County Children and Families Health Insurance Task Force, which was convened by County Supervisor Alice Lai-Bitker to increase public health insurance enrollment, retention, and utilization. The project was funded by a $600,000 pilot grant from the State Children's Health Insurance Program (SCHIP)[5] and $210,000 in required matching funds from the county. Alameda County estimates that actual project expenditures totaled $1.2 million.[6]

Through the SCHIP project, the county made several enhancements to the existing outreach and enrollment process, including conducting ten community-wide enrollment events; using a computer-based application on laptop computers to improve timeliness, efficiency and accuracy of applications; developing marketing materials; and creating a call center to provide information about enrollment events. Approximately 24 Medi-Cal eligibility technicians (ETs) were co-located with an equal number of Healthy Families certified application assistants (CAAs) at the enrollment events. HCSA recruited and trained CAAs from a pool of 54 volunteers. Together, teams of ETs and CAAs conducted initial eligibility determinations and pre-screened applicants for the most appropriate form of health insurance coverage. For the SCHIP pilot, the Managed Risk Medical Insurance Board (MRMIB), the governing agency of the Healthy Families program, approved a request from HCSA that allowed eligibility workers to use the joint Medi-Cal and Healthy Families application for Healthy Families enrollment as long as eligibility workers confirmed that the applicant was indeed ineligible for Medi-Cal. In the SCHIP pilot, the time required to complete the eligibility determination in the application process was reduced because of the joint processing system in place.

The SCHIP project resulted in a higher rate of Medi-Cal eligibility approval and increased enrollment in both Medi-Cal and Healthy Families due to improved pre-screening and coordination between HCSA and SSA. The total number of people served by the SCHIP Project totaled about 2,650. The project also yielded policy and operational recommendations to develop a coordinated and comprehensive enrollment system that could be implemented throughout Alameda County. Increased collaboration between HCSA and SSA is a lasting effect of the SCHIP project. The two agencies, along with volunteers from a dozen community-based organizations,[7] and state officials from DHS and MRMIB, coordinated in a way not previously experienced to develop and staff enrollment events.

"No Wrong Door" Pilot

Continued collaboration enabled HCSA and SSA to implement the "No Wrong Door" pilot, an extension of the SCHIP project, to further its policy and operational recommendations in July 2002. The "No Wrong Door" pilot, this time under the leadership of SSA and in conjunction with HCSA, aimed to increase access and approval rates for its health insurance and other public assistance programs, improve efficiency of application processing, and increase program retention. In addition to Medi-Cal and Healthy Families, other county-only expansion programs were included in the pilot, such as Alliance Family Care and the County Medically Indigent Services Program.

The "No Wrong Door" pilot also tested another key policy change — allowing Social Services staff to accept and process Healthy Families applications.[8] During the pilot, Medi-Cal and Healthy Families determinations were run concurrently with three Social Services and two HCSA eligibility workers designated to serve as Social Services application assistors (SSAAs), a position created specifically for the pilot. To identify the eligibility staff that would participate in the pilot, the county solicited volunteers from existing eligibility staff. During the pilot, every fourth

applicant who entered the Social Services office seeking Medi-Cal coverage was designated for processing via the pilot and met with an SSAA. All staff were trained using a training module developed jointly by HCSA and SSA.

During the pilot, when clients walked in to a Medi-Cal office, they first met with an SSAA who conducted an initial assessment and assisted the client in completing the appropriate program application. If the client was pre-screened for Medi-Cal eligibility, the client would meet with a Social Services eligibility technician to complete processing of the application. If pre-screened and ineligible for Medi-Cal, the SSAA completed the appropriate application documents and forwarded the client's application to the appropriate health coverage program (Healthy Families, Alliance Family Care, or the County Medically Indigent Services Program) for processing.

The county's new referral system deviated from the traditional Medi-Cal application process in that clients in the pilot walked away enrolled in Medi-Cal or with the application forwarded to another health coverage agency. In the traditional Medi-Cal application process, referrals to other programs sometimes occurred, but pended or denied applications often would fall through the cracks over time or the applicant would refuse, or fail, to follow up with other coverage options.

Similar to the SCHIP project, under the "No Wrong Door" pilot, SSA and HCSA conducted enrollment events where ETs and application assistors used laptop computers with an electronic application template developed by the county to help families complete applications. Families applying for health insurance coverage at these events left enrollment events either enrolled in Medi-Cal or with an application for Healthy Families or Alliance Family Care referred to the appropriate agencies. As word about these enrollment events and the "No Wrong Door" pilot spread, families from areas outside of those served by the pilot sites would attend enrollment fairs to take advantage of the new enrollment process. In the nine months following pilot implementation, more than 2,400 individuals were screened and the number of county offices participating in the pilot expanded to five. Two additional satellite sites opened in December 2003.[9]

San Mateo County's One Stop Model and the Children's Health Initiative

One-Stop Model

Between 1995 and 1996, San Mateo County unveiled one-stops — single enrollment locations where clients accessed a broad range of public services. The one-stops were part of the county's move to adopt a model of integrated delivery of county services whereby a family could access multiple Human Services Agency (HSA) programs (e.g., Medi-Cal, employment training, CalWORKs, food stamps, general assistance, etc.) at a single entry point or location.[10]

Before the one-stops were implemented, programs were isolated from each other, requiring families to complete a separate application process for each program, often at different office locations around the county. Under the one-stop model, families could go to any of the county's one-stop offices and were screened by one eligibility worker for multiple HSA programs. Building upon HSA's one-stop model, in 2002, HSA and the Health Services Agency (Health) implemented similar strategies to create a more seamless enrollment process for and to maximize enrollment in Medi-Cal and Healthy Families, working collaboratively to conduct outreach and enrollment events throughout San Mateo County.

Health Services established a new application assistant position, Community Health Advocate (CHA), to assist families to complete applications for Medi-Cal, Healthy Families, and the county's Section 17000 program, Wellness Education Low-cost Linkage (WELL), in clinic sites.[11] Prior to the creation of the CHA position, San Mateo

County Health Services Agency staff believed that there were individuals enrolled in WELL who might be eligible for Medi-Cal, but were not enrolled due to scarce clinic resources devoted to enrollment assistance and insufficient time before the actual clinic visit itself to complete the lengthy process for Medi-Cal. Because the county was not leveraging Medi-Cal dollars, it was draining its own local resources at an even higher rate than necessary. For the first time, HSA benefits analysts and Health Services CHAs were co-located at clinic sites, community family resource centers, and staff enrollment events to ensure families were enrolled or referred to the appropriate program in a timely manner and without requiring families to make multiple trips to separate application centers. Also, from 2000–2002, HSA increased outstationed benefits analysts at community clinic locations from seven to 14.

Children's Health Initiative

Continuing its commitment to ensuring health insurance coverage for San Mateo County residents and to a seamless health insurance application process, San Mateo County rolled out its Children's Health Initiative (CHI) in January 2003. The cornerstone of CHI is the Healthy Kids program, which provides coverage to children under age 19 in families with incomes below 400 percent of the FPL. Eligibility for Healthy Kids is conducted using the one-stop HSA-Health method of enrollment. While Healthy Kids eligibility is determined by specialized HSA benefits analysts (BAs), all BAs and CHAs can assist families in completing applications for any form of health coverage in the county. Under CHI, BAs and CHAs assess whether children appear to be eligible for Medi-Cal, Healthy Families, and Healthy Kids — in that order — and assist families in completing the appropriate application. San Mateo County also actively pursued ways to use automation to support the One Stop program and is now implementing Health-e-App on a countywide basis.[12]

Santa Clara County's Children's Health Initiative

In January 2001, the Children's Health Initiative (CHI) was launched in Santa Clara County as a partnership between the Social Services Agency (SSA), Health and Hospital Systems (HHS), the Santa Clara Family Health Plan (SCFHP), and other community-based organizations. The vision of the county-wide initiative is that 100 percent of the children residing in Santa Clara County with incomes at or below 300 percent of the FPL shall have access to quality health care through comprehensive health insurance. CHI serves as an umbrella for Medi-Cal, Healthy Families, and the Healthy Kids program.[13] To increase access for children, the CHI's goals are to educate families about use of their health benefits, improve enrollment and retention, and create a single point of access to any of the three CHI programs.

During the summer of 2001, Santa Clara County implemented a pilot project to cross-train eligibility workers and CAAs to use a more holistic approach to enrolling children and families in the county's public health insurance programs. With this goal in mind, new eligibility processes were designed for CAAs and SSA eligibility workers located in clinics and county SSA district offices. In settings where eligibility workers were co-located with HHS financial counselors (who determine eligibility for HHS-administered programs, such as the Child Health Disability and Prevention Program and Family Planning, Access, Care and Treatment), processes were jointly developed to facilitate workflow and eliminate duplication of services between these programs and those under CHI. In Santa Clara, financial counselors (FCs) have traditionally been trained as Healthy Families CAAs as well. With the implementation of the CHI, the FCs also acquired responsibilities for enrolling children in the Healthy Kids program, and HHS was authorized to hire additional FCs to assist with enrollment as part of the CHI. Representatives

from HHS, SSA, and SCFHP participated in public forums around the county to increase their visibility and presence. County agency staff engaged in joint trainings and launched a campaign to shift the public's perception of their agencies from unwelcoming to welcoming.

Approximately 26 application assistors[14] and 11 FCs initially participated in the initiative, and now more than 500 eligibility workers have been trained to assist with joint Medi-Cal, Healthy Families, and Healthy Kids application intake and processing. Santa Clara sought and obtained approval from MRMIB to allow the county to have lead trainers who could train other Medi-Cal and Healthy Families eligibility workers to be CAAs for the Healthy Kids program. Since its inception in January 2001, more than 76,000 eligible children applied for health insurance through the CHI.

The Santa Clara County Board of Supervisors and the San Jose City Council played a key role in advancing the initiative. Tobacco settlement funds, SCFHP, FIRST 5 grants, and several foundations[15] provided financial support for health care premiums and seed money for various aspects of the initiative, including outreach and enrollment. SCFHP was a key partner from the initial conception of the CHI, acts as the administrator of the Healthy Kids program, and continues to perform many operational and financial duties for the initiative, including marketing, organizing public relations campaigns, conducting outreach, and training. In 2000, the SCFHP formed the Santa Clara Family Health Foundation, which is the primary fundraiser for Healthy Kids. Santa Clara County's CHI efforts continue with ongoing planning and policy-making by the CHI Policy Group, whose membership includes SSA, Health and Hospital Systems, SCFHP, People Acting in Community Together (PACT),[16] and Working Partnerships USA.[17]

IV. Lessons Learned and Remaining Challenges

"Running a pilot project takes leadership—people with a risk-taking attitude and people that are good at consensus building."

—Alameda Alliance for Health representative

SEVERAL CONSIDERATIONS RELATED TO THE development and implementation of enrollment initiatives emerged during interviews with county staff and stakeholders. These lessons learned were critical to the success of the three counties' enrollment initiatives. The key lessons learned by the initiatives are described below, followed by the specific action steps that the counties took to move their initiatives from concept to reality.

Leadership Drove Initiative Development

In each county, the leadership and dedication of individuals and community-based organizations drove the ultimate planning and implementation of new county enrollment initiatives, including their decisions to modify the roles and responsibilities of eligibility workers. At the same time, the impetus for change in each county was unique. Individuals who were interviewed stressed the importance of identifying one or more initiative champions to move the initiative from concept to implementation. The champion in each pilot county helped convene the necessary players, ensure commitment of resources, and win overall support for the initiative.

In San Mateo County, managers from both the Health Services and Human Services Agencies brought the agencies together to implement the county's one-stop model. In Alameda, the "No Wrong Door" pilot grew from one elected official's leadership in convening a task force of community-based organizations, providers, and county agencies to increase enrollment and retention, and to better utilize existing public health coverage programs. Santa Clara benefited from a strong partnership between county management and staff, SCFHP, and labor leaders who were dedicated to improving access to health coverage for children.

Collaboration Made Initiatives Viable

"Instead of being perceived as gatekeepers, we are now perceived as doormen."

— San Mateo Human Services Agency administrator

"Most benefit analysts, child health advocates and eligibility technicians no longer have misunderstood or negative images of each other. The common focus is the client, so cooperation among all of us is made easier."

— San Mateo Health Services Agency eligibility worker

The countywide organizational collaboration required to successfully implement new outreach and enrollment initiatives cannot be underestimated. The new enrollment approaches took hold once leaders from county agencies, health plans, and other community stakeholders recognized that they shared common goals. By collaborating with groups in their counties, in some cases the local health plan and in other cases the County Board of Supervisors, leaders from the county agencies realized tangible progress could be achieved by bringing together stakeholders to discuss and develop a shared vision around outreach and enrollment. Traditionally, administrative staff and eligibility workers did not interact with their counterparts at other agencies. Agencies also grappled with the natural tensions that existed in their roles both as service provider and "gatekeeper," where their responsibility is to ensure that only those persons who meet all program requirements and submit necessary documentation are enrolled in the program. Agencies were enthusiastic about increasing enrollment and retention, demonstrating a significant philosophical change from their traditional role of gatekeeper, but faced the challenge of increasingly tight budget constraints.

After gaining each other's perspective, initiative partners understood that actions that helped the mission of other agencies or organizations also benefited their own. Newly recommitted to their shared goals, staff from county agencies, health plans, and other initiative partners continued meeting to implement their enrollment initiatives. County and health plan staff and eligibility workers acknowledged that having fresh goals and a shared outlook built the momentum necessary to institute change.

In each county, the local health plan (i.e., the Alameda Alliance for Health, Health Plan of San Mateo, and Santa Clara Family Health Plan) was involved in the development and implementation of the health care initiative to varying degrees. These health plans not only funded part or all of county-based health care programs, but have also participated in planning and brought their capabilities to assist with activities such as outreach and retention.

Through establishment of the Children's Health Initiative, Santa Clara County Social Services Agency and Health and Human Services Agency now cross-train workers to have a working knowledge of several county administered programs; conduct joint staff trainings; and conduct joint enrollment events for the Medi-Cal, Healthy Families, and Healthy Kids programs.

Initiatives Needed Broad Stakeholder Buy-in

"One of the lessons learned in launching county initiatives is recognizing the benefits of having a health plan that is connected to the county — it creates a vehicle to make things easier and to make things happen faster."

— Alameda Alliance for Health representative

"Staff were very open to the initiative and liked being able to offer families other programs [if they were determined ineligible for another program]. Eligibility workers embraced the initiative."

— Santa Clara Health and Hospital Systems representative

In shaping and implementing their enrollment initiatives, initiative partners garnered support from various stakeholder groups, including eligibility workers and other agency line staff, health plans, community-based organizations, hospitals, clinics, schools, and county board members. To advance their initiatives and limit potential hurdles, the counties built collaborative relationships and identified common goals with these and other stakeholder groups early on and throughout the planning process. The counties acknowledged that several factors — including stakeholder interests and cooperation, the political climate, and county demographics — could all shape the direction of an enrollment initiative.

County agencies won the support of their staffs, which were open to innovative enrollment techniques that would enhance their ability to assist their clients, by seeking staff input on aspects of the enrollment process that needed improvement, conducting staff training, and identifying strategies to facilitate the enrollment process. Counties also published internal newsletters to keep staff informed on the progress of initiatives and to solicit their feedback. In some cases, eligibility worker positions were elevated or salaries were adjusted to recognize their modified responsibilities. In Alameda County, the eligibility workers who originally volunteered to participate in the "No Wrong Door" pilot were so enthusiastic about the new enrollment process that the pilot gained popularity among other eligibility workers in the county and additional eligibility workers requested to participate in the pilot. Agencies also engaged boards of supervisors by including them in planning meetings, presenting updates at board meetings, and hosting initiative-related events to recognize the contributions of county staff and the board members themselves.

Clients themselves are key stakeholders in counties' enrollment initiatives. County staff noted that clients were generally eager and enthusiastic about participating in county pilots, especially when they experienced a more efficient application process. Clients also especially appreciated receiving a preliminary eligibility determination from one eligibility worker, rather than having to submit separate applications to different eligibility workers at multiple sites.

Financial Interdependencies Were Recognized

In addition to the policy goals that factored into the counties' decisions, financial considerations also played a significant role. The county social services and health agencies and the local health plans recognized that their budgetary futures were interwoven. For example, shortfalls in health agency budgets have repercussions for social services (and other county agency) budgets. Likewise, these county social services agencies

knew that their processing times and approval rates directly affected the revenues of their county health agencies and health plans. All of the entities also realized that Medi-Cal and Healthy Families coverage provides federal and state matching funds, saving local dollars for local programs. In this way, dedicating county and health plan resources to eligibility and enrollment was seen as a benefit to all county entities; therefore, there were recognized benefits in the need for reallocation of budgetary resources across agencies or in achieving savings through more efficient eligibility processing. Their initial investments in cross-training of eligibility workers were made in an effort to enhance caseworker efficiency, which has ensured a quicker application process, reduced the number of eligible but uninsured individuals, and assisted in creating healthier communities.

In practice, leaders from the county agencies and health plans recognized that implementing their policy decisions required initial and ongoing financial commitment. In Santa Clara County, for example, the SSA struggled with financial hardships in its Medi-Cal program while the county's HHS (the county's largest department fiscally) remained financially viable. When leaders from both agencies and the health plan convened, all parties recognized that collaboration and dedication of HHS and health plan resources to outreach, eligibility, and enrollment would not only bring to fruition many of their shared goals, but also provide a return on their investments in the form of increased revenue.

Financial considerations also bolstered health plans' support of county initiatives. From the health plan perspective, increased enrollment of eligible families into appropriate public insurance programs also meant an increase in the plan's enrollment and revenues. Of course, the quicker and more efficient eligibility determination process only furthered the financial benefit to the plans. For the health plans, supporting counties' efforts to facilitate enrollment was in alignment not only with their own coverage goals, but also with their business needs.

Action Steps Made a Difference

"We had a deliberate campaign [within the Social Services Agency] to change the view of the initiative as a pilot to county-wide adoption. Health and Hospital Systems and the Social Services Agency were in it together. We did trainings together and we still meet monthly to talk about the issues."

— Santa Clara County Social Services Agency representative

The initiative partners took specific steps to build and strengthen the foundation of county enrollment initiatives. Many of these activities occurred concurrently and all were equally important. Counties made the following operational and financial decisions to develop and implement the enrollment initiatives that not only improved access to health coverage, but also made them uniquely positioned to launch future initiatives.

Conduct a Preliminary Assessment

Before designing its enrollment initiative, each county reviewed its current enrollment process and assessed needed improvements. Assessments could be formal, as in San Mateo County, where a report on findings from an evaluation of the county's outreach and enrollment activities identified obstacles to enrollment and made recommendations for improvement. Other counties' assessments were more informal, with stakeholders meeting to identify challenges and discuss ways to increase access to health coverage. The resulting findings and recommendations were the basis upon which initiatives were developed.

Counties also assessed what resources might be available to support their initiatives and also looked at the political landscape. Identification of the barriers and opportunities before the initiatives helped proponents develop their implementation strategy.

Make Cultural and Attitudinal Changes

Both health and social services agencies experienced a cultural and attitudinal change around eligibility, outreach, and enrolling children and adults into public insurance programs. Where agencies previously worked independently of each other, a new, collaborative relationship was built among agencies to frame enrollment initiatives and work at outreach events to enroll families in public health insurance programs. County agencies came to see themselves as partners, rather than independent entities.

While the counties had previously acted as gatekeeper, directing eligibility workers to prevent families from enrolling in publicly funded health care programs, counties had gradually changed to encourage workers to enroll as many families as possible. Enrollee retention also became a priority. In Santa Clara County, continuing eligibility workers, who redetermine eligibility for established cases, also were trained to provide application assistance for Healthy Families and Healthy Kids. The county agencies coupled these attitudinal changes with business process changes, namely a shift to customer service, follow-up, and use of automation. The Alameda County Social Services Agency, for example, became less rule-oriented and more service-oriented.

Meet and Provide Regular Updates

County health and social services agencies, health plans, and other stakeholders met regularly throughout the planning and implementation of their enrollment initiatives and continue to do so. During meetings, agency staff and other stakeholders provide updates on progress and next steps for the initiatives. Subcommittees or working groups that focus on particular issues, such as outreach, retention, and training, meet regularly to address the issues affecting initiatives. The county partners also met with boards of supervisors. Meeting participants typically included staff from the counties' health plans, as well as from the county agencies. In one county, staff from the human services and health agencies participated in a day-long strategy retreat. These meetings serve multiple purposes. Meetings are an effective way of keeping stakeholders up to date on the progress of initiatives to maintain their support, without which the initiatives would face substantial hurdles. Additionally, meetings encourage the ongoing participation of county organizations and their continued collaboration.

Address Management and Staff Concerns

Understanding the needs and concerns of all stakeholders, and working with them to address those needs early in the development process, helped ensure timely progress of county initiatives. County agencies consulted, and continue to consult, management representatives to work through productivity and staffing issues as they arise. By providing training and reviewing initiative goals with staff, agencies overcame staff concerns or hesitancy to adopt the operational protocols of initiatives. For example, some eligibility workers initially were unfamiliar or uncomfortable using technology to determine eligibility. Counties have demonstrated that while challenges may arise, by working as partners and thinking creatively, the needs of all stakeholders, including county agencies and management, can be met.

Conduct External and Internal Marketing

Counties marketed their initiatives to their stakeholder groups, including staff and clients, to obtain initial and ongoing support. Alameda County published successes of their pilot program in newsletters and through local media and also held recognition events for eligibility workers and

Healthy Families CAAs employed by both agencies. Santa Clara County hosts learning sessions over lunch for eligibility workers and publishes newsletters that are disseminated to county health and social services staff. The learning sessions and newsletters are avenues for sharing initiative updates, encouraging staff participation, and for training. Santa Clara County's CHI Public Relations and Marketing group and the CHI Outreach group, which includes SCFHP, the HHS, other CHI partner agencies, and labor groups, meet monthly. These groups ensure consistency in marketing messages and coordinate and maximize limited resources. The SCFHP plays a key role in the external marketing of the county Children's Health Initiative. SCFHP conducted a public relations campaign with local newspapers such as the San Jose Mercury News to gain exposure for the initiative. SCFHP also called on its speakers bureau, including the highest levels of SCFHP's leadership, to present at meetings of community organizations like the Rotary Club and the Kiwanis Club. The agencies promoted the pilot programs to prospective clients by establishing and advertising a toll-free hotline through colorful posters and banners at clinics, enrollment fairs, etc. Working with clients was important for building their trust in and understanding of the benefits of the counties' new ways of doing business.

Many Challenges Overcome, But Some Issues Remain

For the three counties, planning and implementing their enrollment initiatives was not without challenges. Some variation existed in the types of issues encountered from county to county; however, it is noteworthy that the counties and other stakeholder groups worked tirelessly to find workable solutions for each of the challenges raised. Some of these challenges are ongoing and new ones will arise as county initiatives continue.

Staffing and Productivity Issues Are Complex

Defining the roles and responsibilities of eligibility workers in county initiatives was a challenge that stakeholders addressed early on in the planning processes for county enrollment initiatives. The initiatives brought with them significant changes in how enrollment in Medi-Cal, Healthy Families, and county health insurance programs would occur, affecting eligibility workers' duties. Acceptable staffing and productivity strategies were developed over time through the concerted and collaborative efforts of county staff and management representatives. Strategies took into consideration the experience of eligibility workers, the complexity of assigned tasks, and the desire of staff to participate in the initiatives. County managers and management representatives continue to work together to address other issues as they arise.

Struggles with Success Arise

Counties are achieving their goal of linking families to health insurance coverage. However, counties also are struggling with their success. Following the launch of their new marketing campaign and the enrollment fairs for the Children's Health Initiative, Santa Clara County witnessed a rise in applications, increasing staff workload and boosting the number of Medi-Cal, Healthy Families, and Healthy Kids enrollees. Clients who heard through word of mouth about Alameda County's "No Wrong Door" pilot flocked to the three pilot sites from outlying regions to apply for coverage using the new, more efficient application process; long waiting times ensued. In fact, enrollment in county expansion programs has grown so rapidly that budgetary limits are being reached and, in Alameda and Santa Clara Counties, enrollment caps have been met, requiring the counties to set-up waiting lists. In Alameda County, the Alliance Family Care Program was not accepting new members as of early December 2003 because of the combined

effects of families' need for health coverage, the state's budget crisis, and the local effects of premium cuts. San Mateo expects to reach its Healthy Kids enrollment limit of 5,800 enrollees by the end of summer 2004.[18]

Some State Budget Constraints May Be Addressed Locally

With increasing state and county budgetary constraints and the state imposed Medi-Cal cuts, the counties face tough decisions about how best to proceed in enrolling eligible but unenrolled populations into appropriate state and county administered programs. County staff from both health and social services agencies reiterated the benefits derived by the community as a whole when efforts are made to provide health coverage and other social services to both adults and children, as well as the increased need for such services during difficult economic times. County agencies looked to and are continuing to work together to gain financial support from alternate sources for financial support (e.g., foundations and corporations). Despite ongoing budget constraints, Santa Clara HHS, in partnership with SCFHP, recently increased their investment in outreach activities to $1 million in FY 2001 and then contributed $750,000 in the following year. SCFHP continues its leadership in garnering financial support for the Healthy Kids program. The CHI Policy Group acknowledged the difficulty of the decision during a time of ongoing budget constraints, but in the end, stayed committed to their critical role in advancing the goals of the Children's Health Initiative.

V. Using Technology to Support County Enrollment Initiatives

Implementing technology solutions that will allow counties to automatically screen and enroll eligible families in Medi-Cal, Healthy Families, or other local or state-based health insurance programs is the next step in advancing county initiatives and policy goals.

As Alameda, San Mateo, and Santa Clara Counties continue to refine and implement their initiatives, they look for new tools to implement their policy decisions effectively. Implementing technology solutions that will allow counties to automatically screen and enroll eligible families in Medi-Cal, Healthy Families, or other local or state-based health insurance programs is the next step in advancing county initiatives and policy goals. Automation allows eligibility staff to link families more effectively to the appropriate health care programs. Technology allows for screening for eligibility for multiple programs quickly and efficiently, and enables a more efficient referral process to other agencies as appropriate. Technology also reduces the need for detailed training and knowledge of complex eligibility rules for every program, which are subject to change. Further, automation can facilitate automatic screening for multiple programs and also assist eligibility technicians with recertifications for continuing clients.

The three counties have taken preliminary steps in automating and using technology to support their respective county initiatives. For example, Alameda County provided a small number of computer-savvy outreach workers with laptop computers and a computer-based enrollment form for use at enrollment events. In San Mateo, some outreach and enrollment workers piloted Health-e-App, the Web-based application for enrolling children and pregnant mothers in Medi-Cal or Healthy Families. In the coming months, Alameda, San Mateo and Santa Clara will pilot One-e-App, a Web-based application that builds upon Health-e-App to include screening and enrollment in a wide range of additional health programs, and develop strategies for how their respective counties can effectively use such technology to achieve their goals and add value to their daily operations.

VI. Next Steps

Alameda, San Mateo, and Santa Clara

Counties have demonstrated leadership and commitment to improving the rates of health insurance coverage for their residents. Each has already implemented outreach and enrollment initiatives and is working to enhance those initiatives, including the use of automated eligibility determination. The experiences of these three counties shows how others can work with stakeholders to develop and implement outreach and enrollment initiatives and work collaboratively with related agencies to address the challenges they might face.

While the counties have made commendable progress in expanding access to health coverage for their residents, the challenge of serving the uninsured is ongoing. County health and human services agencies, health plans, and community stakeholders will need to continue their partnerships to address the challenges that may arise, including the need to re-examine current staffing and productivity levels and county and state fiscal constraints. All three counties expect to increase the number of families enrolled in Medi-Cal, Healthy Families, and other county-based health coverage programs and continue striving to improve the efficiency of the enrollment process.

Endnotes

1. SB 2 requires employers to provide health insurance coverage to employees or pay a fee to the state, which will provide health coverage to the employers' employees. The passage of this measure was controversial and subject to a November 2004 voter referendum to overturn its passage. California HealthCare Foundation, Overview of SB 2, viewed on March 8, 2004.
2. Under CA law, counties are responsible for providing county-funded assistance, including medical care, to indigent residents. The medical care provided under Section 17000 of California's Welfare and Institutions Code does not take the place of Medi-Cal or other health care programs, although counties have broad flexibility in fulfilling their Section 17000 obligations.
3. The County Medically Indigent Services Programs covers adults at or below 200 percent of the federal poverty level and has reduced premium payments and a sliding-fee discount for enrollees.
4. Alliance Family Care provides health insurance through the county's local health plan to families up to 300 percent of the federal poverty level.
5. The State of California received a portion of the $500 million outreach fund established by the federal Temporary Assistance for Needy Families (TANF) program. California counties were, in turn, encouraged to submit proposals that increased access to and enrollment in county health insurance programs. Alameda's SCHIP pilot grant is an example of this.
6. Alameda County Health Care Services Agency, Report of the SCHIP Project Results, October 1, 2002.
7. Volunteers were primarily used to staff enrollment events. These individuals came from agencies such as The Berkeley Mayor's Task Force on the Uninsured, church-based groups, school-based organizations, and family resource centers.
8. By law, Social Services staff do not have the authority to accept and process Healthy Families applications, unless the county obtains a waiver from the State, which allows Medi-Cal eligibility staff to cross-train and enroll clients in other non-agency programs.
9. Personal communication with Joyce Kennedy of the Alameda County Social Services Agency on March 12, 2004.
10. The model is referred to as Shared Understanding to Change the Community to Enable Self-Sufficiency model (SUCCESS) and was implemented as part of the county's Section 17000 welfare reform obligations.
11. WELL provides needed health care services to roughly 9,000 uninsured adults with incomes up to 200 percent of FPL.
12. Operated by the State, Health-e-App is a Web-based application for enrolling children and pregnant mothers in Medi-Cal or Healthy Families.
13. Healthy Kids is a Santa Clara County initiative that provides children in families with income at or below 300 percent of the FPL who are ineligible for Medi-Cal or Healthy Families with comprehensive coverage under the SCFHP, regardless of immigration status.
14. Some of these application assisters are certified application assistants.
15. Santa Clara sought and obtained grants from the David and Lucille Packard Foundation, the California HealthCare Foundation, The California Endowment, and the Health Trust.
16. PACT is a community-based organization that seeks to improve the health, education, safety, and general well-being of people living in San Jose.
17. Working Partnerships USA is a research, policy and advocacy institute with a focus on economic development and contingent work issues in the Silicon Valley/Greater San Jose area, initiated by the South Bay (California) Labor Council.
18. Personal communication with Toby Douglas from the San Mateo County Health Care Services Administration on March 11, 2004.

CALIFORNIA
HEALTHCARE
FOUNDATION

476 Ninth Street
Oakland, California 94607
Tel: 510.238.1040
Fax: 510.238.1388
www.chcf.org

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