



## Policy Framework for Outreach, Enrollment, Retention and Utilization for Health Care Coverage in California

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**Community Health Councils, Inc. (CHC)** is a nonprofit, community-based health advocacy, policy and educational organization. Our mission is to improve health and increase access to quality health care for uninsured, under-resourced and underserved populations.

**California Covering Kids & Families (CKF)** is a coalition of diverse leadership throughout California working to advance the quality and accessibility of health care for children and families. Community Health Councils is the lead agency in this network.

**Community Health Councils**, through the Covering Kids and Families statewide project, developed this report with funding from The California Endowment. A companion-piece toolkit to this report provides additional examples of Outreach, Enrollment, Retention and Utilization (OERU) policies, practices and protocols from the participating children's health initiatives. The toolkit can be accessed through the Community Health Councils Web site at [www.chc-inc.org](http://www.chc-inc.org).

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## Introduction

In 1997, the nation awakened to the fact that more than 10.7 million<sup>1</sup> children in the United States did not have health insurance and were therefore not receiving needed health care. Health care for many children was little more than an immunization shot at the health fair in the park or public health center or a visit to a community clinic or emergency room when their temperature got too high. Medical issues went undetected or untreated and children suffered needlessly. The federal government responded by establishing the State Children's Health Insurance Program (SCHIP), which enabled states to either expand their Medicaid programs and/or create a new children's health coverage program.

With the introduction of the SCHIP program, California was able to expand Medicaid (Medi-Cal) and implement the *Healthy Families* program for children. In addition, the state, along with several philanthropic foundations, for the first time engaged community-based organizations as well as public and private stakeholders to outreach and enroll millions of eligible but uninsured children. In California, community outreach efforts took the form of a series of individual contracts and grants to community-based organizations, school districts, counties and clinics with little or no coordination. While the state's investment led to higher enrollments for children and families in Medi-Cal and Healthy Families, hundreds of thousands of children continued to be ineligible for the state- and federally-funded programs. Then, in 2001, state funding for outreach and enrollment was virtually eliminated. Many programs were left to reorganize their efforts and look elsewhere for support. Several counties in California pooled resources to develop a more cohesive model for outreach and enrollment to children and families and to establish a health coverage program to bridge the gap for children ineligible for federal- and state-funded programs.

These actions by counties and their various partners over the past six years led to the development of county Children's Health Initiative (CHI) programs across California. The CHIs have inspired practices, innovations and opportunities for advancement in outreach, enrollment, retention and utilization (OERU). With the success of the CHIs and the enrollment of 85,000<sup>2</sup> children in their Healthy Kids programs, the state has also achieved continued growth in the Healthy Families and Medi-Cal programs in spite of the loss of state outreach funding. Today, there are 18 operational CHIs throughout the state and 14 in the planning, implementation or launching phase. As California advances its goal to provide health care coverage for all children and families, the experience and success of these local programs must inform efforts to expand our knowledge and increase our capacity to ensure the effectiveness of OERU policies, systems and strategies throughout the state.

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1 United States Census Bureau. Health Insurance Coverage: 1997. United States Census Bureau Web site. Retrieved on March 31, 2006 from [www.census.gov/hhes/www/hlthins/hlthin97/hi97t6.html](http://www.census.gov/hhes/www/hlthins/hlthin97/hi97t6.html).

2 Information provided by Institute for Health Policy Solutions.

Based upon the various methods and strategies employed by CHIs across the state, the following report:

- provides a framework for the state and counties to define and structure outreach, enrollment, retention and utilization policies, systems and strategies;
- creates a common language from which to operate; and
- identifies strategies that support the framework, demonstrate promise and/or function as a “patch” within the current system.

Community Health Councils, under the *Covering Kids and Families* statewide project, convened county and other policy experts from throughout the state to inform this report. Workgroup participants included the 10 CHIs operating in Alameda, Fresno, Kern, Los Angeles, San Bernardino/Riverside, San Joaquin, San Mateo, Santa Clara, Santa Cruz, and Tulare counties. The framework is based on the workgroup’s expertise and experience with integrating and coordinating OERU to maximize participation in all health coverage programs. Section I outlines and defines the policy framework. Section II operationalizes the framework and includes highlights of the counties’ strategies and examples of the practices that have strengthened programs and services within their communities. A quick glance of the entire OERU policy framework is outlined in the Appendix.

## Section I

### **BUILDING THE POLICY FRAMEWORK**

A basic principle guiding and informing the development of CHIs across the state was that the local health care coverage program must complement California's existing public coverage programs, Medi-Cal and Healthy Families. The CHIs knew that for the local programs to be successful, all efforts would have to be made to ensure eligible, uninsured children and families had access to all potential coverage programs in the state. To maximize statewide health coverage, the CHIs concentrated on building local programs that were integrated and coordinated with Medi-Cal and Healthy Families to alleviate any unnecessary burden on families accessing services.

Under the current system of multiple programs and in building towards a single statewide program for all children, the goal of program integration and coordination is to create "No Wrong Door" for children and families seeking health care coverage. Consequently, program integration and coordination strategies have evolved at the local level to shield families from "behind-the-scenes" eligibility systems, and to simplify and help parents navigate the process. Through a comprehensive "no wrong door approach," the CHIs seek to maximize outreach, enrollment, retention and utilization among all health coverage programs for children and families.

The framework for OERU reflects the policies, systems and strategies the CHIs have utilized at the local level to support program integration and coordination.

### **DEFINING THE POLICY FRAMEWORK**

The OERU policy framework sets the stage for program integration and coordination for counties and the state, which, in turn, provide increased access for families through organizational structural relationships, coordinated administrative policies, systems, strategies, program benefits and service delivery systems. **The framework consists of the following 10 components:**

1. Strategic and collaborative partnerships
2. Strategic financing
3. Knowledgeable and competent work force
4. Broad provider base
5. Broad community access and promotion of available programs and services
6. Full complement of OERU services
7. Easy and transparent application and renewal process
8. Communicating with and serving diverse populations, including cultural and linguistic competency
9. Access to technology and information systems
10. Assessing and evaluating OERU services.

These 10 components represent the fundamental elements for effective and efficient OERU policies, systems and strategies at the state and local levels. Each component is interrelated, builds upon another and is viewed as a critical element in our ability to ensure that children and families are not only enrolled, but are retained, utilize and receive the maximum benefit from their health care coverage. The rationale and definition for each component follows.

- 1. Strategic and collaborative partnerships.** Strategic and collaborative partnerships should be the basis by which local communities and the state work together and engage key stakeholders. Collaboration among community partners has developed over the years as a means to build organizational relationships, participate in policy development and coordinate OERU policies and practices. The CHIs provided new opportunities to increase coordination among community partners and ensure access for families to all available coverage programs. To maximize the resources invested in providing health coverage, it is necessary to establish an open dialogue between the public and private sectors working with families and to coordinate OERU efforts. Strategic and collaborative partnerships for OERU include shared decision making and coordinating resources among key community partners and public and private stakeholders to develop and implement effective policies and practices that support program integration.
- 2. Strategic financing.** Because the state's OERU funding fluctuates, it is critical to institutionalize the capacity for integrated OERU systems and activities if we are to maintain our current progress. With the help of local First 5, foundation, and private funding, the CHIs have established a coverage program and effective OERU policies and practices. However, they have not yet institutionalized long-term strategic financing. Although the motivation may come from local efforts, the future of these programs resides in a partnership by the state, counties and federal governments. Strategic financing is therefore defined as a partnership by state, counties and local communities to identify and develop sustainable financing through diverse streams that leverage all monies available to the state through federal, state and local funding.
- 3. Knowledgeable and competent work force.** Approximately 6,000<sup>3</sup> Certified Application Assistors (CAA) and 7,909<sup>4</sup> county Medi-Cal Eligibility Workers assist families with the application process in California. To ensure continued quality services to families, a knowledgeable and competent work force must exist. Comprehensive training opportunities will help build the knowledge and skill capacity of assistors and will enable families seeking to enroll in or retain coverage and/or utilize services to receive proper assistance. A knowledgeable and competent work force is defined as a group of culturally and linguistically competent, properly trained individuals who demonstrate proficiency and understanding of all available health coverage programs, state and/or local regulations, policies, procedures and resources to problem solve for families experiencing difficulties. To maintain a competent and knowledgeable work force, the state and counties must develop statewide standards beyond the current core instruction that address issues of cultural and linguistic competency as well as technical assistance, local support networks and coordinated training efforts.

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3 Figure provided by the Managed Risk Medical Insurance Board.

4 Figure provided by Terry Quinn, Chief, County Administrative Expense Section, California Department of Health Services.

- 4. Broad provider base.** Providing health coverage is only the first step in ensuring children and families have access to health care. A broad provider base is defined as a spectrum of qualified and competent providers and health care resources that meet the primary and specialty health care needs of the target population, are located within the targeted communities and are culturally and linguistically competent. Historically, it has been difficult to create a broad provider base under the Medi-Cal and Healthy Families programs due to low provider reimbursement rates, inadequate specialty physicians or pedodontists and the health status of consumers with inconsistent access to care. The CHIs have also struggled with creating a broad provider base for the Healthy Kids programs as they have established benefit packages similar to Healthy Families and sought to enlist many of the same providers. The need to expand the provider base is a constant concern among all programs. Strategies that support building a broader provider network that then gives families broader access are critical to utilization of services and meeting a community's health care needs.
- 5. Broad community access and promotion of available programs and services.** California offers a patchwork of health care coverage programs for children and families. The state and counties have a responsibility to tell families about all coverage options. In order to provide multiple access points for families, a wide net must be cast throughout the community to maximize resources and the capacity of public and private stakeholders assisting families. This should include the innovative use of a wide variety of points of service and information for consumers. Promoting all programs throughout the community makes it more likely that families will learn about the options available to them, utilize services and know where to go for assistance if they are interested.
- 6. Full complement of OERU services.** Through various funding, training and coordination efforts occurring over the years, OERU activities have expanded beyond initial outreach to families and helping them complete applications. The individuals and organizations assisting families realized that they needed to establish practices that helped families retain coverage and navigate the system to utilize benefits. As a result, today there is a full spectrum of OERU services. These services include outreach and screening families for all programs; completing paperwork and verifying enrollment and renewal processes; providing education on health care benefits; and helping parents navigate the health care system. To truly serve the needs of a family, assistors should provide support through routine follow-up and education on the entire process, including enrollment, re-enrollment, and utilizing benefits and services.
- 7. Easy and transparent application and renewal process.** Research has shown that simplified application and renewal forms and processes are essential to reduce barriers for families and create easier access to coverage. There are as many as four different programs and applications in any given county. Studies have also demonstrated that "churning" results in the disenrollment and re-enrollment of as many as 20 percent of the children enrolled in Medi-Cal.<sup>5</sup> An easy and transparent application and renewal process is defined as a con-

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<sup>5</sup> Fairbrother, Gerry. How Much Does Churning in Medi-Cal Cost? Cover California's Kids, The California Endowment. April 2005.



sumer-friendly, streamlined and simplified application and renewal process to support enrollment, retention and the effective utilization of the health care system. This is achieved through simplified forms and documentation requirements; the alignment of program benefits, policies, procedures and delivery systems; and the bridging of different programs.

- 8. Communicate with and serve diverse populations and demonstrate cultural and linguistic competency.** An exceptional feature of California is that ethnic diversity is not isolated in one particular city or region.<sup>6</sup> With the exception of the two least populated regions of the state, every part of California is more racially and ethnically diverse than the nation as a whole.<sup>7</sup> The lack of appropriate communication can lead to poor outcomes, including denied enrollment or retention, delays in care and poor quality of care. Given the state's diversity, OERU materials and service providers should reflect the linguistic and cultural composition of the families and communities they are serving. However, this component goes beyond existing regulations that require the translation of all Medi-Cal and Healthy Families applications and consumer materials according to a threshold standard. Underrepresented segments of the community should be targeted not only through the translation of written materials, but also through the participation of leadership from each cultural and ethnic community in the collaborative and decision-making process; the hiring of culturally and linguistically competent personnel; the design of culturally appropriate strategies; and the engagement and participation of trusted historical ethnic and cultural resources in every aspect of OERU.
- 9. Access to technology and information systems.** This is defined as the use of all available technology to help families enroll in and renew health insurance and data to track and evaluate OERU activities. Technological advances, especially in the health field, have grown exponentially over the past several years. Unfortunately, the state's and counties' ability to grow with the technology to create better access has not evolved as rapidly. The establishment of online enrollment systems such as Health-e-App and One-e-App has increased some county efficiencies and simplified access to multiple programs. In addition, other data systems have provided mechanisms for tracking OERU by an organization and/or multiple organizations and for managing follow-up activities with families. Utilizing affordable and available technology and information systems can broaden the reach of OERU throughout the state, create efficiencies, streamline data and programs, and inform efforts.
- 10. Assess and evaluate OERU services.** As technology and information systems help the state and local communities gather information on OERU, the capacity to assess and evaluate the data in a timely and informative manner is essential to building knowledge, program integrity, quality and effectiveness. Assessment and evaluation should be occurring at all levels—the state, the county and among organizations directly serving families.

<sup>6</sup> Public Policy Institute of California. California Counts. A State of Diversity. Editor: Hans P. Johnson, Volume 3, Number 5, May 2002, p.11.

<sup>7</sup> Ibid.

## CONCLUSION

The degree to which all components of the policy framework are incorporated within the design of OERU policies, systems and strategies reflects a program's stage of organizational development. As local and state programs mature and stabilize and move closer to an integrated system, the framework should expand to address changing organizational and operational needs. The policy framework components defined in this report provide the structure and capacity for further advancement of OERU. The framework is dependant on the continued shared responsibility and commitment of all entities involved in OERU. By embracing and institutionalizing this policy framework, we can ensure that all eligible children and families in California have access to and benefit from their health care coverage.

## Section II

### OPERATIONALIZING THE POLICY FRAMEWORK

Within each component of the OERU framework are operational practices and protocols that support the increase of health coverage for uninsured children and families. While there are tremendous variations in the practices used throughout the state, there are a growing number of evidence-based strategies. The workgroup identified three criteria to assess and categorize the CHI-identified OERU strategies as either a "standard operating practice," "promising practice," or "workaround."

**STANDARD OPERATING PRACTICES:** Strategies that should be adopted statewide as they meet at least two of the three criteria.

**PROMISING PRACTICES:** Strategies that have demonstrated some success by meeting at least one criterion and should be explored further as more evidence and measurable outcomes are needed to prove effectiveness.

**WORKAROUNDS:** Strategies that have been implemented to resolve and/or "patch" systemic problems.

#### CRITERIA

- Existence of possible evidence/measurable outcomes
- Consensus or widespread adoption
- Contributing to an integrated and coordinated system

The various strategies and examples of standard operating practices, promising practices and workarounds for each framework component are described below. While the state and counties currently may not have the capacity to fully operationalize the policy framework, it should serve as a model. The intent is to institutionalize the standard operating practices; to increase dialogue on promising practices; and to address systemic issues to eliminate the need for workarounds.

**Figure 1**  
**STRATEGIC AND COLLABORATIVE PARTNERSHIPS**

Strategy	Standard Operating Practice	Promising Practice	Workaround
Convene multiple key stakeholders to establish networks, coordination and information sharing.	X		
Establish diverse partnerships with organizations serving eligible families to enhance OERU capacity.	X		
Develop and disseminate community resources to inform and link partners.	X		

**Convene multiple key stakeholders to establish networks, coordination and information sharing.**

- Many counties have developed a committee or coalition of key stakeholders that convene regularly to help coordinate, integrate and improve OERU practices and services. The Los Angeles CHI formed a broad coalition of stakeholders and funders to develop and oversee the Healthy Kids Program. The coalition established a series of workgroups that included members of the coalition and other interested community partners to develop and support fundraising, policy change and program integration. San Mateo County formed a community-based coalition in 2001 and was renamed the *CHI CBO Coalition* in 2003. The Coalition is composed of representatives from community-based organizations, clinics, schools, health plans, the local Health Department and the Human Services Agency. Meetings provide a vehicle to build stronger partnerships, share program updates on Medi-Cal, Healthy Families and the Healthy Kids programs, and network and share materials, best practices and issues related to OERU. CAAs also share concerns and challenges with the OERU process and trainings on different OERU components.

**Establish diverse partnerships with organizations serving eligible families to enhance OERU capacity.**

- Counties have also built solid partnerships with public and private organizations to expand their capacity to conduct OERU activities in their counties. These partnerships can include, but are not limited to: schools, clinics, hospitals, social service organizations and health plans. The most common partnership is with community-based organizations. In Riverside and San Bernardino counties, Inland Empire Health Plan has established partnerships with more than 80 community-based organizations to provide application assistance and referrals to their bilingual enrollment Telecenter.
- School partnerships have also been an effective strategy to reach the uninsured population. Consumers Union has collaborated with many counties including nine participating CHIs to identify the schools and districts in their county to develop and coordinate comprehensive strategies to connect children with Healthy Families, Medi-Cal and other low-cost programs. Tulare County works with 16 First 5 School Readiness sites that have been identified as low-academic performing schools to provide outreach materials and enrollment assistance.

**Develop and disseminate community resources to inform and link partners.**

- Successful collaboration of OERU activities requires a strategy to maintain communications with key stakeholders and partners. Multiple counties provide their OERU partners with a list of available application assistors in their county to support the referral process. In Alameda County, the local public health department compiled an application assistor phone list of individuals within the county who assist with the joint Healthy Families/Medi-Cal application for their community clinics and public health outreach worker staff. Tulare County recently developed a list of CAAs by contacting their clinic partners, family resource centers, community-based organizations and the Medical Risk Managed Insurance Board (MRMIB) to use as a resource and referral tool to provide the basis for Healthy Kids CAA outreach and training. Additionally, the CAA list was used to develop a county-wide CAA coalition.

Figure 2  
**STRATEGIC FINANCING**

Strategy	Standard Operating Practice	Promising Practice	Workaround
Diversify funding to build capacity for OERU.			X
Leverage state and federal funding to build sustainability.	X		

**Diversify funding to build capacity for OERU.**

- A diversified funding base helps secure funding and protects counties against large scale program cuts, however, it does not guarantee long-term strategic financing. Most funding to sustain individual county local efforts has come from both local public and private sources, including private foundations, local First 5 programs, hospitals and private companies. Funding for the Riverside County CHI comes from seven different sources: Inland Empire Health Plan, Riverside County, Riverside Community Health Foundation, First 5 Riverside, The California HealthCare Foundation, The California Endowment and Blue Shield of California Foundation. Funding for the San Bernardino County CHI comes from Inland Empire Health Plan, Blue Shield of California Foundation, First 5 San Bernardino, The California HealthCare Foundation and The California Endowment. A combination of public, private, local, state and federal support is critical to ensure the sustainability of these programs.

**Leverage state and federal funding to build sustainability.**

- Counties have also attempted to leverage state and federal funding to increase the opportunities for coverage and sustain local efforts. San Mateo County CHI Health Department staff and CBO contractors file for Medi-Cal Administrative Activities claiming. The federal program reimburses San Mateo for conducting health-related administrative duties such as outreach and enrollment assistance. The CHI has also been approved to receive AB 495 funding from the state. This allows the county to provide the state match to draw down Federal Title XXI funds to help cover the cost of premiums for uninsured children who are not eligible for Medi-Cal or Healthy Families with incomes between 251 percent to 300 percent of the federal poverty level.

**Figure 3**  
**KNOWLEDGEABLE AND COMPETENT WORK FORCE**

Strategy	Standard Operating Practice	Promising Practice	Workaround
Provide core training programs with minimum training requirements for assistors to ensure they are knowledgeable and current on all programs and policies.	<b>X</b>		
Provide specialized training programs for assistors to enhance their capacity to navigate more complex issues.		<b>X</b>	

**Provide core training programs with minimum training requirements for assistors to ensure they are knowledgeable and current on all programs and policies.**

- Trainings provide outreach personnel the technical knowledge and skills needed to effectively assist families and to remain current on policy changes in the federal, state and county regulations for the Medi-Cal, Healthy Families and Healthy Kids programs. Trainings also provide the opportunity to share strategies on OERU activities and technical assistance for troubleshooting with families. In Tulare County, a Healthy Kids application assistor must first be trained in a Healthy Families CAA training and then participate in a Healthy Kids CAA 1 1/2-day training and sign an agreement about roles and responsibilities. Los Angeles County’s OERU contractors require their application assistors to attend a 2-day core training entitled “We’ve Got You Covered” offered by Maternal and Child Health Access. Others in Los Angeles can take the National Health Foundation’s CHAMP four-hour training or the core training. San Mateo County has set standards on the required core trainings to become a certified application assistor. Candidates are required to complete four trainings including the state’s CAA Medi-Cal and Healthy Families training, the Health-e-App Web-based application online training, the Healthy Kids CAA training and the One-e-App Web-based application training. CAAs must attend mandatory follow-up trainings or they can be de-activated to assist families.

**Provide specialized training programs for assistors to enhance their capacity to navigate more complex issues.**

- Specialized training programs are also used to enhance the skill capacity of application assistors to navigate more complex OERU issues. Training agencies in Los Angeles have developed a training titled “Utilization and Retention” to share best practices for assisting clients with using their benefits and tips on recontacting families. Kern County has held specialized trainings in their county on public charge and immigration issues for application assistors. The Alameda Health Care Services Agency provides trainings on the MEDS system for Certified Application Assistors to verify eligibility status.

Figure 4  
**BROAD PROVIDER BASE**

Strategy	Standard Operating Practice	Promising Practice	Workaround
Conduct provider recruitment and support to ensure consumers have choice and access to needed providers.	X		
Create contract terms and conditions that leverage access to providers and services.	X		
Provide supportive services to help families access provider services.	X		

**Conduct provider recruitment and support to ensure consumers have choice and access to needed providers.**

- Many counties are utilizing innovative techniques to identify and recruit potential providers. The Health Plan of San Joaquin’s Provider and Member Services departments currently monitor and assess their provider network and its capacity to provide care to the community. Tulare County has used provider interviews, surveys and focus groups to determine the capacity of its network. Coordinating with their CHI Evaluation Committee, the Health Plan of San Mateo has conducted interviews and presentations with current and prospective health providers (i.e., dental providers) to help ascertain needed support, gaps in their provider network and aid with recruitment efforts. To determine access gaps, Kern County is using Geographic Information Systems mapping to assess and identify providers that accept Medi-Cal, Healthy Families and Healthy Kids.

**Create contract terms and conditions that leverage access to providers and services.**

- While separate coverage programs, Medi-Cal, Healthy Families and Healthy Kids often share the same providers and networks. To ensure that children and families have greater access regardless of program, the state, counties and health plans can often leverage their purchasing power. The Los Angeles CHI has established a contractual requirement that all providers in the Healthy Kids network must also accept Child Health & Disability Prevention (CHDP), Healthy Families and Medi-Cal patients. This is done in an effort to create an incentive across all three programs for provider participation.

**Provide supportive services to help families access provider services.**

- Supportive services can include a wide range of client services and accommodations to ensure access. The Health Plan of San Joaquin contracts with the ATT telephone company to provide access through the ATT Language Line for language translation for families with specialized language needs. In addition, the health plan also offers bus passes to families with transportation barriers.

**Figure 5**  
**BROAD COMMUNITY ACCESS AND PROMOTION OF AVAILABLE PROGRAMS AND SERVICES**

Strategy	Standard Operating Practice	Promising Practice	Workaround
Establish local <i>Helplines</i> to provide families with general information and resources for assistance.	<b>X</b>		
Designate staff and resources for providing in-reach to eligible families.	<b>X</b>		
Outstation designated staff in community settings serving eligible families.	<b>X</b>		
Conduct community outreach events to educate and provide general information and resources for assistance to families.	<b>X</b>		
Create a marketing campaign and incentives to message and target specific communities and the community at large.	<b>X</b>		
Expand the role of county eligibility workers to assist families beyond the Medi-Cal program.			<b>X</b>

**Establish local *Helplines* to provide families with general information and resources for assistance.**

- Multiple counties utilize a range of telephone *Helplines* that provide live or automated information on children’s health coverage programs for families. In Fresno County, a “Children’s Health Access” telephone Helpline was developed in Spanish and English to give families the opportunity to leave messages with their contact information for call back assistance. Tulare County has also developed a county-wide toll-free line for families through the United Way. Appointments and applications for the premium assistance fund can be accessed through this telephone line. CAAs then make appointments with parents to complete applications. Additionally, Santa Cruz County has a *Health Care Access Line* for families that provides general information on Medi-Cal, Healthy Families and Healthy Kids and referrals to link families with agencies who assist families with the enrollment process.

**Designate staff and resources for providing in-reach to eligible families.**

- Many county OERU partners conduct “in-reach” or in-house application assistance at their agency where uninsured children and families access services. In Alameda County, Child Health & Disability Prevention program staff provides in-reach assistance with the Gateway pre-enrollment application to children of families who have indicated they do not currently have health coverage and would like to apply for continuing coverage with Medi-Cal or Healthy Families. Families that desire ongoing coverage are contacted by CHDP staff to offer assistance with the enrollment process.

### **Outstation designated staff in community settings serving eligible families.**

- Counties outstation their eligibility workers in agencies and organizations outside the county welfare offices to enroll eligible children into Medi-Cal. Community-based organizations also outstation their outreach workers to conduct outreach and enrollment assistance for families. Common outstationing sites include community clinics, schools, Family Resource Centers, Healthy Starts, hospitals and Women Infants and Children Supplemental Nutrition sites. In San Joaquin County, outreach workers from community-based organizations are outstationed in high need areas on a regular basis to assist families. Tulare County has found that outstationing their CAAs and eligibility workers at community clinics, Family Resource Centers and Healthy Starts is an effective practice.

### **Conduct community outreach events to educate and provide general information and resources for assistance to families.**

- Community outreach events are used to educate and provide general information and resources for assistance to families. Outreach events are not usually considered high-yield enrollment activities but are used to spread awareness on available coverage program options. They typically connect families with enrollment sites and allow families to set up an enrollment appointment. In Kern County, application assistors have found that health fairs and employer fairs are useful to educate families about the importance of health coverage options and help gather contact information from families for follow-up.

### **Create a marketing campaign and incentives to message and target specific communities and the community at large.**

- Marketing campaigns are utilized to employ a countywide targeted message to increase public awareness about available health coverage programs. Marketing campaigns typically message the availability of insurance for all children and respond to the most common barriers in a community, including fears of public charge, eligibility misunderstandings, access and confidentiality. Media outlets may include radio, commercial TV stations, newspapers, billboards and bus stop advertisements. In Los Angeles, the Children's Health Initiative's outreach campaign uses the targeted message, *"There is a health insurance program for every child in LA County."* The CHI has developed materials for the Los Angeles Unified School District in order for the district to spread this message. The County of Santa Cruz Health Services Agency publicizes the *Health Care Access Line* that provides general information to families regarding Healthy Families, Medi-Cal and Healthy Kids programs. The agency looks for opportunities for families to provide testimonials for media pieces and has established a media packet with basic information and key messages on the CHI.

### **Expand the role of county eligibility workers to assist families beyond the Medi-Cal program.**

- To help improve access to all available programs through the "one open door" approach, counties have expanded the traditional role of their eligibility workers. In Kern County, eligibility workers assist families with the Healthy Families applications and forward to MRMIB



for processing. They also track the outcomes of all Healthy Families applications forwarded by their department. In Alameda County, Social Services agency staff work together to streamline and expedite enrollment into Healthy Families and available county and local programs. The model allows families to access all available programs through a single contact at a range of social service venues. Social Service staff have been trained and a Healthy Families unit designated at the Social Services office to process the Healthy Families applications.

**Figure 6**  
**FULL COMPLEMENT OF OERU SERVICES**

Strategy	Standard Operating Practice	Promising Practice	Workaround
Conduct consumer education to tell families about programs, benefits and resources.	X		
Assess family eligibility for all available coverage programs and assist with the enrollment process.	X		
Maintain communication with families to ensure enrollment, utilization and retention of services.		X	

**Conduct consumer education to tell families about programs, benefits and resources.**

- One-on-one parent education includes verbal and written information to help educate families on the enrollment and renewal process; the importance of utilizing health services; and general information about providers, accessing services and resources for families. San Mateo County Health Department CHI staff created a new-member packet to use at the time of enrollment assistance to review important coverage information with applicants. The bilingual packet includes information on retroactive services, coverage benefits, physical exams, immunizations, after-hours care and important phone numbers.

**Assess family eligibility for all available coverage programs and assist with the enrollment process.**

- Providing a full family assessment ensures that all family members have been screened for eligibility for all available coverage programs. Multiple counties emphasize the importance of reviewing all families for eligibility in each of the three coverage programs. San Joaquin County’s contracted community-based organizations have built the capacity to properly assess every family as a whole. All contracted CBOs ensure that each member of the family is placed in the correct program based on family composition, income, property, and citizenship status. Additionally, those counties utilizing the One-e-App program to enroll children into health coverage programs have found the program to be effective with providing a one-stop application process to all family members.

**Maintain communication with families to ensure enrollment, utilization, and retention of services.**

- Counties have employed various techniques to follow-up with families to verify enrollment in a health coverage program and assist with renewals to ensure families maintain coverage. Some counties have set basic standards for follow-up. In Tulare County, CAAs follow-up with families at 30 days, 4 months, 7 months and 10 months. Los Angeles County has set standards around verification of enrollment. OERU partners are required to verify enrollment on all applications within 90 days by either checking the Automated Enrollment Verification System, Medi-Cal Eligibility Data System, the Healthy Families 1-800 number or by calling families. In San Mateo County, they have hired a Retention Specialist who contacts Healthy Kids members who have not utilized their benefits within the first 120 days of coverage. The specialist assists families with accessing services, reviews benefits and emphasizes the importance of preventative care.

Figure 7  
**EASY AND TRANSPARENT APPLICATION AND RENEWAL PROCESS**

Strategy	Standard Operating Practice	Promising Practice	Workaround
Simplify and coordinate applications and renewals to ease the process for families.		<b>X</b>	

**Simplify and coordinate applications and renewals to ease the process for families.**

- Many CHIs have simplified and coordinated the packaging of their Healthy Kids applications and renewal forms for families. Tulare County’s Healthy Kids CAAs utilize one application package for all three programs; a supplemental page for Healthy Kids is used in conjunction with the MC 321 mail-in application. Los Angeles utilizes a pre-populated renewal form for the Healthy Kids program, simplifying the renewal process for families by allowing families to certify where their information has changed. The form pre-prints all basic family data including contact information, names, birth dates, etc. Kern County also uses a simplified one-page renewal form and asks families to certify that all their information is the same.

**Figure 8**  
**COMMUNICATE WITH AND SERVE DIVERSE POPULATIONS AND DEMONSTRATE CULTURAL AND LINGUISTIC COMPETENCY**

Strategy	Standard Operating Practice	Promising Practice	Workaround
Employ bilingual and bicultural staff to sufficiently serve diverse communities.	X		
Provide written materials in threshold languages to ensure families have access to information in their primary language.	X		
Collect and utilize demographic data to ensure staff, materials and programs are addressing a community's cultural and language needs.	X		
Utilize trusted community partnerships within communities to increase capacity to provide culturally and linguistically appropriate services to families.	X		

**Employ bilingual and bicultural staff to sufficiently serve diverse communities.**

- Given the racial and ethnic diversity in California, staff who conduct OERU services must speak the most common languages in the communities they are serving. Tulare County utilizes bilingual staff in all enrollments and monitors the number of CAAs who are bilingual when training and certifying CAAs. Formally contracted CAAs within community-based organizations must have at least 80 percent of their staff bilingual in Spanish and English. In San Mateo County, all CHI services including enrollment sites and phone hotline staff who conduct OERU activities employ staff that understand the culture and speak the language of the families they serve.

**Provide written materials in threshold languages to ensure families have access to information in their primary language.**

- Many counties provide materials for families in multiple languages for all application assistors to utilize during the full spectrum of OERU services. Inland Empire Health Plan (IEHP) provides bilingual materials that are distributed through IEHP outreach representatives and OERU partners including providers, CBOs, public agencies and schools. The materials were created at a sixth grade level and transcribed in Spanish, not translated, to assure cultural sensitivity. In Alameda County, the Alameda Alliance for Health created bilingual "I Speak" cards for families to utilize when seeking interpreter services during medical and health education appointments. "I Speak" cards include information on how to access interpreter services in the member's language as well as in English.

**Collect and utilize demographic data to ensure staff, materials and programs are addressing a community’s cultural and language needs.**

- Many counties collect ethnicity and language data of their target populations and of those who have been assisted with the application process to determine the needs of their communities. Los Angeles County collects data to ensure OERU services and activities are conducted in a culturally and linguistically appropriate manner. The analysis of language data enabled the county to identify the expressed need for Korean-language outreach and materials.

**Utilize trusted community partnerships within communities to increase capacity to provide culturally and linguistically appropriate services to families.**

- Counties have established partnerships with trusted and respected organizations in the community to provide culturally appropriate services for families. A high percentage of families tend to rely more on trusted relationships for assistance. The Health Plan of San Joaquin partners with community-based organizations that have the capacity to communicate with families in the most commonly spoken languages in their county. San Mateo County CHI works with a community-based organization whose primary focus is to conduct health-related outreach services to the Filipino and Asian American communities in the northern part of their county.

**Figure 9**

<b>ACCESS TO TECHNOLOGY AND INFORMATION SYSTEMS</b>			
<b>Strategy</b>	<b>Standard Operating Practice</b>	<b>Promising Practice</b>	<b>Workaround</b>
Utilize mobile technology to provide assistors with tools to more readily help families.	<b>X</b>		
Create Web-based applications for enrolling and renewing families and tracking OERU activities.		<b>X</b>	
Utilize Telecenters for enrolling children and families by phone.		<b>X</b>	

**Utilize mobile technology to provide assistors with tools to more readily help families.**

- Some CHIs are providing application assistors with laptops and portable copy machines to ensure mobility with assisting families. Fresno County has purchased 10 laptop computers with enrollment software including the One-e-App program for their OERU partners. Tulare County CAAs utilize their cell phones to practice calling the Nurse Advice Line with the parent during the application process. Such tools can aid CAAs by expediting the screening and enrollment process and assisting families more effectively.

**Create Web-based applications for enrolling and renewing families and tracking OERU activities.**

- Alameda, Fresno, San Mateo, Santa Clara and Santa Cruz counties are all utilizing the One-e-App program to enroll and renew children and families into multiple coverage programs. One-e-App screens individuals for multiple programs through a single electronic application. One-e-App is not yet widely utilized; however, many counties are assessing whether they will implement the program. One-e-App was designed to improve system efficiencies, data quality, costs and user satisfaction for families and application assistors. Additionally, when accessible, assistors utilize the Health-e-App program to enroll families in the Healthy Families and Medi-Cal programs via the Internet. Organizations have also developed and implemented database programs for tracking OERU activities. Tulare County opted to use another Web-based system for CAA access regarding enrollment status and for tracking follow-up calls and utilization education strategies. Los Angeles County, through the Department of Health Services (DHS), Children's Health Outreach Initiative (CHOI), developed a Web-based data system allowing agencies to track activities. Other counties have also developed systems including Santa Cruz's Client Benefits Tracking Database (CBT) and Kern County is utilizing the Web-based data tracking system of First 5 Kern called the Outcomes Collection and Evaluation Reporting Services to track indicators for enrollment, retention and utilization efforts.

**Utilize Telecenters for enrolling children and families by phone.**

- Enrollment call centers have been implemented in other states to provide application assistance to families. Inland Empire Health Plan, serving Riverside/San Bernardino, created a bilingual toll-free Telecenter enrollment system that screens all families for Medi-Cal, Healthy Families and the Healthy Kids programs. Telecenter staff fills out the entire application for the family, which takes approximately 15 minutes to complete. The application is then mailed to the family for them to sign and mail to the state. Staff completes approximately 100 applications a day.<sup>8</sup>

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<sup>8</sup> Information provided by Inland Empire Health Plan (April 2006).

**Figure 10**  
**ASSESS AND EVALUATE OERU SERVICES**

Strategy	Standard Operating Practice	Promising Practice	Workaround
Establish an oversight body that can provide guidance for evaluation activities.	<b>X</b>		
Conduct demographic mapping to identify target areas for reaching uninsured, eligible families.	<b>X</b>		
Conduct external and internal evaluations to ensure a broad scope, integrity and examination of OERU services.	<b>X</b>		
Utilize standardized definitions and measurements for data tracking and analysis.		<b>X</b>	

**Establish an oversight body that can provide guidance for evaluation activities.**

- In order to assess and evaluate OERU services, many counties have assigned an oversight body to oversee the evaluation and monitoring components of their internal or external evaluation processes. The San Mateo CHI Evaluation Committee, which meets bi-monthly to discuss various CHI evaluation components, is composed of the evaluation team, and local health plan and health department staff. San Joaquin County has assigned their evaluation efforts to their Healthy Kids Program Coordinator who is responsible for assessing the evaluation results of OERU activities and reports on a regular basis to upper management of the Health Plan and the CHI Oversight Committee.

**Conduct demographic mapping to identify target areas for reaching uninsured, eligible families.**

- A number of tools are available to assist with locating uninsured populations and potentially eligible families within specific geographic areas. Mapping can be utilized to not only target these high-yield areas but also to designate outreach funding. Fresno County has provided geo-coded maps to identify their areas for outreach activities. In other counties, funding has been directed towards organizations serving areas with higher uninsured rates.

**Conduct external and internal evaluations to ensure a broad scope, integrity, and examination of OERU services.**

- To date, multiple counties have undertaken large-scale external evaluations of their local Children’s Health Initiatives. These counties include Santa Clara, San Mateo and Los Angeles. The types of evaluations being conducted include process and impact analyses. Other counties including Santa Cruz and Riverside have opted to build performance monitoring systems to measure the process and outcomes of their efforts. Various data collection methods

have been used, including in-house agency data on enrollments and renewals, surveys, focus groups, interviews, case studies and HEDIS utilization data.<sup>9</sup>

**Utilize standardized definitions and measurements for data tracking and analysis.**

- Currently there are no statewide standards or requirements for collecting, monitoring and reporting on OERU activities. Counties that have developed databases for tracking OERU activities collect common data elements across organizations. In Los Angeles County, agencies funded by the LA DHS CHOI and/or The California Endowment share the CHOI database. This enables funders to monitor progress, identify barriers to the OERU process, and detect trends to resolve systemic administrative issues. Santa Cruz County’s CBT database produces evaluation results on enrollment and renewal outcomes for their contractors.

**CONCLUSION**

To move forward and fully operationalize the policy framework for OERU, the state and counties must seek to: 1) institutionalize and embrace the identified *standard operating practices* that will close the existing gaps; 2) engage in further study, initiate dialogue and improve on the identified *promising practices*; and 3) address systemic issues to eliminate the need for *workaround* strategies that have been implemented to resolve and/or “patch” administrative problems in the state. Together we can improve OERU policies, systems and strategies to benefit the health of children and families in California.

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<sup>9</sup> Wong L. Frazer H, Finocchio L, Winterbauer T, Schroeder G. Pioneers for Coverage: Local Solution for Insuring All Children in California. San Mateo, CA: Institute for Health Policy Solutions, October 2004.

## Appendices

OERU POLICY FRAMEWORK			
Strategy	Standard Operating Practice	Promising Practice	Workaround
<b>1. STRATEGIC AND COLLABORATIVE PARTNERSHIPS</b>			
• Convene multiple key stakeholders to establish networks, coordination and information sharing.	X		
• Establish diverse partnerships with organizations serving eligible families to enhance OERU capacity.	X		
• Develop and disseminate community resources to inform and link partners.	X		
<b>2. STRATEGIC FINANCING</b>			
• Diversify funding to build capacity for OERU.			X
• Leverage state and federal funding to build sustainability.	X		
<b>3. KNOWLEDGEABLE AND COMPETENT WORK FORCE</b>			
• Provide core training programs with minimum training requirements for assistors to ensure they are knowledgeable and current on all programs and policies.	X		
• Provide specialized training programs for assistors to enhance their capacity to navigate more complex issues.		X	
<b>4. BROAD PROVIDER BASE</b>			
• Conduct provider recruitment and support to ensure consumers have choice and access to needed providers.	X		
• Create contract terms and conditions that leverage access to providers and services.	X		
• Provide supportive services to help families access provider services.	X		
<b>5. BROAD COMMUNITY ACCESS AND PROMOTION OF AVAILABLE PROGRAMS AND SERVICES</b>			
• Establish local <i>Helplines</i> to provide families with general information and resources for assistance.	X		
• Designate staff and resources for providing in-reach to eligible families.	X		
• Outstation designated staff in community settings serving eligible families.	X		
• Conduct community outreach events to educate and provide general information and resources for assistance to families.	X		
• Create a marketing campaign and incentives to message and target specific communities and the community at large.	X		
• Expand the role of county eligibility workers to assist families beyond the Medi-Cal program.			X



<b>OERU POLICY FRAMEWORK (CONTINUED)</b>			
<b>Strategy</b>	<b>Standard Operating Practice</b>	<b>Promising Practice</b>	<b>Workaround</b>
<b>6. FULL COMPLEMENT OF OERU SERVICES</b>			
• Conduct consumer education to tell families about programs, benefits and resources.	X		
• Assess family eligibility for all available coverage programs and assist with the enrollment process.	X		
• Maintain communication with families to ensure enrollment, utilization and retention of services.		X	
<b>7. EASY AND TRANSPARENT APPLICATION AND RENEWAL PROCESS</b>			
• Simplify and coordinate applications and renewals to ease the process for families.		X	
<b>8. COMMUNICATE WITH AND SERVE DIVERSE POPULATIONS AND DEMONSTRATE CULTURAL AND LINGUISTIC COMPETENCY</b>			
• Employ bilingual and bicultural staff to sufficiently serve diverse communities.	X		
• Provide written materials in threshold languages to ensure families have access to information in their primary language.	X		
• Collect and utilize demographic data to ensure staff, materials and programs are addressing a community's cultural and language needs.	X		
• Utilize trusted community partnerships within communities to increase capacity to provide culturally and linguistically appropriate services to families.	X		
<b>9. ACCESS TO TECHNOLOGY AND INFORMATION SYSTEMS</b>			
• Utilize mobile technology to provide assistors with tools to more readily help families.	X		
• Create Web-based applications for enrolling and renewing families and tracking OERU activities.		X	
• Utilize Telecenters for enrolling children and families by phone.		X	
<b>10. ASSESS AND EVALUATE OERU SERVICES</b>			
• Establish an oversight body that can provide guidance for evaluation activities.	X		
• Conduct demographic mapping to identify target areas for reaching uninsured, eligible families.	X		
• Conduct external and internal evaluations to ensure a broad scope, integrity and examination of OERU services.	X		
• Utilize standardized definitions and measurements for data tracking and analysis.		X	

## LOCAL CHI PROGRAM INTEGRATION AND COORDINATION WORKGROUP MAIN CONTACT LIST

County	Last	First	Agency	Phone	Email
Alameda	Flores-Witte	Amanda	Alameda Alliance for Health	510.747.4555 x 4005	aflores@alamedaalliance.org
Alameda	Payne	Colleen	Alameda County Public Health Department	510.618.2056	colleen.payne@acgov.org
Fresno	Not Available		Fresno Health Consumer Center	559.570.1200	Not Available
Kern	Fulton	Kimberly	First 5 Kern County	661.328.7028	kfulton@kccfc.org
Los Angeles	Schiffer	Wendy	Los Angeles County Department of Health Services	213.637.8460	wschiffer@ladhs.org
Riverside/San Bernardino	Aguirre	Marci	Inland Empire Health Plan	909.890.2760	Aguirre-m@IEHP.ORG
San Joaquin	Dimas	Diane	Health Plan of San Joaquin	209.461.2300	ddimas@hpsj.com
San Mateo	Bermudez	Marmi	San Mateo County Department of Health	650.573.2178	mcbermudez@co.sanmateo.ca.us
Santa Clara	Tyre	Janie	Santa Clara Family Health Plan	408.874.1840	jtyre@scfhp.com
Santa Cruz	Love	Maria	Santa Cruz County Health Services Agency	831.454.4301	mlove@health.co.santa-cruz.ca.us
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