kaiser commission on medicaid and the uninsured

A First Glance at the Children's Health Initiative in Santa Clara County, California

August 2001

Prepared for
The Kaiser Commission on Medicaid and the Uninsured

Prepared by
Peter Long, M.H.S.
UCLA School of Public Health
Los Angeles, CA

THE HENRY J. KAISER FAMILY FOUNDATION

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The Kaiser Commission on Medicaid and the Uninsured serves as a policy institute and forum for analyzing health care coverage and access for the low-income population and assessing options for reform. The Commission, begun in 1991, strives to bring increased public awareness and expanded analytic effort to the policy debate over health coverage and access, with a special focus on Medicaid and the uninsured. The Commission is a major initiative of the Henry J. Kaiser Family Foundation and is based at the Foundation's Washington, D.C. office.

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This report was commissioned by The Kaiser Commission on Medicaid and the Uninsured. It is the first report for a project monitoring the health initiative in Santa Clara County. We will continue to report on developments in future reports. The Commission examines state and local health coverage initiatives as part of its larger objectives and will issue a report on Los Angeles County in the future.

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Background and Introduction

Santa Clara County in California is among the first localities in the nation to independently undertake the challenge of providing health insurance coverage to all children living in the county. As such, its experiences can highlight important lessons and potential best practices for policymakers at the county, state, and national level considering coverage expansions for children. The county planned and implemented its ambitious program, the Children's Health Initiative (CHI), within the past year. CHI combines a comprehensive and integrated outreach and enrollment strategy with a new subsidized, private insurance product marketed to children with family incomes up to 300 percent of poverty, who do not qualify for Medi-Cal or Healthy Families. Children qualify for the new insurance product regardless of their immigration status. The initiative enjoys strong political support and blends public and private funds to underwrite outreach efforts and subsidize insurance premiums.

This background report provides a first glance at CHI. It begins with a summary of children's health insurance trends in California and Santa Clara County, highlights the key elements of the initiative, outlines the history on CHI, identifies key stakeholders, and shares some early lessons learned. The Kaiser Commission on Medicaid and the Uninsured (KCMU) plans to revisit CHI in August 2001 to conduct a quantitative assessment of CHI's progress.

Introduction to Santa Clara County

Santa Clara County is located approximately 60 miles south of San Francisco, California. The county is home to 1.75 million residents, about 460,000 of whom are children under age 18. More than half of the population lives in San Jose, the largest city. It is frequently referred to as Silicon Valley, because of the high concentration of technology firms located here. Santa Clara is considered to be a relatively affluent county. The mean household income in the county is expected to rise from $70,262 in 1990 to $88,700 by 2005 (in 1995 dollars).[1] Only 9 percent the population lives in a family earning less than the Federal Poverty Level and only 18 percent earn less than 200 percent of poverty, well below state and national averages. Despite relatively high incomes, many low- and moderate-income families struggle with the high cost of living and housing costs in particular. A recent Silicon Valley Manufacturing Group study of the housing needs in the county found that nearly 70 percent of households paid more than 30 percent of their income for housing.[2]

Santa Clara County is home to a racially and ethnically diverse population that is expected to become even more diverse over the next decade. Whites are projected to decline from about 58 percent in 1990 to 51 percent by 2005 while Latino and Asian populations are projected to increase. Currently, Latinos comprise about 21 percent of the county's population. By 2005, they are expected to increase to 25 percent. Asians are expected to increase from 17 percent to

[1] Association of Bay Area Governments. *Projections - 98.* December 1997.

[2] More information on housing costs in Santa Clara County can be found at *www.housingtrustfund.org.*

21 percent of the population by 2005. The proportion of African Americans is expected to remain between 3 and 4 percent.[3] Finally, the county is characterized by relatively low participation rates in public programs. For example, among women and children under age 5 who are eligible for the Women, Infants, and Children's (WIC) program, only 43 percent in the county participated compared to 68 percent in California as a whole.[4]

Trends In Children's Health Insurance Coverage

California

Uninsured children present a major policy challenge for the state of California, where nearly one in every five children is uninsured. In 1999, 1.85 million children in California lacked health insurance. The two main public programs that offer coverage to low-income children in California are Medi-Cal, the state Medicaid program, and Healthy Families, the state's separate State Children's Health Insurance Program (CHIP). Between 1995 and 1999, Medi-Cal coverage for parents and children related to cash assistance declined from 2.7 million to 1.6 million, largely because of the impact of 1996 welfare reform legislation.[5] Between 1995 and 1999, Medi-Cal coverage for low-income children between 1 and 18 years old increased by 120,000 to offset some of the cash-assistance related declines.[6] After a slow start, the Healthy Families program currently covers more than 400,000 low-income children, who do not qualify for Medi-Cal.[7]

Against this changing policy background, it is not surprising that a majority of California's uninsured children may already qualify for existing health programs such as Medi-Cal and Healthy Families. Recent estimates by UCLA's Center for Health Policy Research indicate that two out of every three uninsured children in California qualify for an existing publicly funded program. Nearly 40 percent or 726,000 children qualify for Medi-Cal. Another 535,000 children qualify for the Healthy Families program.[8] Nineteen percent of uninsured children in California, however, live in families that earn more than the maximum annual income to qualify for Healthy Families (250 percent of the Federal Poverty Level (FPL) or $35,376 for a family of three in 2000). Another 13 percent of uninsured children are undocumented immigrants, who are ineligible for these programs except for emergency medical services under Medi-Cal if their families have low incomes.[9] These data suggest that even if California enrolls all eligible children in Medi-Cal and Healthy Families, about one-third of uninsured children would remain without coverage.

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[3] Association of Bay Area Governments. December 1997.

[4] Children Now. *California County Data Book '99.* Oakland, California, 1999.

[5] Matt Broaddus and Jocelyn Guyer. "Losing Ground: Recent Declines in the Medi-Cal Enrollment of Families with Children." Center on Budget and Policy Priorities. May 2000.

[6] Broaddus and Guyer. May 2000.

[7] Healthy Families enrollment data can be found at www.mrmib.org. Accessed June 4, 2001.

[8] E. Richard Brown, Jennifer Kincheloe, and Hongjian Yu. "Health Insurance Coverage of Californians Improved in 1999 But 6.8 Million Remained Uninsured. UCLA Center for Health Policy Research. February 2001.

[9] Brown, Ponce, and Rice. March 2001.

Santa Clara County
As of March 2001, Santa Clara County had 62,067 child Medi-Cal beneficiaries and 10,132 children enrolled in Healthy Families. Two other private insurance products, CaliforniaKids and Kaiser Permanente Cares for Kids, which target low- and moderate-income children who do not qualify for Medi-Cal or Healthy Families, are offered in the county. Both programs have achieved modest enrollment to date. As of March 2001, CaliforniaKids had enrolled 503 children and Kaiser Permanente Cares for Kids had enrolled 51 children in the county. Even discounted, it appears that their premiums are higher than the target population can afford.

According to the most widely cited estimates, approximately 71,000 children who live in the county lack health insurance.[10] Of these children, approximately 51,000 (72 percent) are believed to eligible for either Medi-Cal or Healthy Families. Based on the most recent estimates for Northern California, about 29,000 children may be eligible for Medi-Cal and 22,000 may be eligible for Healthy Families. Another 20,000 children may not be eligible for either program.[11] It has been estimated that half of these children (10,000) do not qualify because their family income is too high. The remaining 10,000 children do not qualify because of their immigration status.[12] It should be noted that these uninsured estimates are not very precise. One of the major challenges in the development of CHI has been the poor quality of population-based data available on children's health insurance coverage at the county level.

Latino children comprise the majority of current Healthy Families and Medi-Cal enrollment in the county (Figure 1). Vietnamese children comprise the next largest group, representing 15 percent of current Healthy Families enrollees in the county. Based on the racial composition of uninsured children in California and enrollees in existing programs, Latino and Vietnamese children comprise the bulk of the target population for CHI.

The Children's Health Initiative

In July 2000, the Santa Clara County Board of Supervisors, Working Partnerships USA (the policy arm of the South Bay Labor Council AFL-CIO), and People Acting in Community Together (PACT, an organization made up of 13 local faith-based congregations) established the goal that 100 percent of the children residing in Santa Clara County will have access to quality health care through comprehensive health insurance. To meet this goal, they developed three primary objectives for the newly formed Children's Health Initiative (CHI):

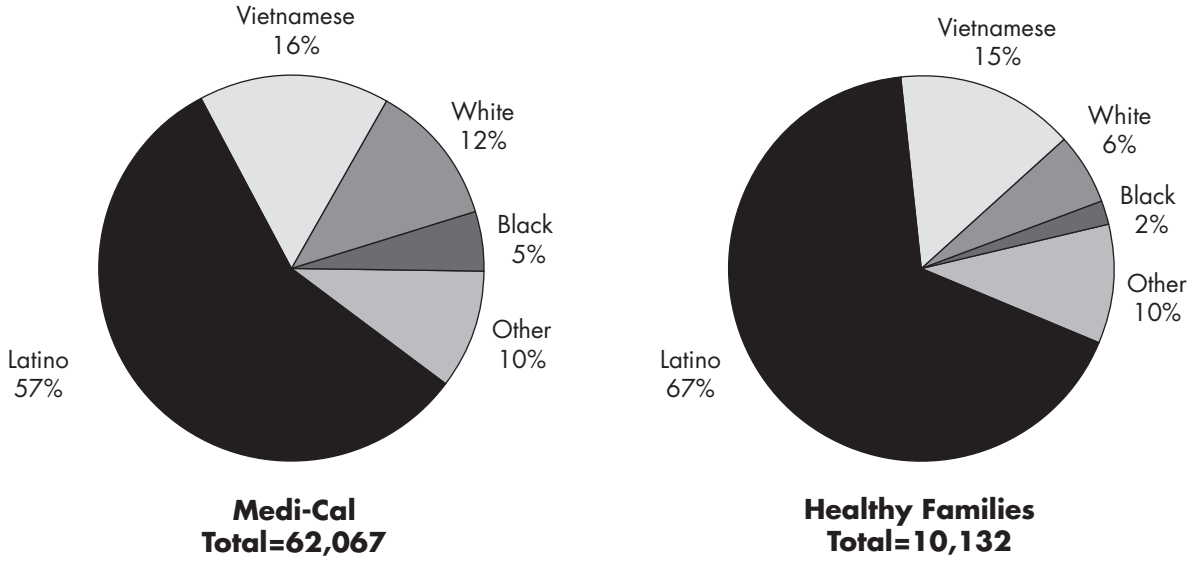
[10] Due to the small sample sizes used to calculate these estimates, the actual number of uninsured children in the county could range from 48,000 to 87,000. Liane Wong. *Background Data and Models for Expanding Health Insurance Coverage in Santa Clara County.* Institute for Health Policy Solutions. October 2000. Based on CPS analysis by UCLA Center for Health Policy Research.

[11] Wong. October 2000.

[12] Wong. October 2000.

Figure 1

Race/Ethnicity of Children in Medi-Cal and Healthy Families, Santa Clara County, March 2001



Source: Information accessed from www.mrmib.ca.gov and www.dhs.ca.gov on April 13, 2001.

- Every child in Santa Clara County shall have real access to regular health care as a result of being insured;
- No uninsured child who is a resident of Santa Clara County and whose family parents have an income at or below 300 percent of FPL shall be turned away from receiving health coverage;
- The outreach plan will become a model "best practices" program within the State of California. Its program elements will include education of families in the appropriate use of their benefits and the health care system and a focus on enrollment retention.[13]

To achieve these objectives, two major activities have been identified: 1) expansion of outreach and enrollment efforts to uninsured children and their families, and 2) the introduction of a heavily subsidized, private insurance product for children who do not qualify for Medi-Cal or Healthy Families.

[13] Children's Health Initiative. "Frequently Asked Questions about the Children's Health Initiative and Healthy Kids." January 2001.

Expansion of Outreach and Enrollment Efforts

Outreach Efforts
Santa Clara Valley Health and Hospital System (SCVHHS), the county's primary health agency, has been involved in outreach and enrollment activities since the implementation of welfare reform in 1996. The outreach efforts proposed under CHI result from the lessons learned from previous outreach efforts and the success of the school linked health services in the county. In 1998–1999, under the First Things First (FTF) program, SCVHHS received grant funding from the David and Lucile Packard Foundation and California HealthCare Foundation to support outreach workers to go out into low-income neighborhoods to find potentially eligible families and educate community-based organizations about Medi-Cal and Healthy Families. Application assisters staffed 47 agencies, including schools, private doctors' offices, community health centers, and social service agencies. [14] Under CHI, Valley Community Outreach Services (VCOS), a division within SCVHHS, will hire 26 additional full-time staff who will focus exclusively on outreach, enrollment, and retention of health insurance for low- and moderate-income children. Once hired, these additional staff will dramatically increase CHI's outreach and enrollment assistance capacity.

CHI's outreach efforts began in January 2001 with an extensive in-reach campaign at all county facilities and community clinics that provide services to uninsured children in the County. These facilities compiled lists of all uninsured children who used services, and these children were contacted to schedule appointments with application specialists to enroll in one of the three programs under CHI. Beginning in March 2001, CHI has shifted its outreach efforts to churches and schools. Initially, the program will prioritize schools with the highest percentage of students who participate in the free and reduced lunch program. Outreach efforts will build on the existing health services available at each school. For example, the Alum Rock Union Elementary School District, where more than three-quarters of the district's families have incomes at or below FPL, has conducted mass enrollment fairs and other outreach activities to enroll more than 1,500 children in Medi-Cal and Healthy Families with funding from the state and the Packard Foundation.[15]

Based on the results of focus groups and surveys of potential beneficiaries by KCMU and others, CHI has developed several core messages for its media campaign to address previously identified barriers to enrollment.[16] In its public messages, CHI states that:

1) all children in a family will be eligible for health insurance coverage under one of the three programs;

2) children are eligible for Healthy Kids regardless of their immigration status;

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[14] GWU Center for Health Policy Research. "Los Angeles and Santa Clara County, California: Mandatory Medicaid Managed Care Enrollment Study Site Visit." George Washington University, 1998.

[15] Wong. October 2000.

[16] The Kaiser Commission on Medicaid and the Uninsured. *Marketing Medicaid and CHIP: A Study of State Advertising Campaigns.* October 2000.

3) the application process is not complicated or intimating; and

4) CHI represents a public-private partnership and not another government program.

To date, little effort has been focused on the increasing coverage for uninsured children between 250 and 300 percent of poverty. The initial focus of CHI has been the development of outreach strategies to reach low-income, immigrant families and the implementation of Healthy Kids. Preliminary discussions have begun about revisiting the 300 percent income limit in the future after there is more experience with implementation. The county may even establish its own poverty level given the extremely high cost of housing. Even though the Healthy Kids program is open to children in families earning up to 300 percent of poverty, CHI officials are not overly concerned about crowding out existing employer coverage. They believe that the requirement that children must be uninsured for at least three months prior to enrolling is sufficient to prevent crowd out from occurring.

Enrollment Efforts
In addition to expanding outreach activities, CHI is attempting to improve the enrollment process for target families. They have developed a simplified two-page application for Healthy Kids and attempted to streamline the application process for HF/MC. VCOS also is trying to create more efficient enrollment events by spending more time before the event educating families about what information they need to bring in order to sign up for one of the programs. At the event, more effort will be focused on completing applications rather than simply raising awareness. Families, who are interested in CHI but do not have documentation, will receive immediate follow up from VCOS staff to ensure that they complete the application process.

The Social Services Agency (SSA), the primary entry point for most Medi-Cal applications in the county, did not actively participate in previous outreach and enrollment efforts. Their absence made it difficult to increase Medi-Cal enrollment and to track the status of Medi-Cal applications. In contrast, SSA is now actively involved in supporting the implementation of CHI and has designated several specialists to process Medi-Cal applications. The agency is also undergoing larger transformations to improve the collection and processing of information and customer service. VCOS is actively involved in this transformation process and provides guidance that will benefit CHI.

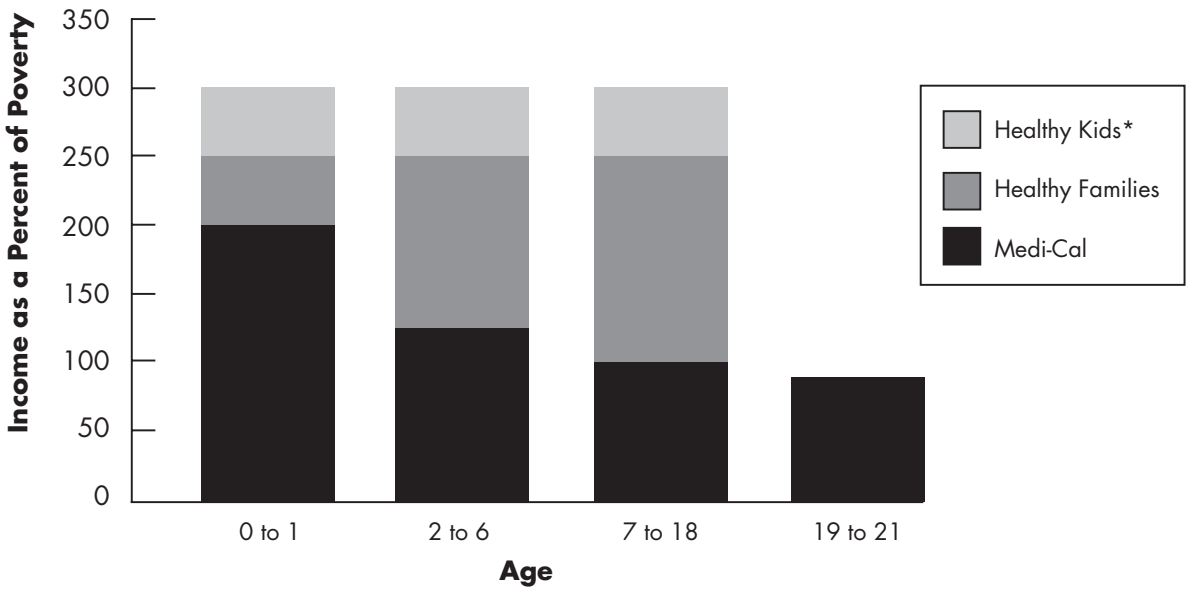
Healthy Kids

As noted above, even if VCOS is successful in enrolling all eligible children in Medi-Cal and Healthy Families, approximately one-third of uninsured children would remain without coverage. These children represent the target population for Healthy Kids, a new, subsidized private insurance product developed as part of CHI. Healthy Kids is a locally funded health insurance product for children created through a public-private partnership. Santa Clara Family Health Plan (SCFHP), the county's local initiative under the two-plan model, administers it.[17] Healthy Kids is

[17] The two-plan model describes a managed care system whereby a county could establish an independent public health plan to compete against one private health plan for eligible Medi-Cal beneficiaries. The two-plan model is in effect in twelve counties.

Figure 2

Income Eligibility Thresholds for Children's Health Insurance in Santa Clara County, by Age, 2001



*Children living in families with incomes below 300 percent of poverty who are ineligible for Medi-Cal and Healthy Families are eligible for Healthy Kids.
Source: Santa Clara Family Health plan, 2001

open to uninsured children under age 19, who live in Santa Clara County, have family income of less than 300 percent of poverty ($51,150 for a family of four in 2000), and do not qualify for Medi-Cal or Healthy Families (Figure 2). The two primary target groups are low-income, undocumented children and children living in families with incomes between 250 percent and 300 percent of poverty.

Table 1 compares the three health insurance programs that comprise the Children's Health Initiative. By far, Medi-Cal is the largest of the three programs covering six times as many children as Healthy Families and thirty times as many as Healthy Kids according to the most recent enrollment figures. Medi-Cal is an entitlement program that guarantees coverage of a specified set of benefits for all children who meet its eligibility requirements. Healthy Families is block grant program that provides subsidized insurance coverage for children who meet its eligibility requirements. From administrative and financial perspectives, Healthy Kids is very different than Healthy Families or Medi-Cal. It is a public-private partnership with appropriated and grant funding from the county, the City of San Jose, the County Children and Families First Commission, and private sources. It answers to a Community Oversight Board comprised of county and city elected officials, county staff, health providers, labor representatives, and community members. Currently, it receives no Federal or state funds. All three programs rely heavily on managed care plans to coordinate service delivery. Medi-Cal is administered under the two-plan model, while multiple plans compete under Healthy Families. Healthy Kids is administered by the local initiative health plan in the county, the Santa Clara Family Health Plan (SCFHP).

Table 1

A Comparison of Programs in the Children's Health Initiative

Category	Medi-Cal*	Healthy Families	Healthy Kids
Program Description	A joint Federal-state entitlement program that finances comprehensive health services for low-income children, families, and blind, elderly and disabled persons.	A joint Federal-state block grant program that subsidizes the purchase of public health insurance for low-income uninsured children.	A locally funded insurance product created though a public private partnership for low- and moderate-income uninsured children, not eligible for Medi-Cal and Healthy Families and living in Santa Clara County.
Number of Children Enrolled —Current Enrollment (3/2001) —Eligible, but Not Enrolled —Total Target Population	• 62,077 • 29,000 • 91,000	• 10,132 • 22,000 • 32,000	• 2,688 • 11,300 • 14,000
Eligibility —Age —Income —Residency —Immigration Status	• 0-21 years old. • 133% FPL. • Resident of California. • Citizen, legal immigrant.	• 0-18 years old. • 133% to 250% FPL. • Resident of California. • Citizen, legal immigrant.	• 0-18 years old. • 0%-300% FPL and not eligible for MC or HF. • Resident of Santa Clara County. • Citizen, legal immigrant, or undocumented immigrant.
Benefits	• Outpatient, inpatient, prescription drugs, mental health, dental, vision, long-term care services, and EPSDT. • Emergency benefits for low-income, undocumented children.	• Outpatient, inpatient, prescription drugs, mental health, dental, vision, preventive care, and limited long-term care services. • Child Health and Disability Prevention.	• Outpatient, inpatient, prescription drugs, mental health, dental, vision, limited long-term care services, and preventive care.
Financial Obligation —Premiums. —Co-Payments.	• No premiums. • No co-payments are required.	• $4-$9 per child/month if income is between 150% and 250% of FPL. (Discount for choosing community plan.) • $5 co-pay for visits, drugs, outpatient mental health, and physical therapy. • No co-payments for preventive care.	• $4 per child/month if income is under 150% of FPL. • $6 per child/month if income between 150 and 300% of FPL. • Premium assistance funds are available. • $5 co-pay for visits, drugs, outpatient mental health, and physical therapy. • No co-payments for preventive care.
Enrollment —Application —Process —Documentation required	• 4-page application. • Processed through SSA in County to state DHS. • Income, immigration, residency.	• 4-page application. • Mail-in application to MRMIB. • Income, immigration, residency.	• 2-page application. • Submitted to SCFHP for approval. • Income and SCC residency.
Managed Care —Model —Participation requirements	• Two-Plan. • Mandatory with exceptions.	• Multiple Plans • Mandatory	• SCFHP • Mandatory
Funding —Current Spending/Year —Sources	• $71 million. • Federal 51.25% and State 48.75.%	• $10 million • Federal 66% and State 34%	• $7.4 million** • County 45%, city 20%, Prop 10 20%, SCFHP 15%

For a more detailed description of Medi-Cal and Healthy Families benefits, please see *Comparison of Medi-Cal and Healthy Families Programs for Children in California* by The Kaiser Commission on Medicaid and the Uninsured. October 2000.

* Medi-Cal refers to no cost Medi-Cal coverage.

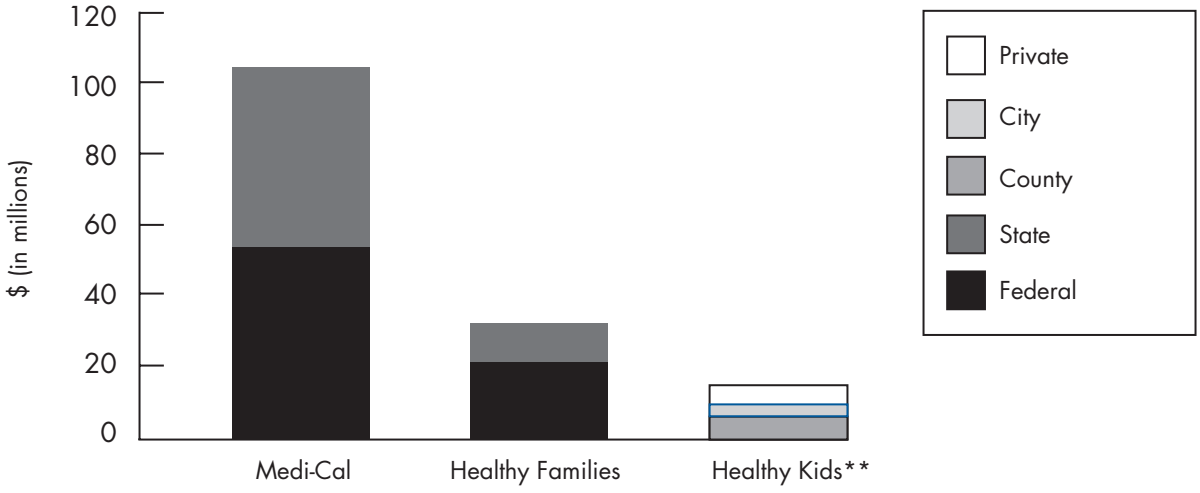
** These percentages reflect actual funding as of 3/1/01. The County is pursuing additional private, state, and Federal funding at this time.

In order to launch CHI within a short time frame, Healthy Kids was modeled after the Healthy Families program. The benefits, premiums, cost sharing, and provider networks have been adapted from Healthy Families. Since Medi-Cal targets the poorest children, it requires no premiums or cost-sharing for services. Healthy Families and Healthy Kids charge small monthly premiums and co-payments for selected services. Under all three programs, children only have to re-establish eligibility once a year. One notable difference between Healthy Families and Healthy Kids is that children are eligible to participate in Healthy Kids regardless of their immigration status. Unlike Healthy Families, if parents are unable to pay their share of the premium for their children under Healthy Kids, then they can apply for financial assistance.

Although the three programs have been combined to create CHI, they have different funding levels and different funding sources, which could impact the sustainability of these efforts. The Federal government and the state roughly split the cost of providing services to the 60,000 children in the county who are enrolled in Medi-Cal (Figure 4). The Federal government pays two-thirds of the cost of insuring the approximately 10,000 children who are enrolled in Healthy Families. By contrast, Healthy Kids is funded through a combination of county, local, and private funds. These data reflect strong financial incentives to enroll as many children as possible in either Medi-Cal or Healthy Families. If CHI is not able to enroll children in Medi-Cal and Healthy Families, then the bulk of the cost for expanding coverage will be borne by county, city, and private contributions. If this situation occurs, CHI is not likely to reach its target of 100 percent coverage.

Figure 3

Projected Funding* for Children's Health Insurance in Santa Clara County, by Source



*Projected funding represent the total amount that would be needed to cover all children deemed eligible for each program.
**Percetages of Healthy Kids are based on $14 million total required to cover all eligible children.
Sources: MRIMB, DHS, and CHI administrative data.

History of the Children's Health Initiative

Although there had been ongoing discussions in the county about increasing insurance coverage for several years, CHI was conceived and implemented very quickly. In less than one year, SCVHHS and other allies identified the problem, gained political support, formulated a plan of action, and began implementation of CHI. In March 2000, staff in the Ambulatory Care Division of SCVHHS convened a working group comprised of staff members from SCFHP, SSA, the Community Health Partnership, the local consortium of community clinics, and other community partners (such as the Health Trust and Alum Rock) to rethink its outreach and enrollment strategies for Medi-Cal and Healthy Families. Agency staff members were concerned by the decline in county Medi-Cal enrollment from 190,000 in January 1996 to 148,000 in January 2000.[18] Medi-Cal enrollment rates for children also declined during this period, which was particularly disturbing given SCVHHS' extensive efforts to expand coverage for children. Between March 1999 and August 2000, the number of children enrolled in Medi-Cal decreased by 11,723.[19]

Beyond Medi-Cal enrollment declines, SCVHHS staff saw an opportunity to draw down state and Federal revenue streams to pay for expanded outreach services in the County. After several months, the group developed a funding proposal to draw down 1931(b) funds and Medi-Cal administrative dollars using the county's tobacco settlement funds and grant funds from the Packard Foundation as the County's matching funds, with additional direct funding of enrollment activities from the Foundation. The dual objectives of this effort were to enroll more children in insurance to improve their health status and to increase SCVHHS' reimbursement for services that it was already providing. In June 2000, the County Board of Supervisors approved $1.9 million in additional funds to add 38 new positions in VCOS dedicated to outreach and enrollment (Table 2).[20]

Independent of these activities, People Acting in Community Together (PACT) and Working Partnerships USA (WPUSA) were advocating in San Jose, Santa Clara County, and Sacramento to provide universal health coverage to all children in the city, county, and state using funds from the National Tobacco Settlement. PACT, which is comprised of 13 congregations and 35,000 families in Santa Clara County, became involved in health issues when Columbia HCA purchased Alexian Brothers Hospital of San Jose in 1998. Although affordable housing is considered to be a critical need, these groups believed that it was too big an issue to successfully tackle at the time. Tobacco funds provided an opportunity to expand health insurance to all children in Santa Clara County. In June 2000, these groups and hundreds of their supporters attended a city council meeting to request that the City's Tobacco funds be used to expand coverage to all children. Although they were not successful on that night, over the next six months, PACT and WPUSA successfully raised $7.4 million to fund the Children's Health Initiative.

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[18] Medi-Cal Policy Institute. *Promised Fulfilled or Missed Opportunity? California Counties, Welfare Reform, and Medi-Cal: Synthesis from Four Counties.* The California HealthCare Foundation. Oakland, California. April 2001.

[19] Wong. October 2000.

[20] In total, only 26 positions were added because some of these positions were upgraded to more senior levels.

Table 2
Timeline of Events in the Development of Children's Health Initiative

1996
- SCVHHS begins outreach and enrollment activities through VCOS because of concern about declines in Medi-Cal coverage associated with the implementation of welfare reform.

1998–1999
- First Things First, a grant program designed to stimulate enrollment in Medi-Cal and Healthy Families, is implemented in Santa Clara County.

March 2000
- SCVHHS convenes a working group to increase children's enrollment in Medi-Cal and Healthy Families.

June 2000
- By a vote of 5 to 0, County Board of Supervisors approves $1.9 million to fund 38 additional positions in SCVHHS to increase outreach and enrollment for Medi-Cal and Healthy Families.
- By a vote of 6 to 5, San Jose City Council rejects PACT/WPUSA proposal to set aside $2 million annually for children's health insurance from its National Tobacco Settlement funds. Council establishes a competitive bidding process to distribute these funds.

July 2000
- By a vote of 5 to 0, County Board of Supervisors authorized $3 million to be set aside annually from National Tobacco Settlement to subsidize health insurance coverage for uninsured children and instructs SCVHHS to develop a proposal to cover all children in the county.

August 2000
- A policy group of senior staff from SCVHHS, SSA, WPUSA, SCFHP, and PACT is established to develop CHI. Between August and January 2001, the group meets for one day each week to develop the initiative.

October 2000
- The working group presents a preliminary concept paper describing CHI to the Board of Supervisors, which is approved.
- Santa Clara Family Health Plan is designated as the lead agency to administer the Healthy Kids program and SCFHP files an amendment to its Knox-Keane license with the state Office of Managed Care.
- Santa Clara Family Health Plan Foundation commits $1 million to CHI.
- County Children and Families First Commission commits $2 million to CHI to subsidize the premiums for coverage of children ages 0 to 5.
- The Children's Health Initiative submits funding proposal to City of San Jose.

December 2000
- By a unanimous vote, the County Board of Supervisors approves the CHI plan and releases $3 million.
- By an 11 to 0 vote, the San Jose City Council awards $3.16 million over three years to CHI. A grant of $758,000 to subsidize health insurance for children living in San Jose covers the period from January 1, 2001 through June 30, 2001. An additional $600,000 will be awarded beginning on July 1, 2001, contingent on significant progress toward implementation.

January 2, 2001
- Enrollment in Healthy Kids begins.

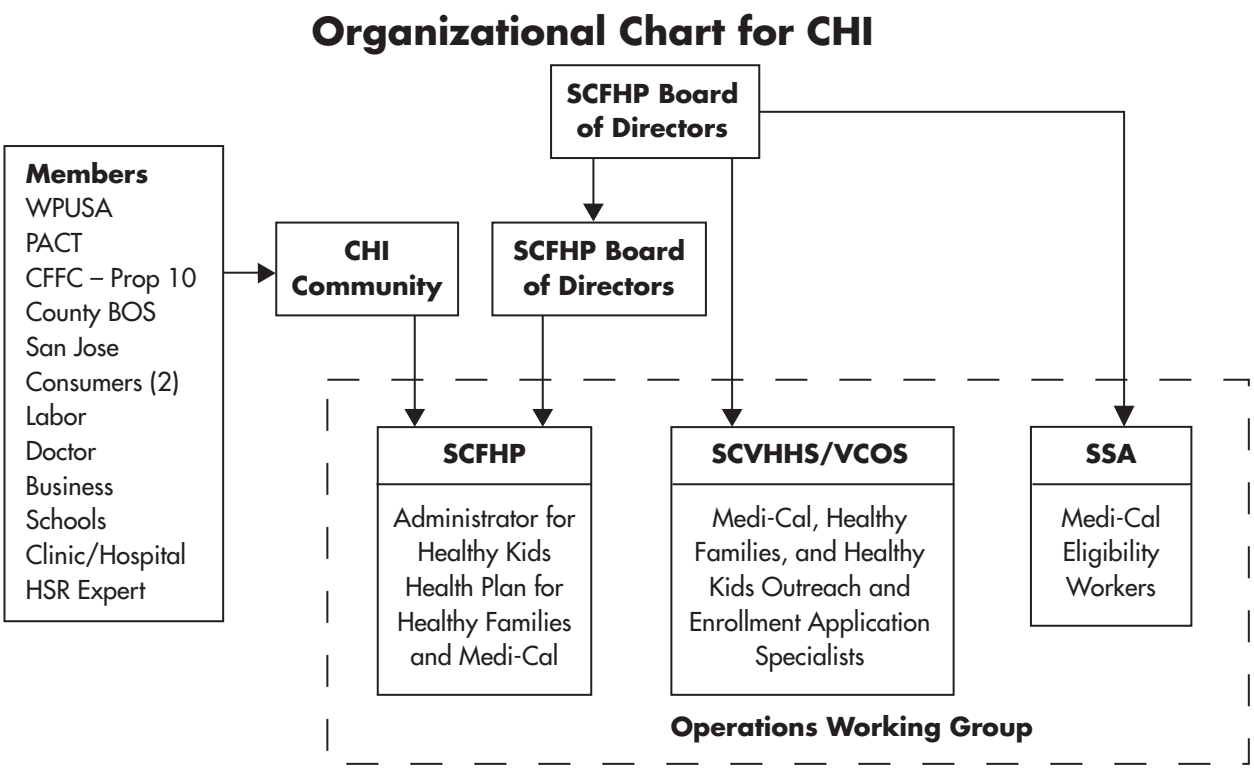
February 1, 2001
- Coverage under Healthy Kids begins.

Source: This time line was compiled through news accounts, public documents, and interviews with staff at various organizations in the county, 2001.

In July 2000, the Board of Supervisors approved the concept of expanding insurance coverage to all children and instructed SCVHHS to develop a strategic plan to achieve this goal. Over the next four months, senior staff from SCVHHS, SSA, WPUSA, PACT, and SCFHP met to develop CHI, the Healthy Kids product, and a comprehensive outreach and enrollment strategy. The Board approved the strategic plan for CHI in October. The program officially launched on January 2, 2001, and coverage under Healthy Kids began on February 1, 2001.

CHI occurred as a result of collaboration between organizations and government agencies that are not typically involved in the expansion of children's health insurance.[21] Because of their strong grassroots support and ability to mobilize communities, WPUSA and PACT put the issue of children's health insurance on the policy agenda of San Jose and Santa Clara County's elected officials. Local politicians were impressed that these organizations promoted the issue of children's health insurance not out of self-interest, but for the benefit of their communities. The involvement of the City of San Jose in CHI is unusual because traditionally the city had not provided or funded any health services. As noted above, SSA did not participate in previous outreach and enrollment efforts, but the agency was undergoing broader transformations that predisposed it to get involved in this effort. Finally, the role of SCFHP, the local initiative health plan, as the administrator for the new insurance product demonstrates one potential option to expand coverage under the two-plan model in other California counties. Each of these stakeholders along with the Board of Supervisors and SCVHHS will play important roles in the implementation of CHI. The roles of these key stakeholders in CHI are highlighted below (Figure 4).

Figure 4



Sources: Children's Health initiative, 2001

[21] For a more detailed description of some of the principal stakeholders in CHI, please see Appendix One.

Preliminary Results

Preliminary enrollment results from the first months in operation are encouraging. Table 3 indicates that recent declines in Medi-Cal coverage of children have slowed and Healthy Families enrolment is growing at a rapid rate. Healthy Kids did not exist before January 2, 2001; so every child enrolled in that program represents a net increase in insurance coverage. CHI also appears to be achieving some success in increasing the number of new enrollees in Healthy Families. In the six months preceding CHI's launch, the county enrolled an average of 630 children per month in Healthy Families. The county enrolled 750 children per month in Healthy Families from January through May 2001. Early data suggest, however, that CHI has not yet had an impact on retention of Healthy Families coverage. In the second half of 2000, an average of 355 children disenrolled from Healthy Families each month. This number increased to 372 children during the first five months of 2001. More analysis is needed to determine whether these children have obtained other insurance coverage.

Table 3

Enrollment of Children in CHI Programs July 2000 through March 2001

Program	Average Monthly Enrollment July 2000 to December 2000	Average Monthly Enrollment January 2001 to March 2001
Medi-Cal	62,610	62,219
Healthy Families	8,507	9,675
Healthy Kids	0	968*
Total	**71,117**	**72,862**

*Healthy Kids started enrollment in February 2001 so this number reflects a two-month average.

Source: California Department of Health Services, MRMIB, and Children's Health Initiative, 2001.

An initial profile of children enrolled in Healthy Kids reflects that the overwhelming majority (90 percent) are Spanish speaking, Latino children. More than two-thirds (71 percent) of enrolled children are between ages 6 and 18, reflecting CHI's early efforts to target schools. Finally as expected, the bulk of current enrollees (78 percent) reside in San Jose.[22] In the first month, CHI received more than 2,000 inquiries to its toll free information number. Reflecting the demographics of the target population, more than half of the callers requested information in Spanish and a sizeable portion spoke Vietnamese.

These very preliminary data depict a promising start for CHI. Much more analysis, however, is needed to measure the true impact of CHI on children's health insurance rates in Santa Clara County. The Commission plans to revisit CHI to conduct further quantitative analyses to measure its impact in the coming months.

[22] Information provided by Santa Clara Family Health Plan. Because the enrollment totals are changing daily, the most recent analysis of Healthy Kids enrollees by demographic characteristics does not include every child currently enrolled in the program.

Lessons Learned

Even at this early stage in the implementation process, some important lessons have been learned that can be applied to other counties in California and across the nation.

- **In the absence of Federal and state leadership, counties can take action to reduce the number of uninsured children.**

The most important lesson learned from this process is that with sufficient political will and significant financial resources, counties and cities do not have to wait for changes in Federal and state policy to expand health insurance coverage to children. The National Tobacco Settlement and California tobacco tax revenues generated by Proposition 10 provide substantial, extraordinary revenue streams over the next 25 years. It remains to be seen whether Santa Clara County will achieve its goal of 100 percent coverage without changes in Federal and state policy or additional public and private resources. CHI, however, has placed the goal of insuring every child living in the county on the policy agenda. CHI has openly championed the goal of providing affordable health insurance to undocumented, low-income children in the county. Given the anti-immigrant sentiment in this state during the past decade, this action represents a bold political gamble. Even if CHI does not achieve 100 percent coverage for children, the efforts described here should significantly reduce the number of uninsured children living in the county.

- **Labor and faith-based communities can redefine health insurance debates at the local level.**

Preliminary evidence from CHI suggests that labor unions and faith-based organizations can wield significant political influence around the problem of the uninsured. They were largely responsible for putting the issue of children's health insurance at the top of city and county officials' policy agenda. According to several local politicians, the political influence of WPUSA and PACT in moving CHI forward cannot be overstated. Politicians were particularly impressed by the fact that these organizations acted on behalf of their communities with little self-interest. In addition, they demonstrated the ability to mobilize substantial community participation at public hearings. Once the issue had gained support, professional staff from SCVHHS, SCFHP, and SSA played critical roles in converting the vague concept into concrete actions. Now that the strategic plan has been formulated, labor and faith communities will continue to be involved in the implementation of the initiative because of their ability to reach many low-income, uninsured, and undocumented families who are not accessing the health care system currently.

- **Programs that address the health insurance needs of all children in a family appear to stimulate enrollment.**

Based on preliminary enrollment data and anecdotal evidence, providing insurance options that cover all children in a family appears to appeal to parents. Unanimously, CHI staff from different agencies in the county agreed that CHI would not work without Healthy Kids. The new insurance product ensures that if a family meets the income and residency requirements, every child under age 19 will receive some health insurance coverage if they apply for it. This arrangement means that parents do not have to make choices whether to cover some or none of

their children. In previous focus groups, parents have commented that they were reluctant to provide insurance for some and not all of the children.[23] Further because SCFHP participates in all three programs, families can choose the same health plan and providers for all of their children although the specific services covered and the cost-sharing requirements may be slightly different.

• Rethinking outreach and enrollment strategies can pay dividends through increased enrollment.

By removing the administrative barriers and eliminating the fear factor for immigrants, counties can successfully enroll children in health insurance programs. In first few months, the difference between the success rates for applications for Healthy Kids and Healthy Families has been striking. A recent national survey of low-income parents by KCMU identified four major barriers that have hindered systematic enrollment efforts in Medicaid and S-CHIP programs: 1) complex application and application processes, 2) insufficient funds and infrastructure to support outreach and enrollment efforts, 3) inability to address Medicaid and welfare linkages, and 4) poorly developed management information systems to monitor implementation.[24] CHI has made significant progress in addressing each of these institutional barriers for Healthy Kids, and they are working on HF/MC. In addition to enrollment, CHI will extend its efforts to promote access to health care and retention of coverage.

• Application and the Application Process

Previous studies have found that administrative hassles represent major barriers to enrollment for many families. In response to these findings, SCFHP created a simple two-page application form for Healthy Kids. They also simplified the application process for families, who only have to provide documentation about their income and residency in Santa Clara County. As a result, after the first 7 weeks, the acceptance rate for applications to the Healthy Kids program has been greater than 95 percent. As a comparison, one out of every 3 applications to Healthy Families submitted from Santa Clara County has not been successful since the inception of the program for a variety of administrative and programmatic reasons.[25] Healthy Families applications are most often denied because parents fail to provide necessary documentation within the 20-day time limit. In contrast, the only families who have not qualified for Healthy Kids were not eligible because the children were turning 19 years old in the next 3 months or the family earned too much money to qualify. The preliminary evidence suggests that if policymakers truly simplified both the application and the application process, they could enroll a substantial percentage of the eligible but not enrolled children into Medicaid and S-CHIP.

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[23] The Kaiser Commission on Medicaid and the Uninsured. *Medicaid and Children: Overcoming Barriers to Enrollment.* January 2000.

[24] Kaiser Commission on Medicaid and the Uninsured. January 2000.

[25] Enrollment and denial rates for Healthy Families by county can be found at www.mrmib.ca.gov. Site accessed on April 13, 2001.

• Funding and Institutional Support for Outreach and Enrollment

Under CHI, VCOS will hire 26 new outreach and eligibility staff. The newly hired employees will focus full-time on outreach and enrollment, access, and retention for CHI. VCOS has developed a formal, ongoing training curriculum and an evaluation program for its staff. They also have hired a staff trainer. A centralized data and analysis unit within SCVHHS will monitor implementation and progress toward the objectives. Currently, VCOS is producing daily application and enrollment reports. They, however, are still developing a tracking system to monitor every application as it moves through different processing systems. Although this centralized approach to outreach takes some autonomy away from community-based agencies, it improves integration and coordination. In order to clarify commitments and responsibilities of County application specialists stationed at community-based sites, the County has developed a Memorandum of Understanding (MOU) that must be signed by both agencies before an application specialist is assigned.

• Medicaid and Welfare Linkages

One of the most impressive and unique elements of CHI is the participation of SSA. In this situation, it has been advantageous that welfare is administered at the County level. This arrangement has allowed VCOS to actively participate in the transformation of SSA. To adapt to programmatic changes, SSA is retraining its employees to use the new computer system and to provide better customer service. Although senior leadership within SSA has supported CHI from the outset, it has been difficult to make substantive changes at the eligibility worker level. These workers are employed under a collective bargaining agreement that establishes maximum daily case loads for Medi-Cal applications. Management and the union have been negotiating revised workload standards over the past several months.

• Management Information Systems

In order to determine the success of this effort, it is necessary to have accurate, timely data. SSA is currently in the process of revamping its management information system as part of a statewide initiative. CHI also has recognized that good data are required to monitor implementation, track revenues and expenditures, and identify and address problems. Consequently, SCVHHS is developing new MIS capabilities for CHI. Once completed, the new system will be able to merge data from SCFHP, SCVHHS, and SSA.

• Assuring Access to Health Care and Retention of Benefits

VCOS application specialists are trained not only in enrollment, but they are responsible for helping clients access health care services and retain insurance over time. According to Healthy Family regulations, if a family contribution is more than 60 calendar days overdue, all subscribers shall be disenrolled. The final date of coverage shall be retroactive to the last day for which the family contribution was paid in full. Non-payment is the reason given for one-half of

all disenrollments from Healthy Families.[26] In contrast, if a family does not pay the premiums for Healthy Kids, then the child is automatically placed in the premium assistance fund, which covers their premiums for two months. During this period, an application specialist attempts to contact the family and determine if they still need coverage. A family can apply for premium assistance if they are experiencing financial difficulties at any time.

Next Steps and Remaining Challenges

Given the ambitious timeline to implement this project, CHI is still a work in progress. Currently multiple agencies and organizations within the county are working to refine and implement their strategies. Over the next six months, extensive plans are in place to build on their initial efforts.

• Securing Additional Long-Term Funding

The greatest challenge for CHI is to secure additional funding to subsidize premiums for Healthy Kids. CHI estimates that it will cost about $1,000 per child, or $14–$18 million annually, to cover all uninsured children with families incomes less than 300 percent of poverty. Thus far, CHI has secured $7.4 million for the current fiscal year. With existing funds, CHI estimates that it can cover approximately 5,000 children. Based on current enrollment projections, CHI will commit all existing funds by September 2001. If monthly reports indicate that enrollment will exceed resources, then the program will be closed and a waiting list will be created until additional funds are secured. Once additional funding is secured, children will have their applications considered on a first come, first served basis.

SCFHP has received grant funds from the Packard Foundation to hire a development director to raise money for this initiative from corporations, private individuals, and foundations. In addition, CHI is exploring Federal and state funding to supplement current levels. They are cognizant, however, that it will be very difficult to secure Federal funds to pay for services to undocumented children. Several California foundations have expressed interest in the program, but they have not committed any funds for premium subsidies to date. Despite these realities, CHI officials remain confident that they will secure additional funding.

• 1115 S-CHIP Waiver to Expand Healthy Families to Parents

In December 2000, California applied to the Health Care Financing Administration (HCFA) to expand its Healthy Family program to low-income adults. Based on evidence from other states that have implemented family expansions in coverage, the waiver should improve coverage for children as well.[27] Once the waiver application is approved by HCFA, the County is prepared to expand its outreach and enrollment efforts to include the parents of low-income children. There are no plans, however, to expand the Healthy Kids product to parents at this time.

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[26] Information about Healthy Families regulations and disenrollment rates by county can be found at www.mrmib.ca.org. Site accessed on April 13, 2001.

[27] Leighton Ku and Matthew Broaddus. "The Importance of Family-Based Insurance Expansions: New Research Findings about State Health Reforms." Center on Budget and Policy Priorities. September 2000.

• Implementation of Health-e-Apps in the County

Santa Clara County has requested to be the next implementation site for the Health-e-Apps program developed by the California HealthCare Foundation's Medi-Cal Policy Institute in partnership with the California Health and Human Services Agency, the California HealthCare Foundation, the Medi-Cal Policy Institute, and San Diego County. It represents the nation's first effort to use the Internet to enroll low-income children and expectant mothers in public health insurance programs. Health-e-App, the Web-based application, has recently been pilot tested in San Diego County. Applicants receive a preliminary eligibility/program determination in real time, along with confirmation that their application has been received by the state.[28]

• CHI Evaluation

One of the goals of CHI is to serve as a best practice model for the rest of California. In order to get an independent assessment of the initiative in achieving its objectives, an external program evaluation is being planned. Preliminary discussions have taken place with the Packard Foundation to fund this effort. CHI, foundation staff, and potential evaluators are currently negotiating the scope of the evaluation.

• Expanding Efforts to Increase Employer-Based Coverage of Children

Thus far, the CHI has focused on expanding coverage through the creation of a subsidized private insurance product for low- and moderate-income children. This desire is understandable given the aggressive time frames for implementation. The County has not invested energy in expanding employer-based coverage for moderate- and high-income children. Since the majority (75 percent) of uninsured children in California live in a family with a worker, this strategy could expand coverage to some of these children without expending public resources.[29] CHI intends to approach local employers to solicit additional funds to subsidize premiums for children covered under Healthy Kids once the program has been fully established.

• Impact of Removing Immigration as a Barrier to Health Insurance

CHI has boldly removed immigration status as a barrier to expand health insurance coverage among low- and moderate-income children. In all of their outreach materials, they have publicly announced that children are eligible for coverage regardless of their immigration status. It remains to be seen what effect this decision will have on insurance rates among undocumented and citizen children over time. Given the recent anti-immigrant sentiment among California voters, it is not clear what the future political ramifications of this decision will be.

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[28] For more information on Health-e-Apps, please visit www.chcf.org.

[29] Brown, Kincheloe, and Yu. February 2001.

Appendix: Descriptions of Agencies Interviewed

Community Health Partnership is a collaborative organization that provides services to community health clinics in order to strengthen the healthcare safety net for the medically underserved. Members include all six non-profit community health centers, representing 18 clinic sites, and 11 school-linked health centers operating in the county.

The David and Lucille Packard Foundation was created in 1964 by David Packard (1912–1996) and Lucile Salter Packard (1914–1987). David and Lucile Packard shared a deep and abiding interest in philanthropy. The Foundation provides grants to non-profits in the following broad program areas: conservation; population; science; children, families, and communities; arts; and organizational philanthropy. The Foundation provides national and international grants, and also has a special focus on the Northern Counties of San Mateo, Santa Clara, Santa Cruz, and Monterey.

Indian Health Center of Santa Clara Valley, Inc. is a non-profit Federally Qualified Community Health Center (FQHC) located in San Jose. IHC provides comprehensive outpatient services including medical, dental, mental health and substance abuse counseling, WIC program, and health promotion activities to low-income families. IHC has a contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act to provide health and social services to the urban American Indian population living in Santa Clara County.

Ron Gonzalez, Mayor of San Jose, was elected to office in 1998 after serving two terms on the County Board of Supervisors. As Mayor, he serves as a voting member of the City Council. The City of San Jose, however, had little involvement in the financing and delivery of health care services. They viewed this issue as the County's responsibility. The City Council voted not to set aside money for children's health insurance at that time, but it established the Healthy Neighborhoods Venture Fund Advisory Committee to determine how the city should spend its tobacco settlement dollars. Through a series of public hearings, the Council identified three funding categories for its tobacco funds: senior services, tobacco control, and education and health. In December 2000, CHI was awarded a three-year grant to subsidize Healthy Kids premiums for low- and moderate-income children living in San Jose. CHI received $758,000 for the first six months beginning January 1, 2001. It will receive an additional $600,000 for the next six months, contingent upon successful implementation of the program. In total, CHI is scheduled to receive $3.16 million over three years.

The Medi-Cal Policy Institute was established in 1997 by a grant from the California HealthCare Foundation. The Medi-Cal Policy Institute's mission is to bring clear, concise data and analysis to the people who develop Medi-Cal policy, who provide health care services, and who care about the program. As an independent, nonpartisan source of information on the Medi-Cal program, the Institute seeks to facilitate the development of effective policy solutions with the interests of Medi-Cal recipients guiding this work. The Institute conducts and commissions research, distributes information about the program and its beneficiaries, highlights the program's successes, and identifies the challenges ahead.

People Acting in Community Together (PACT) consists of 13 member congregations representing 35,000 families in San Jose, mostly in low- and middle-income neighborhoods. The organization was founded in 1985 in response to the problems facing their community. PACT affiliates with sister projects in 86 cities throughout the United States through the Pacific Institute for Community Organization (PICO). PACT became involved in health issues when Columbia HCA purchased Alexian Brothers Hospital of San Jose in 1998. Through this political action, PACT began to see that the two major issues for low-income residents of San Jose were lack of affordable housing and lack of health insurance. Because of the availability of tobacco settlement funds, they chose to focus on children's health insurance.

The Santa Clara County Board of Supervisors (BOS) has been very supportive of CHI to date. All of the votes on the concept, implementation, and funding have been unanimous in favor of CHI. Supervisors Blanca Alvarado and Jim Beall, Jr. were instrumental in creating the political momentum to launch CHI. Although the Board is supportive, they have publicly stated that CHI is not a county government program. The Community Oversight Board governs it. Supervisor Beall will sit on the Community Oversight Board representing the County's interests. As county agencies, SCVHHS and SSA report directly to BOS.

Santa Clara Family Health Plan (SCFHP) is the local initiative in the two-plan model in Santa Clara County. It was established in 1995. SCFHP serves 40,000 Medi-Cal beneficiaries and 6,500 children enrolled in Healthy Families. It covers about 60 percent of the Medi-Cal managed care market and was designated as the community provider for the Healthy Families program. SCFHP's provider network contains more than 225 primary care doctors, 9 hospitals, 1,000 specialists and 1,700 pharmacists throughout the county. In October 2000, SCFHP was designated to administer the new Healthy Kids product. As administrator, SCHFP will process applications from families, determine eligibility, contract with health care providers, pay claims on behalf of enrollees, contract with dental and vision plans, contract for outreach and education services, bill enrollees, collect premiums, manage fundraising efforts, coordinate the evaluation process, and detect and resolve fraud. SCFHP requested and received a modification to its Knox-Keene license to administer Healthy Kids.

Santa Clara Valley Health and Hospital System (SCVHHS) provides medical services and administers public programs that provide for the health and well-being of all County residents. The Health System consists of Valley Medical Center; Public Health Department; Department of Mental Health; Department of Alcohol and Drug Services; Managed Care and Ambulatory and Community Health Services. The mission of the Health System is to protect and enhance the community's health through surveillance, detection, prevention, early intervention, education and treatment; and to provide access to the full range of medically necessary primary, secondary and tertiary services for all residents of Santa Clara County regardless of their ability to pay. SCVHHS has taken the lead in developing CHI. VCOS, a division within SCVHHS, has overall responsibility for all outreach and enrollment activities under CHI.

Social Services Agency (SSA) is the local agency responsible for welfare and related Medi-Cal eligibility in the county. SSA has played an important role in the development of the Children's Health Initiative. SSA decided to participate as a result of the personal commitment of its leadership and the opportunity created by transformations related to the impact of welfare reform and the implementation of new technologies within the agency. After welfare reform passed,

SSA's focus changed from conducting administrative functions related to the enrollment, payment, and oversight of families on welfare to helping welfare recipients find jobs. AFDC/TANF caseloads have declined dramatically over the past four years from 29,000 to 12,500.[30] The combination of these factors has decreased job security.

Working Partnerships USA (WPUSA) is the policy arm of the South Bay Labor Council AFL-CIO, created under the leadership of Amy Dean. Traditionally, labor unions in the United States have had considerable ability to mobilize people to political support for issues affecting its membership, but they have not had the capacity to engage in the policymaking process. WPUSA represents the New Labor Movement as advocated by John Sweeney, head of the AFL-CIO. It is interested in social justice issues that affect communities more generally such as access to health care. The majority of union members receive comprehensive health insurance coverage as a condition of employment. Thus, CHI will not benefit WPUSA, South Bay Labor Council, or its union members directly. Labor will receive some indirect benefits through the initiative to support its organizing and recruiting efforts among low-wage workers, improve its public image, and assert its relevance in the local political arena.

[30] SSA estimates. 2000.

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