



**County of San Mateo  
Annual Report to the Board of Supervisors on  
The Children's Health Initiative (CHI)**

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**San Mateo County Children's Health Initiative:  
Progress Report to the San Mateo County Board of Supervisors for 2004**

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The San Mateo County Children's Health Initiative (CHI) has successfully completed its second year, moving closer to its goal of 100% health insurance coverage for all children in San Mateo County. This report provides an update on CHI activities and an overview of major accomplishments achieved during the 2004 program year, including details on: outreach, enrollment and retention activities; One-e-App (web-based enrollment application), fundraising and sustainability; and current challenges.

### **Program Development**

Since the launch of the Healthy Kids program in January 2003, the Children's Health Initiative has been supported by a broad coalition of community organizations. Direct oversight and management is provided by seven organizations, which serve as the Oversight Committee and decision-making body for designing, implementing and coordinating CHI. In addition, several key subcommittees are monitoring the progress of CHI and providing feedback. Based on the investment of our funders, partner organizations and collaborators, CHI can report a year of accomplishments:

- CHI has promoted a simple message of universal coverage for all children leading to 8,900 newly enrolled in Medi-Cal, Healthy Families and Healthy Kids in 2004.
- Medical and/or dental utilization rates are as high as 80% for the Healthy Kids program and continue to grow through utilization and navigation strategies targeting newly enrolled families.
- CHI has leveraged the support and resources of a diversity of organizations to meet its goal of universal health insurance. Key community participants include: 7 contracted partner community based organizations (CBOs), over 25 collaborating organizations, 11 school districts, 7 local unions and 12 childcare providers. In addition, CHI has increased collaboration among County agencies with the Health Department, Human Services Agency (HSA) and the San Mateo Medical Center (SMMC) working closely to enroll children and expedite the application process.
- CHI has taken a leadership role in the One-e-App system by training Community Application Assistors (CAAs) and working closely with the California Healthcare Foundation, The California Endowment and Deloitte Consulting on the execution of the application program. This year, 15-20 new CAAs and 20 Benefit Analysts (BAs) were trained and are now using the One-e-App system.
- San Mateo County continues to be a leader in building the case for expanded health insurance coverage at the state level, providing technical assistance to other counties such as Santa Cruz, San Joaquin and Tulare.

### **Outreach, Enrollment and Retention Activities**

CHI has developed successful outreach, enrollment and retention strategies using the strong collaboration of community based organizations, schools and public agencies.

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These partnerships have led to high enrollment numbers. As of December 2004 current membership is: Healthy Families 7,304; Medi-Cal 20,796; Healthy Kids 5,102.

***Outreach and Enrollment Activities***

In 2004, outreach and enrollment activities through contracting organizations have been extremely successful with 7,796 families assisted resulting in 4,849 enrollments. Healthy Kids members have been enrolled by a diverse group of organizations including SMMC Community Health Advocates (CHAs), Health Department CHAs, HSA Benefit Analysts (BAs), and contracted and non-contracted CBOs.

As part of outreach and enrollment activities, The Health Department CHAs have also provided application assistance at seven community sites nine times a week. They also provided assistance at the Health Department during two evening enrollment times and respond to calls from a weekday hotline. In 2004, the Health Department CHAs answered 7,800 hotline calls and made appointments, answered questions and initiated enrollment applications.

CHI has coordinated further outreach activities by collaborating with 25 schools to send home Requests for Information with students. In 2004 3,591 requests for health insurance information were received through these school partnerships further increasing enrollment and assistance numbers.

***Retention Activities***

CHI has encountered a higher than estimated disenrollment rate from Healthy Kids. Since the inception of Healthy Kids in 2003, 1,900 children have disenrolled from the program. Excluding members with a non-preventable reason for disenrollment (e.g., ageing out, employer based insurance, moved out of county, etc.), the overall Healthy Kids retention rate is approximately 82%, which is far greater than the rate in Healthy Families.

The primary reasons for disenrollment are: difficulty paying family contributions; mobility; lack of continuous contact (CAAs confront a high number of disconnected phone numbers when contacting families to reenroll).

Due to this high rate of disenrollment, CHI has worked with CBOs, HPSM and CAAs to develop and implement expanded retention strategies. These strategies included:

- Increasing contact with families by sending out postcards on a quarterly basis to update addresses;
- Offering phone based reenrollment; and
- Widely promoting hardship assistance for the quarterly family contribution payments.

**One-e-App-- Web-Based Enrollment Application**

CHI continues to be the leader in launching the One-e-App, a universal web-based enrollment system that enables families to apply for the Medi-Cal, Healthy Families and Healthy Kids programs in one application. San Mateo began using the One-e-App for

the Healthy Kids program in July 2003 and launched the system with Healthy Families, Medi-Cal for children and WELL (adult indigent program) in January 2004. All CAAs are currently trained, and the vast majority is using the One-e-App system. To date the Health Department has trained 150 CAAs and BAs in the One-e-App system.

### **Fundraising and Sustainability**

CHI has recently received over \$1 million in new funds in 2004 from the Blue Shield Foundation, the California Healthcare Foundation, Kaiser Permanente, the Lucile Packard Children's Hospital, the Lucile Packard Foundation for Children's Health, and The California Endowment. This funding will help maintain the current stability and long-term success of the program. Yet, while the Coalition has more than sufficient First 5 funding to cover all HK eligible children from 0 to 5, it continues to face challenges to insure all Healthy Kids eligible children ages 6 through 18. It projects a funding deficit in the next year, growing to several million dollars in 2007 and beyond. Consequently, the CHI Coalition has proactively pursued approaches to increase its funding base to ensure 100 percent coverage for all children until it can prove the case for statewide adaptation. It has elected to take a four-step approach to ensure continued funding for the 6-18 population. These steps include continued focus on institutional donors such as foundations, maximization of state and federal funding sources such as AB-495, development of a CHI contingency/reserve fund by setting aside a portion of the \$2.7 million in annual county match in a dedicated interest bearing account that will be used solely for future Healthy Kids premiums, and expansion of cross county public and private partnerships that build the case for statewide expansion of children's coverage.

### **CHI Evaluation**

The Urban Institute (UI), in conjunction with UCSF and Mathematica, has developed a comprehensive evaluation strategy that involves the following components: a client survey, process analysis, provider analysis, crowd-out and insurance analysis, health plan administrative data analysis and a cross-cutting impact analysis. Since starting its work, the UI has completed several components of the evaluation during the second year.

- **Client Survey:** The first wave of client surveys was completed in April, 2004. Data collection was successful with a response rate of 77.3%. The evaluators then obtained claims/encounter data for each child in the survey from HPSM and merged these with survey data. They reviewed frequencies and started to recode variables on health status.
- **Site Visits:** Completed the second round of site visits in October.
- **Provider and Parent Focus Groups:** The evaluators have designed four provider focus groups with contracting physicians, non-contracting physicians as well as contracting and non-contracting dentists. The recruitment phase of the focus groups is nearing completion and phone/group interviews will begin early this coming year.

The evaluation continues to be monitored by the oversight committee. The evaluators provide regular updates to the subcommittee in order to inform CHI activities in a timely

and efficient manner. The evaluation team will produce a second year evaluation report in the spring of 2005 with the findings from the client survey, second round of site visits, and the focus groups.

### **Challenges**

Over the next year, CHI will continue to work on overcoming several key challenges/issues related to retention and health navigation, provider access and enrollment processing.

#### *Retention and Health Navigation*

While enrollment has been extremely successful and new retention strategies are reducing disenrollment rates, a large number of children continue to disenroll from Healthy Families, Medi-Cal and Healthy Kids. Experiences in Santa Clara County, with Healthy Kids, and Los Angeles County, with CalKids, corroborate on the difficulties in reducing disenrollments. Due to mobility, lack of understanding of benefits, and low health care utilization rates, many parents allow their children's benefits to lapse at the end of the year. In Healthy Families alone, 100 San Mateo County children disenroll from the program every month.

In 2005, the Health Department CHAs, partner CBOs and HPSM are working on innovative and comprehensive activities to increase retention. Many of these activities focus on health navigation since utilization of preventive services remains quite low (37 percent of HK members accessed preventive services over the year—far lower than national benchmarks). Enrollees have demonstrated that families who use the health system effectively are more likely to maintain enrollment in the program. CHI recognizes that much of its success in enrollments is due to the individual relationships and contacts established by the CHAs. As a result additional retention activities are linked to intensive one-on-one education and navigation around health service utilization. CHAs are currently piloting a new member packet, which will assist families in using preventative health care and remind them of reenrollment deadlines. CHI is also providing supplemental grants (from First 5 funding) to three CBOs in order to develop retention, utilization and navigation outreach methods for the 0-5 population. Finally, CHI is working closely with HPSM on similar activities.

#### *Enrollment Processing*

CHI is dedicated to maintaining an approval processing time of 2 weeks for each Healthy Kids application. Currently, approval times range from 4-6 weeks. This is due in large part to a backlog created by the new program and the new One-e-App system. CHI is working closely with Human Services to reduce the approval time and implement systems to prevent a future backlog. CHI is confident that the backlog will be reduced and the target time of 2 weeks achieved by mid-February.

#### *Provider Access*

The provider network for Healthy Kids is strong; however, enrollees are still experiencing difficulty in accessing primary medical care and dental care. Currently, many Healthy Kids members must be assigned to the SMMC, as many private

providers are not accepting new members. This trend results in families encountering access problems for primary care visits. Based on findings from the provider focus groups, HPSM will develop provider recruitment strategies to expand the number of private providers in its network. In regards to insufficient dental care, it is primarily due to too few pediatric dentists in the provider network. As a result, utilization rates for dental care are significantly lower than for medical care (46% dental, 63% medical). CHI is working closely with the San Mateo Dental Society and a subcommittee of the Dental Coalition to develop solutions to this provider recruitment issue. CHI is confident that in collaboration with these key stakeholders the dental provider network will increase over the next few months leading to increased access to dental care and consequently increased usage.

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<b>Healthy Kids Demographics</b>	
Currently Enrolled Members	5,102
New Members Since 2/03	7,097
Disenrolled Members Since 2/03	1,924
Percent of HK Population over a nine month period	
A primary care visit	37%
A dental visit	46%
Medical visit	63%
Medical and/or Dental Visit	80%
An ED visit	8%
Gender	
Male	52%
Female	48%
Age	
0 to 5	16%
6 to 12	45%
13 to 18	39%
Preferred Language	
Spanish	88%
English	11%
Household FPL	
0-150%	77%
151-250%	13%
251-300%	6%
301-400%	4%