

## A Public/Private Partnership to Expand Coverage for Uninsured Children in Mendocino County, California

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### SUMMARY

This case study describes the role of the Alliance for Rural Community Health (ARCH) in planning and implementing *Healthy Kids Mendocino*, an insurance program that targets uninsured children in Mendocino County, CA. The benefits of the initiative include reducing the number of uninsured children by 50 percent, a stronger safety net, and increased access to care for underserved populations. The following are key findings that emerge from the analysis of this initiative:

- A collaborative approach to designing and launching a new insurance program for low-income children results in tangible outcomes to clinics and the broader community;
- It is critical to combine technical expertise in planning and implementing a community-based initiative with advocacy expertise in educating decision makers; and
- Clinic involvement in insurance expansions have broader applications, shoring up the local health care delivery system and expanding clinic capacity to meet the health care needs of the broader community.

### INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as “consortia”) through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, 18 grantees were refunded for three years to undertake or continue a similar set of activities.

To achieve their goals, clinic consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Strengthen the local or regional health care delivery system, such as securing local funding under the Mental Health Services Act to integrate mental health and primary care; and
- Target policies to strengthen California’s safety net, such as averting cuts to statewide and local public funding.

Located in Northern California, the Alliance for Rural Community Health (ARCH) is a network of four Federally Qualified Health Centers (FQHCs) and one FQHC Look-Alike. Member clinics operate 8 sites in Mendocino and Lake Counties. In 2007, ARCH member clinics provided over 242,123 visits for 40,080 patients, about 43 percent of the region’s population.

ARCH’s involvement in a community-based collaborative to reduce the number of uninsured children is an example of a successful public/private partnership. It has resulted in a 50 percent decrease in uninsured children and increased local readiness and capacity for future coverage expansions.

### METHODS

In 2009, UCSF staff reviewed background documents and conducted open-ended interviews with a sample of member clinics, clinic consortia staff, and partner organizations that were involved with each initiative. Informants were asked to describe their involvement in the initiative, challenges encountered, and benefits to clinics and their target populations.

Grantees:

*Community  
Clinic  
Consortia*

A Program of:

 The  
California  
Endowment

Prepared by:

  
University of California  
San Francisco

## FINDINGS

### ISSUE: UNINSURED CHILDREN AND REDUCED ACCESS TO HEALTH CARE

In California, many counties have assumed responsibility for expanding insurance coverage to populations ineligible for existing public insurance programs, such as Healthy Families (SCHIP). The availability of new funding, specifically First 5 (tobacco tax) funding and private foundation support, facilitated the local planning of implementing health insurance programs for children ineligible for existing public insurance programs in 30 counties. Mendocino County was one of the few rural counties to undertake an insurance coverage initiative to reduce the barriers to preventive care for all uninsured children. In 2005, an estimated 2,500 children in Mendocino County lacked health insurance. While some uninsured children are eligible for existing public health insurance programs, many are ineligible due to parent income requirements and/or immigration status. Having insurance coverage is a key factor to improving the health of underserved populations, with uninsured children being at risk for reduced access to specialty care and hospital care.

### PROMISING SOLUTION: HEALTHY KIDS MENDOCINO

Launched in May 2006, *Healthy Kids Mendocino* is a program that enrolls children living in families with incomes below 300 percent of the FPL in existing public insurance programs (such as Medi-Cal), as well as a new primary care health insurance program called CalKids. It is a project of the Health Insurance for All Mendocino Initiative (HIFA) Committee, which was formed in 2004 at a time when there was interest in expanding access among Mendocino County agency leadership. The Committee was comprised of 15 community health leaders and was charged with increasing health care insurance coverage to vulnerable and uninsured populations in Mendocino County. ARCH was one of the three lead partner organizations, representing its member clinics that serve this population as well as providing staffing in planning and implementing *Healthy Kids Mendocino*.

### MAJOR MILESTONES:

Launching an insurance program was no small feat, requiring advance planning and support of policymakers. In 2004, ARCH staff actively participated on the HIFA Committee, including writing and disseminating a concept paper for the *Healthy Kids Mendocino* Project which detailed the implementation of a multi-phase initiative to achieve universal health care coverage for children. The concept paper was used by the County's Public Health Officer as a starting point from which to begin discussions with the Board of Supervisors about their potential financial support of the project.

During the planning stage, ARCH assisted in the organization of activities and events to garner policymaker support, such as a resolution in support of the Children's Health Initiative (CHI) that was unanimously adopted by the County Board of Supervisors. The ARCH Executive Director and the Director of Health Policy attended

monthly meetings and were involved in access activities such as outreach, enrollment, and media events. In addition, ARCH convened the Advisory Council in 2005. The Council was critical to increasing community-wide support for the project.

ARCH assisted with the fund development campaign to fund CalKids, a comprehensive primary care insurance product for children ineligible for existing health insurance programs. *Healthy Kids Mendocino* relied heavily on support from other community partners, including the California HealthCare Foundation and the Blue Cross Foundation. ARCH staff played a leadership role in helping the program to secure \$90,000 in general fund support from the County Board of Supervisors in both 2006 and 2007. ARCH also helped secure funding for a technical assistance consultant for the identification and development of the *Healthy Kids Mendocino* insurance product. As the only non-profit 501c(3) partner, ARCH serves as the fiscal agent for grants.

ARCH was involved in the implementation of *Healthy Kids Mendocino* in 2006. It contributed to the hiring process and collaborative direction of an Outreach and Enrollment Coordinator who trained Americorps members as Certified Application Assistors (CAAs). CAAs are located at ARCH's office, member clinics, as well as family resource centers. ARCH continues to play an active role in planning and troubleshooting with CAAs. Lastly, all six ARCH member clinics signed on to be CalKids providers and are the only dental providers in the CalKids program.

Modest consortium staffing resources were required to support the two part-time ARCH staff that participated in the HIFA and *Healthy Kids* meetings and coordinated clinic involvement, such as providing support for clinic CAAs.

**Partnerships and collaborations:** Early on, there was broad-based commitment to expanding coverage for the uninsured. In addition to ARCH, there were two other key organizations that were important in the planning and implementation of *Healthy Kids Mendocino*:

*The Mendocino County Health and Human Services Agency:* The Agency houses the project and also provides staffing. It fully funds the three full time staff members that run *Healthy Kids Mendocino*, drawing on state and federal sources of funding.

*First5 Commission:* Funded through Proposition 10 (tobacco tax) funding, First5 is a primary funder and has committed \$500,000 for premium assistance of children ages 0-5 as well as some administrative costs.

Additionally, *ARCH member clinics* are natural partners in expanding insurance coverage since they are sites that already provide health care services to this population and are committed to making sure these patients get the

services they need. Also, an *external consultant* was brought in to provide technical expertise in developing components of the program, such as identifying the plan product (CalKids) and developing the provider network. More recently, the *Mendocino County Office of Education* has provided access to the schools for health insurance outreach and enrollment activities in order to identify eligible children. Last, many other *community partners*, such as family resource centers, work with *Healthy Kids Mendocino* to identify and enroll uninsured children. There are 15 enrollment sites throughout the county.

**Overcoming challenges:** Sustaining the program—raising funds for the CalKids premiums and outreach and enrollment activities—has been difficult. The County and First5 Commission have maintained their financial commitment to the program but the private foundation support is scheduled to end in 2010. Mendocino County has limited resources to bring to bear and the non-profit community based organizations struggle to provide services in the face of growing unemployment and cut-backs at the state level. In 2009, issues arose with enrollment and a waitlist for Healthy Families was in effect from July – December, dampening demand and services. Meanwhile, Medi-Cal enrollment increased and a waitlist was set up for CalKids.

**Additional Challenges:** While insurance coverage greatly reduces the uncompensated costs of providing care to the uninsured that are borne by clinics, Healthy Families does not adequately reimburse providers for services provided. Fortunately, reimbursement rates have not been as problematic as anticipated. Additionally, participation in *Healthy Kids Mendocino* frees up clinic resources that can be used for other unmet needs. Last, providing coverage for undocumented children is a significant barrier and local programs must address financial and political resistance to covering this population. *Healthy Kids* is part of the County system and has high Board of Supervisor support.

**ACCOMPLISHMENTS AND BENEFITS**

Using the grant Logic Model, the short and long-term outcomes of *Healthy Kids Mendocino* for safety net providers and underserved populations in Mendocino County include:

**Expanded ARCH advocacy capacity:** ARCH and its partners met early and then periodically with County leadership to educate them about the need for the initiative. In addition to their advocacy expertise, ARCH staff provided technical experience in grant writing and evaluation. ARCH was able to provide information about the clinic and consumer perspectives, such as identifying clinic patients who were willing to be interviewed during the planning stage.

**Increased policymaker awareness of safety net and clinic policy issues:** In addition to opportunities to educate the County Board of Supervisors and agency leadership, there

was good local newspaper coverage about the Children’s Health Initiative as well as *Healthy Kids Mendocino*. ARCH received increased recognition by new stakeholders, such as the business community. It crafted messages about the role of clinics in supporting the safety net, indicating that the issue is lack of insurance, not lack of access to health care.

**Increased policymaker support of safety net and clinic policy issues:** The County Board of Supervisors provided \$240,000 in county general fund support from 2007 to 2009. Additionally, *Healthy Kids Mendocino* is housed in the County system. The program administrator is a county employee and the program offices are located in a county building.

**Strengthened clinic operations:** ARCH staff helped clinics to facilitate their involvement in the initiative. Each ARCH member clinic now has a CAA to enroll kids in either public programs (Medi-Cal and Healthy Families) or Healthy Kids (CalKids). These CAAs are part of a larger network of CAAs totaling 30 people in 2008. New enrollments in Medi-Cal, Healthy Families, and CalKids have remained steady due to *Healthy Kids Mendocino*, reducing the number of uninsured children by 50 percent (see **Table 1**). In addition to securing reimbursement for services provided to the uninsured, clinics have stronger connections with other social services and schools where enrollment activities take place. Last, ARCH clinics have the capacity to assist children and their families to get the health care they need well before they require serious medical care.

**Table 1: Healthy Kids Mendocino New Children Enrolled, 2006-09**

Program	2006 New Children Enrolled	2007 New Children Enrolled	2008 New Children Enrolled	2009 New Children Enrolled
Medi-Cal	Not available	Not available	Not available	Not Available
Healthy Families (SCHIP)	781	886	898	766
Healthy Kids (CalKids)	176	158	187	156

**Increased services for the underserved and uninsured:** *Healthy Kids Mendocino* has increased access to health insurance for children since the program inception. The number of uninsured children has been reduced by half since the program’s inception in 2005, from 16 percent to 8 percent in 2007 (see **Table 2**). It also has achieved 80 percent continuous enrollment in Healthy Families and Medi-cal for children. As a result, families with a wide range of income levels, cultural backgrounds, and socio-economic status have greater access to care across different providers, not just clinics. These enrollment gains translate into increased access to clinic services for children and their families, such as well-child and dental visits. CalKids enrollees appear to be making good use of services, with

enrollees completing an average of 2.2 medical visits per year in 2008, up from 1.5 visits in 2007. Overall, the percentage of children who have never been to a dentist decreased from 17.2 percent to eight percent during the same time period. Additionally, *Healthy Kids Mendocino* has been instrumental in strengthening the network of medical, dental, mental health, pediatric, and vision care providers throughout the county.

**Table 2: Enrollments by Program, 2008-2009**

Program	Current Total Enrollment as of Dec 2008	Current Enrollment as of Dec 2009
Medi-Cal	9,987	10,599
Healthy Families (SCHIP)	2,446	2,338
Healthy Kids (CalKids)	387	437

**Improved health outcomes for targeted communities and populations:** The County has seen a significant decrease in uninsured children since the initiative’s inception, which translates into reduced use of more expensive emergency room services. Overall, the percentage of children who have visited the emergency room in the past 12 months declined from 31 percent in 2005 to 11.8 percent in 2007. Concurrently, the percentage of children who delayed or didn’t get other medical care decreased from 12.6 percent in 2005 to 5.3 percent in 2007. Moreover, children that stay out of the ER and get the medical care they need when they need it experience positive gains in other areas, such as they are more likely to stay in school. This represents a savings of over \$1 million to employers in days of work missed because a parent has to stay at home with a sick child. Last, the initiative is estimated to have saved families and hospitals upwards of \$658,000 in uncompensated care while realizing nearly \$3 million in revenue to the county from federal and state sources of funding.

**FACTORS FOR SUCCESS:**

A key factor contributing to the success of *Healthy Kids Mendocino* was forming a public/private collaborative that has high commitment and a “can do” approach to achieving universal coverage for Mendocino youth. This collaborative model reduces the barriers to accomplishing tasks that an individual agency could not do on its own. Securing the support from the Mendocino County Board of Supervisors was important for ensuring program implementation and maintained support. Also, timing and availability of resources are critical. Many other California counties were planning and launching *Healthy Kids* programs and funding was available from private foundations and First 5. Last, retooling outreach and enrollment activities or going to where the clients are, such as clinics and schools, greatly reduces the barriers to health care.

**LESSONS LEARNED:**

ARCH was a key partner in laying the groundwork for a community-wide effort to increase access to health care for

low-income families and their children. It got on the bandwagon early and was part of the decision-making infrastructure, versus trying to influence coverage expansions from the outside. ARCH parlayed its policy advocacy expertise into successful policy events that contributed to increased policymaker and community awareness for coverage expansions. It also mobilized member clinics and greatly expanded their role in working with families to address their health care needs.

**THE FUTURE:**

ARCH anticipates being involved in expanding local coverage for the next several years through its involvement with the *Healthy Kids Mendocino* Policy and Executive Committee. Funding for *Healthy Kids Mendocino* is projected to last through 2009. County commitment and staffing remains secure, but the premium is not enough through 2010. There is interest in launching a program that combines donated services and clinic vouchers for sliding scale fees that will pay for low-income patients (\$30). ARCH also will continue its participation in key committees, as well as strengthening Americorps member involvement.

**CONCLUSIONS**

More broadly, ARCH’s involvement with *Healthy Kids Mendocino* moved it squarely into the coverage arena, including educating community leaders about the state health care reform proposals in 2007. In addition, the three-partner collaborative has undertaken other countywide initiatives, such as Food For All Mendocino to expand the use of food stamps. Last, *Healthy Kids Mendocino* positions the County for broadened insurance coverage later on. For example, undocumented children are not included in federal coverage proposals and will still require support.

**FOR MORE INFORMATION:**

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**RESOURCES**

1. Megan Van Sant, Coordinator, Healthy Kids Mendocino, Comprehensive Evaluation for Calendar Year 2007 and 2008.