

## HEALTH PRIORITY

**R1:** Increase comprehensive health insurance coverage.

**R2:** Increase access to and utilization of medical/dental homes.

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### Results

**R1:** Increase comprehensive health insurance coverage.

“Comprehensive health insurance coverage is the cornerstone to access and utilization and ultimately improved health of children ages zero to five in Sacramento County. This has been and continues to be, a long-term commitment and major focus of the Commission.”<sup>1</sup>

**R2:** Increase access to and utilization of medical/dental homes.

“Comprehensive coverage is a start, however, it is important that children and families are connected with regular health care providers and that they actually use these services. The Commission recognizes the importance of reducing barriers to access and increasing families who take advantage of the availability of these services on a regular basis.”<sup>2</sup>

### Community Assessment

According to the Trends in the Well-Being of Sacramento County Children<sup>3</sup> (WRMA, 2008), 92 percent of children ages zero to five have health insurance. Eight percent are uninsured, which is equitant to approximately 9,826 children ages zero to five in Sacramento County who are uninsured. Latino children are most likely to be uninsured (12%), while only 3% of African American children are uninsured.<sup>4</sup>

According to the 2007 California Health Interview Survey (CHIS) data released in early January 2009, the number of uninsured children ages 0-18 has decreased to 16,000 in Sacramento County; a reduction of 10,000 children from the 26,000 that was reported in the 2005 CHIS data. Of the 16,000 children ages 0-18 who remain uninsured, approximately 4,800 are children ages zero to five.

### Target Population

All uninsured children in Sacramento County ages zero to five with First 5 Sacramento funds and all children ages six to 18 with leveraged funds. In addition, insured children will be assisted with the utilization of their health insurance to receive all age appropriate exams and any necessary treatment, giving emphasis to children age zero to five in the foster care system.

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<sup>1</sup> Source: First 5 Sacramento Commission, 2009 Strategic Plan Update For Fiscal Years 2010-2015

<sup>2</sup> Ibid.

<sup>3</sup> WRMA. (2008). *Trends in Well Being of Sacramento County Children*. Sacramento: Walter R. McDonald & Associates.

<sup>4</sup> Children Now analysis of data from the UCLA Center for Health Policy Research, California Health Interview Survey, “Insurance Coverage: Currently uninsured compared by race,” 2005, last accessed, August 26, 2008.

## **Background and Best Practices and Promising Practices**

The American Academy of Pediatrics (AAP) believes that the medical care of infants, children and adolescence ideally should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The physician should be known to the child and family and should be able to develop a relationship of mutual responsibility and trust with the family. These characteristics define the “medical home.”

Currently, Californians as a whole pay approximately \$7,000 every time an uninsured child visits a hospital for a preventable ailment.<sup>5</sup> In contrast, only 17% of that amount, or \$1200, is needed to provide health coverage for each uninsured child.<sup>6</sup>

The First 5 California Commission has estimated that First 5 counties will receive approximately a 10% decrease in funding through the impact of the new federal tobacco tax instituted in the reauthorization of the Children’s Health Insurance Program (SCHIP or CHIP). Additionally, First 5 Sacramento currently experiences on approximately a 3% decrease annually in revenue through ongoing decline in the sale of tobacco products.

SCHIP was reauthorized and expanded on February 4, 2009 by President Obama to include families up to 300 percent of federal poverty level (FPL), and to improve the program by including guaranteed dental benefits, grants for outreach and enrollment, and establishment of a child health quality initiative. This legislation is good for four and a half years beginning April 1, 2009 and eliminates the five-year waiting period for legal immigrant children and pregnant women to enroll in Medicaid or CHIP.<sup>7</sup>

Medicaid is known as the Healthy Families Program in California. The cost of the expanded program is funded by a nationwide tax on tobacco products of .61 cents. There is no backfill to Proposition 10 loss of funds due to the increase in taxes.

In 2003, the vision was launched that “Every Child in Sacramento County will have Health Coverage by 2006.” Several key strategies were developed that helped identify the uninsured children and a small, extremely successful pilot was launched; as a result, 2,345 children were assisted with enrolling in existing health insurance programs.

In September 2006, a local media launch event will was held to announce the enrollment of the first of many children in Healthy Kids, the new health insurance product that mirrors Healthy Families. The Healthy Kids insurance product covers families with income from 251 to 300 percent of FPL and does not consider immigration status in the eligibility guidelines. First 5 Sacramento partnered with four other First 5 counties (El Dorado, Yuba, Colusa and Placer), to create Healthy Kids Healthy Future as the administrator for Healthy Kids to achieve the following:

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2 Michael R. Cousineau et al., “Preventable Hospitalizations among Children in California Counties after Child Health Insurance Expansion Initiatives,” *Medical Care* Volume 46 (2008): pp. 142-147.

<sup>6</sup> The Henry J. Kaiser Family Foundation, *Children’s Health Facts Comparing California to the United States* (Menlo Park, CA: Kaiser Family Foundation, 2008).

<sup>7</sup> CWLA Legislative Alert, Major victory for Children Health!, February 4, 2009.

Goal: The region must implement both integrated Medi-Cal and Healthy Families outreach and enrollment processes and a new Healthy Kids program in order to:

1. Maximize coverage in these available programs,
2. Decrease the number of uninsured residents in all five counties, and
3. Increase the amount of reimbursable revenue for the Sacramento Region's hospitals and clinics.

This regional initiative was an important step towards universal coverage for children, but it did not ensure access for every child and includes income limits due to resource constraints.

The new SCHIP legislation has now expanded the Healthy Families Program to cover children with family income up to 300 percent of FPL, but does consider immigration status. Given the expansion of Healthy Families and that Healthy Kids is the payer of last resort; Healthy Kids insurance will cover a much smaller number of children in Sacramento County. It is estimated that approximately 1000 children ages zero to five would be covered by Healthy Kids over the 2010 to 2015 funding cycle.

Cover the Kids (CTK) is the local outreach, enrollment, retention and utilization (OERU) arm that assists families in their own language to complete the necessary paperwork to enroll in health insurance programs, including Healthy Kids. CTK also assists families with finding a doctor or a specialty provider and follows up with families at 3, 8 and 13 months to ensure continuous insurance coverage and utilization. CTK is a broad-based collaborative partnership that is comprised of key representatives from local hospitals, county health service agencies, community clinics, faith-based organizations, education, funding institutions and business.

Lessons learned from other counties with Children's Health Initiatives (CHI), show that there are additional strategies that CTK could implement to improve their OERU results.<sup>8</sup> Those strategies include maintaining increased communication with families and intensive case management to ensure enrollment, utilization and retention of services by employing a Retention Specialist who contacts families that have not utilized their benefits. Additionally, a partnership with all the emergency rooms in Sacramento County and developing a "No Wrong Door" approach will greatly reduce families using the emergency room for medical care.<sup>9</sup>

In addition, every child age zero to five should receive a clearance exam upon entry into foster care and follow-up services by a public health nurse to ensure that all

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<sup>8</sup> Community Health Councils, *Outreach, Enrollment, Retention & Utilization Strategies for Health Care Coverage: Operationalizing the Policy Framework*, Policies and Practices from Ten California Children's Health Initiatives, August 2008.

<sup>9</sup> *Ibid.*

recommended health examinations and referrals are fulfilled for every foster child referred to Child Protective Services (CPS) in Sacramento County.

## **Implementation Strategies**

**Strategy #1:** Increase coverage options for uninsured children by providing the Healthy Kids health insurance product as a payer of last resort.

**Strategy #2:** Increase outreach, enrollment, retention and utilization (OERU) in existing and new health insurance plans/programs and intensive case management for families that under-utilize their benefits.

**Strategy #3:** Provide leadership and advocacy by continuing to support Cover the Kids (CTK), Children's Health Insurance Coordinating Council (CHICC) and Healthy Kids Healthy Future (HKHF).

**Strategy #4:** Develop a "No Wrong Door" partnership with emergency rooms and other social service agencies including CPS.

**Strategy #5:** Require all First 5 Sacramento contractors to screen and refer, and, if indicated, refer children to Cover the Kids.

## **Funding Process**

The funding process will be contracts with Healthy Kids Healthy Future (HKHF) and Cover the Kids (CTK), beginning July 1, 2010, for a three year term with a possible two year extension upon review. In October 2009, CPS submitted a request for funding and the Commission approved the funding request for clearance exams on January 19, 2010. Services were to begin on May 1, 2010; however, a delay has caused services not to begin until after July 2010.

## **Proposed Funding Allocation**

The allocation for the five year strategic planning cycle is \$10,492,377.

## **Funding Timeframe**

The implementation timeframe will be a five-year period covering Fiscal Years 2010/11 - 2014/15.

## **Implementation Plan Summary**

A chart is provided on the next page that summarizes timelines, key strategies, outcomes, indicators, fiscal resources and identifies who is responsible for implementation of the plan.