

HEALTH PRIORITY IMPLEMENTATION PLAN SUMMARY (Health Access)

GOAL: ALL CHILDREN AND PREGNANT WOMEN HAVE ACCESS TO COMPREHENSIVE HEALTH CARE

R1: Increase comprehensive health insurance coverage.

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

Timeline	Strategies	Outcome	Indicators	Fiscal Resources	Responsible Party
July 1, 2010 to June 30 2015	Strategy 1: Increase coverage options for uninsured children by providing the Healthy Kids health insurance product as a payer of last resort.	Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.	Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.	\$ 3,237,608	HKHF Governing Board, CTK and First 5 Sacramento Staff
July 1, 2010 to June 30 2015	Strategy 2: Increase outreach, enrollment, retention and utilization (OERU) in existing and new health insurance plans/programs.	<p>Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.</p> <p>Increase in the percent of children with complete immunizations at ages 2 and 5.</p> <p>Increase in the percent of children who have received all age appropriate well child visits.</p>	<p>Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.</p> <p>Percent of children with complete immunizations at ages 2 and 5.</p> <p>Percent of children who have received all age appropriate well child visits.</p>	\$ 6,007,000	CTK and Commission Staff
July 1, 2010 to June 30 2015	Strategy 3: Provide leadership and advocacy by continuing to support Cover the Kids (CTK), Children's Health Insurance Coordinating Council (CHICC)	Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.	Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.	\$0 (included in above allocation)	CTK and Commission Staff

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	and Healthy Kids Healthy Future (HKHF).	<p>Increase in the percent of children with complete immunizations at ages 2 and 5.</p> <p>Increase in the percent of children who have received all age appropriate well child visits.</p>	<p>Percent of children with complete immunizations at ages 2 and 5.</p> <p>Percent of children who have received all age appropriate well child visits.</p>		
July 1, 2010 to June 30 2012	Strategy 4: Develop a “No Wrong Door” partnership with emergency rooms and other social service agencies (CPS).	<p>Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.</p> <p>Increase in the percent of children with complete immunizations at ages 2 and 5.</p> <p>Increase in the percent of children who have received all age appropriate well child visits.</p>	<p>Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.</p> <p>Percent of children with complete immunizations at ages 2 and 5.</p> <p>Percent of children who have received all age appropriate well child visits.</p>	\$ 690,370	CTK, CPS and Commission Staff
July 1, 2010 to June 30 2015	Strategy 5: Require all First 5 Sacramento contractors to screen and refer, and, if indicated, refer children to Cover the Kids (CTK).	<p>Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.</p>	<p>Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application assistance.</p>	\$ 0	CTK and Commission Staff

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		<p>Increase in the percent of children with complete immunizations at ages 2 and 5.</p> <p>Increase in the percent of children who have received all age appropriate well child visits.</p>	<p>Percent of children with complete immunizations at ages 2 and 5.</p> <p>Percent of children who have received all age appropriate well child visits.</p>		
Funds available for contracting				\$ 9,934,978	
Program management: .56 Program Planner B				\$ 452,399	
Media costs				\$ 100,000	
Program support				\$ 5,000	
TOTAL PROGRAM ALLOCATION				\$ 10,492,377	