April 2–4, 2002 / San Francisco Bay Area

NATIONAL HEALTH POLICY FORUM

Site Visit Report

Child and Family Health Initiatives in the Bay Area

The George Washington University
WASHINGTON DC

CONTENTS

Site Visit Managers
Jennifer M. Ryan
Wakina Scott

Site Visit Coordinator
Dagny Wolf

National Health Policy Forum
2131 K Street NW, Suite 500
Washington DC 20052

202/872-1390
202/862-9837 [fax]
nhpf@gwu.org [e-mail]
www.nhpf.org [web site]

Judith Miller Jones – *Director*
Judith Moore – *Co-Director*
Michele Black – *Publications Director*

NHPF is a nonpartisan education and information exchange for federal health policymakers.

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The Forum would like to thank several people in particular for their assistance during the planning and execution of the site visit. Peter Long made a tremendous contribution to the success of the site visit as a consultant to the Forum during the planning and as a resource person on the trip; Sandra Shewry was also a great resource throughout the planning process as well as during and after the site visit; and Claudia Page provided insights and advice in the planning process, as well as making an excellent presentation of the Health-e-App.

For their hospitality, the Forum would especially like to thank Leona Butler, who hosted the group on the third day of the site visit, provided advice in planning, arranged for a special school-based outreach event, and provided a wonderful lunch. Thanks also to Sherry Hirota, who shared her thoughtful insights about immigrant issues with the group and provided an informative tour of her clinic, Asian Health Services. Todd Hansen and David Lees of the Health Trust very kindly arranged for site visitors to tour their mobile dental van and hear about the Watch Your Mouth initiative. Finally, the Forum would like to thank Jennifer Foreman, M.D., at the Bascom Pediatric Clinic and Matt Kendall and his staff at the Indian Health Center of Santa Clara Valley for their cooperation in providing the group back-to-back tours of their facilities.

As always, the success of any site visit is largely determined by its participants. The Forum is grateful for the interest, enthusiasm and thoughtful discussions generated by our federal and foundation site visitors.

April 2–4, 2002 / San Francisco Bay Area

Child and Family Health Initiatives in the Bay Area

BACKGROUND

This section was written by Peter Long, M.H.S., UCLA School of Public Health, who worked with the Forum as a consultant on the site visit.

Over the past two years, three Bay Area counties have implemented ambitious initiatives to expand health coverage to uninsured children. Alliance Family Care in Alameda County, Healthy Kids in Santa Clara County, and Healthy Kids in San Francisco County all target children living in families with incomes up to 300 percent of the federal poverty level (FPL) who do not qualify for publicly sponsored programs. (For a family of four in 2002, 300 percent of the federal poverty level equals $54,300.) The two primary target groups are low-income, undocumented children and children living in families with incomes between 250 percent and 300 percent of the FPL. Although there are important differences between the three programs, the target populations, benefits, and administrative structures are similar. Each product covers comprehensive medical, dental, vision, and mental health benefits, with small premiums and cost-sharing requirements for subscribers based on the Healthy Families program. In each case the new product is being administered by the health plan operating the Local Initiative (LI) in the county's Two-Plan Model, which serves as the sole health plan for these beneficiaries (see description below).

These three county initiatives to expand health insurance coverage for children operate in a context of (*a*) existing health insurance programs for low- and moderate-income children and (*b*) methods of financing of health care for uninsured children in California. The following summarizes the key features of Medi-Cal and Healthy Families, describes the state's uninsured children, reviews the current financing mechanisms that pay for their care, and identifies recent federal and state activities that could affect these county initiatives.

Health Insurance Coverage for Low-Income Children

Nearly one in three children in California are enrolled in either Medi-Cal or Healthy Families. Medi-Cal is the state's Medicaid program, which guarantees coverage of a specified set of benefits for all children who meet its eligibility and income requirements. It is administered by the Department of Health Services (DHS). In the current

In 1999, 1.85 million of California's 10 million children lacked health insurance.

fiscal year, an estimated 3.0 million children will be enrolled in Medi-Cal.[1] California's version of the State Children's Health Insurance Program (SCHIP), Healthy Families is a separate program administered by the Managed Risk Medical Insurance Board (MRMIB). The program provides subsidized insurance for children who meet its eligibility requirements and have incomes between 100 and 250 percent of FPL (up to $45,250 for a family of four). As of February 2002, 511,000 children had enrolled in Healthy Families. Access for Infants and Mothers (AIM) provides insurance coverage to an additional 30,000 pregnant women and to infants under two years of age.[2]

In 23 of California's 58 counties, health care services under Medi-Cal are delivered in a managed care setting based on one of three models: the Two-Plan Model, Geographic Managed Care, and County Organized Health Systems.[3] The Two-Plan Model, in effect in 12 counties with large Medi-Cal enrollments, allows beneficiaries to choose between a public entity (known as the Local Initiative and a commercial health maintenance organization. More than 2.6 million Medi-Cal beneficiaries (predominantly children and families) are currently enrolled in a managed care plan. All children enrolled in Healthy Families are members of a health plan.

In 1999, 1.85 million of California's 10 million children lacked health insurance. Analysis of their demographic characteristics by UCLA's Center for Health Policy Research indicates that two out of every three uninsured children in California may qualify for Medi-Cal or Healthy Families. Nearly 40 percent, or 726,000 children, qualify for Medi-Cal. Another 535,000 children qualify for the Healthy Families program.[4] The remaining one-third of uninsured children in California live in families that earn more than the maximum annual income to qualify for Healthy Families (250 percent of FPL) or are undocumented immigrant children. This latter group is eligible to receive emergency medical services under Medi-Cal if their families have low incomes.

Health Care Delivery and Financing for Uninsured Children

California counties and the state share responsibility for providing preventive health care services and related treatment to uninsured children. The Child Health and Disability Prevention (CHDP) Program was established in 1973 to provide preventive health, vision, and dental screening for children in low-income families who do not qualify for Medi-Cal.[5] It is modeled after the federal EPSDT (Early and Periodic Screening Diagnosis and Treatment) Program. The state provides oversight and funding, while counties are responsible for recruiting CHDP providers, educating them about the program, and ensuring client referrals and follow-up. As a condition of receiving funds from a 1989 tobacco tax increase (Proposition 99) to pay for indigent care, counties are required to provide follow-up treatment

for any conditions detected during the screening process. An estimated 1.8 million screens were provided under CHDP in state fiscal year (SFY) 2000–2001.[6] With the expansion of Medi-Cal eligibility and the creation of Healthy Families, however, the state Legislative Analyst's Office found that there is now considerable overlap between the eligibility requirements for the three programs.[7]

In terms of their financing and delivery of care to indigent populations, California counties can be divided into three broad categories: rural counties, urban counties that pay for indigent health services, and urban counties that provide health services through publicly funded hospitals and clinics (Alameda, San Francisco, and Santa Clara). Urban provider counties typically operate under an open door policy, providing health care to all uninsured adults and children regardless of their ability to pay.

Federal and State Activities That Could Affect County Initiatives

Efforts to Increase Enrollment in Medi-Cal and Healthy Families— Over the past three years, DHS and MRMIB have developed a comprehensive outreach and education campaign to increase public awareness and enrollment in Medi-Cal and Healthy Families among "hard-to-reach" populations.[8] As part of the state's overall outreach campaign in July 2001, DHS awarded $6 million in contracts to community-based organizations and $5.5 million in contracts to school outreach efforts. California also has adopted numerous strategies to remove administrative barriers to enrollment in Medi-Cal and Healthy Families. These strategies include a shortened joint application for both programs, the introduction of 12-month continuous eligibility, and the elimination of quarterly status reports under Medi-Cal.[9] The state is also in the process of introducing the Health-e-App, an online enrollment system that will transmit applications to the state's "Single Point of Entry" as soon as they are completed.[10]

Recently, Gov. Gray Davis signed two laws (A.B. 59 and S.B. 493) that will permit the sharing of eligibility information among the Food Stamp Program, the National School Lunch Program, Medi-Cal, and Healthy Families. A.B. 59 will allow school districts to ask families enrolled in the National School Lunch Program if they are interested in learning more about state-sponsored health care. If parents are interested, the school district can forward income information to the county welfare office or to Healthy Families for follow-up. S.B. 493 will allow households receiving food stamps to receive a letter at recertification asking for their permission to submit income and family information to Medi-Cal and Healthy Families. (Due to state fiscal pressures, implementation of the new laws will likely be delayed.)

California's Health Insurance Flexibility and Accountability (HIFA) Waiver—In December 2000, the state of California submitted a Section

California has adopted numerous strategies to remove administrative barriers to enrollment in Medi-Cal and Healthy Families.

Under the state's HIFA waiver, parents with incomes under 200% of FPL would be eligible to enroll in the Healthy Families program for a heavily discounted premium.

1115 waiver proposal to the Centers for Medicare and Medicaid Services (CMS) to expand the Healthy Families program to cover parents of children enrolled in Medi-Cal and Healthy Families. Under the state's HIFA waiver, parents with incomes under 200 percent of FPL would be eligible to enroll in the Healthy Families program for a heavily discounted premium. CMS estimates that 275,000 parents would be eligible for coverage under the waiver.[11] (Although the waiver was approved in January 2002, there is some uncertainty about the timing of its implementation. Due to revised budget deficit projections announced by the governor in May 2002 [see box entitled "State Budget Crisis Escalates"], implementation of the waiver expansion will most likely be delayed until July 2003.)

State Budget Crisis—The expansions in Santa Clara, Alameda, and San Francisco Counties are occurring against the backdrop of a dramatic budget shortfall for the SFY 2002–2003 budget. While the governor has indicated a desire to protect children's health programs from budget cuts, the state's budget deficit has reached an alarming level. For example, the governor has proposed to phase out the CHDP Program with a plan to transition all eligible children into Medi-Cal and Healthy Families. Currently, the state's general fund pays for 90 percent of the expenditures for CHDP compared to approximately 50 percent for Medi-Cal and 33 percent for Healthy Families. The elimination of CHDP would produce savings of $69.5 million to the state. The governor's budget would also provide $17.5 million in supplemental funding for the state's program that pays for indigent care for adults to continue to pay for health assessments and related treatment for undocumented, low-income children.[12]

PROGRAM

The National Health Policy Forum led a site visit for 15 federal congressional and executive agency health staff to California on April 2–4, 2002. The goal of the site visit was to examine locally based child and family health initiatives in the San Francisco Bay Area and explore the successes and challenges state and local governments face in reaching out to the uninsured. The program focused on three major themes:

- Exploring the health expansion initiatives under way in Santa Clara, Alameda, and San Francisco Counties.
- Understanding the successes and challenges in serving a culturally diverse population.
- Demonstrating the latest advances in enrollment and retention processes.

On April 2, after traveling to San Jose, site visitors participated in a discussion with state officials and researchers on the history and evolution of Medi-Cal and Healthy Families, as well as the effect of the budget situation on these programs. In addition, site visitors heard about the interaction and influence between Medi-Cal and Healthy

Families and the local initiatives in Santa Clara, Alameda, and San Francisco Counties. The next panel included an in-depth presentation by the chief executive officers of each of the health plans that are spearheading the initiatives and a discussion of how the three programs relate to one other.

On the second day, site visitors traveled to Oakland to spend a day learning about expanding services to children and families and efforts to serve a culturally diverse population. The day began at the Oakland Asian Cultural Center with a presentation by providers, advocates, and researchers who discussed the key elements of reaching out to and enrolling children and families as well as the challenge of helping them stay enrolled. The panel discussion was followed by a presentation at the Asian Health Services (AHS), a local clinic that has been serving the Asian community for more than 25 years. Site visitors heard about the various ethnic groups served by AHS and the language and cultural challenges that exist in serving this population. During a tour of the AHS clinic, site visitors were provided with headsets—used frequently by the clinic for translation purposes—to hear the guide clearly and to get a taste of the latest technology used by the clinic.

Following the tour of AHS, site visitors returned to the Oakland Asian Cultural Center for lunch and a discussion with outreach workers from several different organizations on some of the tools and strategies they use in their work with the community. Site visitors heard about the cultural differences that need to be addressed during the enrollment process, the need for translation services, and the barriers to access to care. The final panel of the day focused on immigration issues. A panel of immigrant health experts discussed the policies that create significant barriers for immigrants in obtaining health coverage, the continued need for guidance on the public charge issue, and changes needed in the welfare and immigration laws that would help to better serve the immigrant community.

The third day began with an informal discussion over breakfast with the key leaders and creators of the Santa Clara Children's Health Initiative. Site visitors heard from a provider, a representative of the labor community, a community advocate and a county social service official about the key factors that enabled Santa Clara to establish and implement the children's health initiative as well as about the successes and continuing challenges of the Healthy Kids program.

After the morning discussion, site visitors toured two local health clinics in San Jose, the Bascom Pediatric Clinic and the Indian Health

STATE BUDGET CRISIS ESCALATES

In the period since the site visit, the budgetary situation in California has worsened. On May 14 the governor announced that the shortfall may actually reach $23.6 billion and released a revised budget proposal that includes a new round of cutbacks for health programs. The budget proposes cuts in certain Medi-Cal optional benefits and reinstates the policy of quarterly eligibility status reports for adults (children still have 12 months of continuous eligibility under Medi-Cal and Healthy Families). The proposal also rescinds the section 1931 eligibility expansion to cover two-parent families with incomes up to 100 percent of the FPL and rescinds the Medi-Cal provider rate increases that had been included in the 2000 Budget Act. (Payment rates for providers of children's services would be protected from cuts.) The proposal also delays implementation of A.B. 59 and S.B. 493 and of the parent coverage expansion and further cuts outreach funding for the Healthy Families Program. The governor's revised proposals will continue to fuel negotiations in the state legislature about the final budget, which will not likely be settled for several months.

Center of Santa Clara Valley. Site visitors were split into two groups so that each group could visit both clinics and have an in-depth discussion in a more intimate setting. While at the clinics, site visitors heard about the populations served by each, the challenges the clinics faced in serving their populations, and the influence that Healthy Kids has had on the utilization of the clinic. Next, site visitors traveled to the offices of the Santa Clara Valley Health Plan for lunch and informal discussion with the Children's Health Initiative advisory board members. This was followed by a panel discussion with community representatives, who reviewed the importance of trust and reaching out to families on a one-on-one, face-to-face basis in order to assist them with enrollment and educate them about navigating the health are system.

Site visitors then traveled to a local elementary school to observe a school-based outreach and enrollment event. This event provided an illustration of the successful collaboration between the health plan and local school districts and emphasized the importance of reaching children in a familiar setting. While at the school, site visitors also had a chance to tour a mobile dental van— sponsored by the Health Trust foundation—that travels throughout the community to local schools in order to provide dental services to children.

The site visit program concluded at the headquarters hotel with a presentation and demonstration of Health-e-App, an online application developed by the Medi-Cal Policy Institute (sponsored by the California Health Care Foundation), that is set to be implemented across the state by September 2002. Site visitors saw firsthand how the online application works and discussed the challenges and policy implications of moving forward with the new technology. In addition, site visitors heard about the lessons learned from the experience of testing the Health-e-App through a pilot program in San Diego. Finally, the group discussed the possibility of replicating the system in other states, or even nationally.

Site visitors completed detailed evaluation forms that gave them the opportunity to highlight the sessions or sites they found most useful and future issues they would like to see the Forum explore. They also participated in a "debriefing" meeting that took place on April 12. This report is a compliation of the evaluation responses and the productive conversation that ensued in the debriefing meeting, as well as oral comments made throughout the course of the site visit.

While the report reflects site visitors' impressions of the site visit, it also includes notations of new developments with the state budgeting process that have taken place since the visit. The state's budget shortfall was known and discussed throughout the site visit. But on May 14, the governor announced that the shortfall will likely be twice as large as originally anticipated and consequently proposed a series of additional cuts to California's health programs (see box).

IMPRESSIONS

History and Context of Health Care in the Bay Area

Although California has one of the largest proportions of uninsured citizens and a historically difficult eligibility process for public programs, progress has been made.

The passage of the State Children's Health Insurance Program in 1997 gave California Healthy Families a leaner, more efficient health insurance program for children. In addition, the implementation of the new program and the new outreach philosophy precipitated major changes to the Medi-Cal program, such as reducing a 28-page application to 4 pages and removing the quarterly income reporting requirement for eligibility verification.

The devolution of public program administration to the county level in California creates both challenges and opportunities for innovation.

Unlike some states that run programs, set policies and administer funding from the state capitol, California operates with a "hands off" approach that gives its 58 counties almost total autonomy. However, while states share funding with counties to administer local initiatives such as those studied in the Bay Area, keeping lines of communication open and coordinating efforts with the state will continue to be a challenge.

California, like the majority of states, is facing a significant shortfall for the SFY 2002–203 budget.

The governor has made a number of attempts at finding ways to trim the state's health program budget (efforts that have been intensified by the most recent announcement that the budget deficit may be twice as large as originally expected). Additional layers of complexity include the upcoming election, the politics around the approval of the long-awaited federal waiver to expand Healthy Families to adults, and the seemingly counterintuitive success of the county-based initiatives.

Local Innovation: A Step toward Universal Coverage

Over the past two years, three Bay Area counties have implemented ambitious initiatives to expand health coverage to uninsured children and families.

Using funds made available by the tobacco settlements of the late 1990s—in combination with other local and private funding sources—several of California's counties have taken the initiative to move toward "universal" health coverage for children and families, regardless of citizenship status. This level of innovation and effort is extraordinary, and few other jurisdictions have matched California's commitment.

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The initiatives in Santa Clara, Alameda, and San Francisco Counties look much the same on paper, however, each has a unique development and funding source that sets it apart.

While the three initiatives all target children (and adults in Alameda county) with family incomes up to 300 percent of the FPL who do not otherwise qualify for Medi-Cal or Healthy Families due to income or immigration status, they each derived their initial support and have gained funding from widely differing sources:

■ In Santa Clara County, support from the local health plan, labor and faith-based groups, and the county's board of supervisors played a major role in the creation of the county's **Healthy Kids** program. The $14.5 million program budget relies on several sources of funding, including county and San Jose city tobacco settlement funds, contributions from the Santa Clara Family Health Plan, grant funds from Proposition 10 (a state-wide ballot initiative), the David and Lucile Packard Foundation, and other foundations and corporations. (As of May 2002, 9,650 children were enrolled in the Healthy Kids Program.)

■ The Alameda Alliance for Health, a local health plan, was the major force in establishing **Alliance Family Care**. Funded primarily from the health plan's reserve funds ($14.6 million of a $16 million budget), this program is unique in that the alliance decided to expand its program to serve entire families rather than just children. Alameda county recently committed a portion of its share of the national tobacco settlement money to the Family Care program; the plan has also received grant funds from the California Endowment to help subsidize premiums for undocumented children. (As of May 2002, there were 4,386 adults and 2,096 children enrolled in the Family Care program.)

■ San Francisco County's **Healthy Kids** program, was initiated by the strong political support from Mayor Willie Brown and the San Francisco Coalition for Healthy Kids. The program was implemented on January 1, 2002, and was closely modeled after the Santa Clara County initiative. Administered by the San Francisco Health Plan, funding for the $4 million program budget is provided primarily through city revenues and some Proposition 10 monies. (As of May 2002, there were 1,009 children enrolled in Healthy Kids.)

While these local initiatives are making a significant contribution toward reaching out to the uninsured, the possibility for their successful replication in other states or nationwide is uncertain.

The political climate in California enabled the combination of strong leadership and community buy-in to drive the creation and implementation of the three local initiatives. Absent any one of these key ingredients, other counties within California and other states may have difficulty in replicating their success. In addition, the ability to access both tobacco funds and foundation support simultaneously would be rare and complicated to find and sustain in the rest of the country.

Tobacco Funding: The Smoking Gun

The local initiatives would not have been possible without the presence of tobacco settlement funds.

While many states have "committed" the use of this new and ongoing source of funding—which is shared among counties, cities, and the state—to health care initiatives, the county-based initiatives in California are the largest and most tangible efforts to date.

Proposition 10 provided additional funding for children's health programs at a critical time.

With the passing of Proposition 10 in November 1998, a 50 cent-per-pack tax was added on cigarettes sold in the state. The California Children and Families Commission has dedicated the revenue generated by the tax to funding general health care and health education activities as well as county-based initiatives. Eighty percent of the approximately $700 million collected each year is allocated directly to counties, while the remaining 20 percent is allocated to the state commission for broader use throughout the state.

Successful Enrollment Strategies

With the use of certified application assisters (CAAs), California has been able to reach out to thousands of children and families eligible for Medi-Cal and Healthy Families.

The advent of SCHIP has shed new light on the value of outreach as a means of finding and enrolling children and their families in health coverage. California has trained and employed more than 20,000 CAAs who work with families in clinics, community centers, schools, and their homes. Receiving $50 for each application that results in a successful enrollment, CAAs help families to navigate a health system that is often seen as complex. Despite the best of intentions, California, like many states, has a "stair-step" eligibility structure, under which many families have one child enrolled in Medi-Cal and the other in Healthy Families or a local health program. This is particularly common in immigrant families, where one child may be a citizen, a second child may be a legal immigrant, and still a third child may be undocumented.

The success of the three local initiatives has hinged on long-standing relationships with the community, with providers, and with the county administration.

The local initiatives began with a strategy of "in-reach" first, utilizing the trust built within communities and emphasizing the importance of face-to-face enrollment assistance when families come into clinics or hospitals for services to ensure that they complete the process successfully. Outreach strategies have been spearheaded through grassroots efforts to utilize the trusted places in the com-

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munity by providing application assistance in homes, churches, health clinics, and work establishments.

The recent passage in the state legislature of A.B. 59 and S.B. 493 to allow sharing of income and eligibility information among the Food Stamp Program, the National School Lunch Program, Medi-Cal, and Healthy Families could put a new face on school-based enrollment in Medi-Cal and Healthy Families.

Making this very logical connection between programs that have overlapping income eligibility guidelines would assist outreach workers in targeting families and provide them the new ability to directly forward information between programs and speed up enrollment processes. (However, the governor's updated budget proposal would delay implementation of the legislation until July 2005.)

In serving California's diverse community, language and cultural sensitivity play a pivotal role in the enrollment and retention process.

CAAs, providers, and administrative staff who are bilingual or multilingual have become the rule rather than the exception. Providing materials in many languages has helped to better educate and inform clients of all backgrounds. In Santa Clara and Alameda Counties, access to translation services has been a key to increasing the quality of care and service to clients.

Immigration and Health Policy: A Continuing Saga

Despite significant improvements in the past few years, policies regarding immigrants' eligibility for health benefits continue to be confusing and often misleading to families considering application.

Particularly among families whose first language is not English, the challenge of understanding eligibility rules (both culturally and substantively) often acts as the greatest barrier to enrollment. The increasing availability of translation and interpretation services in a wide range of venues has helped tremendously, but more needs to be done. Groups like Casa en Casa's "promotores" provide an excellent example of the importance of grassroots efforts and trust relationships as an ingredient of success.

Working within the community to build trust and dispel fears has been both the greatest challenge and one of the greatest successes of the local initiatives.

The trust issue is vital for outreach workers and CAAs who are tasked with explaining how the "public charge" policy really affects immigrants. This is a challenge when reports and rumors of demands for repayment of past benefits, threats of deportation, and conscription into the military abound at the grassroots level. The problems associated with sponsor deeming will be the next major hurdle for immigrant advocates to tackle.

The proposed "transition" of the Child Health Disability Prevention program that was announced during the site visit could potentially lock out many immigrants who currently rely on its services as their only source of health care.

When the governor proposed eliminating the program in response to state budgetary pressures, the public and academic reaction prompted the state to modify the proposal to redirect some of the funding to include a process to ensure that those children who are actually eligible for Medi-Cal or Healthy Families are enrolled. The state has also recommitted a portion of the funding to maintain the program for undocumented immigrants. (The recent budget update included additional funds to support the development of Internet-based products to help smooth the transition.)

Sustainability

Program retention is a major problem and an elusive issue. State administrators continue to be baffled by disenrollments that take place for no apparent reason.

The latest challenge has been the lack of response by some individuals to renewal notices and phone calls and their subsequent disenrollment for failure to pay the $4 monthly premium. The state has offered some incentives, such as encouraging electronic payroll deduction payments and providing a 25 percent discount for paying three months of premiums in advance, designed to boost retention. However, other state laws, such as one requiring a six-month waiting period before re-enrollment if an individual is disenrolled for failure to pay premiums, continue to create barriers.

The foundations and other private funding sources that the programs rely on are fluid and generally not compatible with the long-term budgeting cycles required for large program administration.

Although the county-based initiatives have had great success in fundraising thus far, concerns have been raised about the sustainability of the funding sources and the potential consequences of their being forced to cap enrollment or discontinue program benefits should the money run out. Partnerships with other entities will also continue to be critical, for financial and other reasons.

Provider payment rates continue to be inadequate, manifested most prominently by the lack of dentists participating in the programs.

California boasts success in operating the "least expensive" Medicaid program in the country, while electing all but one of the optional coverage categories. However, provider payment rates have been highly criticized and providers continue to resist serving Medi-Cal patients, necessitating a variety of solutions funded by outside sources. The lack of participating dentists, for example, has forced private funding initiatives like the Health Trust to fill the need with mobile dental vans and ongoing dental access initiatives.

IMPRESSIONS

The online Health-e-App is a tremendous innovation that will eventually make processes more seamless and family-friendly.

The availability of an online application that can do a preliminary eligibility determination almost immediately (with the exception of the verification process) serves as an example for other states. Health-e-App is considered a work in progress, and the state will continue its efforts to improve the coordination between programs.

ENDNOTES

1. For a detailed description of the Medi-Cal program and enrollment statistics, see http://www.dhs.cahwnet.gov or the Medi-Cal Policy Institute's website at http://www.medi-cal.org.

2. For more information about enrollment in Healthy Families, AIM, and MRMIP, see htttp://www.mrmib.ca.gov.

3. Medi-Cal Policy Institute, "Medi-Cal Managed Care," Fact Sheet #8, Medi-Cal Policy Institute, Oakland, California, March 2002; accessed May 22, 2002, at

4. 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, Los Angeles, February 2001.

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6. Legislative Analyst's Office (LAO), "Obstructed Entry: CHDP Fails as a Gateway to Affordable Health Insurance," California Legislature, Sacramento, California, 2001; accessed May 22, 2002, at http://www.lao.ca.gov/2001/chdp/013001_chdp.html.

7. LAO, "Obstructed."

8. LAO, "Obstructed."

9. Child and Adolescent Services Research Center, "Evaluation of Outreach and Education Campaign for Healthy Families Program and Medi-Cal for Children: Final Report," Child and Adolescent Services Research Center, San Diego, California, March 2001.

10. Health and Human Services Agency, Department of Health Services, and Managed Risk Medical Insurance Board, 'Streamlining Application and Enrollment for the Healthy Families Program and Medi-Cal for Children,' State of California, Sacramento, June 2001; accessed May 22, 2002, at http://www.dhs.cahwnet.gov/mcs/mcpd/meb/medi-cal%20reports/PDF/ele.pdf.

11. The 2001–2002 state budget provides $1.3 million to support the statewide implementation of the Health-e-App project.

12. Press Office, "HHS Approves Plan to Expand Coverage to 300,000 Uninsured Californians under New Waiver Initiative," *DHHS News,* U.S. Department of Health and Human Services, Washington, D.C., January 24, 2002; accessed May 22, 2002, at http://www.hhs.gov/news/press/2002pres/20020124a.html.

13. Department of Finance, "2002-3 Governor's Budget Summary," State of California, Sacramento, 2002; accessed May 22, 2002, at http://www.dof.ca.gov/HTML/Budget02-03/00_toc.htm.

Tuesday, April 2, 2002

AGENDA

3:00 pm Arrival and check-in at the Hayes Mansion and Conference Center, San Jose

3:30 pm HISTORY AND OVERVIEW OF CALIFORNIA'S HEALTH PROGRAMS
[*San Jose Room*, *Hayes Mansion*]

Sandra Shewry, *Executive Director,* Managed Risk Medical Insurance Board

Peter Harbage, *Assistant Secretary for Programs and Fiscal Affairs,* California Health and Human Services Agency

Peter Long, *Joseph and Celia Blann Fellow,* Department of Health Services, UCLA

- What are the distinguishing features of Heathy Families? How has the program changed over time? What have been the key successes and challenges in implementing and operating Healthy Families?
- How has the Medi-Cal program changed in response to SCHIP? What are the most significant challenges for Medi-Cal to date?
- How will the elements of the governor's budget and the current economic situation affect health expansions in the coming year? What, if any, plans exist for implementing the newly approved waiver to bring parents into the SCHIP program?
- How have Healthy Families and Medi-Cal been affected by the presence of the new health initiatives in Santa Clara, Alameda, and San Francisco counties?

4:45 pm HEALTH INITIATIVES IN THE BAY AREA:
UNIVERSAL COVERAGE IN ACTION

Leona Butler, *Chief Executive Officer*, Santa Clara Family Health Plan

Irene Ibarra, *Chief Executive Officer*, Alameda Alliance for Health

Jean Fraser, *Chief Executive Officer,* San Francisco Health Plan

- What were the political and ideological motivations for these three initiatives?
- How has the absence of federal funding assisted or hindered enrollment efforts?
- What have been the greatest successes and challenges in implementing the programs?
- How has the presence of Medi-Cal and Healthy Families affected your outreach and marketing strategies?
- What are the potential barriers to sustainability of funding sources?

6:00 pm Break

AGENDA

6:15 pm Reception for speakers and federal participants *[Eagle Rock Patio, Hayes Mansion]*

6:45 pm Dinner *[Almaden Room, Hayes Mansion]*

8:00 pm Adjournment

Wednesday, April 3, 2002

7:30am Continental breakfast available *[Almaden Room, Hayes Mansion]*

8:15 am Bus departure for Asian Cultural Center, Oakland

9:30 am FINDING FAMILIES AND KEEPING THEM ENROLLED
[Rooms 4/5, Asian Cultural Center, Oakland]

Kristen Testa, *Health Programs Manager,* Children's Partnership

Ralph Silber, *Chief Executive Officer,* Alameda Health Consortium

Dana Hughes, *Associate Professor,* Institute for Health Policy Studies, University of California, San Francisco

- What have been the key elements of successful outreach efforts in California?
- What are the retention rates for families enrolled in Medi-Cal and Healthy Families?
- What factors contribute to a family's decision of whether to renew their enrollment in the program?
- How do retention rates in Healthy Families and Medi-Cal relate to the presence of the new Family Care Initiative?

10:45 am ASIAN HEALTH SERVICES: SERVING THE COMMUNITY

Sherry Hirota, *Chief Executive Officer,* Asian Health Services

Dong W. Suh, *Planning and Development Manager,* Asian Health Services

- What are the different ethnic groups served at Asian Health Services?
- What providers are housed at the clinic to meet the varying needs of this population?
- What particular language and cultural challenges exist in serving these diverse population groups?

Noon Lunch and informal discussion *[Asian Cultural Center, Oakland]*

REACHING OUT TO A DIVERSE COMMUNITY

Kelvin Quan, *Chief Financial Officer,* Alameda Alliance

Phuong An Doan Billings, *Community Health Specialist,* Asian Health Services

Wednesday, April 3, 2002 (cont.)

AGENDA

Marta Fuentes, *Certified Application Assister,* La Clinica de La Raza

- What are your basic outreach tools and techniques? What strategies have been most effective?
- What are some examples of cultural differences that need to be addressed during the enrollment process and process of providing services to low-income families?
- How are translation services typically made available to applicants?
- What are the greatest barriers to access to care for non-English-speaking individuals? Does fear of deportation continue to play a significant role in immigrants' deciding whether or not to apply?

1:00 pm IMMIGRANTS AND HEALTH: OPENING DOORS AND BORDERS
[Asian Cultural Center, Oakland]

Sherry Hirota, (see title above)

Tanya Broder, *Staff Attorney–Public Benefits,* National Immigration Law Center

Ignatius Bau, *Deputy Director,* Asian and Pacific Island American Health Forum

- How have the 1996 changes to the federal immigration laws affected health programs?
- What policies have created the most significant barriers to care? Have things improved over the years?
- How has the presence of the Healthy Families Initiative affected immigrants' ability to access health care services?
- To what extent has the INS guidance on the public charge issue helped dispel fears about deportation or other adverse consequences from accessing public health benefits?
- Short of restoring benefits completely, what changes to the welfare reform law are needed to more adequately serve the immigrant community?

2:30 pm Bus departure for Hayes Mansion.

3:30 pm Free time at Hayes Mansion

6:00 pm Bus departure for federal and foundation participants' dinner at Spiedo

6:30 pm Dinner *[Spiedo, 1512 West Santa Clara Street, downtown San Jose]*

8:30 pm Bus departure for Hayes Mansion

AGENDA

Thursday, April 4, 2002

7:30 am Breakfast available *[Almaden Room, Hayes Mansion]*

8:00 am Informal panel discussion

THE CHILDREN'S HEALTH INITIATIVE: HISTORY IN THE MAKING

Leona Butler, *Chief Executive Officer,* Santa Clara Family Health Plan

Bob Sillen, *Executive Director,* Santa Clara Valley Health and Hospital System

Bob Brownstein, *Policy Director,* Working Partnerships USA

Judy Chirco, *Board Member,* People Acting In Community Together

Will Lightbourne, *Director*, Santa Clara County Department of Social Services

- What were the key factors that enabled Santa Clara County to establish and implement the Children's Health Initiative?
- What have been the biggest successes of the initiative? What challenges remain?
- To what extent did policies regarding immigrants' access to health care drive the development of the initiative?

9:00 am Bus departure for visits to health clinics

9:30 am HEALTH CARE IN ACTION: A WALKING TOUR OF TWO CLINICS

Tour of Bascom Pediatric Clinic *[750 Bascom Avenue]*

Tour of Indian Health Center of Santa Clara Valley *[1333 Meridian Avenue]*

- What is the demographic breakdown of the population served in your clinic?
- What are the greatest challenges you face in serving vulnerable and low-income populations?
- How has the existence of the Healthy Kids program affected utilization of your clinic?

11:30 am Departure for Santa Clara Valley Health Plan *[210 East Hacienda Avenue, Campbell]*

11:45 am Lunch and informal discussion with Children's Health Initiative advisory panel members

12:30 pm COMMUNITY CONNECTIONS: INNOVATION AND PERSEVERANCE

Marta Avelar, *Community Relations Director,* Santa Clara Family Health Plan

Margo Maida, *Director,* Valley Community Outreach Services

Thursday, April 4, 2002 (cont.)

AGENDA

Todd J. Hansen, *Senior Vice President and General Counsel,* Health Trust

Lorena Madrid, *Director,* Casa en Casa

- What are the most effective methods of outreach and marketing to low-income populations?
- How great a role does trust at the community level play in a family's decision of whether or not to apply for programs?
- What lessons about outreach have been learned from the Healthy Families experience over the past four years?
- What can the federal government do to assist communities in their outreach efforts?

1:30 pm Bus departure for school-based enrollment event *[505 Escuela Avenue, Mountain View]*

2:00 pm WHERE THE CHILDREN ARE: MAKING THE SCHOOL CONNECTION [*Castro Elementary School, Mountain View-Whisman School District*]

Observation of a school-based outreach and enrollment event being held at a local elementary school. Events such as these are a frequent occurrence in Santa Clara County and provide an illustration of successful collaboration between the health plan and local school districts. (A mobile dental unit, sponsored by the Health Trust, will also be on site at the school, with tours available.)

3:15 pm Bus departure for Hayes Mansion

3:45 pm ENROLLMENT INNOVATIONS AT WORK: HEALTH-E-APP AND THE FUTURE *[San Jose Room, Hayes Mansion]*

Claudia Page, *Program Officer, ihealth and Technology,* California HealthCare Foundation

Andrea Coldwell, *Health-e-App Project Manager,* California Department of Health Services

- How will the Health-e-App change the enrollment process for California?
- What are the policy implications of an online application? What are the accompanying logistical and administrative issues?
- What lessons were learned from the San Diego pilot?
- What is the status of implementation of the Health-e-App in Santa Clara County and across the state?
- Have other states shown interest and/or demonstrated the capacity to implement an online enrollment process?

5:15 pm Adjournment

6:00 pm Bus departure for informal, federal and foundation participants' dinner in Los Gatos

7:00 pm Dinner *[Tapestry Bistro, Los Gatos]*

8:30 pm Bus departure for Hayes Mansion

Friday, April 5, 2002

6:30–9:30 am Breakfast available *[Silver Creek Dining Room, Hayes Mansion]*

Travel back to Washington, DC

FEDERAL & FOUNDATION PARTICIPANTS

Linda Schuurman Baker
Program Officer
David and Lucile Packard Foundation

Andrea Cohen
Health Investigative Counsel
Committee on Finance
U.S. Senate

Debra S. Curtis
Chief of Staff
Office of Rep. Pete Stark
U.S. House of Representatives

Christine Devere
Analyst in Social Legislation
Domestic Social Policy Division
Congressional Research Service
Library of Congress

Debbie Forrest
Legislative Assistant
Office of Sen. Joseph Lieberman
U.S. Senate

Lou Francisco-Brown
Program Analyst, Health Benefits and Income Support
Assistant Secretary for Management and Budget
U.S. Department of Health and Human Services

Lillian K. Gibbons
Director
Children's Health Initiative
Family and Children's Health Program Group
Center for Medicaid and State Operations
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services

Jennifer Jenson
Special Assistant to the Executive Director
Medicare Payment Advisory Commission

Kate Kirchgraber
Professional Staff Member
Senate Committee on Finance
U.S. Senate

Peter Long
Joseph and Celia Blann Fellow
Department of Health Services
UCLA

Susan V. McNally
Director
Medicaid Analysis Group
Office of Legislation
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services

Melanie Nathanson
Senior Policy Advisor
Office of Sen. Bob Graham
U.S. Senate

Christopher Perrone
Deputy Director
Medi-Cal Policy Institute

Barbara Richards
Program Analyst
Office of Health Policy
Office of the Assistant Secreatary of Planning and Evaluation
U.S. Department of Health and Human Servicest

Chiquita White
Program Examiner
Health Division
U.S. Office of Management and Budget

Anne Wilson
Legislative Director
Office of Rep. Anna Eshoo
U.S. House of Representatives

NHPF STAFF

Judith D. Moore
Co-Director

Jennifer M. Ryan
Senior Research Associate

Wakina Scott
Research Associate

Dagny Wolf
Program Coordinator

BIOGRAPHICAL SKETCHES — SPEAKERS & PANELISTS

Marta Avelar has been director of community relations for the Santa Clara Family Health Plan since 1998. Avelar has also served as a board member of the Santa Clara County Health Authority, commissioner for Santa Clara County for the U.S. Census, and board member of Las Isabelas, an organization to assist Hispanic women with breast cancer. A San Jose resident and community leader for 30 years, she was awarded the Exemplary Leadership Award by the Hispanic Development Corporation for her work in education and her concentrated efforts to identify and address health care needs in the community. Other efforts include counseling victims of substance abuse, building community networks to support prevention services, collaborating with other health organizations, helping people explore careers in health through volunteerism, and providing outreach services to increase access to health care services.

Ignatius Bau, J.D., is the deputy director for policy and programs at the Asian and Pacific Islander American Health Forum (APIAHF), a national advocacy organization seeking to improve the health and well-being of Asian Americans and Pacific Islanders. Bau is a member of the California Department of Health Services Task Force on Multicultural Health and the Joint Commission for the Accreditation of Healthcare Organizations Public Advisory Group. He was a member of the President's Advisory Council on HIV/AIDS and has served on numerous boards of directors, including the National Minority AIDS Council, the Asian and Pacific Islander Wellness Center, and the Northern California Coalition for Immigrant Rights. Prior to assuming his position at APIAHF, he worked for ten years as a civil rights lawyer, focusing on immigration-related issues.

Phuong An Doan Billings is a community health specialist for the Vietnamese community at Asian Health Services (AHS). She is also a member of AHS's Community Liaison Unit that conducts outreach, patient education, and advocacy in the communities served by the agency. Previously, Billings worked as medical interpreter/translator and comprehensive perinatal health worker, also at AHS. She has over 20 years of combined service as a teacher, interpreter/translator, and community health worker.

Tanya Broder, J.D., is staff attorney and policy analyst at the Oakland office of the National Immigration Law Center (NILC). Broder focuses primarily on analyzing the ways in which federal, state, and local governments have been implementing the welfare and immigration laws passed in 1996. She writes articles and policy analyses, provides technical assistance, and presents training to legal and social service providers, legislative staff, and community-based organizations. Before joining NILC in 1996, she worked as a policy analyst for the Northern California Coalition for Immigrant Rights and as a staff attorney for the Legal Aid Society of Alameda County in Oakland.

Bob Brownstein is policy director at Working Partnerships USA. His responsibilities include management of major research projects, expanding the understanding of the dynamics and flaws of the new economy and designing public policy initiatives at both the state and local level. His most recent policy initiative is the proposal to make Santa Clara County the first jurisdiction in the United States to make health insurance

available to all of the region's low-income children. Before joining Working Partnerships, Brownstein spent 20 years as a senior policy analyst in local government, serving as chief of staff to County Supervisor Suzanne Wilson and public policy and budget director for San Jose Mayor Susan Hammer. His policy achievements include helping to preserve the financial stability of the County hospital, modifying San Jose's affordable housing programs for the benefit of low-income families, and establishing an expanded network of youth services throughout San Jose.

Leona Butler is chief executive officer of the Santa Clara Family Health Plan, where she is solidifying a strong Medi-Cal managed care program and Healthy Families program for low-income children in Santa Clara County. She was formerly chief executive officer of the Health Plan of San Joaquin, the local health plan established by the San Joaquin County Board of Supervisors to provide managed care for the Medi-Cal population under the state's "Two Plan Model." Previously, Butler was vice president for provider affairs at Blue Cross of California, where she was responsible for the conception, design, and implementation of the Prudent Buyer Plan, the first large PPO in the state, and for designing and administering provider contracting for California Care. She also spent three years with the California legislature as the lead staff person on the Medi-Cal program during a time of major Medi-Cal reform and organized and administered a large medical group in San Francisco, now known as the California Pacific Medical Group.

Judy Chirco is a member of People Acting in Community Together (PACT), a faith-based community organization in San Jose. PACT was instrumental in the development and creation of the program for access to health insurance for all children. Chirco is a member of the board of the Santa Clara Family Health Plan, a trustee on the Cambrian School Board, and San Jose City Council member-elect.

Marta Fuentes is a certified application assister for La Clinica de La Raza.

Jean S. Fraser, J.D., has been the chief executive officer of the San Francisco Health Plan since 2000. During that time, she has spearheaded the effort to provide universal health insurance to all low-income San Francisco children. Fraser came to the San Francisco Health Plan from the San Francisco City Attorney's Office, where she served as the managing attorney of the team advising the San Francisco Department of Public Health and the Department of Human Services, including San Francisco General Hospital and the community clinics. She was also instrumental in establishing the San Francisco Mental Health Plan, one of the first publicly funded managed care mental health plans. From 1998 through 2000, Fraser also held a seat on the San Francisco Health Service Board, which provides health insurance to the City and County of San Francisco's 100,000 employees, retirees, and their dependents.

Todd Hansen, J.D., is senior vice president and general counsel of the Health Trust, where he directs the granting and program activities. With more than 19 years of experience as a business/health care lawyer, Hansen also oversees all legal issues and contract matters for the trust. Previously, he served as senior vice president and general manager counsel at the Good Samaritan Health System, where he had responsibility for all legal and risk management matters at the $400 million, 4,000-employee health care system. Before that, Mr. Hansen was a partner at the international law firm of

McDermott, Will and Emery, where he advised firm clients on a wide variety of complex business transactions and issues.

Peter Harbage is the assistant secretary for programs and fiscal affairs at the California Health and Human Services Agency. He is responsible for formulating, analyzing, revising, and evaluating health care policies for multiple departments under the jurisdiction of the Health and Human Services Agency. His primary portfolio includes issues related to Medi-Cal, Healthy Families, and HIPAA. Harbage started his career in health care in 1993 by serving in the office of Ira Magaziner, director of the Health Care Task Force for President Clinton. Harbage later worked in the Office of the Assistant Secretary of Management and Budget at the U.S. Department of Health and Human Services and as special assistant to the administrator of the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) on a wide range of issues, including those related to Medicare, Medicaid, and the State Children's Health Insurance Program.

Sherry Hirota is chief executive officer of Asian Health Services, a federally funded community health center located in Oakland's Chinatown. She has worked in Asian American community organizations for over 30 years and has been in health care for the last 26 years. Hirota has been a key leader in health care advocacy and access for underserved Asian and Pacific Islander populations. She helped found the Asian and Pacific Islander American Health Forum and the Association of Asian Pacific Community Health Organizations, of which she is currently board president. She currently serves on the Governing Board of the Alameda Alliance for Health and on the Board of Trustees of the California Endowment. Hirota has participated in key committees and task forces at the local, state, and national levels to address broader issues of racial and ethnic disparities in health and the problem of the uninsured. She has also testified before Congress and consults regularly on the issues of language and cultural access for the underserved.

Dana Hughes, Dr.P.H., is an associate adjunct professor in the Department of Family and Community Medicine at the University of California, San Francisco (UCSF), and has a joint appointment at the Institute for Health Policy Studies. Hughes teaches and conducts research in the field of health policy, with emphasis on issues related to health care financing and children's access to health care. She has served as president of the California Public Health Association–North and on numerous community and government boards. Before joining UCSF, Hughes held a congressional staff position in Washington, D.C., and worked for the Children's Defense Fund.

Irene Ibarra, J.D., is the chief executive officer of the Alameda Alliance for Health. She joined the alliance in July 1996 as chief operating officer and was appointed chief executive officer in January 1998. Ibarra relocated to the Bay area from Seattle, where she practiced corporate and business law at a private law firm. Previously, she served in Colorado Gov. Roy Romer's cabinet for over four years as executive director of the state Department of Health and Human Services. In this capacity, she was responsible for statewide health and human services programs, including Medicaid, managed care programs, and state health care programs. Ibarra serves on the boards of the Lucile Packard Foundation for Children's Health, the California Association of Health Plans, Children Now, and the Local Health Plans of California.

Biographical Sketches — Speakers & Panelists

Will Lightbourne is director of Santa Clara County Social Services Agency—the department responsible for income assistance, employment services for welfare-to-work participants, family and children's services, and services for aged and dependent adults. Lightbourne has been in this position since October 2000. Previously, he served as executive director of the San Francisco Department of Human Services and as human services director for Santa Cruz County. Lightborne has also served for 15 years with Catholic Charities of the Archdiocese of San Francisco.

Peter Long is the Joseph and Celia Blann Fellow and a doctoral student in the Department of Health Services of the University of California, Los Angeles, School of Public Health. He also serves as an independent health policy consultant for several organizations. In the past year, Long has completed research projects for local and national clients, including the LA Care Health Plan, Western Indian Network, Insure the Uninsured Project, the Medi-Cal Policy Institute, Partnership for Prevention, and the Kaiser Commission on Medicaid and Uninsured. He has written policy briefs and background papers on Medi-Cal managed care; financing of health care to uninsured populations in California; the impact and cost effectiveness of clinical preventive services; eligibility, enrollment, and retention in Medi-Cal and Healthy Families; and county efforts to expand health coverage in California. Previously, he served as the executive director of the Indian Health Center of Santa Clara Valley in San Jose. Before directing the Indian Health Center, he served as a senior health policy analyst for the Henry J. Kaiser Family Foundation and the Kaiser Commission on Medicaid and the Uninsured.

Lorena Madrid is the director of Casa en Casa.

Margo Maida is director of Valley Community Outreach Services. Her extensive management experience directing a variety of innovative programs, including a Head Start national demonstration project, has established her as an accomplished leader and facilitator. Maida is also a certified trainer of facilitative leadership and quality improvement through Interaction Associates.

Claudia Page is a program officer in the iHealth and Technology Program at the California HealthCare Foundation in Oakland. The goal of the foundation's work in this area is to accelerate the adoption and effective use of new information technologies to improve access to health care, care delivery, and the quality of health technologies for consumers. The iHealth and Technology Program works to inform policymakers and other stakeholders on emerging health policy and regulatory issues related to technological change in health care. Before joining the foundation, Claudia was a policy analyst at the Medi-Cal Policy Institute, focusing on access and enrollment in Medicaid and SCHIP. Her previous work focused on reproductive health care and on HIV prevention.

Kelvin Quan is the chief financial officer of the Alameda Alliance.

Sandra Shewry is the executive director of the Managed Risk Medical Insurance Board (MRMIB). The board has the broad mission of increasing and improving affordable, accessible, quality health care coverage for all Californians. It administers three health care purchasing programs: MRMIP, a high-risk pool for uninsurable individuals; AIM, a subsidized pregnancy and infant care program; and Healthy Families, the state's Title XXI children's health insurance program. Before July 1999, the MRMIB administered

the Health Insurance Plan of California, a small employer purchasing cooperative. Shewry is also a member of the Commonwealth Fund's Task Force on the Future of Health Insurance for Working Americans, a member of the steering committee for the National Medicaid and CHIP Purchasing Institute, and a member of the steering committee for the National Academy for State Health Policy.

Ralph Silber is executive director of the Alameda Health Consortium, an association of ten nonprofit community health centers in Alameda County, California. He is also chief executive officer of the Community Health Center Network, a managed care company serving seven community health centers. Silber is on the Board of Directors of the California Primary Care Association and a member of the Legislative Committee of the National Association of Community Health Centers. He has 20 years' experience in community health, primary care, and health policy.

Robert Sillen is executive director of the Santa Clara Valley Health and Hospital System (SCVHHS). SCVHHS includes the Departments of Mental Health, Public Health, and Alcohol and Drug Services; the children's shelter; and custody facilities health services. Sillen has served as chairperson of both the National Association of Public Hospitals and California Association of Public Hospitals. He is a board member of the Emergency Housing Consortium and the American Cancer Society and chair of the Hospital Council of Santa Clara County. Before coming to Santa Clara County, Sillen served as the associate director of the University Hospital in San Diego; assistant administrator for the City Hospital Center at Elmhurst, New York; and director of community and professional relations at the U.S. Public Health Service in New York City.

Dong Suh is the planning and development manager for the Asian Health Services. At AHS, he coordinates policy, planning, and development of issues and programs that affect the organization's ability to serve its members. Previously, he was a legislative and governmental affairs coordinator at the Asian and Pacific Islander American Health Forum (APIAHF). At the Health Forum, he coordinated federal legislative and governmental education, outreach, and advocacy efforts on issues that affect the health and well-being of Asian Americans and Pacific Islanders (AAPIs). His scope of work included the Executive Order on AAPIs, restoration of health care for legal immigrants, language and cultural competence, patients' bill of rights, race and ethnic disparities in health, tobacco control legislation, and appropriations for various minority health programs.

Kristen Testa is the health program manager at the Children's Partnership, a policy research and advocacy group. She directs the partnership's activities in the 100% Campaign, a collaborative effort with the Children's Defense Fund and Children Now that is dedicated to finding health insurance for all children in California. Formerly, she was the assistant secretary for program and fiscal affairs for the California Health and Human Services Agency. In this role, she oversaw the policy and budget issues for the Healthy Families and Medi-Cal programs and other programs in the Department of Health Services. She also served as an ex-officio member representing the secretary on the MRMIB. Prior to her state political appointment, Testa served as professional health staff for the U.S. Senate Committee on Finance , serving as the lead for legislation on Medicaid and the State Children's Health Insurance Program.

BIOGRAPHICAL SKETCHES — FEDERAL & FOUNDATION PARTICIPANTS

Linda Schuurmann Baker is a program officer on the Improve Health and Economic Security Team in the Children, Families, and Communities program at the David and Lucile Packard Foundation. Baker has been at the Packard Foundation since 1994, first as a research associate with the Center for the Future of Children. Her grantmaking focus is on child health, with an emphasis on insurance outreach and enrollment and the Santa Clara County Children's Health Initiative. Before joining the staff at the Packard Foundation, she worked at the Robert Wood Johnson Foundation. She holds an M.P.H. degree from Rutgers and the University of Medicine and Dentistry of New Jersey and a B.A. from Calvin College.

Andrea Cohen, J.D., has been health investigative counsel at the Senate Finance Committee since October 2001. Previously, she worked as a trial attorney in the Civil Division of the Department of Justice from 1996 to 2001, representing various federal agencies in civil litigation in U.S. District courts. From July 2000 to January 2001, she served as counsel to the attorney general, working on immigration, elder neglect and abuse, and health privacy issues. She clerked for Chief Judge Myron Thompson in the U.S. District Court, Middle District of Alabama, for a year after her 1995 graduation from Columbia Law School. From 1990 to 1992, Cohen worked as a staff assistant for the Health Subcommittee of the House Committee on Ways and Means. She graduated from Harvard College in 1990.

Debra S. Curtis is legislative director for Rep. Pete Stark (D-Calif.). Previously, she was health policy legislative assistant to Rep. Ben Cardin (D-Md.), another member of the Health Subcommittee of the House Committee on Ways and Means. Positions in several other congressional offices and as congressional affairs director for Citizen Action round out her public policy experience.

Christine Devere is an analyst in social legislation in the Domestic Social Policy Division at the Congressional Research Service of the Library of Congress. She specializes in child welfare and welfare-related issues. Her recent work has included reports on the welfare-to-work program, independent living services for older foster care youth, and a review of lessons learned form experimental evaluations of welfare reform as well as state studies of former welfare recipients. Devere received her M.S. degree in public policy analysis from the University of Rochester.

Debbie Forrest is legislative assistant for Sen. Joseph Lieberman (D-Conn.).

Lou Francisco Brown is the lead SCHIP analyst for the Department of Health and Human Services (DHHS) in the Office of the Secretary's budget office in Washington, D.C. Her work includes providing technical assistance on budget and legislative SCHIP proposals to the Centers for Medicare and Medicaid Services (CMS) and the Office of Management and Budget (OMB) as well as reviewing SCHIP state plans and Section 1115 waivers. Previously, she worked for the National Center for Health Statistics, developing health insurance survey questions for the National Health Insurance Survey. She received a master in public health degree in 1997 from the University of California, Los Angeles.

Biographical Sketches — Federal & Foundation Participants

Lillian K. Gibbons, R.N., Dr.P.H., is senior advisor for Children's Health Programs and Policies at the Centers for Medicare and Medicaid Services, Department of Health and Human Services. In this position, she is engaged in activities associated with identifying cutting edge issues that influence the direction of current and future health coverage programs for children and families. Gibbons has also directed outreach and enrollment for the Children's Health Insurance programs in CMS's Center for Medicaid and State Operations since 1997. Gibbons began her professional career in New York City as a public health nurse working with Hispanic and African American communities and later worked with the California Farm Workers Health Service. She also spent several years working with Child Survival Programs in Latin America, Africa, and the Middle East. She received her doctorate from Johns Hopkins University's Bloomberg School of Public Health.

Jennifer Jenson has been special assistant to the executive director of the Medicare Payment Advisory Commission since 1998. She was previously a budget analyst at the Congressional Budget Office. She holds master's degrees in public health and public policy.

Kate Kirchgraber serves on the professional staff of the Senate Finance Committee, Democratic staff. She focuses on Medicaid, the State Children's Health Insurance Program (SCHIP) and health insurance coverage issues. Before joining the Finance Committee, Kirchgraber coordinated the implementation of the SCHIP program and worked on various Medicaid and private health insurance issues at the Office of Management and Budget (OMB). In addition to her federal government experience, she has worked as a health and education analyst for the New York State Assembly Ways and Means Committee and as a budget analyst for the City of New York. Kirchgraber received her M.A. degree from the State University of New York at Albany.

Susan V. McNally, J.D., is director of the Medicaid Analysis Group in the Office of Legislation at the Centers for Medicare and Medicaid Services, Department of Health and Human Services, where she is responsible for legislation and policy affecting the Medicaid and SCHIP programs as well as initiatives to increase coverage for the uninsured. Before joining CMS, she worked as director of federal affairs at the National Association of Community Health Centers, where she advocated for seven years in support of increased funding and coverage for low-income and uninsured individuals. McNally has extensive experience in health care policy and legislation from her work in Congress and the executive branch. She served as assistant counsel in the U.S. Senate Office of Legislative Counsel; attorney advisor in the DHHS Office of the Assistant Secretary for Legislation; associate staff director and general counsel of the 1991 Advisory Council on Social Security (Steelman Commission); and senior health policy advisor to Rep. Fred Grandy (R-Iowa) during his service on the House Ways and Means Health Subcommittee. McNally is a graduate of Barnard College and the Columbia University School of Law.

Melanie Nathanson is senior policy advisor for Sen. Bob Graham (D-Fla.). Before joining Senator Graham in 1999 as a policy analyst, she was legislative assistant to Rep. Sander Levin (D-Mich.).

Biographical Sketches — Federal & Foundation Participants

Christopher Perrone is deputy director of Medi-Cal Policy Institute. He joined the Institute staff in November 1999, bringing considerable experience and expertise in the areas of Medicaid policy, risk adjustment, and long-term care. Perrone most recently served as director of planning for the Massachusetts Division of Medical Assistance. Before that, he was a senior associate with the Lewin Group and a researcher with the Georgetown University Center for Health Policy Studies. He holds an M.P.P. degree from Harvard University.

Barbara Richards is a program analyst for the Office of Health Policy, Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. She is responsible for Medicaid and SCHIP issues, and is currently one of a team conducting an evaluation of SCHIP. Previously, Richards spent over a year in the District of Columbia's Medicaid office, handling family and children's health issues. She also directed legislative and lobbying work for the Association of Maternal and Child Health Programs, and worked on Capitol Hill as a legislative assistant. She holds a master's degree in public policy from Georgetown University and a bachelor of arts degree from the University of Virginia.

Chiquita White is a senior analyst at the Office of Management and Budget in the Executive Office of the President. Her responsibilities include overseeing SCHIP, evaluating the budget of CMS, and briefing policy officials at OMB, the White House, and other federal agencies on health care issues and legislation. She has worked on several health policy issues while at OMB, including the financing and implementation of SCHIP, improving health care access for the uninsured, nursing home quality, and Medicare contractor oversight and reform. White has a bachelor's degree from Princeton University and a master's degree in public policy from Georgetown University.

Anne Wilson is the legislative director for Rep. Anna G. Eshoo (D-Calif.). In addition to managing the Eshoo's policy priorities and Energy and Commerce Committee work, Wilson handles such issues as health care, budget, and taxes. Previously, Wilson was senior legislative assistant for Rep. Peter Deutsch (D-Fla.) and legislative assistant for former Rep. Sam Gejdenson (D-Conn.). She has an undergraduate degree in government and politics from the University of Maryland and is currently finishing her M.P.A. at George Mason University.

National Health Policy Forum

2131 K street, NW
Suite 500
Washington DC 20037

202/872-1390
202/862-9837 [fax]
nhpf@gwu.edu [e-mail]
www.nhpf.org [web site]