

# Supporting Children's Health in Orange County

## *Policy Brief*



In 2012, the American Academy of Pediatrics issued a policy statement emphasizing that “all infants, children, adolescents, and young adults through 26 years of age must have access to comprehensive health care benefits that will ensure their optimal health and wellbeing.” Children grow at rapid rates and health problems – if untreated – can affect a child’s cognitive, physical, behavioral and emotional development. Health insurance coverage is the most common route to ensuring a child accesses routine medical care, including screenings for dental, vision, and developmental or behavioral concerns, together with referrals and treatment when needed. However, many children – including those with special medical risks – lack access to health care or for a variety of reasons do not access available resources.

### HEALTH CARE SYSTEM CHANGES

The U.S. health care system is financed through a complex array of health insurance coverage options. These options include employer-based insurance, direct (private) purchase of health care plans, and free and low-cost publicly subsidized insurance programs for income-eligible children and families. With the Patient Protection and Affordable Care Act (ACA) signed into law on March 23, 2010, and the transition of the Healthy Families insurance program to Medi-Cal, health care

enrollment processes are changing dramatically as the system of care is shifting in Orange County and nationwide. The ACA includes a number of provisions that directly affect children, including eliminating barriers for children who have identified health conditions or pre-existing conditions, removing co-payment for preventive services including vaccinations, and offering other strategies to enhance access to coverage such as expanding the capacity of community health centers.

### DECLINING POPULATION; INCREASING NEEDS

Orange County’s population is estimated at 3,047,120, with children under age six comprising 8% of the total population and children ages six to 17 comprising another 16% of the population. While children under the age of 18 make up almost one-quarter of the population, there has been a 15% decline over the past 10 years in the number of births in the county, and a 6% decline in the number of children 18 and younger in Orange County. At the same time the number of children in the county is declining, there has also been an increase in the number of children accessing public health insurance and health care services.

This policy brief focuses on how the Children and Families Commission can support children’s health in Orange County, as it relates to health care access, prevention of health issues, health care utilization, and special populations.



# California's Public Health Insurance Programs



Currently in California, there are several publicly subsidized programs for children; however the primary coverage is provided through Medi-Cal and the Child Health and Disability Prevention Program.

Exhibit 1: Purpose and Eligibility Requirements for Children's Insurance Programs in Orange County, 2013

PROGRAMS	PURPOSE	FAMILY INCOME REQUIREMENTS	OTHER MAJOR REQUIREMENTS
<b>Access for Infants and Mothers (AIM)</b>	State program to provide low-cost coverage to pregnant women in middle-income families. Effective August 1, 2013, infants born to AIM mothers who are up to 250% FPL are eligible for Medi-Cal.	200% to 300% FPL	California resident, pregnant less than 30 weeks, and either no other health insurance or a deductible over \$500
<b>California Children's Services (CCS)</b>	State program to cover low- to moderate-income children with serious medical conditions for specific medical services and equipment.	Under \$40,000, or out-of-pocket costs for a CCS condition of more than 20% of family income	California resident, under age 21, and medical condition covered by CCS
<b>CaliforniaKids (CalKids)</b>	Privately sponsored, county-based program that offers limited coverage to children ineligible for public programs.	No income requirement	Ages 2 –18 and ineligible for public insurance; \$82 per month per child plus \$15 application fee
<b>Child Health and Disability Prevention (CHDP)</b>	State-federal partnership to provide all children up to 200% FPL, including those with Medi-Cal, with periodic preventative health services and other care.	Enrolled in Medi-Cal, or for those not on Medi-Cal, up to 200% FPL	Under age 21 for Medi-Cal recipients, up to age 19 for non-Medi-Cal
<b>Kaiser Permanente Child Health Plan</b>	Privately sponsored health plan that offers subsidized coverage for children ineligible for public programs due to family income or immigration status.	Less than 300% FPL	Under age 19, ineligible for public insurance, and ineligible for employer-sponsored health insurance; monthly premium
<b>Medi-Cal</b>	General Medi-Cal State-federal partnership to cover low-income persons under the federal Medicaid program.	Infants: less than 200% FPL Ages 1– 5: less than 133% FPL Ages 6 –18: less than 100% FPL	Children must be California resident, U.S. citizen or qualified immigrant
	Medi-Cal for Pregnant Women Same as above	Effective January 2014, will provide coverage for children up to 138% FPL. Currently covers: Infants: less than 200% FPL Ages 1– 5: less than 133% FPL Ages 6 –18: less than 100% FPL	Children must be California resident, U.S. citizen or qualified immigrant; Pregnant women do not need to be citizens or legal permanent residents
	Targeted Low Income Children's Program Covers children who would have previously been enrolled in Healthy Families Program	Infants: 200%-250% FPL Ages 1-5: 133% 133% up to 250% Ages 6-19: 100% up to 250%	Under 19, Covers children who would have previously been enrolled in Healthy Families Program

The Healthy Families Program (HFP) was eliminated in California's Fiscal Year 2012/13 budget. Approximately 80,000 Orange County children who were enrolled in HFP have been transitioned to the Medi-Cal program. Some benefits such as preventive health services, prescription drugs and emergency health care services will remain the same. Other benefits, however, will change. This includes dental coverage, which will now be provided through Denti-Cal; vision services, which will be covered once every 24 months instead of every 12 months; and Applied Behavioral Analysis (ABA) therapy – a behavioral intervention for children with autism – that will now need to be reviewed for eligibility by the Regional Center of Orange County in order to receive services. On the other hand, HFP families will now gain access to full vaccinations at no cost. CalOptima, the county's organized health system that administers public health insurance programs, has set goals for the transition, which include keeping children with their same doctor and health network, and ensuring that community stakeholders are engaged so that information about the health care changes penetrates throughout the community.



# Recommendations



This policy brief documents the current state of health systems serving children in Orange County with an emphasis on health access, utilization of services, prevention of health issues and special populations of children. Following are recommendations, aligned with the specific area of focus, to maintain and build on the local efforts to improve the health outcomes of children in Orange County.

## DATA HEADLINE

## RECOMMENDATIONS

### HEALTH ACCESS

#### More Children of All Ages are Insured

**Maximize Available Funding for Health Access Programs.** In order to continue to support responsive community programs and further system improvements related to children in Orange County, the Commission should monitor the availability of federal funds in these areas. The Commission should provide continued support to draw down Medicaid funds for case management and administrative activities to expand public health nursing and community programs.

#### More Children are Using the Public Insurance System

**Monitor Changes in the Health Care System.** Significant shifts in the health care system and the accompanying changes in programs and eligibility requirements provide both the potential for long-term improvement and the risk of inability to maintain the current high insurance coverage rate. These trends must be monitored closely to sustain and improve access including the transition of Healthy Families to Medi-Cal. Monitoring coverage is particularly important in relation to special populations (e.g., children in foster care), available services (e.g., Applied Behavior Analysis), and provider participation (e.g., oral health, vision screening).

#### Children's Use of Community Clinics is Increasing Rapidly

**Recognize Opportunities to Serve Children in Non-Traditional Settings.** Continue to work with CalOptima to leverage Medi-Cal for prevention services provided in non-traditional settings. For example, CalOptima has supported the mobile asthma program with CHOC Children's Breathmobile along with the Commission to expand care for low-income children at risk for asthma. Incentivize community clinics in pursuing Federally Qualified Health Center (FQHC) status.

### HEALTH UTILIZATION

#### Most Children have a Place to Go for Medical Care

**Promote Partnerships with Health Homes to Address Community Issues.** Continue to endorse the concept of the Patient-Centered Medical Home and ensure care coordination and integrated care across service sectors including Medi-Cal, public health and the school system. Parents have an important role impacting their child's health. A child's health home should recognize the link between maternal depression and children's healthy development. Addressing and alleviating maternal depression produces positive results for children including improved social interactions, approaches to learning and social and emotional health.

#### More Newborns Use Neonatal Intensive Care Units

**Support Local and Regional Planning Efforts to Deploy Current and New Resources Most Effectively.** Work with partners to analyze and better understand core factors contributing to the utilization of Neonatal Intensive Care Units. Monitor Help Me Grow Orange County and progress of the Lucile Packard Foundation's Orange County Care Coordination Collaboration for Kids project to serve as a model for other agencies that provide medical, social, and case management services for young children. This will assure that service gaps are identified and recommendations can be made for system improvements.

#### Regional Center and School District Services on the Rise, Particularly Related to Autism

**Continue to Support Early Identification and Linkages to Early Intervention Services.** Countywide data do not exist to effectively measure, monitor and manage Orange County's progress in achieving goals related to healthy children across programs and service sectors. For example, data exist related to how many children with autism are being served but there is no community level data related to how many children have autism. Engage the Orange County community in identifying prevention measures and data sharing approaches to fill critical data gaps.

### PREVENTION OF HEALTH ISSUES

#### Immunization Rates are Declining

**Adopt New Approaches to Engage Community in Public Education Campaigns.** The current practice of declining immunizations of young children in some communities provides an impetus for joint planning between health care providers, school districts, and Maternal Child Health to develop targeted communication and education strategies. Continue cross-sector planning to promote efficiencies in implementing prevention strategies across CalOptima, Bright Futures, Maternal Child Health, Child Health and Disability Prevention (CHDP), and school districts related to school-based health.

#### Improved Oral Health for Children

**Monitor Changes in the Health Care System, Including Provider Participation.** In addition to monitoring access to health care, the community needs to monitor access to oral health care including the impact of reimbursement rates on provider participation in serving Medi-Cal eligible children along with the ability to attract pediatric dentists to Orange County.

#### Prevention Services Identifying Issues Earlier

**Endorse Population-Level Data Sharing Strategies through Information Technology.** Many service sectors provide health care, early intervention and medical services to young children including Medi-Cal, Child Health Disability Prevention, Regional Center, School Districts and related pediatric providers. Improved data technology would assist in ensuring coordination of care and integration of services across these diverse sectors. In addition, countywide data sets do not exist for many important health indicator areas to allow stakeholders to measure, monitor and manage impact on child health outcomes. Investments in data integration strategies such as the immunization registry have the potential to integrate health records in areas such as developmental screening and children's vision services as a tool to monitor success in achieving local results.

### SPECIAL POPULATIONS

#### Care Coordination is Critical for Special Populations

**Support Local and Regional Planning Focused on Care Coordination to Deploy Current and New Resources Most Effectively.** Monitor Help Me Grow Orange County and progress of the Lucile Packard Foundation Orange County Care Coordination Collaboration for Kids project to serve as a model for other agencies that provide medical, social, and case management services for young children. Ensure that Local and Regional Planning Continues to Focus on the Needs of Special Populations of Children. Work with health care, public health, department of education and other community partners to promote prevention, improved health and well-being, quality service delivery and efficient use of resources for targeted populations, particularly during this time of change in the health care delivery system. Keeping a focus on the impact on children is critical.

To implement proposed strategies, recommendations include continued monitoring of the ACA Prevention and Health Fund, Community Transformation Grant opportunities, and other capacity and incentive funding to support further system improvements related to children in Orange County.

# Commission Investments

The Children & Families Commission of Orange County funds a number of programs to support children's healthy development and access to care with four related health program objectives:

- Ensuring that children have access to health coverage, starting at birth;
- Ensuring that children have a health home and appropriately use the services;
- Ensuring the availability of quality primary and specialty care services, including oral health and vision care, and early intervention services, to support children's health; and
- Improving the quality of health care services specifically focused on the birth to age five population.

These program objectives are accomplished through the following examples of Commission-funded initiatives, which highlight countywide strategies:

**Bridges Maternal Child Health Network** which serves over 30,000 children and their families each year, helps to ensure that children are born healthy, have health insurance coverage and use a health home for comprehensive health services. The network ensures that these children have access to early screening, assessments and intervention services if needed. The Bridges Network includes 10 high-birth hospitals, four community-based home visitation service providers, and public health nursing. By using a mobile outreach unit, the network has begun reaching more isolated communities in southern Orange County. In FY 2012/13, Bridges providers enrolled more than 750 children in health insurance programs.

**Pediatric Health Services** collaborative programs are designed to increase access to pediatric primary and specialty care. In 2001, the Commission launched a 10-year initiative to expand access and improve the quality of care for children in Orange County. The investment includes funds to improve the availability and quality of primary and specialty pediatric care for young children through leveraging the resources, expertise, and presence of the two largest providers of pediatric care in Orange County – Children's Hospital of Orange County and the University of California, Irvine Medical Center. The investment led to the creation or expansion of primary care centers in previously underserved communities including Garden Grove, Costa Mesa, and Santa Ana as well the establishment of pediatric specialty centers for the treatment of asthma, and a range of neuro-developmental delays including autism and ADHD.

**Community Clinics**, funded throughout Orange County, increase families' access to health services and quality pediatric care. In FY 2012/13, providers at Commission-funded Community Clinics enrolled more than 5,100 children in health insurance programs.

**Children's Dental Initiative**, which includes Healthy Smiles for Kids of Orange County, along with five community clinics that are part of the Pediatric Dental Care Collaborative, conducts screenings, provides sealants and fluoride treatments, offers parent and caregiver education, and improves access to dental care. In FY 2012/13, more than 1,500 children were linked to a place for regular dental care through the initiative.

**The Children's Health Initiative of Orange County (CHI-OC)**, helps families navigate the complexities of the health care system and reduces the number of uninsured children in the county. CHI-OC screens families for health care and social services programs, determining their eligibility and assisting with the enrollment process. After families apply, CHI-OC's Certified Application Assistants (CAAs) follow-up to ensure that families are able to access their covered benefits and that their coverage is renewed every year. In FY 2012/13, more than 1,480 children were assisted with their health insurance enrollment.

**School Readiness Nurses** assist in bridging communication between health and education service systems to ensure that young children are healthy and ready to learn. School Readiness Nurses, an integral element to promote healthy and productive learning, provide services including general health, development, and vision screenings and ensure proper immunizations prior to a child's first day of school. They also provide parent education to increase awareness about healthy child development, child health issues, and access to health care and other community resources. In FY 2012/13, School Readiness Nurses enrolled almost 180 children in health insurance programs.

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