

**HEALTHY FAMILIES PROGRAM
and
MEDI-CAL FOR CHILDREN CAMPAIGN

ANNUAL OUTREACH PLAN**

**OUTREACH PLAN
FOR FISCAL YEAR 2001-2002
and
EVALUATION
OF FISCAL YEAR 2000-2001**

**THIRD ANNUAL REPORT TO THE LEGISLATURE
In Compliance with Welfare and Institutions
Code Section 14067(b)**

April 2001

**STATE OF CALIFORNIA
Department of Health Services**

HEALTHY FAMILIES PROGRAM (HFP) AND MEDICAL FOR CHILDREN (MCC) EDUCATION AND OUTREACH CAMPAIGN

*California Department of Health Services
2001 Report to the Legislature*

- Highlight Report -

This report is mandated by Assembly Bill 2780 (Chapter 310, Statutes of 1998), which amended Section 14067 of the Welfare and Institutions Code. Under the provisions of this bill, the Department of Health Services (DHS), in conjunction with the Managed Risk Medical Insurance Board (MRMIB), is required to submit an annual outreach plan to the Legislature describing: 1) the specific milestones and objectives to be completed for the upcoming year; 2) a general description of each outreach strategy to be used; 3) geographic areas and special populations to be targeted, if any, and why special targeting is needed; 4) coordination with other state or county education and outreach efforts; and, 5) results of previous year outreach efforts.

One of the Administration's highest priorities is to extend health care coverage to additional children and enroll all uninsured eligible children in health care coverage programs. The Governor's fiscal year 2001-2002 Budget proposes an increase from \$34.3 million to \$49.6 million, an increase of \$15.3 million, to expand outreach activities for the HFP/MCC programs.

In 2001, DHS and MRMIB launched the second phase of the outreach plan. The Phase II advertising campaign was launched on January 29, 2001, and has been very successful. Since the launch, there has been a significant increase in the number of calls to the HFP/MCC toll-free line (888-747-1222), in the number of applications requested, and in the number of applications submitted.

Principal Findings and Recommendations

Indicators of the campaign's success in reaching the targeted populations include:

- 231,271 phone calls to the campaign's toll-free line for information and referral service (a significant increase in toll-free calls from less than 1,400 calls per day before the launch, to more than 2,700 calls after the launch of the new Phase II advertising campaign);
- 154,760 applications and handbooks mailed out between July 1, 2000, and February 28, 2001. Application requests increased from an average of 2,895 per week to more than 6,000 per week after the launch of the new Phase II advertising campaign. Additionally, more than 45,000 requests for applications resulted from school outreach efforts compared to 35,000 during the same period a year ago.
- There are over 400,000 children (67 percent Latino) enrolled in HFP. New HFP enrollments since October 2000 have averaged 21,900 per month.

Additional efforts are still required, however, to enroll the harder-to-reach children and families. Successful efforts launched in FY 2000-2001 will continue and will be expanded to enroll eligible families.

Recommendations:

- Expand outreach efforts to include school-linked and school-based outreach to expand partnerships with schools and school-affiliated programs.
- Continue funding for the community-based outreach efforts to inform families about the medical, dental and vision care available under HFP and Medi-Cal.
- Develop advertisements to inform families about the expansion of the HFP to cover parents of eligible children, upon approval by the federal government.
- Increase funding for application assistance fees in anticipation of HFP coverage for parents and the increased enrollments in Medi-Cal and HFP for family-based health care coverage.
- Provide funding to modify the application assistant fee payment system to make the payments more timely and accurate.
- Continue the \$1.77 million advertising and public relations program to focus on expanding enrollment of eligible children living in immigrant and other under-enrolled communities.
- Utilize community-based organization (CBO) evaluation results to enhance monitoring of contractors and provide contractors with examples of best practices.
- Increase efforts to heighten press and public awareness about program policies and expansions through a variety of activities including trained media spokespersons, community enrollment events, well-known community leaders and celebrity endorsers, sponsorship promotions and school outreach among the Latino, African-American and other communities.

Fiscal Impact of Report Recommendations

- Allocate \$12.9 million for advertisements to increase the enrollment of children in the HF/MCC program, of which \$3 million is for ethnic and immigrant outreach. (\$5 million has been requested from the California Children and Families Commission to in response to the increased state commitment to outreach)

- Allocate \$1 million for advertisements of the parent coverage expansion, for a total \$13.9 million advertising budget.
- Allocate \$6 million to expand partnerships with schools and school-affiliated programs.
- Continue \$6 million funding for CBOs through contracts to conduct local community-based outreach.
- Increase funding from \$5 million to \$12.9 million for application assistance fees to cover enrollment growth and paying the fee for enrollment of the full family. This includes an allocation of \$1.97 million for the \$25 application assistant fees to enroll parents of eligible children in Healthy Families. The \$50/\$25 application assistance fees and the \$25 Annual Eligibility Reviews (AER) fees will be maintained only for those enrollment entities (EEs) not receiving funding under a HFP/MCC outreach contract.
- Allocate \$1 million for changes in the payment processing system for application assistance fees.
- Allocate \$2.5 million for additional application assistant training sessions and Health-e-App training.

Potential Areas of Controversy:

There are concerns that have been raised by certified application assistants (CAA) over the delays in receiving, or failure to receive, the \$50 application assistance fees and the \$25 annual eligibility review fee for assisting families to enroll in Healthy Families or Medi-Cal for Children. The Department has implemented a number of changes, identified in the Report, to improve the accuracy and timeliness of the payments. There is \$1 million in the proposed FY 2001-2002 Budget to modify the payment system to make it more accurate and timely.

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HEALTHY FAMILIES PROGRAM (HFP) AND MEDI-CAL FOR CHILDREN (MCC) EDUCATION AND OUTREACH CAMPAIGN

*California Department of Health Services
2001 Report to the Legislature*

- Executive Summary-

This report is mandated by Assembly Bill 2780 (Chapter 310, Statutes of 1998), which amended Section 14067 of the Welfare and Institutions Code. Under the provisions of this bill, the Department of Health Services (DHS), in conjunction with the Managed Risk Medical Insurance Board (MRMIB), is required to submit an annual outreach plan to the Legislature describing: 1) the specific milestones and objectives to be completed for the upcoming year; 2) a general description of each outreach strategy to be used; 3) geographic areas and special populations to be targeted, if any, and why special targeting is needed; 4) coordination with other state or county education and outreach efforts; and, 5) results of previous year outreach efforts.

HFP/MCC Campaign Milestone for 2001-2002:

One of the Administration's priorities is to extend health care coverage to an estimated 525,000 uninsured eligible children and more than 158,000 eligible adult parents in HFP by June 30, 2002, bringing enrollment in HFP to 683,000 by that date.

To support that goal, the Governor's fiscal year 2001-2002 Budget proposes an increase from \$34.3 million to \$49.6 million, an increase of \$15.3 million, to expand outreach activities for the HFP/MCC campaign. The expansion of the HFP will increase affordable health care coverage to low-income, uninsured adults and will improve efforts to enroll all eligible children by offering family-based coverage. The Governor's FY 2001-2002 Budget proposes:

- A \$6 million augmentation to expand outreach with school-linked and school-based outreach programs.
- Increase funding from \$5 million to \$12.97 million for application assistance fees to cover enrollment growth and paying the fee for enrollment of the full family. This includes an allocation of \$1.97 million for the \$25 application assistance fees for the HFP enrollment of parents of children already enrolled in HFP or Medi-Cal.
- Allocate \$2.5 million for additional application assistant training sessions and new Health-e-App training.

- Increase application assistance fee processing by \$1 million to implement system changes that will result in timely, accurate payments to Certified Application Assistants (CAAs).

California's large, diverse, multilingual and multicultural population requires an integrated and creative outreach and education approach that strategically joins mass media education with local community-based outreach to reach and enroll eligible children and families. Campaign components include: community-based outreach through community-based organization (CBO) contracts, enrollment entities (EEs) and CAAs, along with a variety of school outreach activities, are combined with advertising, public relations, collateral marketing materials, and a toll-free information line to stimulate enrollments in HFP/MCC.

Campaign Objectives:

During FY 2001-2002, the campaign will utilize successful outreach strategies and implement new activities to enroll harder-to-reach children and eligible parents in HFP/Medi-Cal. These include:

- Statewide multilingual media will continue to be an effective tool to educate the families about expansions in the HFP to include uninsured parents of children covered either by HFP or the Medi-Cal program with family incomes between 100 and 200 percent of the Federal Poverty Level (FPL). New multilingual television, radio, print ads, and marketing materials will be developed to promote family health coverage options available through HFP and Medi-Cal.
- Contracting with CBOs throughout the state to increase outreach efforts to the harder-to-reach populations to assist eligible families to enroll in HFP/Medi-Cal, as well as complete annual re-enrollment.
- Continuation of the \$50 application assistance fee for HFP/Medi-Cal enrollments. The FY 2001-2002 budget for application assistance fees recognizes higher HFP enrollments based on increasing enrollments of eligible children and parents through HFP expansions and HFP annual eligibility reviews (AER). A \$25 application assistance fee will be paid for the HFP enrollment of parents of children already enrolled in HFP or Medi-Cal.
- Targeted advertising and public relations programs to focus on expanding the enrollment of eligible children living in immigrant communities that are under served and linguistically diverse. The campaign will utilize innovative and creative approaches such as bilingual fotonovelas, a bilingual comic book and a super hero campaign mascot to promote HFP/Medi-Cal to children and families, print ads, and media partnerships.

- Promotion of the 1-888-747-1222 toll-free outreach line staffed with bilingual operators fluent in ten languages in all campaign materials. (English, Spanish, Armenian, Cambodian, Chinese(Cantonese); Farsi, Hmong, Korean, Russian, and Vietnamese)
- Supporting CBOs by providing increased CAA training sessions; regional trainings on program enhancements, the new mail-in application and parental expansion, Health-e-App trainings; and technical assistance; developing collateral marketing materials and forms; camera-ready print advertising; and continuing the toll-free line for CAA questions about the application process.
- Continuation of the campaign's public relations activities to celebrate successes and milestones and promote program expansions. This includes featuring HFP spokesperson, First Lady Sharon Davis and other state health officials in a variety of media relations and local venues and featuring appropriate celebrity or community spokespersons.
- Partnering with public and corporate sponsors; continuing to develop and produce collateral marketing materials for use by EEs, CAAs, public and private sponsors to generate public awareness and increase enrollments in HFP/Medi-Cal. New marketing materials will be developed to specifically target American Indians/Alaskan Natives.

Results of FY 2000–2001 HFP/MCC Campaign Activities:

The HFP/MCC campaign's integrated approach of education and outreach components has resulted in:

- More than 400,000 children are enrolled in HFP. New HFP enrollments have averaged 21,900 per month since October 2000. (67 percent Latino; 16 percent white; 13 percent Asian/Pacific Islander; 3 percent African-American; Asian Indians 0.67 percent; American Indian/Alaskan-Native 0.42 percent)
- More than 155,220 families have requested HFP/MCC applications from the toll-free line between October 2000 to April 2001.
- 156,984 applications have been submitted from October 2000 to April 2001. (61.4 percent of the applications were forwarded to HFP, 25.3 percent of the applications were forwarded to Medi-Cal and 8.8 percent of the applications were forwarded to both programs) The total number of applications submitted with application assistance is 62 percent.
- The total number of children under the age of 19 that are enrolled in

- Medi-Cal as of January 2001 is 2,583,907. Enrollment of children under age 19 in Medi-Cal remains steady. (54.3 percent Latino; 20.4 percent white; 8 percent Asian/Pacific Islander; 14 percent African-American; Asian Indians 0.24 percent; American Indian/Alaskan-Native 0.46 percent; unknown 2.6 percent)

Recommendations for FY 2001-2002:

- Continue television, radio and print advertisements, with additional funding targeting ethnic and immigrant families. (The advertising budget is reduced by \$3 million and application has been made to the California Children and Families Commission in response to the increased state commitment to outreach.)
- Expand outreach efforts to include school-linked and school-based outreach to expand partnerships with schools and school-affiliated programs.
- Continue funding for the community-based outreach efforts to inform families about the medical, dental and vision care available under HFP and Medi-Cal.
- Develop advertisements to inform families about the expansion of the HFP to cover parents of eligible children, upon approval by the federal government.
- Increase funding for application assistance fees in anticipation of HFP coverage for parents and the increased enrollments in Medi-Cal and HFP for family-based health care coverage, including \$25 application assistance fees for enrolling parents of enrolled children in HFP.
- Provide funding to modify the application assistant fee payment system to make the payments more timely and accurate.
- Continue the \$1.77 million advertising and public relations program to focus on expanding enrollment of eligible children living in immigrant and other under-enrolled communities.
- Utilize CBO evaluation results to enhance monitoring of contractors and provide contractors with examples of best practices.
- Increase efforts to heighten press and public awareness about program policies and expansions through a variety of activities including trained media spokespersons, community enrollment events, well-known community leaders and celebrity endorsers, sponsorship promotions and

school outreach among the Latino, African-American and other communities.

- Provide funding to expand application assistant training to include regional trainings on program enhancements and parental expansions and introduce Health-e-App training.

INTRODUCTION

California's Healthy Families Program (HFP) joined forces with the Medi-Cal for Children (MCC) Program to provide low-cost and no-cost comprehensive health care coverage to uninsured children under 19 years of age living in low-income families. HFP is administered by the Managed Risk Medical Insurance Board (MRMIB), while MCC and the outreach and education campaign are administered by the California Department of Health Services (DHS).

- HFP provides low-cost medical, dental, and vision care coverage to uninsured children in low-income families who are not eligible for no-cost MCC. Monthly premiums are \$4 to \$9 per month per child with a maximum of \$27 for all children in the family.
- Medi-Cal provides no-cost comprehensive medical, dental, and vision care coverage for children, pregnant women, and parents.

Eligibility for both HFP and Medi-Cal is determined by family size, children's ages, and family income. If a child qualifies for no-cost MCC, he/she does not qualify for HFP, but if family income is too high for the child to be eligible for no-cost MCC, the child may qualify for HFP.

Exhibit 1, entitled "Program Elements" provides a side-by-side comparison of HFP and MCC.

Exhibit 2 provides a detailed income guideline chart for both HFP and MCC based upon family size and age of the child, as of April 2001.

One of the Administration's highest priorities is to extend health care coverage to additional children and enroll all uninsured eligible children in health care coverage programs. The Governor's FY 2001-2002 Budget proposes an increase from \$34.3 million to \$49.6 million, an increase of \$15.3 million, to expand outreach activities for HFP/MCC.

The HFP/MCC outreach and education campaign expanded its efforts during FY 2000-2001 to enroll all HFP/MCC eligible children that are not enrolled. These children are defined as harder-to-reach uninsured children. On January 29, 2001, DHS and MRMIB launched the second phase of the advertising plan. The Phase II advertising campaign has been very successful. Since the launch, there has been a significant increase in the numbers of calls to the HFP/MCC toll-free line, in the number of applications requested, and in the number of applications submitted.

- A significant increase in toll-free calls from less than 1,400 calls per day before the launch to more than 2,700 calls after the launch of the new Phase II advertising campaign.

- Application requests increased from an average of 2,895 per week to more than 6,000 per week after the launch of the new Phase II advertising campaign.

The campaign components promote public awareness about the availability of health care coverage through HFP/MCC. California's large, diverse, multilingual and multicultural population requires an integrated and creative outreach and education approach that strategically joins mass media education with local community-based outreach to reach and enroll these children. Together, these efforts result in program enrollments. Community-based outreach through community-based organization (CBO) contracts, enrollment entities (EEs) and Certified Application Assistants (CAAs), along with a variety of school outreach activities, are combined with advertising, public relations, collateral marketing materials, and a toll-free information line to stimulate enrollments in HFP/MCC. It is through this multifaceted campaign approach that California's diverse population is reached to increase and maintain program enrollments.

In conducting the HFP/MCC outreach and education campaign, DHS has contracted with Runyon, Saltzman and Einhorn (RS&E) as the prime contractor. RS&E has the responsibility for overall contract administration and oversight of the subcontractor team that includes Hill and Knowlton (H&K), Richard Heath and Associates (RHA), Electronic Data Systems (EDS), Headquarters, Saeshe Advertising, consultant DISCRETION and Eastern Group Publications (EGP). The contract term for RS&E has been extended for one year, through June 30, 2002.

Exhibit 3 provides a description of the roles and responsibilities and organization chart of the campaign's contractor, subcontractors, and vendors.

Statutory Reporting Requirement

Section 14067 of the Welfare and Institutions Code requires that DHS, in conjunction with MRMIB, develop and conduct a community outreach and education campaign to help families learn about, and apply for, HFP/MCC.

In conducting the campaign, DHS, in conjunction with MRMIB, continues to obtain input from, and contract with, various entities and programs that serve children, including, but not limited to, the California Department of Education (CDE); counties; the Women, Infants, and Children (WIC) Supplemental Nutrition program agencies; Head Start and Healthy Start programs; and CBOs that assist potentially eligible families and children through outreach, education, and application assistance.

Section 14067 also requires that an annual outreach plan be submitted to the Legislature by April 1 of each Fiscal Year (FY). The plan must address both HFP and MCC, and must include:

- 1) Specific milestones and objectives to be completed for the upcoming year and their anticipated cost.
- 2) A general description of each strategy or method to be used for outreach.
- 3) Geographic areas and special populations to be targeted, if any, and why the special targeting is needed.
- 4) Coordination with other state or county outreach and education efforts.
- 5) The results of previous year outreach efforts.

Report's Format

This report highlights HFP and Medi-Cal program expansions, the HFP/MCC campaign budget for FY 2000-2001 and FY 2001-2002, the HFP/MCC campaign outreach plan for FY 2001-2002, and an evaluation of FY 2000-2001 campaign activities.

IMPROVEMENTS TO INCREASE ENROLLMENT

During FY 2000-2001, the HFP/MCC campaign implemented innovative activities to increase public awareness about the availability of HFP/MCC and to increase enrollments by harder-to-reach populations. Campaign accomplishments include:

- First Lady Sharon Davis, as the official spokesperson for the HFP, participated in campaign outreach activities that included radio and television public service announcements (PSAs) and media events.
- A \$15.9 million media effort was launched in FY 2000-2001 to reach the harder-to-reach and as yet unenrolled eligible children. In January 2001, the Phase II advertising campaign was launched. The campaign includes nine new English and Spanish-language television ads, four radio ads and ethnic print and outdoor advertising to help stimulate enrollments.
- With the launch of the new advertising campaign, the toll-free call volume to the outreach line increased from an average of 1,364 per day to an average of 2,329 calls per day.
- An additional \$1.77 million advertising and public relations program was continued to focus on the expanding enrollment of eligible children living in immigrant and other under-enrolled communities that are underserved and linguistically diverse. Activities included the release of two Spanish-language fotonovelas to reach Latino families, Asian radio advertising, and e-billboards to reach African-American families. E-billboards, which resemble small television screens, were placed in convenience stores to provide captioned, video messages about HFP/MCC.
- \$6 million was awarded to 72 community groups for outreach and education.
- \$5 million was paid to CAAs for their help in assisting families to apply for HFP/MCC.
- School outreach activities resulted in more than 45,000 requests for the HFP/MCC application during the first eight months of FY 2000-2001.

Enhancements proposed in FY 2001-2002 include:

- An additional \$6 million in contract funds to expand partnerships with schools and school-affiliated programs. This brings total funds for community and school outreach contracts to \$12 million.
- An additional \$ 7.97 million for funding for CAA fees in response to the new mail-in application for families and parent expansion. Over 60

percent of the applications submitted for HFP/MCC are with the assistance of CAAs. This brings total funding for payment of fees to \$12.9 million. This includes an allocation of \$1.97 million for the \$25 application assistance fees for enrollment of parents of children already enrolled in HFP or Medi-Cal.

- An additional \$1 million to fund improvements to the application assistance payment process to implement system changes that will improve payments to CAAs.
- Allocate \$2.5 million for additional application assistant training sessions and new Health-e-App training.
- An additional \$1 million media budget augmentation to announce HFP parent coverage.
- The advertisement budget is reduced from \$15.9 million to \$12.9 million, and \$3 million of the \$12.9 million is to focus on advertisements directed at enrollment of ethnic and immigrant families.

To increase enrollment of eligible uninsured children and their parents in health care coverage, several initiatives and program expansions have been recently implemented or are planned to be implemented in FY 2001-2002. A description of these improvements to the HFP and Medi-Cal are described below.

Healthy Families Program Expansions

As a result of recent federal guidance under the State Children's Health Insurance Program (SCHIP), parents of eligible children may be covered under HFP. Research indicates that increased access to affordable health care coverage will improve efforts to enroll all eligible children. Governor Davis has included funding in his FY 2001-2002 State Budget Proposal to expand coverage to uninsured parents of children enrolled in the HFP or Medi-Cal. Parents with incomes up to 200 percent of the Federal Poverty Level (FPL) would be eligible. A monthly premium of \$ 7-20 per parent has been proposed. The state's proposal for this expansion is included in a Title XXI - 1115 Waiver Request. The waiver is under review at the federal Health Care Financing Administration (HCFA). By June 2002, more than 158,000 parents would be covered under this expansion.

Medi-Cal Expansions

- Section 1931(b) Program Expansion: The Governor expanded the Medi-Cal Section 1931(b) program participation, effective March 1, 2000, by changing the eligibility criteria to include families with incomes up to 100 percent of the FPL. To be eligible under this program, the principal wage earner may now work more than 100 hours per month as long as income is equal to or less than 100 percent of FPL. In April 2000, notices

were sent to approximately 500,000 families whose children were Medi-Cal eligible but the parents were not because of the earlier, more restrictive requirements. Another mailing of the notices was conducted in February 2001. The goal of the expansion is to make more low-income, working families eligible for Medi-Cal.

- **Elimination of the Face-to-Face Interview:** The elimination of the face-to-face interview requirement at the time of application was implemented on July 1, 2000. This change has allowed many Californians the flexibility to apply for Medi-Cal benefits without the added burden of visiting the county welfare office. Applicants still have the option of a traditional interview, and to receive assistance at any time.
- **Former Foster Care Children's Program:** The Governor signed legislation to permit continued Medi-Cal eligibility to former foster care children when they turn 18 years old and are no longer eligible for foster care. Eligibility will continue until their 21st birthday as long as they want Medi-Cal and continue to reside in the state. The new program went into effect on October 1, 2000. The new program assures continuing zero share-of-cost Medi-Cal for this vulnerable population, many of whom lost health care coverage when they left foster care. The program is also available to those who have already left foster care but have not yet turned 21.
- **Continuous Eligibility for Children:** Governor Davis signed legislation that implemented a federal option to extend continuous eligibility up to 12 months to children 19 years of age or younger who would otherwise have a share of cost or be terminated because of a change in family income or assets. This legislation is part of the SCHIP waiver application to allow parents of eligible children to be served under the HFP. The Continuous Eligibility for Children program became effective January 1, 2001. It is estimated that more than 16,000 children per month will maintain health coverage during the first six months.
- **Eliminating the Quarterly Eligibility Status Reports:** Prior to January 1, 2001, Medi-Cal families were discontinued for failure to complete and return their quarterly status form. Eliminating this paperwork will result in 218,000 adults retaining access to health care coverage in FY 2001-2002. Governor Davis has also proposed annual reporting for parents in Medi-Cal as a part of the HFP parental coverage 1115 Waiver Request.
- **New HFP/Medi-Cal Mail-in Application:** In FY 2001-2002, DHS and MRMIB will adopt a new mail-in application for families to use in applying for Medi-Cal and HFP. The new application will be a blending of the HFP/MCC and Medi-Cal applications. This will allow families to use one application for access to both programs. DHS and MRMIB have incorporated feedback from counties and members of the health care advocacy community in developing the application.

- In addition, DHS is currently developing a mail-in application for Aged, Blind and Disabled (ABD) applicants. This mail-in ABD application will provide user-friendly access to Medi-Cal coverage for California's ABD population.

Other innovative efforts to reduce barriers to families applying for HFP, Medi-Cal and other state programs include:

Health-e-App

Health-e-App is a recent innovation in e-government coordinated by the California Health and Human Services Agency (CHHSA). Health-e-App is a fast, secure and consumer-friendly Web-based application to enroll children in the HFP and Medi-Cal programs.

Health-e-App is a project of the California HealthCare Foundation and the Medi-Cal Policy Institute. These philanthropic organizations funded the development and initial testing of the Health-e-App. The application was developed in cooperation with DHS and MRMIB.

The Health-e-App application process is automated. Applicants submit their applications electronically, including the use of electronic signatures, select health care providers and plans online, and receive preliminary notification of their eligibility online immediately.

Health-e-App features built-in error checking to prevent mistakes such as entering a zip code that does not coincide with an applicant's address. Reducing errors will decrease the need for follow up calls to a family and will speed up the application process.

Simplifying the enrollment process removes one of the major barriers to an individual's access to public health programs. This is an important step in increasing the number of individuals with health care coverage. Successfully tested in San Diego County, plans are underway to expand to eight counties in Phase II and then to expand Health-e-App to other counties as soon as possible. CAAs will be provided training on the use of the electronic, Internet based application.

Express Lane Eligibility

Under the leadership of the CHHSA, multiple departments examined how they could collaborate in streamlining the enrollment processes for MCC and HFP. These departments, including DHS, MRMIB, Social Services, Education, Mental Health, Employment Development, Developmental Services, Child Support Services, Alcohol and Drug Programs, and others, evaluated their intake processes in an effort to identify where information from applicants would need to be documented only once with the various departments sharing information to facilitate enrollment into their programs.

A legislative report on Express Lane Eligibility is being developed. California's public policymakers and stakeholder groups will examine the options presented in the report to determine which approaches can be used to most effectively and efficiently take advantage of processes that streamline enrollment for people eligible for HFP or Medi-Cal.

Public Charge

In May 1999, the United States Department of Justice and the Immigration and Naturalization Service (INS) issued a proposed regulation and field guidance on public charge to address public confusion about how public charge policies would be applied to immigrants who receive public benefits. In conjunction with the publication of the regulations, the INS also published its own fact sheet and a series of questions and answers on public charge.

DHS, in cooperation with MRMIB, has taken steps to provide counties and CBOs with the most current public charge information available. This effort included the distribution of the INS public charge fact sheets in English and Spanish. Both agencies distributed the fact sheets in an effort to provide clarification about public charge as it relates to the HFP and MCC. During FY 2000-2001, DHS and MRMIB worked with HCFA in their development of new outreach materials (brochures and PSAs) to help educate families about public charge. The materials address the concerns of families that avoid applying for health care coverage for their children because they are concerned it will affect their immigration status.

County Outreach

For FY 2001-2002, counties will be allocated \$20 million in funds to enhance existing HFP/Medi-Cal outreach efforts. Counties will enter into contracts with DHS that will require a 35 percent match of their allocation, which is an increase from the 10 percent match under the Section 1931(b) outreach contracts terminating 6/30/01. Counties may have to modify their Section 1931(b) outreach efforts to focus on HFP and Medi-Cal outreach for children. The \$20 million budget is part of the \$380 million one-time SCHIP funding returned to the state from the federal government.

Enrollment of Children in Health Care

While California has implemented many initiatives to increase access to health care coverage, enrolling California's uninsured children and parents will continue to require the leadership and effort of everyone. The Davis Administration; state legislative and other constitutional officials; the federal government; counties; cities; community and religious leaders; school superintendents, principals, teachers and school boards; business leaders; labor unions;

health care providers; and, most importantly, the families of uninsured children, are all partners in ensuring increased enrollment of children in the HFP and Medi-Cal programs.

Healthy Families Program And Medi-Cal for Children Outreach and Education Budget

	FY 2000-2001	Proposed FY 2001-2002
Payments to CBOs		
CBO Contracts	\$ 6,000,000	\$ 6,000,000
School Outreach		6,000,000
Administration of Contracts	164,000	164,000
Application Assistance Fees	5,000,000	11,000,000
\$25 Parents of Enrolled Children		1,969,000
Payment Processing – Fees	450,000	1,450,000
Total	11,614,000	26,583,000
 Outreach Support		
Collateral Material & Distribution	600,000	600,000
Training/Presentations	182,000	182,000
Assistant and Health-e-App Trainings		2,500,000
Applicant Assistance 800 Line	400,000	400,000
CBO Support Staff/Reporting	925,000	925,000
Advertising Toll-Free 888 Line	2,080,000	2,000,000
Total	4,187,000	6,607,000
 Education		
Advertising	15,900,000	12,900,000
Advertising - Parent Coverage		1,000,000
Public Relations	600,000	520,000
Administration/Research/Travel	250,000	250,000
Total	16,750,000	14,670,000
 Focus on Immigrant and other Under-enrolled Communities		
Advertising	1,300,000	1,300,000
Public Relations	470,000	470,000
 Grand Total:	 \$ 34,321,000	 \$ 49,630,000

FY 2001-2002 OUTREACH PLAN

OUTREACH AND ASSISTANCE COMPONENT

The objective of the outreach component of the HFP/MCC campaign in FY 2001-2002 will be support and expansion of outreach efforts through schools and CBOs that target the harder-to-reach populations. In order to facilitate each CBO's and school's needs and strategies, CBOs and schools have the option to apply for contract funds or receive application assistance fees. The state will continue to support CBOs and schools with toll-free telephone lines for clarifications on eligibility requirements, publish informational newsletters about program policy changes, provide appropriate training/presentations, as well as distribute applications and collateral marketing materials.

Community-Based Organization Contracts

Plan: \$6 million is budgeted for CBO Contracts in FY 2001-2002.

The existing 72 HFP/MCC outreach contracts with CBOs terminate on June 30, 2001. A new Request for Application (RFA) was released in March 2001 to select new contractors, effective July 1, 2001. The FY 2001-2002 outreach contracts will be a two-year contract (July 1, 2001 through June 30, 2003), with the state option to extend for one-year. The contract dollar amount for awarded CBO outreach contracts will range from \$150,000 to \$300,000 each year. In rural areas, funding awards will be up to \$50,000 each year. Current and future contracts are performance-based, and require measurable outcomes, such as successful HFP/MCC enrollments. Each contractor (with the exception of rural area contractors) will be required to develop collaborative partnerships in the community.

The purpose of the community-based outreach component is to enhance efforts to increase the enrollment of harder-to-reach children in HFP or Medi-Cal through community-based outreach and education efforts. Outreach activities may include direct outreach to families, participation in health fairs and community events, collaboration with other CBOs to conduct enrollment events, developing and placing ethnic and general media, and providing application assistance. These activities will target the larger community and will utilize innovative strategies to reach the harder-to-reach families.

The activities performed under these outreach contracts will include providing linguistically and culturally appropriate information and referral services to the target populations. The contractors will increase public awareness about the availability of no-cost and low-cost health care programs, the importance of retaining health care coverage, and the importance of preventative health care, through English and non-English radio PSAs, television, news and magazine articles, talk show programs, and community events. Contractors may also conduct outreach activities targeted at enrolling parents of eligible children into HFP, subject to the approval of a waiver by the federal government. These local

media outreach activities complement the State's broader statewide media and public relations campaign.

In addition to community-based outreach efforts, a small number of contracts will be awarded to provide application assistance trainings on a regional or statewide basis. These trainings will supplement the trainings provided by RHA and are necessary to respond to the high number of persons wishing to become CAAs. Over 60 percent of the joint HFP/MCC applications submitted are with the assistance of a CAA, so it is essential that this component of the outreach effort be expanded to meet the need of families wishing assistance.

School Outreach

Plan: \$6 million for HFP/MCC school outreach is budgeted for FY 2001-2002.

Current efforts show that schools are an ideal venue for HFP/MCC outreach. However, schools face multiple barriers in getting the word out to parents about affordable health insurance. Schools lack sufficient funding, staff, and time to conduct extensive outreach to parents, as their primary focus is education.

School outreach will be added as a separate component to the existing HFP/MCC outreach effort. Funding awards will be for a two-year time frame and will range from \$150,000 to \$300,000 each year depending, in part, on the total population served, level of need (e.g. percent of uninsured children, number of children eligible for free or reduced-price meals) and intensity of outreach efforts. In rural areas, funding awards will be up to \$50,000 each year.

Funding will allow for more intensive outreach efforts, including direct follow-up with parents, which has shown to be a critical step to ensuring that children are being enrolled and utilizing services. Flexibility and local decision making are central in the design of the funding process. Schools and communities will choose the most appropriate strategies to be used. Strategies will look different from one community to the next. Funding in one community may provide school nurses to identify children with health problems who are in need of insurance and link them with HFP/MCC CAAs within the community. In another district, health educators and community liaisons may work together as a team to enroll children.

In order to be considered for funding, applicants must demonstrate that their proposal is based on collaboration with a group of community and school partners. It must be evident that community and school input and decision-making were used in identifying interventions and strategies that best meet local needs and achieve the goals of increasing the number of children with health insurance.

Those eligible for funding include school districts, county offices of education, local health jurisdictions, CBOs or other groups interested in linking with schools as partners in ensuring children, youth and their families have access to health

care. For agencies other than a school district or county office of education, a School Partnership Agreement/Memoranda of Understanding must be included as part of the application.

As part of the \$6 million allotment, approximately \$500,000 will be used to provide technical assistance and training to the school outreach contractors. Technical assistance will also be available to other school districts/schools and county offices of education interested in participating in HFP/MCC school outreach, as well as CBOs and other agencies interested in linking with schools on outreach efforts. In addition, DHS will sustain existing state-based school outreach efforts currently funded through a time-limited grant from the David and Lucile Packard Foundation to the Department's School Health Connections office. State-based efforts will include:

- providing technical assistance to state- and local-level partners, including school outreach contractors on HFP/MCC outreach efforts;
- conducting mailings to all districts asking for their participation in HFP/MCC outreach by including a parent request for information flyer in the free and reduced-price meal applications sent home to parents and/or in back-to-school packets (as well as other venues throughout the year);
- maintaining/expanding partnerships with state-level, school-affiliated associations to promote on-going local efforts;
- continuing efforts with school boards of at least 50 districts to urge the adoption of the California School Boards Association's (CSBA) sample policy related to HFP/MCC outreach and enrollment; and
- disseminating best practices through various communication and marketing strategies to opinion leaders, including school superintendents, administrators, and other school staff.

Community-Based Outreach Evaluation

Based on the CBO contract evaluation conducted in FY 2000-2001, monitoring tools will be developed and utilized to evaluate and monitor each CBO contractor's performance. Best practices and problems encountered by the prior contractors will be shared with the new contractors to assist them in developing effective outreach strategies. An evaluation of all CBO contracts will be conducted during FY 2001-2002, which will be modeled after the prior evaluation. See page 32 for a summary of the evaluation findings.

Administration of Contracts

Plan: \$164,000 is budgeted for the administration of outreach contracts for FY 2001-2002.

RS&E will be allocated \$164,000 to administer the outreach contracts. The administrative responsibilities of RS&E are to provide technical assistance to the outreach contractors regarding media output, initial monitoring to ensure that progress reports are submitted with invoices, and verify the amount invoiced is supported by the progress reports. Invoices and progress reports will then be forwarded to the DHS for review of performance outcomes and authorize payments.

Application Assistance Fees

Plan: \$12.9 million is budgeted for application assistance fees for FY 2001-2002.

CBOs play an important role in providing information to potential applicants about the changes in the Medi-Cal program; informing them about the HFP and helping them apply for HFP/MCC. Community or government-sponsored groups are eligible to become EEs. EEs or their employees are required to attend a training session to become CAAs. EEs receive a \$50 fee from the State for the assistance they provided in helping children and pregnant women successfully enroll in the HFP or Medi-Cal programs and a \$25 fee for assisting a family to successfully re-enroll in the HFP during the Annual Eligibility Review (AER) process.

The budget for the FY 2001-2002 application assistance fees will increase by \$7.9 million to a total of \$ 12.97 million. The increase is a result of the following: 1) increase in the number of applications receiving application assistance due to the new mail-in joint application and the expansion of HFP to parents (more than 158,000 are estimated to be provided health care in FY 2001-0002); 2) the growing caseload of AER fees and 3) introduction of a \$25 application assistance fee for enrollment of parents of already enrolled children.

Through their linked EE, CAAs receive a \$50 application assistance fee for assisting an applicant to complete the joint HFP/MCC application if it results in the successful enrollment of the applicant's child(ren) and/or teenager(s) in either HFP or MCC. CAAs will receive \$25 for assisting families in completing the application to add a parent to HFP coverage for the first year of implementation of parent coverage. Through their linked-EE, CAAs receive a \$25 AER fee for assisting families in submitting the AER form who re-qualify for another year of HFP coverage. Over 60 percent of the HFP/MCC applications received were completed with assistance from a CBO. The CBOs may either choose to apply for an outreach contract or may collect application assistance fees. CBOs who receive HFP/MCC contracts are prohibited from receiving both contract funds and application assistance fees.

Approximately 30 percent of the fees are denied because the CAA does not complete Section 9 of the joint HFP/MCC Application. This section identifies the name of the CAA and the CAA and EE number; without this information, it is not possible to pay the EE. CAAs and EEs are regularly reminded of the importance of completing Section 9.

Some CAAs and EEs have identified problems with the payment of the application assistant fees. These problems have included late payments and inaccurate monthly eligibility reports and remittance advices. The Department has taken some steps to respond to these problems, summarized below, but the time it takes to determine HFP or Medi-Cal eligibility builds in an inherent and unsolvable payment lag as CAAs bill on the date the application is submitted, but are not paid until after the child is enrolled in HFP or Medi-Cal.

There have been instances of CAA abuse. Some CAAs have charged the applicant a fee for assistance or collected the premium from the applicant without forwarding the premium and application to the Single Point of Entry, the entity that receives, screens, and processes the joint HFP/MCC application. In some cases, people have been approached by door-to-door assisters who ask for the premiums, but never submit the application. CAAs are not supposed to take and mail an application or collect the premiums. DHS and MRMIB have taken actions to terminate four CAAs and DHS has referred one CAA to the DHS Audits and Investigations because of abuses. CAAs or the public should report to DHS or MRMIB any instances where a CAA is collecting fees or premiums.

Payment Processing Fees

Plan: \$1,450,000 is budgeted for payment processing in FY 2001-2002.

EDS, subcontractor of RS&E, processes application assistance fee payments to EEs and answers calls from EEs who are inquiring about their payments. For CBOs awarded HFP/MCC outreach contracts, the \$50 application assistance fees and \$25 AER fee will be electronically blocked during the contract period in order to prevent duplicate payment. Monthly activity reports will continue to be generated to CBOs (both those that receive the application assistance fees and those that have HFP/MCC contracts) to track their applications.

Of the \$1,450,000 for payment processing, \$1 million has been proposed to modify and enhance the payment processing system to improve the process. Currently, DHS is still evaluating which types of changes should be implemented. In response to the CAA concerns noted above, the state made a number of modifications in the payment system in FY 2000-2001 to improve the payment process. These changes include extending the 120 days to 150 days before a fee is denied because a Medi-Cal application is still pending; reviewing the Monthly Entity Payment Report to ensure its accuracy, ensuring that the reports are released on a timely basis, revising the Remittance Advice so that the CAA can better monitor payments by comparing the Monthly Entity Payment Report

with the Remittance Advice, and modifying key entry of the application to double key enter the fields that are used for matching purposes to identify if a child has been enrolled in Medi-Cal (first and last name, date of birth, gender and mother's maiden name).

OUTREACH SUPPORT COMPONENT

Collateral Marketing Materials and Distribution

Plan: \$600,000 is budgeted for collateral marketing materials, reprinting, and distribution for FY 2001-2002.

RHA, a subcontractor of RS&E, will continue to distribute collateral marketing materials to interested parties. In response to the high volume of requests for collateral marketing materials by CAAs, EEs, CBOs and sponsors, the campaign will maximize the available budget, updating the initial collateral marketing materials from past years and will develop new materials, such as brochures to announce HFP parent expansion. The campaign will continue to distribute collateral marketing materials to CAAs, EEs, and CBOs and will post materials on the Healthy Families' Web site, www.healthyfamilies.ca.gov.

In developing future marketing materials, input will be obtained from the HFP/MCC Outreach and Education Advisory Committee. In addition, these marketing materials will be tested through community-based contractors, prior to final development and production. Collateral marketing materials will continue to be produced in English and Spanish. To the extent that limited funding permits, the materials will also be produced in eight other languages.

Training/Presentations

Plan: \$2.68 million is budgeted for training and presentations in FY 2001-2002.

RHA has provided application assistant training to more than 3,600 EEs and more than 23,600 CAAs. Training sessions will be provided for new EEs, for turnover in EE and CBO staff, as well as refresher training sessions. Full-day training sessions will be available for new EEs and existing B-level trained CAAs (those trained by A-level CAAs), while half-day training sessions will be available as refresher courses for existing A-level trained CAAs (those who successfully completed a full-day, state sponsored training session). Currently, there are more than 1,000 individuals on the waiting list for training and more than 300 are requesting refresher training. The current budget allows for only four full-day training sessions per month (accommodating 35 individuals at each location) and two half-day refresher training sessions per month (accommodating 50 individuals at each location) on a statewide basis.

The updated Application Assistance Reference Manual (February 11, 2000) continues to be available for EEs and CBOs. A copy of the Application and

Certification Reference Manual is available at www.rhainc.com. Funds will be used to update the reference manual, when necessary.

With an additional allocation of \$2.5 million, additional CAA trainings will be provided to increase the number of CAAs and regional trainings will be provided to existing CAAs concerning recent program enhancements, parental expansion, the new mail-in application, and the new Health-e-App. The regional training topics will also include how to avoid application assistance payment problems. It is anticipated that 40 regional trainings will be conducted, with 100-150 CAAs in attendance at each training. The Health-e-App training will provide necessary skills that will enable CAAs to navigate and complete the HFP/Medi-Cal application on the Internet for families.

Application Assistance Toll-free Line (1-888-237-6248)

Plan: \$400,000 is budgeted for the Application Assistance Toll-free Line in FY 2001-2002.

Through the toll-free help line, RHA provides technical assistance on the joint HFP/MCC application in English and Spanish to CAAs. For other languages the caller is referred to the HFP/MRMIB toll-free number (1-800-880-5305). Assistance is available Monday through Friday, from 8:00 a.m. to 5:45 p.m. CAAs with questions about income, eligibility, and family composition may obtain assistance from an operator while completing an application for a family. Operators also link organizations wishing the assistance of CAAs with active local EEs, accept requests for program materials or training, update EE/CAA database information, and refer callers to the appropriate HFP/MCC contractor for questions relating to advertising, public relations, and reimbursements.

Community-Based Organization Support Staff Reporting

Plan: \$925,000 is budgeted for support staff reporting for FY 2001-2002.

RHA will continue to provide support to the CBO network by processing collateral marketing material orders, sending out informational newsletters to EEs, as well as contacting organizations that request assistance in completing the application through the toll-free help line. In addition, RHA will be responsible for the enrollment of EEs and CAAs through the Invitation to Participate (ITP) and will link CAAs to events where application assistance has been requested. RHA's updated database of active EEs/CAAs will allow RHA to provide faster and more cost-efficient services through the extensive use of e-mails, "fax blasts," and Web pages. RHA provides monthly updates of the EE/CAA database to DHS to post on MRMIB's Healthy Families Web site www.healthyfamilies.ca.gov so interested persons can locate a CAA in their community and obtain assistance. Complaint follow-up on all EE and CAA issues will be provided by RHA.

A portion of the budget (\$90,000) will go towards the support of one staff person who works exclusively with the Los Angeles Unified School District (LAUSD).

The role of the RHA staff person is to facilitate outreach and enrollment events for LAUSD, Children's Health Access and Medi-Cal Program (CHAMP), and their health care community representatives (HCCR).

Advertised Toll-Free Line (1-888-747-1222)

Plan: \$2 million is budgeted for support of the toll-free line in FY 2001-2002.

New advertising messages, along with enhanced media schedules, stimulate calls to the toll-free line. A record number of calls were placed to the toll-free line as a result of the launch of new ads in January/February 2001. Call volume will continue to be evaluated to determine the staffing patterns and required languages of operator assistance needed to support campaign enrollment goals.

Operators are available from 8 a.m. to 8 p.m., Monday through Friday. The current operator staff of 21 operators are fluent in ten languages and will continue to respond to the 1-888-747-1222 caller requests for information, applications, and referrals to CAAs. The number continues to appear on all collateral marketing materials and media as a call-to-action for families to obtain information about HFP/MCC and may be used by CBOs in local advertising efforts. Quality customer service continues to be a high priority for this activity. During FY 2001-2002, operators will be trained on such program expansions, as HFP parental coverage and the new HFP/Medi-Cal family application.

EDUCATION COMPONENT

Since 1998, the goal of the education component has been to stimulate enrollments in HFP/MCC. With the addition of HFP parental coverage in FY 2001-2002, the campaign will be challenged to continue and expand public awareness strategies to target the harder-to-reach unenrolled eligible children and parents (families) in HFP/Medi-Cal. Input on media strategies will be requested from the HFP/Medi-Cal Outreach and Education Advisory Committee and community-based contractors. New strategies will be developed, tested, produced, and distributed to increase public awareness about the availability of HFP and Medi-Cal and the benefits of enrolling families in health care coverage, as well as the need for annual re-enrollment for HFP and annual eligibility redetermination in Medi-Cal, and utilization of services. All campaign materials will be designed to educate families about the importance of preventive health care coverage and to encourage enrollment in HFP/Medi-Cal. A key indicator of the success of the education component of the campaign is the number of telephone calls to the toll-free line from individuals seeking information and applications. A description of each education strategy to be completed in the upcoming year is provided below.

Advertising

- **Plan:** \$ 13.9 million is budgeted for advertising in FY 2001-2002, which includes \$1 million to increase awareness about HFP coverage for parents of

HFP or Medi-Cal eligible or enrolled children. Of the \$12.9 million advertising amount, \$3 million is for ethnic and immigrant outreach. (\$5 million has been requested from the California Children and Families Commission in response to the increased state commitment to outreach.)

Toll-free call volume has shown that statewide media advertising (English and Spanish-language television and radio ads) is effective in promoting awareness of HFP/Medi-Cal and elicits a strong call-to-action from the target population. Joined with community outreach, media advertising supports and enhances the campaign reach to the diverse HFP/Medi-Cal target populations.

During FY 2001-2002, ongoing media message broadcasts will continue to be an effective tool to educate families about the availability of health care coverage options available to them. The campaign will be challenged to make an impact on those families with eligible children who have not yet enrolled. These harder-to-reach populations require focused education strategies to effectively reach and motivate enrollment in HFP/Medi-Cal. Campaign activities will be designed to interface with local efforts being conducted by CBOs. In determining the most effective advertising strategies that will reach targeted populations, the campaign will request input from partner groups, including the HFP/Medi-Cal Outreach and Education Advisory Committee, the network of community-based contractors, EEs, and CAAs as well as conduct focus groups with uninsured targeted families.

The advertising budget will continue statewide English and Spanish-language television and radio advertising. Additionally, it will support targeted ethnic print advertising efforts to reach Latino, African-American and Asian communities. It will continue to be a challenge to educate families that are not reached by traditional media or local community outreach. To enhance the State's partnership with CBOs, advertising materials may be designed and produced for local customization by community-based contractors and EEs.

The additional \$1 million for advertising directed to promote awareness about HFP coverage for parents will enable the campaign to implement new advertising strategies to reach eligible uninsured parents.

For FY 2001-2002, statewide media purchases will target those groups that are under-enrolled in HFP, such as Latino and African-American families. Media purchases will focus on unenrolled eligible children and new eligible parents as well as the existing HFP and Medi-Cal enrollees who must reenroll annually. The campaign will update HFP/MCC messages developed during FY 2000-2001 to indicate parent coverage, and will produce new specific messages on program improvements and parent coverage. The campaign will continue to utilize media messages that are specific to HFP or Medi-Cal, as well as joint HFP/Medi-Cal advertising messages. These messages will highlight cost, the mail-in application, free local assistance, parent coverage, the benefits of preventive health care, and the availability of health plans. The campaign may also develop

and produce paid advertising spots featuring a celebrity spokesperson to increase reach to the Latino and African-American communities. DHS and MRMIB will continue to incorporate a strong anti-tobacco focus, where appropriate, in media messages for the HFP/Medi-Cal campaign. These messages will be directed primarily toward the reduction of teen smoking and increasing awareness regarding the harmful effects of secondhand smoke.

Public Relations

Plan: \$520,000 is budgeted for public relations activities in FY 2001-2002.

Public relations activities continue to be key to the campaign's overall strategy to reach target audiences and community leaders about HFP/Medi-Cal through media relations, enhanced public and corporate sponsorship partnerships, and featured campaign spokespersons. Public relations activities planned for FY 2001-2002 will heighten the momentum gained during the past two years and will publicize the campaign's continuing achievements, program expansions such as HFP coverage for parents, and successes in increasing enrollments. The campaign's proactive media relations will be enlarged utilizing trained state spokespersons to increase public awareness about HFP/Medi-Cal expansions as well as to ensure that the media has up-to-date and accurate information concerning the HFP/Medi-Cal program. During FY 2001-2002 the trained spokespersons will conduct interviews with General Market and ethnic print publications, television and radio news programs. The need for state-funded promotional events will expand during FY 2001-2002 to increase public awareness of HFP expansions. Community events held throughout the state can garner local and ethnic media interest that will enhance enrollments. Further, CBO contractors are expected to continue to enlist the support of local media to publicize the programs according to their individual outreach strategies.

Maintaining relationships with current corporate sponsors that provide valuable exposure continues to be a priority. Additional efforts will be focused to recruit additional public and corporate sponsors. Existing sponsor partnerships with supermarket and drug store chains such as Albertson's/Sav-On and Longs Drugs that print HFP/MCC information on advertisement circulars and shopping bags, and Edison International, which printed English and Spanish-language HFP/MCC information for the third year in 4.5 million southern California utility billings, provide the campaign with widespread exposure that extends and supports the paid advertising and public relations media messages.

Based upon the success of enlisting current sponsors, the campaign will continue activities that require minimal sponsor time and involvement yet result in high exposure for HFP/MCC. These activities may include distribution of collateral marketing materials in banks, supermarkets, drugstores, and other locations frequented by targeted groups that have proven effective in publicizing the availability of HFP/MCC.

Other planned sponsorship activities for FY 2001-2002 include the following:

- Continue to recruit additional sponsors that serve African-Americans, Latinos, and other under-enrolled target populations.
- Continue to solicit sponsors to underwrite or partially underwrite new collateral marketing materials, incentives, bus boards, or other advertising.

The pro bono involvement of spokespersons and community leaders to augment the activities of First Lady Sharon Davis will continue by enlisting the support of a celebrity or locally recognized personalities with established credibility in the underserved Latino and African-American communities. A celebrity spokesperson may be featured in PSAs, paid advertising, and public relations events to increase public awareness about HFP/MCC. During the PSA development process, input and advice from the target audience and community advisors will be obtained.

Administration/Research/Travel

Plan: \$250,000 is budgeted for these three activities in FY 2001-2002.

RS&E is responsible for the administration of the DHS contract in accordance with specified contract terms. RS&E oversees the work of all subcontractors, including submission of work plans and deliverables, adherence to deadlines, budget compliance and billing issues, and reporting to DHS via weekly status reports.

Research guides the advertising program from creative concepts to implementation by measuring and improving the effectiveness of the paid media program as it relates to theme, audience, media, tonality, key messages, and calls-to-action, if any. During FY 2001-2002, research methodologies will include formal and informal focus groups with target audiences that include Latinos, African-Americans, and Asians.

Advertising and Public Relations to Expand Enrollments in Immigrant and Other Under-enrolled Communities

Plan: \$1.77 million is budgeted for targeted advertising and public relations to focus on expanding enrollments in immigrant and other under-enrolled communities in FY 2001-2002.

In addition to expanding enrollments in immigrant and other under-enrolled communities that are underserved and linguistically diverse, after discussions with Legislative staff and Latino advocates, this focus was broadened during the past two years to include outreach in under-enrolled African-American communities.

In FY 2001-2002, this activity will be further developed using the creative strategies designed during the past two years that deliver campaign messages in a simple, yet empowering manner that raise overall public awareness about HFP/Medi-Cal. In consultation with the HFP/Medi-Cal Outreach and Education Advisory Committee and community-based contractors, the campaign will ensure that these activities interface with community outreach efforts. Additionally, as part of the State's anti-smoking effort, an anti-tobacco message will be included in components of this HFP/Medi-Cal effort.

Research will be conducted with target audiences to determine effective new media messages that will be developed to increase public awareness and encourage enrollments through a variety of innovative approaches. Activities will incorporate media buys, local partnerships, and various targeted public relations efforts designed to reach these linguistically diverse families. Targeted advertising and public relations activities that complement each other and expand other campaign activities will be continued based upon past success to generate public awareness and increase enrollment in HFP/MCC during FY 2000-2001.

These activities may include continuation of the Latino community outreach through distribution of bi-lingual fotonovelas and other print materials in urban and rural Spanish-language community newspapers. There will also be additional distribution of these outreach materials through community-based partners, faith-based organizations and schools, as well as local radio talk shows, and partnerships with media groups such as Univisión.

To target the African-American community, the campaign may continue utilizing non-traditional advertising such as the e-billboards launched in FY 2000-2001. The campaign will also continue partnerships with faith-based organizations and other venues such as nail and hair salons to distribute campaign collateral marketing materials.

To reach Asian populations, the campaign will continue to use in-language television, radio, and print advertising, along with complementary in-language news articles that may be submitted to ethnic community newspapers and can also be reprinted and shared with community-based partners.

To target the Armenian and Russian communities, radio and print advertising will continue along with complementary in-language news articles that will be submitted to ethnic community newspapers and can be reprinted and shared with community-based partners. To reach Farsi speaking families, innovative public relations activities, such as training community leaders to conduct radio interviews will be implemented.

**EVALUATION OF FY 2000-2001
OUTREACH AND EDUCATION CAMPAIGN**

BACKGROUND/INTRODUCTION

Statutory Authority

State law mandates that the HFP/MCC outreach and education campaign be a joint effort between MRMIB and the DHS. The State is charged with the responsibility of creating a comprehensive public awareness and outreach campaign that targets qualifying low-income working families and encourages them to apply for, and enroll in, the low-cost or no-cost state health coverage programs. Outreach and education efforts are to be multicultural and specifically target families in a wide variety of ethnic groups, including the Latino, African-American, and Asian communities.

Federal Authority

In August 1997, the federal Social Security Act was amended to add Title XXI, which established SCHIP. Funding for SCHIP was enacted by the Balanced Budget Act of 1997 and provided additional options to states to initiate comprehensive medical care programs for eligible low-income individuals.

State Authority

The California Legislature adopted two options provided in the federal Balanced Budget Act of 1997. These options allowed states to:

- Expand no-cost Medicaid coverage for children ages 14 up to 19 whose family income does not exceed 100 percent of the FPL; waive the asset test for children in the FPL programs; and provide a one-month Medi-Cal “bridge program.”
- Establish a low-cost health insurance program (i.e. SCHIP) for children ages 1 up to 19 who do not qualify for no-cost Medi-Cal and whose family income does not exceed 200 percent of the FPL.

These options resulted in the HFP/MCC programs. In addition, the Legislature passed related bills mandating an outreach and education campaign to increase public awareness about the availability of these new programs to reduce the number of uninsured children in California:

- AB 1126 (Chapter 623, Statutes of 1997) established HFP to provide health care coverage to no-cost Medi-Cal eligible, uninsured children ages 1 through 18.
- AB 1572 (Chapter 625, Statutes of 1997) appropriated funds to MRMIB and DHS for administrative start-up costs for the mandated outreach and education campaign.

- SB 391 (Chapter 294, Statutes of 1997) specifically authorized Medi-Cal to develop and use a simplified application and make children ages 14 to 19 whose family income is up to 100 percent of the FPL eligible for coverage (Welfare and Institutions Code, Section 14005.23) and mandated that DHS, in conjunction with MRMIB, develop and conduct a community outreach campaign to help families learn about, and apply for, HFP and Medi-Cal. (Welfare and Institutions Code, Section 14067).

Role of DHS, MRMIB and Healthy Families Advisory Groups

DHS and MRMIB are mandated by state law to develop and conduct community outreach and education activities that create public awareness about, and encourage and assist families to apply for, HFP/MCC. In conducting this campaign, DHS must elicit input from and contract with various entities and programs that are in contact with potentially eligible families and children.

DHS has primary responsibility for developing and implementing the HFP/MCC outreach and education campaign activities. In addition to assisting in the development of the campaign, it is MRMIB's role to provide policy and administrative oversight for HFP.

Healthy Families Advisory Panel

State law mandated that MRMIB appoint a 14-member Healthy Families Advisory Panel effective February 1, 1998. The purpose of the panel is to advise MRMIB on policies, regulations, operations, and program implementation measures.

HFP/Medi-Cal Outreach and Education Campaign Advisory Committee

This committee was established to provide DHS and MRMIB with broad-based community input, recommendations, and advice regarding the campaign's outreach and education activities to help more low-income families obtain the health care their children need. DHS and MRMIB work closely with the committee, as well as a number of community groups, to develop and implement the various facets of the outreach and education campaign.

FY 2000-2001 OUTREACH CAMPAIGN

OUTREACH AND ASSISTANCE COMPONENT

For FY 2000-2001, the campaign's budget was allocated to four areas:

1. **Outreach and Application Assistance:** consisting of CBO outreach contracts, administration of CBO contracts, application assistance fees and payment processing;
2. **Outreach Support:** consisting of collateral marketing materials and distribution, support to EEs and CAAs, school outreach coordination, and toll-free application information services;
3. **Education:** including advertising, public relations, administration of subcontractors, research, and travel; and
4. **Focus on Immigration Communities:** including targeted advertising and public relations.

Community-Based Organization Outreach Contracts

CBO outreach contracts were awarded by DHS to strengthen local community outreach infrastructure, to support existing local HFP/MCC outreach activities, and to increase enrollments of uninsured children in target geographic areas that have low HFP/MCC enrollment levels. Reports from advocacy groups indicate that low-income families are more likely to enroll their children into a health care program when outreach is conducted by a recognized and trusted CBO who understands the target population's cultural and linguistic needs.

CBO outreach contracts are a multifaceted approach to inform target communities about HFP/MCC, dispel misconceptions about government sponsored health programs, and enroll uninsured children in HFP/MCC.

\$6 Million Community-Based Contracts

The state awarded \$6 million in community-based outreach contracts to 72 CBOs (maximum amount of the awards was \$100,000 for a single entity and \$200,000 for a collaborative). All FY 1999-2000 CBO contracts were amended, extending the term for an additional year (with the expiration date of June 30, 2001) and allocating the same amount of funds that were in the prior year's contracts. Four CBO contracts were not continued during FY 2000-2001, but four replacement contractors were selected. The four replacement contractors originally participated in the FY 1999-2000 RFA process, but were not awarded the outreach contracts until December 2000.

The contracts are performance-based and require measurable outcomes, such as successful enrollments in HFP/MCC, media development and placement to increase local public awareness, and related outreach activities. The original contract awards and subsequent amendments were based upon: 1) how well the scope of work targeted areas with underserved health care needs; 2) targeted outreach to populations who are under-enrolled in HFP/MCC; 3) scope of work represented collaborative outreach efforts; and, 4) demonstrated experience with the target population (as specified in the Welfare and Institutions Code Section 14067).

Contract Evaluation

DHS contracted with the San Diego State University Foundation (SDSUF), where an evaluation was conducted to determine the effectiveness of the CBO outreach contracts, with \$185,785 in funding for this project. The contract period was November 2000 through March 31, 2001.

The evaluation findings indicated that not all contractors are completing Section 9 of the joint HFP/MCC application, so the extent to which contractors are providing application assistance may be understated. (Section 9 identifies the name and EE/CAA number of the contractor and is used to track the number of applications receiving application assistance.) This suggests that some contractors were entirely unaware of the importance of including their EE identification numbers on the applications while others believed that including these numbers was irrelevant since they were not eligible for the \$50 application assistance fee paid to CAAs per case successfully enrolled.

The data from the EDS system reported 16,534 family applications attributable to 58 contractors for which data was available from December 1999 through November 26, 2000, with 10,042 counted in the first period (December 1999, through June 25, 2000) and 6,492 counted in the second period (June 26, 2000, through November 26, 2000). The decline in the second period reflects two factors: 1) the number of months were not the same in the second period and some of the contractors had effective dates of January 2000 instead of December 1999; and 2) seasonal trends, where there was a high number of applications submitted prior to July, a decrease from July through September during the summer months, and a return to the high numbers of applications in October and November. Organizations with previous experience at outreach and organizations with an immigrant focus showed higher numbers of applications than their counterparts.

In terms of outreach efforts, more than one-half of the contractors focused on minority or immigrant populations with considerable reporting of attention to cultural appropriateness in personnel, materials and practices. Location of outreach events and educational/marketing ranged widely. Media use focused

primarily on print media and simple approaches such as flyers, leaflets, and pamphlets.

The evaluation identified barriers to enrollments, both from an applicant (parent/family) perspective and a contractor perspective. Applicant barriers were identified as issues pertaining to public charge, families split between HFP and Medi-Cal, reimbursement of premiums when the child is determined ineligible for HFP; and having applications sent to Medi-Cal when the family indicates it does not want the application to go to Medi-Cal. The contractor barriers identified were at two levels: 1) delays by the State in processing the contracts and paying invoices; and, 2) delays and inaccurate information received from EDS regarding applications submitted and children enrolled. The latter issues include: lack of access to currently confidential information related to their clients so that they may better assist the clients; improvement needed in tracking of applications and documentation by EDS; more accurate application evaluations by EDS; erroneous denials of eligibility that must be researched and appealed or resubmitted; improved application status feedback from EDS; establishing HFP/MCC liaisons; strengthen help-line services; and more (and more accessible) CAA education opportunities.

The evaluation report identified a number of practices identified by the contractors to improve outreach efforts. For the higher performing contractors, the following activities were identified:

- Build on prior experience;
- Implement a tracking system for monitoring whether applications result in enrollments;
- Collaborate with the WIC program;
- Give out information and make appointments to fill out application; and
- Find means to start early even in the face of late contracts and problems with cash flow.

Exhibit 4 provides a table of the organizations awarded the \$6 million HFP/MCC contracts.

Medi-Cal Section 1931(b) Outreach Contracts

With the implementation of federal welfare reform in the fall of 1996, states were allocated \$500 million in Medicaid Section 1931(b) outreach funds through September 30, 1999. California's allocation was \$83 million. These funds enabled states to conduct outreach activities that would ensure the continuation of Medicaid benefits to eligible families, as they transitioned from time-limited cash assistance to work. Under this provision, 50 county and city collaboratives were awarded contracts. In late November 1999, the federal government removed the September 30, 1999, sunset date. DHS extended the Section 1931(b) contracts with additional funds through June 30, 2001, (\$17.9 million was

allocated for FY 2000-2001). The Section 1931(b) funding will sunset and the contracts will terminate on June 30, 2001.

The contracted counties and cities have subcontracted with local CBOs or hired outreach workers to reach potentially eligible families. A number of the HFP/MCC \$6 million contractors and subcontractors were collaborating with the Medi-Cal Section 1931(b) outreach effort in order to coordinate and enhance overall public awareness of Medi-Cal and HFP.

Role of the Enrollment Entities/Certified Application Assistants

CAAs are responsible for the following:

- Assisting the applicant in properly completing the application;
- Conducting individual or group sessions to assist and educate applicants;
- Answering questions pertaining to the application;
- Reviewing and explaining the types of documentation to be submitted with the application;
- Helping applicants learn to use the HFP Handbook to find a health, dental, and vision plan;
- Ensuring that they have the language capability to serve the target population; and
- Assisting the applicant in screening for eligibility.

Revised Invitation To Participate (ITP)

To become an EE, an ITP must be filled out and approved. The ITPs expired on June 30, 2000. A revised ITP was issued in January 2001. The new ITP clarified the criteria for participation, eliminating those for-profit agencies that have been providing application assistance as their sole activity. All existing EEs were asked to resubmit ITPs by March 30, 2001, in order to be considered for continued participation in HFP/MCC as an EE.

The following are entities and/or individuals who qualify to become CAAs, once successfully attending the State's approved CAA training session:

- School
- Provider
- Hospital
- Faith-Based Organization
- Insurance Broker or Agent
- Tax Preparer
- Clinic
- County Department of Health
- City Health Department
- Licensed Day Care Provider

- A direct state Maternal and Child Health Contractor
- WIC program agencies
- Parent Teachers Organizations
- Indian Health Services Facility or
- Any organization meeting all of the following criteria:
 - ✓ Significant interaction with children or parents who represent the target market for the HFP/MCC programs;
 - ✓ The organization is not a licensed health, dental, or vision plan, or an organization providing health dental or vision care to children; and
 - ✓ The organization has a Federal Tax Identification Number and is a bona fide non-profit entity as determined by the Internal Revenue Service.

Compared to the prior year, in which there were more than 2,700 EEs and 11,000 CAAs, FY 2000-2001 increased the number of EEs to more than 3,600 and active CAAs to more than 23,600. RHA was responsible for maintaining updated and current information for the EE/CAA database. The EE/CAA database is an important tool for the toll-free information line, where operators referred callers to current CAAs when requesting assistance with applications. As of January 2001, more than 3,672 EEs statewide requested to be listed as active EEs. Callers are provided referrals to the closest EEs based upon the caller's language needs.

More than 173,000 applications were requested from July 1, 2000, through February 28, 2001. More than 60 percent of these applications submitted requested assistance from CAAs.

Referrals to Enrollment Entities for Client Follow-up to Enhance Enrollments

Since January 1999, all new callers requesting applications through the State's toll-free 1-888-747-1222 outreach line were informed about the availability of EEs. Potential applicants who wished to receive help from an EE were referred to RHA. RHA then distributed the names of the families to interested local EEs. After the potential applicants received the application, EEs contacted these individuals to answer questions about the application and to assist the applicants in completing the form.

In addition to obtaining referrals to local EEs through the toll-free line, families may also access the EE database via Internet through MRMIB's Healthy Families Web site, www.healthyfamilies.ca.gov.

During FY 2000-2001, the number of EEs that agreed to accept referrals from the toll-free line increased to over 900 (tripling the count compared to FY 1999-2000). As of February 28, 2001, over 39,600 toll-free referrals were made to RHA for distribution to EEs.

Application Assistance Fees

The application assistance fees were increased from \$2.5 million (FY 1999-2000) to \$5 million (FY 2000-2001) based upon higher anticipated enrollments resulting from HFP expansions and with the higher projections of the HFP's AER process. A \$50 fee was paid to EEs that requested fee payment for successfully enrolling each HFP/MCC applicant. A \$25 fee was paid to EEs that assisted families in completing their AER forms, if it resulted in another year of eligibility. These fees were designed to encourage a broad range of CBOs to participate in outreach efforts. CBOs who received HFP/MCC outreach contracts are prohibited from receiving both contract funds and application assistance fees.

Payment Processing Fees

The budget allocated \$450,000 for the implementation of application assistance payment processing fees. EDS generated monthly activity reports and remittance advices to EEs. The following changes occurred to allow EEs and CAAs to review and track enrollments through the Monthly Enrollment Entity Payment Report and the Remittance Advice:

- The revised reports provide more detailed information about the status of payment requests and applications, which will assist EEs in monitoring their application assistance payments.
- EDS performs quality control reviews to ensure the reports were accurate and generate the reports in a timely fashion.

EDS continues to electronically block the \$50 application assistance fees for CBOs that were awarded HFP/MCC outreach contracts. The CBO outreach contractors provide application assistance and cannot receive both the CAA fees and the contract funds for the same activity.

School Outreach

School Health Connections, an interdepartmental program between the DHS and the CDE, has taken a lead role at the state level in the promotion, outreach and technical assistance for HFP/MCC and other affordable health care options targeted toward schools. School Health Connections takes advantage of the pivotal position of schools in reaching children and families by combining health education, health promotion, disease prevention, and access to health-related services in an integrated and systematic manner. Several of the major accomplishments that have resulted from the school outreach efforts are listed below:

- **Grant Funds for School Outreach**: In January 1999, School Health Connections was successful in receiving grant funds from The David and

Lucile Packard Foundation to implement its HFP/MCC *School Outreach Plan (Plan)*. The grant was renewed for a time period of July 2000 through June 2002. This grant, administered through the Public Health Institute, enables School Health Connections to designate staff specific to HFP/MCC school outreach. The *Plan* is based upon the premise that a systematic approach is essential in effectively reaching schools due to California's 5.9 million public school students, over 1,000 school districts, 58 county offices of education, and more than 8,500 schools.

The *Plan* is designed to identify and enlist key education-associated organizations throughout California in promoting affordable health care for children to their membership and boosting enrollment in HFP/MCC. This approach allows for the needed flexibility, which is essential given that California school districts are locally controlled. The statewide systems approach allows School Health Connections to broadly disseminate ongoing messages to key decision/policymakers within the schools' complex infrastructure.

- **HFP/MCC Referral Source Report:** According to the HFP/MCC Referral Source for FY 2000-2001 (as of February 16, 2001), ***schools continue to rank as one of the top referral sources for HFP/MCC information and applications.*** As of February 16, 2001, the state received over **45,000** parent requests for HFP/MCC information and applications in which schools were the referral source. Approximately 83% (38,000) of these requests were in the form of a HFP/MCC parent Request for Information flyer distributed by schools. This was as a result of the school lunch program and superintendents' efforts described below. The above figures do not include Request for Information flyers returned by parents that school districts retained for direct follow-up with families. There are at least an **additional 15,000** flyers that districts have retained for follow-up. This is a total of over 60,000 requests for applications as a result of school outreach efforts (as of February 16, 2001).
- **Direct Mailings:** To date, during FY 2000-2001, approximately 28% of California's school districts participated in HFP/MCC efforts as a result of the two direct mailings described below.
 1. **School Nutrition Program:** A direct mailing (distribution of 1,000) was sent in April 2000 to all school district food services directors in California asking them to include HFP/MCC Request for Information flyers in the Free and Reduced-Price Meals Applications sent home to parents (for the 2000-2001 school year). Parents who wanted to learn more about HFP/MCC completed the flyers and returned it to the school. The schools forwarded the flyers to DHS to have applications mailed to interested parents. Partners in this effort included: CDE School Nutrition Program; DHS' School Health Connections and Medi-Cal Eligibility Branch; Consumers Union; and MRMIB.

2. Superintendents Mailing: A direct mailing (distribution 3,000), co-signed by DHS, CDE and MRMIB, was sent in June 2000 to all county and district superintendents, school nurses and Healthy Start coordinators. The letter requested that schools send home an enclosed HFP/MCC Request for Information flyer to parents in back-to-school packets, and throughout the year during back-to-school nights, with school lunch menus and a variety of other venues.

For both of the above mailings, DHS set up a mechanism that allows school districts to order bulk quantities of the parent Request for Information flyer that is available in 11 languages.

- **California School Boards Association (CSBA) Sample Board Policy**: CSBA, DHS' School Health Connections and CDE completed a sample board policy that relates to student health, health care access and its link to a child's ability to learn. Participation in HFP/MCC outreach and enrollment efforts is an integral part of the policy. The sample policy has been distributed to all CSBA members (approximately 5,500). CSBA sample policies are *a key mechanism to forming policy in many of California's 1,000 school districts*. School Health Connections is targeting school board members from 50 districts statewide urging them to adopt the policy. Districts selected were based on the highest percent of uninsured children in the county and number of children in the district enrolled in the free or reduced price meal programs. Schools will be linked to their local health department and/or with HFP/MCC contractors or EEs that can assist the district in outreach and enrollment efforts.
- **Outreach in Action...Connecting Kids to Health Care**: School Health Connection's newsletter has been disseminated to school districts as well as a variety of organizations and agencies. The November 2000 newsletter targeted school board members. It highlighted the CSBA policy related to HFP/MCC and School board members who have taken a lead role in promoting HFP/MCC in their district.
- **School Health Advisory Group for Health Care Access**: An informal School Health Advisory Group for Health Care Access has been established to: 1) provide input and guidance on the effective implementation of school outreach strategies; 2) encourage coordination of activities statewide; and, 3) serve as a mechanism to update partners on key state and national issues. Communication takes place through bi-monthly conference calls.

Intense promotion to key school leaders including school-affiliated associations has been a central component in disseminating information and providing tools for schools to utilize. Examples include: articles in school-affiliated newsletters (e.g., PTA, Head Start); presentations/exhibits at conferences and meetings (e.g., CSBA, California School Nurses Organization); and Web site linkages.

OUTREACH SUPPORT COMPONENT

Collateral Marketing Materials and Distribution

\$600,000 was budgeted for the production and distribution of ongoing collateral marketing materials during FY 2000-2001. A variety of collateral marketing materials are produced in ten threshold languages to support the CBOs, public relations/media activities, and sponsorship efforts to enhance the education and enrollment of the harder-to-reach targeted populations. Collateral marketing materials are designed to stimulate phone calls to the State's toll-free phone lines, increase enrollment into HFP/MCC, promote key campaign messages and maintain program enthusiasm among CBOs, CAAs, and EEs.

During FY 2000-2001, the high volume of requests for the collateral marketing materials continued. The campaign continued to build upon the strength of the initial set of basic collateral marketing materials and produced new material that reflected the information gathered from focus group testing. Materials were produced in English and Spanish-language, as well as the other eight threshold languages.

During FY 2000-2001, these materials were updated to promote key message points that were recommended by focus group testing to help enhance community outreach. Collateral marketing materials were designed to promote synergy with the new Phase II advertising campaign by featuring the same talent from television and print advertisements. A new mini poster was developed for CAAs and EEs to customize with their names and phone numbers. Additional incentive items include a HFP/MCC pen, a customizable flyer that contains income eligibility information, and a poster targeted to the American Indian population. The Department also began making selected collateral marketing materials available to CAAs, EEs, and CBOs via the Healthy Families Web site in 2001.

HFP/MCC Partnerships

In FY 2000-2001, state senators were given the opportunity to help promote HFP/MCC in their districts. During January 2001, the Senate Rules Committee distributed a sample packet of specially designed HFP/MCC marketing outreach materials to all senators for their use as part of their constituent outreach services. The Senate's HFP/MCC promotion was implemented as a result of several senators' interest in informing families in their districts about the availability of HFP/MCC.

These materials are based upon HFP/MCC campaign collateral marketing materials and include: 1) a two-sided English/Spanish-language tear-off pad and display board; 2) a tri-fold HFP brochure; and 3) two HFP/MCC camera-ready

flyers (English/Spanish-language). These print materials were modified by the Senate Rules Committee to include space for each senator to customize and incorporate district contact information. The senators were able to order their materials through late January 2001.

Training/Presentations

In FY 2000-2001, the budget allocated \$182,000 for the purposes of training and presentations. During this fiscal year, 67 certified training sessions (including A-level training and refresher training) were scheduled. Demand for the training continues to exceed available resources. Currently, more than 1,000 individuals are waiting for training. Resources can accommodate only four full-day training sessions per month (accommodating 140 individuals per month) and two half-day refresher training sessions per month (accommodating 100 individuals per month). A copy of the HFP/MCC training/reference manual continues to be available to CAAs at the www.rhainc.com.

Application Assistance Toll-Free Line (1-888-237-6248)

In FY 2000-2001, the budget allocated \$400,000 for the application assistance toll-free line. RHA provides technical assistance on the mail-in application to EEs and CAAs in the English and Spanish-languages though the toll-free help line. Assistance is available Monday through Friday, from 8:00 a.m. to 5:45 p.m. Six full-time operators assisted:

- EEs and CAAs seeking assistance in filling out the HFP/MCC application for families;
- accepted requests for program materials or training;
- facilitated database information changes; and
- referred callers to the appropriate contract provider for questions on advertising, public relations, and payment of the application assistant fees.

RHA operators handled an increased average of 300-350 calls per day. The majority of the callers requested technical assistance or training, asked questions regarding the ITP, ordered materials, or provided organizational information updates on EEs and CAAs.

Community-Based Organization Support Staff Reporting

The budget allocated \$925,000 for this purpose. RHA provides support to the CBO network by processing collateral marketing material orders, sending out information newsletters, and providing CBOs with referrals of those callers who requested application assistance through the toll-free information line. Furthermore, RHA linked many CAAs to events where application assistance had been requested. In order to continue the school outreach efforts that were already established in the Los Angeles Unified School District (LAUSD), RHA provided one full-time staff person in the Los Angeles field office to devote support to the LAUSD outreach and education activities.

Advertised Toll-Free Line (1-888-747-1222)

The budget allocated \$2 million for this purpose. This HFP/MCC outreach toll-free information service center is managed under the RS&E contract by H&K. To implement this dedicated call center, H&K subcontracted with EDS. The toll-free number, 1-888-747-1222, has been publicized since February 1998 as part of MCC outreach and pre-enrollment for the HFP. This statewide toll-free information line provides operator information, assistance and referrals to the caller about the HFP/MCC application process. Multilingual operators provide support for the joint HFP/MCC application by assisting the public who call for an application, information, and referral services.

The line is staffed by a team of 21 operators proficient in the ten designated threshold languages that correspond to printed campaign materials (English, Spanish, Vietnamese, Chinese (Cantonese), Cambodian, Hmong, Russian, Armenian, Farsi, and Korean). DHS and MRMIB assess the usage of languages and continue to adjust staffing as needed.

The phone line has operator staff available Monday through Friday, 8 a.m. to 8 p.m. Pre-recorded information in ten languages is available 24 hours a day, 7 days a week, including holidays. After hours, a caller may leave a voice mail message to request an application or other information. The role of the operators is to respond to requests for applications, assist with questions about the application packet, and provide referrals to EEs using the RHA database that is updated weekly.

Outreach operators transfer calls regarding HFP to the HFP enrollment staff at EDS (1-800-880-5305) who are under contract with MRMIB. Operators may also refer callers who have complex Medi-Cal eligibility questions or have previously submitted the mail-in application for the Medi-Cal program to county Medi-Cal eligibility workers.

Effectiveness

Provided below is a summary of callers by language from July 1, 2000, through February 28, 2001:

Language	# of Callers
English	160,0111
Spanish	62,496
Vietnamese	3,098
Cantonese	2,769
Russian	400
Armenian	128
Hmong	243
Cambodian	259
Farsi	224
Korean	1,643
Total	231,271

During this period, more than 173,000 applications and handbooks were requested by callers.

Callers are routinely asked to identify the primary source that made them aware of the HFP/MCC. Some callers may have heard about HFP/MCC in more than one place. This data is reviewed to assess the success of outreach efforts, with caution that the report is only as accurate as the responses given by each caller.

While not a scientific study utilizing standardized research methodology, these findings provide a gauge of the campaign's efforts. A report of the findings on how the toll-free callers heard about HFP/MCC during July 2000 through February 2001 showed: 39 percent of callers identified various forms of advertising; 14.4 percent identified a local outreach effort; and another 15.3 percent responded that friends and family had told them about HFP/MCC.

This data indicates that the HFP/MCC campaign's integrated strategy of advertising, public relations, and outreach marketing is reaching the target population and promoting program awareness. The number of calls to the toll-free line during periods of television advertising often increases from an average of 700-800 calls per day to more than 2,700 calls per day. This increased call volume shows that advertising generates public awareness and stimulates calls to the toll-free line.

As part of the toll-free line's customer service follow-up program, a sample of callers are randomly contacted approximately three weeks after their initial call to ensure timely receipt of their requested application and handbook, as well as to assess the quality of service provided. Callers have reported that they are receiving the applications and handbooks in a timely manner (i.e., within 10 working days), and that they are satisfied with the quality of service and the information provided by the operators.

Since February 23, 1999, the toll-free information line has supported the national INSURE KIDS NOW campaign sponsored by several federal agencies, including HCFA. Outreach has included English and Spanish-language television and radio ads with the tag line, "Insure your kids now, call 1-877- KIDS NOW, 1-877-543-7669." This national toll-free number automatically connects California callers to the HFP/MCC toll-free information service (1-888-747-1222) operators. The success of the national campaign and usage of their toll-free information line increases overall call volume.

FY 2000-2001 EDUCATION CAMPAIGN

Advertising and Media

The FY 2000-01 Budget increased the media and advertising budget to \$15.9 million. During the first half of FY 2000-2001, the HFP/MCC campaign conducted statewide broadcast media and produced new radio and television advertising. After a brief hiatus during summer months, ads resumed to launch the new school year. A cost-efficient advertising schedule was selected to maintain public awareness about campaign messages and to complement other outreach efforts such as the School Lunch Program and the other school-based outreach efforts.

Enhanced visibility was planned for January to June 2001 to launch the new HFP/MCC Phase II advertising campaign. The advertising schedule was designed to alternate advertising weeks between the Los Angeles area and the rest of the state to better accommodate the call volume at the toll-free line.

Media	July-December 2000	January-June 2001
General Market Television	Statewide ads the weeks of 8/7, 8/14, 8/28, 9/4, 9/11, 10/2, 10/9, 11/6, 11/13.	Statewide ads the weeks of 1/8, 1/15 and 1/29. Los Angeles (LA) only week of 1/22. Alternate week ads rotating between the LA and remainder of the state 2/5-6/11.
Hispanic Television	Statewide ads the weeks of 7/24, 8/31, 8/28, 9/4, 10/9, 10/16, 11/6.	Statewide ads the weeks of 1/8, 1/15 and 1/29. Alternate week ads rotating between LA and the remainder of the state 2/5-5/28.
General Market Radio	Statewide ads the weeks of 7/24, 7/31, 8/21, 8/28, 10/16, 10/23. Remote counties only 9/18 and 9/25.	Alternate week ads rotating between LA and the remainder of the state 2/5-5/28.
Hispanic Radio	LA, San Francisco, San Diego, Fresno markets 8/14, 8/21, 9/18, 9/25 and 10/23.	LA, San Francisco, San Diego, Fresno markets week of 1/29. Alternate week ads 1/15-5/21 rotating between LA and designated markets (San Diego, Fresno, Stockton and Modesto)

As required by the RS&E contract, the contractor's team of media buyers have continued to negotiate at least 30 percent minimum bonus weight on behalf of the State for promotional media buys. As a result, the campaign received rate discounts, programming upgrades, pro bono radio and television time slots, and opportunities to have MRMIB spokespersons participate in live radio and television program interviews.

Changes in Campaign Advertising

During the first six months, the campaign continued to utilize successful advertising materials from the Phase I advertising campaign. To reach the harder-to-reach families about the availability of children's health care coverage, the Phase II advertising campaign was launched in January 2001. The Phase II Campaign includes nine new television ads, four new radio ads, five new ethnic print ads, as well as outdoor advertising.

The new English and Spanish-language broadcast ads were created based upon the campaign's research that included a public awareness survey (conducted in January 2000 to gather the target audience's attitudes and opinions about health coverage) and a series of focus groups (conducted in November 2000 to refine ad concepts). Survey and focus group participants confirmed that the initial HFP/MCC ads had effectively branded the campaign by targeting California's culturally diverse population. The Phase I ads were designed to educate low-income families about the availability of low-cost and no-cost insurance for their children up to age 19 and emphasize that comprehensive medical, dental, and vision care is available. However, the campaign research also confirmed that it was now time to incorporate more specific, in-depth information in campaign messages that:

- provide specific cost information on low-cost and no-cost by defining HFP as \$4 - \$9 per month per child, and Medi-Cal as free;
- prominently display the toll-free number during television ads;
- emphasize the short, easy application process, applications can be requested by phone, applications can be mailed in, and free local assistance is available; and
- highlight that working families can qualify for HFP/MCC and that parents can choose their child's health plan and doctor.

The new English and Spanish-language ads address all of the above strategy components recommended by the target audience. For example, banners and boxes were superimposed on television ads to highlight important program information and to display the toll-free number on the screen so that viewers had more time to write down the number. The Phase II ads are presented in a variety of styles endorsed by the target audience via personal stories and hard-hitting ads. Additionally, as part of the State's anti-smoking effort, an anti-tobacco message was incorporated into television, radio, and print advertising.

To further enhance the synergy of the Phase II campaign materials and build awareness of the new ad campaign, talent from the television ads is featured in all new printed materials. Newspaper ads produced in six languages (English, Spanish, Cambodian, Chinese, Korean and Vietnamese) and General Market and Spanish-language outdoor ads launched in March 2001.

A new HFP/MCC multi-ethnic television ad will be produced in FY 2000-2001 for broadcast in several languages. This ad will play on General Market and Asian (Chinese, Vietnamese and Korean) language television stations.

During FY 2000-2001, the Campaign will also produce new ads to alert parents that they may be eligible for HFP as well as to superimpose new HFP parent coverage information on the Phase II television ads. These television ads will be released when HFP parent enrollment begins in FY 2001-2002.

Exhibit 5 provides a summary of the new Phase II advertising campaign.

Logo Redesign

Recognizing the importance of branding HFP/MCC, the logo was redesigned for the new Phase II campaign. The new logo design was in response to the research recommendation that both the HFP and the Medi-Cal program be more clearly identified in the logo display. Now, the logo is designed horizontally instead of stacked. Focus groups indicated that the HFP and MCC logos are more easily recognized when they appear side-by-side and separated.

During FY 2000-2001, the logo will be further refined to launch the FY 2001-2002 campaign message that family health care coverage is available through either Medi-Cal or HFP.

Response to Advertising

A key measure of advertising success is the higher call volumes to the toll-free line during periods of advertising. As of February 28, 2001, the toll-free operators have responded to 231,271 calls since July 1, 2000. After the launch of the new ads, calls increased to more than 2,700 calls per day compared to 1,364 calls per day the prior six months. Additionally, when operators asked callers how they heard about the HFP/MCC, 39 percent of the callers identified advertising as the primary source.

Ethnic Advertising

It is critical that the HFP/MCC campaign ensures that advertising is targeted to under-enrolled ethnic groups. In addition to the \$1.77 million allocated in FY 2000-2001 to enhance the campaign's advertising targeting immigrant and other under-enrolled communities, significant funds are utilized in the general advertising budget to reach ethnic families. To this end, the campaign continues to utilize contractors, multicultural and multiethnic consultants, advisory committee members, and focus groups comprised of representative target populations. Ads featuring multi-ethnic talent were placed in General Market and Spanish-language television and radio programming to specifically reach English and Spanish-speaking targeted populations.

Provided below is a summary of HFP/MCC ethnic advertising buy strategies and outcomes during the first seven months of FY 2000-2001:

Latinos: Spanish-language television, radio, print, along with three new targeted marketing strategies utilizing lunch wagon displays and paid laundromat and clinic poster ads, have been used statewide to heighten awareness among Latino families that have not yet enrolled their children in HFP/MCC. Since the launch of the campaign, Spanish-language radio ads have been one of the primary vehicles to reach young Latino families who are working and listen to the radio throughout the day. Twenty-three percent of statewide media dollars have been dedicated to the Spanish-language media market. In Los Angeles, 28 percent of the population is Spanish-speaking, and more than 34 percent of HFP/MCC campaign spending in Los Angeles has been in Spanish-language media. Eleven Spanish-language radio stations agreed to play Spanish language HFP/MCC SCHIP PSAs as part of their 30 percent bonus weight commitment to the campaign.

In addition, MRMIB bilingual English- and Spanish-language staff participated in television and radio news interviews and talk shows focusing on the availability of HFP/MCC and the recent HFP expansion to heighten program awareness and increase enrollments. These programs aired in densely populated Latino communities, such as Fresno and Sacramento. These public relations efforts were highly successful in generating calls to the toll-free line for applications and more information about HFP/MCC eligibility. Exhibit 6 provides a listing of the radio, television, and conference presentations conducted by MRMIB staff.

African-Americans: A mix of television, radio and print has been utilized to reach African-Americans statewide. Almost two percent of statewide media dollars have been directed to African-American newspapers; the General Market placements have been predominantly in low- to moderate-income, ethnic mediums and communities. For instance, HFP/MCC messages appeared throughout General Market television programming with very high

African-American audience participation, including prime-time programs like “Moesha”, and “The Parkers.” To support advertising and build public awareness in the African-American community, three new targeted marketing strategies have been launched this year including lunch wagon displays and paid laundromat and clinic poster ads.

Asians: Three percent of statewide media dollars have been directed to Asian print advertising. Four Asian ethnic groups have been targeted with in-language HFP/MCC print messages (Chinese, Cambodian, Korean and Vietnamese) in 21 newspapers to reach targeted communities or statewide readers.

Print and Transit Advertising

To maintain broad-based public awareness of campaign messages, new Phase II print ads and transit advertising feature eye-catching headlines and the same talent appearing in television ads.

Another example of value added to the campaign is through RS&E’s negotiation for a full-page pro bono print advertisement in UPN television’s Summer/Fall 2000 and the Winter/Spring 2001 Discovery Guide publications that were distributed throughout the San Francisco Bay Area. Distribution of 500,000 booklets occurred in August to September 2000 and February to March 2001 with Domino pizza boxes and in Blockbuster video rental bags. The ad space was valued at \$80,000 to the campaign.

Community Advertising Requests

In response to CBO requests, a selection of HFP/MCC ethnic print advertising materials continue to be available for CBOs to customize. These print advertisements included one English-language ad featuring an African-American family; one Spanish-language ad featuring a mother with her son; and one Asian-language ad featuring happy healthy children in Chinese, Cambodian, and Vietnamese languages. Since the ads were originally made available in 1999, more than 550 ads have been requested by EEs and community-based contractors.

Based on the continuing popularity of the original print ads, the new Phase II ethnic print ads were recently reconfigured for EEs and community-based contractors customization. The new print ads are available to community partners to assist outreach efforts to target African-American, Latino, Chinese, Vietnamese, Cambodian, and Korean communities.

Public Relations

The budget allocated \$600,000 for this purpose. H&K, a subcontractor of RS&E, is responsible for the public relations activities of the campaign. The HFP/MCC

public relations plan creates heightened awareness and enthusiasm through activities designed to engage media awareness and promote positive achievements and milestones of the programs. The strategy included local community events that generated media attention for the campaign, special market projects that reached out to multicultural communities (with an emphasis on the Latino community), and cross-cultural and ethnic-specific initiatives. Specific public relations work plans included media events and media relations, spokespersons, sponsorship, and promotion of public service messages.

Media Relations

The campaign's media relations program generates accurate news coverage in a variety of mainstream and multicultural outlets. This is primarily accomplished through major daily newspapers and the Latino media. Key messages were communicated through trained state spokespersons. Added emphasis is being placed on more proactive media relations during FY 2000-2001 to bring greater public attention to the availability of HFP/MCC and the benefits of enrollment.

Events held during FY 2000-2001 that created media interest in HFP/MCC included:

- 200,000 HFP enrollment in July 2000
- Launch of the fotonovela series in September 2000
- Launch of new Phase II advertising in January 2001

During FY 2000-2001, Mrs. Davis, as HFP spokesperson, and state staff will meet with the media to draw more attention to campaign advancements and enrollment milestones. The First Lady and state health officials are also planning to attend community events throughout spring and summer 2001 to recognize the work being done to enroll eligible children and to help further increase public awareness of HFP/MCC.

Corporate Sponsorship Activities

Corporate sponsorship alliances and endorsements are another component of the public relations program that helped to increase campaign awareness and supported increased enrollments. Committed corporate sponsors continued to support the HFP/MCC outreach and education campaign during FY 2000-2001. The sponsorship component was geared to create mutually beneficial collaborations that required minimal sponsor and state staff resources while returning the maximum possible results. Sponsorship efforts built upon during the past two years with such corporate sponsors as Edison International, Sav-On/Albertson's (American Drug Stores/Lucky), and Longs Drugs added value and campaign visibility during FY 2000-2001. FY 1999-2000 corporate sponsors were recognized for their important contributions to promote the HFP/MCC with letters of appreciation and plaques. Sponsorship efforts continue

to be directed toward African-Americans, Latinos, and other under-enrolled target populations.

Major corporations and agencies throughout California supported the campaign by becoming corporate sponsors of the HFP/MCC campaign. Current corporate sponsors and their major sponsorship activities during the FY 2000-2001 are listed in Exhibit 7.

California First Lady Mrs. Sharon Davis Public Relations Activities

Public relations events are important functions that generate media interest to reach the HFP/MCC campaign's harder-to-reach target audience, CBOs, and other influencers. Working in conjunction with the Governor's Office, the DHS Office of Public Affairs and MRMIB, a public relations event was conducted in July 2000 featuring Governor Davis and HFP spokesperson, First Lady, Mrs. Sharon Davis. This event, which celebrated the campaign's second anniversary and the announcement of the enrollment of the 200,000th child in HFP was hosted by the Venice Family Clinic. Additionally, Mrs. Davis, along with state health officials, launched the HFP/MCC Phase II advertising campaign at a media event in Los Angeles in January 2001. In her role as official spokesperson for the HFP, Mrs. Davis appeared in a television PSA and recorded a radio PSA that was distributed throughout the State during spring 2000. The PSAs ran 1,200 times in major media markets throughout the state and helped increase public awareness about the availability of HFP. Recognizing the importance of community media events to promote interest and raise awareness of HFP/MCC, additional events throughout the State are planned for Spring/Summer 2001.

Campaign Spokespersons

Spokespersons in the HFP/MCC campaign are used to increase the reach, awareness, and message delivery among the general public and target populations through high visibility in media and other communications from respectable third party spokespersons. HFP/MCC continues in FY 2000-2001 to recruit a celebrity spokesperson to target harder-to-reach populations.

In FY 1999-2000, Governor Davis selected First Lady Sharon Davis to serve as the official spokesperson for the HFP in order to expand public outreach and education efforts.

Spanish-language radio health personality, Dr. Aliza Lifshitz (known as "Dra. Aliza" by the Latino population), agreed to produce a Spanish-language radio PSA for HFP/MCC in FY 1999-2000. In the 30-second PSA, Dr. Aliza explained that emergency rooms are not the best place to go for a routine doctor's visit and encouraged listeners to call the campaign's toll-free line for information about HFP/MCC. The PSA continues to run in several areas around the State.

Advertising and Public Relations to Expand Enrollments in Immigrant and other Under-enrolled Communities

During FY 2000-2001, the same level of funding continued to expand enrollments in immigrant and other under-enrolled communities. As outlined in the FY 1999-2000 State Budget Act, the HFP/MCC campaign budget was increased by \$1.77 million (\$1.3 million for advertising and \$477,000 for public relations) to focus on expanding the enrollment of eligible children living in immigrant and other under-enrolled communities that are underserved and linguistically diverse.

After discussions in 1999 with Legislative staff and Latino advocates, this focus was broadened to include outreach in under-enrolled African-American communities. Targeted advertising and public relations activities that complement each other and expand current campaign activities were implemented with the additional augmentation funds.

Some activities that began in FY 1999-2000 have continued in FY 2000-2001:

- Radio Bilingüe broadcast statewide talk shows, local talk shows, and testimonials in Spanish and Hmong languages during the summer and early fall months. State approved topics consisted of an overview of the HFP/MCC, prevention, school intervention, removing barriers, understanding your child's health care coverage plan, and promoting healthy behaviors. Five one-hour live call-in talk shows aired in Spanish in the *Línea Abierta* (Open Line) program on five network-owned stations: KSJV-FM (Fresno), FMPO-FM (Modesto), KTQX-FM (Bakersfield), KUBO-FM (El Centro) and KHDC-FM (Salinas) as well as 17 affiliate sister stations throughout the state. Radio Bilingüe has also developed five Spanish-language 30 to 90-second testimonials airing 10 times on all five network-owned stations, and five Hmong-language 30 to 90-second testimonials airing 20 times on KSJV-FM, KMPO-FM and KTQX-FM throughout the San Joaquin Valley.
- HFP/MCC outdoor advertising (billboards and transit ads) in English, Spanish, Chinese and Vietnamese were displayed in five San Francisco Bay Area counties.
- The HFP/MCC campaign developed three 60-second radio ads recorded in four targeted Asian languages to reach Cantonese, Korean, Vietnamese, and Hmong speaking populations in San Francisco, San Jose, Los Angeles, and the Central Valley. The ads provide general information about HFP/MCC including specifics on costs of monthly premiums for HFP. An anti-smoking message has been incorporated in one of the ads in each language. The ads began running on October 9, 2000.

- A series of articles covering campaign-related health topics were submitted to ethnic and in-language publications in the Los Angeles, San Francisco, and Sacramento media markets. Topics include: the importance of preventive health care, the availability of affordable health care, growing up healthy, and how to utilize health plan benefits. The in-language articles were developed in Spanish, Armenian, Russian, Farsi, Chinese, Vietnamese, Korean, and Cambodian, as well as English to target African-American publications. Twelve Eastern Group Publications Spanish-language community newspapers reaching neighborhoods throughout Los Angeles published the first two articles (July 2000). Additionally, other publications in targeted markets throughout the State have published the HFP/MCC campaign articles.
- To reach African-American families, Los Angeles-based television station UPN 13 aired a 15-second PSA entitled “California Has Good News.” The PSA features actress Sheryl Lee Ralph who encourages viewers to call the HFP/MCC toll-free information line for program information. The PSA ran during August 2000 for a minimum of 80 times during UPN 13’s most popular African-American targeted television programs. Ms. Ralph, an actress on UPN 13’s No. 1 hit series, “Moesha” is also the mother of two children.
- Beginning in December 2000 and running through June 30, 2001, a 15-second HFP/MCC ad featuring African-American talent is shown on electronic commercial billboards (e-billboards) to build program awareness and enrollment in the African-American community. The subtitled spot runs statewide every two-and-a-half minutes through June 2001, on 73 convenience store monitors located in zip codes where the population is over 20 percent African-American, reaching 1,300 patrons daily at each location.
- A 30-second Spanish-language television PSA featuring Univision’s Los Angeles news anchor Norma Roque was broadcast on Univision/KMEX 34 in Los Angeles. In addition to Los Angeles’ broadcasting, three additional stations also broadcast the PSA for a total of 40 times in July, August, and September 2000. Univision stations in Sacramento, Fresno, and Bakersfield also aired this PSA. The purpose of the HFP/MCC PSA was to inform uninsured Spanish-speaking families about the importance of preventive health care and that California offers comprehensive low-cost and no-cost medical, dental, and vision care coverage for their children.
- The first fotonovela, an illustrated booklet aimed at informing Latino families about the availability of low-cost and no-cost health coverage for their children through the HFP/MCC, was unveiled on Monday, September 18, 2000, to help enroll more eligible children in HFP/MCC.

More than 500,000 copies were distributed via Latino community papers throughout the state as well as community-based contractors, EEs and CAAs.

- 500,000 copies of the second fotonovela were released in early December 2000 for distribution through Latino newspapers and community-based contractors, EEs and CAAs. In response to the high number of requests from community-based partners for both fotonovelas, 250,000 additional copies of each fotonovela were printed in January 2001 and have been distributed throughout the state to community groups to help educate families and stimulate enrollments.
- Focus groups with Spanish-speaking families and surveys with CBOs were conducted in early 2001 to elicit input for future fotonovela story content and format, and to discuss what types of outreach materials should be produced to best reach Latino families. Based on these recommendations, the campaign may produce additional materials such as a bilingual fotonovela, bilingual comic books, and a HFP/MCC mascot.
- To reach the Armenian and the Russian communities, radio advertising and print advertising has been tested and will be produced and distributed during FY 2000-2001. In-language news articles will be also submitted to ethnic community newspapers and can be reprinted and shared with community-based partners.
- Additionally, the Farsi and Cambodian communities will be reached with various public relations activities, such as news articles that will be submitted to ethnic newspapers and enrollment materials that can be shared with community-based partners. Trained community spokespersons will be enlisted in the community to broaden reach through radio interviews.
- In selected communities, plans are under development to conduct a pilot project to enlist the assistance of faith-based organizations to help educate immigrant families about the availability of HFP/MCC. Successful activities will be continued and expanded in FY 2001-2002.

Federal Outreach Campaign Efforts and Other Partnerships

The HFP/MCC campaign has benefited from activities sponsored by the federal "Insure Kids Now" outreach campaign. All "Insure Kids Now" materials display the 1-877-KIDS NOW toll-free number that is seamlessly connected to the HFP/MCC outreach line operators. Some national activities included: PSAs on television and radio; messages on grocery bags; H&R Block modified their tax software to alert families who appear to be eligible for states' children's health care coverage programs about the program in the upcoming tax season; and the

Social Security Administration encouraged 34 million parents and grandparents (3.4 million in California) who received Cost of Living Adjustments to learn more about children's health insurance programs.

Wal-Mart, Procter & Gamble (through the Pampers Parenting Institute), and the American Academy of Pediatrics sponsored a "Babies First Campaign" in all Wal-Mart stores in the United States in March 2001. Each of the 118 Wal-Mart stores throughout California featured in-store displays with childcare and parenting outreach materials, including HFP/MCC panel cards.

Covering Kids, a national children's health coverage campaign, sponsored by the Robert Wood Johnson Foundation, conducted a "Back to School" media and outreach effort in the Fresno area in late August and September 2000 to promote the availability of children's health care coverage. Covering Kids selected one media market, such as the Fresno area, in six states to help increase children's outreach and enrollments. Covering Kids requested DHS and MRMIB to provide technical assistance on the proposed General Market and Spanish-language television and radio advertising copy to ensure program accuracy and input on available program data to use in evaluating the success of their outreach effort in Fresno. The HFP/MCC toll-free number was displayed on the ads.

Additionally, Covering Kids conducted a follow-up spring 2001 media campaign in Fresno, held from mid-March through mid-April, that promoted the availability of HFP/MCC. This partnership with Covering Kids helps increase the campaign's reach to families and augments campaign resources.

EXHIBITS

PROGRAM ELEMENTS

	Healthy Families Program (HFP)	No-Cost Medi-Cal for Children (MCC)
Age	Birth through 18 years of age.	Birth through 18 years of age.
Income Limits	Up to 250% of the federal poverty level based upon family size and gross family income. Children must not be eligible for no-cost Medi-Cal.	Varies from 100% to 200% of the federal poverty level based upon a child's age, depending on the number of persons in the family.
Income Deductions	Entitled to federal and state income deductions when determining eligibility.	Entitled to federal and state mandated income deductions.
Resources	Family resources not considered for eligibility.	Family resources not considered for eligibility.
Social Security Number	Not required. Federal law prohibits states from requiring a SSN of applicant.	Required when full-scope benefits are requested. Restricted services are provided if applicant does not provide SSN.
Residency	California resident not in jail or a mental hospital.	California resident not in jail, prison, or any other public institution.
Citizenship or Alienage	<ul style="list-style-type: none"> • U.S. Citizens • Nationals • Eligible Qualified Immigrants. 	<ul style="list-style-type: none"> • U.S. Citizens • Nationals • Eligible Immigrants <p>All immigrants who meet basic eligibility requirements are eligible for either full or restricted Medi-Cal benefits, depending upon their immigration status.</p>
Benefits	Comprehensive medical, dental, and vision care coverage.	Comprehensive medical, dental, and vision care coverage; or no-cost restricted services, if not eligible for full benefits.

PROGRAM ELEMENTS (Continued)

Healthy Families Program (HFP)		No-Cost Medi-Cal for Children (MCC)
Premiums	Low monthly premiums: \$4 to \$9 for each child up to a maximum of \$27 for all children in a family, based upon family size, family income, and type of plan chosen.	None.
Copay	A low \$5 co-payment for non-preventive services. No co-payment for preventive services.	No co-payments for children.
Other Health Coverage	Not eligible for HFP if, in the previous 3 months, was covered by employer-sponsored health plan, or is currently eligible for CalPERS health benefits.	Coverage under another health insurance plan does not affect Medi-Cal eligibility.
Continuation of Coverage	Not applicable.	One month of continued no-cost coverage for children who change from no-cost Medi-Cal to share-of-cost Medi-Cal and who appear to qualify for HFP. This "bridge" provides time for the family to apply for HFP.
Eligible but unenrolled	535,000	726,000

Healthy Families Program and Medi-Cal for Children Income Guideline Chart

Family Size	Child age 0 to 1 or Pregnant Women Medi-Cal	Child Age 0 to 1 Healthy Families	Child age 1 thru 5 Medi-Cal	Child Age 1 thru 5 Healthy Families	Child age 6 thru 18 Medi-Cal	Child age 6 thru 18 Healthy Families
1	\$0 - \$1,432	\$1,433 - \$1,790	\$0 - \$953	\$ 954 - \$1,790	\$0 - \$716	\$717 - \$1,790
2	\$0 - \$1,935	\$1,936 - \$2,419	\$0 - \$1,287	\$1,288 - \$2,419	\$0 - \$968	\$969 - \$2,419
3	\$0 - \$2,439	\$2,440 - \$3,048	\$0 - \$1,622	\$1,623 - \$3,048	\$0 - \$1,220	\$1,221 - \$3,048
4	\$0 - \$2,942	\$2,943 - \$3,678	\$0 - \$1,957	\$1,958 - \$3,678	\$0 - \$1,471	\$1,472 - \$3,678
5	\$0 - \$3,445	\$3,446 - \$4,307	\$0 - \$2,291	\$2,292 - \$4,307	\$0 - \$1,723	\$1,724 - \$4,307
6	\$0 - \$3,949	\$3,950 - \$4,936	\$0 - \$2,626	\$2,627 - \$4,936	\$0 - \$1,975	\$1,976 - \$4,936
7	\$0 - \$4,452	\$4,453 - \$5,565	\$0 - \$2,961	\$2,962 - \$5,565	\$0 - \$2,226	\$2,227 - \$5,565
8	\$0 - \$4,955	\$4,956 - \$6,194	\$0 - \$3,296	\$3,297 - \$6,194	\$0 - \$2,478	\$2,479 - \$6,194
9	\$0 - \$5,459	\$5,460 - \$6,823	\$0 - \$3,630	\$3,631 - \$6,823	\$0 - \$2,730	\$2,731 - \$6,823
10	\$0 - \$5,962	\$5,963 - \$7,453	\$0 - \$3,965	\$3,966 - \$7,453	\$0 - \$2,981	\$2,982 - \$7,453

Add the following dollar amount for each additional family member:

	\$504	\$630	\$335	\$630	\$252	\$630
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*Monthly Income Levels effective April 1, 2001.

Healthy Families Program and Medi-Cal for Children Outreach and Education Contractors and Subcontractors

In conducting the HFP/MCC education and outreach campaign, DHS has contracted with the following:

Runyon Saltzman and Einhorn (RS&E)

As the prime contractor, RS&E's responsibilities include overall contract administration, oversight of the subcontractor team, advertising development and production, and media buying and placement.

Hill and Knowlton (H&K)

As a subcontractor, H&K manages a variety of campaign activities, including public relations, local events, media relations, collateral marketing materials development and production, toll-free information line service, research, evaluation, spokespersons, and corporate sponsorships.

Richard Heath and Associates (RHA)

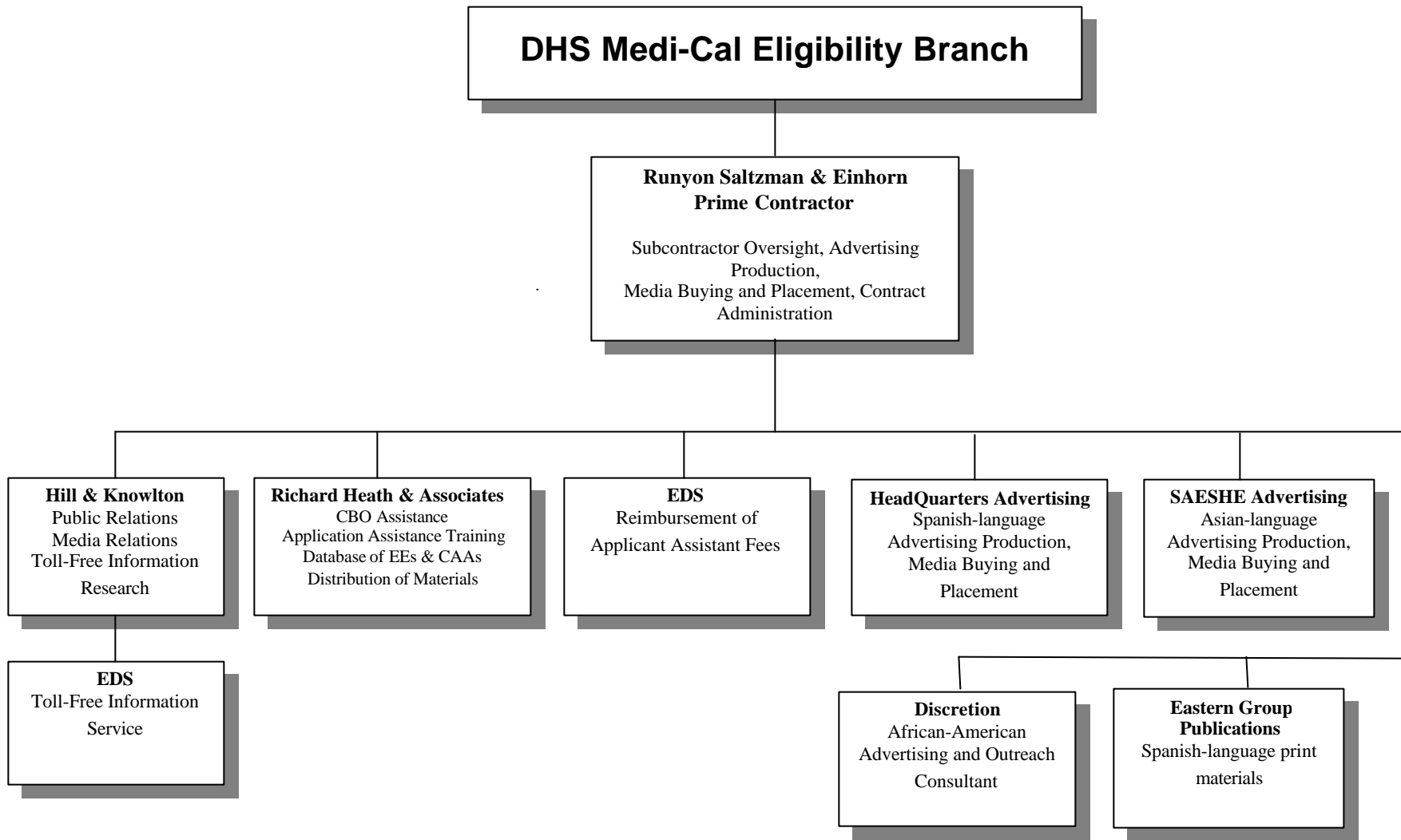
As a subcontractor, RHA is responsible for CBO outreach assistance, certified application assistance (CAA) training, enrollment entity (EE) and CAA database maintenance, distribution of collateral marketing materials, and CAA telephone assistance line.

Electronic Data Systems (EDS)

As a subcontractor to H&K, EDS conducts the campaign's toll-free information line activities. EDS is also a subcontractor to RS&E to issue reimbursements to EEs for successful HFP/MCC enrollments. (These subcontracted activities are independent of EDS' roles in serving as the HFP single point of entry administrator and as DHS's fiscal intermediary.)

RS&E also subcontracts with a team of cultural and linguistic communications specialists to develop campaign advertising and collateral marketing materials. These include: **HeadQuarters Advertising** to develop, produce, and place Spanish-language advertising messages; **SAESHE Advertising** to develop, produce, and place Asian-language campaign messages; consultant **DISCRETION** to ensure that culturally competent messages target the African-American community; and Eastern Group Publications to develop Spanish-language outreach print materials, such as, fotonovelas to target harder-to-reach communities.

Contractual Relationship Organization Chart



\$6 Million Healthy Families Program and Medi-Cal for Children Community-Based Contracts

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Alpha of San Diego, Inc.	\$104,716	Latino, White, and African American children	Provide outreach, screening, application assistance, and follow-up services to residents in the mid-city and Balboa Park communities, distribute promotion materials to 13,000 contacts, distribute flyers and leaflets, and hold 11 community events.	Enroll 220 children
AltaMed Health Services	\$78,111	Under-enrolled Latino children and other minority groups	Distribute flyers, make 113 presentations, provide outreach to 20 new agencies, follow-up services with 975 contacted individuals, assist 780 families fill out applications.	Enroll 1,170-1950 children in HFP/MCC programs
Alum Rock Union Elementary School District	\$104,282	Latino, Asian, African American, and American Indian children	Telephone calls, flyers, posters, and television community service announcements. Flyers and posters will be placed in local businesses, local colleges/universities and other public locations, mail out letters and hold 6 community events.	Enroll 300 children in HFP/MCC programs

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Arroyo Vista Family Health Center	\$74,611	Latino children	Health education and wellness promotion, customer service, public relations, networking, community development, local print, and electronic media.	Enroll at least 1,550 children in HFP/MCC programs
Asian Health Services	\$115,566	Cambodian, Chinese, Filipino, Korean, Laotian, and Mien children	Personalized outreach for Cambodian and Laotian communities. Collaborate with various community centers and churches to identify and participate in ethnic specific community cultural events.	Enroll between 400-500 children
Asian Pacific Health Care Venture	\$105,000	Vietnamese, Filipino, Korean, and Laotian children	Provide training sessions to various providers, develop mass media outreach plan, conduct 6 mass media outreaches, develop/modify/ adapt educational materials, conduct presentations, face-to-face outreach.	Enroll 1000 children
Bay Area Legal Aid (formerly San Francisco Neighborhood Legal Assist Fund)	\$62,990	Asian and Latino children	Provide community outreach to low-income families. Project staff will include ethnically diverse, former welfare recipients fluent in Chinese, Vietnamese, English, and Spanish. Conduct activities in various low-income locations, conduct presentations and questions and answers clinics at private law firms, CBOs, etc.	Enroll 75 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
California Family Health Council, Inc. Comm Perinatal Network	\$78,111	Hispanic children	Delivery of program and application info by telephone and on-site contacts, make contact with and schedule presentations at CBOs, WIC administrators, schools, child care centers, parks, employers, etc. and conduct at least 18 large group and 84 small group enrollment/presentation sessions.	Enroll at least 600 children
California Health Collaborative	\$74,336	Hispanic children	Participate in 25 school based or community based enrollment events. Provide application assistance at enrollment events, in office and within home visits.	Reduce number of uninsured children in service area
California Rural Indian Health Board, Inc.	\$65,346	American Indian children	Increase knowledge, print culturally relevant outreach material; solidify partnerships with 5 center-based CRIHB Head Start Programs.	Enroll 100 American Indian children
Care R Us	\$65,346	Arab and Muslim children	Private "In Your House" consultations, extended office hours, increase education, outreach and enrollment opportunities. Conduct presentations at mosques, churches and temples, attend holiday events.	Enroll at least 600 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Catholic Charities of Los Angeles	\$78,111	Vietnamese, Laotian, Hispanic, Armenian, and Cambodian children	Outreach media will consist of targeting four major ethnic populations: Hispanic, Armenian, Vietnamese and Cambodian. Distribution of flyers, HFP/MCC program information, broadcasted through television and/or radio.	Contracted for outreach only Contract is Media Based.
Catholic Charities of Orange County	\$62,990	Latino and Vietnamese children	Conduct door-to-door outreach campaign, print announcements in parish and school bulletins, make pulpit announcements, post material at adult education centers, set up enrollment assistance booths at health fairs and churches.	Enroll at least 2000 children
Child and Family Guidance Center	\$71,511	Hispanic and Latino children	Prepare, copy and distribute memos for teachers and parents w/information about the HFP, make presentations at back to school nights, door to door home visits, give presentations in community based agencies and churches.	Enroll 455 children
City of Sacramento - Mayor's Commission on Our Children's Health	\$46,353	Hispanic, African American, Asian, and White children	Screen school emergency cards to identify eligible families, distribute pre-stamped interest cards to Child Action clients for self-referral, distribute flyers, distribute outreach materials to churches, make presentations.	Enroll 3000 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Clinica de Salud de Valle de Salinas	\$115,566	Hispanic children	Engage in a number of outreach activities involving communication in person, by telephone and in writing, distribute brochures/material, develop media activity, conduct one on one contact and presentations.	Enroll 1560 children
Clinica Sierra Vista	\$65,346	Latino and African American children	Outreach at health clinics and WIC sites, conduct door-to-door and telephone outreach, conduct presentation at school or community sites, participate in health fairs, make referrals to other programs.	Enroll 1500 children
Clinicas de Salud del Pueblo, Inc.	\$82,396	Hispanic, migrant and seasonal farm workers	Provide access and information to 12 housing developments and 40 daycare facilities, 12 collaborative presentations to preschools, daycare sites.	Enroll 696 children
Coachella Valley Healthy Children Collaborative	\$115,566	Hispanic children	Establish partnerships with 4 agencies, conduct monthly outreach meetings, provide outreach to schools, churches, community centers, work sites, homes, etc., enlist media to cover events or news stories.	Enroll 3,430 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Coalition of Orange County Community Clinics	\$104,716	Hispanic and Asian children	Outreach efforts in neighborhoods, member clinics, schools, Head Start programs, churches, motels, WIC offices, community events and health fairs, distribute information via e-mail, fax and phone calls.	Reduce the number of uninsured children in service area
Community Guidance Media Network	\$56,611	Spanish speaking children	On the air broadcasts, place ads and newspaper stories, attend education events develop programming, and obtain viewer listener response via telephone or audience participation	Media based outreach contract
Community Health Clinic Ole	\$65,346	Low-income, uninsured Hispanic children	Conduct door-to-door outreach, Enrollment assistance at church and various Napa sites, presentations at migrant farm worker camps, health fairs, work sites and Head Start. Distribute fliers at above locations and Latino-based areas.	Enroll 400 children
Community Health Councils, Inc.	\$118,611	African American and Latino children	Collaborate with state and local media to promote and advertise ABC assistance phone line, use local media for ads, outreach to Latino and African American population, identify and collaborate with 2 other organizations with direct client contact, and distribute brochures.	Enrollment 1,180 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Community Health Foundation of East Los Angeles, Inc.	\$159,111	Latino, Native American and low-income children	Door to Door outreach, identify community organizations with potential target population members, presentations at community events, Sunday mass, parish fairs and health fairs	Reduce the number of uninsured children in service area
County of Riverside, Health Services Agency	\$55,426	Latino and African American children	Expand application assistance sites, participate in 30 community activities, operate toll-free line to provide eligibility assistance, develop system to record names/addresses for all eligible clients, provide monthly follow-up.	Enroll 2000 children in
County of Sonoma, Department of Health Services	\$82,396	All uninsured/eligible children, Hispanic focus	Target Hispanic churches, provide information and application assistance to families calling on their toll-free line, enter data tracking forms, and coordinate biweekly meetings to review/improve outreach activities.	Enroll 1,200 children
County of Tulare Health & Human Services Agency	\$90,456	Latino and Southeast Asian children	One-on-one outreach, group presentations in classrooms, CBOs, naturalization and citizenship classes, provide information through flyers, community fairs, swap meets, and other community events.	Enroll 680 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Crystal Stairs, Inc.	\$159,111	Uninsured children in Los Angeles County Service area	Monthly mailings of outreach and educational materials to childcare providers in the CSI programs, develop sub-contract with REI/WIC, continue working with churches, outreach to general community, enrollment fairs.	Enroll at least 800 children
Delhi Center	\$58,911	Latino Children	Child Health Forums, presentations on HFC/MCC, community Events, application assistance.	Enroll 235 children
Del Norte Clinics, Inc.	\$61,936	Children of farm workers, Native Americans, and isolated rural populations	2 presentations per week, develop and disseminate flyers and ads, maintain relationships with county health and social service agencies.	Enroll 320 children
East Valley Community Health Center, Inc.	\$78,111	Low-income, uninsured, working poor, and homeless children	Each team of two Community Health Workers will implement at least 3 outreach group sessions, conduct mailings to employers, and provide outreach presentations.	Enroll 485 children
Ebony Counseling Center	\$65,284	African American, Latino, and other minority children	Door-to-door contact, community health fairs, faith community meetings, school events, distribute info within the geographic area, shopping malls, parks, bus stops, recreation centers and health centers, etc.	Enroll 150 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Family Bridges Inc. (AKA: Oakland Chinese Community Council, Inc.)	\$60,510	Asian immigrants	Media through Chinese newspapers, dissemination of flyers, brochures, bulletins, community presentations, conduct active outreach throughout annual community events such as Chinatown Streetfest, New Year's Bazaar	Enroll 485 children
Family Resource Center Collaborative (FRCC)	\$46,353	Hispanic and Asian children	Outreach via door-to-door, food pantries, homeless shelters, day labor sites, swap meets, bus stops, small businesses, neighborhood stores, homes, mobile screening/enrollment teams visit schools, churches and other community locations.	Enroll 1550 children in HFP/MCC programs
Folsom Cordova Health Start	\$73,096	Hispanic, African American, Southeast Asian, and Russian children	Outreach through home visits, presentations with health providers, businesses, and religious entities. Distribute flyers, put on special events and presentations.	Enroll 202 children
Health & Wellness Medical Clinic	\$78,111	Latino and African American children	Implement Health & Wellness Fairs, Grand "Back to School" Fair, presentations to churches, distribute flyers, schedule enrollment appointments, Door to Door outreach	Enroll 1562

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Health Access	\$72,476	African American, Latino, and Asia children	Conduct school-based outreach, and prepare a mailing for school children	Enroll 300 children
Health for All, Inc.	\$41,290	Latino and Hmong children	Participate in 3 health fairs and community events per month, collaborate with 15 CBOs, conduct informal presentations, clinic visits and/or workshops, and provide follow-up to 30 enrollees per month.	Enroll 190 children
High Desert Youth Center	\$95,726	African American, Anglo, Asian American, and Hispanic children	Collaborate with 4-4 agencies to develop strategy, conduct 2-5 workshops, conduct focus groups, field test and revise material and messages developed, conduct 6-7 outreach activities each week.	Enroll 768 children in HFP/MCC programs
Hope in The City	\$40,000	African American, Asian American, Caucasian, Latino	Outreach through presentations with Apartment complexes, businesses, and local school partnerships. Participate in health fairs.	80% of outreach to result in attendance in HFP/MCC presentation
Inglewood Family Care Center	\$52,400	African American, Indian, Hispanic, and White children	Community service bulletins, media, press release, newspaper, distribution of flyers, posters, letters, applications, home calls/visits, swap meets, check cashing places, medical centers, parks and community centers.	Enroll at least 240 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Inland Agency	\$44,886	Low-to-middle income Hispanic and African American children	Mailings to schools, day cares, network with employers and day care centers, create family advisory group, host major enrollment events.	Enroll 420 children
Kern County Economic Opportunity Corporation (KCEOC)	\$46,353	Children of Hispanic and non-Hispanic agricultural workers	Outreach at Housing Authority, clinics, employer sponsored work-site info forums, homeless pop, and continue collaborations.	Enroll 500 children
Lao Family Community of Fresno, Inc.	\$59,766	Hmong, Laotian, Cambodian, Vietnamese, and Ethiopian refugee children	Door-to-door outreach, conduct 6 community workshops at different refugee groups in Fresno, conduct presentations to schools, churches, community centers, radio announcements, health fairs, develop multi-lingual brochures to be distributed at refugee centers and community organizations.	Enroll 312 children
Little Company of Mary Health Services	\$78,111	Latino children	Screen children at clinics, school-based events, and health fairs. Provide outreach to employers. Train and outreach to community members who can provide assistance to parents. Media/TV campaign.	Enroll 1,180 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Long Beach Department of Health & Human Services	\$159,111	Hispanic and Cambodian children	Meet with leaders of the community to identify community sites, churches/temples, day care centers, laundromats, health fairs, ethnic fairs, community events, work with the state and local advocacy agencies to develop materials addressing public charge.	Enroll at least 750 children
Los Angeles County Office of Education	\$46,353	Uninsured school-age children in selected districts	Hold healthcare fairs, parent meetings, provide parent training, conduct parent conferences, community events, distribute application request flyers, organize HFP/MCC enrollment days, provide CAA's at scheduled school events, conduct mailings.	Enroll 300 children
Los Angeles Unified School District/CHAMP	\$159,111	Latino children	Hire a community outreach worker (culturally and linguistically appropriate), parent-to-parent outreach, coordinate district-wide effort, general information dissemination, provide 13 enrollment events at target clusters.	Enroll 2,025 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Mendocino County Department of Public Health	\$63,734	Latino and Native American children	Outreach to schools, kindergarten registration, Head Start and state preschool registrations, send flyers home with students, pamphlets, posters, application packets, articles in local papers, on-air interviews, presentations to CBOs, small businesses, churches, medical and dental clinics, and the Spanish speaking community.	Enroll 420 children
Minerva Lobarbio Norwalk Office	\$78,111	Asian, Hispanic, and Pacific Islander children	Participate in health fair, distribute flyers to employment training centers, pharmacies, dental offices, shopping centers, coordinate with local hospitals to set up programs for Healthy Families day and enroll on site, Conduct an open house at the medical office (where the project will be held).	Enroll 1,320 children
Mission City Community Network, Inc.	\$78,111	Latino children	Reach a minimum of 1,320 rental units within the four census tract areas, begin door to door education campaign, develop school-based education and outreach at three LAUSD schools involving a minimum of 100 teachers and admin.	Enroll 510 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
MotherNet Los Angeles	\$155,611	Latino and African American children	Attach HFP/MCC enrollment info to weekly bulletins at five Compton schools, conduct promotion activities at PTA meetings, assemblies and/or school performances at each school, incentive raffle, conduct home visits.	Enroll 1,875 children
National Family Life and Education Center/CHAAFC	\$159,111	African American children	Install campaign messages and information cards at 200 high traffic locations. Provide information at churches, community events, meetings, places of employment, retail locations, apartments, and schools. Upkeep specially designed messages to provide information to 100,000 individuals.	Enroll 600 children
New Economics for Women	\$158,611	Low-income Latino and Korean children	Initiate bilingual media campaign (radio and billboard), door-to-door enrollment, community workshops (e.g., churches, and community), follow-up with agency case managers/intake workers.	Enroll 1,526 children
Ontario-Montclair School District	\$77,436	Hispanic, White, and African American children	Memos to principals and school staff, presentations at school sites, display posters at schools, send introductory letter in English, Spanish, and Vietnamese to all families, give presentation at back-to-school nights.	Reduce the number of uninsured children in service area

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Operation Samahan, Inc.	\$60,000	Asian, Filipinos/Pacific Islanders	Enhance community awareness. Conduct Health Fairs, Hosting weekly HF orientation at the Samahan Clinic. Tapping into Local Media (Radio/TV)	Reach out and Educate 10,000 Asian/PI and Filipinos and successfully enroll 500 children
Parent Resource Center	\$40,236	Culturally diverse low-income children	Customize HFP/MCC brochures in English, and Spanish. Presentations at health care facilities, educational fairs, school sites, parenting classes, and child care programs.	Enroll 900 children
Pasadena Public Health Department	\$159,111	African American and Latino children	Outreach staff stationed at Pasadena Unified School District schools, distribute info packets in English/Spanish to students, WIC, clinics, school events, and publish articles in newsletter. Involve a student at Pasadena City College to provide outreach services to college student peers.	Enroll 420 children
Plaza Community Center	\$78,111	Hispanic children	Develop three, 20-minute presentations geared to parents, plaza staff and volunteers. Staff will reach a total of 7,000 people directly through health fairs, presentations at schools, recreation sites, libraries and local public agencies.	Reduce the number of uninsured children in service area

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Pomona Valley Center for Community Development	\$65,361	Latino, Asian, and African American children	Parent group presentations, leaflet schools, visit childcare center, visit WIC centers, door-to-door canvassing, church front outreach, hospitals, clinics, doctor's offices, community events, cultural community outreach	Enroll 455 children
San Fernando Valley Neighborhood Legal Services, Inc. (SFV-NLS)	\$159,111	Latino immigrant children	Outreach staff stationed at Pasadena Unified School District schools. Distribute information packets in English/Spanish to students, WIC, clinics, school events. Publish articles in newsletter.	Enroll 475 children
San Gabriel Unified School District	\$132,611	Low-income children	Distribute materials at health fairs and community events, discuss importance of health insurance with pregnant women and parenting teens. Presentations at school sites, council meetings, staff meetings, run articles in newsletters.	Enroll 480 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
San Joaquin County Health Care Services	\$83,016	Latino, Southeast Asian, and African American children	Schedule and make presentations at employment, education, recreation and community centers, health fairs; schedule and broadcast info on radio and TV; identify spokesperson for local HF/MCC campaign; door-to-door outreach, events leafleting, targeted contacts.	Enroll 450 children a month
Solano Coalition for Better Health	\$114,946	Hispanic and African American children	Conduct at least 5 enrollment events, provide walk-in assistance, continue with schools to increase enrollments (on-site) and remove barriers/stigma of government programs. Ads in paper/buses/cable TV.	Enroll 1,200 children
South Asian Network	\$38,112	South Asian children	Education and outreach through cultural/religious events, community establishments and their employees, entertainment events, Health Access seminars, South Asian newspaper – radio-TV ads, and translate health and/or immigration related documents into 2 South Asian languages.	Enroll 100 children
The Health Trust	\$51,396	Latino and Asian children	Distribute flyers, provide outreach at 15 primary care sites (4 per month), outreach at 3 social services sites (40 per month)	Enroll 760 children

Company Name	Amount Funded	Target Population	Outreach Strategies	Anticipated Outcomes
Tracy Family Center	\$35,338	Latino children	Organize partnership between lead agency and partnering agencies, outreach to schools, and 15,000 individuals will receive oral and/or written info about health prevention and maintenance and HF/MCC.	Enroll 450 children
Tucker Associates	\$65,344	Not specified	Outreach to media, healthcare providers, schools, employers, churches, and childcare centers. Media promotion and public speaking engagements.	Enroll 600 children
Valley Community Clinic	\$122,111	Latino children	Perform 10-12 small group sessions, community forums, and Health Prevention Education Workshops on a monthly basis.	Enroll between 453-553 children
Ventura County Health Care Agency - Public Health Department	\$55,426	Low-income Hispanic children	Attend special events, canvass low-income neighborhoods, schools, shopping centers and businesses, provide promotional items to attract potential clients to outreach activities.	Enroll 1350 children
Veterans in Community Service, Inc.	\$32,112	Low-income Hispanic children	Attend special events, canvass low-income neighborhoods, schools, shopping centers and businesses, provide promotional items to attract potential clients to outreach activities.	Enroll 370 children
Vietnamese Community of Orange County, Inc./Asian Health Center	\$61,000	Vietnamese	Perform outreach using flyers, brochures, radio, word-of-mouth and health education classes	Enrollment of 655 children

HFP/MCC Phase II Advertising Summary

When the HFP/MCC launched in July 1998, the advertising campaign was designed to expand awareness among the target audience about the need for health coverage and preventive care. The ads were successful in meeting this goal. However, the ads only were meant to introduce the programs. As time has gone on, the target audience needed more detailed information to increase enrollments.

In January 2000, a public awareness survey was conducted to gather information on the attitudes and opinions of the target audience about HFP and MCC. The respondents wanted more informational and hard-hitting advertising that would educate and motivate them to enroll their children in one of the two programs. Below is a description of the Phase II television spots:

- “I Can, You Can” features a couple telling a “real life” story about their experience of enrolling their children in HFP. Both parents work, but their jobs do not provide health coverage for their children. They talk about the easy application process. The “real” story empowers the viewer to believe “If they can do it, I can do it, too.”
- “Kids Change” portrays a happy and healthy child growing up from a toddler to a teen. The announcer compares the changes that kids go through to the changes in Medi-Cal.
- “Sign Language” shows a possible consequence of not having regular, preventive care or health coverage. The joint HFP/MCC ad features a young girl suffering from hearing loss due to untreated ear infections contrasted with visuals of healthy children getting check-ups to encourage parents to apply because “I don’t want this to happen to my child.”
- “Bills” portrays a couple trying to make ends meet. While the wife is paying bills, including a \$200 doctor bill, the husband arrives home from work with a Medi-Cal application that he picked up. As couple reviews the application and goes over points such as cost, application, and that working families qualify, a sense of relief is conveyed.
- “Easy” and “Four Dollars” are a pair of 15-second HFP spots delivered by child news anchors. “Easy” focuses on the ease of applying and the fact that FREE local application assistance is available. “Four Dollars” states that HFP is \$4 to \$9 per month per child and that kids under age 19 qualify.
- “Healthy Soup” introduces “Tia Remedios” as a HFP/MCC Spanish language spokesperson. Tia is a source of comfort, support, love, and advice for the rest of her family. In this spot, Tia is preparing soup for her sick great-

nephew. With Healthy Families, he can now see a doctor. The announcer discusses comprehensive coverage, cost, the fact that more kids qualify, and the ease of the application process.

- “Tea is Not Enough” shows Tia visiting another niece and sick great-nephew. Although her tea is helpful, she is wise enough to know that it is time to see a doctor. Her niece is concerned about the cost of a doctor visit and Tia tells her about Medi-Cal. The announcer delivers cost, coverage, ease, and choice message points.
- “Staying Home” features a working mom staying home with her sick child. She worried about her child, but she’ll also miss a day’s pay. The announcer in this Spanish-language spot tells us about HFP/MCC, stressing both quality care and peace of mind.

**Healthy Families Program
Conferences, Radio, &TV Interviews
by the
Managed Risk Medical Insurance Board Staff**

Outlet	Location	Date	Language	Source
CA Indian Leaders	Sacramento	2/23/00	English	Conference
Slavic Caucus	Sacramento	2/24/00	Slavic	Conference
Radio Bilingue	Fresno	2/28/00	Spanish	Radio
CAPHERD	Long Beach	3/3&4/00	English	Conference
Asian Health Services		3/4/00	English	Conference
School Health Connections	Burlingame	3/6/00	English	Conference
CSBA Hispanic Study	San Diego	3/10-12/00	English	Conference
HCFA Children's Health Insurance	Fullerton	3/16/00	English	Conference
CABE	San Francisco	3/20-23/00	English	Conference
Consumer's Union	Oakland	4/12/00	English	Outreach
California Indian Education	Anaheim	4/13-15/00	English	Conference
Migrant Education	Sacramento	4/13/00	English	Outreach
Lemon Hill Resources	Sacramento	4/20/00	English	Health Fair
Janitor's Union	Costa Mesa	4/24&25/00	English	Outreach
CA Parent TA	San Jose	4/26-29/00	English	Outreach
Janitor's Union	Pomona	4/27&28/00	English	Enrollment
Janitor's Union	San Jose	5/1&2/00	English	Enrollment
Healthy Families Outreach	Porterville	5/4&5/00	English	Outreach
CA PTA	Long Beach	5/4-7/00	English	Outreach
Janitor's Union	Porterville	5/9&10/00	English	Enrollment
CSND - Central Valley	Fresno	5/20/00	English	Outreach
Sacramento County HHS	Sacramento	6/3/00	English	Outreach
Radio Bilingue	Fresno	7/5/00	Spanish	Radio
Latin American Church of Nazarene	Sacramento	7/21/00	English	Outreach
Northern Tribal Consult.	Sacramento	7/27/00	English	Outreach
Univision Channel 19	Sacramento	8/1/00	Spanish	Television
School Health Connections	Sacramento	8/8&9/00	English	Outreach
Northern Tribal Consult.	San Diego	8/9/00	English	Outreach
Medi-Cal 2000	San Francisco	9/26-28/00	English	Conference
Medi-Cal 2000	Los Angeles	10/9-12/00	English	Conference
Healthy Families	Oakland	10/11&12/00	English	Outreach
Young Women's Health	San Francisco	10/17/00	English	Conference
KTNQ Spanish Radio	Sacramento	11/14/00	Spanish	Radio
CA School Board Assoc.	Long Beach	11/30-12/01/00	English	Conference
Radio Bilingue	Sacramento	12/03/00	Spanish	Radio
Healthy Families Outreach School Board	Sacramento	1/10/01	English	Conference
Northern Tribal Consult.	Redding	1/22/01	English	Outreach
Northern Tribal Consult.	San Diego	1/23/01	English	Outreach
CABE	Los Angeles	1/31 - 2/2/01	English	Outreach
CSNO(CA School Nurses Org)	Fresno	2/1&2/01	English	Conference
CA. Assn. For Ed. Of Young Children	San Diego	3/16&17/01	English	Conference

Healthy Families Program/Medi-Cal for Children FY 2000-2001 Sponsors

1) American Drugstores (Sav-On and Lucky Stores recently merged to become Albertson's/ Sav-On)

- Distributed HFP/MCC collateral marketing materials in English and Spanish-language at all store locations.
- American Drugstores (Sav-On/Albertsons, formerly Lucky's), an ongoing HFP/MCC campaign corporate sponsor, promoted HFP/MCC campaign messages in its May 30, 2000, direct mail advertising circular that reached nearly four million Northern California households.
- Sav-On promoted HFP/MCC in its July 9, 2000 and August 27, 2000, newspaper inserts. Estimates indicate that the newspaper insert was distributed to millions of Southern California households.

2) Edison International

- Distributed HFP/MCC messages in English and Spanish-language on its bill stuffers to customers during the period between January 5 and February 2, 2001.

3) Longs Drugs

- Provided HFP/MCC information and a hyperlink to the HFP Web site on the Longs Drugs company Web site.
- HFP/MCC information was printed on 1.5 million shopping bags. Longs Drugs published HFP/MCC campaign information with the HFP/MCC logo and toll-free number on its "Health News" newspaper insert. The 4-page newspaper insert was distributed to 7 million households in major markets statewide on June 23, July 21 and on September 15, 2000.

**WEB SITES WITH INFORMATION ABOUT
HEALTHY FAMILIES/MEDI-CAL FOR CHILDREN**

Web site Address	Host Organization	Description
www.healthyfamilies.ca.gov	Managed Risk Medical Insurance Board (MRMIB)	<p>Web site designated for the Healthy Families Program (HFP), which provides:</p> <ul style="list-style-type: none"> • General information and answers to frequently asked questions. • Downloads for application form, handbook, and help information. • Online information about on participating health plans and health care providers.
www.mrmib.ca.gov	Managed Risk Medical Insurance Board (MRMIB)	<p>Provides information and direct links to three health care programs under its administration:</p> <ul style="list-style-type: none"> • Access for Infants and Mothers (AIM) • The Major Risk Medical Insurance Program (MRMIP) • The Healthy Families Program (HFP) <p>Also, provides frequently updated HFP enrollment data and reports on the HFP.</p>
www.dhs.ca.gov	California Department of Health Services (DHS)	<p>Direct link: www.dhs.ca.gov/director/healthy_families/index.html This Healthy Families Home page provides:</p> <ul style="list-style-type: none"> • HFP overview • State Plan • A direct link to MRMIB' Web site
www.dhs.ca.gov/mcm/RequestedData/files	California Department of Health Services (DHS)	Provides specific data about Medi-Cal and its beneficiaries.
www.MediCal.ca.gov	California Department of Health Services (DHS)	<p>Provides detail information about Medi-Cal:</p> <ul style="list-style-type: none"> • Transaction services • CMC information • Publications • HIPPA updates and physician rates • Its Related Sites section provides a link to the Healthy Families Web site.
www.insurekidsnow.gov	National Governors' Association (NGA)	<ul style="list-style-type: none"> • Advertises the NGA's "Insure Kids Now" • 1-877-KIDS NOW (1-877-543-7669) hotline and related Web sites. • Provide hyperlinks to each state's health insurance coverage program for children in working families.

**WEB SITES WITH INFORMATION ABOUT
HEALTHY FAMILIES/MEDI-CAL FOR CHILDREN**

Web site Address	Host Organization	Description
www.nga.org	National Governors' Association (NGA)	Provides information about federal laws and State Children's Health Insurance Program Plan (SCHIP) Summaries of each state.
www.ca.gov	State of California, Governor's Office	State of California Home Page Provides links to Healthy Families Web site, and other programs administrated by DHS and MRMIB under Health and Safety - Health Care Services.
www.cde.ca.gov	California Department of Education (CDE)	Provides a link to the HFP Web site under CDE's Head Start State Collaboration sub-page, and the School Health Connections' sub-page under General Health Resources.
www.capta.org	California Parent and Teacher Association	Provides a link to the HFP Web site under its Resources button among links of interest to parents and child advocates.
www.casponline.org/main.htm	California Association of School Psychologists	Provides a link to the HFP Web site under its About CASP button and Additional Site of Interest sub-page.
www.childrennow.org/california	Children Now	Provides a link to the HFP Web site under its links directory section and children's health sub section.
www.100percentcampaign.org	100% Campaign	Provides a link to the HFP Web site under its links to other sites
www.healthykidsproject.org	Healthy Kids Healthy Schools Project of the Consumers Union	Provides a link to the HFP Web site under its Contact section - Links sub-page.
www.healthypolicycoach.org	California Center for Health Improvement	Provides a link to the HFP and DHS Web sites under its Links section.
http://www.acsa.org	Association of California School Administrators	Provides a link to the HFP Web site under its California Internet Resources for Educators section.
www.caeya.org	California Association for the Education of Young Children	Provides a link to the HFP Web site under its links section.
www.csba.org	California School Boards Association	Provides direct link to the HFP Web site. HFP/MCC was placed as a "CSBA Hot Link." HFP/MCC Policy, articles and other information related to HFP/MCC are also on the site.

**WEB SITES WITH INFORMATION ABOUT
HEALTHY FAMILIES/MEDI-CAL FOR CHILDREN**

Web site Address	Host Organization	Description
www.csno.org	California School Nurses Organization	Provides a link to the HFP Web site under the School Nursing Links: Health Resources.
www.californiahealthykids.org	CA Healthy Kids Resource Center	Provides a link to HFP Web site under its Links and Other Resources – Health Education Links – Government Agencies.
www.muhsd.k12.ca.us/cwa/cascwa.htm	California Association of Supervisors of Child Welfare and Attendance	Provides a link to HFP Web site under its Child Welfare & Attendance Links – Child Medical Insurance.
www.acusd.edu/childre nsissues	Children Advocacy Institute, University of San Diego	Provides a direct link to HFP Web site through a HFP logo on its home page.
www.naswca.org	National Association of Social Workers, California Chapter	Provides a direct link to HFP Web site through a HFP logo on its home page.
www.longs.com	Longs Drug Stores	Provides HFP/MCC information and a hyperlink to the HFP Web site on its “Let Us Help You - Offers and Information” section.

GLOSSARY OF TERMS

ABD	Aged Blind and Disabled
AER	Annual Eligibility Renewal
CAA	Certified Application Assistant
CBO	Community-Based Organization
CDE	California Department of Education
CHAMP	Children's Health Access and Medi-Cal Program
CHHS	California Health and Human Services
SCHIP	State Children's Health Insurance Program
CPS	Current Population Survey
CSBA	California School Board Association
DHS	Department of Health Services
EGP	Eastern Group Publications
EE	Enrolled Entity
EDS	Electronic Data Systems
FPL	Federal Poverty Level
FY	Fiscal Year
H&K	Hill & Knowlton (Subcontractor)
HCCR	Health Care Community Representative
HCFA	Health Care Financing Administration
HFP	Healthy Families Program

INS	Immigration and Naturalization Service
ITP	Invitation to Participate
LAUSD	Los Angeles Unified School District
MCC	Medi-Cal for Children (federal poverty level programs)
MRMIB	Managed Risk Medical Insurance Board
PSA	Public Service Announcement
PTA	Parent Teacher Association
RFA	Request for Application
RHA	Richard Heath and Associates (Subcontractor)
RSE	Runyon, Saltzman & Einhorn (Prime Contractor)
SDSUF	San Diego State University Foundation
UCLA	University California Los Angeles