Community Health Improvement Partners

Access to Care for Children Team Initiative

Barriers and Solutions to Increasing the Access to Care among Income Eligible Children in San Diego County: A Community Collaboration Approach

Prepared by:
Community Health Improvement Partners

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Overview

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The following report presents the Access to Care for Children Team Initiative findings and recommendations. This effort is the culmination of the team's work to identify barriers associated with outreach, enrollment, utilization and retention (OEUR) of children eligible for Medi-Cal and Healthy Families health insurance coverage living in San Diego County and propose solutions to overcome these barriers.

The approach used by the team to complete this process was innovative and unique for several reasons. It represented a wide spread collaboration between community members and the County of San Diego Health and Human Services Agency. The project used geographic based information to identify neighborhoods with the highest potential for improving OEUR. Finally, the focus of this project was on identifying barriers to OEUR and targeted solutions specific to these neighborhoods.

The Process

At the heart of this effort was the identification of neighborhoods within San Diego County believed to contain high numbers of children ages 0-17 years who were income eligible for Medi-Cal but not yet enrolled. Utilizing a gap analysis technique supported by Geographic Information System (GIS) software, 18 neighborhoods were identified; three in each of the six regions.

To facilitate collaboration with the communities most impacted by low enrollment, six regional community forums were held between July 31, 2007 and August 22, 2007. These forums were attended by over 200 persons including representatives from hospitals, health plans, clinics, physicians, faith groups, school districts, community associations, community centers, various city and county government representatives and San Diego County Health and Human Services Agency (HHSA) staff.

The four-hour forums were attended by an average of 33 persons each. During the forums, participants were briefed on the gap analysis for their respective region and divided into three discussion groups based on targeted geographic areas (target areas) with high numbers of children believed to be income eligible for Medi-Cal but not yet enrolled. During the first segment of the target area discussions, participants were given additional census tract level demographics and presented with a very detailed street level map of the target area showing the locations of schools, clinics, and other geographically relevant information. These maps also presented the relative numbers and rates of unenrolled children in each census tract. Participants were given the opportunity to review the additional information and maps. Additionally, a staff person was available to provide additional GIS related information such as aerial photographs of the area and identification of locations of parks, canyons and large industrial areas.

Next, participants shared what they knew about the target area and either confirmed that the gap analysis for the area was accurate and warranted further discussion or indicated the data did not accurately identify an area of potential need. An example of this process was census tract 95.08, located in target area 3 of the North Central Region. Initially, data indicated a high level of income eligible unenrolled children in this area, however, further review of the demographic data and participant input determined this area was a military housing area and not relevant to this process because these children were eligible for health insurance provided by the military.

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Once each group reached agreement on their target area, they were led through a structured analysis to identify the root causes for the barriers related to outreach, enrollment, retention and utilization. The OEUR barrier root causes were discussed and agreed upon. The 18 target area groups identified 27 different types of causes resulting in OEUR barriers to eligible children. Each of these root causes was identified in at least one region, with 10 of the root causes identified in all six regions. Many of these root causes were also found to impact all phases of the OEUR process. These included low literacy and low health literacy.

Sections 2 through 7 of this report provide detailed findings from each of the 18 target area discussions along with potential solutions to each barrier. Appendices I and II provide details on the group process and participant feedback. A content analysis of these root causes found that each could be placed in one of six categories. The following six categories are presented in order of their frequency of mention in terms of both the number of related issues and the number of target areas. These categories include:

- **Low literacy and low health literacy** among parents including the limited ability to read and write in English or their native language, limited knowledge of how to navigate the healthcare system and subsequent problems with reading and completing enrollment and reenrollment documents. Low health literacy also impacts parents' ability to appropriately utilize preventive services for their children.
- **Economic and personal factors** including low and unstable income, stigma and embarrassment associated with accepting public assistance, frequently changing addresses, homelessness, problems with documentation of income, domestic violence, substance abuse, mental health and privacy issues.
- **Environmental factors** including transportation problems, unsafe neighborhoods, limited number of providers in the area and inconvenient location of the HHSA Family Resource Centers (FRCs).
- **Fear and distrust of governmental agencies** accompanied by misinformation about Medi-Cal and Healthy Families program eligibility requirements and the impact participation in one of these programs may have on future legal status ("public charge").
- **Cultural and linguistic barriers** including ineffective outreach materials in languages and at literacy levels inappropriate to the target population, issues associated with cultural beliefs related to provision of care, e.g., treatment of female patients by male physicians and the use of folk medicines. For some, these barriers result in parents using medical services in Mexico, which were felt to be easier to use and more culturally appropriate.
- **Customer service issues** including long waits for service, hours and days of service at both the FRCs and clinics, high case loads on the part of FRC case workers, limited outreach and limited enrollment assistance.

Following the identification of the root causes to OEUR barriers, participants worked collaboratively to develop potential solutions that have the greatest impact. This process generated 38 potential solutions to problems identified during the root cause analysis.

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A review of potential solutions found that each solution fit into one of six categories. These categories included:

- **Customer service improvements at the Family Resource Center (FRC)** was the most common solution mentioned. Suggestions include simplification of the entire enrollment and reenrollment process with special attention to creating standards of readability and complexity of all instructions and documents sent or given to the applicant. These standards should apply to documents published in both English and Spanish. Other customer service improvement suggestions include changing the hours and days of operation to meet the needs of working parents; providing customer service training to FRC staff; creating a central processing unit and call center so clients can always speak with a live person capable of answering questions, providing assistance and accepting change of address information; increasing outreach efforts by holding “super Saturdays” on a periodic basis at alternative locations with linguistically appropriate eligibility staff to enroll persons in their neighborhoods; and increasing staffing at the FRC to decrease client wait time.
- **Collaboration with community groups and trusted leaders** was the second most common solution offered by participants. Because of widespread mistrust of governmental agencies, participants felt there was a great opportunity to work collaboratively with a wide variety of community groups to help combat the misinformation parents often receive from friends and neighbors about eligibility criteria and “public charge” issues. This suggestion focused on developing partnerships with trusted community based organizations such as schools, Boys and Girls Clubs, community centers, religious leaders and community service organizations. The initial effort with these organization should be to educate them about the Medi-Cal and Healthy Families programs, the benefits community members can receive and where to refer community members for assistance with their applications. This effort calls for identifying key opinion leaders in the community and arming them with similar information. Subsequent efforts could include co-hosting outreach and enrollment events in the community.
- **Education of parents** was the next most common solution offered by participants. Because low literacy and low health literacy were identified as a major root cause for many of the OEUR barriers, participants felt a comprehensive bilingual education strategy was required. The focus of this effort must be two-fold. First it must educate parents on the enrollment and re-enrollment process. Second, it must begin to address basic health literacy issues such as navigating the healthcare system, the importance of protecting their child's health and preventing disease and the benefits of staying insured. This effort can also correct some of the misinformation commonly found in the community. Education programs should be culturally and linguistically focused using either very simple-to-read and understand brochures or DVD’s.
- **Customer service improvements by providers** was another solution offered to improve utilization and possibly retention. Potential solutions include changing clinic/medical office hours of operation to include evenings and Saturdays when parents are not working, providing Spanish speaking Certified Application Assistors (CAAs) in busy clinics to assist with enrollment,

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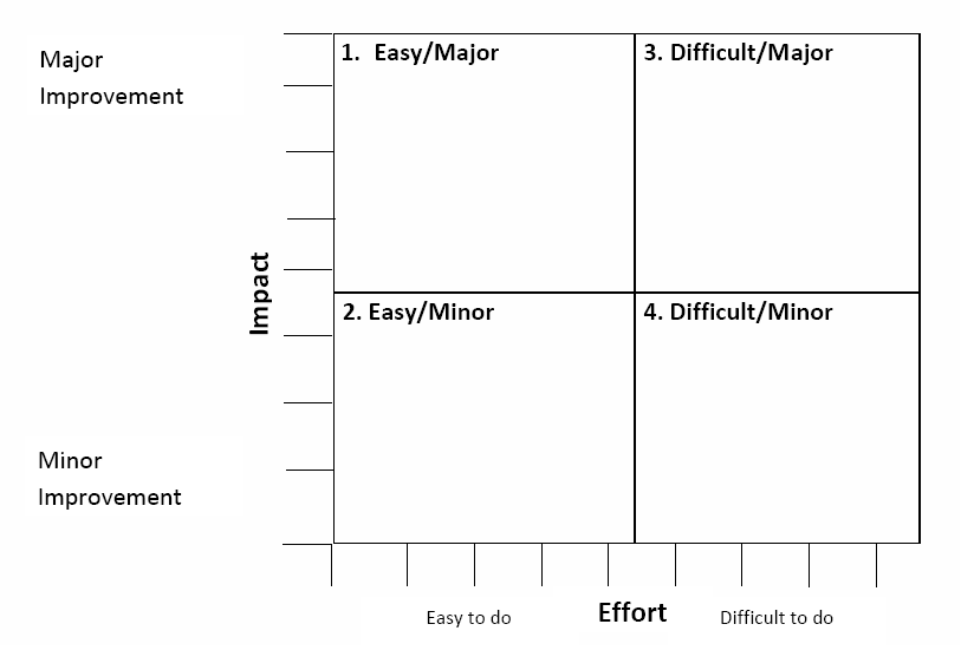
reenrollment and act as an information resource for parents and having clinics hold “meet the doctor nights” at local schools as a means of introducing potential clients to medical providers.

- While **transportation** was seen as a root cause for many of the OEUR issues, participants offered few solutions other than providing maps and instruction to parents on how to use public transportation to get to and from the FRCs and offering tokens for public transportation.
- Other solutions offered include implementing universal health coverage for all children and developing more walkable communities.

During the final phase of the group discussion, participants were asked to review each of the potential solutions they had developed and place them on an impact/effort grid where each solution was placed in one of four quadrants (see below). The process of evaluating the impact and effort required for each solution resulted in a method of prioritizing the solutions developed.

Those solutions that were felt to be relatively easy to accomplish and result in a major improvement are considered the top short term priority. These include:



- Collaboration with community groups and trusted leaders
- Culturally appropriate educational program and materials
- Expanded use of CAAs to assist parents during the enrollment and reenrollment process
- Provide customer service training for FRC staff
- Establish a FRC call center to improve service to parents

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Recommendations

Fourteen recommendations are presented that incorporate the discussions and potential solutions developed during the forums by the 18 target area specific work teams along with the guidance offered by other knowledgeable key stakeholders. Below are brief descriptions of the recommendations offered in this report.

1. Implement a taskforce to improve the interface between customers and the local system (Health and Human Service Agency Family Resource Centers – HHSA FRCs).
2. Implement a call center that operates with “live” HHSA staff at different hours from the traditional business hours of a FRC.
3. Develop and implement an ongoing customer service training program for County eligibility workers.
4. Pursue funding opportunities to expand the number of CAAs employed by community health centers and stationed at FRCs.
5. Increase staffing levels of eligibility workers at FRCs to ensure that performance standards are achieved.
6. Shift the hours of operation at FRCs and community health centers to meet the needs of working parents and inform parents of the new hours of operation so that service use is optimized.
7. Outstation HHSA eligibility workers / human service specialists at high traffic community health centers to enroll children on site.
8. Advocate to federal and state representatives for increased Medi-Cal provider reimbursement rates.
9. Create an interface to submit electronic Medi-Cal referrals from hospitals to HHSA, in order to decrease double data entry into CalWIN.
10. Increase use of “Health E-app” among enrollment entities/CAAs.
11. Establish partnerships in target areas among school districts, community health centers, community based organizations (e.g. recreational centers, Boys and Girls Clubs, YMCA, libraries, etc.), and identified community leaders to provide accurate information on enrollment, eligibility criteria, benefits and policies, including information on public charge, related to Medi-Cal and Healthy Families.
12. Improve public transportation and develop walkable and bike friendly communities so that families can more easily travel to enrollment sites including FRC’s and to provider sites to access healthcare.
13. Provide educational materials to inform parents on preventive healthcare services and how to navigate the healthcare system.
14. Provide Medi-Cal and Healthy Families applications, program guides, renewal forms, information on utilization (listing and maps of healthcare providers), etc. on an easy-to-navigate website that includes links to local and state resources as necessary.

Project Background and Scope

The Access to Care For Children Team (ACT) Initiative is a HHSA initiative and held its initial planning meeting in August 2004. During subsequent months, ACT developed a set of goals and objectives designed to improve children's health in San Diego County by improving business practices related to HHSA access to healthcare programs and services. A key element of this project was to work with community agencies and collaborations to increase healthcare access for income eligible children.

The first step of one of the ACT Initiative components was to determine the number of children currently enrolled and the number of additional children potentially income eligible for enrollment. The data analysis process was to:

- Identify potential uninsured populations eligible for Medi-Cal & Healthy Families
- Compare potential uninsured populations to the current population receiving Medi-Cal & Healthy Families
- Map Potential Uninsured: Percentages of families with children with incomes under 200% of Federal Income Guidelines

During the summer of 2007, an in-depth gap analysis by census tract was completed and the data presented to six regional community forums. Each forum was divided into three teams, each focusing on a specific target area identified using the gap analysis. Each team reviewed the demographic data, the gap analysis and determined if the gap analysis accurately represented the target area in terms of potential for enrolling additional income eligible children. It is important to note that the gap analysis focused on Medi-Cal, however OEUR barriers and solutions were discussed in the context of Medi-Cal and Healthy Families.

Methodology

The goal of the children's healthcare coverage gap analysis was to locate children ages 0 through 17 years by neighborhood in San Diego County who were income eligible for Medi-Cal but not yet enrolled. Multiple population-based data sources were used to profile and identify neighborhoods with an increased likelihood of housing large numbers of income eligible, uninsured children. These data sources contained information on different geographic scales, from point locations to regional level data. In order to effectively apply each available data source to locate income-eligible children at the census tract level, Geographic Information System (GIS) Software (ArcGIS version 9.2), was used as the basis for the analysis. GIS is a mapping tool that allows the user to create "layers." Layers can be visualized as transparencies used to view and analyze information selectively by theme. For ease of interpretation, the maps were designed with color gradation representing various levels of need.

The data used to create estimates for income eligibility for this analysis were the 2006 population estimates provided by the San Diego Association of Governments (SANDAG). These data were available at the census tract level, and variables used to calculate the number of income eligible children were the number of kids ages 0-17 years, the total number of households, the number of households with children under 18 years, the average number of persons per household, the median household income and the number of households

Methodology (continued)

stratified by income. Recognizing that there were multiple eligibility requirements for many different programs that could not be accounted for, it was determined after discussions with Medi-Cal professionals that income eligibility would be defined as all children living in households earning less than 200% of the Federal Poverty Level.

In order to account for those kids who were already enrolled in Medi-Cal, a one-month representative sample of the point locations of children currently receiving benefits was extracted from the Medi-Cal case data system. These data included all children enrolled in Medi-Cal during December 2006, and were meant to represent a snapshot of typical enrollment. The Medi-Cal enrollment data does not account for children who drop out or enroll throughout the year, and cannot address retention or access to care.

The enrollment data were overlaid with the neighborhoods identified as having high numbers of income eligible children in order to determine the census tracts that should be targeted for outreach efforts. Target communities were determined in two ways. First, by subtracting the number of enrolled children from the estimated number of income eligible children in order to estimate the number of children who were income eligible yet currently unenrolled in Medi-Cal. Second, by calculating the Medi-Cal unenrollment rate, which represented the proportion of income eligible children who were not already enrolled in Medi-Cal. The unenrollment rate represented the percentage potential of each census tract for increased Medi-Cal enrollment.

In order to verify the locations of uninsured children throughout San Diego County, emergency department (ED) discharge data were used. The ED discharge data were mapped by zip code of residence of children treated and discharged from a San Diego County ED for whom the expected source of payment was self-pay. Also used to verify estimates of income eligible yet unenrolled children at the regional level were the 2005 California Health Interview Survey (CHIS) data.

Recommendations

Introduction

The following recommendations were developed following the six Children's Access to Care regional forums focusing on outreach, enrollment, utilization and retention (OEUR) for Medi-Cal and Healthy Families. These recommendations incorporate the discussions and potential solutions developed during the forums by the 18 target area specific work teams and the guidance offered by other knowledgeable key stakeholders. These key stakeholders included representatives from Community Health Centers, Emergency Medical Services (EMS) staff members, First 5 Commission of San Diego County Healthcare Access staff member, HHSA staff and San Diego Kids Health Assurance Network staff members.

Mission

The data analysis, regional meetings and this report are a part of a larger HHSA effort known as ACT (Access to Care for Children Team), the mission of this effort is to "Ensure all children who are eligible but currently not enrolled in publicly funded healthcare programs are enrolled in healthcare coverage and maintain coverage through their medical home." The recommendations provide a framework for the continuation of ACT efforts.

Framework

The following recommendations are grouped into three categories, customer service, community collaboration and consumer education. Each recommendation addresses the following five key elements:

- **TARGET**: Population that will benefit from or participate in the successful implementation of the recommendation.
- **TIMEFRAME**: This element is an indicator of when the recommendation should be implemented in terms of "Immediate," "Short-term" and "Long-term." It also reflects the priority of the recommendation with a suggestion in terms of "Immediately" or "Mid-term."
- **FUNDING**: While the objective of determining the costs associated with each recommendation is beyond the scope of this study, an approximate range of the costs required to carry out the recommendation is provided. Costs have been categorized as: $ = inexpensive, $$ = moderate and $$$ = expensive.
- **STAKEHOLDER**: The organization with the primary responsibility for taking the lead in carrying out the recommendation.
- **OPPORTUNITIES FOR COLLABORATION**: This element reflects other workgroups, previous studies, etc. that have worked (or are working) on the recommendation and can be tapped as a collaborating partner in carrying out the recommendation.

Customer Service Recommendations

Recommendation 1.

Implement a taskforce to improve the interface between customers and the local system (Health and Human Service Agency Family Resource Centers – HHSA FRC) by reviewing local opportunities to simplify the process of applying for and renewing Medi-Cal and referrals to Healthy Families.

Target	Parents of children who are eligible for Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Ongoing Start: Immediately
Funding	$
Stakeholders	HHSA: ACT, HHSA – Healthcare Policy Administration, Medi-Cal Managed Care Health Plans, Community Health Centers, Enrollment Entities
Opportunities for collaboration	Healthcare Safety Net Eligibility and Enrollment Streamlining Workgroup

Recommendation 2.

Implement a call center that operates with “live” HHSA staff, at different hours from the traditional business hours of a Family Resource Center (FRC), so parents can call one telephone number during a time when they are available to report changes, find out the status of an application, request an application, be informed of their eligibility determination, etc. This call center should be similar to call centers operated by companies who interact with consumers.

Target	Parents of children who are eligible for Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Long-term /Ongoing Start: Mid-term
Funding	$ (for pilot project implementation) $$$ (for full implementation)
Stakeholders	HHSA
Opportunities for collaboration	Review HHSA’s Past Plans to Develop a Call Center, Healthcare Safety Net Eligibility and Enrollment Streamlining Workgroup

Customer Service Recommendations (continued)

Recommendation 3.

Develop and implement an ongoing customer service training program for County eligibility workers that includes the following topics: cultural sensitivity (both ethnic culture and sensitivity to applicant's financial situation), health and well-being (including importance of access to healthcare coverage and prevention) and coping with stress (for the eligibility worker).

Target	Eligibility workers
Timeframe & Start Date	Timeframe: Trainings can occur on an ongoing (e.g. annually) basis once implemented Start: Immediately
Funding	$
Stakeholders	HHSA.
Opportunities for collaboration	"Help with Health," a training program already developed by HHSA

Recommendation 4.

Pursue funding opportunities to expand the number of Certified Application Assistors (CAAs) employed by community health centers and stationed at HHSA Family Resource Centers. CAA's can assist with finding families, follow up activities, collecting documents, explaining procedures related to Medi-Cal and Healthy Families and engaging families in the application and renewal process, at the FRC. When funding is received formal partnerships shall be established with FRC's and Community Health Centers, Memorandums of Understanding (MOU) with work plans will help to establish goals, outline responsibilities and can enhance productivity.

Target	Eligibility workers
Timeframe & Start Date	Timeframe: As funding allows Start: Mid-term
Funding	$$
Stakeholders	HHSA: ACT, Enrollment Entities/CAAs, Community Health Centers
Opportunities for collaboration	North County Health Services and Escondido Family Resource Center Pilot Project, County Access to Care Contractor (UCSD Community Pediatrics) and Mission Valley Family Resource Center

Customer Service Recommendations (continued)

Recommendation 5.

Increase staffing levels of eligibility workers at Family Resource Centers to ensure that performance standards are achieved. Until this is achieved, consider adding additional clerical staff at FRC's that can be trained to assist eligibility workers with such job functions as data entry, letter writing and conducting follow up phone calls.

Target	Eligibility workers and parents of children who are eligible for Medi-Cal or Healthy
Timeframe & Start Date	Timeframe: Ongoing Start: Immediately
Funding	$$$ (Funding comes from the State)
Stakeholders	Policy Makers, HHSA
Opportunities for collaboration	None identified

Recommendation 6.

Shift the hours of operation at HHSA Family Resource Centers and Community Health Centers to meet the needs of working parents and inform parents of the new hours of operation so that service use is optimized.

Target	Parents of children who are eligible for Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Ongoing Start: Mid-term
Funding	$ to $$
Stakeholders	HHSA, Community Health Centers, Other Healthcare Providers
Opportunities for collaboration	None identified

Customer Service Recommendations (continued)

Recommendation 7.

Outstation HHSA Eligibility workers / Human Service Specialists at high traffic community health centers to enroll children on site, workers should be outfitted with laptops equipped with CALWIN to assist them in enrollment efforts. Consider out stationing these workers at sites specific to the target area, for example a clinic site may not be optimal in one region of the county, but a venue such as a school or community center may better match the resident's needs.

Target	Parents of children who are eligible for Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Pilot Project Start: Mid-Term
Funding	$$
Stakeholders	HHSA, Council of Community Clinics, Family Health Centers of San Diego, Community-Based Organizations
Opportunities for collaboration	Examine other models and pilot projects, including reviewing how Local Assistance Center's functioned offsite during the Firestorm of 2007

Recommendation 8.

Advocate to Federal and State representatives for increased Medi-Cal provider reimbursement rates. Increased Medi-Cal provider reimbursement rates should help to sustain or increase the number of culturally competent providers, including primary care physicians, specialty care physicians and dentists, who accept Medi-Cal. This will provide Medi-Cal beneficiaries increased opportunities to access care. Findings and recommendations from the Healthcare Safety Net Advocacy and Funding Workgroups should be reviewed and collaborative opportunities identified in carrying out this recommendation.

Target	Parents of children who are eligible for or enrolled in Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Ongoing Start: Immediately
Funding	$
Stakeholders	HHSA, Community Health Centers, Physicians, Dentists, Health Plans, Hospitals
Opportunities for collaboration	Review findings of the Healthcare Safety Net Advocacy and Funding Workgroups

Customer Service Recommendations (continued)

Recommendation 9.

Create an interface to submit electronic Medi-Cal referrals from hospitals to HHSA, in order to decrease double data entry into CALWIN.

Target	Hospitals, Eligibility Workers
Timeframe & Start Date	Timeframe: Ongoing Start: Short-term
Funding	$$ to $$$
Stakeholders	HHSA, Hospital Association of San Diego and Imperial Counties, Hospitals, Information Technology Vendors
Opportunities for collaboration	None identified

Recommendation 10.

Increase use of “Health E-app” among Enrollment Entities/Certified Application Assistors (CAAs), representatives at enrollment entity sites and eligibility workers by increasing awareness of the program and educating them on how “health e app” works through refresher trainings.

Target	CAAs, Parents of children who are eligible for Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Ongoing Start: Immediately
Funding	$
Stakeholders	HHSA, Agencies that Employ CAAs (e.g. Enrollment Entities), Community Partners for Wellness Forum,
Opportunities for collaboration	Healthcare Safety Net Eligibility and Enrollment Streamlining Workgroup

Community Collaboration Recommendations

Recommendation 11.

Establish partnerships in target areas among school districts, community health centers, community-based organizations (i.e. recreational centers, Boys and Girls Clubs, YMCA, Libraries, etc.), retail venues (dry cleaners, super stores, beauty salons, etc.), identified community leaders and Consumer Center for Health Education and Advocacy to provide accurate information on enrollment, eligibility criteria, benefits and policies including information on public charge, related to Medi-Cal and Healthy Families.

Target	Parents of children who are eligible for Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Ongoing Start: Immediately
Funding	$
Stakeholders	Community Health Centers, HHSA: ACT, Community Based Organizations, Consumer Center for Health Education and Advocacy, School Districts, Healthcare Safety Net Eligibility and Enrollment Streamlining Workgroup
Opportunities for collaboration	Review input from SD-KHAN Community Forum meetings for OERU application.

Recommendation 12.

Improve public transportation and develop walk able and bike friendly communities so that families can more easily travel to enrollment sites including FRC's and to provider sites to access health care.

Target	Parents of children who are eligible for Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Long Term Start: Mid-Term
Funding	$$$
Stakeholders	Policy Makers, SANDAG, Childhood Obesity Initiative – Government Domain, Healthy Eating Active Communities (HEAC), Full Access and Coordinated Transportation (FACT)
Opportunities for collaboration	Review reports and past research from SANDAG, Childhood Obesity Initiative – Government Domain, Healthy Eating Active Communities (HEAC), Full Access and Coordinated Transportation (FACT)

Consumer Education Recommendations

Recommendation 13.

Provide educational materials to inform parents on preventative healthcare services and how to navigate the healthcare system, including how and when to use the emergency department, urgent care and primary care. Examples of educational materials that can be provided include post cards, public service announcements, health "passport," one page guides and first aid kits. Additionally, materials already provided by organizations, including the FRCs, should be assessed for literacy levels and user-friendliness and improved if they are not user-friendly or written for readers with low health literacy.

Target	Parents of children who are eligible for Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Ongoing Start Date: Immediately
Funding	$
Stakeholders	SD-KHAN Retention Work Group, SD-KHAN Community Collaborative, CHIP Joint Health Literacy Project, HHSA: ACT
Opportunities for collaboration	Review work already completed by the SD-KHAN Retention Work Group and First 5 Healthcare Access Contractors

Recommendation 14.

Provide Medi-Cal and Healthy Families applications, program guides, renewal forms, information on utilization (listing and maps of healthcare providers), etc. on an easy to navigate website that includes links to local and state resources as necessary.

Target	Parents of children who are eligible for Medi-Cal or Healthy Families
Timeframe & Start Date	Timeframe: Ongoing Start Date: Mid-Term
Funding	$
Stakeholders	HHSA: ACT, Medi-Cal Managed Care Health Plans, Community Health Centers, Enrollment Entities
Opportunities for collaboration	Review other promising websites as potential models.