

## King County Children's Health Initiative Community Funded Innovative Pilot Programs

### Chronology

In April 2006, Executive Sims convened a Children's Health Access Task Force (CHATF) of child health experts to advise King County on the creation of an innovative county-based children's health program.



In June 2006, the CHATF recommended the Children's Health Initiative (CHI), a local approach to improving the health of low-income children. The first component proactively finds, enrolls, and links eligible low-income children to medical and dental homes, needed wrap around services and integrated preventive care. The second element has been updated to consist of innovative pilot programs to improve the effectiveness of health coverage for low-income King County children.

In March 2007, the Governor signed into law the exemplary new State Children's Health Care Act, which expands coverage to all children in families earning less than 250% FPL in July 2007 and to families earning less than 300% FPL in January 2009. It became clear that it was more important than ever for local efforts to sign families up for the new coverage and to make sure that expanding health coverage leads to improvements in children's health.

In May 2007, the County Council passed Motion 12507 adopting the CHI and expressing its intention to dedicate \$1 million for outreach and linkage annually in 2007, 2008, and 2009.

CHI outreach teams are based in geographic areas with high numbers of uninsured and low income children. Four outreach teams launched in 2007 are meeting outreach and access goals including children successfully enrolled in health insurance, community staff trained, children scanned for developmental and oral health issues and parents trained about preventive care and health insurance. Outreach efforts have improved contact with hard-to-reach immigrant populations through coordination with community health workers with appropriate language expertise.

The innovative pilot approaches to improve children's health in King County are supported with private funding that match local government outreach dollars. The pilot programs will dovetail with the State policy priorities and include best practices in outreach and linkage, oral health quality improvement and integration, mental health integration into primary care, on-line enrollment, and financial sponsorship.

In the fall of 2007 the federal government debated the re-authorization of the State Children's Health Insurance Program, (SCHIP), which covers children in families earning between 200 and 250% FPL in Washington State. The President vetoed the bill that could increase funding for our state children's health programs and the country now awaits the outcome of the override vote.

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# King County

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Both the possible federal and existing state health coverage improvements make it more vital than ever to invest in local outreach and linkage activities to sign children up and make sure they have a regular doctor and dentist. Similarly, it is timely to invest in pilot programs that test new ways to improve the efficiency and performance of the health system for children, such as by assuring that young children receive preventive dental care and creating simplified online enrollment processes.

#### **Community Challenge Grant**

In early 2007, Group Health Cooperative announced a \$1 million contribution to the CHI and challenged the community to double its investment through private donations. In the spring of 2007, Washington Dental Service generously came forward with a \$1 million contribution and this fall, the additional \$1 million in private contributions for the matching requirement was reached.

The CHI community challenge grants will fund pilot projects including the following "works in process:"

- Online enrollment. Within Reach (formerly Healthy Mothers, Healthy Babies) has developed a web-based application assistance site at <a href="www.parenthelp123.org">www.parenthelp123.org</a> for health and other social services programs, including food stamps. With expanded health coverage rules there is greater impetus to simplify enrollment mechanisms into Medicaid programs. The CHI online enrollment work would explore a King County pilot project to create the electronic connection between the new parenthelp123.org website and DSHS. In addition to electronic enrollment, the CHI could pilot an addition to the ParentHelp123 website that would allow families to select their health plan, physician and dentist.
- Oral health. An oral health demonstration project funded by Washington Dental Service (WDS) would improve the delivery of oral health services to children between 250% FPL and 300% FPL prior to the 2009 date set for this by the State and begin preparatory efforts for a "buy in" option for families over 300% FPL. The project would include development of a subsidized product for the estimated 1,000 children eligible that could utilize the dental risk assessment strategies envisioned by the State, offer a broad and tight network of participating dentists to be reimbursed at rates similar to current PPO network rates, and be administered by the WDS to provide greater simplicity and ease for providers, clients and the State.
- Mental health. Innovative efforts to achieve early identification and treatment of children's mental illness are needed. A behavioral health pilot project exploring the effectiveness of behavioral health specialists in primary care settings using mental health screening tools for maternal depression and childhood behavioral and mental health issues for children ages zero to 12 could add immense value to our systems of care. A similar approach used by the Odessa Brown Children's Clinic has shown substantial access improvements for low-income families needing mental health services. Another program at Highpoint Clinic in West Seattle, which made a behavioral health specialist available to primary care physicians, was identified as a best practice and is worth consideration for replication. Part of the pilot project would be to analyze how such a model could be sustainable financially for more medical practices.

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