Sacramento Region Health Care Partnership
County Programs for the Underserved

Overview of Health Reform Implementation Activities Under Way in Programs Serving Low-Income Populations

California is a leader in embracing health reform as a state and has created pathways to ease Medi-Cal enrollees into health reform coverage. The federal government granted California a waiver to Section 1115 of the Social Security Act to expand coverage to eligible low-income adults through the Low Income Health Program (LIHP). This creates an optional program at the county level. Adults are eligible for LIHP if they are between the ages of 19 and 64 and are not eligible for Medi-Cal or the Children’s Health Insurance Program, not pregnant and meet county and federal requirements. Counties that participate will have additional resources to pay for uncompensated services and increase access.

There are two parts: the Medicaid Coverage Expansion and the Health Care Coverage Initiative.

The Low Income Health Program is different than the County Medically Indigent Services Program because it operates according to State Department of Health Services (DHCS) requirements.

Low Income Health Programs

El Dorado County
Access El Dorado (ACCEL) is the primary structure the El Dorado County Health and Human Service Agency (HHSA) will use to implement the County Medical Services Program (CMSP) Low Income Health Program pilot Path2Health. ACCEL is a county-wide public-private collaborative composed of public and private providers. The collaborative includes, Barton Memorial Hospital, Shingle Springs Tribal Health, El Dorado County Community Health Center, Marshall Physician Clinic Services, and others. The CMSP board estimated that there are 3,500 LIHP eligible residents in the county. The county intends to target approximately 1,700 eligible residents with substance abuse and mental health disorders for intensive intervention using the Care Pathways model. Developing a network of care, particularly for those with mental health conditions and substance abuse histories, is expected to be a challenge. El Dorado County is a Health Professional Shortage Area for mental health and primary care. County CMSP 2010 data indicate that enrollees have high ER utilization rates and no primary care physician.

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1 March 2011 CA Dept of Health Care Services-California’s Bridge to Reform Demonstration-Low Income Health Program
2 Insure the Uninsured Project-County LIHP Proposals: Summary & Analysis April 1, 2011
3 March 2011 CA Dept of Health Care Services-California’s Bridge to Reform Demonstration-Low Income Health Program
In its January 2012 application to the Blue Shield of California Foundation, lack of care coordination and case management of medically and psycho-socially high risk patients were identified as areas in need of improvement. The county is seeking funding from the Health Resources and Services Administration to address these deficits and support Path2Health implementation activities. 

**Placer County**
In August 2012, Placer County will begin enrolling people with incomes up to 100 percent of the Federal Poverty Level in the Low Income Health Program. Currently Placer County provides primary health care to more than 3,200 county residents annually through the county-funded Medical Care Services Program (MCSP). It is estimated by participating in the program Placer County will be able to serve 4,000 residents. Under the Medicaid 1115 Waiver Demonstration Program, Placer County will be partnering with two local community health centers to provide dental and primary care services.

**Sacramento County**
At the time of writing this report, Sacramento County is proposing to tentatively start the LIHP program in October 2012. The county has a unique program given geographic managed care and will be working with Molina Healthcare, a Medi-Cal Managed Care Plan, to implement coverage options available under ACA. Sacramento County will be enrolling people with incomes up to 67 percent of the Federal Poverty Level in the Low Income Health Program. Sacramento County is estimated to cover between 10,000-15,000 LIHP enrollees. Molina Healthcare and Sacramento County are actively working together to develop a provider network that includes specialty, ancillary and hospital networks to be the primary care home for these enrollees. This cohort of providers will include hospitals, community health centers and independent contractors where needed.

**Yolo County**
In December 2011, Yolo County was accepted to participate in the County Medical Services Program (CMSP) Path2Health pilot – the Low Income Health Program created by California’s Section 115 Waiver. CMSP participation facilitates expansion of coverage and benefits to more low-income county residents. Expanded coverage adds dental, vision, alcohol and drug treatment, and emergency care for undocumented residents to the list of covered benefits. With the addition of Path2Health, it is anticipated that 1,600 more residents will be eligible for coverage. While meeting requirements for a provider network presents challenges in rural settings, there is the immediate task of securing staff to develop and implement the CalWIN eligibility system modifications that are necessary to process applications using CMSP and Path2Health eligibility criteria. Existing Yolo County Healthcare for Indigents Program enrollees also need to be converted to the pilot program. In April, 2012, Yolo County was awarded a $100,000 grant from Blue Shield of California Foundation to support implementation activities.

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6 Board of Supervisors, El Dorado County. (2011, December 20).
7 July 24, 2012; Memorandum Placer County HHS Community Health, Clinics, and Animal Services Division
8 May 25, 2012; Sacramento County Department of Health and Human Services LIHP Community Meeting
Mental Health Services

El Dorado County
El Dorado County Health Services Department’s Mental Health Division is in the process of reorganizing in response to reductions in funding accompanied by increasing demand for services. The Division is challenged by the county’s designation as a Mental Health Professional Shortage Area and the prospect of an estimated additional 400 mental health clients in the expanded coverage population.10 11 The most recent publicly available Mental Health Services Act Plan Update (FY 2010/2011) includes the elimination of several projects in order to maintain core services. An outdated data collection system will be replaced by an electronic health record module to include mental health fields and facilitate better coordination between primary care and psycho-social service providers participating in Access El Dorado (ACCEL). Access El Dorado is a county-wide collaborative with public and private providers, community health centers and hospitals. ACCEL is the primary structure the El Dorado County Health and Human Service Agency (HHSA) will use to implement the County Medical Services Program (CMSP) Low Income Health Program pilot – Path2Health. Efforts are under way to build capacity within the collaborative in order to improve management of patients with co-morbid conditions including substance abuse.

Placer County
Placer County Department of Health and Human Services Behavioral Health Division offers the full spectrum of Behavioral Health Services, including mental health services, substance abuse including rehabilitation, in-patient and residential services, alcohol and drug abuse prevention treatment and senior peer counseling services.12 Placer County has an extensive provider network and community steering committee of more than 30 members working on the Campaign for Community Wellness.13 According to the Placer County Mental Health Services Act 2011/2012 Annual Update, the county continues to provide programs and services throughout the community, even as there are capacity challenges with existing programs and partners. However, their continued focus on collaboration with community partners, outreach and early intervention allowed Placer County to exceed targets for individuals served.14

Sacramento County
Sacramento County Department of Behavioral Health Services is exploring new innovative approaches to providing mental health services in the community given the closing of county mental health services treatment centers. In Sacramento County, the behavioral health capacity issues are a result of limited community infrastructure to meet the needs that were once provided by the county. According to the Sacramento County draft annual update for 2012/2013, the Division is moving the MHSA Innovation Plan by utilizing a community-driven plan to develop a Respite Partnership Collaborative that will increase local mental health respite options to offer alternatives to psychiatric hospitals for individuals facing a mental health crisis. In addition, there is a Capital Facilities plan to renovate previous county-owned buildings to increase service accessibility and develop the infrastructure in the community.

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12 Placer County Behavioral Health Services www.placer.ca.gov
13 Exhibit B-Placer County Mental Health Services Act 2011/2012 Annual Update
14 Placer County Mental Health Services Act 2011/2012 Annual Update
Yolo County
Based on a recent analysis, approximately 2,000 new mental health clients may seek services under expanded coverage.\(^{15}\) At current staffing levels, the mental health services safety net in the county is under strain “doing less with less.” By the end of FY 2009-2010, Yolo County Alcohol Drug and Mental Health had experienced more than a 50% reduction in staff over two fiscal years.\(^{16}\) Continued funding shortfalls resulted in the consolidation of four service locations for transition-age youth and adults into two locations. Limited funding requires narrowing the target population to seriously mentally ill adults and seriously emotionally disturbed children and youth with Medi-Cal, in addition to the very indigent. The result has been reduced support for residents with emerging mental conditions and depression that can lead to social, employment and legal difficulties that disrupt daily functioning. In addition to the staffing shortage, there is the need for bilingual, bi-cultural Spanish-speaking and Russian-speaking staff.

As a result of coverage expansion, linking the mentally ill to primary care may be less difficult even within county health care workforce constraints. There is a memorandum of understanding with a local community health center that includes cross-referrals for mental health and primary care. A similar memorandum with a local health system was being negotiated during the development of this strategic plan.

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\(^{16}\) Suderman, personal communication, March 27, 2012.