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## 2 | ESSENTIAL LEADERSHIP: CREATING A RECEPTIVE ENVIRONMENT

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### Local Leadership and Political Champions

For communities developing a Children’s Health Initiative, there is no substitute for strong local leadership. From the beginning, leaders who are willing to leverage their organizational and professional resources will be the most important drivers of institutional change, and political and public support. These strong leaders provide vision and generate essential community “buy-in,” conceptualize and implement strategies to streamline outreach and enrollment, raise local and statewide financial support, and increase provider interest in caring for newly insured children.

While many organizations are participating in expanding children’s coverage and access to a medical home, several have assumed central leadership roles. In Santa Clara County, the necessary leadership to guide and build the CHI came from four main organizations: the health and hospital system, the local public plan, a faith-based advocacy group, and a local labor organization. In addition, financial support from the county Board of Supervisors, the local public plan, the First 5 Commission, and several foundations was instrumental to the CHI’s viability. Finally, a *San Jose Mercury News* editorial about why universal coverage for children is not only practical but a crucial civic priority provided additional community support.<sup>1</sup>

In Santa Cruz County the CHI has been led by the First 5 Commission, the local health and human services agencies, the local public plan and a community foundation. In Los Angeles County the First 5 Commission, LA Care (the local public plan), the County Department of Health Services and a statewide foundation have played leadership roles. The health and human services agencies, local clinic consortium, a family advocacy organization and the First 5 Commission provided leadership in Sonoma County. In San Luis Obispo, the leadership has been shared by the First 5 Commission, directors of the public health and social services departments, local pediatricians, a local community foundation, a local insurance agent, and the medical director of the local California Children’s Services (CCS) program.

Established CHIs have had a multitude of “political champions” who play a crucial leadership role for the initiative both at the local and

### **Common CHI Leadership Roles**

- Establish and communicate the CHI vision
- Provide leadership to the CHI steering committee and sub-committees
- Develop community support through a CHI coalition
- Inform and participate in statewide health policy development.
- Identify and recruit political champions
- Dedicate staff to support the CHI work plan
- Facilitate the institutional partnerships necessary to meet CHI objectives
- Galvanize organizational change that supports CHI objectives
- Solicit financial support

statewide levels. These champions may assume different roles for the initiative, but are generally considered the “ambassadors” or “rainmakers” of the initiative. Community leaders from many sectors have served in this role, including local public plan leadership, health and human services agency directors, chief medical officers and other physicians, members of county boards of supervisors, a county superintendent of schools, and leaders of faith-based organizations.

Political champions mobilize strong local commitment and community financial support for the initiative. They are particularly important for fundraising efforts. In addition, CHI champions will create or maintain close relationships with other potential political supporters within the county and sometimes advocate on behalf of the initiative at the state level. Perhaps most importantly, political champions elevate discussions of universal coverage for children beyond the traditional health care provider and advocacy communities.

### **Community Engagement and Support**

Essential leadership must be supported by participation and input from organizations and community members whose missions and interests include the health, welfare and safety of children. Broad grassroots participation is the vehicle for educating community members about uninsured children and can be instrumental in motivating local organizations and leadership to invest in the CHI.

Community coalitions with diverse public and private stakeholder interests have been the foundation for critical input into and support for most CHIs. Coalition partners represent those organizations that will contribute to, and be affected by, any initiative seeking to address uninsured children. Coalition composition varies based upon community characteristics and must take into account those organizations that may yield significant influence, funding, or staffing resources.

Educating potential program champions and community stakeholders is an important step towards fostering community engagement and encouraging participation in the development of CHI principles and objectives. This educational process begins with a discussion of the number of uninsured children in the county and the financial, social and public health benefits of providing comprehensive health coverage for children. Stakeholders learn about strategies that have worked in other counties, particularly streamlining enrollment into Medi-Cal and Healthy Families and creating a new Healthy Kids coverage product. As the coalition comes together it creates an ideal environment for discussing needs and access issues, and the roles that different organizations can play in shaping and supporting the CHI. Perhaps more importantly, the coalition serves as a forum for designing local coverage solutions, including outreach and enrollment social service redesign, as well as for developing the political and public will to sustain the CHI.

It is important for the coalition to recognize this dual role of not only addressing the technical “how to” aspects of creating a coverage product for uninsured children, but also of engaging the community about why it is worthwhile to do so. The latter can be approached in a variety of ways, including town hall meetings, community forums, and presentations to specific community groups.

In general, framing the goals of the initiative in terms of institutional and community benefit is essential to obtaining the buy-in of key stakeholders. Increased enrollment in health insurance may also decrease emergency room use and uncompensated care, typically a priority goal for hospitals. Expanding insurance coverage also brings increased revenues to clinics, hospitals, dentists and physicians, certainly a shared goal for most community stakeholders.

### **The Role of Local Public Plans**

For each of the first generation CHIs, the local public plans have played instrumental roles in the developmental leadership and on-going administration of their county’s initiative. These publicly organized and operated health plans are community-based organizations that specialize in serving Medi-Cal populations.<sup>2</sup> They are locally operated, mission-driven, and invest virtually all of their revenues in the local public plan provider community, keeping health care dollars in the communities they serve. Their local commitment has helped protect safety net providers in their communities, and thus they are natural stewards for programs like Healthy Kids. They are also often leaders in local health promotion and disease awareness efforts, and involve community members in their governing board structure. The plans’ connections with their communities have been instrumental in outreach and enrollment initiatives, ensuring appropriate utilization and ensuring enrollee retention during the annual eligibility renewal period.

In Santa Clara, San Francisco, Riverside and Los Angeles counties, the Local Initiative (LI) has played this role and the local County Organized Health System (COHS) has done the same in San Mateo and Santa Cruz counties. Table 2.1 below lists the CHI counties with a participating local public plan.

Health plans in first generation CHI counties have created Healthy Kids insurance products based on Healthy Families by modifying their existing Knox-Keene licenses. This approach has enabled them to use existing administrative infrastructure for Healthy Kids enrollment and information management, ensuring appropriate utilization and supporting annual renewal. This approach has also allowed LIs and COHSs to rely on their existing physician networks to serve newly enrolled children.

### **Stakeholders Typically Participating in CHI Coalitions**

- Health Services Agency
- Public Health Departments
- Social/Human Services Agency
- Local Community Foundation
- First 5 Commissions
- Hospitals & Hospital Consortia
- Community Health Centers
- Health Plans (Local Public Plans and Commercial Plans)
- Community-Based Organizations
- County Office of Education
- School Districts
- Chambers of Commerce
- United Way
- Labor Organizations
- Migrant Education
- Advocacy Organizations
- Faith-Based Organizations
- Medical & Dental Societies
- Pediatricians & Family Physicians
- Child Care Centers

**Table 2.1**  
**Children’s Health Initiative by County Model of Medi-Cal**  
**Managed Care**

County	Medi-Cal Managed Care Model <sup>3</sup>	Name of Local Initiative/County Organized Health System
Los Angeles	Two-Plan Model	L.A. Care Health Plan <sup>4</sup>
Riverside	Two-Plan Model	Inland Empire Health Plan
San Francisco	Two-Plan Model	San Francisco Health Plan
San Joaquin	Two-Plan Model	Health Plan of San Joaquin
San Mateo	County Organized Health System	Health Plan of San Mateo
Santa Clara	Two-Plan Model	Santa Clara Family Health Plan
Santa Cruz	County Organized Health System	Central Coast Alliance for Health

### Developing Provider Support

The momentum generated through the CHI leadership development and coalition building process must include as its foundation a positive relationship with community providers – physicians, dentists, vision and behavioral health providers, hospitals and clinics. While this relationship may already be established, particularly in counties with a local public plan, counties with less of a history of working with providers will need to work hard to reach out to them. Provider commitment to the CHI’s objectives will be crucial to its overall success and will increase provider participation in health plan networks. Known and respected providers should be included in CHI planning from its inception, particularly on the steering committee and working subcommittees.

Coalition partners can quickly identify a few providers who have the respect of their peers and who have the professional stature and commitment to serve as ambassadors on behalf of the CHI with the rest of the provider community. These providers, as well as key leadership from the local medical society, should be approached by CHI leaders and invited to join the planning efforts, as they will be valuable in developing program components that will maximize provider participation. Providers that should be represented include pediatricians, family practice physicians, pediatric mental health providers, dentists and pediatric specialists.

In San Luis Obispo County, for example, local pediatricians have been involved in the CHI leadership and planning from the outset and have been instrumental in gaining additional provider support. CHI leaders there have also met with all local pediatricians to solicit their input and the health plan partner has begun to enroll pediatricians in the provider network.

Similarly, provider engagement must also include community clinics and public hospitals that typically form the safety net already providing services to uninsured children and their families. While their issues and concerns with Medi-Cal, Healthy Families and managed care plans may differ from those of private physicians, their input is no less critical. Their participation and leadership will be essential to understanding current service utilization by children, developing successful outreach and enrollment strategies, and designing contracts with public and commercial health plans.

Focused proactive meetings with specific medical and dental providers can address possible reimbursement concerns about a new Healthy Kids insurance product. Moreover, a presentation to local hospitals and clinics about the economic benefits of increased insurance coverage may win their good will and financial support for the overall initiative.

With providers as firm coalition partners, CHI activities can move from defining a common purpose to outlining the program components and specific tasks necessary to achieve it. Over time, these tasks and activities generally are undertaken by an increasingly formalized and cohesive coalition.

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1. Editorial: City Shouldn't Give Up on Kids' Health Insurance. *San Jose Mercury News*. June 15, 2000.
  2. Hurley RE and Rice C. *An SOS for COHS: Preserving County Organized Health Systems*. San Anselmo, CA: Pacific Health Consulting Group, May 2004.
  3. For more information about these and other managed care models, please visit the Medi-Cal Managed Care Division website at <http://www.dhs.ca.gov/mcs/mcmcd/html/Definitions.htm>.
  4. LA Care Health Plan is a not a local initiative or county organized health system per se. Rather, it is an umbrella consortium of several local public health plans in Los Angeles County that together make up the local initiative plan of the Two-Plan Model.