



Working Together for the Health of Our Communities

Community Collaboration: Enrollment and Retention

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PRESENTATION OVERVIEW

- Alameda County landscape
- History of collaboration
- Community collaboration during ACA
- Outcomes
- Overcoming challenges

Alameda County Landscape

- Progressive Board:
 - History of “universal health coverage”
 - Strong Board support for work in community & collaboration
- Diversity: 2nd most racially diverse in US; integrated
 - Language & culture – role of community clinics
- Health clinic collaboration shift toward Medi-Cal
 - With more eligible for MC, shift from indigent & Health Care

HISTORY OF COLLABORATION

- 1988: MC outreach pilot- infant mortality rates
 - Expedite MC enrollment for pre-natal care
 - Clinic & County roles established
 - Collaboration expands to include retention support
- County Social Services Contract with Consortium
 - Liaison / problem solver / translator; reg meeting forums & trainings
- Today: over 40 clinic sites, including school based
 - + 12 more (Faith institutions, cultural organizations, PD office)

COLLABORATION - ACA

Communication:

- Formation of stakeholder forum- monthly (Consortium, Health Care, CAO, Board aids)
- Community Presentations in all Board districts +++
- Established Covered CA CEE forum
- Website established, jointly developed materials posted

Low Income Health Program (LIHP):

- 42K enrolled 2011 to 2013 through community

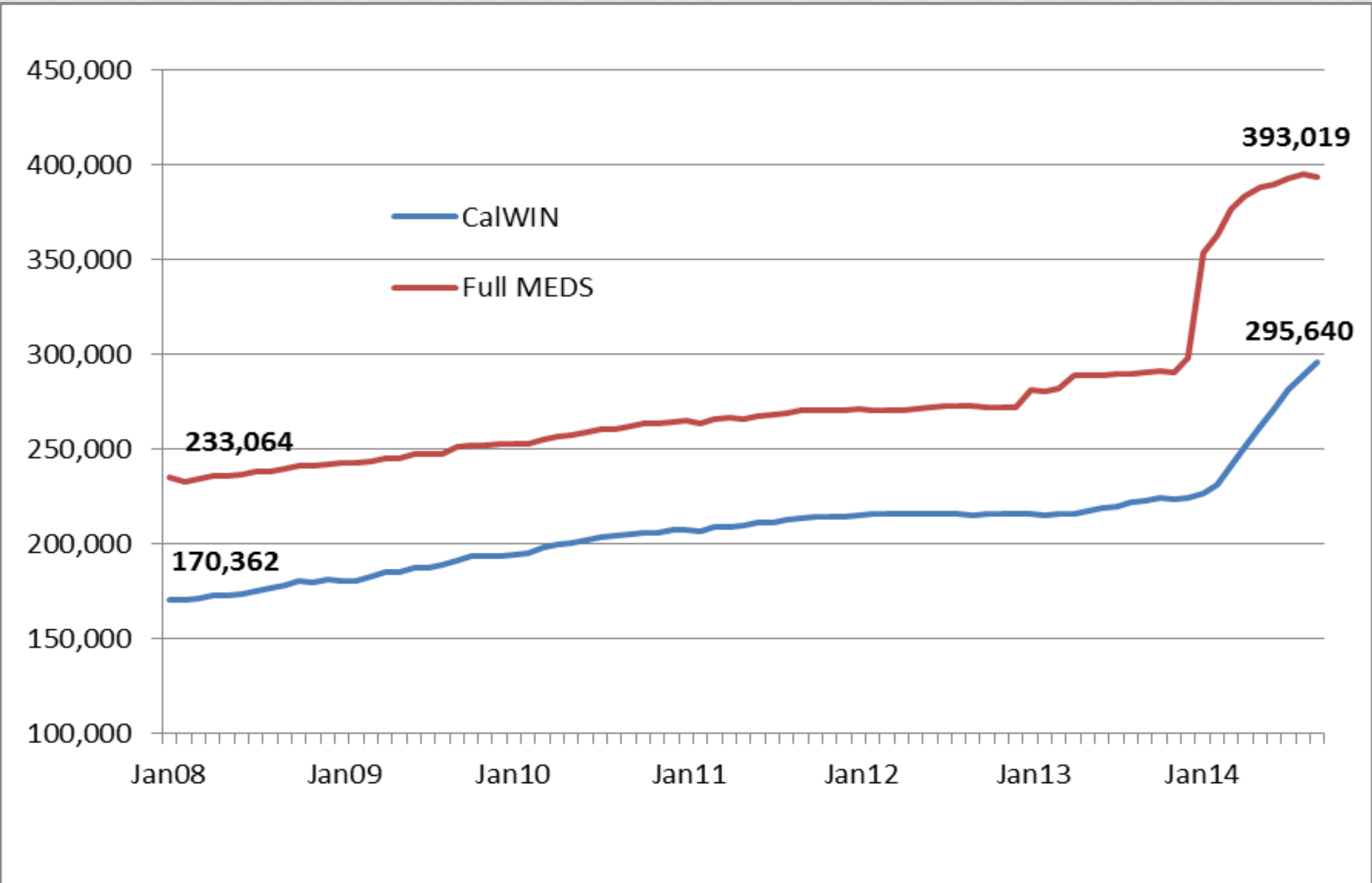
COLLABORATION – CONT....

- LIHP contract established with community clinics

Other community partnerships:

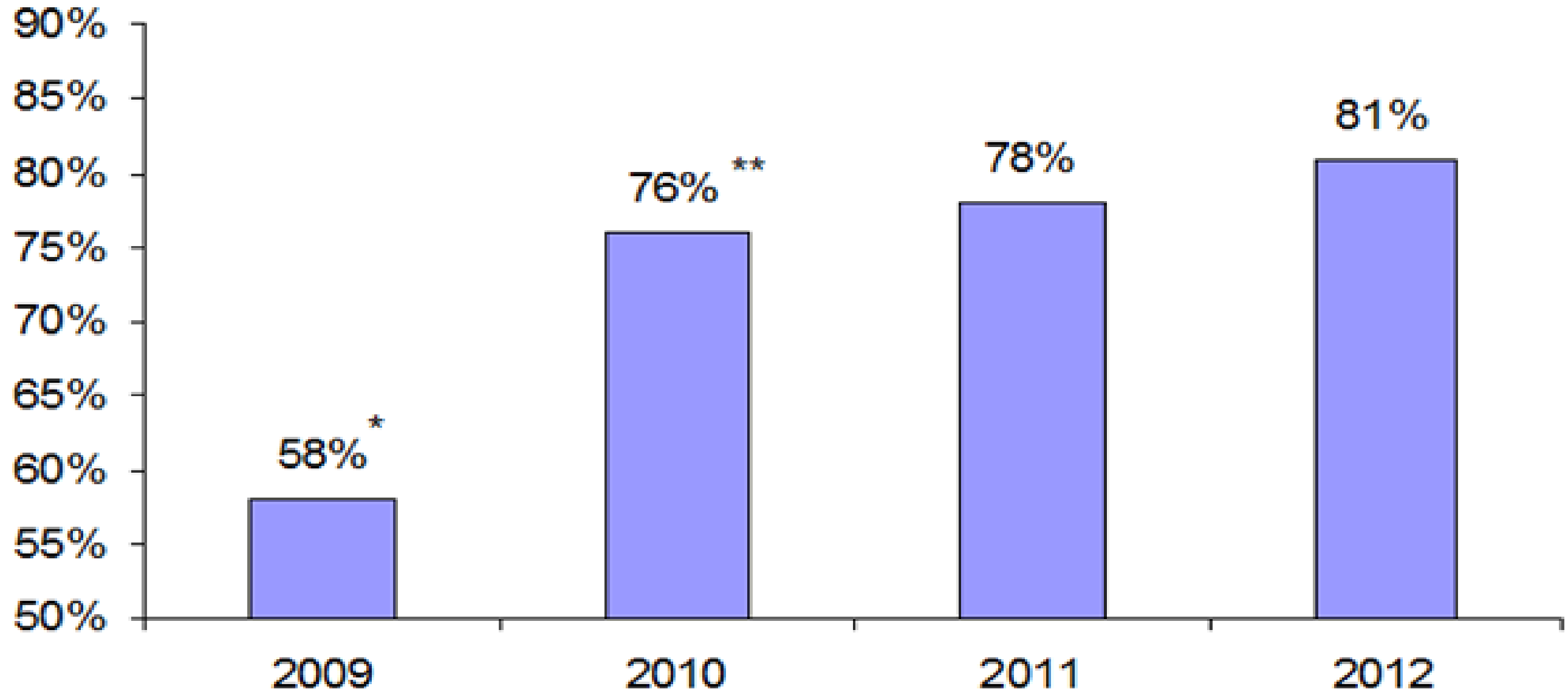
- School based clinics- Fed CKC Grant
- County RFP / Contract with CBO's for CF & MC enrollment
- Expanded outreach community sites

OUTCOMES - MC ENROLLMENT



OUTCOMES- RENEWAL SUPPORT

Member renewal rates, CHCN, 2009-2012



OVERCOMING CHALLENGES

- Political Example – finger pointing
- Service Example – MC renewals pre- ACA
- Lesson Learned: Relationship key!

QUESTIONS

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