

Lessons Learned and Promising Practices from the Field Webinar Transcript
March 31, 2010

Jennifer Ryan, CMS: This is Medicaid and State Operations here at CMS and I want to welcome you all today to our webinar, discussing “Lessons Learned and Promising Practices from the Field.” Among all of you who are grantees of our CMS CHIPRA Outreach Grants that were awarded last fall. This is the second in a series of webinar trainings that we will be offering over the course of this year and we look forward to the opportunity to hear from you and also to have you all hear from each other.

Just by matter of housekeeping first, you would just please go ahead and mute your own phone, when you are not speaking, that will help us limit the background noise as much as possible. I want to congratulate you all again on receiving these grants and we have been very excited to hear some of the positive feedback about how things are going in the field. Please keep those stories coming in. There is a lot of interest in Washington, D.C., about what is actually going on in the real world.

I also want to take this opportunity to plug the “Connecting Kids to Coverage Challenge” that hopefully all of you are very familiar with by now. But if you aren’t, the Secretary Sebelius announced this challenge on February 4th of this year, which was the first anniversary of the signing of CHIPRA, and she issued the challenge to... for all of us to find and enroll those five million children out there who are eligible for coverage, but are not yet enrolled. And I know you are already well underway in your efforts to do that, but we hope that you will continue to use that language when talking about the challenge in the work that you are doing. A couple of weeks ago, Governor Strickland from Ohio announced that he is accepting the Secretary’s Challenge and we are actually going to hear from the Legal Aid Society of Greater Cincinnati today, so hopefully they will share some about their plans to meet that challenge. So we have one state that has accepted the challenge and we would just really love to have some other states join in. So we encourage you to work with your state partners and think about ways that you can perhaps get your governors to accept that challenge, as well. The Secretary would be thrilled to spend time in the states talking about the ways that you all are working to enroll children.

Now, I will turn to today’s program. We will be hearing today from three of your fellow grantees about their experiences thus far. We will be hearing from Karen Keefer and Nancy Brady from the Garrett County Health Department; Vuka Stricevic from the Legal Aid Society of Greater Cincinnati; and Cathy Kaufmann and Heather Morrow-Almeida from The Oregon Healthy Kids Program. We have asked each of the presenters to talk about some of the exciting things going on in their communities and to share some of the innovative strategies that they have used so far to find and enroll children in coverage. You won’t be disappointed, I am sure. After the presentations are finished, we will have about twenty minutes for your questions. Before we hear from our presenters, I would like to ask Beth Gordan from Ketchum Public Relations to just give you a few tips on how to use our webinar today. So thank you very much and I hope that this is an informative session.

Beth Gordon, Ketchum: Thank you and good afternoon everyone. This is Beth Gordon from Ketchum Public Relations. I would also like to welcome you to today’s session. Today’s presentation is being recorded and will be posted on www.insurekidsnow.gov as soon as possible.

Before we introduce our first presenters, we wanted to familiarize everyone with some of the tools of the interactive WebEx site. At the bottom right-hand side of the screen you will see a Chat feature. We invite you to chat with us, and other participants throughout the session. Please type your question in the small text box provided. You will see that I just sent a text. Please note that just above that chat window, there is a drop-down option. If you will go ahead and select “all

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participants” at the bottom of that drop-down window that ensures that everyone will be able to see the text that you send.

As Jen said, there will also be a Question and Answer session at the end of the presentation. At that point, we ask that if you have a question, you raise your hand. You can do this by clicking on the Hand icon above the Chat box. We will then call on you and un-mute your line. Please lower your hand if your question has been answered, by clicking on the same hand icon. If you are not able to ask your question via phone, you may type it in the chat box and we will be able to announce it for you. We will answer as many questions as time permits.

And one final note; please do not put us on hold at any time point during this call, as everyone participating will be able to hear the background hold music. So now, I would like to turn it over to Angel Miller from CMS.

Angel Miller, CMS: Thank you Beth. Now I would like to turn it over to Karen Keefer and Nancy Brady from the Garrett County Health Department in Maryland.

Nancy Brady, Garret County Health Department: Hello, this is Nancy Brady, and I am like she said, with the Garrett County Health Department. I work in the Community Health and Outreach Department. I actually supervise the Outreach Team that we have here at the Health Department that you will hear a little more about later on in the presentation.

Karen Keefer, Garrett County Health Department: Hi, this is Karen Keefer, also with the Garrett County Health Department. I am the CHIP specialist. I am working to outreach and enroll children in the Health Care Coverage Program and Nancy and I are working together as a team, and working out some really good goals, I believe. So what I would like to talk to you about today is about our “Childs Health is Priceless Project.” And what we are doing to identify and enroll children in our CHIP Program. We are going to share with you today some of the strategies that we feel are effective. Nancy is going to talk a little bit about community mobilization and we are going to talk a little bit about finding champions in your community and what that would look like. The last of what we are going to share with you are some lessons that we have learned over the last few months.

So you will notice on your slide show; we wanted to orient you a little bit to where Garrett County is. We are located in western Maryland. We are the western-most county in the state. If you go about three and a half hours you can travel to Baltimore. We are about two and a half hours from Pittsburgh. A lot of people say we are in the boonies--they didn't know there was a county out this far. We are a rural county, with a population of about 30,000. You also may have heard...we have a wonderful resort community...you may have heard about Deep Creek Lake or you may have heard about skiing at the Wisp. These are some common things that will help orient you to where we are located. Some of the things you may have heard about--and we had a significant snow fall this year--we had about three or four different storms. We had a total accumulation of over 260 inches of snow. Our kids missed about seventeen days of school. These are all issues that you probably are familiar with or have heard about Garrett County. You are looking a snow drift that is about 13 feet. We had a lot of blowing and drifting snow.

What you probably don't know about Garrett County is that we have a high unemployment rate. We are about the fourth highest in Maryland in 2007. We have a high poverty rate, despite having the

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resort community. We have areas that--families are not making very much income. There are only three other jurisdictions in Maryland that have higher poverty rates than we do. We also have a really wonderful Appalachian culture. We love to celebrate that and at the same time, we have a sense of pride. We like to be self-sufficient here in Garrett County. But what happens to some of our families is that this often times causes them not to seek out those services that they may qualify for. That is a unique challenge. We also have a large Amish and Mennonite communities in both ends of our county, which presents a unique situation as some of them may not be receptive to accepting services when it comes to health care.

So some of the ways that we are working in our community to face these challenges or cultural challenges... is that we have sort of implemented what is called, "A Face-To-Face Community Outreach." What we have done with that is we've identified community partners and we have trained them. We have given them the screening guidelines, the income guidelines, worked with them, how to identify who might not have coverage or a medical card, what does it look like to complete an application, and what kind of documentation for citizenship and identity do they need to submit. So we have worked with some of our community providers and given them that training. We have worked with Nancy and we have worked with outreach workers to provide them with that information. She is going to talk a little bit more specifically about what that looks like for them. What is unique about that is that these are workers that live and work in our communities--in each of our communities. They know the residents; they are familiar with the services that are there, and residents feel comfortable talking to them. So we think that this is a unique component. We have also worked with energy assistance. We have an intake worker. Each time somebody applies for energy assistance, they are being asked, "Do you have health care coverage--if you don't have health care coverage let's take a look and see if you qualify." If they qualify, if by the income guidelines they look like they are eligible, she will actually work with them to get that documentation, which often times they already are working on that anyway. They already have their driver's license and they might have other documents or income that they are already submitting at that time. So she will work with them to make copies of that, to complete the application, and then to forward that to our office. That is a really unique partnership.

We also work with Community Action. We have two housing advocates that actually go out into about eight different housing complexes...they are working with families on a daily basis. They are talking to them about their housing units. "Do you have health care coverage?" They are covering a lot of different topics with them and then can actually complete that application with them also.

A unique partnership that we just started is a Federally Qualified Health Center. I met with the patient advocate and actually did the same training with her. She sees every single person that comes through that building for health care, who doesn't have health care coverage. So she is a really unique partner for us in that she can actually do the same thing with the documentation... link that person... get that application started with them and then forward it to us. So that is a really nice partnership also.

We also are working with the local health department, with the Home Visitation Program. This is a really nice role that they play. If we are having trouble with our Redetermination Applications and not getting them back. They are really vital in helping us keep that address information and contact information up-to-date, so that people are still getting the Redetermination Applications. If they are not, we can contact them... find out that maybe the family has moved... and we can help facilitate that process a little bit easier.

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Another component that we have is the CHIP specialist. And that is my role. We found that it is really important to have somebody that can advocate on behalf of families. To work with them if they are having trouble getting the birth certificate or they are not familiar with what they need for their driver's license. Or they are just having trouble getting the information back into the office. That is part of my role, is that I work with them, I do phone contacts, I can pick up documents, I can transport, I can go to different proceedings with them, and really advocate on their behalf. It is also a partnership that I am able to work and identify other community providers that we may want to be reaching out to. That is a really unique aspect. I work very closely with our CHIP eligibility unit. That has been a great partnership to do that.

The other thing that we listed was school outreach. We recently... we modeled this after a different program. We went to a conference and they had what was called the 100 Percent Project. And what we did was we modeled it after that project, where we sent releases to our middle school and high schools that allowed parents to state whether they have health care coverage. And if they do not have health care coverage, we are requesting for them to return that document to the school. The school was then be able to release contact information so that we can talk to those parents and see if they are actually eligible for our CHIP program. So we just started that and I think we sent out over - I think about 2,400 to different students. That is just with our middle school and our high school. We are eventually going to start targeting our elementary schools also. But we felt that that was a really high priority... were those two older age groups.

I can't stress enough how important it is to have those trusted community partners that you can identify and partner with them to help them in identifying kids that don't have health care coverage. I am going to let Nancy talk a little bit more about what specifically the outreach model looks like. So I am going to turn it over to you, Nancy.

Nancy Brady, Garrett County Health Department: Okay Karen, thanks. I just put up here for you guys to see the team that we have here in the Outreach Department. Right now, we have a team of seven. There are only women on this team right now, but we have had in the past, male partners in that project. This model was actually formed in the mid-90s and like Karen said... these individuals are hired to work where they live. When they go through the interview process, they are asked about what involvement they have in the community-- what groups they belong to, you know different connections that they have to the community and we use that as a way to rate during their interview process. They are crossed-trained in many different health topics. We actually also do some training with other agencies in the county, which helps with the referral system. They actually become known in the community as that resource person... and although their main task is to educate on the topics that we have grants for here in our department. Because of being known as that resource person in the community, they are asked all kinds of questions about different things. It may be about housing. If they need a house... don't have a place to live... they are not worried about starting a walk-in program. So, we try to help them and send them to the agencies that can help them with that. I believe for that reason that is what has made them to be a great resource for us in this CHIP program that we are involved in. Because these folks are already out in the community-- they have already made those, built those relationships with people and they are already seen as a resource. So they know a lot of the families and they have that relationship where they can give referrals to other programs and CHIP is one of those.

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One of the other things that they are involved in-- on this slide here we have the Community Planning Groups, but we actually really use the Outreach Team to mobilize the community also. One of the things that they have done is actually to mobilize and conform these community planning groups that are completely run by volunteers. We have eight of those groups around the county now that have membership anywhere from five to fifteen people who volunteer their time to do all sorts of events, and activities, and trainings on health-related topics. CHIP is one of those programs that we are looking at and doing some sort of competition maybe, with the community planning groups to see how many people and how many groups and how many people they can get enrolled into the program.

The next slide just talks a little bit about finding those champions in your community. This is a picture that we have of some of these volunteers in the community that come together twice a year for training in different topics. We have a plan for the next time they-- we usually have around fifty or sixty individuals that come out and we are going to train these individuals on the CHIP program and give them the information they need to take it out to their community and begin that competition thing that we have going on with them. These folks already-- they are the champions in the community. But they know other people in the community on a smaller scale. Like if you are talking about a church and who is the champion within that church, these folks know-- sometimes they are that person, but if they are not, they know the people who are. We have two different pastors of churches that serve on these committees and come out for the training. So we do have involvement from the faith community in this. They really are the ones who know who the champions are in the community. This, I believe, has paved the way to our successes and we have learned lots of things along the way through this process and I'm going to turn that back over to Karen now and she is going to talk quickly-- I know we are running out of time-- on the lessons that we have learned.

Karen Keefer, Garrett County Health Department: I would like to just quickly share maybe a story or two. I have listed up there school buy-in. We had a parent teacher-conference where we actually went and educated people. And I want to stress to you how important it is to have that school buy-in. In this particular school, it is a school that is in our Amish community. We have a lot of families that will attend school to the eighth grade and then after that they are finished. We have such support from our principal and the staff at that school that they actually made sure that every single person who came in for a parent-teacher conference that night, made it to talk to us because they felt it was so important. The other important component of that was having an outreach worker present there at that time, who had been in that school...worked in that school... had done different presentations... knew the families... they felt comfortable coming to our table and talking to us. We were actually able to talk to an Amish lady. She had eight children who did not have health care coverage. And we would have never had that contact had we not-- one; had the school buy-in and two; had the support of that outreach worker in that specific instance.

The second one; I just want to touch on having that trusted partner... that champion that you know. We had an outreach worker who identified two families, both of which were farmers. They had been enrolled previously in the CHIP program and one was denied then the next time did a redetermination application, because of some policy changes. The other family decided, "I am not going to apply... my friend just got denied and it is not worth me applying." So what we did was we worked with the eligibility unit. We had to apply for the Fair Hearing Process and we were able to work with that family, advocate on their behalf, explain things to them, and we got nine children

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enrolled because of that effort... of that trusted partner... talking to them... identifying them and then that partnership with the CHIP specialist. So that was really good.

We are going to continue to identify new partners and champions in our community. We have goals to work with 4-H leaders, our athletic department at our high school, our department of labor and licensing. So we are going to continue to find those champions. We think that these strategies are working for us in Garrett County and we think that they can be implemented in your community or your neighborhood also. So I encourage you to take some of that and see how you can apply it. Thank you.

Angel Miller, CMS: Thank you Nancy and Karen. You know it is always great to hear about how effective it can be when the community gets involved. Thank you so much.

Now, I would like to turn it over to Vuka Stricevic from the Ohio Legal Aid Society of Greater Cincinnati... Vuka?

Vuka Sticevic, Ohio Legal Aid Society of Greater Cincinnati: Thank you so much. Well I wish had gone first, so I didn't have such a tough act to follow. I decided to focus our presentation... can everyone... I hope everyone can hear me. I decided to focus our presentation on how we have been using the media and the web to really enhance our project as of late. But first I would like to give a little bit of a "lay of the land" of our project and who The Legal Aid Society is.

We have actually been around for over a hundred years. We are a nonprofit law firm, located in southwest Ohio. We actually serve seven counties in southwest Ohio: Brown, Butler, Claremont, Clinton, Hamilton, Highland, and Warren counties. And we have four main practice areas of law: we do housing and consumer law; employment, income, and health law; family and children law; and immigration and education law. Not only do we practice legally, we are very committed to making sure that family stability is maintained and acquired. We are very committed to assisting clients to obtain benefits. Last year, we opened over 400 cases related to Medicaid coverage.

Last October we received a CHIPRA grant in the amount of \$316,000. This is a two-year grant, as I am sure most of yours are as well. Our project aims to enroll at least 1,800 children over the next two years and retain 425 children. Our project expands a little wider than our seven counties... it actually expands into nine counties, which is Adams, Brown, Butler, Claremont, Clinton, Fayette, Hamilton, Highland, and Warren. That gives us a good mix of metropolitan and rural counties.

To also give a little bit of a landscape on our uninsured rates and what is going on in this part of the country. As was mentioned earlier Ohio was the first state to accept Secretary Sebelius' challenge to cover all of the 77,000 uninsured and eligible children in Ohio. There are actually about 110,000 children who are uninsured and about 77,000 of those children are likely eligible for Medicaid right now. In southwest Ohio, there are about 187,000 who are uninsured and about 10% of those are uninsured children. So our grant really aims to insure about 10% of those uninsured children or about 1,800.

I wanted to look at county-by-county, how many children live in each county? What the percentage of uninsured children are in each county? And how many uninsured children are living in each of the counties that our grant focuses on? As you can see by the bolded numbers, Adams County actually has the highest uninsured rate of children and Hamilton County has the most uninsured

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children. So this helps us in terms of focusing our efforts. Hamilton County, for those of you who are not familiar with southwest Ohio, is a metropolitan area, whereas Adams County is quite rural.

We have five key target populations, which I think are the primary CHIPRA target populations: teenagers, children, mixed immigration households, Hispanic children, homeless children, and children living in rural counties. So we are really hoping that by reaching into these nine counties that we are able to reach all five of these target populations.

Just again, before I start to get into the media and web focus...we do not do our work alone. We have quite a few partners. Our primary partner is called Health Source of Ohio. They actually run a number of health centers in the rural counties and are able to reach those rural populations. We have a data management partner who helps us track our data. We have an evaluation partner that is out of Children's Hospital. We are also working with the Cincinnati Health Department, a dental group, and the Cincinnati Public Schools to get lists of uninsured kids. And we are working with a local nonprofit to get pregnant moms.

Okay, so about two weeks ago on March 15th, we decided to kind of kick-off and launch our CHIPRA project through something called not CHIPRA, but "Covering Kids and Families Campaign." We did this by launching a press conference, followed by a Phonathon. Our press conference was held on March 15th at a very large local high school, called Walnut Hills High School, which is actually one of the top 100 high schools in the country. It was very well attended, not only by some prestigious speakers, but actually also by the media. Congressman Steve Driehaus was there, State Senator Bill Seitz, State Senator Eric Kearney, a local council member was there who issued a proclamation from the Mayor. We had State and county Medicaid Agency directors there, the Health Department, and the Cincinnati Public Schools. It was very exciting. This gave us an opportunity to really announce our project to the public and not just to our partners and sort of the standard folks who interact with community-based organizations, but really get it out to a wider audience. It also allowed the State Medicaid agency to announce Strickland's recent commitment to insure those 77,000 children in Ohio, which he agreed to do by installing three simplification measures: Presumptive Eligibility for children, twelve-month Continuous Eligibility for children, and Express Lane eligibility for children, which are very exciting features. Three TV stations covered this event. Three radio stations and we also had coverage from a major newspaper, *The Cincinnati Inquirer*.

There is the article.

The following day, March 16, 2010, we had an all day phonathon. We have three slots on our local ABC affiliate, where we had people on hand to take calls from the public and assess their eligibility for Medicaid; to screen these callers and help them figure out their eligibility; help them decipher whether or not they may or may not be eligible; and then we were able to send them applications directly to their house and follow-up with them. We had interviews with anchors all day. We had our phone number on the bottom of the screen. We did the 7 o'clock news hour, the 12 noon news hour, and the 5 p.m. news hour.

We now have many, many cases here at Legal Aid, because of the phonathon. Because of the phonathon, we received 273 phone calls in the span of one day and we reached 336 uninsured children. We far exceeded our expectations.

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We also have a website that has a screening form and a way that people can access assistance and apply for Medicaid, www.covercinnci.org, which I encourage everyone to visit. It has a Covering Kids and Families Campaign logo that people can see with the dancing kids. If you click the logo you will get prompted to our referral forms that we use for our CHIPRA project. We also recently started a Facebook page for Covering Kids and Families Campaign Facebook page. I am not sure how many members we have, but I believe that it is over 100. So I also encourage everyone to become a fan.

Thank you so much, I guess we will take questions at the end.

Angel Miller, CMS: Wow, thank you so much Vuka. It sounds like you have had some great success with partnering with the media.

Now I would like to turn it over to our final speakers, before we move on to the question and answer portion - Cathy Kaufmann and Heather Morrow-Almeida from Oregon Healthy Kids. Thank you.

Cathy Kaufmann, Oregon Healthy Kids: Hi there, can everyone hear me? It sound like you can. My name is Cathy Kaufmann. I am the administrator for the new Office of Healthy Kids and I am going to walk through an overview of our new program. The Office of Healthy Kids is the state of Oregon's office for our child health coverage program, both Medicaid and CHIP.

So Healthy Kids is our expanded coverage program for children. We have the funding now to reach and enroll 80,000 more children. The goal of the program is that once we get those 80,000 kids enrolled, 95% of all Oregon children have health coverage one way or another. This is the largest expansion of coverage for children that has taken place in Oregon. The new Office of Healthy Kids was created under the new Oregon Health Authority to administer this program.

So here is a quick overview of Healthy Kids. For families who are under 200% of the Federal poverty level, they get coverage through our direct coverage program at no cost to them. For families who are between two and 300% of the Federal poverty level, they have the option of low-cost coverage that is actually administered through something that is really an insurance exchange. We are working with five private insurance carriers to provide this coverage to families. Families pay a very low-cost premium on a sliding scale. The premium costs range from \$18 for one child at the lower end of the scale up to just over \$80 for a family of four at the higher end of the scale. And than for families above 300% of the Federal poverty level, they can buy into coverage at full cost, with no subsidy. It is not a cheap program to buy into, but the coverage is comprehensive and it's guaranteed issue. So no child is turned away because of a preexisting condition. Here is some more information about rates for that buy-in part of the program. So, again Healthy Kids coverage is comprehensive, it includes medical, dental, and vision care. Zero co-pays for check-ups and preventative care, even for the buy-in part of the program. Mental health and behavioral health care is included. Coverage lasts for one full year, with twelve-months of continuous eligibility for all children enrolled in the program. Again, it is guaranteed issue and thanks to national reform that is something that we will be seeing for all children in the near future.

So how are we doing? So the Office of Healthy Kids was created in August. We have only been in existence for about seven months. We were created the day the Bill was signed. In fact, that was my first day with the state. Since then, we have enrolled just over 38,000 children. So we are tracking

just slightly ahead of schedule when it comes to meeting our goal of 80,000 children by December of this year. And the approach we are taking with Healthy Kids is really what I would call a campaign approach. I come from the advocacy, political world. So that that is the lens that we are taking to how we are doing with the outreach of marketing Healthy Kids to families across the State. So we have a strong field component... people in local communities who are knocking on doors and reaching out to families, a strong communications component... we have got marketing materials, a paid media campaign. But we also pay attention to earned media, developing a speaker's bureau so that we can have speakers out across the State helping to promote our programs. We are trying to use new media. We too, have a Facebook page, a revamped website and are working on creating a MySpace page as well. And doing story banking, so that we can share the success stories. What does it mean to a family when they are able to find either free or very low-cost health coverage for their children? Because those stories not only help the public understand the importance of this program to the overall well being of kids, but they also help to encourage other families to see how Healthy Kids might be able to help them. The new Office of Healthy Kids creates a focus on kid's coverage rather than having it just be a part of our overall Medicaid Program. And all parts of the agency that have a role in Healthy Kids have lines of accountability to our office. So, our charge is to do outreach and enrollment, but we also have authority over the application and eligibility process, the renewal process, how a program is administered, research and evaluation... so that we can make the changes that need to be made to make sure that we can bring eligible children into the program and once they are in, make sure that they stay there.

So here is an overview of some of what we are doing. We have targeted outreach grants that have gone out across the state to twenty-seven different community-based organizations. The goal of those outreach grants is to reach hard to reach communities... so, communities that face health disparities, either because they are communities of color or they live in very rural areas. More outreach grants are going to be awarded to community organizations later this spring. I will have Heather jump in and talk about our CHIPRA outreach grant and what we are doing with that.

Heather Morrow-Almeida, Oregon Healthy Kids: Great, thanks Cathy. My name is Heather Morrow-Almeida. I work in Oregon with the Office of Family Health. And here in Oregon, the State's CHIPRA grant is a really nice cross-office collaboration within the Oregon Health Authority. We are lucky in that it is part of a broader comprehensive effort across the State to reach and enroll children. Our great funds are focused on outreach and enrollment of a special defined population and through engagement of the safety-net providers here in Oregon. So we work with our Federally qualified health center, migrant health centers, community-sponsored clinics, and others in partnership, with school-based health centers and local health departments. We are very focused on systems building and capacity building, coordination and collaboration. We are excited to see a coordinated approach and partnerships being built in communities between our CHIPRA grantees and the recipients of the Healthy Kids Targeted Outreach Grant to reach and enroll these kids, as Cathy referred to just a moment ago. We are looking for innovative ways to support this work in parts of the state, where we don't currently have grantees. We are partnering with our grantees to build networks and learning communities to support their efforts. And we are providing them with consistent approach, for evaluation measures, data collection, and across communications. There is a lot of exciting things happening with this grant funding and in the interest of time, I will turn it back to Cathy.

Cathy Kaufmann, Oregon Healthy Kids: Thanks Heather. We also have an Application Assistance Program and this is a program whereby an organization becomes certified and then they

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will receive \$50.00 for every application they have helped a family complete, that results in at least one child being enrolled in the Healthy Kids Program. We have a large outreach staff in my office who are focused on coalition building and grassroots outreach. So not only do we have our partners who have some sort of a paid relationship with us-- either our grantees or our sisters, but we are also spending a great deal of staff time building relationships with community organizations in either housing, health care, or hunger, as well as engaging the business community and other state agencies to assist us in reaching more families. We are holding trainings across the state for our grantees and our sisters, but for any organization or partner who wants to learn more about Healthy Kids and figure out how to get messages out to families. To date, we have trained about 650 people. That is just since September.

Further outreach plans that are underway... I've just hired a school-based campaign coordinator. So, I have one person on staff that will be focusing on the campaign that we have in schools and building relationships with school administrators particularly in districts where we have high rates of child un-insurance. We will also have some targeted marketing campaigns aimed at schools. There will be a campaign for teens, created by teens. We are developing a coaches campaign to engage coaches in helping to enroll student athletes in coverage and making sure that parents know that Healthy Kids is an option for them, especially when it comes time for their kids to enroll in sports and they all need a physical and need to have coverage while they are playing. We also will be launching a Back To School campaign at the end of the summer. We have also just hired a campaign coordinator for our Communities of Color campaign. Latino families are a large part of the target population that we need to reach. We know that there are challenges in reaching that population... and particularly in conveying the messages that parents' immigration status doesn't matter to a child's enrollment. We are working hard to make sure that the materials that we create in languages other than English; are better than just translations of our English materials... that they actually are culturally appropriate, relevant to these communities, and designed - written in the languages in which they are intended to be and that the look of the materials is appropriate to those communities as well and will be effective with them. Lastly, we are developing a Faith-Based Campaign, one of the outreach grants, grantees that we have is working with us on this. So we have a coordinated campaign across the state among all faith communities to help drive the message out to families.

Our marketing-- we have created a bunch of materials and distribute them over a thousand suitcases that include brochures and applications and basic information to outreach partners. We have also done a significant number of targeted mailings to providers, as well as to families that we have been able to identify in other systems. Here's just a look at some of our materials, our website and our number. Our Facebook page has been up since October and we do have an online application that families can fill out. Our paid media campaign began rolling out in January. We have got transportation ads, radio ads, billboards, and we will do some very limited TV buys, but probably mostly on Univision and Spanish television... just because it's more cost effective. We are going to be testing all of our materials, and this what you would do in any campaign, so we are applying that model here as well. We want to make sure that the brochures and the language that we are using doesn't just sound good to us and to advocates, but it actually is effective with the families that we are trying to reach. We are starting that this month and we will revise our materials as need be.

And than lastly, we are looking at system improvement goals. Healthy Kids is a big shift. We are coming out of years of the agency being forced to control case load, rather than having the ability to aggressively do outreach and bring in all eligible children. So that means that we need to make sure

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our systems catch up with our outreach goals. And so we are looking at improving our application, both online and on paper and making our eligibility determinations and renewals more efficient, and taking advantage of the ability for Express Lane Eligibility and Ex-parte renewals. So thank you. I know that is a lot of information all at once.

Angel Miller, CMS: Thank you so much Cathy and Heather. It sound like there is some really great work going in Oregon.

I just want to give you a quick reminder. We have had some great chatting going on in that chat box during the session and people have shared their contact information and some website information. So take the time to scroll up and down and take some notes on that. There is really some good information there.

Now we are going to take some questions. As a reminder, you can type a questions in the chat window or you can raise your hand, using the little hand icon on your screen. So I will give you a second to do that. I see that we already have one question up. Heidi Smith from New Jersey--do you have a question? Did you mute your... your mic is open.

Heidi Smith: Yeah hi. We were interested in the Twitter account and how you open a Twitter account?

Victoria Bitzer, Ketchum: Hi, this is Victoria, from Ketchum Public Relations. You can actually log on to www.Twitter.com and its pretty user friendly. You just have to type in a log-in name, usually your e-mail and than it will prompt you for a sign-in.

Angel Miller, CMS: Thank you. Ah, Deborah from Portico Health Net, do you have a question, please?

Deborah: Yeah, I have two questions. One; I was just wondering in Oregon the covering kids program... the large program... is that funded through State funding? I mean you are able to offer that program with what funding?

Cathy Kaufmann, Oregon Healthy Kids: All of the components that I talked about in the presentation are through State dollars, as well as obviously significant Federal match and the CHIPRA grant that we were awarded, as well as some funds through HERSA. But the Bill that created the expansion of Healthy Kids also included close to eleven million dollars for outreach and enrollment.

Deborah: Oh, okay. And can I ask a second question? This is more general. I am just wondering if any of the programs have developed kind of standards-- we are trying to figure out how many-- at what point uhm are you efficiently using... well here community health workers at the point that one person can enroll, how many people a year or that kind... are others thinking about that?

Cathy Kaufmann, Oregon Healthy Kids: This is Cathy again, with Oregon. I can tell you that you know, we're-- all of this is so new to our State. Much of it is really an experiment to figure out what is the most effective way to get eligible children enrolled, and than once they are enrolled, keep them enrolled. So in the evaluation that we are doing of all components of this program, we are taking a look at-- we have this application assistor program where payment is tied to the application.

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We have grantees where community organizations are just given lump sums. So we are going to be looking at what is the most efficient use of dollars. What works best, baring in mind that you know what is needed in one community is going to be different from what is needed in another community. Certain populations are going to take a lot more outreach and therefore more dollars than other populations to reach effectively.

Deborah: All right, thanks.

Angel Miller, CMS: OK. Is there another question from Heidi?

Heidi Smith: Did I have another question? I was typing something in because someone had asked about using the FQHC. An answer, is that what you are seeing?

Angel Miller, CMS: Yeah, do you want to go ahead and answer that now?

Heidi Smith: Well in New Jersey, we use the FQHC to do our Presumptive Eligibility. Of course others do, but our Presumptive Eligibility application is the same as our CHIP or Medicaid application. So in the sense that any uninsured child shows up, in order for them to get paid for that date of service, they would do a PE application and that application is than used to process for full eligibility. This way, we don't have the uninsured showing up, getting treated, the FQHC being paid and than us having to tract that child down later. So that PE application is than processed for full eligibility. So they are incentivized to do the Presumptive Eligibility application on the uninsured.

Angel Miller, CMS: Okay, thank you very much. Dayanne from Health care For All, do you have a question?

Dayanne: Yes I do. Can you hear me?

Angel Miller, CMS: Yes, go ahead please, thank you.

Dayanne: Okay, I wasn't sure if my microphone, okay. So I actually, uhm have three questions for each one of the presenters. I will try to see if we have time to answer all of them. But, the first question is for Karen and Nancy. I was interested to know through their champion program, if they are actually giving out rewards for whoever wins the championship? Then the question for Ohio, would also be around cost. I wonder if the phonathon had any costs for them, working with the media and also if they are paying their partners, as well? The last question is for Oregon around their faith-based campaign, so I am just interested to know they are actually are approaching that, because that is one of the things that we are doing here in Massachusetts as well, hoping to do.

Angel Miller, CMS: Okay panelists?

Nancy Brady, Garrett County Health Department: This is Nancy Brady from Garrett County and I believe there was a question about the community groups and doing awards for them? We are going to be doing like small incentives for them. But is not going to be any big-- big award or anything-- they will just have some small incentives that will go along with the competition.

Angel Miller, CMS: Okay, were the other panelists able to hear the questions?

Cathy Kaufmann, Oregon Healthy Kids: Yeah, this is Cathy in Oregon and I am happy to answer, but I think my question was last. I don't know if that matters. Our faith-based campaign-- we have-- one of our grantees is the Ecumenical Ministries of Oregon. And so, we plan on working with them, as well as other networks of faith communities and faith leaders, and reaching out to them in the same way that we are reaching out to the hunger, and the housing, and the health care organizations. You know, quite frankly much of the faith community is plugged into either the hunger, or the housing, or the health, or all three. So we are reaching out to them in that same way, but we also will be providing them with the sorts of things that you know... blurbs that they can put into say a church newsletter or connecting application assistants with individual places of worship in certain communities. Providing them materials that have messaging that will be particularly successful for their communities.

Angel Miller, CMS: Okay any more questions? What we can do now, then is open up all the mics, so if someone just wants to start a question up, please do so.

Question: Hi, uhm we did have one earlier question. If we could just elaborate a little further on the 100% Campaign.

Angel Miller, CMS: Okay, would the panelist that would like to bring that up, would you please address that a little bit please?

Nancy Brady, Garrett County Health Department: Sorry, we thought our mic was on, but it wasn't.

Angel Miller, CMS: Oh, that's OK. Go ahead please.

Karen Keefer, Garrett County Health Department: This is Karen Keefer from Garrett County. We modeled the 100% Project after a presentation that was done at a conference a few months ago. And basically, it is where you would outreach to your local schools. We actually went to an administrator meeting and spoke with the principals and our superintendent, and talked to them about having some sort of a partnership where we could easily identify which children didn't have health care coverage and then have permission to contact them. What we initially said that we would do-- our proposal was to have on the emergency contact form each year that is sent out to all families-- we would have a question that had, "do you have health care coverage? If not, will you sign stating that you can release this information to the Garrett County Health Department?" That was our initial proposal and that is what we are planning to do in the fall. But they were so excited about it that they really wanted to get kids insured now. So the idea is that 100% of kids in this elementary school have health care coverage. That is sort of where the 100% project comes in... where you can sort of get schools to compete and see who can have the most coverage-- you can put it in the newspaper-- you can really give the school some positive publicity because of their efforts. But what we decided to do now until the new school year starts is we have sent home releases to each student in the middle school and the high school, so that we can get a jump start on that. And then we anticipate having that information on that health enrollment form each year that it goes out to our students.

Angel Miller, CMS: Thank you so much. More questions? The mics are still open.

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Okay, thank you so much. I do want to remind you again to scroll up and down on the chat box, there is still some good information out there. And if there aren't any more questions, I know we are getting short on time. I just want to thank everyone for joining us today. We really look forward to additional opportunities to hear from you and to have you all hear from each other. Please remember to follow the Children's Health Insurance Program on Twitter. You can sign-up for our quarterly e-newsletter and check the Insured Kids Now website periodically for updates and additions to our tool kit.

Again, thank you so much for joining us. Check that chat box before we end for today. We have really enjoyed it and thank you so much everyone for sharing this with us today. Thank you.