



"Out of the Box" Outreach and Enrollment Strategies

Connecting Kids to Coverage National Campaign

Webinar Transcript September 24, 2015

Donna Cohen Ross: Thanks Riley and thank you everybody for joining us today. I'm looking at the notations on my screen and I see that we have a growing number of people continuing to log onto the website, so we're really glad about that. As Riley just mentioned and as you see, our topic today is "Out of the Box" Outreach and Enrollment Strategies. Throughout the course of this campaign, we have been encouraging everyone to think outside the box when it comes to outreach and enrollment strategies to get beyond the usual, everyday kinds of efforts to get information out to families to help them enroll, but to really think creatively about how to reach families, how to engage partners, and today we are very excited because we are going to be highlighting a number of organizations that have done just that. We hope that we throughout the webinar that we make the point that these are some out of the box ideas, some out of the box thinkers, but they're not the only ones out there. This is an opportunity to spark your thinking and think about how you can just raise what you're doing up a notch and incorporate some new ideas and activities. So we hope that you learn from what we're going to hear today, but also use that information to think about how you get your campaign to the next step. So without taking any more time, I'm going to just talk a little bit, can you go back to the slide before? I just want to mention very briefly what the topics are that we're going to be talking about, and then we'll introduce the first speaker. We're going to be talking about engaging city officials in promoting Medicaid and CHIP. We always want to get leaders in the community involved, so if getting your mayor or the head of your city council involved in outreach is something that is on your radar, we're going to hear about how that's been done in a couple of communities. Working with the juvenile justice system. We have a number of outreach grantees and partners that have been looking at ways to engage the juvenile justice system, we're going to hear from some of them today. But I know that we also have grantees that are looking at working with family court and other kinds of institutions that work with families that might be in crisis or in particular need. We're going to be talking about empowering youth as Healthy Ambassadors, particularly when we're talking about engaging teens. There is a lot of work to do in that area, so we're going to be hearing about some of that as well, and the idea of building a culture of enrollment. How do we embed enrollment activities into what our organizations do as a normal course of events? That's really what we're trying to do to sustain the work of our campaign. So we're going to hear a little bit about that as well. So I hope those are just some teasers for you. Now we're ready to introduce the first speaker, and that is Monica Fulton. We want to welcome Monica. She's the Director of Community Resources for the City of Garden City, Michigan, and one of the many grantees of the National League of Cities. I think she's going to talk a little bit about that as well. But we have had a wonderful partnership with National League of Cities for the last couple of years of the campaign, and we know that their grantees, Monica's organization among them,



have really done some great work. And so we're very happy to hear about some of the details. Monica, welcome this afternoon.

Monica Fulton: Thank you, thank you everyone. Hello. I'll start by giving you a little bit of background on our community. Garden City is a very small suburb of Detroit. We're considered a bedroom community with a population of just under 28,000 residents. Before the economic downturn, most of our residents were employed by one of the big three auto companies. Our community was very stable, we were a solid blue collar community, and our residents really enjoyed a very comfortable lifestyle. However, during the past five years our city administration has seen a drastic downturn in the economic status of our families. Our community never really had to navigate assistance programs before, and we really didn't have a road map of how to go about doing that. But our elected officials and our administration have been passionate all along about providing services to our residents, and since the downturn connecting them with programs that can help ease the financial burdens that they might have. So our project, the Healthy Kids Happy Families project, set out to do just that. The Healthy Kids Happy Families project is a city-led initiative through the city of Garden City's Community Resources Department in partnership with the National League of Cities, Garden City Hospital, and Garden City Public Schools. These entities made up the lead team for the project, and we worked collaboratively to bring this initiative to life. But funding for the project was made possible by Atlantic Philanthropies through the National League of Cities in the form of a grant, and we were one of the grantees. The Institute for Youth Education and Families at National League of Cities has provided technical assistance and continued education about best practices in this field throughout the initiative. Our school district was essential to the project. They provided us access to the students and families in their schools through social media and through the school events, and without their full support and participation this project would not have been possible. Garden City Hospital was pivotal to the project. They provided expertise and data during the planning phase, and their marketing department actually developed our project's logo. The Community Ed department of the hospital has been key in expanding enrollment services actually within the hospital itself. Again, without the hospital's full participation and support we would not have been as successful as we have been. So to begin this project, on the next slide, you will see all of these logos of all of our partners. Our city manager, Robert Muery, invited individuals from all sectors of our community to be part of a task force to begin to look at this issue of our residents who were eligible for Medicaid and CHIP but not enrolled in those programs. He included our city officials, our service clubs, business owners, a pastor of one of our largest churches. We got a local DHHS representative, the media, youth serving organizations from our community, and even a representative from L&S Associates which is a business that manages Medicaid enrollments for Garden City Hospital. So we even welcomed individuals on the task force that may have held opinions or beliefs that were maybe considered contrary to what we were trying to accomplish, and that was so that we could better understand what the barriers to the enrollment process was in our community. But through this process, through the task force process, all of these individuals became ambassadors for the project and they were key in the success as we moved into the implementation phase. The task force met regularly for six months. It was pretty intense. And with the assistance of Wayne State University School of Social Work,



we were able to gather enrollment data specific to our zip code, which was challenging because being a suburb of Detroit and Wayne County we kind of get lumped in with all of the other surrounding communities. But then through that, we were able to identify barriers to enrollment as well specific to our community. The task force created a plan to increase eligibility awareness and provide application assistance, and we developed a marketing and outreach plan that specifically addressed the needs in our community. So the ultimate goal of course of all of these outreach strategies I'm about to describe is to enroll 100% of our children and families in Garden City who are eligible but not enrolled in Medicaid and CHIP. It was however very important to the task force members that we provide personal face to face assistance with the online application. So as a result, both city staff and community volunteers were professionally trained to provide that assistance to our residents. Through the process, most of our enrollments have taken place in the offices at the Community Center. We do have the ability to be completely mobile, we do go out to school events and community events and we can provide assistance on site. But we have found that most people prefer to come into the Community Center and sit down personally in a private setting to do the enrollment. We also provide Get Covered Stay Covered events at the Community Center throughout the year, and we have a number of volunteers that come in for a block of time and provide application assistance en masse kind of to families on a walk in basis. So to get residents in the door, we embarked on some pretty unique outreach strategies. Our mayor and city council members were really fully supportive and active in our campaign. Mayor Randy Walker recorded a public service announcement to kick off the project and remind residents of the importance of having health insurance. He was able to inform them about the free assistance that's available. It runs continuously eight times each week on our municipal cable channel, and it's available 24/7 on YouTube. Our city council member Margo Arnoske was a task force member from the beginning, and during city council meetings she encourages residents to enroll in health insurance and seek assistance from our department. She also encourages residents to take advantage of special enrollment events offered during the year. We're also able to engage our city departments and our other city officials. Our police and fire chiefs as well as our Director of Public Service. They actually welcomed the idea of placing our campaign magnets on city vehicles. You can see the magnet is on the lower left of that slide, and it's on a police car and a DPW truck. It's a great way for the police and the EMS and our public service employees to help residents connect with assistance. Our phone number is right on the magnet, they don't have to look far. And even our water department got in on the action. They included campaign flyers and eligibility information inserts into the water bill envelopes. We found that one extra sheet of paper in the envelope did not increase the cost of postage, and so every household in our city received the information twice during the last twelve months. Our finance department even included the Healthy Kids Happy Families logo as part of this year's budget cover page, and our city clerk distributed eligibility information about Medicaid and CHIP as well as our signature campaign umbrellas to all of her voting precinct volunteer workers. Our communications department has been instrumental in connecting residents with our campaign. We capitalized on the city's communication media already in place. We make direct posts to the city's Facebook page about enrollment events and general information about Medicaid and CHIP eligibility, and the city's Facebook account is also set up so that all posts



automatically go to the city's Twitter account. So we also utilize the community notification system Nixel, and we inform residents about enrollment assistance events occurring around town. The local news segment on the community bulletin board the the city's cable channel promote the project and provide eligibility information and encourage attendance at events. Throughout the year, various interviews with our project coordinator about special enrollment events or general eligibility information are broadcasted, and the community bulletin board runs various informational slides that we provide them year round. So to kind of summarize our results. Our initiative kicked off in August of 2014. The most recent enrollment data we have from the DHHS is through May of 2015. And just in our zip code alone, again remembering we're a community of just under 28,000 residents, we have 800 more adults that were uninsured now covered by Medicaid, 115 more children that were uninsured and now covered by Medicaid, and 100 more children that were uninsured are now covered by Michigan's CHIP program known as My Child. Really, our top three outreach strategies that have generated the most phone calls and requests for assistance and has resulted in completed applications have been the informational inserts in the water bills, as well as the social media campaign and all of the coverage that we get on our municipal channel. So really, this is our community's first attempt at leading an initiative like this to connect residents with health insurance. Really, the task force feels it has been a great success and they're very pleased that so many of our residents are now able to access health care that was out of their reach before. Thank you.

Donna Cohen Ross: Monica, thank you so much for that presentation. I think as I was watching, I think I didn't realize how comprehensive an approach you've taken to get every possible avenue covered throughout the city, and it sounds really like a masterful effort and I congratulate you for that. One thing I wanted to point out that some folks might be wondering about, and perhaps we'll talk more about this in the question and answer. But on the very last slide where you shared what the enrollment numbers look like, folks might be wondering why there are relatively fewer children than adults who became covered. Of course I thought back to the data we have from the Urban Institute that showed that Michigan is one of the states that has a very, very robust participation rate for Medicaid and CHIP, over 90% of the eligible children are already enrolled. So bringing in those uninsured adults, many of whom I assume are parents, is something that became possible because of the Michigan Medicaid expansion. And I raise this because I think we all have some new opportunities, particularly if we're in Medicaid expansion states, and I think these numbers really show why. So I thank you for sharing those Monica. I know there will be lots of questions for you as we go forward, but now I want to invite our next speaker to join us and talk a little bit about work in the juvenile justice system to enroll children and teens. So I'm going to invite Eva Elmer, who is the Campaign Manager for Chatham County Safety and Planning Council in Savannah, Georgia. Eva, welcome this afternoon, and thanks for sharing your out of the box outreach strategies.

Eva Elmer: Thank you so much. Good afternoon to everybody. I want to thank the team at Connecting Kids to Coverage for inviting the Campaign for Healthy Kids and Families to present. Chatham County Safety Net Planning Council is a non-profit organization formed by the local health district here in Chatham County. The grant was given to the city of Savannah so we



have a partnership with the city of Savannah. I just wanted to give everybody first a snapshot of a general idea of the state of Medicaid and CHIP enrollment in Chatham County when we approached our local juvenile court. It's important to put it in context for everybody. As you can see, we're in the southeast corner of Georgia, and we did not expand Medicaid for adults here. It is just, we are focusing our campaign on children. In early 2014, Georgia changed the way that families apply for public benefits. They no longer were able to go down to the local Department of Family and Children's Services office to apply and get local case management or to see anyone face to face. Applicants were directed to computer terminals and scanners in the building, and then told to call a central information line called the Georgia One System for questions or concerns. Unfortunately, these phone calls were scattered all over the state of Georgia and often times there was a very, very long wait or hang ups or they just couldn't get the service they needed because of the system. The lack of personal and timely enrollment assistance created enormous barriers for applications and systemic snafus also created major disruptions in families that were already covered but when they renewed there were problems in the system. There was a successful lawsuit filed, and Georgia has now changed case management back to our local DFCS offices in August of 2015. The Georgia Department of Human Services will be piloting a new integrated eligibility system for public benefits called the Gateway System in May 2016. But at the time that we approached juvenile court, this was the system that we were working with. And just to give you a snapshot of Chatham County, we have 60,000 children in the county with approximately 63.1% of them living at or below 235% of poverty. Our rate of uninsured was around 9.1%, with 83% of those being children being eligible for Medicaid or CHIP that is unenrolled children, 9.1%. So our Campaign for Healthy Kids and Families was funded through the Atlantic Philanthropies, the National League of Cities, we decided to try to reach half of those children by the end of 2015 and that's approximately 2,279 children. As of August 31, 2015, we enrolled about 1,279 kids. And we're very proud of that. Okay. So how did I get this idea for outreach to the Chatham County Juvenile Justice System? Our Savannah team attended a cross-site meeting for grantees held by the National League of Cities in their Atlantic Philanthropies initiative Cities Expanding Health Access for Children and Families. Laura Furr who works as Program Manager for Juvenile Justice Reform and Youth Engagement for the National League of Cities gave a presentation detailing the need for Medicaid and CHIP enrollment outreach for families affected by the juvenile justice system. She was very convincing to all of us about the fact that this population was in need, and gave us some really great ideas of how each of our campaigns could work with our local juvenile court. The first thing that we did, we did make the initial contact with the juvenile court administrator, and he wrote back right away to my offer of having our campaign come in and help them with, you are an answer to our prayers. The court had just lost its dedicated DFCS worker because of the changes done with the Georgia One system and the pulling away of local case management in the area. So they actually had no one to help them and they were sending families down to the DFCS Office locally where they were headed to a monitor and a scanner. The first step we took with them was to do a needs analysis, and with that needs analysis we spoke to anyone that had anything to do with working with families. There were several challenges. With the loss of that dedicated DFCS Worker, there was no personal enrollment assistance available for parents or legal guardians who were



already under a great deal of stress. Staff at juvenile court had no choice but to send them to the local DFCS Office where they were sent to a computer as mentioned. And one of the juvenile court staff said it was like sending them to a black hole. They would get very frustrated and give up and leave, or they just wouldn't go at all. And then many families lacked transportation to even get down to the DFCS office, and so that became a barrier in accessing their Medicaid and CHIP enrollment. What they felt they needed most was more basically tender loving care in the form of having access to personal enrollment assistance for the families and having many more ways of offering enrollment help. Luckily the campaign developed different ways of enrolling children because we offer what we call a waiver. Our DFCS office gives the campaign workers a waiver that the parents can sign and gives us permission to enroll these families. Because of that, we are able to do enrollment over the telephone, by mail, and via some of our surrogates and our helpers throughout the community which involves some of the juvenile court officers, librarians, school staff, etc. Can you go back to the previous slide, I'm sorry. I did want to let you know just a general idea of how many children are uninsured. Basically we were only able to get numbers of children who are on probation, which is about 150 to 200 at any given time, and the juvenile court officers estimated there were about 5-10% of those kids absolutely did not have insurance. But most of those that are on probation are really actually handled through the foster care system, and the children who were uninsured actually had guardians or parents that they were living with. Okay, so the process. So after our needs analysis we identified four points of contact that would offer juvenile justice court officer's ways of connecting parents or legal guardians with enrollment information or enrollment assistance partners directly. So first was the intake assessment interview. Each child that is referred to the juvenile court has an interview, and at that time the intake officer can ask a question about insurance or give out a flyer with information about the campaign services to families. The child will then either be sent home, processed for community service, or taken to a detention facility. The second way that we are able to access parents was through the probation system. Again, there were 150 to 200 children who were in the probation system at any given time. For those children, many are mandated counseling or psychiatric follow up by a judge, and if they do not have insurance they are mandated to get insurance after 30 days. So the judge can follow up in 30 days for compliance, and in the meantime the probation officer will send the Campaign for Healthy Kids and our designated enroller the parent's information to get them signed up. The third contact was possible through the release from foster care. There is about a 30 day gap when the child is released from foster care into the care of their parents or another legal guardian. We saw this as a very, very difficult moment because they only have 30 days to enroll their children back into health coverage. That was a bit tricky for some. Then lastly, we have onsite outreach, so a campaign enroller will go out a couple times a month and just be onsite in order to answer questions from families, from juvenile court officers or any outside attorneys. What we've found as far as challenges is that these families are just generally having a difficult time. They are much more challenging to process. They tend to be under more stress, they're much, much harder to track down, there are issues of cell phone numbers, sometimes they will give you a cell phone number and then the next day it is turned off or they have a different number. A lot of times there are transportation issues as you can imagine with their having to try to find rides to get out to the



juvenile court and then try to get to other parts of the city. They lose paperwork, they don't have birth certificates. Many times there are a lot of issues with guardianship, the children are released to guardians and not the parents. We just recently had a case where a child was under foster care and had insurance and was released into the care of a legal guardian related to the child. That legal guardian did not want to sign up the child into Medicaid under her name or under her income, and meanwhile the mother is desperately trying to regain custody of her child to get them health insurance. So it's sort of these heartbreaking cases where you know the child is able to become insured but for one reason or another is not insured. And then there was another case where the mom had to cancel about four times with our enrollment assister because she just couldn't borrow a car to get down to the appointment. And after that we really tried to train up all of the juvenile court officers on our waiver system and try to do a lot of these issues over the phone or through our probation officers and intake officers. Outcomes so far have been very, very positive. We've gotten about two to four official referrals per month, and when I mean official, they mean getting a referral from a probation officer for a family that needs to have health coverage within a month or two months as mandated by a judge because of mental health issues or follow up with a medical professional. So with this we've enrolled about 13 children from November of 2014, and that may not seem like a lot, but every single one of them was a lot of time, care, and effort because it's just much, much more difficult to try to get them enrolled and to make sure that they stay enrolled and find providers as well. So far the juvenile court has been very satisfied with the support that the campaign provides, and it also has given accountability for parents of children that are mandated this counseling and other medical services to make sure they actually are following through with getting their children enrolled. Lastly, I just wanted to sum up some of the best practices that we've learned. There are five key learnings from our experience. The first one is to do a comprehensive needs analysis with senior staff and talk to everyone, I mean everybody that has any contact with parents or legal guardians. That could be anybody in the system. It could be the lawyers, it could be outside lawyers, and it could be intake officers and even guards that just work onsite, because they all have insight into the needs of the juvenile court. That way you can find the best ways to find your points of contact for parents and legal guardians and start to work to embed the enrollment awareness process into the existing court systems. Through the process of embedding information, we found it very helpful to train all the staff, the staff that do work directly with the families, on the public health insurance eligibility criteria, ways to screen for services and ways to assist us in handling documentation. This was really important. We took them all into a room and we went through the entire system with them from start to finish. It really helped them. They are all trained up and they really can help the parents one on one with the questions that they have so they don't have to call an enrollment assister just to answer a simple question about eligibility. Next, we assigned our best and most tenacious person to handle these cases. She is LaToya Brennen, who is the Care Coordinator for the Chatham County Safety Net Planning Council. She is highly qualified and is also someone who happens to be a care navigator and happens to be an expert on public benefits. This person may have to call many, many, many times, may have to send things in the mail, may have to track down people, and that is the kind of person that you want on these cases, because these families need the help and a lot of times it is just much more



difficult to access. They can't just call up and make an appointment and show up, although that does happen. It just doesn't happen as much. And lastly, top of mind is the key. Keep visiting, keep talking, and keep making sure health coverage and health coverage enrollment is top of mind with all the staff there. Make sure that you are seen onsite so that you can answer questions and that families can come talk to you directly and that they see your face and learn to trust you and know that you are there to help them. And lastly, I want to show you a picture of these amazing people who care for these children and who make all of this work. Thank you so much.

Donna Cohen Ross: Eva, thank you so much for that great presentation, and thanks for leaving us with the great photograph. Because I think it really is about the people who are making all of this work. I think you made a very compelling case for the very first thing that you said, which is underscoring the importance of one on one assistance with families. There is no substitute for that. I think we've all learned that over the course of the many webinars and the many activities that we've been working on together, but I think your story really shows in this particular situation when you have extremely high need, why that one to one is so important. So thank you so much for that, and I think you'll be getting a lot of questions as we go forward. I have to say that I was a little bit startled when you first talked about families and individuals not being able to get direct help through the DFCS office, but I was glad that soon after that you followed up and said that that has now been rectified, because of course in person assistance is part of what needs to be offered. So thank you for that. Hold on, because I'm sure you will be getting lots of questions. We're going to turn now to our next speaker, who is Azade Perin-Monterroso, who is the Fiscal and Outreach Coordinator for the Healthy Communities Office in Providence, Rhode Island. We're going to hear about empowering youth as Healthy Ambassadors. So thanks for joining us this afternoon Azade.

Azade Perin-Monterroso: Thank you so much. It is a pleasure to be here with all of this great team of people that is working so much to make sure that children and families have access to healthcare in each one of our cities and throughout the country. Good afternoon again, my name is Azade Perin-Monterroso. I work for the City of Providence Healthy Communities office. This office was enacted in 2012 by our mayor, so it became part of the actual city hall. We are one of the only working bodies that has direct contact with the public, and we work actively in everything that relates to public health. If we can move on to the next slide. As you can see, we are facilitators of change. We definitely focus on health care access, public health, and we have a holistic approach in everything that relates to the health of our community. So from food access to substance abuse prevention, in this case to health care access, we want to make sure that the community has the information and the tools that they need to be able to access resources that will empower them in their life so they can move forward. In 2014, we received funds through the National League of Cities to work on expanding health care access for children and families in the community. The funds came through the Atlantic Philanthropic that provides the funds to the NLC. We were fortunate to go through the second round and were selected among another eight cities to work on this matter. In the state of Rhode Island, we have a combination of CHIP and Medicaid otherwise known as RItE Care. If somebody, our eligibility change is different to the states that actually have them separately, and it is an advantage to us because we can give



this opportunity to have more people apply and qualify for this kind of health insurance. Our reality in 2014, when we received the funds through the National League of Cities to work on health care access, we were facing a change in systems where the regular Department of Human Services application for renewal of the health insurance was shifted to merge the state exchange system. At the time, we had over 144,000 individuals that were at risk to lose their health insurance coverage. And what happened at the time is that besides just focusing on health care access for the city of Providence, we came together actively to work with a group of partners in the state as a huge advocacy partnership, and all together we started to send the same message about renewals, educating people about the importance of keeping health insurance, and learning about health insurance opportunities. So from those 144,000 individuals, a third of them needed to have the renewals processed on the health insurance for the city of Providence. I can say that we only had 136 people that lost their insurance over the first quarter, and they regained their eligibility and their insurance on the following quarter. So it was a plus to be able to come together and apply for this. Now, in this webinar I know that one of the innovative strategies that we can share with you is about the Healthy Ambassadors. This strategy started with the thought that children need to feel that they are called to action and they have the power to empower their parents and also learn about the importance of health care access. So, if you can move to the next slide. We started a campaign that was friendly, that sent a direct message, and that also gave children the opportunity to find a place for them to act on behalf of their own health. So we hired Mr. Deep Positivity through our bidding process, our procurement process. We had him, who is a rapper, he was born and raised in Providence, Rhode Island. Through his work, we designed this plan where he was going to go to the presentations in every elementary, middle and high school. We can move onto the next slide please. I'm going to just pause with that thought for a second. So he was our Healthy Hero going to recruit Healthy Ambassadors in the schools, and that was one out of the four strategies that the city of Providence put together when we presented our plan to the National League of Cities. We have worked in community based outreach, we have worked in school based outreach, working in the different facilities to embed in the system health care access from the registration office to working with the nurses in the schools. We have made sure that this becomes a sustainable project. And again, the statewide partnership that helps us in spreading the message about the importance of health care beyond the understanding of what that is. I know that when we were talking before in this webinar to try to figure out what was the right message to send, one of the things that I share is that it is very difficult. Health care is a very abstract resource, or a very abstract thing that families will find the value on. So trying to connect or educate the community with the understanding that health insurance is an outlet for them to support the health that they want for their lives, as one of the messages that we have tried to bring across. And going back to the youth outreach that was our third strategy, as I was saying, Mr. Deep Positivity came to the schools, and through his work we have been able to impact the lives so far of over 15,000 children and youth that have been touched in his presentations. One other thing that we did was to work with our state office and our city office where employers will come and hire youth during the summer so the youth could come to pick up their work permits and have the information about health care access there as well. We can move on. So on the youth outreach as I was mentioning, we have over 15,000 youth that were



reached. The call to action was not only to tell the kids about the importance of health care, but to say, do you know if you have health insurance? And it was very interesting to hear the reply of so many kids who don't even know if they have health insurance or not recalling when was the last time that they went to the doctor. So besides using the rap and the music to influence the minds of these kids, James McBride, Mr. Deep Positivity asked them to go and ask their parents, do we have health insurance? If yes, how often are we supposed to be going to the doctor? To also add the value of preventive care to this whole picture of health care access. Now the other part was, what if we don't have health care? Well, if you don't have health care, you also are a Healthy Ambassador. You have to bring your family forward and let them know that there are resources for them. With this in mind, we wanted to know, what was the perception of our kids in the community, and we created the Are you covered? Contest. So every time that Mr. Deep Positivity went and sang in the schools, he also promoted a contest. And we had 139 submissions, 14 top winners that we announced on our Healthy Kids Day event in partnership with the YMCA. One of the things that we learned was that for children, being healthy means so many things. It means to be safe at home, it means to away from drugs, no smoking, and no bullying. Only 14 of them, and the top 2 were actually able to make a connection to what health care means and the connection between health insurance and keeping yourself healthy. Now with that in mind, and since that was our lesson, we are actually launching on October 14 the Healthy Heroes Gallery Series. It is an opportunity for us to engage the community at another level. It's not that we are bringing back the drawings of the kids and portraying them as works of art, but we are using this night to also provide information to parents or caregivers and how it is that they can sign up for health insurance. One thing that we have been working on from day 1. When we talk about health care access, this is not only about health insurance, this is about health care access. So families that we have found in our work that maybe they don't qualify because of legal status, maybe for one reason or the other, when we know that they cannot buy through the exchange or they cannot qualify for RItE Care, we have resources from the community where they can actually have a doctor, they can have their tests done, and they can do that preventive care piece that we all want them to access and have at their fingertips. So it is this inclusive vision and how it is that we impact our community, how it is that we provide resources, and how it is that we all embrace health care access on all levels. We can move on. Here are some pictures of us in action. So Mr. Deep Positivity is in the top left corner, and that is my son helping him record during our Summer Fun Tour. During the summer we had 34 events in every single part of the city. We combined the summer meals program that the city sponsors with health care access. So we went to every single park, we met families where they were. And that is another key for all of this outreach, it's not us asking families to come where we are, it's us coming where they are, meeting the community where they need. So that is us in action, having our team doing outreach and James performing for the kids and talking to them. He uses personal stories of things that he has endured with his family as well for not having health insurance. So that is something that the kids respond very positively to. They will come back and say, I remember Mr. Deep Positivity talking to us about the story of his uncle, and where ever he was, was people following him from one park to another. That's our team. This is the Healthy Communities Office. As you can see, we are a very small team, and our children are a big part of



all of our efforts. Without them, we couldn't be more inspired than what we are to keep working me this field. Actually, five of us have made all of this possible in partnership with all of the community agencies that have been working with us to make sure that information is disseminated, that when we have enrollment, people can be there. Something that is very important. You know, I mentioned that we had 34 events just in the summer. For 6 weeks we were out in the community using music, using local rap, attracting the kids, making sure that they got excited. Well, that has translated in 60 events that we are projecting for this fall. At the beginning, our goal was to insure at least 1,000 individuals including children. We have insured 851 if I'm not mistaking, I know the numbers keep adding in the last few days. We have been doing that direct enrollment, that one on one. We all became certified assisters. We go with the navigators, we provide translation. We have been able to recruit partners to come and translate so people could get enrolled. So definitely working together can make everything possible. And as you can see, that is one of the flyers of our campaign. The RItE Care is accessible to you all year long, 365 days of the year. So this goes beyond the open enrollment period, this is something that we have been promoting and it has been very positive. This is a quote from my director, who is not only an advocate but he is a leader. I have seen the work we have done in the community reflects also his leadership and vision of what it is that can be accomplished by a team. Improving enrollment in RItE Care is a powerful step on the road to boosting health outcomes for our children. If you have any questions or if there is any feedback or any other information that we can share with you.

Donna Cohen Ross: This is Donna. I just wanted to thank you so much for your presentation. We're going to have questions at the end, so hang on with us. I think we have often talked about the importance of campaigns finding a champion for health coverage and enrollment, and it sounds like you are all champions but you found that in Mr. Deep Positivity, and I think we're all interested in hearing more about him, so get ready for some questions later on. But thank you so much. We're going to go now to our final speaker, last but certainly not least. We'd like to welcome Teresa Fleming, who is the Director of Financial Affairs at Mountain Comprehensive Health Corporation in Whitesburg, Kentucky. Teresa, thanks for joining us this afternoon, I'm going to turn it over to you.

Teresa Fleming: Thank you all for having me on this call. My name is Teresa as she said, and I'm the Director of Financial Affairs at Mountain Comprehensive Health Corporation, which is a federally qualified health center in southeastern Kentucky. We were founded in 1971. We have five counties. We have 22 clinics including 16 school based clinics. We serve all kinds of people in our area. We do family, internal, pediatrics, OB/GYN, we have dental services and we're getting ready to add optometry services. We are also located in former coal country. We knew that our community was in need of insurance. The coal companies were laying off and all the people who had insurance before found themselves with no coverage. So this expansion of Medicaid and the Affordable Care Act came at the most opportune time for our patients who are our families and neighbors. We began by hiring a Kynect Coordinator to organize our project and make sure that everyone was trained. We knew that like I said this would have a huge impact on our community. So we started training not only our Kynectors but our other staff as well. We



trained from our front end to our back end as we say, from the receptionist all the way back to billing. I myself became a Kynector. We educated the rest of the staff on the program so everyone would know if they were questioned about it what to do, who to send the questions to. We began by contacting our patients who were eligible because as an FQHC we gather information on family size and income to use for sliding scale. So we already had that on pre-registration forms. We also used our school registration forms to check that for children as well. We make sure that we cover the community. We realized that we really needed to get the word out and we needed to be available. So that was our biggest draw, we think, we were available. We trained 27 total Kynectors. We were by phone, we were here at lobbies, social media was a big part of it. We made sure that we got on Facebook and said hey, if you have any questions contact us. We got on the local government channel and actually did mock signups so that the community would realize that it wasn't as bad as everyone made it seem. We also did a lot of outreach events and actually still do. Several of our staffers set up at the local festival as we speak. And we even create our own outreach events like the Kynect Sunday Social. Here is just a workflow on how we make sure that everyone is screened for insurance. If you are a patient at Mountain Comp, you either come in to see a provider, make an appointment, you speak to a Kynector, or you call about a bill. Every staff member that they come in contact with checks to see if they have insurance. If the answer is yes, then that's great. If no, then they are given information about Kynect, and if possible we enroll them in Kynect right then. This is just a sample of one of the marketing materials that we used, we call it a rack card. We got out 5,000 of these glossy front and back cards and handed them out all over our service area. These are just some examples of some outreach events. The one in the middle is our Kynect Sunday Social. You can see we put a tent out back on Sunday. We had a gospel singing, an inflatable for the children, and we gathered about 200 different people to that event. We also set up at all local festivals. We set up at the courthouses during court day, local libraries and any other event that we can just to get the word out there. These are just some of the lessons that we've learned. We like to make sure that no one falls through the cracks. If our receptionist is too busy to help that patient fully, then the billing staff on the back end will be able to see that that patient was eligible and we'll be able to contact them and hopefully sign them up for insurance. Do as many outreach events as you can. Create them, and make sure you advertise them. People need to know what's going on. We wanted to make sure that someone was available to do our Kynect sign ups at all times, because no one likes to wait. Very important again, I can't stress this enough, to train your billers and your receptionists to get the information and to know what's going on. That way the patient always has access to knowledge. We check all self-pay patients to see if they have eligibility. We talk it up. Talk to employers, social media. We have information everywhere. We've even put flyers at local businesses' paydays if they will let us. And we always tell patients, you know, make sure you tell somebody you know if they just lost their job or had a life changing event, because now they might be eligible for coverage. Give them a little bit of a hope. And we've definitely learned here in the mountains that word of mouth can be your best friend or your worst enemy, so we want to make sure that everybody has a positive experience with us. These are just some of our results. From the first open enrollment, October 1 of 2013 to now, we've assisted 14,591 individuals, and we've enrolled 9,574 individuals. Our uninsured rate went



from 18% to 7%. So you can see that we truly have made an impact in our service area. If you have any questions, please feel free to contact me or Zach Sturgill who is the Kynect and Outreach Coordinator for our company.

Donna Cohen Ross: Great. Teresa, that was a really great, very straightforward and down to earth presentation, and we really appreciate it. I think one of the things I liked best was the flow chart that you showed us in the very beginning. It showed in such a simple way that if somebody coming through your door doesn't have insurance they're going to get it at the other end if they're eligible, and we really appreciate that. So I want to thank all of our speakers one more time, and I think all of you as I did appreciated their words, but also may have noticed a bit of a pattern developing in our first three speakers in that they all had support through the National League of Cities and their Atlantic Philanthropies Grant. So I want to give a special shout out to our friends at National League of Cities. I think the variety of activities and the level of accomplishment is really something very special, and I want to thank them for their efforts. Riley and I have been kind of conversing over email as we've gone forward, and in the interests of time we are going to go straight to questions and answers right now. We'll come back and share some of those materials with you, but we wanted to be sure and get your questions answered. And you may have more questions after hearing Teresa's presentation. Just put those through the chat box, and Riley will pick them up. But in the mean time I did have a couple of questions that have come up during the course of the conversation. I guess, this is a question for maybe any or all of the presenters but particularly those that are working through the National League of Cities. Our friend Doris Higgins just asked the question in general. When you're working with a municipal government, and this could be working with other government agencies as well, are there any situations where politics gets involved in the work that you're trying to do? I'm going to throw that question out to any of the presenters to answer. You know, have political concerns either helped or hindered your efforts, and what have you done to make sure that your goals of getting eligible children enrolled can go forward?

Azade Perin-Monterroso: Hey, this is Azade. Working for the city, and answering your question, we actually haven't found political parties or different views to be a barrier. When we decided to create a vision for this campaign and to educate the community, we put the common denominator forward, and that was to insure children and to keep families healthy. And everybody rolled with it. So we had massive support from our mayor, also city council members, even the state actually as we are moving towards Healthy Heroes Gallery Night, we are going to have the first gentleman recording a video about the importance of being healthy and having health care access. So it goes across actually your political point of view, and it goes to more, first, what is the well-being of my community and what do I want to achieve by providing resources to this community so that we all together collectively can become healthy.

Riley Greene: This is Riley jumping in. Monica, I think you addressed this when you were setting up your task force. Because you did encounter some political opposition. So do you want to speak to that experience in Garden City?



Monica Fulton: Yes, just very similar to what Azade had to say. But we brought everybody to the table to really look at what the issue was in our community, what the level of uninsured, what was the level of uninsured children in our community? And as we put it as a common denominator like Azade said with the children being the focus and the importance of our future being healthy, everybody was able to find common ground and rally behind the project. So I want to encourage people not to shy away from people that might have opposition to it, because there is common ground that can be reached. And we did it through the task force.

Donna Cohen Ross: Great, thank you so much. I'm going to go to the next question, which is actually a question for Eva. The question had to do with working with the court system, wondering whether in addition to the funding you had, whether or not you got any funding through the family court or through the juvenile court to help you continue your work there?

Eva Elmer: No. We didn't. It was purely through the grant from the National League of Cities.

Donna Cohen Ross: Great. And I assume one of the things you talked about was your waiver, which I think in some communities they may call that ability to help enroll families they may call it by a different name. But I assume that that seal of approval if you will from the country allowing you to work so intimately with families and help get them enrolled was something that really helped get you accepted into those very important situations with families that trust.

Eva Elmer: Yes. The waiver was simply just saying to the family, here you are, please give us permission to help you all the way through the process. And we haven't had anyone hesitate, they just sign it. The great thing about the waiver is that if you have a parent in a counselor's office, if you have somebody going to the library, if you have someone at juvenile court, they can just, the parent, the person can have a stack of waivers and say, here sign this, as soon as you sign this waiver our enrollment assister can assist you in helping. And that has really opened up a lot of opportunity to reach those families, because now we can work on their behalf. And the way our campaign works, we don't just enroll them, we actually follow that application all the way through to enrollment and make sure that they're active before we end and close the case. And make sure they also have a medical home as well.

Donna Cohen Ross: I think those last steps are just as important as the first steps. The point of insurance as I think everyone has said is so that families and individuals can actually get health care. So we appreciate you seeing that to the end. The next question that we have, I think I'm going to throw to Teresa. We have a question about the challenges of conducting outreach, or are there some special challenges in conducting outreach in a more rural area? And Teresa, I'm wondering if you can speak to that?

Teresa Fleming: Yes, I can actually, because we are definitely rural. The challenge is getting the word out and being able to get the people to the event. For example, on the Sunday Social, one of the draws to that is that local church busses can bring people who otherwise may not be able to have transportation to attend. So that was one of the reasons that we went that way.



Donna Cohen Ross: That's a great example, we heard about transportation challenges in some of the cities as well. So I put that one on everybody's list.

Riley Greene: Teresa and Donna, just to follow that up, Amon Dhaliwal asked a question and wanted to know if you have any further guidance on the major steps in developing a marketing strategy for a rural area. Teresa, do you have anything to expound on in addition to be everywhere as possible in terms of developing that kind of strategy?

Teresa Fleming: Truly use social media. That honestly shocked us at what an avenue that was, especially in this area.

Riley Green: Great, okay. And Donna, I've gotten a couple more questions through the chat box if you want me to go ahead and throw those out here.

Donna Cohen Ross: Sure, please do.

Riley Greene: One, I would just like to say that Harry McLaughlin is applauding the effort in Kentucky to enroll your community. He is familiar with your work and says that you really made an outstanding impact Teresa, so congratulations there. And going back to, I'm going to kind of do two birds with one seed here. Cynthia Zavala was interested in seeing the flow chart from MCHC again. So Jenna, if you could throw that up on the screen just so we could see that in front of us. Cynthia, we'll give you a minute with that. The point really is that so many people are trained to assess whether someone is eligible and to get them signed up for coverage. And then I'm going to pass it over to a question for Eva. Eva, Beth Dorevsky, sorry if I messed up your name, is curious about how you kind of built trust with families in working with the juvenile justice system? Was there any special training you provided or best practices you recommend to be sensitive to a family's culture, maybe a different language is spoken at home, immigration status, etc. Do you have any insight there?

Eva Elmer: Well, the campaign tried to leverage the existing "trusted" ambassadors, which would be the probation officers, which would be the defense attorneys, which would be the court administrative staff. So that's why we try to utilize them as much as possible and to make sure. Because they really are the caring hands in that relationship. So they take with a warm hand, hand it off to us. And also, our enrollment assisters are community based, most of them are in the community themselves, and they already work with the population. So we really just try to leverage existing community organizations that are already doing this work, and also make sure that trusted ambassadors are sort of our intermediaries. They are the ones that do the warm hand off. So that's what has worked best for us. And also, we do have bilingual materials, but as far as, we also have Spanish speaking enrollers who are a community organization that also works with undocumented families. So that is how we work that way, and it's working really well for us actually. We're quite happy.

Riley Greene: Great, thanks Eva. And I'm going to answer a popular question, which is just, how do we get a copy of the slides and a recording of the presentation. We're so glad you all are interested. If you have sent that message to me via the chat we will follow up with you after the



webinar and email you a copy of the slides directly. But a copy will also be available in addition to a recording of this webinar if you want to share it with any colleagues who weren't able to join us today on InsureKidsNow.gov. You can see that URL in the bottom right hand side of your screen right now. That will be available in 2-3 weeks following the webinar for those interested in a copy. And Donna, that wraps up our questions.

Donna Cohen Ross: Riley, do you have a couple of minutes to take us through the resources? I think that is something we always want to remind people about.

Riley Greene: Absolutely, I'll run through those quickly here. So as you all know, the Connecting Kids to Coverage Campaign is really here for you, to provide resources for you to use in your outreach and enrollment in your communities. At that website that I have mentioned a couple of times, InsureKidsNow.gov, we have a suite of resources, including these customizable print materials that you can customize with your program name in your state, your state's annual income eligibility for a family or household of four, your organization's website and phone number and up to two logos. All of these materials are available in English and Spanish, and we have a variety of other languages available as well. So it's free to customize, you just incur any printing costs based on what you decide to print locally. And here are some more examples of the types, flyers, posters, and palm cards that we have available. We also have social media resources. So to Teresa's point, they have found success in reaching their community through social, and we have some pre-made social media resources that include graphics like our little superhero on the right as well as web banners. We also have turnkey Facebook and Twitter posts that we welcome you to customize with your organization's information but has messaging about eligibility, benefits, and enrollment information for Medicaid and CHIP. Along the same lines, we have live read radio scripts. These are PSA scripts that are available for local radio personalities to inform their listeners about Medicaid and CHIP. We have those in English and Spanish in 15, 30, and 60 second increments. Another idea for using these that we've seen people do is working with the school system to record any outbound messages using these kinds of scripts or any other kind of community recording resource you might have available. Finally, we have a really rich library of past webinars that we've done featuring folks like those that joined us today presenting their expertise and success in outreach and enrollment best practices as well as a video library that hits on a bunch of different topics. So we encourage you to go to Insure Kids Now and find these sub-pages and watch these videos, watch the recordings, check out the PowerPoint decks. There are a lot of great ideas from your peers across the country that you can replicate in your community. And finally, we hope that you keep in touch. Our newsletter announces new resources, webinar invitations, spotlights on organizations doing this work, and our Twitter also announces similar new resources as well. So we hope that you will sign up if you're not already signed up for the newsletter, and certainly follow us on Twitter. So with that Donna I just want to thank you of course and all of our speakers for joining us and hand it over to you to wrap us up.

Donna Cohen Ross: Great, thank you so much Riley. I want to add once again my thanks to all of our speakers, to Monica Fulton, to Eva Elmer, Azade Perin-Monterroso, and Teresa Fleming. I think you will all agree that these really were four out of the box outreach strategies. We want



to hear from more of you about the innovative work that you're conducting in your community. There is no substitute for your great ideas. They can be replicated, they can be adapted, very, very important. I want to take this opportunity in this minute or two that we have left to just thank particularly the folks at GMMB who have helped commandeer our webinar series throughout the past year or so, two years actually. A special thanks to Riley, to Jenna, to Sandy, to Laura, so many of the efforts that we've been able to highlight through this webinar series is thanks to their hard work. And of course our friends at Fleishman-Hillard as well who have been an enormous help and support. This is the conclusion of this phase of our webinar series. We are going to start up again a little bit later in the fall, so everyone should be watching their email for the next eNewsletter that announces the beginning of our next phase of webinars. But in the meantime, as Riley has mentioned several times, all of our webinars are posted on the Insure Kids Now website, the slides, the recordings, and we hope that you go back to those with new interest and new ideas and learn from some of those out of the box strategies that we've tried to pepper throughout the entire webinar series. But right now, it's I think time to conclude and say good bye to all of you. Before I do, Riley, we do have a new email or a temporary email address that we'd like to share with people, and I have to say I'm remiss in not having it in front of me and I'm wondering if you can share that.

Riley Greene: Yes, absolutely. It is connectingkids@cms.gov.

Donna Cohen Ross: Of course. We appreciate that.

Riley Greene: Absolutely. And we hope everyone will stay in touch.

Donna Cohen Ross: Right. And again, if you have an out of the box outreach idea that will help us in thinking through webinars going forward or highlighting the work that you're doing, please use that email address to let us know how we can get in touch with you and learn more about what you're doing. We are now at the conclusion of the webinar. Again I just want to thank everyone, our participants today, our participants throughout the series, our speakers, and especially all of those who have been part of the national Connecting Kids to Coverage Campaign team for their great work. We will be contacting you soon about the next phase starting up. So thank you so much and enjoy the rest of your day.

Riley Greene: Thanks Donna and thanks everyone for joining us. We'll sign off now. Good bye.