FROM THE
OFFICE OF THE ADMINISTRATOR
HEALTH RESOURCES & SERVICES ADMINISTRATION

To: Devorak Adler

Fax #: (202) 456-5557

Date: _____

Pages Sent: including cover sheet ~~PRS~~ 49 → SAMSHA

Comments: _____

U.S. Department of Health & Human Services
Public Health Service
HRSA
Health Resources & Services Administration

5600 Fishers Lane, Rm. 14-05
Rockville, Md. 20857

(301) 443-2216
Fax: (301) 443-1246

Funds are needed for conferences, travel to States for meetings/reviews, materials to be distributed at conferences or through grantees, etc. Commitment of staff time is also critical.

New Activities to Conduct Outreach for Children's Health Insurance

Efforts with Identified Time Frames

- Full-scale effort to involve Head Start grantees in active outreach (screening, providing applications, etc. where appropriate), in addition to current efforts to equip Head Start centers with posters and Head Start State Collaboration Offices with outreach kits.
  - Conduct CHIP session at annual the National Head Start Association conference in Minneapolis, Minnesota (April, 1999).
  - Print and disseminate a guide for developing partnerships in Head Start, CHIP and Medicaid (Summer, 1999).
- Identify potential sources for CHIP/Head Start data (HCFA, training and technical assistance providers) (April, 1999); Implement CHIP/Head Start data collection plan (Fall, 1999).
- Conduct a written analysis of the impact of the proposed CHIP regulations on Head Start programs (April, 1999); Inform all Head Start grantee and delegate agencies about the final CHIP regulations and implications for Head Start programs, children, and families (late 1999).
- Develop and distribute monographs on health insurance and outreach to immigrants, migrant workers and the homeless under the leadership of the HHS Region II Regional Director's Children's Health Initiative Interagency Coordinating Council.

Timeframes to be Determined

- A collaborative effort among Federal, State, and local agencies will be made to reach families who leave the welfare rolls. While these families are eligible for 12 months of transitional Medicaid, there is a great potential for CHIP eligibility when the Medicaid expires. (Along with the Health Care Financing Agency, ACF made an initial effort on this front with the development and publication of *Supporting Families in Transition: A Guide to Expanding Health Coverage in the Post-Welfare Reform World, ~~which was~~ released in March, 1999.)* what kind of
- Efforts to ensure bilingual materials (and encourage States to provide bilingual forms) for non-English speakers.
- Enhance child health insurance outreach coordination between ANA, IHS, and Indian Head Start.
- Targeted technical assistance efforts to States with high levels of poor children who are uninsured to help them utilize ACF networks to reach out to families.
- Region V to host a CHIP roundtable where successful States can make presenation sharing their outreach methodologies with other states who could use some assistance.
- Region V to host a discussion with TANF Directors and CHIP Directors to open a dialogue exploring options for connecting TANF more directly to CHIP outreach.
- Region VIII to continue to identify outreach opportunities within the Region, i.e., links to Head Start State Collaboration grants, child support in-hospital paternity establishment activities, include CHIP information and links to other web sites containing information and best practices on children's health insurance programs.

- Region IX to conduct joint ACF/HCFA reviews in CA to provide additional technical assistance around CHIP outreach.
- Region X to launch Head Start outreach effort.

Resources Needed to Initiate New Efforts

As is true for continuing past activities, new activities will also require funds for conferences, travel, and materials, along with the commitment of staff time.

ACF

Landscape

	ADMINISTRATION FOR FAMILIES AND CHILDREN
Activity Description	**Progress Notes**
1. Brief and distribute outreach information to Regional Office staff and other Federal partners.	Distributed CHIP flyer and encouraged staff to review HCFA and HRSA webpages.

2. Distribute outreach information to State and local partners.	Distributed information during regional visits to State and local agencies. In 1998, over 140 letters, conferences, Information Memorandums and Internet 'hot links' provided information to grantees and other State and local stakeholders.	Ongoing
3. Invite State Directors to participate in conferences and forums.	Each region has invited State CHIP directors to participate in regional Head Start, Child Welfare, and Child Care and Health collaboration forums.	Ongoing
4. Actively enroll ACF grantees and technical assistance contractors in outreach efforts.	CHIP is being discussed at site visits and information on CHIP is being distributed. Also, ACF's Child Care and Head Start Bureaus both collaborated with HCFA to develop health insurance outreach publications for their respective fields: "Medicaid Child Care Guide: Partners for Healthy Children" and "Head Start, Medicaid and CHIP: Partners for Healthy Children."	Ongoing [Guides Completed]
5. Encourage State Child Support offices to promote outreach.	State letter sent out to all child support directors. Follow-up letter offering support being drafted.	2/98
6. Encourage distribution of CHIP and Medicaid promotional, enrollment, and application materials (including efforts to reach special populations.	Training and technical assistance was provided to States, staff and other stakeholders at over 45 workshops, meetings and conferences in 1998. The Administration of Native Americans (ANA) also provided $60,000 in grant funding to 5 technical assistance providers to develop CHIP outreach materials and strategies for Tribal communities and the Administration of Developmental Disabilities provided roughly $100,000 to fund research efforts concerning CHIP and welfare reform in the context of families with children who have developmental disabilities.	Ongoing
7. Provide technical assistance for outreach to Tribes, Native Hawaiians, and Pacific Islanders .	CHIP is discussed at all regional Tribal meetings.	Ongoing

ADMINISTRATION FOR FAMILIES AND CHILDREN		
Activity Description	**Progress Notes**	**Date Completed**

8. Send letter to States encouraging outstationing in areas with high Child Care, Early Head Start, and Head Start enrollments.	An informational memorandum to States from the Head Start Bureau was issued in November, 1998. The Child Care Bureau letter was sent in July, 1998.	Completed
9. Coordinate efforts with other Federal and State agencies.	Participating in State plan review.	Ongoing

NEW STRATEGIES CHART

DEPARTMENT/AGENCY: Administration for Families and Children	
STRATEGY	ANTICIPATED COMPLETION DATE
NEW STRATEGY: *Educating Federal Workers, State Workers, Grantees*	
1.Distribution of more than 100 Insure Kids Now Outreach Kits to all ACF Regional Offices, Head Start State Collaboration Offices, Head Start Training and Technical Assistance providers, and to the Office of Community Services.	June 1999
2. Distribution of CBPP Health Insurance Outreach Kits to all 50 states, plus the Territories and 250 Tribal Child Care and Development Fund grantees through the Child Care Bureau's clearinghouse.	June 1999
3. Development and distribution of monographs on outreach to immigrants, migrant workers and the homeless by staff in Region II, under the auspices of the Regional Director's Children's Health Insurance Initiative Interagency Coordinating Council.	Immigrant monograph: Completed Migrant monograph: Completed Homeless monograph: TBD
4. Regional Best Practices Conferences. For example: Region IV Head Start Health Teleconference with an estimated 500 participants to share innovative strategies to increase health insurance coverage for uninsured children in the Southeast. Region V proposed roundtable where States, successful in CHIP outreach efforts, can provide peer TA to others.	Region IV: April 1999 Region V: TBD
5. Survey/awareness call to States with tribes to assess whether or not the States are providing specialized CHIP outreach to Native Americans.	April 1999
6. Targeted technical assistance to States with high levels of uninsured children to help them fully utilize the outreach capacity of ACF grantees.	Ongoing

Landscape

NEW STRATEGY: *Educating Families*	
1. Distribution of Insure Kids Now Posters to every Head Start Center, as well as Community Action Agencies, family preservation and support programs, youth shelters and other ACF grantees.	June 1999
2. Collaborative Federal, State, and local initiative to reach families leaving welfare. (This effort will include proposed regional initiatives to open the lines of communication between State CHIP Directors and State TANF Directors.)	Design: Spring Implementatior
3. Outreach campaign geared towards pre-adolescents and adolescents.	Design: Spring Implementatior
4. Efforts to ensure that bilingual outreach materials are available and to encourage States to offer bilingual application and enrollment forms.	Ongoing
NEW STRATEGY: *Collaborating with Other Public or Private Partners to Conduct Outreach*	
1. Head Start Health Outreach Initiative, including: CHIP session at National Head Start Association Conference aimed at getting Head Starts involved in active outreach efforts; guide for developing Head Start/CHIP/Medicaid partnerships; Head Start CHIP data collection; information to all Head Start grantee and delegate agencies on the final CHIP regulations and implications for Head Start programs, children and families.	CHIP session: Guidebook: Su Data Collectio Information on
2. Coordination between the Administration of Native Americans and Indian Head Start (in ACF) and the Indian Health Service to provide promote CHIP among the tribes.	Ongoing

5. Agency for Health Care Policy and Research

What about the work with HUD?

Mission Statement

The Agency for Health Care Policy and Research (AHCPR) supports, conducts, and disseminates research that improves both access to care and the outcomes, quality, cost, and use of health care services.

Focus on Children

AHCPR supports research that focuses on improving outcomes, enhancing the quality of care, and building capacity for health services research. for — — —, including children

FY1999 Funding For Programs That Affect Children Or Children's Health

Children: $0 Children's health: $ 20.850 million – These funds include
X for — and X for ———.
~~Funding for Outreach for Children's Health Insurance~~

In addition, AHCPR spent $3,000 on outreach for children's health insurance, including ——

Principal Activities to Educate Government Workers and Grantees About Children's Health Insurance

EXAMPLES:

- Letters from the Administrator describing the initiative and requesting assistance were sent to all AHCPR employees, child health grantees and contractors, encouraging dissemination of information and research around CHIP evaluation.
- AHCPR displayed and disseminated the HRSA-developed poster with Insure Kids Now national outreach number, 1-877-kids-now, and outreach speakers packet at several spring 1999 meetings.
- AHCPR notified over 300 outside individuals and groups about outreach via the Agency's Child and Adolescent Health Listserv.

Principal Activities to Educate Families About Children's Health Insurance

EXAMPLE:

- A letter from the Administrator went to AHCPR's 270 employees encouraging dissemination of information to grantees who have contact with families.

Principal Accomplishments in Coordinating with Other Agencies and with the Private Sector

AHCPR worked with the Federal Interagency Task Force on Children's Health Insurance Outreach.

Sustaining Current Efforts to Conduct Outreach for Children's Health Insurance

AHCPR continues to support outreach for children's health insurance.

EXAMPLES:

- Reminders to employees with copies of ~~HRSA~~ Insure Kids Now posters.
- Reminders to grantees and contractors accompanied by ~~HRSA~~ Insure Kids Now posters.
- Reminders to AHCPR Child and Adolescent Health Listserv subscribers which offer posters and information on how to purchase outreach kits.

Time Line for These Efforts

Summer 1999

Resources (funds, materials, personnel) Necessary to Sustain Current Efforts

AHCPR's Office of Health Care Information Staff
AHCPR's Child and Adolescent Health Coordination Team
AHCPR's Office of Management/Grants Management Staff

New Activities to Conduct Outreach for Children's Health Insurance

~~None.~~

AHCPR will work with HRSA and others to explore mechanisms for evaluating the effectiveness of ch; outreach activities.

AGENCY FOR HEALTH CARE POLICY AND RESEARCH		
Activity Description	**Progress Notes**	**Date Completed**
1. Inform employees through e-mails; desk-to-desk handouts; follow-up reminders ~~(Beginning in Summer 1998)~~.	A letter from the Administrator describing the initiative and requesting assistance was sent to AHCPR's 270 employees. Reminders will be sent to employees with copies of ~~HRSA~~ posters. In some kids now	10/14/98; Summer 99
2. Encourage child health grantees, potential grantees, and contractors to educate families about outreach ~~(Summer 1998)~~.	A letter from the Administrator encouraging dissemination of information and research around CHIP evaluation was sent to 28 child health grantees and contractors. At several spring 1999 meetings (Expert Meeting on Quality Improvement for Children and Adolescents, Pediatric Academic Societies Annual Meeting, and the Children's Health Services Researchers' Meeting "Improving Children's Health Through Health Services Research,") AHCPR displayed or distributed the HRSA-developed poster with the national outreach number, 1-877-kids-now, and outreach speakers packet. Reminders will be sent to child health grantees and contractors accompanied by HRSA posters.	10/15/98; 4/14/99; 5/1-4/99; 6/26/99; summer 99
3. Encourage grantees and in co-sponsored research to educate families about outreach ~~(Beginning in Summer 1998)~~.	Letter from the Administrator encouraging dissemination of information and research around CHIP evaluation (as above).	10/15/98
4. Notify outside individuals and groups about outreach via its child health listserv (200-plus subscribers) (Summer 1998)	Message was sent in January 1999. Reminders will be sent to AHCPR's Child and Adolescent Health Listserv subscribers (340-plus); offer poster and information on how to purchase outreach kits (when available).	1/99; summer 99
Activity Description	**Progress Notes**	**Date Completed**

5. Support evaluations of CHIP and Medicaid outreach through its investigator initiated grant programs. ~~(Ongoing)~~	(1) An AHCPR Program announcement was sent as an attachment to 28 research grantees and contractors to remind them of Agency interest in research on CHIP and outreach. (2) A request for applications on relationships among insurance dynamics and health care access and quality for low-income children was released 1/20/98; 3 potential applicants indicated their intent to submit a grant application on the topic of outreach.	10/15/98; 1/20/99 Ongoing

(Create new Strategies Chart that includes ~~a strategy for~~ developing a methodology for examining the effectiveness of CH insurance outreach practices.

6. Agency for Toxic Substances and Disease Registry

Mission Statement

The Agency for Toxic Substances and Disease Registry (ATSDR) is an agency within the U.S. Department of Health and Human Services (DHHS). ATSDR works closely with local, State, and other Federal agencies to reduce or eliminate illness, disability, and death resulting from environmental exposure of the public and workers to toxic substances emitted from waste sites, uncontrolled releases, and other point sources of pollution. ATSDR divides its activities between those that relate to a particular site and those that relate to a specific hazardous substance. Site-specific activities include (1) public health assessments at hazardous waste sites and (2) health studies and exposure investigations in communities located near such sites. Substance-specific activities include publication of Toxicological Profiles for more than 200 priority hazardous substances, identification of data needs associated with these substances, and applied research to fill those data needs.

Uncontrolled hazardous waste sites are prevalent throughout the United States. Approximately 40,000 such sites have been reported to Federal agencies and based on a hazard ranking system more than 1,300 sites have been placed on the National Priorities List (NPL). The potential adverse human health impact of hazardous waste sites is a considerable source of concern to the general public as well as to health professionals and government agencies.

Focus on Children

ATSDR has long advocated a comprehensive approach to promoting safe environments for children. More than 10 years of public health assessments by ATSDR and other agencies, including toxicological investigations, epidemiologic studies, and reviews by expert workgroups, show that children have unique characteristics that often place them at greater risk of adverse health effects when exposed to toxic substances emitted from hazardous waste sites or chemical releases. Exposure to hazardous substances can cause growth and development problems, such as learning disabilities, mental retardation, and cerebral palsy. Such exposure also can result in hyperactive airways and cancer.

ATSDR estimates that 34 million children less than 18 years of age live within one mile boundaries of at least one hazardous waste site, putting them at risk from exposure and subsequent health problems. African Americans, Native Americans, and people of Hispanic origins comprise a greater proportion of these exposed communities than of those outside waste site areas.

Recognizing these special vulnerabilities, ATSDR in 1996 launched an initiative to place a special agency wide emphasis on environmental hazards to children's health and to emphasize children's health in all agency programs and activities.

FY1999 Funding For Programs That Affect Children Or Children's Health

Children: $0 Children's health $3.5 million

These activities funds support - - - .

Principal Activities to Educate Government Workers and Grantees About Children's Health Insurance

EXAMPLES:

- ATSDR Public Health Assessors received information about CHIP to use on visits to communities where ATSDR is conducting site (Superfund and others) visits and consultations.

- Workers at Environmental Justice (EJ) and Brownfields sites are also prepared to share CHIP information and be available to discuss the program with potential stakeholders.

Principal Activities to Educate Families About Children's Health Insurance

EXAMPLES:

- Healthcare is of great concern to the parents of children living near hazardous waste sites and ATSDR Public Health Assessors, who make site visits, are well positioned to do CHIP outreach. Several hundred families are likely to benefit from ATSDR's assistance with their health needs.

- ATSDR Regional staff and Cooperative Agreement State representatives (30) have been briefed and are working with families in need of insurance assistance.

Principal Accomplishments in Coordinating with Other Agencies and with the Private Sector

EXAMPLE:

- ATSDR children's web site (http://www.atsdr.cdc.gov/child/) contains information about the insurance program. Active links to other governmental and non-governmental partners include the Girl Scouts of the U.S.A., National PTA, March of Dimes, Children's Health Environmental Coalition, and others.

Sustaining Current Efforts to Conduct Outreach for Children's Health Insurance

The Office of Children's Health will continue to work with staff of ATSDR divisions, offices (Atlanta and Regional), state grantees, and others to monitor the nature and extent of the contacts made via meetings, visits, and other events. Also, ATSDR staff and its partners will continue informing potential families of CHIP on site visits, at community meetings, and during visits to clinics and pediatric specialty units.

Time Line for These Efforts

~~As long as CHIP exists:~~ ongoing

Resources ~~(funds, materials, personnel)~~ Necessary to Sustain Current Efforts

A tenth (0.10) FTE will be provided by ATSDR to sustain the current efforts.

New Activities to Conduct Outreach for Children's Health Insurance

EXAMPLES:

- Families receiving health care at the Pediatric Environmental Health Specialty Units (Seattle, Boston, Chicago, and New York) will be given CHIP information.

- Families receiving clinical care at the 50 Association of Occupational and Environmental Clinics throughout the US will receive insurance information. It is estimated that over 2500 families visit the units and clinics each year.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY		
Activity Description	**Progress Notes**	**Date Completed**
1. ATSDR Public Health Assessors at sites (Superfund and others) will receive information about the insurance program to deliver to communities.	ATSDR Public Health Assessors, Toxicologists and other staff have received an orientation about CHIP. CHIP materials will be given to community contacts and potential families during site visits.	January 7, 1999
2. Workers at Environmental Justice and Brownfield sites will be prepared to share information and be available to discuss the program with stakeholders.	Those who work at Environmental Justice and Brownfields sites in the States and Regions received an initial orientation on CHIP. They will distribute materials and provide advice to potential families when indicated.	March 10, 1999 and ongoing
3. Regional staff and Cooperative Agreement State representatives will also be informed and prepared to communicate insurance information.	The representatives received information and an orientation on CHIP from HRSA staff while attending the 1999 ATSDR Partners in Public Health Meeting, March 8-10, 1999, in Atlanta.	March 10, 1999 and ongoing
4. ATSDR's children's website (http://astdr1.astdr.cdc.8080/child) contains information about the insurance program. Active links may be made to other governmental and non-governmental partners, including the Girl Scouts of USA, National PTA, March of Dimes, Children's Environmental Coalition, and others.	ATSDR's children's web site is receiving approximately 1500 hits per month.	Ongoing

NEW STRATEGIES CHART

DEPARTMENT/AGENCY **Agency For Toxic Substances and Disease Registry** Fill	
STRATEGY	ANTICIPATED COMPLETION DATE
NEW STRATEGY: *Educating Federal Workers, State Workers, Grantees*	
1. Communities that use ATSDR's Pediatric Environmental Medicine Referral Units (Boston, New York, Seattle) will receive information. Materials will be distributed to the Pediatric Units as soon as possible.	Ongoing
NEW STRATEGY: *Educating Families*	
2. Children's insurance information will be distributed to families receiving clinical care at over 50 AOEC/ATSDR clinics throughout the United States as soon as materials become available.	Ongoing

7. Centers for Disease Control and Prevention

Mission Statement

The mission of the Centers for Disease Control and Prevention (CDC) is to promote health and quality of life by preventing and controlling disease, injury, and disability.

Focus on Children

Historically, CDC has played a role in almost every aspect of children's health. Each center has a children's health component and several are cross-cutting since much of CDC's work is done in collaboration with many partners, including State and local health departments, educational institutions, and other private and public organizations.

In broad terms CDC children's programs can be put into several categories:

- **Chronic diseases and disabilities** encompasses birth defects, cancer, diabetes, fetal alcohol syndrome, developmental disabilities, lead poisoning, etc.
- **Infectious diseases** includes both non-immunized diseases and those that form the basis of CDC's immunization program.
- **Childhood safety** is safety from injury, child abuse, and homicide/suicide/violence.
- **Environmental health** seeks to prevent exposures to toxic hazards, impose workplace/farm safety, and protect the food and water supply.
- **Behavioral health** promotes physical activity, nutrition, tobacco abstinence as well as prevention of substance abuse, and sexually transmitted diseases/HIV.
- **Monitoring health** involves data collection, immunization rates, disease surveillance.

FY 1999 Funding for Programs That Affect Children or Children's Health

All children's programs at CDC relate to child health. Direct expenditures were $1.4 billion out of a total budget of nearly $2.7 billion for FY 1999.

Principal Activities to Educate Government Workers and Grantees about Children's Health Insurance

EXAMPLES:

- One of CDC's principal activities in educating Federal workers, State workers, and grantees was a mass mailing to approximately 2500 grantees, including State and local health departments, educational institutions, health partners and associations. The mailing consisted of an introductory letter from CDC regarding CHIP and a handful of the original flyers which explained the program and how to get additional information. The grantees were encouraged to pass along this information and to make additional flyers available.

- CDC has a number of training programs which are taught by satellite. We have added the toll-free number to what resembles a screen saver which is on screen before the start of the training session.

- CDC has educated workers through presentations to various conferences, including the National Immunization Conference (2000 participants), the Immunization Program Manager's Meeting (100 participants), the Vaccine for Children Workshops (225 participants) and the National Vaccine Advisory Committee (50 participants). In this same vein, CDC has helped State Immunization Programs/grantees on CHIP participation and related issues through National Immunization Program Regional Outreach Consultants (ROCs) stationed in Health and Human Services (HHS) regional offices across the country. The ROC's have been providing technical assistance to State Immunization partners regarding CHIP outreach activities and assisting in regional CHIP planning meetings. The Region V Immunization Outreach Consultant helped in the development of a CHIP outreach training guide for State parties used in CHIP enrollment.

- CDC's Lead Poisoning Prevention Branch sent a *Dear Colleague Letter* to its grantees suggesting that CHIP be incorporated into childhood lead poisoning prevention programs. This information was also included as a handout at CDC's National Lead Grantee Program/Surveillance Manager Meeting held in early February. A similar letter was sent to birth defects partners.

Principal Activities to Educate Families About Children's Health Insurance

EXAMPLES:

- In order to reach the general public, CDC has begun to put the toll-free CHIP number on all new publications and all re-prints of existing publications. And because a lot of material is available on the agency's web-page, many CDC programs have begun putting the number on individual fact sheets on the web. The National Immunization Program alone will distribute approximately 833,333 publications with the number on it in the next year.

- CDC has hot-linked its web-site to the CHIP web-site through the Health Care Financing Administration (HCFA). CDC is also in the planning stages of creating a specific children's health web-page which would also be directly linked to the CHIP site.

- Through a CDC/Housing and Urban Development (HUD) sponsored demonstration project in Philadelphia, outreach workers distributed flyers on the State's CHIP program to residents of housing projects who were losing their welfare benefits. The flyers let them know there were

other sources of insurance available to children and adolescents.

- Anecdotally, but as an example of how CDC can work to enroll families in CHIP, there was a small measles outbreak in a daycare center in Maine, and when the Immunization staff went in to check records and immunize, they found several uninsured but eligible kids and signed them up for Cub Care.

Principal Accomplishments in Coordinating with Other Agencies and with the Private Sector

EXAMPLES.

- CDC has collaborated with the HCFA to set policies concerning immunization requirements in CHIP, review State CHIP plans, assist with preparation of CHIP regulations, and worked for the availability of Section 317 vaccine at a cheaper rate to meet the immunization requirements of CHIP. CDC has also participated with HCFA on several *Dear Colleague* letters.

- A partnership between the regional HCFA office and two State Immunization Programs supported Maine/New Hampshire immunization registry (ImmPact) activities. HCFA will be able to use the registry to identify children eligible for CHIP benefits.

Unresolved Issues

CDC has noted that some States proposed extensive collaboration with schools while others did not. Outreach activities such as working with school nurses, providing applications and other materials through schools, using free and reduced lunch eligibility to target outreach efforts, providing training to school faculty and staff, outstationing eligibility workers in schools, and reimbursing schools for services provided at school-based health centers take advantage of schools in an effective way to reach a large population of children in a structured environment.

Sustaining Current Efforts to Conduct Outreach for Children's Health Insurance

During the summer of 1999 CDC will conduct a survey of States about CHIP activities including enrollment and outreach. This may include a request for State help in distributing CHIP information (pamphlets, posters) to Vaccines for Children (VFC) providers. Currently there are 45,505 provider sites enrolled in VFC; 11,799 public provider sites and 33,706 private provider sites. It should be noted that a majority of these providers are also Medicaid providers and CDC will have to coordinate with HCFA to avoid replication.

Time line for these efforts is ongoing

New Activities to Conduct Outreach for Children's Health Insurance

CDC will distribute CHIP posters to State health departments for further dissemination.

CENTERS FOR DISEASE CONTROL AND PREVENTION		
Activity Description	**Progress Notes**	**Date Completed**
1. Send letters to grantees to describe how they might assist in outreach.	Letter describing initiative and requesting assistance sent to over 2,400 grantees.	11/98
2. Allow States to use database of "pockets of need" to target eligible children ~~(Summer 1998)~~.	CDC's National Immunization Program has been working with States and our databases to help determine possible eligibility.	9/98
3. Use distance-based learning (e.g., satellite sessions) to educate about outreach ~~(Summer 1998)~~.	Language and toll-free number are included at the beginning of the satellite training session.	3/99
4. Assist State and local health departments in helping to insure children ~~(Summer 1998)~~.	A letter was sent to all State health officers.	10/98
5. Add Medicaid/CHIP toll-free number to CDC publications, pamphlets, etc. ~~(Fall 1998)~~.	The number is being added as publications are being reprinted or new ones are published.	Ongoing

CENTERS FOR DISEASE CONTROL AND PREVENTION		
Activity Description	**Progress Notes**	**Date Completed**
6. Educate parents and grandparents about outreach through non-children's programs (e.g., cancer screening programs) (Summer 1998)	Lists of appropriate groups to target have been compiled. CDC programs have prepared letters for State and local programs. Injury - 2500 letters Immunization - regional based consultants have been working with State partners and providing technical assistance on outreach. Working on plans to notify VFC providers (11,799 public and 33,706 private providers) of ways to become more involved. Division of Adolescent and School Health sent letters to all funded constituents. Region I - set up partnership between HCFA Regional staff and State Immunizations programs in Maine and New Hampshire. HCFA will be able to use Immunization Registry to identify CHIP eligible kids. Region V - prepared training guide.	Fall, 1998
7. Link appropriate Internet locations to HCFA's children's Internet site. (Summer 1998)	Completed.	8/98

NEW STRATEGIES CHART

DEPARTMENT/AGENCY: Centers for Disease Control and Prevention	
STRATEGY	ANTICIPATED COMPLETION DATE
NEW STRATEGY: *Educating Federal Workers, State Workers, Grantees*	
1. Conduct a survey to determine level of CHIP knowledge and provide additional guidance on enrollments — especially to VFC providers.	Summer, 1999
NEW STRATEGY: *Educating Families*	
1. CDC is awaiting CHIP posters for distribution; most likely distribution to state health departments for dissemination within the state. (Dept of Ed is sending to all schools.)	Done
2. CDC is creating a new children's health web-page which we will also link directly to the CHIP web-site.	Fall, 1999

which one?

8. Indian Health Service

Mission Statement

The mission of the Indian Health Service (IHS), in partnership with American Indian and Alaskan Native people, is to raise their physical, mental, social, and spiritual health to the highest level. IHS works to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to the American Indian and Alaska Native people.

Focus on Children

The IHS, Tribal and urban Indian programs provide comprehensive health care to over 1.5 million American Indians and Alaska Natives through directly operated programs and services purchased from other providers. The IHS health delivery system is truly unique, providing its customers with wide-ranging medical services that respect and attempt to blend traditional healing beliefs with advances in medical technology. In provision of these services there has been a special focus on American Indian and Alaskan native (AI/AN) children.

Current IHS initiatives for children pay special attention to behavioral health issues and to preventive health services such as immunizations, injury prevention, dental services. Much effort has also been made to enhance access to health care for AI/AN children. IHS is committed to working with all Federal agencies and State and Tribal health programs to implement the Children's Health Insurance Program because it will improve the overall health of Indian children.

FY1999 Funding For Programs That Affect Children Or Children's Health

All of the funds (approximately 2.2 billion ~~dollars~~) which are appropriated by Congress for IHS are directed toward American Indians' and Alaska Natives' health care needs. The IHS organizational structure is decentralized, with 12 Regional administrative units called Areas. The Areas are subdivided in 150 service units scattered through the U.S. The IHS works in concert with Indian Tribes in transferring management of IHS programs to the Tribes. Presently approximately over 220 of the 550 Federally recognized Tribes have contracted for control of their health care programs. The components of these Service Units include 49 hospitals (12 Tribal), 195 health centers (134 Tribal), 8 school health centers (4 Tribal), 289 health stations (89 Tribal) and 152 Alaska Village Clinics.

IHS participates in all Federal insurance programs including collection of third party resources (Medicare & Medicaid and private insurance), and has great interest in Title XXI, the Children's Health Insurance Program (CHIP). Over 60% of the agency's budget is allocated to children.

~~Funding for Outreach for Children's Health Insurance~~

In FY 99, funds in excess of $ 100,000 were spent on outreach for the Children's Health Insurance Program. These funds were used to support development of the CHIP brochure, travel and training materials.

Principal Activities to Educate Government Workers and Grantees About Children's Health Insurance

Since the CHIP initiative began the IHS has been very active in distributing information through its agency infrastructure. The following efforts have been ongoing:

EXAMPLES:

- Provided information via letters, memos, information sheets, brochures and presentations at staff and other business meetings within the agency. Also staff was sent to meetings and training sessions held by other agencies including both public and private sector organizations.

- Health Care Financing Administration (HCFA) communications on CHIP were distributed to Area business offices and clinical staff. This was done in both written and oral form to increase overall awareness.

- CHIP information given to the IHS Council of Clinical Directors and Council of Chief Medical Officers. Group members have been active at local CHIP meetings in providing the clinical perspective.

- Attended HCFA sponsored Regional meetings with Indian Tribes and community members. At the Western Governors' Association meeting a three point resolution was issued regarding AI/AN children which provided a context for open discussion of health problems.

- Increased fiscal and logistical support to Tribes so that they could participate in State and Regional meetings on CHIP. This initiative was carried out in individual meetings with local Tribal leaders.

- Met with all Tribes in two national meetings at which CHIP was discussed and Tribal input into program development and implementation was sought.

- Discussed health benefits related to titles XIX and XXI at meetings between Tribal leaders and each of the 12 IHS Area Directors.

- Working through employee performance evaluations IHS Area administrators have tried to increase awareness of CHIP in Indian communities and to increase enrollment of Indian children in CHIP/Medicaid.

- Trained IHS health workers in the use of the Internet so that information could be attained on various CHIP programs. Area staff and larger service units now regularly

access the HCFA webstie to get CHIP information.

- Exchanged current information and CHIP outreach strategies during the monthly IHS leadership conference call.

Principal Activities to Educate Families About Children's Health Insurance

Great emphasis has been placed on consultation with the Indian Tribes and Alaskan Native Corporations in disseminating information about CHIP. The approach has been to remind all parties that they are working on a special and unique government to government project laid out in an executive order from President William Clinton. Within that purview IHS is committed to include discussion of CHIP in all future meetings. Already the agency has:

EXAMPLES:

- Educated parents both personally and through the use of all major Indian media outlets.
  - Visits were made by community health workers.
  - Information was provided to local and Regional newspapers and newsletters.
  - Short public service announcements aired on both Indian radio and television near the major reservation in the Rocky Mountains Region.

- Distributed over 10,000 brochures on CHIP.

- Assisted AI/AN communities and families determine the eligibility of their children for CHIP.

- Reviewed the caseloads of State service units, including mental health, alcoholism and substance abuse, as well as public health nurses, for CHIP/Medicaid eligible children.

Several ongoing IHS programs have also assisted with CHIP outreach to Indian communities. The IHS Director Initiative on American Indian and Alaska Native Youth has tracked National health status indicators and matched future plans to address health disparities, noted by advocates of Indian children, with the epidemiology work available. This National community-based strategy not only addresses the needed clinical services of youth, but also gets at the "access to care" issues, as well as other social issues which are of major concern in Indian communities. It also documents health care payments for preventive and other clinical services that AI/AN youth are currently not receiving. Another significant part of this initiative is a National injury prevention program, incorporating with Indian alcohol and substance abuse treatment and prevention programs from other agencies. The program's community component networks with local education, law enforcement, health, and community social organizations to develop healthy communities for Indian families to live in.

Principal Accomplishments in Coordinating with Other Agencies and with the Private Sector

One of the major commitments of the IHS is to increase interaction between IHS staff and CHIP administrators. Thus, IHS has been working with HCFA to improve communication between the agencies and operational aspects of CHIP.

- The agencies have met on a regular basis since the inception of CHIP and are scheduled to continue these meetings in the future.
- Key HCFA contacts have been identified and have proved helpful in getting specific information to the Tribes.
- The IHS has also initiated contact with Bureau of Indian Affairs social service workers at the local and Regional levels to increase interaction between the two agencies. The IHS feels that the BIA social service program can be a great force in providing information to Indian families who are eligible for CHIP thereby increasing the number of Indian youth in the program.
- The IHS is working with the Interagency workgroup and is helping direct a subgroup addressing outreach activity to American Indian and Alaska Native youth who are potentially eligible for participation in CHIP.
- IHS is working with a small committee from the workgroup to develop a specific CHIP brochure for American Indian and Alaska Native families.
- IHS is assisting in the mapping of residences of Indian families for the 2000 Census. This will result in the identification of areas where a high concentration of Indian families live and can be used to direct CHIP outreach.

Unresolved Issues

IHS does not have regulatory authority to enroll CHIP clients and only works to refer people to the State. This is a barrier in a setting where the logistics of distance limit access for Indian children who are otherwise eligible for the program.

Regulatory issues related to reimbursement for health services which IHS renders for Medicare/Medicaid and now CHIP patients may potentially be a barrier. While there are well defined guidelines for reimbursement for provider services, IHS and HCFA are still negotiating reimbursement rates for the services which IHS health professional provide.

Sustaining Current Efforts to Conduct Outreach for Children's Health Insurance

The previously submitted plans will be tracked and assessed. IHS plans to continue working closely with HCFA, the Health Research and Services Administration and the Tribes to address issues related to the CHIP.

Time Line for These Efforts

IHS efforts are ongoing.

Resources (funds, materials, personnel) Necessary to Sustain Current Efforts

The IHS has no set asides for the CHIP. It will use in-kind services to broaden its outreach effort. The IHS also plans to be an active participant in the Federal Interagency groups and maximize the use of resources expended there.

New Activities to Conduct Outreach for Children's Health Insurance

IHS is committed to initiating the following activities to educate Federal and Tribal health workers :

- Organize a headquarters leadership team to champion the outreach activities within the agency and the Indian Tribes.
- Enhance the telecommunication capacity by upgrading ADP support to the Areas (estimated cost is $150,000).
- Send directives to each of the agency speciality annual meetings to include workshops and plenary sessions on CHIP (Estimated $15,000 travel cost for speakers).
- Provide worker access to CHIP training and related programs sponsored by other Federal agencies and State or private organizations (estimated cost $75,000).
- Incorporate assessments of Medicaid/CHIP outreach activities in employee performance evaluations.
- Include CHIP as a topic in future meetings scheduled with Indian tribes.
- Assign agency and Tribal workers to serve on Federal and State CHIP workgroups and committees (estimated $20,000 for travel cost).
- Complete the CHIP brochure specifically designed for American Indian and Alaska Natives.

IHS will continue to work with the Indian Tribes and States to provide information to Indian families. The work will included the following:

- Establish a key stake holder advisory committee to advise on current strategy and activities to provide CHIP outreach to AI/AN.
- Define key terms related to CHIP so that communication between the Indian client and the State enrollment office can be enhanced and assisted.
- Identify current public and private advocacy groups working with CHIP so they can be used to provide education and assistance to the Indian Families.
- Develop a forum to insure adequate input from key stakeholders in this population, such as the beneficiaries, families, providers and other agencies.
- Create a survey to monitor satisfaction and access of Indian families to CHIP and Medicaid.
- Identify potential beneficiaries using HCFA projections on unisured children by State and county and focusing on sites of large Indian census.
- Provide CHIP education ("train the trainer") to select community members who can then provide the information to the rest of the community.

Collaborative efforts between IHS and other Federal organizations working with children's health issues are expected to strengthen. One need is to develop means of monitoring the work that is already underway, both in terms of access and service delivery aspect. The IHS also works with service providers which have great access to the people including WIC, the Department of Agriculture-food distribution program and Head Start and hopes to work more closely these service providers on CHIP education and outreach.

Resources (funds, materials, personnel) Needed to Initiate New Efforts

No new funds are anticipated at the Federal level, but there is hope that the States will provide funds to Tribes for CHIP outreach.

From previous page

INDIAN HEALTH SERVICE		
Activity Description	**Progress Notes**	**Date Completed**
1. Organize a headquarters leadership team to promote outreach (~~July 1998~~).	Team was established. Staff was informed via letter, memo, information sheet and presentation	7/98
2. Train IHS workers on the Internet in order to access CHIP information.	Completed. Area staff and larger service units now regularly access the HCFA website to obtain CHIP information	? Date
3. Provide access to training on CHIP and related programs to other Department, State, or private workers who serve American Indians (~~Fall 1998~~).	CHIP coordinator has been identified in most IHS areas.	Ongoing
	Provide State-specific information to Indian tribes and provide support for tribal outreach activities to rural and urban Indian children.	
4. Include CHIP as a topic in future meetings scheduled with Indian Tribes (~~Quarterly and ongoing~~).	CHIP was on the agenda with NIHB in October and the Tribal Self Governing Advisory Board in November. Information about CHIP has been included at all major IHS meetings.	10/98, 11/98 Ongoing
	HCFA sponsored Regional meetings were held with Indian Tribes and community members. A three point resolution passed at the Western Governor's [redacted] conference Provided a context for open discussion of AI/AN health problems.	
	Fiscal and logistical support to Tribes was increased so that they could participate in State and Regional meetings	
	Health benefits relating to titles XIX and XXI were discussed at meetings between Tribal leaders and each of the 12 IHS Area Directors	
5. Distribute brochure about CHIP / Medicaid designed for people working with American Indians/Alaska Natives (~~July 1998~~).	Completed - sent to field.	8/98
	Federal worker flyers were forwarded to all Tribal leaders, Area directors, and social workers, with a memo from the Assistant Secretary regarding the need to disseminate this information at a local level.	

INDIAN HEALTH SERVICE		
Activity Description	**Progress Notes**	**Date Completed**
6. Develop culturally sensitive messages on outreach for American Indians and Alaska Natives ~~(Beginning in October 1998)~~.	OIEP has made CHIP information available to parents attending monthly group meetings in all 22 Family and Child Education locations. Information was disseminated at OIEP-IHS training to seven Portland area school representatives.	9/98
	The Administration for Native Americans has developed a culturally relevant brochure concerning CHIP that was distributed by IHS to Area Social Workers.	
7. Educate parents of CHIP eligible children ~~(Ongoing)~~.	Radio and television public service announcements aired near the reservation int eh Rocky Mountain Region; information was provided to local and Regional newspapers and newsletters	Ongoing
	Over 10,000 CHIP brochures were distributed.	
	Family visit made by community health workers. describe ?	
8. CHIP outreach.	IHS assistend AI/AN communities and families determine child eligibility.	Ongoing
	Reviewed State service unit caseloads for CHIP/Medicaid eligible children.	
9. Enhance interaction with other Federal agencies on outreach ~~(Ongoing)~~.	The Agencies have been meeting regularly; key contacts inside HCFA have helped get specific information to Indian Tribes.	Ongoing
	Part of an Interagency workgroup IHS is directing a subgroup addressing outreach activity to AI/AN youth.	
	IHS is helping map residences of Indian families for the 2000 Census which will also identify key areas for CHIP outreach.	

NEW STRATEGIES CHART

DEPARTMENT/AGENCY: Indian Health Service	
STRATEGY	ANTICIPATED COMPLETION DATE
NEW STRATEGY: *Educating Federal Workers, State Workers, Grantees*	
1. Organize headquarters leadership team for Agency and Tribal outreach.	Ongoing
2. Upgrade ADP support to the Areas to enhance telecommunication capacity.	Ongoing
3. Direct agency specialty annual meetings to include workshops and plenary sessions on CHIP.	Ongoing
4. Provide worker access to CHIP training by other Federal agencies and State or private organizations.	Ongoing
5. Incorporate assessments of Medicaid/CHIP outreach activities in employee performance evaluations.	Ongoing
6. Include CHIP as a topic in future meetings with Indian Tribes.	Ongoing
7. Assign Agency and Tribal workers to serve on Federal and State CHIP workgroups and committees.	Ongoing
8. Complete CHIP brochure designed specifically for AI/AN.	Ongoing
NEW STRATEGY: *Educating Families*	
1. Establish stake holder advisory committee to advise on current CHIP strategy for AI/AN.	Ongoing
2. Define key CHIP terms to assist communication between State enrollment offices and Indian clients.	Ongoing
3. Identify advocacy groups working with CHIP and enlist to help enroll Indian children.	Ongoing
4. Develop a forum to insure input from key stakeholders: beneficiaries, families, providers and agencies.	Ongoing
5. Create survey to assess Indian family satisfaction and access to CHIP.	Ongoing
6. Identify potential beneficiaries using HCFA projections of uninsured children by State and census data showing site with large Indian populations.	Ongoing

7. Provide CHIP "train the trainer" education to community members who can then inform the rest of the community.	Ongoing
NEW STRATEGY: *Collaborating with Other Public or Private Partners to Conduct Outreach*	
1. Work with service providers (WIC, USDA food distribution program, Head Start) to do CHIP outreach to AI/AN families.	Ongoing

9. Substance Abuse and Mental Health Services Administration

Mission Statement

The Substance Abuse and Mental Health Service Administration (SAMHSA) mission within the Nation's health system is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society.

Focus on Children

SAMHSA acknowledges the importance of focusing on children and adolescents and having a coordinated effort to advance the agenda for children with or at risk for mental and addictive disorders both within SAMHSA and with external partners.

Committed to the welfare of children affected by mental illness and substance abuse SAMHSA also targets parental substance abuse. Recent analysis of data from SAMHSA's 1996 National Household Survey on Drug Abuse showed an estimated 4 million of the 75 million children represented in the survey had at least one parent in need of treatment for illicit drug use.

Agency wide SAMHSA is elevating the priority of children and adolescents by identifying critical issues and gaps in knowledge related to children and adolescents with mental health and substance abuse problems. Over the past several years, SAMHSA has initiated discretionary grant programs targeting their needs:

- SAMHSA's Starting Early Starting Smart is a program that provides prevention and supportive services for children between the ages of 0-7 and their families and caregivers, largely from a population that has received scant attention regarding its substance abuse and mental health needs. This program will provide important data on increasing access to substance abuse and mental health services for children and families and the role of integrated services in improving outcomes.

- SAMHSA's Center for Substance Abuse Treatment (CSAT) funds programs for substance-abusing youth and juveniles involved in the justice system.

- SAMHSA's Center for Substance Abuse Prevention's (CSAP) Predictor Variables Cooperative Agreement project addresses the progression of substance abuse prevention models from infancy through adolescence.

- SAMHSA's Center for Mental Health Services administers the Comprehensive Community Mental Health Services for Children and Their Families program. This program includes intensive community-based services for children with serious emotional disturbances and their families based on a multi-agency, multi-disciplinary approach involving both the public and private sectors. A key goal of the program is to

develop comprehensive interagency systems of care, including extensive collaboration among a variety of providers, e.g., juvenile justice, child welfare and mental health providers.

- CSAP Knowledge Development and Application (KDA) programs, Children of Substance-Abusing Parents (COSAPs) and Initiatives on Welfare Reform and Substance Abuse Prevention for Parenting Adolescents (Parenting Adolescents), are designed to develop new knowledge about ways to improve the prevention of substance abuse aimed at children of substance abusing parents or parenting teens. The knowledge generated from the SAMHSA KDA grants will be used to work with State and local governments as well as providers, families, and consumers to improve or develop comprehensive systems of care which address the issues of substance abuse and child welfare.

- In the area of formula grants to the States, SAMHSA also has responsibility for management of the $1.6 billion Substance Abuse Prevention and Treatment Block Grant (SAPTBG), which is the largest specialized source of Federal support for services combating the problem of substance abuse. It accounts for about 40 percent of public funds expended for treatment and prevention. The SAPTBG includes a set-aside for pregnant women and women with dependent children.

FY 1999 Funding for Programs That Affect Children or Children's Health

All of SAMHSA funds allocated to children affect children's health. Out of an annual (FY1999) budget of $2.4 billion, approximately $278.3 million supports children.

Funding for Outreach for Children's Health Insurance

No SAMHSA funding is directly targeted to outreach for children's health insurance. The agency has been able to conduct outreach within existing programs and with existing staff. The approximate costs to date for SAMHSA outreach activities are approximately $360,000. This includes the regional meetings, "outreach brochure" and postage for mailings.

Principal Activities to Educate Government Workers and Grantees about Children's Health Insurance

SAMHSA's principal activities to educate Federal, State, and local employees including grantees, community partners and other stakeholders are as follows:

- Sponsoring Regional meetings on CHIP with State Alcohol and Drug Abuse Treatment Directors, State Mental Health Commissioners, State Substance Abuse Prevention Directors and State CHIP Administrators. SAMHSA has been actively involved in providing technical assistance to States to identify and enroll eligible uninsured children in either CHIP or Medicaid.

- Holding a series of four team-building workshops on CHIP. The meetings were held in San Antonio, Texas, December 8-9, 1998; Hilton Head South Carolina, March 2-3, 1999; Newport, Rhode Island, April 13-14, 1999; and Juneau, Alaska, May 27-28, 1999. These workshops brought together approximately 277 key stakeholders from all fifty States and Territories to address health coverage for uninsured children in need of substance abuse and mental health services and to foster team-building among State agencies for the coordination of outreach activities, so that a greater number of children with or at risk of mental and addictive disorders may benefit from CHIP services available to them in their State.

- Developing and implementing a market and media strategy to educate substance abuse treatment providers about CHIP and outreach. In March 1999, SAMHSA released an outreach brochure developed for constituents, informing them of CHIP, the benefits of CHIP, and their rights to offer amendments to plans that do not include substance abuse and/or mental health services as well as encouraging them to reach out to children in need of health insurance. This outreach brochure has been mailed to over 20,000 different health care providers including treatment providers.

- Creating new and expanding existing websites to include information on CHIP. SAMHSA awarded a contract to the American Psychiatric Association (APA) to develop a website to educate its affiliates in all 50 States, Puerto Rico, and the District of Columbia about the importance of CHIP as a vehicle for expanding needed services to a previously underserved population.

Also, SAMHSA has expanded its "Treatment Improvement Exchange (TIE)" website to include a webpage on CHIP. This website provides updated CHIP information and activities. This website is accessible to substance abuse State directors, constituency organizations, providers and consumers.

Principal Activities to Educate Families about Children's Health Insurance

SAMHSA activities to educate families about CHIP and Medicaid have focused on the issuance of letters, a brochure, presentations at conferences, and creating new hyperlinks.

- Along with the outreach brochure (mentioned in the previous section) a letter was mailed to 20, 000, encouraging them to share information about CHIP/Medicaid with parent/caregiver clients in need of health insurance for their children.

- SAMHSA, by presenting CHIP/ Medicaid information and materials at conferences, meetings, etc., has reached approximately 2,000 families and individuals. In June, SAMHSA held its Second National Conference on Women, where over 800 participants were exposed to information on CHIP through plenaries, workshops and exhibits.

- SAMHSA's "Treatment Improvement Exchange (TIE)" website has added to its list of

hperlinks, the Health and Human Services (HHS) "insurckidsnow" site.

Principal Accomplishments in Coordinating with Other Agencies and with the Private Sector

In addition to SAMHSA participation on the Interagency Task Force on Outreach, SAMHSA continues to partner with other Federal, State, and local government and private agencies and organizations to disseminate information about CHIP to mental health and substance abuse constituents. SAMHSA will become more involved in outreach to rural children and families and anticipates working closely with the DHHS on such issues.

- CHIP training emphasizing the importance of outreach was provided in collaboration with the Health Resources Services Administration (HRSA) and the Health Care Financing Administration (HCFA) for SAMHSA's State Block Grant Project Officers, other staff, and Management Team.

- The State Team-Building Workshops on CHIP, which provided a forum to address health coverage for uninsured children in need of substance abuse and mental health services and to foster team-building among State agencies for the coordination of outreach activities, were developed in collaboration with HRSA, HCFA, major substance abuse and mental health prevention and treatment organizations, providers, and consumers.

Sustaining Current Efforts to Conduct Outreach for Children's Health Insurance

SAMHSA will continue reaching out to Federal, State and local employees, partners, constituents, stakeholders, and consumers. SAMHSA will also build upon existing resources and outreach efforts to increase the number of children enrolled in CHIP and/or Medicaid. Also, SAMHSA will continue working with mental health and substance abuse providers and other appropriate officials at State and local levels for inclusion of substance abuse and mental health services in every State CHIP plan.

At the Federal level, SAMHSA plans to continue working collaboratively with HCFA to improve substance abuse and mental health services included in State CHIP plans. Also, SAMHSA plans to continue forging new relationships at the Federal and State level with child protection service and welfare (TANF) agencies to ensure that a comprehensive package of services include substance abuse and mental health services for children and their families.

New Activities to Conduct Outreach for Children's Health Insurance

Since SAMHSA has spent the last year and a half working with States to identify and enroll eligible children into CHIP or Medicaid, SAMHSA is exploring the idea of working more closely with communities in order to reach children and families who would otherwise have no

knowledge of CHIP. SAMHSA's goal is not only to develop programs that support organized systems of community-based care for children and their families but also to ensure that these families are accessing the systems.

Resources Needed to Initiate New Efforts

Desired resources include additional staff, funding, and materials.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION		
Activity Description	**Progress Notes**	**Date Completed**
1. Provide briefings for project officer staff about outreach (July 1998).	Members of SAMHSA CHIP Steering Committee provided information to State Block Grant Project Officers (SPO's) on the importance of enrolling eligible low-income children into CHIP/Medicaid. They also assisted SPO's with answers to questions raised by State Alcohol and Other Drug Directors, Mental Health Commissioners or National Prevention Network Directors regarding outreach and CHIP.	Ongoing
2. Create workgroup on outreach for children with special needs; fund educational campaign (Beginning June 1998).	No progress to date.	
3. Track outreach and mental health and substance abuse benefits in CHIP (Fall 1998).	SAMHSA contracted with the Lewin Group to provide an analysis of mental health and substance abuse prevention and treatment benefits contained within submitted State CHIP plans. Lewin has completed a draft document which reviews all CHIP plans as of January 1, 1999 for the inclusion of mental health and substance abuse benefits and their impact on children with mental health and substance abuse needs.	Ongoing
4. Add chapter on outreach to CHIP benefits book (Fall 1998).	A contract was signed on 10/1/98 and work has begun on this one year study aimed at helping States estimate costs of providing comprehensive mental health and substance abuse services under CHIP.	Late FY 99
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION		
Activity Description	**Progress Steps**	**Date Completed**

5. Send updates on outreach to substance abuse and mental health directors, grantees and organizations (every 6 months).	Letter emphasizing the importance of outreach sent to 10,000 recipients, including State substance abuse treatment directors, treatment providers, grantees, managed care organizations, and SAMHSA employees.	Fall 98
	An article in the Fall issue of SAMHSA news will focus on outreach. Three special Issues Briefs on comprehensive systems of quality care for provision of behavioral health services will be made available to participants at the Regional meetings, which are a collaboration of the three SAMHSA centers.	12/98 2/99 4/99 5/99
	SAMHSA will provide a CHIP conference notebook with current information on policies, websites, and HCFA materials to participants at regional meetings.	12/98, 2/99, 4/99, 5/99
	Contract has compiled master mailing list for CSAT's CHIP brochure and letter, including 20,000 grantees, organizations, federal workers. Brochure is pending clearance from SAMHSA Public Relations Office.	4/99
6. Sponsor regional meetings w/ substance abuse /mental health programs on CHIP that include outreach (FY 1999).	SAMHSA has convened four meetings to examine CHIPand the provision of substance abuse treatment and prevention, and mental health services. Representatives from Federal, State and private agencies attended. The first meeting took place 12/8-9/98; 16 States attended. HCFA, HRSA, along with SAMHSA/CSAP and CMHS will participate in these meetings.	12/98-San Antonio, Texas 2/99- Hilton Head, South Caholina 4/99-Newport News, Rhode Island 5/99- Alaska
	Information on CHIP was distributed at the National Prevention Network Conference (8/30/98).	
	SAMHSA conducted a panel presentation on CHIP and outreach at the State Incentive Grants Conference. (11/98)	
7. Develop and implement media strategy to educate substance abuse providers about CHIP and outreach (September 1998).	Completed.	8/98
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION		
Activity Description	**Progress Steps**	**Date Completed**

8. Distribute information on CHIP and Medicaid through State alcohol and drug abuse agencies (Summer 1998).	SAMHSA's first CHIP mailing included a "Dear Colleague" letter from the Center Director and a CHIP brochure that was sent to 20,000 grantees, organizations, and Federal workers, pending release from SAMHSA.	11/98
9. Send mailing to Starting Early Starting Smart grantees about outreach (October 1998).	SAMHSA distributed a paper on CHIP and outreach to all National Prevention Network Directors and prevention grantees.	11/98
	SAMHSA sent a letter on CHIP to Starting Early Starting Smart grantees.	11/98
10. Develop SAMHSA Internet site on children's health (Summer 1998).	SAMHSA developed a CHIP webpage under the Treatment Improvement Project web page. These sites are hyperlinked to HCFA's CHIP website.	6/98
11. Mobilize stakeholders to assist States with outreach (Ongoing).	A Comprehensive Mental Health Services For Children Program plenary session focused on CHIP and outreach.	5/15/98