



NGA Center
for Best Practices

National Governors' Association
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June 16, 1999

F A X M E M O R A N D U M

To: Vicki Rivas-Vasquez (DHHS) 202-690-5673
Joyce Somsack (HCFA) 410-786-9665
Marcia Brand (HRSA) 301-443-1246
Devorah Adler (WH) 202-456-5557
From: Emily V. Cornell
Re: Call detail for April 1999
Pages: 3

Attached is the summary from AT&T that shows the call detail for the month of May 1999.

Total calls made between 4/1/99 – 5/31/99:	22,397
Average number of calls per weekday:	757
Average length of call:	2.03 minutes
Total calls made since February 23, 1999:	87,127

Call me at 202-624-7879 if you have any questions.

AT&T Advanced Features Executive Summary



Account Number	Subaccount Number	Bill Date
999 006-5113 458	999 006-5113 458	Jun 1, 1999

Summary of Advanced Features Usage Daily Analysis

Date	Geographic Routing *	Time / Day Manager	Quick Call Allocator	Call Prompter	Network Quouling	NAA	Courtesy Response	ADR Busy	ADR Ring No Answer	Other Final Handling
Previous Usage	1	0	0	0	0	0	1	0	0	0
May 1 - Sat.	269	0	0	0	0	0	0	0	0	4
2 - Sun.	154	0	0	0	0	0	28	0	0	1
3 - Mon.	977	0	0	0	0	0	34	0	0	4
4 - Tue.	909	0	0	0	0	0	41	0	0	0
5 - Wed.	880	0	0	0	0	0	46	0	0	0
6 - Thu.	700	0	0	0	0	0	19	0	0	0
7 - Fri.	581	0	0	0	0	0	29	0	0	0
8 - Sat.	184	0	0	0	0	0	1	0	0	0
9 - Sun.	95	0	0	0	0	0	3	0	0	0
10 - Mon.	935	0	0	0	0	0	49	0	0	0
11 - Tue.	859	0	0	0	0	0	27	0	0	2
12 - Wed.	968	0	0	0	0	0	53	0	0	0
13 - Thu.	1,017	0	0	0	0	0	76	0	0	1
14 - Fri.	924	0	0	0	0	0	63	0	0	24
15 - Sat.	344	0	0	0	0	0	28	0	0	2
16 - Sun.	230	0	0	0	0	0	12	0	0	0
17 - Mon.	2,673	0	0	0	0	0	130	0	0	5
18 - Tue.	2,506	0	0	0	0	0	114	0	0	0
19 - Wed.	1,348	0	0	0	0	0	69	0	0	4
20 - Thu.	905	0	0	0	0	0	66	0	0	1
21 - Fri.	697	0	0	0	0	0	44	0	0	1
22 - Sat.	216	0	0	0	0	0	27	0	0	0
23 - Sun.	151	0	0	0	0	0	4	0	0	0
24 - Mon.	999	0	0	0	0	0	65	0	0	1
25 - Tue.	787	0	0	0	0	0	48	0	0	1
26 - Wed.	693	0	0	0	0	0	34	0	0	1
27 - Thu.	686	0	0	0	0	0	33	0	0	0
28 - Fri.	390	0	0	0	0	0	22	0	0	2
29 - Sat.	163	0	0	0	0	0	18	0	0	0
30 - Sun.	87	0	0	0	0	0	7	0	0	3
31 - Mon.	243	0	0	0	0	0	56	0	0	0
TOTALS	22,397	0	0	0	0	0	1,249	0	0	57

* Geographic Routing includes Country Code, Area Code, Exchange, and Caller Recognition Routing

AT&T Advanced Features Executive Summary



Account Number	Subaccount Number	Bill Date
999 006-5113 458	999 006-5113 458	Jun 1, 1999

Daily Analysis

Date	Number of AT&T Complete Calls	Total Time hh:mm:ss	Average Call Length mm:ss.ss	Number of Incompletes With Features Usage
Previous Usage	0	:00	:00.0	1
May 1 - Sat.	218	3:53:16	1:04.2	51
2 - Sun.	112	1:57:35	1:02.9	44
3 - Mon.	746	27:18:51	2:11.8	231
4 - Tue.	701	27:57:16	2:23.5	208
5 - Wed.	661	27:06:54	2:27.6	219
6 - Thu.	587	21:39:10	2:12.7	113
7 - Fri.	422	15:24:37	2:11.4	79
8 - Sat.	165	2:53:41	1:03.1	19
9 - Sun.	85	1:29:02	1:02.8	10
10 - Mon.	757	29:07:20	2:18.4	178
11 - Tue.	693	27:16:13	2:21.6	166
12 - Wed.	747	27:41:44	2:13.4	221
13 - Thu.	832	27:28:49	1:58.9	185
14 - Fri.	712	24:55:37	2:06.0	212
15 - Sat.	299	4:27:18	1:53.6	45
16 - Sun.	197	3:00:21	1:54.9	33
17 - Mon.	1,686	43:59:38	1:33.9	987
18 - Tue.	2,098	78:34:55	2:14.8	408
19 - Wed.	1,115	40:54:27	2:12.0	225
20 - Thu.	744	25:52:47	2:05.2	161
21 - Fri.	590	23:14:13	2:21.7	107
22 - Sat.	180	3:30:06	1:10.0	36
23 - Sun.	123	1:46:45	1:52.0	28
24 - Mon.	688	27:05:32	2:23.4	319
25 - Tue.	641	25:24:30	2:22.6	146
26 - Wed.	524	20:41:08	2:22.1	169
27 - Thu.	473	17:12:50	2:11.0	133
28 - Fri.	324	12:30:21	2:20.4	66
29 - Sat.	127	1:56:31	1:55.0	26
30 - Sun.	72	1:14:54	1:02.4	15
31 - Mon.	160	2:58:32	1:06.9	85
TOTALS	17,471	600:42:53	2:03.7	4,926

Call Duration Distribution

Duration	Number of AT&T Complete Calls	Total Time hh:mm:ss
1 TO 30 Seconds	4,436	20:37:57
30+ TO 60 "	2,958	37:23:28
1+ TO 2 Minutes	4,234	102:14:08
2+ TO 3 "	2,344	94:22:58
3+ TO 5 "	1,952	124:04:20
5+ TO 10 "	1,221	136:38:18
10+ TO 30 "	345	79:35:17
30+ TO 60 "	9	5:46:34
60+ TO 120 "	0	:00
OVER 120 "	0	:00

Management Statistics

Monthly Analysis	
COMPLETE CALLS:	
Total Number of Calls Processed:	17,471
Total Time:	600:42:53
Average Length of Call:	2:03.7
Busy Area Code By # of Hours of Use:	713
Busy Area Code By # of Calls:	601
Busy Country Code by # of Hours of Use:	N/A
Busy Country Code by # of Calls:	N/A
**Busy Day By # of Hours of Use:	Tuesday - May 18
**Busy Day By # of Calls:	Tuesday - May 18
**Average Calls per Day:	564
**Average Hours of Use per Day:	19:22:40
**Average Calls per Weekday:	757
**Average Hours of Use per Weekday:	27:21:35
INCOMPLETE CALLS:	
Total Number of Calls:	4,926
Busy Area Code By # of Calls:	713
Busy Country Code By # of Calls:	N/A
**Busy Day By # of Calls:	Monday - May 17

** Previous usage not included in these statistics

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.

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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.

→ Anecdotal, 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

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NEW STRATEGIES CHART

DEPARTMENT/AGENCY: Centers for Disease Control and Prevention	
STRATEGY	ANTICIPATED COMPLETION DATE
NEW STRATEGY: <i>Educating Federal Workers, State Workers, Grantees</i>	
1. ~~1~~ Conduct a survey to determine level of CHIP knowledge and provide additional guidance on enrollments — especially to VFC providers.	Summer, 1999
NEW STRATEGY: <i>Educating Families</i>	
2. ~~2~~ 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
3. ~~3~~ 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?

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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

LFY 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 website 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 to 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 uninsured 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
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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 ~~Association~~ <i>Conference</i> . 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. <u>describe?</u>	
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: <i>Educating Federal Workers, State Workers, Grantees</i>	
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: <i>Educating Families</i>	
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: <i>Collaborating with Other Public or Private Partners to Conduct Outreach</i>	
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

hyperlinks, the Health and Human Services (HHS) "insurekidsnow" 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

FROM THE
OFFICE OF THE ADMINISTRATOR
HEALTH RESOURCES & SERVICES ADMINISTRATION

To: DEVORAH ADLER

Fax #: (202) 456-5557

Date: _____

Pages Sent: including cover sheet ^{PPS} 10-48

Comments: _____



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HHS overview
page

we are
revising

*HHS overview packet***1. DHHS Regional Directors****Mission Statement**

The many programs of the Department of Health and Human Services (DHHS) that enhance the health and well-being of America's children are managed in large part by DHHS agencies located in ten Regional Offices. As the Secretary's representatives in the regions, the mission of HHS Regional Directors is to provide leadership in integrating the work of the DHHS operating divisions responsible for a wide range of programs and vulnerable populations, especially on cross-cutting initiatives like children's health insurance outreach.

Focus on Children

The responsibilities of the DHHS Regional Offices include the operational oversight of the Medicaid program and the new State Children's Health Insurance Program (CHIP). In addition, the Regional Offices administer the field office components of the following programs for children: Maternal and Child Health Block Grant; Community Health Centers; Health Care for the Homeless; National Health Service Corps; Ryan White Comprehensive AIDS Resources Emergency Act; Temporary Assistance for Needy Families; Child Support; Head Start/Early Head Start; Foster Care, Adoptions Assistance and Independent Living; Child Care; Community Services Block Grant; Child Welfare; Developmental Disabilities; and Youth Programs.

The Regional Directors are particularly well positioned to guide the DHHS outreach initiative and to support other Federal Departments in their own outreach efforts in the field. Collectively they have broad and deep experience working day-to-day with State partners, local government and community groups in serving the health and social service needs of low-income children. The Regional Directors have drawn on their considerable experience in guiding intergovernmental programs to inform other Federal Departments and States about key developments in CHIP and Medicaid, shared knowledge of effective strategies for building community awareness and coalitions, and provided leadership for coordinating field office activities. They have encouraged States to reduce the administrative, cultural and legal barriers to enrollment in CHIP/Medicaid. Most importantly, the DHHS Regional Directors have developed partnerships with public and private sector groups with strong local foundations to spread the word about CHIP and Medicaid throughout the hardest to reach communities in the country.

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

The expenses of the Regional Director offices are not directly attributable to specific programs.

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

EXAMPLES:

- DHHS Regional Directors made effective use of HHS agencies in the field to distribute information about the critical role of CHIP and Medicaid in the well-being of children to employees, health care and social service providers and community organizations. Close relationships with opinion leaders have enabled Regional Directors to discuss CHIP with State health and human services officials and elected representatives and staffs during visits to DHHS capitals, city halls, and county courthouses. ✓
- DHHS Regional Directors have replicated the national Interagency Task Force in the regions, providing leadership for the outreach activities of field office components. For example, collaborative work has been done in many regions allowing Housing and Urban Development (HUD) Community Builders to inform families in HUD assisted housing about CHIP and Medicaid, particularly those making the transition from welfare assistance to employment.
- Several Regional Directors have also established complementary HHS interagency committees which provide overall coordination of HHS agency outreach initiatives. The work of these interagency committees assures that CHIP materials, web-site information, and State and national developments are shared in a timely way. Regular meetings allow for ongoing discussion and review of outreach strategies as well as current State issues. Coordination of State program partners is essential to developing appropriate regional based agendas. The connection with State counterparts (e.g., IV-D Directors, MCH Directors, WIC Directors, Family Planning Grantees, Community Health Centers, Head Start, etc.) is necessary to ensure that programs which serve similar populations are as coordinated and well-informed as possible. ✓✓
- Under the leadership of the Regional Directors, Federal agencies have collaborated extensively through regional program conferences to mount outreach efforts and ensure that States improve access to systems of care and services. For example, in April 1998, the first Consortia Children's Health Outreach Conference was held for Regions V & VII. More than 300 advocates, State staff, community-based organizations, and other stakeholders attended the two day meeting in Chicago. Workshops provided actual models of successful outreach practices and the materials to reproduce them. Then, in October 1998, the Boston Regional Director convened a meeting of Connecticut government officials, advocates and the State's CHIP enrollment broker to identify fresh outreach possibilities, and to connect Department of Labor (DOL) and HUD representatives with the State CHIP agency. In November 1998, the Atlanta Regional Director lead the Southern Consortium's CHIP Information Exchange, engaging 13 States in sharing unique outreach strategies. ✓✓
- The Dallas Regional Director was presented materials at the Environmental Protection Agency (EPA) Earth Day events on April 22, and at Arlington Schools during the ✓

months of April and May.

Principal Activities to Educate Families About Children's Health Insurance

EXAMPLES:

- Regional Directors have worked with the Health Care Financing Administration (HCFA), Health ~~Research~~ ^{Resources} and Services Administration (HRSA) and Administration for Children and Families (ACF) field staff to assure that technical questions raised by the public at large about CHIP, Medicaid and welfare are researched and answered. Numerous referrals have been made to appropriate State officials concerning eligibility, enrollment and access. ✓
- Regional Directors have made effective use of print and broadcast media to inform the public about CHIP. CHIP presentations have been an integral part of the Regional Directors' many speaking engagements, radio and television interviews, and news editorials. The Kansas City Regional Director distributed a CHIP Newsletter to 500 individuals and organizations. In Dallas, information is distributed to veterans and families at the Veteran's Administration Medical Center "Hassle-Free Zone" monthly events. Dallas staff participate in local health fairs and informational fairs distributing information on the Insure Kids Now ~~National~~ Campaign. ✓
sk ✓
✓✓
- The Philadelphia Regional Director arranged for Social Security Administration (SSA) field offices in Maryland, Pennsylvania and Virginia to display information on CHIP, distribute CHIP/Medicaid applications to interested families, and make referrals to appropriate State agencies. Dependent children of deceased or disabled wage earners may be in particular need of health insurance since their families often suffer a dramatic decrease in income. ✓

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

EXAMPLES:

- The New York Regional Director's Office prepared a policy paper in concert with the New York Task Force on Immigrant Health concerning the needs of immigrants that has been widely circulated to Federal agencies and States.
- The Kansas City Regional Director has worked with the Heart of America United Way, the Local Investment Commission, and the HealthWave staff on bi-State outreach strategies for the greater Kansas City metropolitan five county area. Under a grant from Smith-Kline-Beecham, Kansas and Missouri advocates, professionals, and providers are actively pursuing strategies to increase public knowledge of CHIP, identify eligible children, and enroll them into the appropriate State program. ✓
- The Philadelphia Regional Director negotiated an agreement with the Greater

Philadelphia Chamber of Commerce to include information about CHIP and Medicaid on the Chamber's website and in a weekly advertisement for its newsletter which runs in the two general circulation newspapers in the city and the largest African-American news weekly. The Chamber web site gets 180,000 hits a year, and the combined weekday circulation of the newspapers is more than 800,000. ✓

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

The Regional Directors will sustain current efforts in the regions through a broad array of activities:

- Coordinate distribution of the Insure Kids Now Training Kits to CHIP Regional Interagency Steering Committee members and other partners.
- Maintain an ongoing progress review and continued participation in existing workgroups of CHIP in each State, identify best practices and recommend improvements through relationships with Governors' policy and senior administration officials.
- Continue to pursue regional radio and television interviews, with possible OP-Ed's, and continue discussion/promotion of CHIP in any speaking engagements or meetings where appropriate.
- Continue to establish relationships with community-based organizations that serve children to keep them informed about CHIP and encourage their participation in the outreach effort.
- Continue to convene major multi-State, State-based, and/or community forums and meetings on local initiatives aimed at eliminating barriers to CHIP/Medicaid enrollment.

Timeline for These Efforts -

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

Funding will be needed for training kit updates; travel and conference planning; speakers for workshops; printing and on-line publications; mailing expenses and "train the trainer" professionals.

New Activities to Conduct Outreach for Children's Health Insurance

EXAMPLES:

- In addition to its completed policy paper on children's health outreach to immigrant families, the New York Regional Office will be preparing two additional monographs which will be widely circulated upon completion. They will focus on other hard to reach population, migratory farm workers and the homeless. ✓
- The Atlanta Regional Director has begun planning (fall, 1999) for a regional

Fall 1999

conference, "Beyond CHIP Implementations, Accessing Health Homes for all Southern Kids," possibly co-sponsored with the Georgia Academy of Pediatrics, the Mississippi Children's Defense Fund and Emory University.

- The Philadelphia Regional Director is leading a local coalition of advocacy organizations and area hospitals to enroll 30,000 additional Philadelphia children in Medicaid and CHIP within the next 3 years.

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

me The Atlanta CHIP conference will require \$20,000. It would also be useful to acquire expertise in public service announcement productions for radio stations, as well as to schedule presentations to all partners from advocates regarding cultural sensitivities involved in getting the message out. A full-time CHIP outreach coordinator would be helpful, either in IGA central office for use of all regions, or one in each region.

DHHS - REGIONAL DIRECTORS' OFFICES		
Activity Description	Progress / Notes	Date Activity Completed
✓ 1. Establish Federal interagency committee to oversee CHIP Outreach Initiative in the Regions. ✓	Regional Directors replicated the national Interagency Task Force by convening Children's Health Initiative Interagency Councils/Task Forces in each region, meeting monthly or quarterly. Representation from DHHS agencies, USDA, DOL, DOE, HUD, DOT, EPA, SSA, SBA, IRS, Commerce.	10/98
✓ 2. Sponsor network of State CHIP officials to foster interstate dialogue about barriers and solutions to insuring more children. ✓	Periodic meetings with State officials were convened by all Regional Directors to share ideas about program design, experiences in program implementation, best practices in outreach, and plans for evaluation.	Ongoing
16 ✓ 3. Regularly inform State officials about new developments and accomplishments. ✓	Accomplished through a variety of means, but chiefly through (1) Regional Directors' meetings with key State officials, (2) Regional Directors' presentations at State meetings, and (3) communication with States by interagency CHIP committees.	Ongoing
✓ 4. Maintain contact with Congressional offices in the Region to offer information and assistance. ✓	Regional Directors routinely included CHIP and Medicaid enrollment information in contacts with elected officials and their field office staffs. The Chicago Regional Director chairs an interagency committee to provide briefings to Congressional staffers on welfare-to-work, CHIP and related initiatives.	Ongoing
✓ 5. Convene public advisory meetings to encourage dialogue about children's health insurance issues. ✓	Major conferences were convened in 9 regions during initial phases of CHIP in 1998. Additional multi-regional, regional and State conferences were convened in subsequent months. Four public advisory meetings focusing on Medicaid/CHIP enrollment and access were convened by the Philadelphia Regional Director in November and December 1998. Plans for meetings and conferences to maintain process for public input and dialogue in all regions are ongoing.	Ongoing

Dark?

✓

DHHS -- REGIONAL DIRECTORS' OFFICES		
Activity Description	Progress / Notes	Date Activity Completed
6. Make effective use of print and broadcast media to inform the public about CHIP. ^	Public Affairs Specialists were added to Regional Directors' staffs in most regions, with plans to do so in all. CHIP editorials written by Regional Directors and staff were published in numerous papers throughout the country. Local radio and television interviews were extensively done to disseminate information. The Kansas City Regional Director conducted CHIP related television interviews in Kansas City and St. Louis that were aired more than 10 times in October 1998.	Ongoing
7. Form partnerships with organizations interested in working on the CHIP Outreach Initiative. ^	Working relationships were established with a wide range of government and non-government agencies, including schools; foundations; universities; hospitals; managed care organizations; and provider, professional and community agencies. For example, the Chicago Regional Director worked with Mayor Daley and the Chicago Public Schools CEO to identify children who qualified for free or reduced lunches but were not enrolled in Medicaid. 1,800 volunteers helped enroll the children/families at schools during mandatory report card pick-up days in November 1998. The Philadelphia Regional Director leads a new coalition of more than 40 organizations committed to making Philadelphia a healthier community, with a goal of enrolling 30,000 additional children in CHIP and Medicaid.	Ongoing
8. Monitor Internet web sites and disseminate key information related to children's health insurance. ^	The sharing of website informational highlights with State and other partners was implemented by the Philadelphia Regional Director's Office.	December 1998
9. Include references to CHIP Outreach Initiative in presentations to outside audiences. ^	CHIP presentations are an integral part of Regional Directors' speaking engagements, radio and television interviews, and targeted information exchanges. The Kansas City Regional Director writes and distributes a CHIP Newsletter to more than 500 individuals and organizations.	Ongoing
Activity Description	Progress / Notes	Date Activity Completed

DHHS -- REGIONAL DIRECTORS' OFFICES

Activity Description

Progress / Notes

Date Activity Completed

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Ongoing

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Ongoing

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December 1998

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CHIP presentations are an integral part of Regional Directors' speaking engagements, radio and television interviews, and targeted information exchanges. The Kansas City Regional Director writes and distributes a CHIP Newsletter to more than 500 individuals and organizations.

Ongoing

Activity Description

Progress / Notes

Date Activity Completed

DHHS -- REGIONAL DIRECTORS' OFFICES		
✓ 10. Collect outreach plans from other Regions to identify and share best practices ^	Multi-regional meetings were held in Chicago in April 1998, and Atlanta in November 1998, to exchange information on promising practices. The New York Regional Director's Office prepared a policy paper in concert with the New York Task Force on Immigrant Health concerning the needs of immigrants that has been widely circulated to Federal agencies and States. Informal processes for information sharing across regions are ongoing.	Ongoing
✓ 11. Identify outreach activities for current and next quarter from each State in the Region ^	Routinely done via meetings and conference calls with State officials.	Ongoing
8 <i>Little Bld</i> 12. Review progress of CHIP implementation in each State, identify best practices and recommend improvements ^	Done in a variety of formal and informal ways in all regions. For example, in October the Boston Regional Director convened Connecticut government officials, advocates and the State's CHIP enrollment broker to identify fresh outreach strategies and to connect DOL and HUD staff with the Connecticut CHIP agency. In November 1998, the San Francisco Regional Director met with California officials to address community concerns about low enrollment in the "Healthy Families" program, to make mid-course corrections and to identify how Federal agencies could directly assist in building enrollment.	Ongoing

NEW STRATEGIES CHART

DEPARTMENT/AGENCY: <i>Center</i> DHHS Regional Directors	
STRATEGY	ANTICIPATED COMPLETION DATE
NEW STRATEGY: <i>Educating Federal Workers, State Workers, Grantees</i>	
1. Complete Training Kit Presentations to Federal Executive Boards/CHIP Interagency Taskforces within each region.	September 1999
2. Convene training presentations on cultural sensitivities involved in outreach messages.	December 1999
3. Conduct Congressional District staff briefings on CHIP/Medicaid enrollment.	Ongoing
NEW STRATEGY: <i>Educating Families</i>	
4. Distribute Insure Kids Now Public Service Announcements.	Ongoing
5. Target minority radio stations and publications for outreach messages.	Ongoing
6. Replicate the Chicago public schools outreach effort in other major school districts, and continuously adjust the efforts based on lessons learned.	Ongoing
7. Connect with local Americorp programs to include volunteer in outreach activities.	Ongoing
NEW STRATEGY: <i>Collaborating with Other Public or Private Partners to Conduct Outreach</i>	
8. Work closely with major Chambers of Commerce and business groups with large numbers of part-time and seasonal workers to share the outreach message.	Ongoing
9. Coordinate with RWJ funded grantees to identify and publicize effective community based outreach practices.	Ongoing
10. Work directly with union leaders, mayors and county officials and their staffs on developing and implementing outreach strategies.	Ongoing

2. Health Care Financing Administration

Mission Statement

The Health Care Financing Administration (HCFA) was created in 1977 to bring together under one leadership the two largest Federal health care programs, Medicare and Medicaid. The Agency's overall mission is to assure health care security for beneficiaries by financing health care for elderly, disabled, and low-income persons.

Focus on Children

Authorized under Title XIX of the Social Security Act, Medicaid provides health insurance for most low-income children. The Medicaid program includes several mandatory benefits focused on children, perhaps most notably the set of benefits called EPSDT (Early, Periodic, Screening, Diagnosis and Treatment). These benefits are focused on primary and preventive care for all children eligible for Medicaid.

In addition, since the mid 1980's, public policy initiatives have given States the opportunity to change eligibility requirements and subsequently increase opportunities for more low-income families to obtain Medicaid coverage. Most States have taken advantage of this increased flexibility by providing Medicaid eligibility to older children and those with family income that is greater than mandatory Medicaid levels.

→ HCFA also administers ^{Title XIX} the State Children's Health Insurance Program (CHIP) enacted by the Balanced Budget Act of 1997.
FY 1999 Funding For Programs that Affect Children or Children's Health

Medicaid: \$15 billion CHIP: \$1.4 billion

These figures do not include all enrollees under age 21, but only those who are in a child eligibility category (i.e., TANF, medically needy, poverty level).

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

HCFA has spent \$5 million in FY 1999 for children's outreach. The breakdown is as follows:

- ✓ --\$1.3 million for community model outreach and enrollment projects and related activities;
- \$1.8 million for activities to support the Federal Interagency Outreach efforts; and
- \$1.9 million to support the national outreach media campaign including national advertising. (This consists of \$1.6 million already transferred to the Department plus our own costs of focus testing, Internet website support, and poster reproduction.)

EXAMPLES:

- future*
- HCFA is gearing up a project to identify sites with large Hispanic/Latino populations that are experiencing difficulties enrolling beneficiaries. This pilot will identify barriers to enrollment experienced by these multi-ethnic populations.
- completed*
- HCFA has recently implemented a training program in ~~Social Marketing~~ and ~~Cultural Competency~~ for 40 outreach specialists from Central and Regional Offices. This training will provide new tools to reach challenging segments of the population.
- future*
- HCFA is developing a best practices outreach guide for eligible populations for both CHIP and Medicaid.
- current*
- HCFA is conducting a series of focus groups with Asian Pacific Islanders, (these efforts are part of the Administration's Fatherhood Initiative) to further identify culturally specific outreach approaches for enrolling eligible children.
- Completed*
- HCFA ~~is funding~~ ^{fund} three additional Technical Advisory Panels (TAPs) to address major concerns raised by the States in earlier TAPs. The issues of high priority are:
 - ~~How~~ to successfully incorporate large groups of volunteers in State outreach programs and maximize their contributions ~~with as little disruption as possible~~;
 - ~~How~~ to focus outreach on schools and to apply lessons learned from the recent Chicago Public School (CPS) Pilot; and
 - ~~How~~ to work more effectively in reaching immigrant families incorporating the new guidance on public charge.

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

Reverse this paragraph: How does this relate to education workers/grantees

HCFA recognizes the importance of an effective broad-based effort to target, screen, and enroll eligible children. Cultural barriers, including limitations imposed by literacy, language, and immigration policies, have created impediments to outreach efforts and enrollment.

- current*
- The topic "CHIP Communication Strategies" through the Regional Education (REACH) and State Health Insurance Programs (SHIPs) is being discussed at the REACH Steering Committee Conference.
- future*
- Printed materials which include QMB/SLMB language will incorporate language regarding CHIP. These include the COLA Notice; "Medicare --
- spell out - 1st time used*

What you Need to Know About Medicare and Other Health Insurance"; "Medicare and You"; "Guide to Health Insurance for People with Medicare"; "Your Medicare Desk Reference"; "Medicare Savings for Qualified Individuals Brochure"; and "Learning About Medicare Health Plans (Pub. 10114)". The new 1999 Guide to Health Insurance (on the Internet) also includes a CHIP reference.

- Four general CHIP questions/answers have been added to the Medicare Choices Helpline database. Between 3/1/99 and 4/30/99, the Customer Service Representatives responded to 100 questions in total about CHIP.
- CHIP public service announcements and information was submitted as part of the July 1999 update of kiosks. ^{what kind of - public service} Owned by a company called HealthTouch the kiosks are located at pharmacies (mostly independent) around the country. CBS began putting information on the kiosks last fall, starting with basic National Medicare Education Program (NMEP) pages. HealthTouch updates the kiosks three times per year. HealthTouch also posts the same information through links on its website.
- In addition to specialized training in social marketing, approximately 200 HCFA employees have participated in cultural competency training. Follow-up training will take place in the regions, where staff will facilitate the participation of State counterparts.
- ~~The Insure Kids Now Campaign is an initiative to implement national CHIP outreach intended to complement current State outreach activities.~~ ^{current} The Insure Kids Now Campaign introduced a national toll-free telephone number, ^{HCFA is} is intended to ^{complement} State outreach activities. ^{working directly with the States to obtain input on how the national radio campaign could best support their outreach activities.}
- HCFA and HRSA designed and implemented preliminary TAPs entitled "How Can We Build Partnerships and Networks with State CHIP Outreach Activities?". The purpose of these sessions was to (1) provide a forum for exchange of experiences with the development and implementation of outreach strategies among State MCH, Medicaid, and CHIP agencies, (2) define and establish partnerships for outreach between States and the Federal government, and (3) develop strategies for involving the private and volunteer agencies in outreach programs.
- DHHS developed and released (March 22, 1999) "Supporting Families in Transition: A Guide to Expanding Health Coverage in the Post-Welfare Reform World," which contains information regarding processes and procedures that will help ensure as many children and families as possible obtain health insurance.

Principal Activities to Educate Families About Children's Health Insurance

The challenge facing Federal agencies is to develop strategies to enroll hard-to-reach children in addition to culturally diverse population groups.

EXAMPLES:

- Focus groups were conducted to identify barriers to enrollment in Hispanic populations while providing strategies to overcome them. The final phase of the study is the development of a "best practices" outreach guide. → for whom, due when?

To better serve our consumers and State partners, HCFA is sponsoring research to further understand the information needs of specialized segments of the population (e.g., Children with Special Health Care Needs (CSHCN), Hispanic/Latino consumers, consumers with physical and sensory impairments and Medicare beneficiaries). Findings from these projects will be made public through the HCFA outreach webpage, and also incorporated in the above mentioned "best practices" outreach guide for States. *future*

A study will further determine factors that influence decision-making among Hispanic families. Special follow-up and demonstration of principles of social marketing tools and skills will be applied in a study involving Hispanic families—both recently enrolled and not yet enrolled. *future*

Three additional studies including focus groups with urban beneficiaries, rural beneficiaries and Alaskan Natives, are part of the Administration's Fatherhood Initiative, helping fathers become more involved in making decisions regarding health care for their children. In addition, a series of focus groups with Asian Pacific Islanders is planned. *future?*

Insure Kids Now, a national enrollment outreach campaign, will through a grass roots effort, utilize schools, hospitals, volunteers, and intensive information dissemination to reach the yet to be enrolled. The campaign will integrate outreach activities with State operated Back to School programs (Fall Outreach Campaign). *what will HCFA do future*

HCFA has created a website outreach clearinghouse that allows a wide variety of participants to share outreach successes, strategies, and challenges. This information source will provide timely and innovative outreach practices carried out by State agencies, community groups, and advocate organizations. The website will offer relevant links to other public and private sector websites. *complete*

HCFA has worked with the American Association of Retired Persons (AARP) to publicize the CHIP program and appeal to the grandparents generation. AARP has agreed to add language about CHIP in its books and brochures. *complete*

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

- HCFA and HRSA co-sponsored a conference with the Historically Black Colleges and Universities which supported partnership development among the HBCUs and CHIP/Medicaid programs' outreach efforts.
- Technical assistance on eligibility and verification for Medicaid and CHIP enrollees was provided to 17 states during a conference focusing on verification requirements for Medicaid and CHIP. ✓
- HCFA provided a Medicaid 101 Training Program for staff from the National Council of LaRaza (NCLR) in preparation for its outreach training program, which will be provided to a ~~p~~romotora audience. ✓
- Staff from HCFA's Chicago Regional Office provided technical assistance during NCLR's training program for grant recipients of the Latino Children's Health Initiative in April 1999. HCFA's role was to identify and convene appropriate partners and coalitions.

Sustaining
↑

Current Efforts to Conduct Outreach for Children's Health Insurance

HCFA will continue to support the ~~White House and National Governors Association~~ national outreach campaign, Insure Kids Now. HCFA is also working closely with States, Regions, and private partners to conduct outreach for CHIP. ✓

*Timeline
For these
Efforts*

orig. get this from the next page

~~EXAMPLES OF PROJECTS AWAITING BUDGETARY~~

APPROPRIATIONS:

Plans are being finalized to launch a multi-city CHIP outreach and enrollment campaign in fall 1999. This campaign will be conducted through community organizations and the States. The campaign goal is to select 15-20 locations with a high number of uninsured children or hard to reach uninsured children and develop models for successful outreach through State and community group cooperation at the grassroots level. *HCFA is proposing a number of new outreach activities, pending budgetary resources*

HCFA is exploring new and innovative ways to partner with private entities, and will then using these partnerships to complement local state outreach activities. The Agency will continue to provide technical assistance to the Federal Interagency Taskforce for ~~CHIP outreach~~ and is seeking ways to foster relationships with groups such as the American Hospital Association, the March of Dimes, and McDonald's in developing innovative national messages. *HRSA produced CHIP posters and kit have been distributed to HCFA Regional Offices* HCFA continues to work with television networks such as Univision and local stations like Washington D.C.'s ABC affiliate, WJLA, to air CHIP television spots. ✓

*New Activities
to conduct
outreach for
children's health
insurance*

*why is this
here?
goes w/
Fed/state
workings*

- In FY 2000, the Administration's budget proposal allows States to use up to 3 percent of their CHIP allotments for outreach activities while removing outreach expenditures from the 10 percent administrative cap under CHIP. This proposal makes funds available for States to do outreach in FY 2001-2003.
- Another proposal would permit States to expand the use of a special \$500 million Medicaid fund (authorized by the welfare reform statute) now aimed at outreach for children losing welfare, to extend outreach to other children eligible for CHIP. This proposal would also remove the 2000 sunset.

Time Line for These Efforts

Previous page HCFA is planning to conduct these activities during the end of FY 1999 and the beginning of FY 2000. The agency would like to initiate similar activities in FY 2000 to maintain the CHIP outreach momentum.

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

Current year activities have been funded through a combination of HCFA, HRSA, HHS, outside partner funds and in-kind contributions. We are currently working on calculating an approximate cost to sustain a national campaign and estimate we would need approximately \$6 million dollars annually.

New Activities to Conduct Outreach for Children's Health Insurance

See attached "New Strategies" chart.

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

The Hispanic/Latino outreach demonstration is currently funded for only one geographic area. HCFA has requested additional funding to pursue this project in a second site.

*outreach
a number of new strategies
are proposed, including:
Full form*

HEALTH CARE FINANCING ADMINISTRATION		
Activity Description	Progress Notes	Date Completed
1. Establish network of outreach specialists (~~Fall 1998~~)	CO is planning to provide social marketing training with assistance of contractor.	11/98
	CO and RO points of contact were posted on the HCFA webpage.	8/98
	RO's have added or re-assigned staff for outreach (e.g., focusing on Hispanic populations and the aged and disabled).	
2. Develop Regional Interagency Work Groups (~~Beginning in September 1998~~)	HCFA ROs are in the process of convening Interagency Outreach Task Force meetings with other Departments, including additional Federal agencies such as EPA and the Small Business Administration. (See Section for Regional Directors.)	Ongoing
3. Create an on-line clearing house for outreach information (~~Fall 1998~~)	The outreach, benefit, and eligibility components of all State plans are summarized and will be posted on the Internet once approved.	9/98
	Internet links between State Medicaid and CHIP agency homepages have been established.	8/98
	Created on-line clearing house for outreach/enrollment information. Webpage incorporates latest updated reports by states (20) on outreach practices, successes, problems. Sample enrollment applications included. Hyperlinks to other Federal agencies encouraged.	
4. Distribute flyer on outreach to workers (~~Summer 1998~~)	White House flyer with cover letter from the Administrator, has been distributed to all HCFA employees via e-mail.	8/98
	RO's have distributed hard copies of the flyer to HCFA RO staff.	8/98
5. Identify outreach needs of State Medicaid and CHIP officials (~~October 1998~~)	A series of focus groups are planned with State Medicaid, MCH, and CHIP directors.	10/98 -11/98
	RO's have developed or are planning workgroups and task forces focusing on immigrants and minority populations.	8/98

26

HEALTH CARE FINANCING ADMINISTRATION		
Activity Description	Progress Notes	Date Completed
6. Facilitate partnerships between State health and non-health program officials.	Workgroups have been developed with representatives from groups such as Head Start, child welfare agencies and organizations, and CBO's.	Ongoing
	Aggressive partnership building among Federal workers and agencies continues through meetings, workgroups, speeches, conferences related to CHIP, including establishing interagency workgroups mirroring the Interagency Task Force.	
7. Identify and share best practices ~~(Beginning October 1998)~~	Working with APHSA to coordinate identification of best practices being submitted for APHSA and HCFA websites.	9/98
8. Assist States in reducing barriers to enrollment through a Task Force - ~~(Beginning in Summer 1998)~~	A task force comprised of State health agencies, providers, and advocates provided guidance on how to further simplify applications and the enrollment process. A final draft of a letter to State Health Officials is in clearance. It highlights the flexibility States have to simplify the application and enrollment process including clarification of two eligibility-related issues: provision of Social Security numbers for applicants and non-applicant family members; and establishment of immigration status for non-citizens.	8/98
	In partnership with HRSA, HCFA conducted a series of Technical Advisory Panels involving 20 State Medicaid, MCH and CHIP officials to discuss successes in outreach and to provide a forum for exchange of innovative ideas.	
	Conducting conferences, workshops, meetings with eligibility and enrollment staff from States to continue simplifying enrollment process.	
9. Publish articles on children's health insurance coverage ~~(Ongoing)~~	Updates on CHIP approved plans were published in HCFA's <i>Health Watch</i> .	7/11/98
	RO's have published articles about CHIP in local newspapers, senior citizen publications, and congressional constituent newsletters.	Ongoing

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HEALTH CARE FINANCING ADMINISTRATION		
Activity Description	Progress Notes	Date Completed
10. Provide technical assistance to improve cultural competency of outreach efforts (Beginning in Summer 1998).	HCFA will be a principal participant in the upcoming National Conference on Cultural Competency at the NY Academy of Medicine.	
	Activities are in progress to address policy issues affecting diversity in HCFA administered programs.	
	Focus groups have been conducted with Hispanics in California, Arizona, and Florida to further identify the health care needs of this population.	
	A tri-State (MD/VA/DC) pilot project jointly developed by AHA, March of Dimes, and HCFA targeted to minorities is in the production stage and launching is anticipated.	9/98
	A pilot project utilizing culturally competent PSAs for 6 States is in final review.	8/98
	Several RO's have established Latino workgroups.	
11. Outreach to grandparents through Medicare (Beginning in September 1998).	HCFA's Center for Beneficiary Services will include CHIP information through the States Health Assistance Program Grantees.	
	RO's have published CHIP articles in senior citizen publications.	
12. Encourage distribution of CHIP toll-free number (Beginning in Fall 1998).	Toll free number has been pilot tested in eight States, with implementation date of mid-January 1999 for all participating States.	

HEALTH CARE FINANCING ADMINISTRATION		
Activity Description	Progress Notes	Date Completed
13. Work with minority groups to promote outreach (Ongoing) A	Convened National Conference of HBCUs to identify ways in which the HBCUs could assist State Medicaid and CHIP agencies to conduct outreach.	8/13 - 8/14
	RO partnered in LaRaza National Conference. CO designed and conducted special training program on Medicaid/CHIP for members of the National Conference on La Raza.	7/98
	RO's have held consultations with Native American tribes and Hispanic organizations. Formed special workgroup on outreach with the Hispanic Leadership Group to identify strategies to share with States.	Ongoing
	Designed and implemented a Communications Pilot involving radio/tv spots for 6 States, with focus on minority populations. Coordinated a major private/public sector media pilot for DC/VA/MD with AHA, March of Dimes, Safeway.	

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NEW STRATEGIES CHART

DEPARTMENT/AGENCY:		Health Care Financing Administration
STRATEGY: Technical Advisory Panels (TAPS). Initial conferences with State Medicaid, CHIP and MCH Directors were designed to discuss Medicaid/CHIP outreach efforts that work, those that don't and to recommend future TAPS to address problems and recommend solutions. The following TAPS are the beginning of that effort.		ANTICIPATED COMPLETION DATE
NEW STRATEGY: <i>Educating Federal Workers, State Workers, Grantees</i>		
1. TAP to address how to successfully incorporate volunteers in State outreach programs. This TAP would focus on how States can develop partnership relationships with volunteer organizations and build on these partnerships to develop more effective outreach and enrollment approaches.		April 22, 1999 (completed)
2. TAP to address lessons learned from the Chicago Public Schools (CPS) two rounds of special outreach activities. This TAP was charged with reviewing the barriers to implementing the CPS strategy in other sites and the most effective mechanisms for gaining cooperation of school systems and volunteer organizations. In addition, the TAP focused on how best to structure such activity to be effective in reaching and assisting eligible individuals to enroll in CHIP/Medicaid.		May 25, 1999 (completed)
3. TAP to address building trust and developing effective outreach to overcome barriers to enrollment of immigrant populations into Medicaid/CHIP programs. This TAP include up to six States invited to discuss experiences and issues related to outreach and enrollment of immigrant populations. In addition, speakers from immigrant advocacy and assistance groups and the INS addressed issues of trust and targeted programs of outreach and education.		June 9-10, 1999 (completed)
NEW STRATEGY: <i>Educating Families</i>		
See #2 and 3 above. - <i>how does this relate</i>		
NEW STRATEGY: <i>Collaborating with Other Public or Private Partners to Conduct Outreach</i>		
See #s 1, 2, and 3 above.		

*These are completed -
Can't they go
~~under~~
on the
earl. chart*

DEPARTMENT/AGENCY: Health Care Financing Administration	
STRATEGY Hispanic Medicaid/CHIP Outreach Demo <i>state</i>	ANTICIPATED COMPLETION DATE
NEW STRATEGY: <i>Educating Federal Workers, State Workers, Grantees</i>	
4. Organize and facilitate an intensive, focused outreach campaign in a major metropolitan area to demonstrate how States can enroll Hispanic/Latino children into the Medicaid/CHIP programs.	Summer FY '99
5. Work with, and include, Hispanic/Latino advocacy groups and local entities within the community(ies) targeted for outreach. The contractor will establish partnerships with these entities, as well as State and Federal officials responsible for the Medicaid/CHIP programs, to ensure that subject knowledge of the Hispanic/Latino community is obtained, and that there will be maximum participation by community leaders, at the local level in the outreach effort.	Summer FY '99
6. A report will serve as a guide to be used by other States with similar populations to increase enrollment. The target audience for this report will be State Medicaid and CHIP agencies. It will include a statement of the goals of this demonstration, a description of strategies that are successful as well as those that do not work, a detailed description of the methodologies used to increase the enrollment of uninsured children, a description of the partnerships developed at the State and local levels with advocacy groups and other community-based organizations, a detailed description of the specific Hispanic/Latino groups targeted for outreach and the methods chosen to reach those populations. The outcome of this project will be measured quantitatively by enrollment of Hispanic/Latino eligibles.	Fall FY '99 <i>ke long!</i>
NEW STRATEGY: <i>Educating Families</i>	
See # 3 above.	Summer FY '99 through Spring '00
NEW STRATEGY: <i>Collaborating with Other Public or Private Partners to Conduct Outreach</i>	
See # 2 above.	

*where is
Back to
School
Campaign*

3. Health Resources and Services Administration

Mission Statement

The Health Resources and Services Administration (HRSA) directs national health programs which improve the health of the Nation by assuring quality health care to underserved, vulnerable and special-need populations and by promoting appropriate health professions and practice, particularly in primary care and public health.

Focus on Children

✓ ~~Throughout the Department of Health and Human Resources (DHHS), programs are focused on improving the health of the Nation's children.~~ HRSA, the Federal Government's health care "Access Agency," builds systems of care in partnership with communities and States to assure that comprehensive, quality service is available to children and families.

✓ HRSA's strategy for meeting the needs of all children, particularly those who are uninsured and underserved, is built on five ~~time-tested~~ principles:

- ~~Health Care Services Must Be Comprehensive and Coordinated.~~ HRSA promotes a "health home" model of care in which children and families receive health care services from a consistent provider or team. This model ensures that the Nation's children receive the full range of health care services they need to grow healthy and strong.
- ~~Health Care Services Must Be of the Highest Quality.~~ Providing a particular service, such as a diagnosis or a prescribed mode of treatment, often is not enough. Services must be evaluated to ensure that the diagnosis was accurate, that the treatment was effective, and that the child is doing better than he or she was before seeking services.
- ~~Health Care Services Must Be Community-Based.~~ Children must have easy access to services in the community in which they live.
- ~~Health Care Services Must Be Culturally Competent.~~ Language, ethnic differences, and religious beliefs should not prevent a child from receiving high quality health care services that are consistent with his or her cultural needs and expectations.
- ~~Health Care Services Must Be Family Centered.~~ Parents should be active participants in determining what kinds of services fit family needs and how those services should be delivered.

Putting these principles into practice is a daunting task. Nevertheless, HRSA has developed an ambitious portfolio of ~~projects~~ ^{programs}—each of which reflects these essential values. These

cross-cutting programs are administered by HRSA's four bureaus: the Bureau of Health Professions, the Bureau of Primary Health Care (BPHC), the HIV/AIDS Bureau, and the Maternal and Child Health Bureau (MCHB), *and the office of Rural Health Policy.*

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

get FY 99 → HRSA's budget reflects a strong Federal commitment to ensuring the well-being of children. In Fiscal Year 1998, \$1.4 billion was addressed to children's health care needs. The previous year only slightly less, nearly \$1.4 billion, was invested in young people. Out of HRSA's \$3.4 billion *update* budget for Fiscal Year 1997 children's health care represented about 34%.

- In Fiscal Year 1997, HRSA's Maternal and Child Health Services Block Grant Program awarded \$681 million in grants to 59 States and Territories, each of which is required to match \$3 in funds for every \$4 received from HRSA. *Add a line on what MCH funds*
- HRSA's Consolidated Health Centers Program—funded at \$802 million in Fiscal Year 1997, 43 percent of which is dedicated to serving children—is composed of four initiatives: Community Health Centers, Migrant Health Centers, the Health Care for the Homeless Program, and the Health Care for Residents of Public Housing Program. These programs guarantee the delivery of basic health care services, such as prenatal care, immunizations, physical exams, and other preventive health care to children and families who lack access to services, as well as children of migrant and seasonal farmworkers, and children and families who are homeless or are at risk for homelessness.

Together, the Maternal and Child Health Services Block Grant and Consolidated Health Centers Programs awarded nearly 750 grants totaling more than \$1 billion in Fiscal Year 1997 for children's services, enabling communities Nationwide to provide prenatal care, immunizations, and physical exams to more than 14 million children and more than 7 million women of child-bearing age. These grants also increase the availability of school health services and education programs, and specialized health care and support services for children with developmental disabilities or chronic illnesses.

Funding for Outreach for Children's Health Insurance

78 HRSA has spent \$557,000 in FY 1999 for children's health insurance outreach. These funds *450* have been used to support the national outreach media campaign, including national advertising, *15* as well as the outreach efforts of the Federal Interagency Task Force on Children's Health *50* Insurance Outreach. Specifically, *10* these efforts include the development of outreach kits that can *26* be used to train Federal workers to promote children's health insurance to their constituencies *27* and posters to be distributed nationwide that promote the toll-free 1-877-kidsnow hotline. *578*

Programmatic funding is also used to support children's health insurance outreach, including programs such as Health Principal Activities to Educate Government Workers and Grantees About Children's

(81)

Health Insurance

EXAMPLES:

- HRSA has prepared a compendium of outreach practices to be distributed to all HRSA grantees.
- Information about CHIP and outreach for children's health insurance is included in orientation for all new National Health Service Corps providers.
- A letter on eligibility and enrollment was sent to HRSA's 221 rural grantees and to 10 rural State offices.
- HRSA has identified provider organizations' conferences and newsletters to target with outreach information.
- Letters have been sent to HRSA's primary care associations. These groups are now positioning themselves to help monitor CHIP as State programs begin operations. In addition, CHIP presentations have been given at regional Primary Care Association (PCA) meetings.
- HRSA's Bureau of Primary Health Care held an outreach conference entitled "Building Healthy Partnerships: Supporting Community Based Outreach" in June 1998. Over 700 persons attended. The conference focused on financing mechanisms for outreach, policy recommendations, and skills building for outreach workers.
- Information about CHIP and Outreach was a focus at the Association of Maternal and Child Health programs annual meeting which brought States, representatives of Maternal and Child Health (MCH) Schools of Public Health, Adolescent Coordinators, and representatives of CityMatch (Urban MCH programs) together; the Healthy Start annual meeting attended by the leadership of 75 low-income communities and their State and local MCH directors; and Early Head Start and other Maternal and Child Health Bureau (MCHB) sponsored meetings.
- One of MCHB's Partners In Communication, the National Healthy Mothers Healthy Babies Coalition will host its annual meeting in August in Seattle, WA. Attracting providers and advocates from every state, MCHB and various foundations are supporting "scholarships" to allow outreach workers to participate. *Future*
- MCHB's National Center for Education in Maternal and Child Health (NCEMCH) has just released a new report detailing CHIP outreach strategies. "Successful Outreach Strategies" is based on a survey of outreach programs administered by States, community-based organizations and managed care organizations that cover everything from enrolling children to obtaining access to care. A complimentary document describing successful outreach programs in 35 States is on the MCHB website. The "hotlink" from that site to the Healthy Start website leads to tools and curriculums for training outreach workers. MCHB will be working to establish a "web ring" of these outreach sites.

Principal Activities to Educate Families About Children's Health Insurance

EXAMPLES:

- HRSA is working with the Faith Initiative, Healthy Communities, and Healthy Start to build and coordinate community coalitions with a focus on hard-to-reach populations.
- HRSA is expanding the Maternal and Child Health toll-free hotline, including training

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Spanish-speaking operators, to respond to questions about CHIP and Medicaid.

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

EXAMPLES:

- HRSA participated in a project with the Health Care Financing Administration (HCFA) to carry out a series of five meetings examining best practices/barriers to outreach in 20 States. This information will be shared with States.
- Regions V and VII held a multi-agency (HRSA, HCFA, Administration for Children and Families (ACF), others) outreach conference that was attended by more than 400 people. Other regional staff also participated in interagency work groups.
- Community Integrated Service Systems grants will partner MCHB with national organizations having community-based affiliates.

\$ amount

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

To sustain current efforts, HRSA will continue to outreach to partners; stakeholders; Federal, State and local employees.

EXAMPLES:

- HRSA will distribute 2775 outreach kits and ¹⁰⁰90,000 posters to members of the Federal Interagency Task Force on Children's Health Insurance Outreach and to various private partners who are participating in the outreach effort. *These materials have been placed on the ITR + HHS website.*
- HRSA's Bureau of Primary Health Care has charged every State/Regional Primary Care Association (PCA) with the responsibility of working with members to ensure that the BPHC-supported programs in their States are effective participants in the design, development, implementation and operation of CHIP. These programs are also required to demonstrate that they serve significant numbers of children covered by CHIP and that they provide high quality, cost-effective care to low-income and uninsured children.

Time Inv for these activities

New Activities to Conduct Outreach for Children's Health Insurance

EXAMPLES:

- The Office of Rural Health Policy (ORHP) is working with a group of 13 State Offices of Rural Health to share data and outreach strategies for rural communities.
- MCHB will be creating a "web ring" of Internet sites with tools and curriculum to train outreach workers in 35 states. MCHB will also be awarding two new grants to focus on CHIP in border communities.
- Later in 1999 HRSA will assume responsibility for the toll-free 1-877-kidsnow hotline which provides CHIP/Medicaid information to callers anywhere in the country.
- The Rural Information Center for Health Services is developing a compendium of rural outreach strategies and materials to respond to inquiries about State CHIP programs.

MKB - add

In its FY 2001 Budget

- HRSA is proposing to create a new grant program to assist in outreach efforts in difficult to reach communities and for vulnerable ~~populations~~ or underserved populations.
- With AHCPR and others, HRSA will develop a methodology for conducting an "environmental scan" of the effectiveness of outreach practices.

Resources Needed to Initiate New Efforts

HRSA will fund ~~the~~ "DHHS" "take over" of the toll free hotline. Other activities will be carried out with programmatic activities.

July

22

HEALTH RESOURCES AND SERVICES ADMINISTRATION		
Activity Description	Progress Notes	Date Completed
1. Convene Regional meetings with other Federal workers, particularly ACF (Ongoing) <i>A</i>	Most of the Regional offices have established an interagency workgroup, either coordinated by the Regional Director, or convened by HCFA/HRSA. A number of activities have been carried out by these groups. The Regional Directors have formally proposed establishing an interagency workgroup in all Regions (See Regional Director).	9/8/98
	Information about CHIP and Outreach was a focus at the Association of Maternal and Child Health programs annual meeting which brought the states, representatives of MCH Schools of Public Health, Adolescent Coordinators, and representatives of CityMatch (Urban MCH programs) together, the Healthy Start annual meeting which brought the leadership from 75 low-income communities and their state and local MCH directors together as well as Early Head Start and other MCHB sponsored meetings.	10/98 - 4/99
2. Train providers on outreach including the National Health Service Corps and Area Health Education Centers that train 21,000 students and 50,000 health providers (July 1998). <i>26</i>	Regions V and VII held a multi-agency (HRSA, HCFA, ACF, others) outreach conference that was attended by more than 400 people. Other regional staff participated in interagency work groups.	4/8 - 4/9/98
	<i>Have been</i> HRSA has identified provider organizations, conferences and newsletters to target with outreach information. Draft articles for newsletters and speech blocks ~~will be~~ developed.	<i>Ongoing</i>
	Flyers have been distributed to AHEC program directors; AHEC's board of directors has identified a liaison for outreach activities. A bulletin was prepared to describe successful AHEC outreach activities	6/98
	Information about CHIP and outreach for children's health insurance is included in orientation for all new National Health Service Corps providers.	Ongoing
HEALTH RESOURCES AND SERVICES ADMINISTRATION		

Activity Description	Progress Notes	Date Completed
3. Distribute best practices in coordination between insurance and Maternal and Child Health programs (Ongoing).	Lewin Report on the relationship between Title V programs and State CHIP programs completed and distributed.	8/1/98
	MCHB has held bimonthly conference calls with State Title V directors about CHIP and outreach activities.	Ongoing
	HRSA has prepared a compendium of outreach practices to be distributed to all HRSA grantees.	<i>Ongoing</i>
	MCHB's National Center for Education in Maternal and Child Health (NCEMCH) has just released a new report examining CHIP outreach strategies. "Successful Outreach Strategies" is based on a survey of outreach programs administered by States, community-based organizations and managed care organizations ranging from enrolling children to obtaining access to care. A complimentary document describing successful outreach programs for 35 States is on the MCHB website. The hotlink from that site to the Healthy Start website leads to tools and curriculums for training outreach workers. MCHB will be working to establish a "web ring" of these outreach sites.	Ongoing
	HRSA participated in a project with HCFA to carry out a series of 5 meetings examining best practices/barriers to outreach in 20 States. Information will be shared with States.	<i>Completed</i>
HEALTH RESOURCES AND SERVICES ADMINISTRATION		

7. Valencia

Activity Description	Progress Notes	Date Completed
5. Broaden technical assistance to grantees and community-based organizations (Beginning in June 1998)	HRSA is conducting a needs assessment to assess current outreach strategies in place to avoid duplication of efforts and to identify gaps in outreach strategies (8/27/98).	Ongoing
	HRSA has sent information on CHIP and Homeless Children to 128 Healthcare for the Homeless grantees.	Completed
	Community Integrated Service Systems grants will partner MCHB with national organizations having community-based affiliates.	4/1/99 to ongoing
	HRSA has sent a letter to 127 Migrant Health Centers providing information on CHIP outreach. The centers are being polled to determine how they have become involved with the development and implementation of State CHIP programs.	Completed
	Letters have been sent to HRSA's PCAs. These groups are now positioning themselves to help monitor CHIP as the State programs get up and running. In addition, CHIP presentations have been given at regional primary care association meetings.	Completed
	HRSA's Border Health Program has worked with grantees to educate them about CHIP opportunities.	Ongoing
	Healthy Start program targeted TA and funds to its grantees to support coordination with State/local MCH agencies and CHIP programs.	Ongoing
	Children with Special Health Care Needs (CSHCN) division presented to grantees on CHIP, worked with Family Voices network on CHIP.	Ongoing
HEALTH RESOURCES AND SERVICES ADMINISTRATION		

Maribel -
email

58

Activity Description	Progress Notes	Date Completed
6. Require Ryan White grantees to educate staff about Medicaid and CHIP (August 1998) -	Policy Directive completed.	10/31/98
7. Send letter to 221 rural grantees to encourage them to get involved in State outreach plans (June 1998)	Letter on eligibility and enrollment was sent to 221 rural grantees and to 10 rural State offices. Followed up with an informal assessment of current CHIP activities that yielded 25 responses. This activity yielded a range of rural outreach models that have been shared with other rural health advocates. Other: ORHP worked with the Center for Health Policy at George Mason University to hold a Capital Area Rural Health Roundtable event April 28 that focused on the impact of the CHIP program on rural areas. The forum included presentations on rural outreach, successful models and other challenges and opportunities presented by CHIP. This event was attended by more than 60 Washington-area association representatives and Capitol Hill staffers.	6/30/98
9. Build and coordinate community coalitions with a focus on hard-to-reach populations (Beginning in June 1998) -	HRSA is collecting information on all of its partners and advocacy groups. A list serve is being assembled to coordinate mass mailings to: Faith Initiative Healthy Communities Healthy Start	ongoing
HEALTH RESOURCES AND SERVICES ADMINISTRATION		

Activity Description	Progress Notes	Date Completed
10. Work with border community programs on outreach (FY 1999). 1	A bi-regional CHIP conference for outreach workers located in border communities is being planned.	Completed 5/99
	A demonstration project that will conduct outreach activities to enroll children in CHIP and Medicaid is planned. Currently soliciting pre-proposals and identifying dollars.	
	Two new grants will be award by MCHB to focus on Border CHIP; the Healthy Start program also focused on Border communities.	
	A national conference is planned to provide CHIP training in conjunction with the National Association of Lay Community Health Workers.	
11. Train outreach workers in Empowerment Zones and Enterprise Communities' health centers.	HRSA is working to identify the appropriate site for this activity.	~~8/99~~ Ongoing
12. Refer Title V and Healthy Start toll-free hotline callers to CHIP / Medicaid information services.	Discussions are underway to explore expansion of HRSA's MCH hotline, including training Spanish-speaking operators to respond to questions about CHIP.	Ongoing

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NEW STRATEGIES CHART

DEPARTMENT/AGENCY: <i>NI</i> Health Resources and Services Administration	
STRATEGY	ANTICIPATED COMPLETION DATE
NEW STRATEGY: <i>Educating Federal Workers, State Workers, Grantees</i>	
1. ORHP is working with a group of 13 State offices of rural health. The offices are sharing data and outreach strategies for rural communities and gathering together for quarterly conference calls.	Ongoing
2. A document describing successful outreach programs for 35 States is on the MCHB website. The "hotlink" from that site to the Healthy Start website leads to tools and curriculums for training outreach workers. MCHB will be working to establish a "web ring" of these outreach sites.	9/1/99
3. Community Integrated Service Systems grants will partner MCHB for four years with national organizations having community-based affiliates in a Child Health Insurance Program Partnership to foster quality systems of care for children in CHIP.	4/1/99
NEW STRATEGY: <i>Educating Families</i>	

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date*

4. Two new grants will be awarded by MCHB to focus on CHIP in Border communities, and the Healthy Start program had a funding preference for Border communities this year.	7/1/99
5. HRSA ~~(OFA/MCHB/DPHIC)~~ is in the preliminary stages of development for a grant program supporting community-based outreach <i>for hard to reach or underserved population</i>	<i>FY 2001</i>
✓ 6. HRSA will take over responsibility for the toll-free 1-877-KIDSNOW hotline from the NGA. This hotline provides information to callers from anywhere in the country on their ~~State's~~ CHIP and Medicaid programs.	10/99
NEW STRATEGY: Collaborating with Other Public or Private Partners to Conduct Outreach	
7. The Rural Information Center for Health Services, a 1-800 telephone referral and information dissemination service, is developing a compendium of rural outreach strategies and materials to respond to inquiries about State CHIP programs.	Ongoing
8. The Office of Rural Health Policy is working with the Strategic Change Initiative of the National Rural Development Partnership to promote Rural CHIP Outreach at the community level. ORHP and this group also collaborated on a public service announcement on rural CHIP outreach that will be distributed to newspapers across the country through the North American Precis Syndicate.	Ongoing

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9. HRSA, with AHCPR and others will develop a methodology for conducting an "environmental scan" of the effectiveness of outreach strategies

4. The Administration for Children and Families

Mission Statement

✓ The Administration for Children and Families (ACF), within the Department of Health and ✓ Human Services (HHS), promotes the economic and social well-being of families, children, individuals, and communities. Through its federal leadership, ACF fosters: 1) the safety and healthy development of children; 2) the empowerment of individuals and families, with a strong commitment to special populations; and 3) the development of strong, healthy, supportive communities.

Focus on Children

ACF programs are targeted to meeting the needs of children and families. ACF operates several programs that are primarily child-focused, such as: child care, Head Start, child welfare, and runaway and homeless youth services. Moreover, programs such as Temporary Assistance for Needy Families (TANF) and Child Support Enforcement are designed to ensure that parents have adequate resources to be able to care for their children, and the Office of Community Services works to strengthen the communities in which children and families live. Finally, ACF also operates programs that address the needs of specific populations — including children — such as Native Americans, refugees and individuals with developmental disabilities. (For more details, see brief descriptions of programs in answer below).

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

In FY99, ACF will spend more than \$43 billion on children (including \$13.4 billion collected through Child Support Enforcement). Although many of these investments support children's healthy development and help ensure their health and safety, it is difficult to break out a separate figure for children's health investments. Investments by program are shown below:

- **Child Care (\$3.2 billion):** provides funds to States, Tribes and Territories to assist low-income families and those transitioning off public assistance to obtain child care that is safe, healthy and affordable to enable parents to work or attend training/education programs.
Target population: Children under the age of 13 for whom family income does not exceed 85% of the State median income, youth under court supervision and older youth (to age 19) who are mentally and/or physically challenged. and all youth under court supervision, older youth that are mentally and/or physically challenged to the age of 19. (*serving older youth, over age 13 is a State option) Approximately 1.25 million children are regularly served by the child care subsidy program.*
- **Child Support/IV-D Program (\$13.4 billion collected):** locates parents, establishes paternity and support obligations and modifies and enforces those obligations (to assure

financial support is available to children) through State agencies that administer the program.

Target population: Nationwide, approximately 13 million children are benefiting from child support payments by a non-custodial parent.

- **Child Welfare (\$641 million):** funds State programs that provide services focused at assisting at-risk children and their families in achieving the best and most appropriate outcomes for the children: preventive intervention services to strengthen the family unit; services to move children more rapidly from foster care to safe, permanent homes; and reunification services to facilitate the return home of the child if in the child's best interest.

Target population: All children, newborns to 18 years of age that may be at risk for abuse and/or neglect. It is estimated that 2.8 million children are at-risk of abuse or neglect.

- **Foster Care (\$3.98 billion)/Adoption programs (\$914 million)/Independent Living (\$70 million):** for children who cannot remain safely in their homes, foster care provides a stable environment that assures a child's safety and well-being while their parents attempt to resolve the problems that led to the out-of-home placement or when the family cannot be reunified, until the child can be placed permanently with an adoptive family. Independent Living programs provide education and employment assistance, training in daily skills, and individual and group counseling to youth reaching adulthood.

Target population: All children that are in foster care (foster care/adoption) and teenagers who were or are in foster care ages 16+ (Independent Living). Approximately 500,000 children and youth are in foster care; more than 31,000 are adopted each year; and 84,000 are served by the Independent Living Program.

- **Head Start/Early Head Start (\$4.66 billion):** provides comprehensive child development services to children and families, primarily for preschoolers from low-income families through grants to local, public and private nonprofit agencies.

Target population: Low income, pre-school children; Head Start serves children ages three to five, while Early Head Start provides some prenatal services and serves children from birth to age three. There are currently 837,500 children being served by Head Start, with 38,400 of these in Early Head Start. At least 10% of the enrollment opportunities in each program are made available to children with disabilities.

- **Temporary Assistance for Needy Families (\$16.5 billion):** promotes work, responsibility and self-sufficiency and strengthens families through funding of State-designed and administered programs that provide support to needy children and help move their parents into work.

Target population: All families that meet States' new public assistance criteria.

- **Youth Programs (\$73.6 million):** provide support services through local agencies to meet the needs of runaway, homeless and street youth through street outreach, shelters, counseling and transitional living programs to provide alternate activities give them the

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tools they need to successfully move into independent adulthood. ACF's youth programs also promote positive youth development activities to help prevent high-risk behavior for at-risk youth.

Target population: Runaway, homeless and street youth to ages 11 through 18 (approximately 83,000 per year).

Funding for Outreach for Children's Health Insurance

While ACF did not have a separate set of funds for CHIP outreach, individual programs and regional offices have been resourceful in their outreach activities, incorporating CHIP presentations into regularly scheduled ACF conferences and discussing CHIP during site visits related to ACF programs, (e.g., Child Care, TANF, Child Support). As such, there is no exact figure reflecting the cost of printing and material dissemination, travel to conferences/site visits during which outreach occurred, and the significant investment of staff time; however, an estimate based on various reports from the programs and regional offices would be about \$15,000 (not including staff time). One specific investment that can be documented is the investment of \$5,600 to purchase HRSA "Insure Kids Now" outreach kits, in order to equip program offices, regions and contractors to get the message out about helping eligible families access children's health insurance. Also, the Administration of Native Americans (ANA) provided \$60,000 in grant funding to five technical assistance providers to develop CHIP outreach materials and strategies for tribal communities.

Other investments related to CHIP include the allocation of over \$100,000 of Office of Child Support Enforcement (OCSE) funds, in addition to staff time, for the Medical Child Support Working Group (jointly formed by the Secretaries of HHS and Labor), which involves public and private partners in an effort to ensure the effective enforcement of medical support by State IV-D agencies. Also, the Administration of Developmental Disabilities provided a \$100,000 grant to fund the Developmental Disabilities Institute at Wayne State University in Detroit, Michigan to do a demonstration project, with TA and research components, regarding the effects of welfare reform and CHIP on families whose children have significant disabilities.

Principal Activities to Educate Government Workers and Grantees About Children's Health Insurance (Provide 1-3 of ACF's best examples with numbers)

Over the past year, ACF's principal activities to educate federal and state workers and grantees about CHIP included: 1) organizing internal staff briefings (often utilizing HCFA and HRSA staff); 2) letters to State administrators and grantees; 3) the development and distribution of guidebooks and monographs; 4) presentations and distribution of CHIP materials at meetings and conferences; 5) the provision of information and technical assistance to States and local communities through site visits or State meetings; and 6) general education efforts (newsletters, newspaper articles, monographs on special topics).

EXAMPLES:

- ACF's Region VI Mid-Winter conference held in Dallas in January 1999 had a CHIP session and CHIP literature available to participants. There was representation from all

of the ACF programs, as well as representatives from HRSA and HCFA and the medical community. Invitations were sent out to more than 3,000 and there were more than 2,000 attendees, the majority of whom represented local programs such as Head Starts, Early Head Starts and Community Action Agencies.

- The Child Care Bureau worked closely with the Health Care Finance Administration to develop the Medicaid Child Care Guide: Partners for Healthy Children. The Guide assists child care administrators in outreach activities to enroll children in Medicaid and other public health insurance programs, such as CHIP. The Guide was published in July 1998 and disseminated to more than 3,000 child care administrators, State Medicaid Offices and other child care and health related organizations. The guide includes examples of child health insurance outreach that individual states and communities have developed for reaching parents. The guide also provides examples of various activities that child care programs can do to enroll eligible children in public health insurance programs.
- ACF's Region IV office publishes a quarterly newsletter, The ACF Informer, which is distributed to State TANF, Child Care, Child Support, and Child Welfare staffs; all Head Start grantees, as well as Regional ACF staff and other Federal agencies (e.g., HCFA, SSA, DOL, DOE). It is also distributed to the Developmental Disability Councils in each State. Each issue includes information on CHIP and the latest updated information. A total of 400 newsletters are distributed quarterly.

Principal Activities to Educate Families About Children's Health Insurance

While ACF has primarily focused on educating Federal and State workers and grantees, outreach directly to families has occurred through: 1) Head Start conference presentations and dissemination of materials through Head Start centers; 2) Regional Office support for local outreach initiatives; and 3) Federal dissemination of Insure Kids Now posters throughout the ACF direct service network.

EXAMPLES:

In 1998, ACF's Region I Office served as a sponsor of the first annual "Dads Make a Difference" Fathers Day event on Boston Common, where ACF arranged for information about Massachusetts' Medicaid and CHIP programs to be included in the 3,000+ "goodie bags" that were distributed at the event.

In October 1998, ACF's Region II Office coordinated the "We Care About Children and Families!" Information Day, with fourteen Federal agencies staffing booths and distributing information to 400+ individuals.

Plans to disseminate to
ACF is awaiting a shipment of the CHIP outreach poster designed and printed by HRSA to disseminate it to 17,000 Head Start centers, 450 runaway and homeless youth programs, and 250 child welfare/family support programs, as well as hundreds of Community Action Agencies and other places in the ACF network where families can be reached with the CHIP message.

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

ACF participates in interagency CHIP outreach taskforces both in the Central Office and in the Regions. This has not only fostered information sharing across Departments, but has also led to joint initiatives. There have also been outreach efforts to draw in private partners. ✓

EXAMPLES:

- Through coordination efforts with HCFA and HRSA, ACF's Region VI was able to provide comprehensive training, roundtable discussions, literature and follow-up information to local service providers consisting of 124 Community Action Agencies covering every county and Parish in the Region, over 200 Head Start/EHS programs, and the Tribal programs within the Region. Through these efforts, Regional staff assisted in the development of promotional activities, promoted local agency attendance at State conferences and meetings addressing CHIP, educated the local providers on the CHIP program in their State, and above all promoted the inclusion of these local programs as important outreach sites for families in need of CHIP services in discussions with the State agencies. As a result, all the local programs provide literature regarding CHIP at their sites and assist applicants. In addition, two states — Oklahoma and Louisiana — reimburse the Community Action Agencies and Head Starts to assist applicants in completing their applications. ✓
- The Child Care Bureau continues to partner with the ^{HRSA's} Maternal and Child Health Bureau and the American Academy of Pediatrics to promote the activities of the Healthy Child Care America (HCCA) Campaign. The HCCA promotes collaboration between child care and health at the State and local level. Fifty-one States/Territories have successfully launched Healthy Child Care America Campaigns. Information and technical assistance is provided through a dedicated toll free number staffed by personnel from the American Academy of Pediatrics. One of the 10 action steps of the Campaign is to enroll eligible children in available public or private health insurance, and this is a major focus of a number of the State campaigns. For example, States are: promoting the use of child care as an access point to enroll children in health insurance programs; using Child Care Resource and Referral Agencies as places where parents and child care providers can get information about CHIP and Medicaid; funding local public health agencies to conduct outreach and enrollment activities; and training child care providers on presumptive eligibility. ✓

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

and related outreach activities
CHIP will remain a key issue for joint planning with other agencies and Departments, States, Tribes and grantees, both in the context of participation in CHIP working groups and in broader programmatic discussions. ACF plans to continue ongoing education on CHIP (both internal and external), information dissemination, technical assistance and support for State, local and Tribal outreach initiatives. ACF will also continue to work with its various networks (Head Start

Centers, runaway and homeless youth centers, Developmental Disability Councils, etc.) to get the word out about CHIP and help enroll eligible children.

EXAMPLES:

- Distribution of posters to every Head Start center, as well as Community Action Agencies, family preservation and support programs, youth shelters and other ACF grantees.
- Distribution of the Center on Budget and Policy Priorities' ^(CBPP) Health Insurance Outreach Kit to all 50 States, plus the Territories and 250 Tribal Child Care and Development Fund grantees through the Child Care Bureau's clearinghouse.
- Distribution of more than 100 CHIP outreach kits throughout the ACF network (primarily to the Head Start State Collaboration Offices and Head Start training and technical assistance providers), to ensure that federal and state staff and key contractors will have appropriate materials to make effective presentations on accessing children's health insurance. ✓
- The Administration of Native Americans (ANA) has started making a series of calls to States to assess whether or not States have included provisions for outreach to Native Americans and raise awareness about the need for specialized outreach.
- Region IV is holding a Head Start Teleconference that will focus on innovative strategies to increase health insurance coverage for the thousands of uninsured children in the Southeast. The satellite broadcast from the Georgia Public Television (GPTV) station in Atlanta will include Head Start Directors, Policy Council members, Boards of Directors, and Health Services Advisory Committee members. Community health service providers are also invited to participate in this interactive teleconference. An estimated 300 participants will be linking into the broadcast in addition to over 200 in the studio audience.

Time Line for These Efforts

Most plans are ongoing activities.

Central Office Activities:

- The Insure Kids Now kits and posters will go out in Spring 1999.
- The CBPP kits will go out to Child Care grantees in April 1999.
- ANA report to be completed April 10, 1999.

Regional Activities:

- Region II: Monograph on immigrant populations has been completed; timeframes are now being determined for the monographs on the homeless and migrant workers.
- Region IV: Health Teleconference (April 7, 1999)

Resources Necessary to Sustain Current Efforts