



ADVOCACY & BENEFITS COUNSELING FOR HEALTH

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Annual Progress Report

<i>Project</i>	Covering Kids Wisconsin
<i>National Program</i>	Covering Kids
<i>Robert Wood Johnson Foundation Grant ID</i>	35757
<i>Dates Covered</i>	July 1, 2000 – June 30, 2001
<i>Submitted</i>	July 31, 2001



1) What were the project's objectives and how has the project met them in this year?

Project Component: Statewide Project (SP)

Goal SP-A

Work towards solutions to eligibility and enrollment problems faced by families applying for Medicaid/BadgerCare throughout Wisconsin in collaboration with the State officials, county workers, eligible families, providers of health care, community workers, and other stakeholders.

Objective SP-A1:

Coordinate activity of the Statewide Coalition as representatives work collaboratively to address systemic problems.

The Statewide Coalition maintained its regular schedule of three meetings per year while expanding the March and June meetings into public educational forums. The addition of an open forum to these meetings raised public awareness of the Covering Kids project and the mission of its coalitions, while also bringing in new coalition members.

Coalition members include a core group of individuals and agencies who attend regularly and sustain the activities of the coalition's four workgroups, plus a wide array of other members who attend intermittently, but are generally attentive to project activities and appreciate being kept informed of the coalition's discussion at meetings. Three of the four workgroups (Outreach, Training & Education, Data & Evaluation) serve largely as advisory bodies, helping set the direction for important Covering Kids products and services—such as the Family Health Care Access Kit, Outreach Forums, and Children's Health Care Coverage Workshops series—while ensuring that they support and are informed by the policy concerns and goals of the coalition as a whole. The main engine for policy monitoring and reform is the Simplification & Coordination Workgroup. This workgroup is the locus of discussion of enrollment barriers and simplification ideas borne from the pilots' local coalitions and client service activities, and public input solicited at Covering Kids-sponsored events.

Over the past year, this workgroup has focused on integrating simplification issues from a variety sources, compiling these into a master tracking list, and settling on action priorities. These priorities were then articulated in the Covering Kids Wisconsin *Five Point Plan for Health Care Access*, which was featured at the March coalition meeting and the public Forum on Health Care Access preceding it. This event drew roughly 100 advocates, legislative staff, policymakers, and media for discussion among legislators on the Five Point Plan and the future of BadgerCare.

The Workgroup is a forum for discussion and review of State simplification initiatives, such as:

- the creation of a new simplified Medicaid/BadgerCare application form and process allowing self-declaration of income and requiring fewer verifications.
- correcting a notoriously bewildering computerized client notices system that leaves many applicants unsure about the result of the applications and what they need to do to apply or maintain coverage.
- correcting programming errors in the CARES computerized eligibility determination and reenrollment system that have resulted in people incorrectly losing coverage.

The coalition's active review in the State's simplification efforts has resulted in substantial involvement in implementing and evaluating the new application process. Covering Kids agencies are piloting the application form with clients and will also be managing an evaluation of process and outcomes for individuals using the form, the agencies helping them, and the economic support offices processing the forms.

The Workgroup also continues to track several issues with statewide scope, several of which are also recurring themes in the pilot coalitions:

- Access to dental care is a major problem throughout the state. The few providers who do accept Medicaid/BadgerCare have very long waiting lists or have reached the maximum number of patients they will see.
- Many pharmacies will not honor presumptive eligibility cards and will not provide prescriptions until the patient's coverage shows in the EDS system.
- People continue to feel that they are being treated poorly by some county workers, providers, and child support agencies.. The coalition members support the idea of providing mandatory customer service/sensitivity training for all county employees.
- A considerable number of people will not apply due to the child support referral and spectre of lying-in cost collection.

Goal SP-B

Enhance the willingness and capacity of people in contact with uninsured children to inform and assist them in enrolling for free or low-cost health care coverage

Objective SP-B1:

Provide regular educational programs for a variety of audiences on eligibility and enrollment for Medicaid, BadgerCare and other health care coverage programs for uninsured children.

The statewide project sponsored two regional workshop series this year that reached more than 525 people from 278 organizations representing 56 out of Wisconsin's 72 counties. Both the Fall and Spring Children's Health Care Coverage Workshops series were evaluated very positively by participants. They especially liked the project's shift towards interactive learning methods using case scenarios to focus discussion and put complex content into a more practical and realistic context. Participants also appreciated the variety of training tracks offered, from introductory sessions on Medicaid and BadgerCare to "Case Stumpers" for experienced advocates. Our new training approach also promotes discussion of local resources, problems and opportunities, and thus serves to promote local connections and coalition-building.

Additional workshops were provided at the request of local groups seeking to expand their understanding of eligibility strategies and barriers or address a particular community concern. Examples of these include: a training for a teen parenting coalition in Green Bay focused on eligibility issues for minors, 18-year olds and pregnant teens; a workshop bringing together public health staff, community advocates, and economic support staff in the county with the worst BadgerCare enrollment record in the state (where enrollment barriers and process problems were discussed); and an in-depth training for a newly-hired health care advocate in a community health clinic. All of these training events are establishing a critical framework for a network of application assistance sites and local advocacy resources for low-income families seeking health care coverage.

Ongoing information exchange and participation in the growing Covering Kids network is facilitated by collecting "Stay in the Loop" cards at all workshops, which allow participants to sign up for Covering Kids newsletters and also identify the aspects of Covering Kids in which they would like to actively participate. The fledgling web-based SafetyExchange bulletin board mentioned in last year's report is no more, victim of a website crash and a prior history of underutilization that counseled against investing the effort needed to rebuild it.

Objective SP-B2:

Provide up-to-date information on Covering Kids project activities, current eligibility and enrollment policies for Medicaid, BadgerCare and other insurance programs benefiting children, advocacy and outreach ideas to help enroll children in coverage programs and updates on any changes in enrollment and eligibility policies.

The principle information resources offered by the project are its print and email newsletters and website. Staff have devoted considerable effort this past year towards refining these resources to enhance their value to users.

In September 2000 the Covering Kids Wisconsin newsletter was renamed (from the *SafetyLine Newsletter* to *Kids Coverage Monitor*) and redesigned in ways that have made it easier to read and a more practical tool for health professionals and advocates. In addition to the new title, the *Monitor* has been shortened to four pages and moved to a bimonthly publication schedule. It has a regular insert, the Consumer Health Care Financing Update, which summarizes key information from the previous month's *Weekly Updates* for readers who do not have email. The *Monitor* is wrapped in the *In Touch* for mailing. This piece of the newsletter package collects information about upcoming events and local projects related to Covering Kids Wisconsin in a format that makes it easy for readers to post, then toss when no longer current.

The editorial committee for the *Monitor* now selects a theme for each issue. This has worked well in the first half of 2001, by first focusing on an overview of BadgerCare as it came up for budget reconsideration; spreading the word on the Covering Kids Wisconsin Five Point Plan to improve health care access; and most recently covering the progress in school-based outreach in several parts of the state in anticipation of back-to-school outreach opportunities for fall.

The first issue of *Kids Coverage Monitor* was mailed to 551 subscribers. There have been five issues in the redesigned format, and in this time the mailing list has more than doubled to 1265. Circulation of the email *Weekly Update* newsletter has likewise grown, from 250 in July 2000 to more than 350 this July. Both newsletters are routinely posted on the website and the *Weekly Update* archive has been made searchable to render it more useful to online readers.

Other website refinements have taken place largely "behind the scenes." A major overhaul of web file directory structure was undertaken to make site management more efficient. Also in the interests of efficiency, project staff working on developing and testing database-driven content delivery solutions using ASPs, in anticipation of adding more complex content associated with an online curriculum. Website traffic has grown during the year, from 1660 visitors per month reported last year to between 5000 and 8000 per month this year.

Objective SP-B3:

Provide appropriate informational material to community resources that will aid them in assisting individuals with uninsured children.

The family health care access kit has received a good deal of project attention in this year. The members of the Education and Training workgroup have made up the core working committee for the kit. Additional input has been incorporated from pilot projects and county economic support workers. This diverse working partnership has resulted in a slower development schedule than originally planned, but has also been a real asset as Wisconsin's mail-in application and reduced verification process went first into pilot and then statewide on July 1.

Wisconsin's BadgerCare waiver was issued as one of the last acts of the Clinton administration. Provisions of the waiver required a simplified enrollment process with a mail-in application. This change has created new opportunities and a renewed sense of purpose and direction not only for the access and outreach kits, but for the training program as well. It has also meant that planning for and design of the access kit required an overhaul as the need to refocus became clear.

In pilots of the mail-in application, sites around the state quickly learned that families would need application assistance from community-based organizations if applications were to be completed correctly. Having trained over 1100 individuals in the last two years, Covering Kids Wisconsin is

uniquely placed to provide the additional training and tools now needed by providers and advocates. We are also hopeful that our efforts will reduce the number of problems that families experience as the new program is implemented statewide.

The family kit, entitled *3 Steps to Family Health Care Coverage*, has now been reviewed by state agencies, county support workers, providers, advocates, the state enrollment contractor, and is going into pilot with families this week. It has information on how to apply for coverage, how to enroll in an HMO, and how to maintain coverage. There are advocacy tips and record keeping charts packaged in a plastic file to help families keep and organize their health records. There is also a magnet with key enrollment and advocacy phone numbers.

The kit will be distributed to providers and advocates who are prepared to help families with application assistance. These organizations will receive training and The Covering Kids Health Care Coverage Guide, a compilation of program information and advocacy tips. The Guide replaces the media kit and video identified in the original project workplan, and will include program overviews, eligibility guides, line-by-line advocacy tips on completing the mail-in application, program fact sheets, additional resources guides, contact information for key agencies in the state, and more. It will be provided to anyone interested in taking the training and providing help directly to families. There will be additional support materials on the ABC for Health website both to provide updates and links to additional information. The access kits and guides will be distributed in a statewide event, the Covering Kids BadgerCare Express, currently being planned for October.

Goal SP-C

Maintain effectiveness and timeliness of project interventions, and evaluate implementation and impact of project.

Objective SP-C1:

Manage staff and workloads to maintain progress on workplan activities, and ensure collection of information necessary for evaluation of project implementation and impact.

All Covering Kids project staff (statewide project, pilot projects, outreach contractor, and evaluation consultant) meet monthly via conference call to monitor workplan progress and plan project activities and products, including newsletters, educational programs, and outreach products. Pilot projects regularly submit their local coalition minutes, outreach materials, training materials, training evaluation summaries, and client service data to the project coordinator, Alice Porter, and evaluation consultant, Roberta Riportella-Muller. Any gaps in information collection are identified when the quarterly progress report is prepared. The project coordinator and evaluation consultant also meet regularly to track progress on evaluation initiatives.

Objective SP-C2:

Develop and implement evaluation plan, and analyze data collected to assess project performance and impact.

Several evaluation initiatives addressing the process, impact, and outcomes of the Covering Kids project are in progress, under the guidance of the evaluation consultant. All partners routinely collect participant surveys at training events and outreach forums and are continually attentive to incorporating feedback received at these trainings into their plans for future events. In addition, the statewide project has undertaken a follow-up survey of statewide training participants roughly six months after the event to test lasting impact of the event on participant knowledge and behavior. Analysis of responses to the follow-up survey is not yet complete, but the influence of these trainings is clear. The laudatory remarks attest to the lasting influence of the training. Some participants report being very new to BadgerCare information, others were more seasoned professionals. Yet all were very grateful for the new information shared, found that information to be useful to clients, and report being more confident in dealing with clients because of attendance at the training. Of additional note is the encouragement given to the

project to continue these trainings, and to consider ways to foster a statewide network to deal with broader issues around children's health policy.

Another component of the evaluation plan that was completed this year is the key informant interview surveying expectations and experiences with BadgerCare implementation. A report and analysis of the interview is in preparation.

A major component of the evaluation design is to track members of BadgerCare families from the time of application through final determination and through years on and off the eligibility rolls. We have negotiated with one of our partners, the State of Wisconsin, Division of Health Care Financing, to access data in their CARES system, a computerized application and eligibility determination system used for Medicaid and BadgerCare in Wisconsin. Access to this database will allow us: 1) to track the enrollment by counties and regions, looking for patterns of approval and denial; 2) to get a more detailed reading on who these families are and what their experiences are over time with public health insurance for their family members; and 3) to see if the enhanced outreach provided by our pilot sites leads to a greater chance of successful enrollment, given similar family characteristics. To date discussions on the specifics of how we can obtain the needed information from this very large and cumbersome database are still underway, though quite hopeful. We intend to go back to the date of program initiation, July 1999, and then move forward.

The pilot projects collect intake and outcomes data on the families who request one-on-one assistance with application or problem resolution as a result of their Covering Kids outreach or through funded interventions (i.e., Community Advocate's MedLine and Marshfield Clinic's Covering Kids Outreach Assistant). The statewide project also collects client services data for its problem resolution services supported with State expansion contract funding. These data have not yet been analyzed, in part because we had hoped to link the pilot site data with CARES data for a more accurate and detailed picture of outcomes.

Project Component: Milwaukee Pilot (MP)

Goal MP-A

Work towards solutions to eligibility and enrollment problems faced by families applying for Medicaid/BadgerCare in Milwaukee County in collaboration with the County, State, eligible families, providers of health care, community workers, and other stakeholders

Objective MP-A1:

Convene and staff Milwaukee Pilot Work Group with diverse representation to work on developing collaborative agenda to address systemic problems.

Community Advocates participates in several coalition efforts in Milwaukee County, all of which serve the Covering Kids goal of improving outreach and enrollment in children's health coverage programs. Project staff have been central players in the BadgerCare Coordinating Network (BCCN), chaired by Dr. Seth Foldy of the City of Milwaukee, providing leadership in enrollment process improvement, public policy and enrollment outreach. One staff person co-chairs the EPIC Committee, another has provided key leadership in the Public Policy Committee, and the agency is represented on the enrollment outreach committee. The staff has worked actively in the Public Policy Subcommittee of the BCCN to seek additional state funding so that BadgerCare may continue enrolling new applicants and take legislative action to provide support for necessary enrollment process improvements.

The Enrollment Process Improvement Committee (EPIC), chaired jointly by John Haine of the State Division of Health Care Financing and Ken Germanson of Community Advocates, has become one of the most effective avenues of collaboration dealing with improving access for families to quality health care. The Committee's protocol is to discuss possible issues that have come up during individual

advocacy of cases, with an eye to having the state and county representatives discuss the issues with their own staffs, returning to the next month's meeting with a report of actions taken to resolve the issues.

During the year beginning July 1, 2000, EPIC members discussed (and in many cases resolved) more than twenty issues. While many of the issues affect the entire state, some are peculiar to Milwaukee as the only truly urban and densely populated area in Wisconsin. Prominent among these are the difficulties applicants/recipients and their advocates face in communicating with Economic Support Specialist (ESS) Workers at Milwaukee County Dept. of Human Services. A large volume of cases and limited staff contribute to the problems. EPIC has urged creation of stronger phone units, and has developed a good working arrangements with key County employees to resolve problems. The committee developed a "Case Inquiry Form" that can be faxed to County workers, supervisors and management personnel to expedite communications on individual cases. The Committee also met with County Union officials to explain the form, which encourages both complaints and compliments. EPIC has also urged greater resources to enhance access to translation services for the non-English-speaking public, while also urging continued hiring of multi-lingual workers. The Committee has also been advocating for sufficient ESS workers, noting that funding for 18 outstation positions ends December 21, 2001.

Community Advocates also staffs the HealthWatch Coalition, which has become the major advocacy force for low-income consumers of health care in Milwaukee County. HealthWatch's systems advocacy has become credible to officials of Milwaukee County, the State of Wisconsin and throughout the nation. More than 450 persons are on its constantly-updated mailing list, with 40 to 50 attending monthly meetings. More than 100 organizations, providers, HMOs, state and local agencies are represented. HealthWatch has been involved in resolving ongoing issues in the Medicaid system, including process concerns, computer glitches, policy, bureaucratic barriers, difficulties in reaching workers, lack of community access, etc.; has helped improve access to the General Assistance Medical Program (GAMP) of Milwaukee County; and is developing strategies to serve those who are mentally ill and/or face alcohol and other drug abuse issues.

Goal MP-B

Encourage application by educating community workers and individuals with easy-to-understand information that can be spread by word-of-mouth to members of low-income communities.

Objective MP-B1:

Train community workers so that they can assist families in accessing enrollment into health care.

Community Advocates staff have maintained the active training schedule they established during the first year, providing 32 separate trainings for 802 participants during the course of this year. The training process they have developed can be tailored to fit the needs of the audiences, which include professional hospital social workers, nurse groups, "hotline" specialists, clinical workers, public health staff, social service agency workers, school social workers and families. This year, presentations have also been done before disability groups, school parent groups and a Mormon church group.

The Community Advocates training curriculum is flexible, and can be designed to cover a brief 20-minute presentation or a half-day educational session. It is also unique in that it covers all types of benefits available to low-income families, thus going beyond Medicaid and BadgerCare to address such areas as the Milwaukee County General Assistance Medical Program, the availability of sliding fee services, and others. In addition, the training provides instruction on how to advocate for clients, thus spreading empowerment throughout the community. These features ensure that the Community Advocates training does not duplicate other training provided in the community, particularly the Medicaid/BadgerCare overview training offered by Automated Health Systems under state contract. The Community Advocates training supplements the fine training of AHS.

The workplan for the current year (beginning July 1, 2001) includes continued promotion of the training and development of an easy-to-read and user-friendly training manual. This manual is planned to be 24 pages, 8½ x 11 inches, done in a simple format that can be readily updated, and copied to fit each training session.

Goal MP-C

Provide easily accessible information upon request about health coverage resources and application procedures and locations.

Objective MP-C1:

Implement and staff Medical Assistance Phone Line (MedLine) to provide basic information.

Community Advocates' direct assistance to clients was significantly expanded and enhanced this year. The hiring of a Spanish-speaker to staff the MedLine increased the accessibility of the service and the capacity to handle a growing number of calls. Through the MedLine, Community Advocates provided information and advocacy to more than 1500 callers during the year, more than twice the number served in the first year.

Individuals may call or visit Community Advocates' offices, and are placed into contact with a health information specialist; in some 50% of the cases, the calls are handled immediately, while in others callers are put into a voice mail system and called back within 24 hours. The health care advocates are trained to answer questions about various types of health care access, including Medicaid, Healthy Start, BadgerCare, the Milwaukee County General Assistance Medical Program, availability of sliding fee-scale health care providers, alcohol and other drug treatment, mental health issues, etc. MedLine staff meet every other week to discuss updates in the system, to receive additional training and do case-sharing. In addition, the staff is encouraged to participate in many community meetings involving health care to gain information and to network with others in the system, thus enabling them to gain greater knowledge to serve the callers.

About two-thirds of calls to the MedLine are classified as "information and referral" calls, with the information often being provided during the initial call by the health benefits advocate. The greatest number of the cases—as has been the historic problem—involved difficulties with eligibility for Medicaid and/or BadgerCare. MedLine calls have helped Community Advocates to quickly identify problems in the community, and are used as the basis for seeking systems change.

Objective MP-C2:

Create Community Education and Information Center to house information resources, both online and printed, on health care coverage and access topics.

Planning for a community information center was incorporated into a recently completed remodeling of the health care space in the Community Advocates facility. A meeting room houses the information resources which will be codified for public access in upcoming months. Demand for the information center has not been that evident, so Community Advocates has focused its efforts on maintaining and distributing its popular *Health Care Resource Guide*, an increasingly relied on tool for community members. The publication was updated and 2500 copies printed in a new format last fall. These were distributed throughout the community, largely to staffs of health care providers, social work agencies, community-based organizations, and other interested groups. A limited number were given to individuals upon request. By June 2001, only a few copies remained, so an update and reprint is planned by the end of September 2001.

Project Component: North Central Pilot (NCP)

Goal NCP-A

Work towards solutions to eligibility and enrollment problems faced by families applying for Medicaid/BadgerCare in North Central Pilot region in collaboration with the County, State, eligible families, providers of health care, community workers, and other stakeholders

Objective NCP-A1:

Convene and staff North Central Pilot Work Group with diverse representation to work on developing collaborative agenda to address systemic problems.

Local coalitions meet on a regular basis for each of the four counties covered by the pilot (Clark, Marathon, Rusk, and Wood counties). Representation is widespread and includes the following agencies and organizations: county health departments, county departments of social services, Automated Health Systems (the Medicaid/BadgerCare HMO enrollment contractor), school districts, job centers, family resource centers, Head Start agencies, WIC programs, county economic support offices, UW-Extension agents, women’s groups, clinics, hospitals, county development groups, and local community groups that have formed networks within their communities. At present there are 54 organizations represented in the four counties. While the participation of community-based agencies has been quite active, the local coalitions have encountered some difficulty maintaining contact and consistency due to staff turnover, part-time positions, and location.

The coalitions have identified many issues that are statewide in scope—including access to dental care; process glitches in the interface between providers and EDS (the claims administrator) that result in headaches and extra work for both enrollees and county caseworkers; lack of customer sensitivity among county workers; and concerns about the State’s roll-out of the new simplified application form and process. However, several prominent issues identified through coalition efforts have a particularly rural dimension:

- Stigma remains a large concern, especially for the smaller communities where anyone seen at the county agency is automatically assumed to be on “welfare.”
- Lack of transportation is an acute difficulty faced by rural communities, and is often exacerbated by limited availability of Medicaid-certified providers or, for uninsured families, of providers willing to see uninsured patients without demanding money up front.
- Families unable to access care for the above reasons tend not to seek the medical care they need, and are thus a very difficult population to find in the pilot’s outreach efforts.

Since many of the problems identified by the local coalitions are best tackled on a statewide basis, pilot staff have worked to raise awareness of those concerns among policymakers through Statewide Coalition meetings and other independent contacts between state representatives and pilot staff. However, pilot staff has also taken action to address problems at the local level. They have worked with several county agencies to encourage them to inform clients that transportation arrangements can be made, when necessary, through the county. In Wood County, a customer service/sensitivity training was provided for all Economic Support workers, as well as the patient assistance center staff from Marshfield Clinic.

During the upcoming year, the pilot looks forward to expanding network-building efforts to include other stakeholders, and working with the Statewide Project to strengthen the cohesiveness and consistency of linkages between local and statewide coalitions.

Goal NCP-B

Continually educate Marshfield Clinic System Patient Assistance Center staff and community resources on Medicaid, BadgerCare, and other various health care coverage programs for uninsured children.

Objective NCP-B1:

Provide multiple training sessions per year per county.

The North-Central Pilot has been very creative in addressing the training needs of its pilot counties, emphasizing collaboration with existing community networks and training providers.

Since one barrier faced in rural communities is lack of local training opportunities, the pilot collaborated with the state's Medicaid training contractor, Automated Health Systems, to present its *Overview for Outreach Wisconsin Medicaid and BadgerCare* training in two communities in the pilot area where the training would not normally be offered.

The pilot also collaborated with the Marathon County Rural Health Initiative and UW Cooperative Extension of Marathon County to sponsor the Marathon County Resource & Referral training. This well-received event brought together presenters from an array of agencies serving children in Marathon County, and a diverse audience that included both familiar faces and several new participants. The pilot plans to replicate this training in Year Three of the project in the other three pilot counties. Planning sessions are underway and dates have been set in October 2001 for the trainings in Rusk and Wood counties. With each of these initial trainings, participants are surveyed on the topics for which they would like more in-depth training. In Marathon County, 52% wanted more training on BadgerCare & Healthy Start, 56% wanted further training on Medicaid, Medical Assistance Deductible, and Family Fiscal Unit, 67% wanted to learn more about programs serving children with special health care needs, 52% wanted more information on health benefits counseling, and 52% wanted to learn more about SSI-Disability and Neonatal SSI. Pilot staff are currently meeting with Marathon County to talk about the second phase of the training. They anticipate drawing on agencies such as ABC for Health and Automated Health Systems to assist with some of the advanced training and particularly the Health Benefits Counseling that has been requested by health care facilities.

As mentioned in last year's report, planning was underway for a statewide customer service/sensitivity training for all local county economic support staff sponsored by the state Division of Health Care Financing. When the State's effort stalled, the pilot project's Pat Beining and Terri Rapp, Wood County Economic Support Manager, worked to provide the training for Wood County and Marshfield Clinic Patient Assistance Center staff. They contracted with Chad Ritchey, a consultant for the Kaiser Group, Inc., whose presentation was well received by the roughly 70 people in attendance.

Pilot staff have made several presentations on the Covering Kids project to groups such as the Granton School District, Clark County Interagency Coordinating Council, and Rusk County Families and Communities Together. The vast majority (approximately 95%) of those attending the presentations had no prior exposure to Covering Kids. The pilot project also provided a Medicaid/ BadgerCare training to Indianhead CAA Head Start parent and family advocates. All of those participating were attending their first BadgerCare/Healthy Start training.

One outcome of the training provided at Granton School illustrates the importance of connecting with school personnel and being ready to provide one-on-one assistance to families. One of the school counselors who had attended the training contacted pilot staff with the name of a family that was without health coverage. They had a teenage daughter who was in need of medical attention but was not receiving it for financial reasons. The attempt to help this family enroll was marked by several failed contacts, missed appointments, involvement of pilot staff, school personnel, and Marshfield outstation staff. In the end it took a home visit to get the application completed. This family's BadgerCare coverage is largely thanks to having school personnel who were educated about the availability of health coverage programs and willing to work together with pilot staff, who were willing in turn to provide the one-on-one counseling this family required getting the health coverage they needed. Many people (including this family) do not believe they should accept BadgerCare. They are proud, hard working, and in many

instances ashamed to ask for and/or accept assistance of any kind. That is part of why education and training are so valuable in rural communities.

Objective NCP-B2:

Attend regional workshops sponsored by ABC for Health and Statewide Coalition.

Trainings were offered in the pilot area by ABC for Health, Inc., lead agency, on the technical aspects of the Medicaid and BadgerCare programs. Automated Health Systems, a member of the Statewide Coalition, offered the basic Medicaid and BadgerCare Overview trainings throughout the regions as well. The pilot project sent these training invitations to all local coalition members and all Marshfield Clinic System Patient Assistance Centers.

Objective NCP-B3:

Provide appropriate informational materials to community resources that will aid them in assisting individuals with uninsured children.

The pilot project continues to utilize public and private schools to reach families. Over 25,000 flyers were distributed this year, encouraging families without health insurance to contact their local county agency or the Covering Kids outreach worker to see if they might be eligible for programs available through the state. The pilot also supplies clinic areas with BadgerCare & Healthy Start brochures and posters. The same materials are being passed along to community-based organizations and coalition members. Promotion of the Covering Kids pilot project's services and training events has occurred through UW Extension newsletters articles, community calendars on radio, television, and in newspapers and web sites.

Goal NCP-C

Expand outreach activities related to case finding of the harder to reach uninsured children in rural areas.

Objective NCP-C1:

Incorporate new outreach activities into RECIN's (Regional Early Childhood Immunization Network) intervention component.

The pilot project continues to work successfully with the RECIN program. All pilot counties have incorporated into their intervention letters (or phone calls, in the case of Rusk County) information on how to reach the Covering Kids Outreach Assistant or local county agency to apply for Medicaid and BadgerCare. That effort is ongoing and will continue as an important step in reaching the rural population. However, tracking results from this activity is difficult because there is no way to determine how many families choose to call the county agency directly rather than going through the Covering Kids Outreach Assistant to apply for the available Medicaid programs.

Objective NCP-C2:

Utilize other existing Marshfield Clinic system program populations to identify individuals for outreach activities.

Objective NCP-C3:

Identify pregnant women earlier in their pregnancy and strive to aid them in securing health coverage (Medicaid) earlier in their pregnancy.

Objective NCP-C4:

Implement one-on-one outreach activities to inform individuals on Medicaid, BadgerCare, and other health care coverage programs for uninsured children.

The Outreach Assistant has personally assisted 149 families as a result of outreach efforts in rural areas. Many of the callers were hard to reach families with unique problems; in many instances they did not qualify for Medicaid or BadgerCare. Of those who could be appropriately referred for application, 56

families (149 individuals) applied to date, 133 individuals have received coverage, 5 are still pending, and 11 were found ineligible.

Another function of the Covering Kids Assistant is to screen the Marshfield Clinic pregnant woman population and provide them with information regarding Healthy Start as early in their pregnancy as possible. Prior to this intervention process, women were generally contacted a day or two before their first OB appointment, or on the day of their first appointment. With the intervention in place, pilot staff are reaching those women at the time they schedule the first appointment, which can be anywhere from 2-8 weeks prior to the date of the appointment. The goal is to shorten the number of weeks it takes to reach patients, have them complete the Healthy Start application, and obtain coverage sooner. A total of 1313 women have been screened, 644 (49%) were adequately insured, 134 (10%) were already receiving Medicaid, 147 (11%) were uninsured, and 387 (30%) were underinsured. To date, 111 (76%) of the uninsured have obtained coverage, 129 (33%) of the underinsured have obtained coverage.

Given the many instances pilot staff have experienced when one-on-one assistance was the critical factor resulting in eligibility for needy families, the pilot project is dedicated to finding additional advocates, sites, and organizations that can assist in finding and counseling families through the enrollment process during the coming year.

Goal NCP-D

Monitor project's effectiveness with targeted outreach activities

Objective NCP-D1:

Implement evaluation components as developed with the project evaluator.

Objective NCP-D2:

Review and analyze data collected in order to refine outreach activities.

Pilot staff have maintained close communication with the project evaluator and have been faithfully compiling requested data. Baseline data regarding BadgerCare enrollments have been obtained through State websites and is used to implement and enhance outreach efforts within and outside of the Marshfield Clinic system.

Project Component: Children's Health Alliance of Wisconsin Outreach Project (OP)

Goal OP-A

Promote and strengthen outreach efforts and coordination among outreach activities across the State of Wisconsin to ensure that all eligible children are enrolled in health coverage plans.

Objective OP-A1:

Implement regional outreach forums for addressing outreach issues; developing new and/or continuing strategies; and establishing plans for collaborative efforts between agencies

Outreach forums were held in all five regions of the state and in Milwaukee in the Spring of 2001. The agenda for the Outreach Forums is formulated within the Statewide Coalition's Outreach Workgroup. With BadgerCare now entering its second year of operation, enrollees have had some time to experience using their health coverage and have identified access barriers such as transportation and lack of dental providers. Enrollees are now facing the annual recertification process for the first time. Thus, natural topics for scrutiny this year in the Outreach Forums were retention and utilization of health services.

The format of the forums, based on intensive, small group discussion and reporting, gave participants the chance to interact with a variety of agencies while proposing strategies to promote retention and overcome access barriers. To support the network-building function of the Outreach

Forums, this year participants were asked to identify the community partners they find useful as resources for helping families access coverage and health services. Forum proceedings are documented in the *Regional Workgroup Results* report. This report was distributed at the summer Statewide Coalition meeting, and will be sent also to Outreach Forum participants and made available on the web.

The Outreach Forums have succeeded in retaining participation by core individuals and agencies, while attracting several new participants. In total, more than 375 individuals participated this year (a 10% increase over last year); 16% of these individuals had participated the previous year; 32% of agencies represented were also involved last year.

Objective OP-A2:

Implement annual statewide outreach meeting for celebrating best practices in outreach and coordinating statewide outreach efforts.

The statewide outreach celebration was held on June 7, 2001, in Madison in conjunction with the summer Statewide Coalition meeting. The morning educational session included a report on the results of the regional Outreach Forums by the Forums coordinator, Anastasia Dillen, and an update on state-initiated outreach efforts by coalition member Kevin Wymore of the State Division of Public Health. The highlight of the event for the participants was a lively panel discussion on retention, which included high-level representatives from State Division of Health Care Financing and advocates from rural and urban settings. Several comments on the evaluation forms for the event noted the value of being able to hear about state policies and their implementation status “from the horse’s mouth” while also having immediate feedback from advocates working directly with families.

A catered box lunch afforded time for networking among the 73 participants, several of whom stayed for the Statewide Coalition meeting in the afternoon.

2. What internal challenges were encountered during this year that are related to the project’s design, collaboration, staffing, operations, or other project factors?

Some staff transitions coupled with a significant expansion in training and publishing activities made for a challenging year. However, these were all promising opportunities rather than setbacks. The Family Health Care Access Kit, Outreach Kit and video identified in the workplan have lingered as unfinished business. However, this has turned out to be a boon, as it gave us an opportunity to revise the kits to support the new application form and process implemented statewide this July.

3. What challenges or successes were caused by factors external to the project?

The project has encountered serious delays in obtaining key data sets from the State of Wisconsin. As mentioned earlier, the CARES system is potentially a rich data resource for analyzing eligibility and denial patterns and identifying problems in outreach and enrollment practices. Since it is an operating system with high resource demands and no warehouse has been established for its data, it is very difficult to obtain unaggregated data for analysis. An additional barrier has been that one of the prime reasons for delay is the massive effort underway to redesign the customer notices system and fix eligibility determination problems identified by Covering Kids coalition members. Since our priorities as a coalition are clearly with families, we cannot stall those important reform efforts for the sake of a data request. However, in the absence of this key resource, some evaluation efforts have been significantly hampered.

4. If you are working in collaboration with other organizations, or depend on other organizations or institutions to meet the objectives of this project, how are those relationships working?

The entire project has been marked by positive collaboration among state agencies, Covering Kids partner organizations, and coalition members. The state, in particular, is to be commended on its dedication to supporting positive and open dialogue between community-based advocates and service providers, county economic support staff, and state policymakers. The collegial atmosphere at coalition

meetings has eased progress on several simplification and process-improvement initiatives. The project has also benefited from well-coordinated collaboration among project partners. All partners have demonstrated an ability to work independently toward project objectives and a willingness to take the extra steps necessary to ensure success.

5. What have been the project's key communication activities during the past year?

The workshops, newsletters, website, family health care access kits and advocate's guide described in the response to question 1 above comprise the primary communications activities of Covering Kids Wisconsin. The goal of these communications is to increase understanding among advocates in the community of the multiple strategies for obtaining eligibility for Medicaid and BadgerCare, including the often confusing Medicaid Deductible, the Family Fiscal Unit, issues related to assets, and BadgerCare's private insurance crowd-out safeguards. Another important goal is increasing awareness of the barriers families face in enrolling in public health coverage programs and maintaining their coverage. The two kits currently in development will greatly advance the practicality of our information for users by linking it to an active engagement in the enrollment process using the new one-page simplified Medicaid/BadgerCare application form.

6. What are the project's other sources of support?

In April 2000, ABC for Health was awarded a contract from the State of Wisconsin to complement and expand its activities related to the Covering Kids initiative. A major emphasis for the new funding is support for problem resolution services provided statewide by ABC for Health and in Milwaukee by Community Advocates. Such direct assistance to individual applicants by ABC for Health was not funded under the RWJF-funded Covering Kids project. The contract also supports implementation of new community application and client assistance sites in Milwaukee and Dane County; pilot testing and evaluation of the new mail-in application form and reduced verification process; and enhancement of the coalition-building effort to foster development of local coalitions linked to a statewide network. Funding from the State of Wisconsin will run concurrently with the Covering Kids grant period (until June 2002).

7. What are your plans for the project next year

The major goal for this coming year is to enrich opportunities for assisted enrollment in the community using the simplified application form and process and, as part of that effort, foster collaborative networks among state policymakers, eligibility determination personnel, community-based advocates and service providers to nurture a more supportive environment for applicants.

The two themes of application assistance and network development will inform all our products and activities, from the design of the Health Care Access Kit to the agenda for our statewide Fall and Spring workshops. Planned network development activities include:

- Designing the family and outreach kits to serve as focused application assistance tool for the new simplified form and process.
- Providing practical training focused on application assistance and using the kits as a tool.
- Refining online information resources for network participants using more sophisticated database information storage that will permit users to search more efficiently for resources applicable to their particular needs.
- Expanding local and regional networking opportunities focused on program simplification and process improvement, using the Bureau of Managed Health Care Programs Managed Care Forums as a regular time for coalition meetings involving State policymakers, eligibility determination staff, and community members.

8. How do you assess the NPO's role in your grant?

The NPO has provided valuable information resources, research, and opportunities for learning, information exchange, and networking through its listserv, conference calls, and meetings. These, and the prominent and very positive national profile of both RWJ and its NPO, have greatly benefited our efforts at both the state and local level. Moreover, Covering Kids Wisconsin has made good use of the ideas and models furnished by fellow grantees, particularly as we consider how best to support applicants and their community helpers in using the newly launched simplified mail-in application form. The host of materials other grantees have developed to support application assistance models has been invaluable as we work to create our own.

9. How long have you served as project director?

I have served as project director since the start of the project on July 1st, 1999.

Annual Progress Report Bibliography

<i>Project</i>	Covering Kids Wisconsin
<i>National Program</i>	Covering Kids
<i>Robert Wood Johnson Foundation Grant ID</i>	35757
<i>Dates Covered</i>	July 1, 2000 – June 30, 2001
<i>Submitted</i>	July 31, 2001

Publications

Reports

Community Advocates. *Health Care Resource Guide for Low-Income Persons*. Milwaukee, WI: Community Advocates, 2000. **300 copies** distributed to July 2000.

- * Community Advocates. *Health Care Resource Guide for Low-Income Persons*. Milwaukee, WI: Community Advocates, 2001. **2500 copies** distributed through July 2001.

Dillen, A. *Outreach Regional Workgroup Results – Health Coverage Outreach Forums*. Milwaukee, WI: Children’s Health Alliance of Wisconsin, 2000. **380 copies** distributed to July 2000.

- * Dillen, A. *Regional Workgroup Results—Outreach Forums, 2001*. Milwaukee, WI: Children’s Health Alliance of Wisconsin, 2001. **100 copies** distributed to July 2001.

Brochures

“Covering Kids Wisconsin.” ABC for Health, Inc. 2000.

- * “Covering Kids Wisconsin.” ABC for Health, Inc. 2001.

“Health Coverage Outreach Celebration.” Children’s Health Alliance. 2000.

“Free Covering Kids Workshop.” ABC for Health, Inc. 2000.

“Outreach Forums.” Children’s Health Alliance. 2000.

Flyers/Cards/Posters

“Stay in the Loop.” ABC for Health, Inc. 2000.

“Covering Kids.” ABC for Health, Inc. 2000.

“Health Benefits Counseling,” ABC for Health, Inc. 2000.

“BadgerCare of Wisconsin is Covering Kids,” Family Health Center of Marshfield, Inc. 2000

Newsletters

SafetyLine. Madison, WI: ABC for Health, Inc. **2 issues** to July 2000. **472 copies** mailed per issue.

- * *SafetyLine*. Madison, WI: ABC for Health, Inc. **2 issues** to July 2001. **472 copies** mailed per issue.

- * *Kids Coverage Monitor*. Madison, WI: ABC for Health, Inc. **5 issues** to July 2001. Average **900 copies** mailed per issue (circulation started at 551 and has grown to 1265).

SafetyLine Weekly Update. Madison, WI: ABC for Health, Inc. **10 issues** to July 2000. **20 copies** emailed per issue.

- * **Weekly Update.** Madison, WI: ABC for Health, Inc. **46 issues** to July 2000. Average **325 copies** emailed per issue (circulation has grown from 250 to 350 during the year).

Surveys

- * **"BadgerCare Key Informant Survey."** ABC for Health, Inc., fielded December 2000.
- * **"Covering Kids Evaluation Form."** ABC for Health, Inc., fielded at all project-sponsored training events.
- * **"Covering Kids Health Care Coverage Workshops Participant Survey."** ABC for Health, Inc., fielded June 2001.

Sponsored Conferences, Meetings, Workshops

"Health Coverage Outreach Forums Spring 2000," March 15, 2000, Minocqua, WI; March 22, 2000, Racine, WI; April 5, 2000, Green Bay, WI; April 20, 2000, Milwaukee, WI; May 17, 2000, Madison, WI; May 24, 2000, Eau Claire, WI. Attended by **340 individuals** from **300 organizations** including Head Start, WI Division of Public Health, WI Division of Health Care Financing, public schools, health care providers, tribal health agencies, County Departments of Human/Social Services, HMOs.

2 presentations: featuring an overview of children's health insurance issues and an introduction to the Covering Kids initiative, and a small group discussion session centered around outreach for children's health coverage programs.

"Community Leaders Workshop," April 13, 2000, Wausau, WI; May 12, 2000, Green Bay, WI; June 12, 2000, Eau Claire, WI. Attended by **20 individuals** from **15 organizations** including Stockbridge-Munsee Health Center, Green Bay Public Schools, Brown County Health Department, Green Bay Head Start, Marquette County Birth to Three Program, La Crosse County Human Services, Early Head Start/Renewal Unlimited, Northwest Wisconsin Child Care Resource and Referral.

4 presentations: half-day workshop focused on orienting community members to the goals and activities of the Covering Kids initiative and providing a brief overview of the health care coverage opportunities and enrollment barriers presented by Medicaid and BadgerCare, and suggesting their potential role in helping families enroll.

"Health Access Leaders Workshop," April 13, 2000, Wausau, WI; May 2, 2000, Racine, WI; May 12, 2000, Green Bay, WI; June 2, 2000, La Crosse, WI; June 12, 2000, Eau Claire, WI. Attended by **161 individuals** from **85 organizations** including Marshfield Clinic, Holy Family Hospital, Automated Health Systems, Inc., Children's Service Society of Wisconsin, Health Care for the Homeless, The Friends of Phoebe, Inc., WIC/Head Start, Ho Chunk Nation, Milwaukee Women's Center, Wisconsin Assembly, Great Lakes Tribal Council, AIDS Resource Center of Wisconsin.

7 presentations: half-day workshop similar to the Community Leaders Workshops but going into more detail on the eligibility features of the health coverage programs and successful strategies for overcoming enrollment barriers.

- “Dane County Provider Network – Health Benefits Counseling Skills,”** April 18-20, April 20, April 25-27. 2000, Madison, WI. Attended by **12 individuals** from **9 organizations** including St. Mary’s Hospital, UW Medical Foundation, Dean Medical Center, Madison Community Health Center. **5 presentations:** In-depth training delivered over four days intended to equip staff of community health care facilities to function as health benefits counselors and advocates dealing with complex eligibility and benefits access issues for their patients.
- * **“Health Coverage Outreach Celebration,”** June 8, 2000, Stevens Point, WI. Attended by **51 individuals** from **31 organizations** including CAP Services/Head Start, Electronic Data Systems, Oneida Community Health, and Wisconsin Primary Health Care Association. **3 presentations** and **1 panel discussion** : primary focus was on assessing results from the Regional Outreach Forums, and highlighting some best practices in outreach.
- * **“Covering Kids Workshops,”** October 17, 2000, Green Bay, WI; October 18, 2000, Wausau, WI; October 19, 2000, Eau Claire, WI; November 1, 2000, Milwaukee, WI; November 2, 2000, Madison, WI. Attended by **278 individuals** from **46 counties** and **151 organizations** including Latino Health Organization, CESA 2 - Rock County Birth to Three, Beloit Area Community Health Center, UW Madison School of Social Work, Brown County UW Extension, Amherst Family Medical Center, UMOs Migrant Head Start, Group Health Cooperative, Eau Claire Area School District, Family Resource Center of Fond du Lac, Kenosha County Human Services, Menominee Tribal Clinic. **2 presentations** and **7 workshops:** full-day conference provided overview of Covering Kids Initiative along with interactive workshops based on case studies covering Medicaid eligibility categories and strategies, BadgerCare, non-citizen and migrant issues, presumptive eligibility for pregnant women, and maintaining private health insurance.
- * **“BadgerCare and Medical Assistance: Answers for Advocates,”** November 14-15, 2000, Superior, WI. Attended by **15 individuals** from **9 organizations** including Duluth Family Practice Center, Health Care Access Office, Lake Superior Community Health Center, St Marys Duluth Clinic. **5 presentations:** “Medical Assistance Program Overview,” Carole Crisler. “Family Fiscal Unit,” Mike Rust. “Medical Assistance Deductible,” Mike Rust. “BadgerCare,” Vickie Baker. “SSI/Disability for Children,” Vickie Baker.
- * **“Medical Assistance Basics for Professionals,”** January 25, 2001, Manitowoc, WI. Attended by **34 individuals** from **13 organizations** including Family Education & Resource Center, Kiel Schools, Manitowoc County Health Department, Manitowoc Public Schools. **3 presentations:** half-day workshop provided basic overview of Medicaid/BadgerCare program, key eligibility strategies, and discussion of program simplification issues and initiatives.
- * **“Agnesian HealthCare Training,”** January 26, 2001, Fond du Lac, WI. Attended by **23 individuals** from **8 organizations** including Agnesian Healthcare, Fond du Lac Regional Clinic, St Josephs Community Health Services. **1 presentation:** a basic overview of the opportunities and issues presented by Medicaid and BadgerCare for Wisconsin low-income families, and the role that health care providers can play as advocates for their patients in the enrollment process.
- * **“Health Coverage Outreach Forums Spring 2001,”** March 14, 2001, Minocqua, WI; March 28, 2001, Racine, WI; April 4, 2001, Green Bay, WI; April 19, 2001, Milwaukee, WI; May 16, 2001, Eau Claire, WI; May 23, 2001, Madison, WI. Attended by **375 individuals** from **195 organizations** including Health Advocacy Center, Sixteenth Street Community Health

Center, WI Office of Rural Health, Guadalupe Head Start, Touchpoint Health Plan, State Senator Mary Panzer's Office, Christian Faith Fellowship Church, Boys & Girls Club of Milwaukee, Pierce County Human Services. **2 presentations:** featuring an update on the status of BadgerCare enrollment, plus a small group discussion session centered around access to services and retention of Medicaid/BadgerCare enrollees.

- * **"Covering Kids Forum on Health Care Access,"** March 21, 2001, Madison, WI. Attended by **99 individuals** from **63 organizations** including Coalition for Wisconsin Health, Wisconsin Primary Health Care Association, Senator Herb Kohl's Office, Great Lakes Inter-Tribal Council. **2 panel discussions.**

Panel Discussions

"Covering Kids Wisconsin's Five Point Plan for Health Care Access: An Action Agenda," Senator Peggy Rosenzweig (R – Wauwautosa, WI); Representative Peter Bock (D – Milwaukee, WI); Representative Mary Hubler (D – Rice Lake, WI); Representative Mary Ann Lippert (R – Pittsville, WI); County Executive Kathleen Falk (Dane County, WI); and moderated by Bobby Peterson, ABC for Health (Madison, WI).

"BadgerCare: Building on a Success Story," Senator Rodney Moen (D – Whitehall, WI); Representative Frank Urban (R – Brookfield, WI).

- * **"Children's Health Care Coverage Workshops,"** May 8, 2001, Appleton, WI; May 9, 2001, Stevens Point, WI; May 10, 2001, Eau Claire, WI; June 5, 2001, Milwaukee, WI; June 6, 2001, Madison, WI. Attended by **241 individuals** from **45 counties** and **134 organizations** including Physicians for Social Responsibility, Fox Cities Community Clinic, Milwaukee Co Child Court Center, Hmong American Community Association, Salvation Army Emergency Lodge, Florence County Human Services, Bad River Tribe Social Services. **10 workshops:** ranging from basic to advanced level topics and from lecture to interactive case studies on the following topics: Medicaid and BadgerCare advocacy basics, the new mail-in application process, "Stumpers" (challenging case studies for advanced advocates), updates on health care financing regulatory changes, key Medicaid eligibility strategies, and the Covering Kids program simplification agenda.

- * **"Covering Kids Statewide Health Coverage Outreach Celebration & Coalition Meeting,"** June 7, 2001, Madison, WI. Attended by **73 individuals** from **46 organizations** including Legal Action of Wisconsin – Milwaukee, Rural Dental Health Project, Advance Health Care Consulting LLC, Hope House of Milwaukee Inc, Dane County Job Center, Lac Courte Oreilles Community Health Center. **2 keynote presentations** and **1 panel discussion.**

Keynote Presentations

Anastasia Dillen, Children's Health Alliance of Wisconsin (Milwaukee, WI), "Reports from Regional Outreach Forums."

Kevin Wymore, Wisconsin Division of Public Health (Madison, WI), "School Lunch Connection: Linking outreach efforts with our schools,."

Panel Discussion

"Perspectives on the Issue of Retention: How do we keep eligible children enrolled?" John Haine and Jim Jones, Wisconsin Division of Health Care Financing (Madison, WI); Shirin Cabraal, Legal Action of Wisconsin (Milwaukee, WI); Andy Heidt, Dane County Department of Human Services (Madison, WI); Pat Beining, Family Health Center of Marshfield (Marshfield, WI).

- * **"BadgerCare and Medicaid: Issues and Answers for Advocates,"** June 21-22, 2001, Green Bay, WI. Attended by **35 individuals** from more than **12 organizations** including ABR

Employment Services, Even Start Family Literacy Project, Salvation Army House of Hope, St Vincent Hospital, and YWCA Teen Parent Center. The workshop was sponsored by a teen parenting coalition. **6 presentations:** focusing on health care coverage options and Medicaid/ BadgerCare eligibility issues for minors, 18 year olds, and pregnant minors.

Pilot Project Training Activities

Milwaukee Pilot Project – Community Advocates

- * **“Community Workshops,”** between July 1, 1999 and June 30, 2000, Milwaukee, WI. **Thirty-eight workshops** were held during the year, attended by **785 individuals**. Workshops are offered upon request to community agency staff on topics including “Health Care Access,” “BadgerCare,” “Low-income Health Care,” “Medicaid.” Agencies requesting workshops include: Milwaukee Center for Independence, Pulaski High School, Planned Parenthood, Froedtert Lutheran Hospital, Greenfield Health Department, SET Ministry, and Vincent Family Resource.
- * **“Community Workshops,”** between July 1, 2000 and June 30, 2001, Milwaukee, WI. **Thirty-two workshops** were held during the year, attended by **802 individuals**. Workshop topics and typical requestors are as listed in the previous entry.

North Central Wisconsin Pilot Project – Family Health Center of Marshfield

- * **“Healthy Start / BadgerCare Training,”** June 19, 2000, Marshfield, WI. Attended by **9 individuals** from Marshfield Clinic and members of the local pilot coalitions.
- * **“Covering Kids Community Resource & Referral Training,”** June 28-29, 2000, Marshfield, WI (videoconferenced to all Marshfield Clinic regional centers). Attended by **56 individuals** from Marshfield Clinic and St. Josephs Hospital. Presentations covered a wide array of health care financing programs and supportive services for children.
- * **“Covering Kids Overview,”** August 22, 2000, Granton, WI. Presentation attended by approximately **40 individuals** at the Granton School District teacher orientation. Staff were offered guidance on how to identify and refer children who might be without health insurance coverage. Materials were given to them for the parent resource center and flyers were sent home with the children at a later date.
- * **“Covering Kids Overview,”** November 2, 2000, Neillsville, WI. Presentation for the Clark County Interagency Coordinating Council meeting attended by **17 individuals** representing **17 organizations** from throughout Clark County. Topics covered included Covering Kids, Healthy Start and BadgerCare.
- * **“Covering Kids Overview,”** December 4, 2000, Ladysmith, WI. Presentation for the Rusk County Families and Communities Together meeting, which resulted in the January 18 Head Start training, listed below.
- * **“Medicaid/BadgerCare Training,”** January 18, 2001, Ladysmith, WI. Attended by **21 parent and family advocates** from Indianhead CAA Head Start.
- * **“An Overview for Outreach Wisconsin Medicaid and BadgerCare,”** March 30, 2001, Ladysmith, WI; May 15, 2001, Wisconsin Rapids, WI. Training presented by Automated Health Systems

at the request of pilot staff to benefit rural communities. Attended by **17 individuals** from **12 organizations**.

- * **“Marathon County Resource & Referral Training,”** April 5-6, 2001, Wausau WI. Attended by **62 individuals** from **25 organizations** including hospitals, clinics, social services, public health department, job center, Family Resource Center, Head Start, Even Start, school districts, Birth to Three, United Cerebral Palsy, employee resource centers, Marathon County Board, day care agencies, Kids Town USA, Automated Health Systems, and the Dept of Workforce Solutions regional office in Rhinelander. Speakers from 20 different agencies gave brief presentations on the types of assistance they provide, who may qualify, and who should be contacted with referrals.
- * **“Customer Service/Sensitivity Training,”** June 7-8, 2001, Marshfield, WI. Chad Ritchey, Consultant for the Kaiser Group, Inc., was hired to provide training to Wood County and Marshfield Clinic Patient Assistance Center staff. Over **70 individuals** attended.

WWW, Electronic Media, and Audio-Visuals

www.safetyweb.org. Provides information of ABC for Health services and specific information about health coverage programs and advocacy resources. Madison, WI: ABC for Health, Inc. June 1999; averages **1660 visitors** per month.

- * **www.abcforhealth.org**. Replaced www.safetyweb.org. Madison, WI: ABC for Health, Inc. September 2000; averages **8000 visitors** per month.

News Releases

A news release on the inception of the Covering Kids Wisconsin initiative was sent on July 22, 1999, to 26 newspapers.

- * A media advisory on the Forum on Health Care Access held March 21, 2001, was sent via e-mail to 34 daily newspapers, as well as the ABC, NBC, CBS and Fox affiliates in Madison and Milwaukee and the producer of a health news program on a local Madison radio station. We received a handful of calls in response to the advisory, and followed up the advisory with a press kit which included copies of the Five Point Plan. Print, TV and radio journalists all attended the forum and reported stories about the efforts of the Covering Kids coalition and the response of the state government.