

**VOICES** FOR  
OHIO'S CHILDREN

BEST PRACTICES IN  
**OUTREACH  
& ENROLLMENT**

*August 2014*

**A TOOLKIT TO HELP BRING OHIO'S CHILDREN  
AND FAMILIES INTO HEALTH COVERAGE.**

# ABOUT VOICES FOR OHIO'S CHILDREN

To build a greater community, we must begin with greater kids. Voices for Ohio's Children helps ensure that the needs of Ohio's 3 million children are prioritized at the local, state and federal levels. Our advocacy plays a big role in educating and influencing the community and public officials about sound public policies that help children succeed.

## OUR MISSION

**Voices for Ohio's Children** advocates for public policy that improves the well-being of Ohio's children and their families by building nonpartisan collaborations among the private, public and not-for-profit sectors.

## OUR VISION

is for children's interests to be at the top of every community's agenda so all of Ohio's children are poised for success.

## THE CONTRIBUTORS

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**JP Design** (Jennifer Peters) brings design implementation to briefs and marketing materials for Voices for Ohio's Children. With a diverse background of marketing and design experience, JP Design utilizes inherent passion and energy combined with industry expertise to produce a wide variety of communication projects.

**Thomas Scheid** brings extensive experience in public policy development and program implementation at state and county levels. His responsibilities with Voices for Ohio's Children are primarily in implementing the Voices for Ohio's Children health care policy agenda.

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KEY FINDINGS AND RECOMMENDATIONS WERE DEVELOPED IN CONSULTATION WITH A WORKING GROUP COMPRISED OF REPRESENTATIVES FROM COUNTY JOB AND FAMILY SERVICES AGENCIES, CHILD ADVOCATE GROUPS, AND ASSOCIATIONS REPRESENTING PROVIDERS OF HEALTH CARE SERVICES.

THIS WORKING GROUP, WHICH MET SEVERAL TIMES TO REVIEW PRELIMINARY RESULTS FROM THE WORK AND TO PROVIDE GUIDANCE TO THE PROJECT, CONSISTED OF THE FOLLOWING PARTICIPANTS:

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## The Importance of Getting Children Enrolled

Children need to be healthy to reach their full potential. To stay healthy, children need to have regular checkups, vision and dental care, and get medical attention if they get sick or injured. By preventing serious illnesses, overall family health costs will be lower. When a child does need to go to the doctor families can better afford to take them. Children who have health care coverage have a better chance of being healthy, are less likely to miss school because they are sick, and their parents are less likely to miss work due to caring for a sick child.

Children who have health insurance generally have better health throughout their childhood and into their teens. They are less likely to get sick and more likely to: get preventative care to keep them well; get the treatment they need when they are sick or injured; receive needed shots that prevent disease; get treatment for recurring illnesses such as ear infections and asthma; and, get dental care.

Compared to children with insurance, uninsured children are: over five times more likely to have an unmet need for medical care; over three times more likely not to get a needed prescription drug; much less likely to receive preventive services including immunizations, dental and vision care and medical care for conditions such as sore throats, ear infections and asthma; and, 30% less likely to receive medical treatment if they are injured.

## We Have to do More Outreach & Enrollment

Past experience with the Medicaid and Children's Health Insurance Program (CHIP) demonstrates that a combination of broad and targeted outreach and enrollment approaches are key to reaching and enrolling eligible children, particularly those who live in hard-to-reach families. Outreach includes a wide range of activities designed to inform families about their potential eligibility for health care coverage, and to facilitate enrollment and reenrollment through application assistance. Outreach may also include helping families access services once they have been found eligible and enrolled.

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**CHILDREN NEED TO  
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## What Has Been Working in Ohio?

Voices for Ohio's Children initiated a study in 2012 to identify best practices for outreach and enrollment of children in Medicaid. Specifically, we:

- 1 Conducted a survey** of county Job and Family Services agencies to identify and describe key components of local campaigns and initiatives to enroll children in Medicaid over the prior five-year period;
- 2 Identified key factors** and messaging that the county agencies and their community partners considered important to success of their outreach and enrollment efforts, as well as types of additional assistance they felt was needed from the State;
- 3 Produced county-level data** on enrollments and estimated numbers of uninsured children during the period when local outreach and enrollment initiatives were underway; and
- 4 Identified major findings** and recommendations from outreach and enrollment efforts in other states.

Funding for this work has been provided through a Health Transformation Innovation Fund Grant, administered by the Ohio Department of Medicaid and the Governor's Office of Health Transformation. The Health Transformation Innovation Fund was established to receive federal CHIPRA Performance Bonus awards and use those funds to help implement the state's health systems modernization strategies.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) established performance bonuses to give states an incentive to support enrollment and retention of eligible children in Medicaid and to help defray the costs associated with increasing enrollment of the lowest income children. To get the bonus, (1) a state's enrollment of children in Medicaid must exceed a baseline target and (2) the state must have implemented at least five of eight policies that are known to boost enrollment among children.

Ohio has implemented the following five policies that met the test to qualify for the CHIPRA bonus: use of the same application and renewal forms, elimination of in-person interview requirements, elimination of asset tests in certain cases, 12-month continuous eligibility, and presumptive eligibility.

CHIPRA Performance Bonuses were added to states for a five-year period, 2009 through 2013. Unless this provision is added back into CHIPRA, which is currently funded through September, 2015, the last year for CHIPRA performance bonuses was 2013. Ohio did not qualify in the first year due to not having at least five of the eight enrollment policies in place within the state. However, once presumptive eligibility was implemented in 2010, Ohio has been eligible and has received bonuses for each of the following years:

## OHIO'S CHIPRA PERFORMANCE BONUSES:



2010.....	\$13,127,633
2011.....	\$20,819,999
2012.....	\$18,966,255
2013.....	\$10,829,869

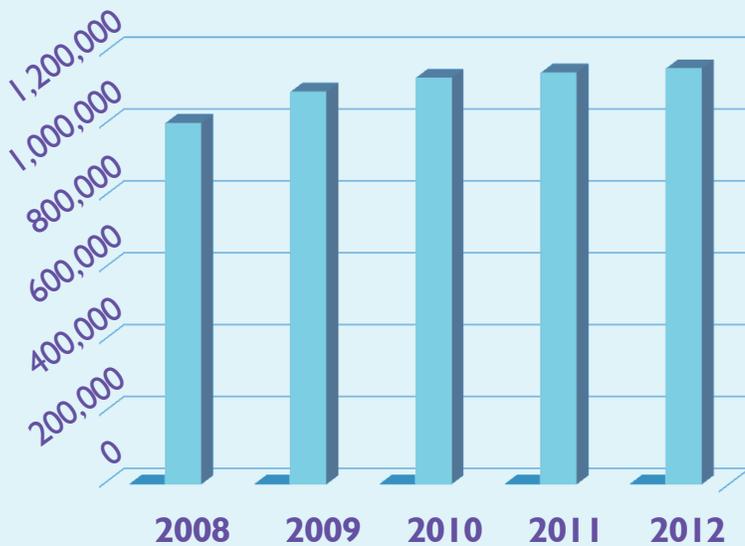
CHIPRA performance dollars amounts were calculated by increasing a state's federal Medicaid matching rate for each enrolled child that exceeded the baseline target number of enrollments for the state. The target number changed every year, based on changes in potentially eligible children who had not yet been enrolled. Exceeding the target levels of enrollment yielded a 15% increase in Medicaid funds for each child above the target level. Exceeding the target level by more than 10% yielded a 62.5% bonus for each child above that increased target level. In 2011 and 2012, Ohio was able to reach the second level for the bonus. This means that Ohio exceeded the enrollment target by more than 10% in each of those two years.

## A Closer Look at How Ohio is Doing

Ohio has been doing pretty well in getting children enrolled in Medicaid over the past five years. The number of children enrolled has shown a steady increase each year during 2008-2012, and overall is up 15.1% for that period. At the same time, Ohio has shown a steady decrease in the percentage of children who are uninsured, dropping from 6.0% in 2010 to 5.3% in 2012. It appears that the drop in uninsured children continues to be driven by increased participation in Medicaid/CHIP. This is very consistent with conclusions reached in the Ohio Medicaid Assessment Survey for 2012, and in a report on Medicaid/CHIP participation rates that was released last September by The Urban Institute.

Because we are a large state, there is much to be achieved with a relatively small percentage gain. Many counties have been doing fairly well, and we have several clusters of counties that appear to have been doing particularly well.

### OHIO MEDICAID ENROLLMENT OF CHILDREN 0-18 (DECEMBER COUNTS)



SOURCE: OHIO DEPARTMENT OF MEDICAID

### OHIO UNINSURED CHILDREN



2010.....	6.0%
2011.....	5.8%
2012.....	5.3%

**SOURCE:**

US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY  
1-YEAR ESTIMATES

IT APPEARS THAT THE DROP IN UNINSURED CHILDREN CONTINUES TO BE DRIVEN BY INCREASED PARTICIPATION IN MEDICAID/CHIP.

## Metro Counties

The largest metropolitan counties account for about 58% of the children enrolled in Medicaid, and about 48% of the estimated uninsured children. If you want to move the dial for enrollments very significantly, you have to move it for the metro counties.

## OHIO METRO COUNTIES MEDICAID ENROLLMENTS OF CHILDREN (DECEMBER COUNTS)

State/County	Dec-08	Dec-12	Percent Increase 2008-Current	Estimated % Uninsured Kids ACS 5-YR 2008-12	Estimated Uninsured Kids ACS 5-YR 2008-12
<b>Ohio</b>	<b>1,005,591</b>	<b>1,157,308</b>	<b>15.1%</b>	<b>5.9%</b>	<b>161,474</b>
Butler	27,391	35,515	29.7%	5.5%	5,020
Cuyahoga	131,918	143,657	8.9%	4.3%	12,475
Franklin	120,252	140,914	17.2%	6.6%	18,356
Hamilton	71,678	90,930	26.9%	5.4%	10,112
Lake	11,531	15,129	31.2%	5.9%	3,000
Lorain	25,043	28,491	13.8%	4.3%	3,117
Lucas	49,674	54,182	9.1%	4.9%	5,147
Mahoning	23,882	25,150	5.3%	4.4%	2,231
Montgomery	50,938	59,816	17.4%	5.5%	6,714
Stark	31,949	36,013	12.7%	5.0%	4,271
Summit	41,621	48,872	17.4%	5.8%	7,103
<b>Metro County Total</b>					
<b>Estimated Uninsured Children:</b>					<b>77,546</b>

## Regional Clusters of High-Performing Counties

This table is included to show contiguous counties where enrollments were higher than the statewide averages. Part of our analysis involved looking at potential patterns that might be explained by regional outreach and enrollment efforts. We found nothing that could explain the high enrollments in the Northern and Western clusters. In the Southwestern cluster, however, we believe that much of the increase could be attributed to outreach and enrollment work being done through Legal Aid Society of Southwest Ohio. The outreach and enrollment work was initiated prior to 2008, and was expanded in 2009 through federal CHIPRA outreach funding.

## REGIONAL SNAPSHOT OF MEDICAID ENROLLMENTS OF CHILDREN SELECTED CLUSTERS OF CONTIGUOUS HIGH-PERFORMING COUNTIES (DECEMBER COUNTS)

State/County	Dec-08	Dec-09	Dec-10	Dec-11	Dec-12	Increase 2008-12
<b>Ohio</b>	<b>1,005,591</b>	<b>1,092,699</b>	<b>1,130,940</b>	<b>1,145,800</b>	<b>1,157,308</b>	<b>15.1%</b>
<b>SOUTHWESTERN CLUSTER</b>						
Hamilton	71,678	78,999	83,574	85,598	90,930	26.9%
Brown	4,248	4,891	5,197	5,262	5,285	24.4%
Butler	27,391	30,815	33,066	33,954	35,515	29.7%
Clermont	14,182	15,643	16,642	16,883	16,689	17.7%
Clinton	4,138	4,844	5,172	5,251	5,380	30.0%
Highland	4,792	5,560	5,693	5,683	5,698	18.9%
Warren	6,904	8,155	9,073	9,144	9,130	32.2%
<b>NORTHERN CLUSTER</b>						
Geauga	2,892	3,399	3,596	3,825	3,832	32.5%
Lake	11,531	13,390	14,212	14,743	15,129	31.2%
<b>WESTERN CLUSTER</b>						
Darke	3,366	4,032	4,323	4,513	4,510	34.0%
Mercer	2,055	2,576	2,557	2,609	2,497	21.5%
Miami	6,439	7,547	7,888	8,043	7,766	20.6%
Preble	3,178	3,582	3,854	4,003	3,999	25.8%

## County Outreach & Enrollment Activities

We conducted a brief survey of all Ohio county Job and Family Services agencies, asking about types of outreach and enrollment activities they had conducted during 2008-12. We ended up with responses from 71 counties, and 48 of those counties reported having conducted one or more outreach initiatives during that period. Most of the reported activities were for Signs and Posters, Brochures and Flyers, Enrollment/Health Fairs, and working with Community Partners (schools, businesses, community agencies).

### TYPES OF ACTIVITIES REPORTED 2009-2013



	RESPONSES	PERCENT
Radio/TV/News Ads	6	13.0
Signs and Posters	23	50.0
Brochures/Flyers	27	58.7
Billboards	3	6.5
Direct Mailings	8	17.4
Public Transportation Ads	1	2.2
Hotline or Helpline	3	6.5
Home Visits	3	6.5
Enroll/Health Fairs	32	69.6
Back-to-School	11	23.9
Business Partners	4	8.7
Phonathon	0	0.0
Mobile Van	1	2.2
Cable TV Access	1	2.2
Enrollee Incentives	1	2.2
Outreach Staff Incentives	1	2.2
Other*	13	28.3
Community Workers	6	13.0

\* OTHER: COMMUNITY ENGAGEMENT = 6

\* OTHER: PRC APPLICATION FOLLOW-UP = 3

**OUTREACH & ENROLLMENT  
BEST PRACTICES SURVEY**

We conducted follow-up interviews with counties who reported on the initial survey that they had conducted specific types of outreach activity, to learn more about how they approached outreach and enrollment and what was working for them. In some cases, we also contacted their community partners on the outreach work and got their perspectives.

Based on our review and analysis of the follow-up interview information, we selected 16 counties whose outreach work is summarized on individual county profiles. These individual county profiles are included in the appendix at the back of this Guide.

From the comments section on the survey, follow-up surveys, and the work reflected in the county profiles, we see some consistent trends:

- 1 Most counties consider what they now do for outreach as a part of their ongoing routine work, and there is no specific funding source for just outreach.
- 2 Counties are being pressured to “hit the numbers”, which means spending their time and efforts to process applications and reapplications—leaving little time for outreach. Several commented that outreach is not seen as “real work” within their agency.

- 3 Counties who are organizing some outreach activities are not keeping track of applications received as a result of their efforts, or of any data needed to understand how to develop similar efforts in other settings.
- 4 Counties would like to see some State-developed brochures/flyers and consistent messaging for outreach that can be used locally. They do not see such material as particularly useful for mailing to families, but think it would be extremely helpful in local health fairs, community events, and to share with community partners.
- 5 Engagement with partnering agencies in their community is a successful strategy to create awareness of eligibility, communicate changes, get referrals, and provide help with reapplication reminders to the families.
- 6 The new eligibility system, Ohio Integrated Eligibility System, is easier to use and will make enrollment and renewal easier for families and for counties, and should be part of the marketing message in any outreach efforts.
- 7 There is still a lot of opportunity to make even better use of technology for information sharing, document management, coordinated application with other benefit programs, and data matching.

INDIVIDUAL COUNTY  
PROFILES ARE INCLUDED  
IN THE APPENDIX AT THE  
BACK OF THIS GUIDE.

## Lessons Gleaned from Other States

We asked several national partners for their perspectives on best practices on Medicaid outreach and enrollment of children including the Georgetown Center for Families and Children, National Academy for State Health Policy, Enroll America, and the Centers for Medicare and Medicaid Services. We also reviewed published reports on outreach and enrollment activities in other states that were

recommended to us by our national partners. Although we were looking primarily for findings and lessons learned, many of these sources also contain descriptions of how they set up their particular outreach activities. This is particularly true for the resources available from Enroll America. A list of the reports we consulted is found at the back of this Guide.

From this review, several themes have emerged. We found that there is very little information available on the cost to implement specific strategies, and even less information that links the costs to numbers of children enrolled or whose enrollment was renewed. Even without information related to cost, many approaches are felt by professionals in the field to be effective. Using a variety of approaches is typically what is undertaken, and there is no way of knowing which approach contributed how much to the final outcome.

There is a clear trend to using mass media (most expensive) initially. This creates a general awareness, and brand identification. Then, more targeted approaches are used to reach specific audiences and the more targeted approaches tend to result in higher numbers of actual enrollments.

Most of the sources we consulted about the importance of hands-on assistance to applicants and that it's done most effectively through community-based organizations that have strong ties within the targeted community. Many of the campaigns have been designed around using in-place staff dedicated to outreach and enrollment work. Yet, there is also

an increased use of internet and social media for outreach, with good success being reported.

Messaging needs to be clear, simple, specific on the economic and health benefits, and framed in ways that appeal to parents who want to do the right thing for their children.

A variety of simplification strategies and use of technology and electronic data matching have been used to make enrollment less of a challenge, which helps with initial enrollment and also with retention.

Data is reported as important to the effort from several perspectives: enrollment partners need to be able to tell applicants where their application is in the review process—county JFS know from experience that people tend to apply when they really most need it, and they are not going to just wait and hear; enrollment partners need to know when reapplications are coming due so they can work with the family in advance; and, enrollment partners need to know if they are being successful and making a difference on getting more children enrolled.

## Preliminary Recommendations

Voices for Ohio's Children recommends that Ohio take a number of actions to put more focus upon getting all Ohio children covered by health insurance. Our research—including conversations with the Outreach and Enrollment Best Practices Work Group, interviews with county Job and Family Services staff and community partners, and a review of practices in other states—has revealed opportunities for improvement. Some of our recommendations address steps the State could take that would provide needed support to counties, and could be taken at relatively little additional cost.

Some of our recommendations address ways to take fuller advantage of recent technology changes to make enrollment and reenrollment in Medicaid even easier.

We recognize that State and county agencies have limited resources and capacity to implement all these recommendations immediately. In a separate action plan, Voices for Ohio's Children will prioritize these recommendations and identify steps and timelines for implementation.

## Recommendations for Outreach & Enrollment

Ohio counties need access to new state funding that is dedicated to outreach and enrollment of children into Medicaid. With few exceptions, counties have not had dedicated funding for this purpose for many years, and it is clear that successful outreach is something that demands focused effort. State funds should be made available by application and submission of a specific outreach plan that reflects best practices in outreach and the specific needs and opportunities within that community. Many approaches can be effective, and a local community should be able to choose whatever is likely to work best at leveraging the resources available within that community.

At a minimum, funding priorities for local applications should be given to applications incorporating a set of work activities that include:

- 1 Strategies for using shared services to provide reduced administrative overhead and duplication;
- 2 Strategies that make maximum use of qualified entities in the community to make presumptive eligibility determinations;
- 3 Strategies that engage partnering agencies in the community that have strong ties to families and are trusted messengers on the importance of health coverage, to create awareness of eligibility, communicate changes, get referrals, and provide help with reapplication reminders;
- 4 Strategies that put a focus upon successfully keeping children enrolled;
- 5 Strategies that are evidence-based as effective at reaching families, and that incorporate data collection and reporting to show effectiveness.

A new, clear and simple set of state-developed messages are needed to explain all the changes and options available to families in the community, regardless of their income level. This needs to be a consistent set of messages that can be used in all counties. There is a need for State-developed brochures/flyers and consistent messaging for outreach that

can be used locally. Messaging needs to be clear, simple, specific on the economic and health benefits of enrollment, and framed to appeal to parents who want to do the right thing for their children. Messaging and accompanying outreach materials need to be developed specifically for hard to reach and underserved populations, including ethnic, limited-English, and low-literacy populations. Messaging also needs to address the ways now available to access needed care and the benefits of using preventive care. The Ohio Department of Medicaid and county Job and Family Services agencies should explore the increased use of the internet and social media, especially the use of phone apps and text messaging for reminders on renewal of coverage. Over 80% of cell phone owners use their phone to send and receive text messages; about 91% of text messages are read. Use of technology can be successful in reaching families and in getting higher rates of renewal, and also in reducing the administrative time needed for renewals.

Outreach campaigns, whether State or local, should take advantage of the built-in marketing and media interest that is created by the open enrollment periods for coverage through the federal health insurance exchange. Initial experience has been that additional outreach during these open enrollment periods is not likely to result in many more applications, and counties are getting as many applications as can be processed. Medicaid outreach for children should focus more upon periods when the federal health insurance exchange or marketplace is not creating awareness in the community of the available options for health insurance coverage.

Opportunities should be created for county staff who are involved in community engagement efforts to come together to discuss best practices, strategies for community education, and consistency with strong and effective messaging for enrollment, retention, and accessing services. This could include the OJFSDA annual training conference, as well as

ODM technical assistance seminars. It should also include ongoing face-to-face opportunities, perhaps through adding to the meeting agenda for the Metro Directors and District Directors meetings of the county JFS agencies.

## Recommendations for System Changes & Enhancements

The ODJFS online system for unemployment compensation should be updated to include a link to ODM information on how to apply for health coverage through the Exchange, or through Ohio Benefits. COBRA is currently the only choice given, and it is at a much higher premium cost than most people who just lost their job can afford.

A single, statewide interactive voice response (IVR) platform is needed for incoming calls, and that could handle program benefit explanations, applications by phone, and checking of case status and updates. It would also be useful to have an outbound auto dialer to give counties the ability to use the phone for distribution of general information, including outreach.

A single, statewide platform is needed for scanning, indexing, and viewing documentation for applications. This would include integration with the Ohio Integrated Eligibility System (OIES) and worker notifications when anything changes in the system that would affect eligibility.

Additional training is needed in many counties on the OIES, since not everyone was initially trained and there have been numerous changes made to the system since initial training. What is most needed is hands-on training for caseworkers, especially with someone who is knowledgeable on the policy that went into OIES.

Work needs to continue on implementing a more automated, passive system for reapplications. Keeping coverage in place for children should be a priority. Work also needs to continue that will take advantage of the capabilities built into the new OIES to provide better data to help counties and the state manage the application and renewal processes.

**A NEW, CLEAR AND  
SIMPLE SET OF MESSAGES  
ARE NEEDED TO  
EXPLAIN ALL THE  
CHANGES AND OPTIONS  
AVAILABLE TO FAMILIES  
IN THE COMMUNITY,  
REGARDLESS OF THEIR  
INCOME LEVEL.**

# ASHLAND COUNTY

**Population:**  
53,043

**Uninsured Children:**  
16.9%

**Poverty:**  
12.1%

**Children Enrolled in Medicaid:**  
4,369 (7.2% increase over 2008)

## Outreach Activities in Past 5 Years:

- Home Visits

## Summary of Key Outreach Activities:

### Care Team Home Visits

The intent of this multidisciplinary service coordination team is to assure that children of any age who have needs that are not met using a single service entity are linked to appropriate service supports in the community. The team meets with family members to develop a family service opportunity plan to connect all family members to services. Families are assigned a lead worker who assists them in implementing the service plan. The lead staff member is usually the staff member who referred the family to the team. The lead staff member has a follow-up meeting with the family after the initial Care Team meeting, and works with the family to prioritize the family plan options and assist in linking to services. FCFC provides ongoing and follow-up service coordination if needed. This is done through the Care Team facilitator, who contacts the family within a month of the team meeting to check on linkage to services. The Care Team Facilitator does a similar update at 90 days after team meeting. Referrals come from a variety of community agencies and family self-referrals. Many homeless families are referred to this team. The Salvation Army Kroc Center provides meeting space for the team.

### Outcome Measures:

Outcome data reveal between 95-100% follow up linkage to medical services by the families. The types of children's medical services contained on the service plans usually involve neurological or psychiatric evaluations and rarely involve physical health issues.

### Lessons Learned:

There is much that can be achieved by making outreach a part of your ongoing daily business practices. Families still have trouble understanding the application and reapplication forms, and in navigating through the process. Although it is helpful to have multiple places in the community where a family can get help in understanding and making application for health coverage, the lack of transportation (their own or public transportation) makes it difficult. Families do not always have internet connections, nor do they have transportation to get themselves to a place that does have internet.

### Recommendations for State Consideration:

Counties don't all have the bandwidth to support the OIES. The system runs so slowly that it times out, and families leave rather than start over with their application. Until OIES is running efficiently, staff cannot handle the additional work of conducting outreach or of processing the additional applications that would come from more outreach.

## For More Information:

**Cassandra Holtzmann, Ashland County Dept. JFS**  
419-282-5024, [HOLTZC@odjfs.state.oh.us](mailto:HOLTZC@odjfs.state.oh.us)

# COLUMBIANA COUNTY

**Population:**  
106,507

**Uninsured Children:**  
4.7%

**Poverty:**  
11.8%

**Children Enrolled in Medicaid:**  
11,049 (6.5% increase over 2008)

## Outreach Activities in Past 5 Years:

- Outreach Workers in the Community

### Summary of Key Outreach Activities:

From 2004—2011, the county JFS agency had a contract worker stationed at a local hospital that is located about 20 miles from the county JFS offices. The hospital provided working space, and the contract worker was on-site three days per week and completed applications and reapplications for benefits in addition to Medicaid. It was also a site where child care providers could bring their paperwork to the JFS for processing. This provided the county JFS with a location to serve parts of the county where travel to the JFS was very time-consuming and difficult for families. In addition, the contract worker maintained a monthly schedule of visiting the community health centers, Head Start agencies, preschools, and day care centers to provide information about Medicaid and assist with applications. In addition the agency co-located eligibility staff and a supervisor at the hospital three days a week from February 2007 through February 2012. When phone interviews for benefits such as food assistance became permissible, the need to maintain the schedule at the local hospital was reduced. So, starting in 2012, the county JFS agency assigned a staff caseworker to pick up the monthly schedule of onsite work in the community, but reducing the time at the hospital location to what was needed for Medicaid applications.

### Outcome Measures:

Data from 2009 show 123 Medicaid applications coming from the hospital and community clinic visits. Data from 2010 show that the contract worker shared information with 29 families through the other community onsite visits in schools, day care, and preschool settings but data was not recorded on the number that resulted in Medicaid applications. In 2011 through 2013 there were 61 Medicaid outreach events held in Columbiana County which involved sharing of enrollment information to approximately 600 individuals.

### Lessons Learned:

We think outreach work is important because some people are unaware of the services our agency offers. Others don't like the stigma of coming to our office to apply for services and by having an outreach worker at various community events folks have an opportunity to learn about services we offer and apply for those services at the event. One of the largest cities in our county is also one of the poorest and families have medical problems and access to care issues. Having outreach activities at the local clinic in that city provides an opportunity for families to apply and obtain the needed services.

### Recommendations for State Consideration:

We need materials that describe the benefit and how to apply, similar to the palm cards we had developed through a project with our local United Way. We need more support from the State that we should consider Medicaid outreach as an important activity for the county to do.

### For More Information:

**Luann Dunham, Columbiana County Dept. JFS**  
330-420-6500, [DUNHAL@odjfs.state.oh.us](mailto:DUNHAL@odjfs.state.oh.us)

**CUYAHOGA COUNTY****Population:**

1,265,111

**Uninsured Children:**

4.3%

**Poverty:**

13.6%

**Children Enrolled in Medicaid:**

143,657 (8.9% increase over 2008)

**Outreach Activities in Past 5 Years:**

- Signs and Posters, Brochures, Direct Mailings, Hotline, Enrollment and Health Fairs
- Community Agency Outreach
- Use of Mobile Van
- Radio and Back to School Campaigns
- Electronic Communications

**Summary of Key Outreach Activities:****Media Campaign**

The county formerly conducted a variety of traditional outreach activities each year, but 2009 was the last year it had a marketing contract in place. In 2010, several public service pieces were run on local radio, advertising community events that included public information and enrollment of Healthy Start Medicaid. The county also continues to place half-page ads in Spanish language newspapers in the area during festival times to maintain an awareness of health care coverage and the availability of additional information and enrollment assistance during those events.

**Community Engagement and Education**

- The county JFS has a county-wide community education and outreach plan to disseminate information and collaborate with community partners to improve access to agency programs and services, other county agencies, and other community resources. Main features of the plan include:
  - Providing customers with information to help them understand and avail themselves of county JFS programs and services through community outreach events and public education.
  - Direct mailing to former Healthy Start recipients and unemployed individuals.
  - Providing customers a variety of user-friendly access tools including the Kids Health Mobile (KHM), online and hotline application for county JFS programs and services. Applicants who request assistance in obtaining or completing benefit applications have access to live, telephonic assistance via a "hotline" to ensure that all residents who are eligible for benefits may obtain them as timely and efficiently as possible.
  - Participating with 14 collaborations within the county by attending monthly meetings in order to educate providers and the community about county programs and services; inform them of policy changes, news and upcoming events; and, learn from providers the pressing issues and immediate needs of the people they serve, and about upcoming community outreach opportunities where the county JFS can participate.
  - Managing the agency's Speakers Bureau in order to educate and provide information to the community by conducting presentations, hosting community resource events and forums.
  - Managing the agency's website and other external communications including an e-Community newsletter, Facebook, Live Chat, Podcasts, online publications, videos, and community event schedules to keep the community informed of county health and human services policies, operational processes, programs and services.

## Use of Mobile Van

During 2012 and 2013, a traveling promotional van was used to help get the word out about the HealthyStart program and other services administered locally by Cuyahoga Job and Family services to neighborhoods, community institutions and outdoor public events. The Kids Health Mobile (KHM) is an 18 foot van equipped with a side awning, sound, and Wi-Fi capability so interested individuals can apply online for benefits and access child support information if applicable as well as outreach staff can provide additional assistance. This has provided improved external agency communications at a variety of community events, including Homeless Stand Down, Parade the Circle, health fairs, back-to-school campaigns, community summer festivals, Hispanic cultural festivals, utility resource fairs.

## Outcome Measures:

The Speaker's Bureau has continued to expand, with ten (10) trainings held in the first quarter 2014, providing training to 126 participating individuals that included community partners from the social service, healthcare, senior services, criminal justice, and behavioral health sectors. Trainings have primarily focused on increasing the number of community customers who utilize the online benefits system as well as increasing community understanding of the new MAGI Medicaid eligibility system.

- This calendar year the Speakers Bureau has utilized a pre-survey for registrants to gauge the most effective method of training the attendees. The Speakers Bureau also administers a post-survey 30 days after the initial training to gauge the efficacy of the training. The goal is to increase the utilization of the online system and educate the community of CJFS system changes, and 72% of post survey responders state that they have utilized the online application process since attending the training.
- In 2013, the hotline averaged 300 calls per month and approximately 75 Healthy Start applications were completed. Through the website, the county JFS sent out 60 email blasts in 2012, and 70 in 2013. The community e-newsletter has 1,930 subscribers and is sent out quarterly with news and updates.
- Over the past two years, the mobile van has been used at over 150 outreach events in the county, engaging nearly 20,000 residents and distributing over 5,000 applications for benefits—including applications on the Healthy Start program.

## Lessons Learned:

- More promotion is needed for the mobile van and for the online website portal. Many community workers and customers are still unaware of policy changes or that benefits are accessible online or through the mobile van.
- News has to be broadcast through multiple outlets—website, community e-newsletter, social media, press release, print media—customers need to hear news at least three (3) times before it starts to resonate and information is processed.
- To make the most significant impact when providing education in the community, you must be aware of your audience(s) so that the end goal of awareness, empowerment, and utilization is realized. In order to do so, you must be strategic in messaging of complex social policy issues.
- To maximize agency staff's time and resources it is extremely important that we begin to partner with community agencies to increase visibility and marketing efforts as well as expand our reach to customers.

## Recommendations for State Consideration:

- State agency representatives to be available for more face to face in-person engagement with the community. It is important for community representatives to have a forum where state policy questions are answered directly by State officials. We have had community forums with over 150 people in attendance ranging from direct service staff, to community intermediaries, customers, and executive administrators.
- Statewide committee—some type of coordinated venue that brings together staff that are involved in community engagement efforts to allow for discussion of best practices, strategies for community education, information sharing and consistency in messaging. Metro counties may have different challenges due to caseload size, and other counties may have few community resources other than State programs.
- Create desk aides that can be shared with the community to help in understanding State policy and system changes and implementation of new services. We also need user friendly FAQ's for providers.

## For More Information:

**Aída C. Idiáquez, Cuyahoga County Job and Family Services, Office of Community Engagement**  
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## FRANKLIN COUNTY

**Population:**  
1,195,537

**Uninsured Children:**  
6.6%

**Poverty:**  
12.9%

**Children Enrolled in Medicaid:**  
140,914 (17.2% increase over 2008)

### Outreach Activities in Past 5 Years:

- Community Agency Outreach

### Summary of Key Outreach Activities:

#### Economic and Community Development Institute (ECDI)

The county JFS agency partnered with ECDI at the end of 2012 and continued the partnership through January, 2014. During that time ECDI was a CHIPRA grantee, operating a Medicaid outreach project through federal funding. The partnership with Franklin county JFS involved several key initiatives designed to reach more families and reduce the amount of time needed to make eligibility determinations:

1. JFS designated one case worker to receive the ECDI applications. A staff person from ECDI met with this case worker weekly to submit new applications and get updates on pending cases.
2. JFS agreed to send flyers to clients in their recertification notices about ECDI's ability to assist with recertification applications. ECDI had an easy, streamlined process for the applicant and then served as an authorized rep to interact with JFS and reach a prompt decision.
3. Customer Access Line—An ECDI phone connection was added as prompt #8 to their customer service phone line. Customers left a message and their calls were returned by ECDI staff within 24 hours.

#### Ohio Benefit Bank Link with Food Assistance Applications

The Ohio Benefit Bank™ (OBB) developed a special process with Franklin county JFS in late 2009 to quickly make determinations on food assistance cases, which often include applications for Covered Families and Children Medicaid. About ten OBB sites throughout Franklin County now use this expedited process, called Direct Access, including two agencies that serve immigrant and refugee populations (CRIS and US Together). Direct Access allows for an OBB counselor to submit necessary documentation directly to a county JFS caseworker electronically. The JFS caseworker may then complete any required interview with the client over the phone, all in a single appointment with the OBB counselor. The Ohio Association of Foodbanks provided free outreach materials in both English and Spanish, and the application software is in English and Spanish. The OBB has 67 partner agencies trained to assist with Medicaid and other benefit applications. These sites are open to the public and dispersed throughout Franklin County. This network of sites consists of faith-based and community organizations. The OBB provides training to partner agencies that is focused on using the OBB on-line service to complete quality applications and equip counselors with information to reduce barriers to obtaining benefits.

### Outcome Measures:

#### Economic and Community Development Institute (ECDI)

Having a designated person available to facilitate the application review and approval process resulted in most eligibility decisions being made on applications within the 30 day window. Applications were not misplaced in the system and, by acting as an authorized representative for the client, ECDI staff could follow up on missing verifications assuring that applications were completed.

It could not be verified that any Medicaid applications resulted from information inserted in JFS recertification notices. ECDI reported that it was not unusual for clients to say they never received a recertification notice. In some cases, it was known that a change in address had occurred but many clients were adamant that a notice was never received at the old or new address.

The Customer Access Line handled 1002 calls with a message left. A total of 258 of those calls had a specific question about Healthy Start insurance, resulting in subsequent appointments with 82 applications and 72 children enrolled.

### **Ohio Benefit Bank Link with Food Assistance Applications**

The OBB sites using the Direct Access process from its beginning in 2009 accounted for 815 Medicaid applications for children during the 2009-2013 time period. The two agencies that serve immigrant and refugee populations (CRIS and US Together) accounted for 251 of those applications. Other sites and their Medicaid applications for that time period include Vineyard Community Center (317), Faith Mission on North Grant (23), and YWCA Columbus (124).

### **Lessons Learned:**

The use of community-based organizations such as ECDI and the Ohio Benefit Bank can be an effective way to reach many families who otherwise may not have thought they qualified for medical insurance coverage. You need to invest the time and resources, however, in being sure that referrals and applications from those community partners get processed timely and that they have a way to get quick help from informed eligibility staff when questions or problems arise.

### **Recommendations for State Consideration:**

We would like to see the State continue to develop ways to use technology to reduce the amount of hands-on time needed by caseworkers to handle new applications and reapplications.

### **For More Information:**

**Lance Porter, Franklin County Dept. JFS**  
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**FULTON COUNTY****Population:**

42,513

**Uninsured Children:**

4.0%

**Poverty:**

7.8%

**Children Enrolled in Medicaid:**

3,635 (16.9% increase over 2008)

**Outreach Activities in Past 5 Years:**

- Direct mailings
- Billboards
- Health Fairs
- Home Visits

**Summary of Key Outreach Activities:****Community Agency Partnerships**

The Fulton County Dept. of Job and Family Services actively promotes networking of human services agencies throughout the county. They promote shared training and sharing of information across programs, and agency cross-training on available services and how to access those services. Within the county JFS agency itself, as part of its “asset building” plan that includes increasing program knowledge and policy awareness by agency staff, employees are expected to attend classes, webinars and on-line training to meet 12 hours of required training on Medicaid. Through partnership with Help Me Grow, Medicaid services are promoted through baby fairs and Dept. of Health nurses assist families with making Medicaid application. Promotional materials for health fairs were paid for through a small grant from the Children’s Trust Fund. Information on Medicaid and changes to the program are regularly shared at Family and Children First Council monthly meetings. Children who are being home-schooled receive mailings about the availability of health care coverage and how to apply. The local Children’s Services Board has made medical coverage a priority focus for children in its care.

**Outcome Measures:**

County JFS agency is not currently able to track Medicaid applications that are a direct result of any specific outreach activities.

**Lessons Learned:**

What we have found to be most effective is to provide ongoing cross-training with the other human services agencies in the county so that all doors are a potential door to Medicaid. If everyone is making it part of their business to get coverage for children, it does not need to cost a lot of additional money to do a good level of outreach.

**Recommendations for State Consideration:**

It’s not enough to prepare marketing and program application materials at a low reading level. It’s not just the complexity of the words, it’s the complexity of the process that families find difficult to understand. Materials need to be field-tested with families before they are sent out for use.

Additional training is needed in many counties on the OIES, since not everyone was initially trained and there have been numerous changes made to the system since those initially trained got their training. What is most needed is hands-on training with caseworkers, especially with someone who is knowledgeable on the policy that went into OIES. Fulton county could serve as a regional host for such hands-on training.

**For More Information:**

**Amy S. Metz-Simon, Fulton County Dept. JFS**  
419-337-0010, METZA@odjfs.state.oh.us

**GREENE COUNTY****Population:**  
163,587**Uninsured Children:**  
3.7%**Poverty:**  
8.4%**Children Enrolled in Medicaid:**  
10,900 (17.0% increase over 2008)**Outreach Activities in Past 5 Years:**

- Trainings/communications to community partners

**Summary of Key Outreach Activities:****Community Agency Engagement**

The local Family and Children First Council provides a forum where regular updates are given on upcoming opportunities for outreach in partnership with other agencies, and updates on any changes in eligibility or benefits. This has been particularly helpful in the past year as the new MAGI-based eligibility was implemented for Medicaid. In addition, the county has Linkage meetings every other month, where front-line staff from the human services agencies in the county get together to share information and develop strategies to more effectively match up available services with the needs of families in the community. The Linkage meetings are felt to be particularly helpful because outreach information is being shared directly among staff that is coming into direct contact with families on a regular basis. These front-line workers are the ones most trusted by the families, and whose recommendations are most likely to result in Medicaid applications from the family. They are also the agency staff in the best position to help the family with completing those applications or to provide reminders on the need to follow-through and get the applications submitted.

In addition, the county JFS agency participates annually as a presenter in a certificate program through Antioch University that provides learners with the research and decision-making tools to become a credible guide to others in maneuvering through the complexities of present day health care systems. This certificate program, Healthcare Consumer Advocacy/Patient Navigation, is supported by Greene Memorial Hospital and Soin Medical Center.

**Outcome Measures:**

County JFS agency is not currently able to track Medicaid applications that are a direct result of any specific outreach activities.

**Lessons Learned:**

Creating a meaningful presence with other human services agencies in the community, particularly in smaller communities, is important as a strategy to conduct Medicaid outreach. Word-of-mouth is a very effective way to reach families, and the more other agencies know about Medicaid the more effective they will be in linking families to the program.

**Recommendations for State Consideration:**

State agencies should find ways to incentivize and encourage local human service organizations to create opportunities for direct, front line staff to meet, consult, share, and coordinate with one another.

Counties could be encouraged to contact local colleges and educational programs and make speakers available who can talk to students about human services programs in their community and how to help families access those services.

**For More Information:**

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## **GUERNSEY COUNTY**

**Population:**  
39,817

**Uninsured Children:**  
7.7%

**Poverty:**  
14.3%

**Children Enrolled in Medicaid:**  
4,838 (3.0% increase over 2008)

### **Outreach Activities in Past 5 Years:**

- Radio/TV/News Ads
- Signs and Posters
- Brochures and Flyers
- Enrollment Fairs or Health Fairs

### **Summary of Key Outreach Activities:**

#### **Community Agency Outreach**

The county JFS agency relies primarily upon outreach strategies that take advantage of opportunities in the community presented by health fairs and the county fair. Because of a personal connection developed by agency staff with the local radio station, the county has been able to get coverage at no cost. In the past, having managed care plans in the lobby on a rotating basis has been a good way to get information out. But, the agency no longer has lobby space and there are many fewer walk-ins than there used to be. The county fair continues to be a good opportunity to reach people, and information booths that include Medicaid are set up and staffed in half-day shifts. The agency has also submitted short articles on Medicaid programs to their daily newspaper. This is a great opportunity to get the information out in the community and to clear up misconceptions related to the different Medicaid programs.

#### **Outcome Measures:**

County JFS agency is not currently able to track Medicaid applications that are a direct result of any specific outreach activities. We have only anecdotal information from when people mention seeing one of the information pieces on Medicaid, or hearing something on the radio.

#### **Lessons Learned:**

Radio seemed to be the most effective way to get information out into the community. It reaches more people, and seems to get their attention.

#### **Recommendations for State Consideration:**

We could also use some descriptive informational materials, particularly if they have been developed as easy to read and understand. Not too much information, and using pictures and color. Just having a low reading level score does not mean that materials are easy to understand, and what we need are materials that our customers will understand. We need more items that promote Medicaid, and that can be used at health fairs, community events, Children's Services, and community events as giveaways. Items like tiny flashlights, notepads, puzzles, magnets, and coloring books draw the children and get taken back home as reminders. We could also use some health messages and information on how to apply for Medicaid that could be played when callers are put on "hold."

### **For More Information:**

**Gloria Lane, Guernsey County Dept. JFS**  
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# HAMILTON COUNTY

**Population:**  
802,038

**Uninsured Children:**  
5.4%

**Poverty:**  
12.6%

**Children Enrolled in Medicaid:**  
90,930 (26.9% increase over 2008)

## Outreach Activities in Past 5 Years:

- Outreach Workers in the Community

## Summary of Key Outreach Activities:

### Food Pantry Outreach

Starting around 2006, the county JFS agency entered into an agreement with the Freestore Foodbank for a county caseworker to see families at the foodbank. There were posted hours and dates that the caseworker would be there, and space was provided. In addition, employees of the foodbank attended the information sessions and learned the basics of eligibility so they could provide information and appropriate referrals when the caseworker was not there. Originally, the focus was to provide information and take applications for food assistance. It became clear, however, that many of these families were also eligible and in need of Medicaid coverage. By 2012, the Freestore Foodbank was showing a consistently high demand for application assistance, and decided to become a site for the Ohio Benefit Bank. They now have a person on staff who is trained to provide application assistance to families coming to the foodbank.

### Library Outreach

This county JFS agency has established a working partnership with their public library system to allow applicants for benefit programs to drop off their completed applications and verification documentation at any of the 41 libraries operated by the Public Library of Cincinnati and Hamilton County. Library branches are distributed throughout the county, providing applicants with easier access and more convenient hours of service—including evenings and weekends. This partnership was recognized as an Achievement Award Program in 2009 by the National Association of Counties (NACo). After receiving the application forms and documentation, library employees fax the documents to the main offices of the county JFS, and the applicant gets a time-dated record of the application date.

## Outcome Measures:

### Food Pantry Outreach

Data were maintained at the time on the number of Medicaid applications that were taken through this partnership with the Freestore Foodbank, but are no longer retrievable. It is known, however, that it was sufficiently successful to warrant the part-time schedule that was established. In fact, the volume grew to the point where it was appropriate to explore ways to transition to an alternative approach that would provide daily outreach and enrollment support to the Freestore Foodbank through becoming a Ohio Benefit Bank site.

### Library Outreach

Data were kept on the number of applications and verification documents received through the library partnership. During on two-month period in the first year of the partnership, over 1000 applications were received through the various branch libraries. Currently, the county is receiving 170-190 faxes daily from the library branches (including weekend days), which include applications and verifications for applications. This process is much quicker for the applicant, and it has also resulted in reducing the overcrowding in the JFS lobby, so that those who must still come to the JFS agency have a reduced waiting time.

## Lessons Learned:

Involve every community partner, early and often. Partnerships with other community agencies often get you even more than you hoped, but you will need their help in figuring out how to make it most effective for them as well as for your agency.

## Recommendations for State Consideration:

Applications for unemployment benefits should link the applicant to food assistance and medical assistance. COBRA is currently the only choice given, and it is at a much higher premium cost than most people who just lost their job can afford. Outreach right now should focus on everything that is available to help with medical costs, and provide information on how to apply.

## For More Information:

Jim Ashmore, Hamilton County Dept. JFS • 513-946-1858, [ASHMOJ@jfs.hamilton-co.org](mailto:ASHMOJ@jfs.hamilton-co.org)

# HARDIN COUNTY

**Population:**  
31,627

**Uninsured Children:**  
12.6%

**Poverty:**  
10.0%

**Children Enrolled in Medicaid:**  
3,031 (21.9% increase over 2008)

## Outreach Activities in Past 5 Years:

- Radio/Television/Newspaper ads, public service announcements
- Signs and Posters
- Outreach with community partners

## Summary of Key Outreach Activities:

### Community Outreach through PRC

The county department of Job and Family Services advertise through local media that they will be conducting a school clothes project August. This project started in 2013, and the agency plans to repeat it in 2014. Families apply at the agency for \$150.00 for each eligible child. County caseworkers take this opportunity as families apply for school clothes for their children to chat with each person about Medicaid coverage and to apply while they are in the agency. Last year they had about 500 applicants that they talked with, which allowed additional outreach to families not currently enrolled in Medicaid.

### Partnership with Open Gate

Hardin County Open Gate is an opportunity for anyone to come and take a “first step”, be it an assessment, an appointment, determine eligibility, access services, etc. Open Gate is a project created and developed by the Mental Health and Recovery Services Board of Allen, Auglaize, and Hardin Counties. It’s a collaboration of public agencies, non-profit organizations, citizens, businesses, faith-based partners, and community stakeholders united and committed to serving the local community. Open Gate operates in Hardin County at St. John’s Church of Christ in Kenton, Ohio. Open Gate is open for a few hours on the last Thursday of each month at the St. John’s Church of Christ site, which operates a local soup kitchen that provides meals to anyone in the community. Open Gate allows access to human services programs and benefits to anyone, including those individuals that choose to partake in the outreach service of the soup kitchen. The Open Gate program started in Allen County in June of 2012, and expanded to Hardin County in June of 2013. There are future plans for Auglaize County to have an established Open Gate in the 2014 year. Hardin County Job and Family Services (JFS) sends two eligibility workers, with laptops, for a 2-hour shift at each of the Open Gate monthly meetings. The JFS agency rotates the staff so that everyone gets the experience of interacting with clients in this type of community setting.

## Outcome Measures:

### Community Outreach through PRC

During the three day period in August, 2013, in which the county accepted and processed PRC applications for school clothing, the number of Medicaid applications increased by about 60 families.

### Partnership with Open Gate

During the last seven months in 2013, Open Gate had an average of 13-14 agencies participating at each of the monthly events. Participating families ranged from a low of 11 to a high of 30, with average participation of 18 families. The county had 32 new applications for Medicaid through this work, and six of those were families with children.

## Lessons Learned:

Eligibility workers find it very meaningful to have opportunities to work face-to-face with clients in community settings, and see how their eligibility determination work can have such a positive impact on that person's life.

## Recommendations for State Consideration:

Bring counties together to learn about opportunities like Open Gate that are good ways to reach into the community. Provide some state-level (Dept. of Education) support of efforts to work with schools, so local schools know that they are expected to try to find ways to work with local partners to get health coverage for children. Set some enrollment targets for counties to get more children covered. Provide state direction that will encourage county workers to do more outreach.

## For More Information:

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**OR, Sandy Monfort, Open Gate • [Sandy@wecarepeople.org](mailto:Sandy@wecarepeople.org)**

## LICKING COUNTY

**Population:**  
167,537

**Uninsured Children:**  
4.9%

**Poverty:**  
9.1%

**Children Enrolled in Medicaid:**  
15,525 (14.8% increase over 2008)

### Outreach Activities in Past 5 Years:

- Radio/TV/News Ads
- Signs, Billboards and Posters
- Brochures, Flyers and Direct Mailings
- Hotline or Helpline
- Enrollment or Health Fairs
- Back to School Campaign
- Outreach Workers in the Community

### Summary of Key Outreach Activities:

During calendar years 2010 and 2011, with funding assistance from the Licking County Foundation, the county dept. of JFS initiated a focused outreach and enrollment campaign. The top expectation was to increase Healthy Start enrollments for children by educating the public on eligibility and providing outreach materials to the public. A main focus of the outreach was not only on new enrollments but also retention of Healthy Start eligibility. Unfortunately, many times families apply for Healthy Start for their children because of an immediate need. Once that emergent need has been addressed the parents let the coverage lapse and do not complete the reapplication process. Outreach, enrollment, and educational services focused on this retention as well as “well care” preventative medical care. Outreach activities included the development of brochures and posters, including reference to a Healthy Start direct phone line. The materials were widely distributed throughout the county at doctor offices, clinics, hospitals, schools, pharmacies, food pantries, housing agencies, WIC, and various community agencies. The materials were also used in numerous visits and presentations at these locations—as well as at health fairs, street fairs, and employment fairs in the county—and, at parent/teacher conference nights at local elementary schools. Billboard ads were created, including two digital displays, and placed at multiple locations in the county. News ads and radio ads were placed, and e-mail blasts on the availability of health care coverage were directed to job seekers. More recently, the county has mailed information flyers to individuals receiving food assistance but not currently enrolled in Medicaid. In separate mailings, information on available health coverage was mailed to individuals covered only under the Family Planning Medicaid category, and spend down individuals who are not over age 65 and/or receiving Medicare.

### Outcome Measures:

Over the two years of funded outreach and enrollment activity, Medicaid enrollment of children increased from 14,672 (January, 2010) to 15,560 as of December, 2011. During the two years of the campaign, enrollments were higher than the statewide average. This increase exceeded the expectations when the campaign was launched. For the year prior to the campaign, as well as for the year following the campaign, Medicaid enrollment of children in Licking County was lower than the statewide average.

**January '10 – December '10** = 671 additional children enrolled, and 25% increase in the number of children maintaining Healthy Start Insurance

**January '11 – December '11** = 217 additional children enrolled, and maintenance of the prior year gains in numbers of children maintaining Healthy Start Insurance

### Lessons Learned:

The implementation of case banking, the Medicaid hotline, and the phone enhancement, all significantly contributed to the success of the program. Ease of access is crucial to the success of enrollment in the Healthy Start program. Being able to provide direct outreach to schools and provide information to parents and staff during school open houses was a real benefit in enrolling children in the Healthy Start program.

### Recommendations for State Consideration:

Put more focus on reapplication follow-up. Instead of just sending a checklist and proposing to close when we receive no responses, we make phone calls and do a more intensive case management to help assure that families maintain their coverage. This approach is most successful when you identify some resources, including some specific individual(s) to be responsible for conducting all the follow-up contacts and tracking the outcomes to successful and timely reapplications.

We need to develop ways to make even better use of the new OIES to further automate a passive reapplication process, and communicate with customers through the message center.

### For More Information:

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# MARION COUNTY

**Population:**  
66,238

**Uninsured Children:**  
6.8%

**Poverty:**  
15.0%

**Children Enrolled in Medicaid:**  
7,532 (12.7% increase over 2008)

## Outreach Activities in Past 5 Years:

- Home Visits
- Business Partners

## Summary of Key Outreach Activities:

### Home Visits

The Help Me Grow (HMG) service coordinators in Marion county have all been trained on Medicaid eligibility for children. Part of their responsibility when making home visits to at-risk, low income families is to identify if there is a need for health care insurance in that household. If so, the HMG service coordinators will provide background information on the benefits of coverage, and on the application and approval process. They will also help the family complete an application and assemble the required documentation that is needed to support the application. To assist HMG with this process, the county JFS has identified a contact person within the JFS who can answer questions from the service coordinators on eligibility and the application process.

### Business Partners

Through its Workforce Development Division, the county dept. of JFS works with area businesses who are going through layoffs. When conducting a “Rapid Response” event for those employees who are being affected by the layoff, the county provides information and assistance in obtaining Medicaid health care coverage for those children and adults who may now be eligible due to the loss of family income.

JFS also provides quarterly training to all of the child care centers and professional Type B child care providers within the county. These quarterly trainings include training on Medicaid eligibility for children, and the application process.

## Outcome Measures:

The HMG service coordinators work with about 400 Marion county families each year. Data have not been maintained on the number of Medicaid applications that have been submitted as part of the HMG home visits, Rapid Response events, or through assistance to child care centers or professional Type B child care providers.

## Lessons Learned:

This initiative had a greater impact prior to 2010, when the eligibility for HMG home visiting was made more restrictive. Few families are now eligible to receive HMG home visits.

## Recommendations for State Consideration:

- General awareness of the availability of coverage is important; right now, the publicity related to implementation of the Affordable Care Act is providing that general awareness, but it will be needed again once initial enrollment deadlines are passed and media coverage diminishes.
- The new online application system, OEIS, is easier to use than the former eligibility system, and families need to hear that the application process is now simpler and easier for them.

## For More Information:

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# NOBLE COUNTY

**Population:**  
14,579

**Uninsured Children:**  
4.3%

**Poverty:**  
16.3%

**Children Enrolled in Medicaid:**  
1,294 (9% increase over 2008)

## Outreach Activities in Past 5 Years:

- Signs and Posters
- Brochures and Flyers
- Enrollment Fairs or Health Fairs
- Back-to-School Campaign
- Enrollment Activities with Local Businesses

## Summary of Key Outreach Activities:

### Local Business Initiative—Safety Day

This event has been held each of the past two years, and is hosted by a local car dealership. Fire, police, and Emergency Medical Service offices are open and available for kids to get tours and see the equipment. As part of the event, local human services agencies set up booths and provide information about services available through their agency. Job and Family Services assigns caseworkers to their information booth and are equipped to distribute information and application forms, and to take applications on-site. They usually get about 200 people at this event.

### Back-to-School Initiative—Block Parties

This event has been held each year for more than five years. One of the two local school districts serving Noble County hosts a Block Party just prior to the start of the new school year, and most families with school-age children attend. Job and Family Services assigns caseworkers to an information booth at each Block Party, and staff are equipped to distribute information and application forms, and to take applications on-site.

## Outcome Measures:

County staff know that they only get 1-2 applications completed at the Safety Day or the Block Party events. They also know that they receive back a number of completed applications that were distributed during these events, but do not know how many.

## Lessons Learned:

County staff are considering the need to do some tracking of applications that are received as a result of the annual Safety Day event, or as a result of back-to-school Block Party events.

## Recommendations for State Consideration:

County staff report that they could use more pamphlets, posters, and promotional items (particularly items that would appeal to children) for distribution at community events. Mailing of outreach and enrollment materials is not seen as particularly helpful, but having eye-catching and readable materials to use as part of community events is seen as helpful.

## For More Information:

Tracy C. Saling, Noble County Dept. JFS  
740-732-2392, Ext. 112, SALINT@odjfs.state.oh.us

**SENECA COUNTY****Population:**  
56,018**Uninsured Children:**  
4.1%**Poverty:**  
11.1%**Children Enrolled in Medicaid:**  
5,627 (14.5% increase over 2008)**Outreach Activities in Past 5 Years:**

- Enrollment and Health Fairs
- Business Partners

**Summary of Key Outreach Activities:****Family Fest**

For the past seven years the county has held a large family/community event. The last several years it has been hosted by the local YMCA program. The event includes many kid-friendly games, activities, prizes and food, including Safety City, swimming, a bake sale, plus blood pressure and blood sugar screenings available. All the human services agencies in the community are represented and have information booths at the event. It is promoted through radio, newspaper, and flyers in advance. During the event, WTSC and WTTT radio stations conduct interviews and provide live remote broadcasts.

**Business Partners**

The Area 7 Work Force Investment Board includes business leaders from a variety of communities, and part of the ongoing discussion includes breaking down myths on health care. As a member of the Board, the county JFS agency has been in a position to provide information on Medicaid, what is covered, how it supports families in the work place, and how to apply. The national health care discussion these past two years have helped frame the local conversations on health care access, and provided further opportunities to address myths that have perhaps discouraged families from applying.

**Outcome Measures:**

There are generally about 300 people who attend the annual Family Fest events. This includes grandparents who are caring for young children. Although it is known that Medicaid applications are received through the online portal as a follow-up to these events, the county JFS agency is not currently able to track Medicaid applications that are a direct result of any specific outreach activities.

**Lessons Learned:**

Community-wide festivals and similar events create excellent opportunities to get free publicity that can be used to get out your message.

**Recommendations for State Consideration:**

We would like to see a consistent message and visibility across counties for Medicaid coverage. Billboards and the 800-number created good awareness in the past. The State could be developing and placing internet ads and informational and promotional material to post on local agency Facebook pages.

Building a strong outreach effort in the community also needs the leverage of having buy-in from State partners (Education, Health, etc.).

**For More Information:**

**Kathy Oliver, Seneca County Dept. JFS**  
419-447-5011 (ext.385), [OLIVEK02@odjfs.state.oh.us](mailto:OLIVEK02@odjfs.state.oh.us)

# **SOUTHWESTERN OHIO COUNTIES**

**INCLUDING:** BROWN, BUTLER, CLERMONT,  
CLINTON, HAMILTON, HIGHLAND, WARREN

**Population:**  
1,724,687

**Uninsured Children:**  
5.3%

**Poverty:**  
4.7 – 13.0% range

**Children Enrolled in Medicaid:**  
168,627 (26.5% increase over 2008)

## **Outreach Activities in Past 5 Years:**

- Radio/TV/News Ads
- Signs, Billboards and Posters
- Brochures, Flyers and Direct Mailings
- Hotline or Helpline
- Enrollment or Health Fairs
- Back to School Campaign
- Community Agency Outreach
- Phonathons

## **Summary of Key Outreach Activities:**

Starting in 2005 with funding from the Robert Wood Johnson Foundation, the Legal Aid Society of Southwest Ohio has developed and implemented a broad range of outreach strategies in partnership with the seven counties in that region.

From 2009-2013, funding came from federal CHIPRA Outreach Grants. Outreach activities have included the development of a referral network of community agencies, school based outreach through engaging school nurses and social workers, development of an outreach partnership with a trusted organization in the Hispanic community, training of agency staff to refer families from within their own agency, and an annual phonathon that generates a one-day media blitz about Medicaid enrollment and results in hundreds of completed applications. In addition, outreach has included back-to-school packets and dozens of outreach events such as participation in health fairs, back-to-school fairs, and community days.

## **Outcome Measures:**

The increase in enrollment of children into Medicaid in the seven counties has been significantly higher than the statewide average of 15.1% over that same time period. In addition, every one of the seven counties showed a higher percentage increased enrollment than the statewide average. During just the four years of the CHIPRA Outreach Grant, 2,592 children were enrolled in Medicaid and an additional 1,211 children were helped with renewal of their eligibility. Importantly, the project also maintained data on the number of applications that were received as a result of each of the various outreach strategies. They can show, for example, that 462 enrollments were the result of their school based outreach and 103 enrollments were the result of outreach into the Hispanic community. They can also show that a total of 24 outreach events in the community resulted in only 40 enrollments.

## **Lessons Learned:**

Effective outreach is best implemented by a trusted community-based organization that has extensive knowledge of the Medicaid program. You need application assisters whose primary job function is to help families obtain Medicaid coverage, and not as add-on responsibilities to staff who already have full job responsibilities. Outreach is not effective unless you also have assistance with enrollment and renewal.

## **Recommendations for State Consideration:**

Data is needed about the uninsured and underinsured to effectively target outreach efforts and messages. Future work should be based on known evidence-based practices, and data should be collected to assess the effectiveness of any new outreach strategies.

## **For More Information:**

**Deanna White, Legal Aid Society of SW Ohio**  
513-362-2760, [DWHITE@lascinti.org](mailto:DWHITE@lascinti.org)

# STARK COUNTY

**Population:**  
374,868

**Uninsured Children:**  
5.0%

**Poverty:**  
10.9%

**Children Enrolled in Medicaid:**  
36,013 (12.7% increase over 2008)

## Outreach Activities in Past 5 Years:

- Outreach Workers Stationed in the Community

### Summary of Key Outreach Activities:

#### Migrant Worker Camps

Annually, the county JFS agency sends two staff onsite with laptop computers to a migrant worker camp that is hosted by the Hartville Migrant Ministry, which is the oldest standing free clinic in Ohio. The need for health services to migrant and seasonal farm workers was the basis for developing the ministry. The county JFS staff go to talk with families about Medicaid, explain the application process, and take applications on-site. If additional documentation needs to be assembled for processing of the applications, staff return to the migrant worker camp to follow-up on getting all the required documentation.

#### Community Partners Sites

The county JFS used to have several satellite offices, which made it easier for families to get information and make applications. Budget reductions required staffing cuts 4-5 years ago, which also resulted in the closing of satellite offices. Public transportation only reaches parts of the community, so the county developed an agreement with a Salvation Army office to provide space on a specified “enrollment day” each month. On those days, county eligibility workers would be on-site at the community partners offices to provide information on Medicaid (and other benefits), and take applications. There was usually a good turn-out for these enrollment days, but further budget cuts resulted in the practice being discontinued in 2012.

#### Outcome Measures:

County JFS agency is not currently able to track Medicaid applications that are a direct result of any specific outreach activities.

#### Lessons Learned:

The primary motivation of Salvation Army in providing space for service providers to set up information and application intake is to educate their clients on the possible sources of help they can receive. Historically, this has met with minimal success. Although the right population was present, there was a lack of motivation to learn more unless they had an immediate need for the service.

#### Recommendations for State Consideration:

The online accessibility of OIES will assist in the future. Until then, the remote access tokens are helpful for accessing CRISE. Lack of uniform document imaging across counties will likely be an issue, and counties need the offering of something standard to allow scanning of documents.

### For More Information:

Susan Lenigar, Stark County Dept. JFS  
330-451-8639, LENIGS@odjfs.state.oh.us

# SUMMIT COUNTY

**Population:**  
540,811

**Uninsured Children:**  
5.8%

**Poverty:**  
10.9%

**Children Enrolled in Medicaid:**  
48,872 (17.4% increase over 2008)

**Outreach Activities in Past 5 Years:**

- Radio/TV/News Ads
- Signs, Billboards and Posters
- Brochures, Flyers and Direct Mailings
- Public Service Announcements
- Enrollment or Health Fairs
- Public Transportation Ads
- Public Access Cable Television
- Outreach Workers Stationed in the Community

**Summary of Key Outreach Activities:**

**Summit for Kids Expo**

This annual event is sponsored by the Summit on Children Task Force. The mission of the Task Force is to enhance the services being provided to children and families in the community. This event has been held for the past four years, and is steadily growing in size. The Expo is held all day, and is filled with fun and educational activities, free back-to-school items, and booths where families can learn more about such things as Medicaid coverage for children, health screenings, dental care. The Expo is heavily advertised, and last year drew over 18,000 parents and children from all parts of the community. It is part of Summit Kids Month, an initiative to bring awareness to the importance of early childhood education, screening, health and wellness.

**Outreach through Children’s Services Board**

The county JFS agency has a focused initiative to work with children who are emancipated from the foster care system. As they approach the date when they will become emancipated from foster care, and lose their Medicaid coverage, there is an application taken for IV-E medical coverage. If IV-E eligibility criteria are not met, the application information is given to a single-point-of contact person within Job and Family Services who processes a Covered Families Medicaid application to ensure continuous coverage.

**Outcome Measures:**

Although Medicaid applications are taken during the Summit for Kids Expo, data is not kept on how many applications. The coordination of applications for children emancipating out of foster care is in its second year of implementation, and the county generally sees about 75 children falling into this group every year.

**Lessons Learned:**

- Outreach is most effective when there is a designated person who is given the responsibility for outreach activities—it is not easy to sustain the effort when no one is really responsible for the activity.
- The choice of marketing strategy depends upon the population you are trying to reach—billboards are not seen in all areas, and weekly neighborhood newspapers are highly effective with some segments of the community, but not others.
- Large, community-wide events need active support and championing from individuals in the community who have the clout to make the event happen.

**Recommendations for State Consideration:**

Counties are so focused on “hitting the numbers” on timely processing and number of applications processed, staff do not always see that outreach activities are a legitimate part of their job. It would be helpful for the ODM to send written guidance to the counties that makes it clear that Medicaid outreach for children is expected and is part of what counties should be doing.

**For More Information:**

**Kelly Johnson, Summit County Dept. JFS • 330-643-7257, JOHNSK08@odjfs.state.oh.us**  
**OR Rashara Walker, Summit For Kids • 330-643-2949, RWALKER@cpccourt.summitoh.net**

**Centers for Medicare and Medicaid Services****Enroll America****Georgetown Center for Families and Children****National Academy for State Health Policy**

Hoag, S. et.al., *Children's Health Insurance Program: An Evaluation (1997-2010) Interim Report to Congress*, Mathematica Policy Research, December, 2011.

Summer, L. and J. Thompson, *Best Practices to Improve Take-Up Rates in Health Insurance Programs, Final Report*, Georgetown University Health Policy Institute, August, 2008.

Southern Institute on Children and Families, *Covering Kids & Families Promising Practices Report*, Covering Kids and Families National Program Office, April, 2007.

Ringold, D., et.al., *Managing Medicaid Take-Up CHIP and Medicaid Outreach: Strategies, Efforts, and Evaluation*, Federalism Research Group (Supported by the Robert Wood Johnson Foundation), July, 2003.

Wachino, V. and A.M. Weiss, *Maximizing Kids' Enrollment in Medicaid and SCHIP: What Works in Reaching, Enrolling, and Retaining Eligible Children*, National Academy for State Health Policy (Supported by the Robert Wood Johnson Foundation), February, 2009.

Plaza, C., *Lessons Learned from Children's Coverage Programs: Outreach, Marketing, and Enrollment*, National Academy for State Health Policy, August, 2012.

Lake Research Partners and GMMB, *Consumer Voices: What Motivates Families to Enroll in Coverage?*, Robert Wood Johnson Foundation, September, 2010.

Courtot, B. and T. Coughlin, *Best Practices in SHAP Outreach, Eligibility, and Enrollment Activities*, Urban Institute (Supported by the Robert Wood Johnson Foundation), May, 2012.

The Kaiser Commission on Medicaid and the Uninsured, *Key Lessons from Medicaid and CHIP for Outreach and Enrollment Under the Affordable Care Act*, June, 2013.

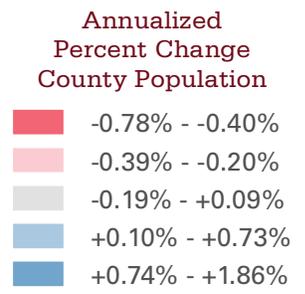
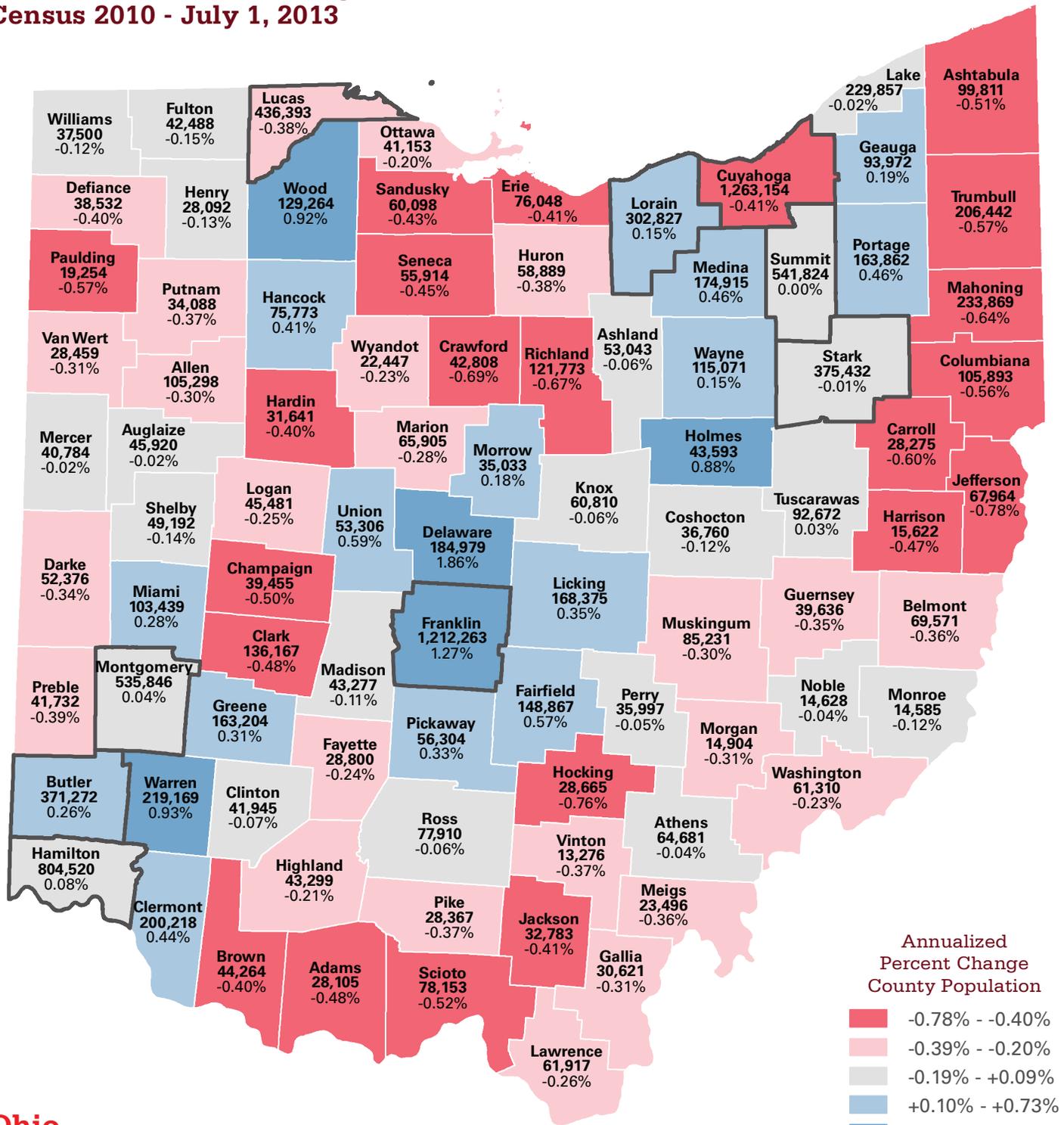
Stephens, J. and S. Artiga, *Getting into Gear for 2014: Key Lessons from Medicaid and CHIP for Outreach and Enrollment Under the Affordable Care Act*, June, 2013.

Enroll America, *How to Create an Outreach Work Plan*, [www.enrollamerica.org/resources/toolkits](http://www.enrollamerica.org/resources/toolkits), December, 2013.

Enroll America, *Effective Messaging to the Latino Community*, [www.enrollamerica.org/resources/toolkits](http://www.enrollamerica.org/resources/toolkits), December, 2013.

# Ohio County Population Estimates July 1, 2013

## Annualized Percent Change Census 2010 - July 1, 2013

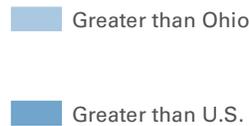


### Ohio

2013 Estimate 11,570,808  
 2010 Census Population 11,536,504  
 Percent Change (Annualized) 2010 to 2013 +0.09%

### U.S.

Percent Change (Annualized) 2010 to 2013 +0.73%



Source: U.S. Census Bureau

Prepared by: Ohio Development Services Agency, Office of Research (March 2014)

# OUTREACH & ENROLLMENT

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**Voices for Ohio's Children** advocates for public policy that improves the well-being of Ohio's children and their families by building nonpartisan collaborations among the private, public and not-for-profit sectors. Our vision is for children's interests to be at the top of every community's agenda so all of Ohio's children are poised for success. To build a greater community, we must begin with greater kids. Voices for Ohio's Children helps ensure that the needs of Ohio's 3 million children are prioritized at the local, state and federal levels. Our advocacy organization plays a big role in educating and influencing the community and public officials about sound public policies that help children succeed.