

covering connecticut's
kids & families

Lessons from Community Outreach



May 2005

Overview

- **Goals/Strategies of CCKF**
- **Uninsured in Connecticut**
- **HUSKY Outreach Funding and Program Changes**
- **Major CCKF Activities**
- **Best Practices**
- **Lessons Learned**
- **Recommendations**



CCKF: Goals & Strategies

Goals:

- Reduce uninsured eligible for HUSKY
- Build outreach capacity

Strategies:

- Coordinate and conduct outreach
- Simplify enrollment and renewal
- Work with state agency & collaborative model
- Reduce gaps in coverage



The Uninsured in Connecticut

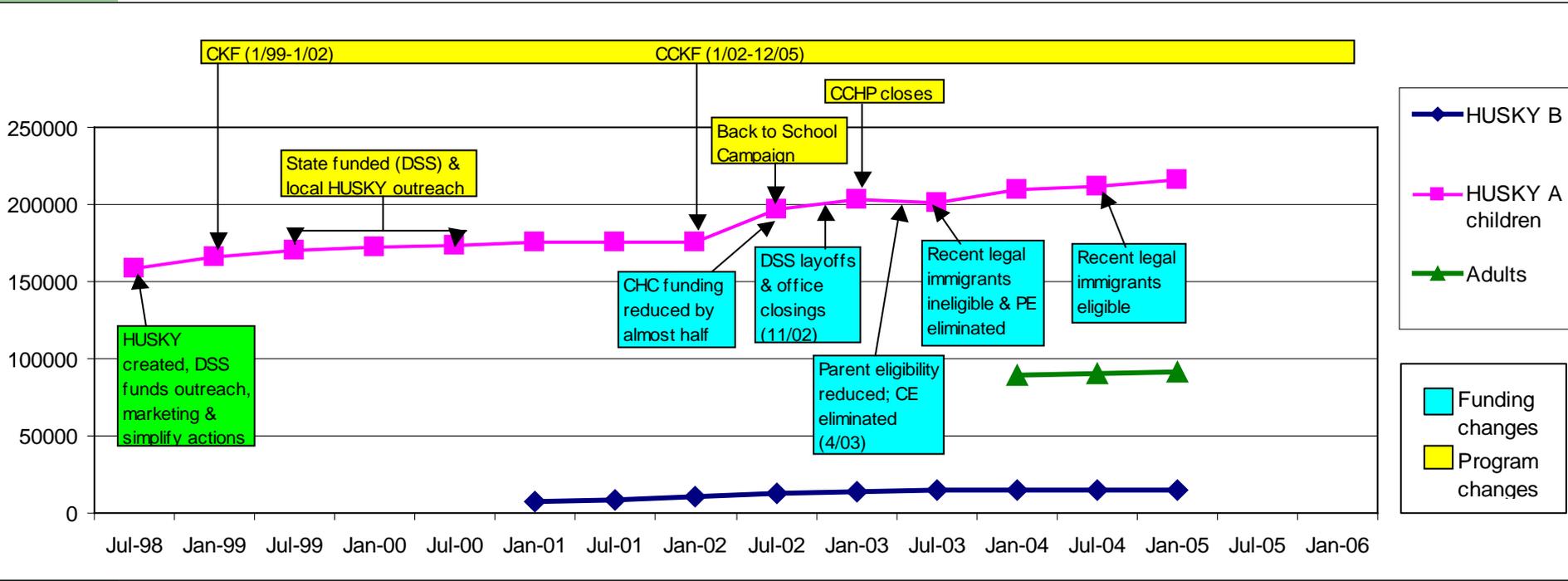
- **71,000 estimated uninsured kids in CT**
- **About 40,000 likely eligible for HUSKY A**
- **Less than 20% HUSKY enrollees on cash**
- **Uninsured parents & kids in families with *at least* one working parent**

Why Uninsured Adults Matter

Uninsured adults: Aligning eligibility for parents/CTRs with children:

- Healthy parents can take better care of children**
- Remain in the workplace**
- 16% higher take up for children**

HUSKY Outreach Funding & Program Changes



Major CCKF Activities



Support for Outreach in Local Communities

- Bridgeport/Stratford
- Stamford
- East of the River



Partnerships and collaborations with HUSKY Infoline, DSS and numerous community-based organizations

Application Assistance

From 2001-2004, CCKF enrolled or renewed:

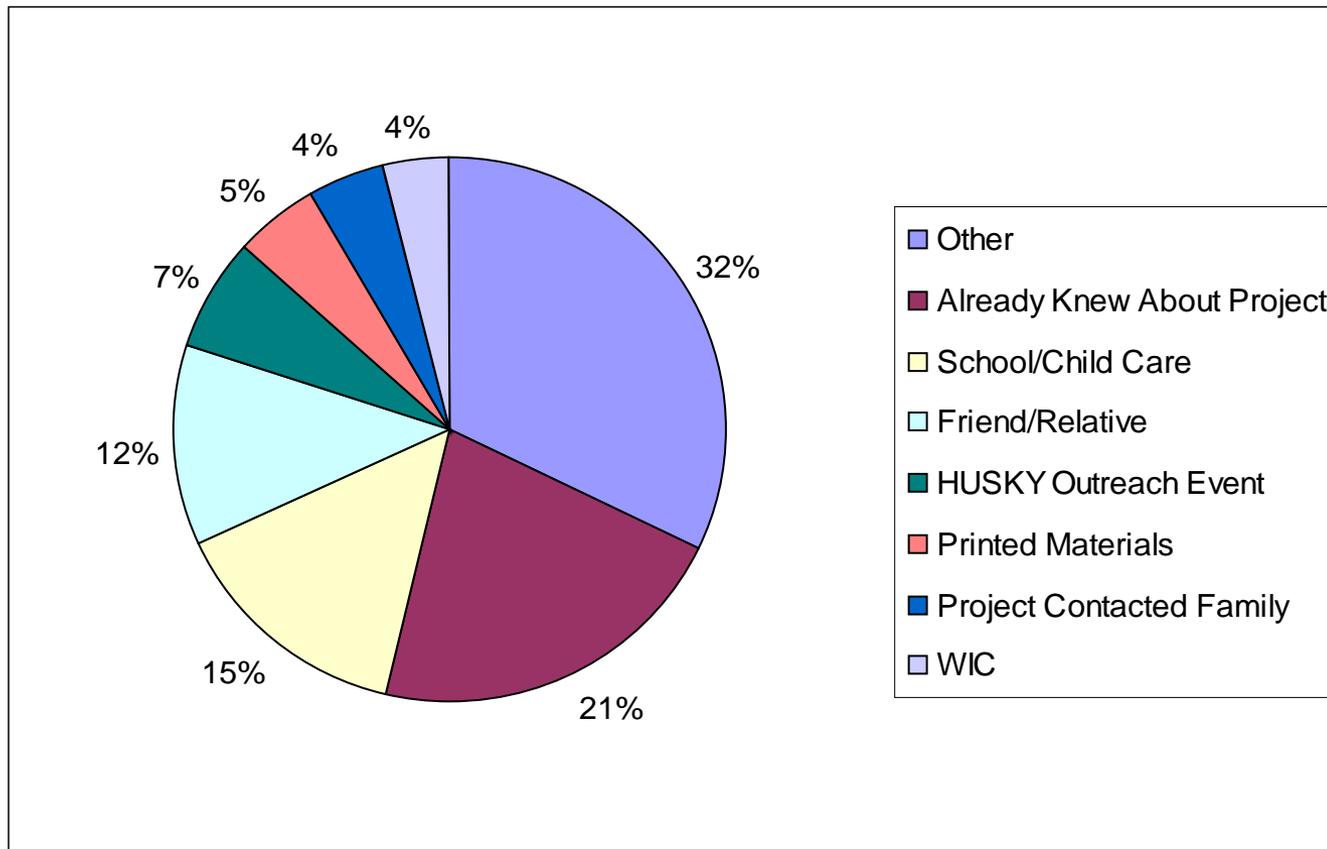
- **2,840 children**
- **606 adults**
- **53% of families were Hispanic/Latino**



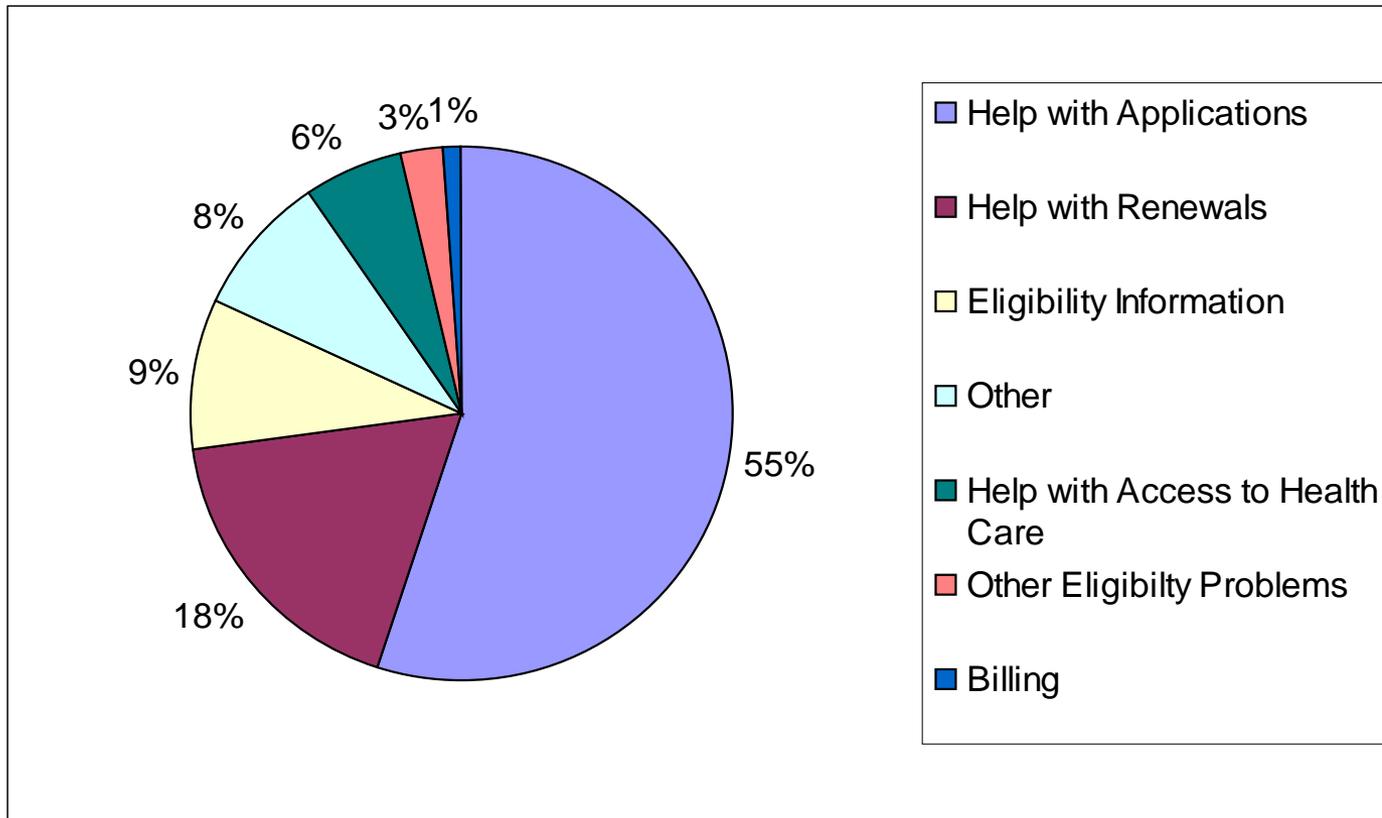
Application Assistance continued

- “Level of effort” for routine cases: several phone calls or personal contacts to enroll a family or resolve an eligibility problem**
- **In 2004, number of calls/interactions per case: 5 average**
 - **Number of days case open: 52 average**

How Families Heard of CCKF Local Projects



What Families Needed 2001-2004



CCKF Presentations

2002	2003	2004
141 sessions 2,061 reached	92 sessions 4,292 reached	107 sessions 2,992 reached
Notable audiences: school personnel, providers, soon-to-be-released inmates, child care workers.		

Community Enrollment Events

2002	2003	2004
12,421 reached	4,086 reached	5,373 reached
Notable events: Back to School at the Beardsley Zoo, HUSKY Day at Bluefish Stadium, preschool and Kindergarten registrations, community “baby showers,” adult ed. classes for immigrant parents, church festivals, farmers markets, physician office staff breakfasts, local housing authorities, grocery stores.		

CCKF: Building Statewide Capacity

- **Technical and training support for outreach workers**
- **Policy analysis & advocacy**
- **Communications & media activities**
- **Networking and coalition meetings**
- **Collaborations and partnerships**

Media Activities

Back to School 2002 (and each year)

Cover the Uninsured Week 2005

- Video ads (TV)
- PSAs (English and Spanish, 25-30 cable access TV, radio in 2002 & 2005)



HUSKY Trainings

22 held in 11 towns with DSS trainers

- **Community partners, hosts**
- **DSS workers & community outreach staff develop common understanding child support & eligibility verification issues**

Training Topics 2003-2004

- **minimum standards for child support cooperation**
- **residency verification**
- **immigrant eligibility**
- **pregnancy verification**
- **newborn eligibility procedures**

Best Practices



Best Practices

- One-on-one outreach
- Parent meetings (ie BCAC over 220 parents in one year alone)
- Educational settings
- Provider settings
- Expediting pregnant women
- Collaborative model



Outreach in Educational Settings



- *On-site* – elementary level (better access to parents)
- Manchester Head Start renewal project
- Preschool and K registration

Outreach in Provider Sites

- EOTR on site @ MMHospital
- Pregnancy verification on MMH letterhead for DSS
- Speeds approvals for eligible pregnant women



Expedited Applications for Pregnant Women

- 1) Help with HUSKY application
- 2) BCAC collaborative w/ DSS: mark pregnant women applications
- 3) Schedule prenatal appointment to expedite early entry into care
- 4) OB/GYNs more likely to schedule early prenatal visits (before the HUSKY application decision is finalized)

Lessons Learned



Why Do Children Remain Uninsured?

- Lack of awareness about HUSKY
- Complicated application procedures
- Application pending
- Can't afford HUSKY B premiums
- Gaps in insurance
- DSS barriers (not enough staff, lost app., etc)
- Undocumented status

Why Do Children Remain Uninsured?

- Don't want to/can't cooperate with child support requirements
- Clients don't apply: trust, stigma, misperception, cultural issues
- Already on HUSKY, but don't know it
- Transience, recent state residents
- Reluctance: negative past experience

Recommendations

- Support on-going coordination & collaborative model
- Market HUSKY & HUSKY Infoline
- Ensure targeted community-based face to face outreach continues, esp. ed & provider settings
- More DSS resources: staff & technology

For more information

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