



## Reaching and Enrolling Eligible Teens

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### Connecting Kids to Coverage National Campaign

#### Webinar Transcript February 12, 2014

**Sandy Won:** Hi everyone, this is Sandy Won with the Connecting Kids to Coverage Campaign, and we are so happy you've been able to join us today for our webinar on Reaching and Enrolling Eligible Teens. We're looking forward to hearing from some great speakers today with new ideas that you can use in your outreach for reaching out to this very important population. Before we get started, just a couple of housekeeping items. As always, we hope that you will interact with us during this webinar, and there is a chat feature on your control panel and we encourage you to use that. We've got a couple places where we're going to look for your good ideas on how you do teen outreach as well as a question and answer period. So use the chat function in your control panel to send us a note and we'll be collecting questions and monitoring a great Q&A session. So without further ado I'm going to hand this over to Donna Cohen Ross of CMCS.

**Donna Cohen Ross:** Great, thank you Sandy and thanks to the entire Connecting Kids to Coverage Campaign team for once again pulling together what I know is going to be a terrific webinar for all of our grantees and partners. We want to thank everybody who has dialed in or logged into the webinar because I think we're going to be touching on some issues this afternoon that come up all the time, and one thing that we were really interested in is that we just feel like we don't pay enough attention to teens when we're talking about outreach and enrollment, so we wanted to devote this time to pulling that piece into our conversation a little bit more intentionally. So over the next hour we are going to talk about why we think outreach specifically targeted to teens is so important. We're going to hear, in a little bit I'll introduce you to our first speaker who is going to talk about the teen gap in Michigan, and that's a gap in health coverage. We have ideas for working with school counselors and also with school based health centers. We'll hear from a speaker from Oregon, and also from a national organization, and we'll get to those in just a little bit. And as always towards the end of our webinar we're going to reintroduce you to some of our Connecting Kids to Coverage Campaign resources and particularly some new materials that we have targeted to teens. We want to provide you with the tools to go forward with outreach focused on again this really important



population. Can we go to the next slide? There we go. Alright. I'm going to get us started off, and one of the things that we wanted to start with was a little bit of context and a little bit of an understanding of what the data tell us, why we continue to talk about teens as a population that we really need to reach out to in perhaps a different way or a more concerted way. The information that you're looking at on your screen right now comes to us from the Urban Institute from their analysis of census data, and I think you can see here pretty quick, pretty clearly that when we're looking at the full population of eligible children it is much more likely that a child under the age of 13 who is eligible for Medicaid and CHIP is going to be enrolled and participating in the program that it is for a child older than 13. And you can see the participation rates by age. Up to almost 90% for the really little kids, the 0-5. Whenever I think about 0 I think we need to come up with another term, but for those really small kids. Still pretty close to 90% between 6 and 12, and then we drop to below 80% participation for those 13-18, it's actually through the age of 19, children. And so we really need to pay special attention to bring their participation up to where their younger siblings are. So one of the things we're going to talk about are some of the barriers that we find, some reasons why we might think about teens being less, participate in less numbers than younger kids. And what you have on the screen here are just some ideas that come from experience over the years, I think our speakers are going to talk perhaps in a little bit more detail about some of these things, but in some of the research that we have from focus groups and surveys, parents feel less urgency to find coverage for older children compared to younger kids, and part of that might be because of the need to take younger children for well child visits more often for their immunizations, you know, other reasons that younger children are, need medical care probably more often, or at least that's the perception. I'm not really sure that that is the fact, and I hope some of our speakers will talk about that. But it's a perception that we hear about a lot. Parents are not aware all the time that teens qualify, and we'll talk a little bit more about that as well in terms of parents not always understanding what the eligibility rules are whether it's for teens or younger kids. But one of the things, and we try to address this a little bit in our new materials, when you look at the materials that are out there that promote the program, very often we see materials that really depict younger kids, and maybe kids in the elementary and middle school ages, not so much teens. So if you don't see your child or yourself reflected in those materials you might not realize that a teenager qualifies. And we'll take a look at some of those materials later on. And then some parents say that, well there are other resources that can help provide



care for teens, school based programs are one example. But perhaps just not feeling as much of the urgency that they do for younger kids. And again, these are some of the perceptions that we hear about. Whether or not these perceptions are really the facts and the way the world is, is another story, and that's part of the challenge that we have in the outreach work that we do is to convey messages that help families understand what needs can be addressed through health coverage and why it's important to get kids enrolled. So that's really what we're going to focus our attention on this afternoon. So, as you heard just a moment ago we really want all of you to be focused and using that chat feature on your screen during the webinar. We are hoping that from among the many people, it looks like we have about 170 people on the webinar right now, and hopefully some others will join us. We want to hear about what you've been doing to reach teenagers in your community. We hope that you'll use the chat box to tell us a little bit about what you're doing. We'll share some of those later. Consider all of you put on notice that we are engaged in a nationwide talent search. We are adding to our outreach video library. Hopefully you've had a chance to look at that on Insure Kids Now. If you have, you may have noticed that we don't really have a lot of videos that focus on getting teens enrolled, and we want to change that and we're hoping that through this webinar this afternoon and through your good work and your sharing your good work we will find some really good activities to highlight in an upcoming video. So if that is inspiring to you at all then we'd love to see the chat box full of your great ideas. So we're going to get started now. I'm going to introduce our first speaker who is one of our Connecting Kids to Coverage Outreach and Enrollment grantees, and we are really very thrilled to be able to highlight the good work of one of our grantees. I'm going to introduce to you Ruth Kraut. She is with Washtenaw Health Plan which is in Michigan. She's going to talk to you a little bit about the program that she runs through the Connecting Kids to Coverage Outreach Grant Program, and she is going to talk about addressing that teen gap. So Ruth, welcome to you this afternoon, and I am going to turn the mic over to you.

**Ruth Kraut:** Great, thank you very much. So I want to just start by saying a couple words about the Coverage Counts project that we're working on. It's focused on three particular populations: teens, homeless families, and immigrant families. And we're working in a two county area in Southeastern Michigan, Washtenaw and Livingston Counties. Washtenaw County is home to Ann Arbor and Ypsilanti and so is also the home of the University of Michigan and Eastern Michigan University. Livingston County is the county to



our north, and is smaller and more rural. The project itself is a partnership program between our two local county health departments- the Washtenaw and Livingston Health Plans, which are local health plans, and the Washtenaw Intermediate School District and the Livingston Educational Services Agency. And today I'm just going to focus on teens in our area. The slide you have in front of you is meant to show you how the number of teen who are enrolled decrease, and the decrease gets much sharper as the kids get older. So the X-axis is the kids' ages, and then the Y-axis is the number of kids per year. And Washtenaw County is a bigger county. So this is actually numbers of kids, we're looking at raw numbers, taken from the Department of Human Services. But we do know that the birth rates have been fairly consistent in these counties, and we don't think that we should be seeing such a steep drop off. So that is in fact our teen gap. This also is only showing kids enrolled in Medicaid and not CHIP. So, next slide please. We've done a fair amount of the investigating about why there is a teen drop off, and I just want to go into some detail about this. So when kids are little and they have a lot of scheduled vaccinations and they're expected to come to the doctor every three months or six months, that gradually spreads out as they get older. Most kids who are healthy, they don't have chronic health conditions, go to the doctor once a year or maybe even less. Even if they're involved in a sport, they may just go to the sports physical at the school. So there is less contact with the doctor, and it turns out that the doctor's office is a very important trigger for re-enrollment because the doctor's office staff will look up a child and say, oh, Jane Doe no longer has coverage. The second thing is that there is definitely a misconception about income eligibility levels for both Medicaid and CHIP. CMS has done some more extensive studies about this. This is especially true as parents start working, some people believe if they're even working a little bit they may not be eligible. The third thing is around confusing living situations, and as kids get older especially in some cases it's just a natural effect of moving to college or in other cases they're not getting along with their families, they are living in guardianship situations, they are living with other family members in informal arrangements. Many, locally our Education Project for Homeless Youth has quite a lot of teens who are enrolled through the McKinney-Vento. There are also additional issues in terms of divorce, who's paying. As we move into the MAGI rules for Medicaid, questions about who is claiming children as dependents and the implications of that for health coverage. And for children who are independent, they're not used to having documents, they may not know or know how to get their social security numbers. They may need to go through the emancipation process. So all of those things, if





a 17 or 18 year old needs to do this work by themselves, make it more difficult. And then if we're trying to get the parents to do it for younger teens, they may be harder to reach, especially if they're working. Michigan has, Medicaid expansion is happening in April, and for 19 year olds under our old rules we had, we still have a little known program with a fairly low income cutoff. So I think the Medicaid expansion is going to change some of the challenges, but it's going to create other challenges for us. Next slide. So we're working on outreach and education in multiple layers. We're doing a lot of training of case managers, people who are working with a lot of teens. We're working directly with schools, going into schools not just with materials but with the capacity to actually do enrollment in the schools. We're doing education and outreach to parents and also outreach specifically focused on teens. So we're working with schools, we're working with both high schools and colleges, both traditional programs and alternative programs. Next. Another area that we're working on, and we're just setting this up now for the 2014-2015 school year, but we're hoping to systematize outreach through the free and reduced price lunch program. When kids are enrolled in free and reduced price lunch programs, they may be automatically enrolled because they have SNAP benefits, but a lot of the time the parents are filling out forms, and those forms are filled out per child. One thing that is pretty well documented is that younger children are more likely to be enrolled in free and reduced price lunch than older children even in the same family. So part of the systematization of the outreach is to request permission to follow up on healthcare information with everybody in the family. The enrollment may be, the initial information may come through a younger child, but we want to get those older children, and we're in discussions with the schools as to whether we will be able to do some direct matching with teens. The challenges here are that we have a lot of different school districts and some charter schools, and each of them operates their free and reduced price lunch program slightly differently. There are school privacy laws known as FERPA, and then of course the ultimate challenge is that parents may check off that it's okay to follow up with them, but then actually reaching families to enroll we know can be very challenging. Next slide. We're working in alternative school programs. So this sample activity, the context for this is that this is a school for students who have not done well in traditional schools. It's primarily online. They are in class twice a week, and they work through a list of content objectives that they need to meet. Most students are low income, and many of them have low literacy. And generally these are 14-19 year old kids. So they choose the activities and they sort of use them to meet content objectives. In our case, we've



proposed activities that meet language arts, social studies and health objectives. In this case, the sample activity starts with a driving question about Medicaid and asked, "Michigan is expanding Medicaid. How will the Medicaid program be changing?" And this is sort of a gateway to learning about what Medicaid is and how it is changing in Michigan. The project they have to complete is a social media campaign for young adults 15-20, and you can see we're asking for specific numbers of tweets, Facebook posts, Instagram pictures, et cetera. We don't know if we'll actually get good ideas for a social media campaign, although we do expect to learn a lot about the way that their minds work. The other thing we're coupling this with is that we will have staff there to answer their questions about their own family situations and to help them enroll. Next. Last but not least, we will be working with, we are working with colleges. In particular with the two community colleges, Washtenaw and Lansing. They both have early college programs. We are doing some general tabling where we can look up individuals and make appointments immediately, and we're also planning on working directly with the financial aid office, because we know that that is where the kids that are most likely to be eligible for Medicaid or CHIP will be. It did get asked, does this only reach older teens, your 17, 18, and 19 year olds. So directly this reaches the older teens, and indirectly because there are a lot of parents with teenagers in the community college system. So indirectly this also reaches the teen families with younger teens. So if you need more information, sorry next slide. If you need more information here is my contact information, and I'm happy to hear from you. Thank you.

**Donna Cohen Ross:**

Great. Thank you so much for that really insightful presentation Ruth. You raised a couple of things that I think we'll be coming back to. First I want to just put out there for folks, Ruth mentioned something that has come up in the past when we've talked about working with school districts, particularly with the free and reduced price lunch program. And those are the school privacy laws, she referred to that as FERPA, which in another life I knew off the top of my head what it stood for, but it is the Department of Education's privacy laws. One of the things that would be helpful I think to us is that if folks think they need a little bit of a tutorial on what those rules are about, you can use the chat box to let us know and we can try to weave something into a future webinar. So thank you for raising that Ruth. Also, I just am very inspired by the program that you are getting going at the alternative school, and I think we'll all be very interested in what the students come up with with respect to tweets and other social media. We'll be thinking about



ways that we might be able to highlight some of what they do. So that's exciting to think about as you move forward, we're going to be circling back with you. So thank you so much Ruth, that was really terrific. Now I want to introduce our next speaker who is Paula Hester. Paula is the Executive Director of the Oregon School-based Health Alliance, and she is going to talk a little bit about working with teens through the school-based health centers and how outreach and enrollment happens in that setting. So Paula, thank you so much for joining us from Oregon today.

**Paula Hester:** Oh you're welcome, thank you. Unlike all of you, we are through our winter storm I think, so we're really happy to be able to participate in this and pretty much anything right now. One of the things about school-based health centers is that it reaches a population that is very disenfranchised, and kids are comfortable coming there, and I think that this quote by this 15 year old makes a lot of sense and that from their perspective their life is much better, and there is story after story about that. Slide. So what is it that the SBHC does, and it's not the school nurse, it is an actual practice, and everything from those routine exams on through any primary mental health, even oral health dealing with toothaches and getting people the vaccinations they need to be at school. It's a very robust system of care, and so when kids are seeking care, I mean it might be as simple as pink eye as one kid reports, but I don't have to miss school, I can go in during lunch, I can get it taken care of. Slide. So here is what students have to say about their visits to their school-based health center, and not only are they comfortable with their staff, but they see them on a routine basis. These are providers that are located on the school grounds, they're part of the school. They've seen them in their classrooms, they've seen them in the lunchroom. They are finding that they're having improved health overall, that they're taking less risk with their lives, they want to follow the advice that they're getting. And as you probably well know, the time that folks spend together, the student and the healthcare providers, whether the mental health therapist or the primary care physician, they've built this trust and they're comfortable with each other, and the providers are really targeting the students that, this age of students and this teenage culture is a culture unto itself as you all know, and if you don't know please ask the parents of a teen. So, next slide please. What we've experienced here in Oregon, and somewhat ahead of the curve we were able to do a great deal of outreach and enrollment through our program called Healthy Kids beginning with some efforts back in early 2009. What we saw was an uninsured rate for kids that was over 12%, and in just three years it



dropped to under 6%. One of our projects from our office working with 60+ school-based health centers across the state was to make sure they either had someone who could enroll kids on site or within the context of the school or that they were able to refer them within their community, and that might be the community worker would come over and do that referral. Not unlike Ruth, the school-based health mentioned about the doctor's office, school-based health centers also look to see what coverage a child has, and I don't know about you but when I was 15 I don't really recall knowing whether or not I had insurance, and so this raises awareness for the teen in that, they either have the insurance information or they're asking the student for it or they're finding out that they're eligible for Medicaid and then they go through the process of getting them insured. Now, in 2011 we were still seeing 39% of students who reported at their first visit that they were uninsured, and of course this takes a process. So sometimes they don't think they're insured but they are. So those are the kinds of things that in terms of enrollment have been really a big impact for processing kids through to getting enrollment and finding out that it's important for them. Slide please. So I love this quote, one of our community health workers wrote in and said, I have been using various approaches. So these are some of the approaches that she has suggested. But she also points out that teens have told her they don't like the term "well-child check" because they don't identify themselves as children, and so perhaps one of the strategies that we need to take on is terming that as a wellness exam or a wellness checkup or just a physical. Pointing out that some providers, and certainly parents of teens, don't realize that teenagers, it's still recommended that they have an annual checkup. And if you are dealing with Medicaid reform in your state, you're probably identifying what kind of outcomes you're measuring, and those are best identified in a routine physical. Kids, teenagers don't answer their phones. Texts are usually the only way to reach them by phone, which is interesting, but that that's the truth. Ruth pointed out their social media. They are so engaged by visual information, except email. So trying to reach them that way also has not been effective. Students reported that they respond well to letters being sent to their home that are addressed to them. So it's kind of a novelty to get a piece of mail to their house addressed to them. So they look forward to getting that. Many of the students that Carol came in contact with reported that they weren't even aware, nor were their parents, that this was an opportunity that they even had to receive health insurance. So that has been talked about as well. Kids don't think about seeking medical care unless they're sick. They're worried about what the costs are, and they've expressed, they've strongly agreed with a question





that was around incentives that help them remember to come to their yearly exams such as gift cards. And the gift cards, anything relative to food was really among the most intriguing incentives that they felt they had. Finally, let's go to the next slide. You'll see here that this ad for teen coverage was developed with a focus group, and I would always recommend that whenever you're trying to do something with any group of people, keep in mind the phrase nothing about me without me. This teen ad was put together by our Healthy Kids office but in the context of working with youth. This was also made available in Spanish, and it was targeted towards long term Spanish speaking teens, first generation Spanish speaking youths and youths from migrant worker families. So I have thousands of other ideas I could share with you, but that's where we're going to stop for the day.

**Donna Cohen Ross:** Thank you so much Paula for that really great presentation. I particularly liked the flyer that you showed in your last slide. We have been grappling with some of those same notions as I mentioned before of making sure that we're talking about teens and depicting images of teens, and I think that's really important. You mentioned the term "well-child checkup," that had never occurred to me before you said it, and so I just would kind of re-emphasize for everyone that language is incredibly powerful. We really do need to think about the terminology that we use when we are trying to reach out to a particular audience. So I thank you for that prompt for all of us. And also, very, very interested in the thousands of other ideas that you have, because as we said, and this is going to be my opportunity to mention again that we really are on a nationwide search for a teen outreach, oh there you go, a teen outreach project and group of activities to highlight in one of our outreach videos. So that's my second appeal to the audience. So thanks Paula, I'm sure we'll have some questions for you at the end. Now I want to introduce Amanda Fitzgerald. She's the Director of Public Policy at the American School Counselor Association. We have been really focused on getting some of our national partners to join us for our webinars, because we know that so many of them have state and local affiliates that can work with many of our grantees and outreach partners around the country if we help to convene and connect them. So today, the American School Counselor Association is the group that we thought would really have some good ideas and some good places for all of us to think about reaching out to partners who can help us with outreach to teenagers. So Amanda, we really welcome you this afternoon and are so grateful that you can join us.



**Amanda Fitzgerald:** Wonderful, thank you. Thank you very much for including our perspective in this initiative and for also including us as a partner to try and get more information out to our members about this very important initiative as well. I work for the American School Counselor Association. We are a non-profit membership organization comprised of over 33,000 school counselors mainly working in K-12 school settings all throughout the country. We also have 50 state chapters, so if you are working in a community organization or a school-based health clinic or other interested areas, we do have a chapter in your area that maybe you can become more involved with or help collaborate and get some of these ideas into the schools in your community. I just wanted to briefly touch on what a school counselor does, because the shift in the role has somewhat changed in recent history. School counselors are one of, a team member in either a school leadership team or a student support that may include your administrators in a school building, a parent liaison if that exists in your school building, a school social worker in your building, school psychologist, et cetera. And while they are trained in mental health and the K-12 education process, school counselors really focus on student success and removing barriers to learning. So those barriers can be a variety of things, whether it's basic needs being met by students, or their basic needs not being met, it could be working with students that have different learning issues, it could be students that are coming to school hungry, parents recently got divorced, not being able to focus on study skills, those types of things. So quite a wide array of issues. But the main focus, remove those barriers to learning and then to have students to be able to get back into the classroom and learn, basically. So we would be employees of the school, not like a school health clinic like our previous speaker described. You would be specifically the coordinator or facilitator within the K-12 system and that school-based health clinic. So we're very big supporters of school-based health centers. We think those are great in terms of access for people who wouldn't otherwise have access to a variety of health issues and services, especially mental health services that would be provided very close to or on campus. But a lot of times the school counselors or someone from that student's support team might serve as the facilitator to make sure that the educational system and the health system are both communicating and that the continuum of care is being met for that student without glitches in the system. So we would want to be able to communicate with the health clinic or our community providers if the school-based health center isn't available, that everybody's on the same page, that these students are covered or aren't covered and the school counselors and the school personnel typically



have a very good understanding of FERPA and those education related laws and can be the translator in that process as well for the community organizations that typically deal with HIPAA and other health privacy laws. The photo on your screen now of the two students with ladders just sort of brings to light that students come to school with different baggage or different size ladders. The end result for all students is the exact same, we want to them to be able to take the same test, to be able to maximize their potential, but the unfortunate situation is that some students don't come to school as prepared in many, however you want to define that word, as others. And so what school counselors do again with a variety of other folks, try to sort of level that playing field so everybody has equity and access to the same first class education, and that everyone is entitled to basic components of their free public education, et cetera. I was asked to speak a little bit about how school counselors reach parents, or give suggestions about how this information, this very important information, can get out to parents, and whether that is utilizing the school counselor or another support staff person in the building, or teaming up with schools in formal partnerships. I hope these are all some ideas that you can go and explore on your own with your local school districts or schools in your community. So I'm sort of speaking in very broad terms because every single school operates very differently, and within schools, how they are combined to make school districts is even more different and complex. So sometimes your best bet is going to be just going and calling the secretary and asking for a meeting with a lead community liaison or somebody can sort of give you the ins and outs of what parent engagement looks like in your community. Here are some common ways that we get, and we encourage counselors to get, important information out to parents. So there are definitely times of the year that parents are looking for information from the school. So report card times, progress report times, and more and more that information coming electronically via email. And we have found that's an excellent way to get in touch with parents. So most everybody is wired nowadays with a smart phone that actually gets email or internet access right to their handheld device. And obviously keeping paper on hand for those instances is a wise move as well. Parent/teacher conferences, back-to-school night. So school calendars already are equipped with many scheduled parent engagement activities, whether that is a back-to-school night, a meet the teacher night, a curriculum night, it's all under the purpose to get parents information out about the school and the system. Social media is another way, most schools have their own Twitter handle and Facebook pages and websites. Some are more savvy than others, and some are more



active than others, but including a social media campaign about information, if you have a month where you're highlighting the need for health coverage access, this would be a good idea to tap into whatever avenue the school is using to get information out as well. School staff coordinate community partnerships. So your more sophisticated school districts will have someone on staff that is a community partnership liaison. They will have committees, various committees that help make the school better, where they ask these various members of the community to actually serve in positions. So these are all ways to again sort of make that connection and bridge the community resources that are available out there and the information to the students and the parents. Another time of the year that is a good time to bring information home is during spring testing or standardized testing for schools. It is more and more commonplace in every grade that students spend the months of April and May sitting down and taking a lot of tests. We always encourage our members to get out there and talk to parents during this time to talk about the importance of eating a good breakfast and what the emphasis of the tests really mean. A lot of students we're seeing more and more are internalizing the anxiety that comes with the pressures of high stakes testing. So we try and use this as an opportunity to talk about stress management and study skills and being organized and those types of things. So just another opportunity to get out there in front of our parents. Next slide. So how ASCA communicates? First again, we have 50 state chapters, 35,000 school counseling members. We have networks through our electronic world, we have an e-newsletter that goes out past our membership reach, where we are happy to get information out. We have websites, various social media sites. We have what we call the ASCA SCENE, which is our own social media platform with listservs and news announcements and press and just, it's also a place where our colleagues from around the country can sort of push ideas back and forth. So if there is information out there that you all have that you think would be important to get into the hands of school counselors, this would be an appropriate avenue to share that information. We also still do a print magazine that goes out every other month. We also host our own webinars, podcasts. We're doing more and more live Google hangouts that can be archived. So most of these things are actually free, to not only our members but just to anyone interested. So we have, and then we still have face to face professional development opportunities where we would include information about these types of initiatives to again help spread the word. So we see, we get out there and touch a hundred counselors in various settings, hopefully those hundred counselors are going to a hundred different communities and can





bring information with them to help the reach just a little bit more. My contact information is up there. You've got state associations there, right there on the slide. If you need any assistance finding people in your state, we've got networks upon networks. So please feel free to reach out.

**Donna Cohen Ross:** Riley, am I live?

**Riley Greene:** You are Donna.

**Donna Cohen Ross:** Great, thank you. Usually I have a little prompt that tells me that I'm unmuted, but I guess I was unmuted the whole time. Amanda, thank you for that great presentation. We really do appreciate it. As you know, we are going to be circling back with you to see what more we can do together as two national organizations, but we do hope that the folks on the phone, our grantees and partners in states and local communities mirror that and reach out to your members and see what we can all do together in a big way. And I think it's a really great avenue for reaching parents and students and helping to get kids enrolled who don't already have coverage. So thank you so much for that. We have just a little bit of time left, but we really do want to get some of your questions answered. Some of you have been using the chat box, which we're really thrilled about. That's a very helpful piece. I do have a couple questions to pose to our speakers, but I wanted to just quickly respond to a couple of questions just to get them off the table. It really shows that we are very much on the same wavelength. We had a question early in the webinar on whether we were going to focus on the new rules about enrolling youth who have aged out of foster care who are now covered in Medicaid up until the age of 26. In fact, we are going to look at having a separate webinar that deals with some of the new coverage opportunities for young people and also some groups that may need some special attention and certainly the former foster care youth is the one that comes to mind very quickly. And so I would just say that we're not going to spend much time talking about that today, but stay tuned because we will have more down the road on that topic. We think, we agree with you that it's a very, very important topic. And it looks like we've got three cheers for doing more on FERPA, the privacy rules for schools, and so we will put that on our agenda to have something a little bit more in depth for all of you in a future webinar. We'll probably think about doing that as we start thinking about our back-to-school activities later on. Ruth, we did have a couple of questions for you, and I'm wondering if, one of the things that came up is, you mentioned the re-enrollment process, the renewal process. And in fact, individuals do have to renew their coverage every year. States



have to not require renewal more than once a year, but they have to do it at least once a year. And I'm wondering Ruth if you could say a little bit more about how your project is working with students in the schools, teens in the schools, to make sure that they do stay covered for as long as they're eligible, that continuity of care as someone mentioned earlier is so important. Is there more you can tell us about that?

**Ruth Kraut:** So a couple things, and maybe I can add to a couple other questions that I see here. One thing that we've started doing is we're bringing, any time that we're doing outreach we're bringing our laptops and we're able to directly look up kids. So if they don't know we can see if they're active in the Medicaid system. That of course doesn't necessarily tell us the whole story. And we can look up CHIP coverage as well. It doesn't necessarily tell the whole story because the family's income, you know, the student may or may not know the family's income. But we've also done a lot of enrollment tabling where the parents are coming up and we can look up the kids. It did get asked if Michigan is a Medicaid expansion state, and it is, but because our legislature took a while to get to that conclusion we're not expanding Medicaid until April. So right now we're in a situation where we have MAGI rules, but we don't have the Medicaid expansion yet. So that is going to have a significant impact, and as far as getting people and their renewals, I really believe that the attention to the Medicaid expansion will make a difference also. Just, I think anytime there is sort of general publicity about Medicaid that will also translate into people wondering about their kids.

**Donna Cohen Ross:** Right. That is a really great point Ruth. We like to refer to that here as the Welcome Mat Effect, and that is when there is all this buzz and activity around the opportunity for health coverage, and we put out the welcome mat and we encourage people to apply. We get so many folks who already were eligible who might not have signed up or might not have thought about something like renewal. So we're seeing more and more, not just kids but also some parents and some pregnant women come into the program who could have had coverage before but maybe were not attuned to it. So that's a really great point. There was another question here that is a question, Ruth for you but also for Paula. And I have a thought about this question but I wanted to pose it to both of you first. The person asking the question is asking whether Medicaid coverage will substitute for student health insurance programs. And that is a really good question, and it comes up a lot when we talk about student athletes and the kind of coverage that is sometimes offered to them. But I'm wondering, either Ruth



or Paula, if you have experience with student health insurance programs that are offered to families in the school districts where you're working and whether or not, just how you talk about the Medicaid and CHIP coverage as opposed to that school health insurance.

**Ruth Kraut:** This is Ruth. I mean, typically that student health insurance that covers athletics is not typically going to meet the minimum essential coverage requirements. I don't, so in any case Medicaid can be the insurer of last resort. So whereas with CHIP you can have other coverage but you run into the minimum essential coverage requirements. What I don't really know is how the Affordable Care Act is going to affect whether these insurances, the student health insurances, change at all. I'm more familiar with it in the university setting where U of M has comprehensive student health insurance and Eastern Michigan University has partial student health insurance. So I think it won't be a tough sell for people to get on Medicaid or CHIP if they're eligible. And it's really there a question of education.



**Donna Cohen Ross:** Great, that's a really great perspective on this. Paula, we have a couple of questions for you, but I'm wondering before I get to those questions if the question that was just on the table is one that you've come across.

**Paula Hester:** Oh, certainly it is. I think probably the biggest criteria is just addressing the fact that, at least in the state of Oregon, your Medicaid service is going to provide you with that complete coverage, and that sports, these packages that are being sold don't come close to what Medicaid is going to do in terms of coverage. And so, you know, our experience is, guide parents towards enrollment when that's available.

**Donna Cohen Ross:** Great, that's a really great rule of thumb. So we had a couple questions for you, I know we're getting close to time but I think we've got a couple questions all on the same theme, so I want to pose them to you and then I do have a question for Amanda. But Paula, can you talk a little bit, I think this may have come up when you talked about the text messaging and then also you talked about some of the services that students come to the school-based clinic to receive, and the issue of confidentiality for the student came up. One question was about texting students without parents knowing that they are receiving sensitive services. Is that something that comes up? Do students have that confidentiality when they come to the clinic? What are the rules, at least in your state, and they may be different state to state or even community to community, about the parent involvement. Can you tell us something about that and whether or not you've had students who have enrolled in Medicaid on their own?

**Paula Hester:** Certainly I can, and I'll try to be quick about it. First of all, confidentiality is the same for any child, whether they are going to the school-based health center or they're going to the hospital or any other practitioner. In the state of Oregon, teens 15 and older can consent for all of their care. 14 and over can consent for mental health services. And a caveat to that is that they prefer it to be called "emotional health" FYI.

**Donna Cohen Ross:** Another example of messaging being important, right?

**Paula Hester:** I'm trying to remember if it's 11 and up can consent for certain, it might be even reproductive health. But remembering that reproductive health is about the organs of your body, and so if someone is receiving sensitive services a couple of parameters that we've set in Oregon is that the Explanation of Benefits for Medicaid clients is generally suppressed. So that report generally doesn't go home. Certainly there would





be no reason for a practitioner to be reaching out via text to a student about anything that is a sensitive service or that is a follow up. I mean, the practice is that they would reach out to them to say, stop by the school-based health center, I've got some information to pass on to you. So I think that -

**Donna Cohen Ross:** Something really general.

**Paula Hester:** Yeah, just keeping those kinds of thing on the QT and being respectful of the students. The other thing I might add is that SBHC practitioners are really good at trying to understand where the student's coming from, what their fears are when it comes to not wanting parents involved. But also helping them take apart those complexities and helping them look for ways to discuss with their guardian or family member when they really need to. And so they're not at all discouraged from talking to their parents and/or, of course, if there is a danger to the student in any way.

**Donna Cohen Ross:** Great. Thank you so much Paula. We're really at the top of the hour now, but I'm going to ask folks' indulgence for just a couple more minutes, because we have a few things we did want to share with you and I did have one quick question for Amanda that I think might be on people's minds. So let me just ask you Amanda. I guess a lot of our folks have a fair amount of experience some of them in working in school districts, so the question that came through is whether or not you think that getting the blessing of the district superintendent is needed or very important in getting into the schools, or do you think that going directly to a school counselor would be okay.

**Amanda Fitzgerald:** I think that is going to vary significantly where you're at. So some school districts are five school school districts, and some are hundreds of schools. So I think a good first step would be to actually go to the building, and maybe that's the principal you're speaking you or support staff. They'll be able to tell you, and typically the district will have a very specific policy that shows the chain of command. So it is something, and you know, urban versus suburban versus rural, it's all going to be very different. A superintendent is typically a political position, so they might not, they might have final say absolutely in something like this, but I would say it wouldn't hurt to just start at the building level and see where you're directed from there.



**Donna Cohen Ross:** Great, thank you so much Amanda. We have lots more questions on the chat, but I think that some of them may resurface in a future webinar that I think we've already mentioned where we'll talk about those former foster care kids, kids who are homeless, some of those other very specific situations. But in the interest of time I'm going to thank everybody for their wonderful questions and just turn it over to Sandy just to go through a little bit about some of the materials we have for you, and we'll wrap up. We want to be respectful of people's time and we've had such wonderful conversation already. So Sandy, I'm going to turn it over to you.

**Sandy Won:** Great, thanks Donna. And one thing to note, we have gotten a lot of great questions as Donna mentioned, so we will be following up with our speakers and hopefully we can compile all of the questions we didn't get to as well as the ones we've answered here so everyone has that resource available. These slides will be posted online on [insurekidsnow.gov](http://insurekidsnow.gov), and we will make you aware of that through our email newsletter which we'll tell you a little bit about in a second. But before we do, I just wanted to run over some of the resources that we have available through the Connecting Kids to Coverage campaign. We've got a teen flyer that is geared towards the group that we've been talking Connecting Kids to about today. This is available on [insurekidsnow.gov](http://insurekidsnow.gov). It can be customized with your state information, eligibility levels, income levels, state contact information, your organization's logo. So we encourage you to go onto [insurekidsnow.gov](http://insurekidsnow.gov), put in your request and start your outreach to teens as soon as you can. We also had a couple ideas here for potential partners for reaching teens. We got a lot of great ideas from the speakers that we had on today, but some other thoughts were just, local TV stations that broadcast high school sports. There are school nurses and counselors as we've discussed today. Coaches and athletic directors, community sports leagues, driver's education classes, and the list goes on and on. We hope you will take these ideas and run with them in your community, particularly for reaching the teen, youth and teen population, we just wanted to give you some thoughts here. And then we also have all other materials. We've got a whole range of things, and I just wanted to make you aware that a lot of these materials are available in English, Spanish, as well as Chinese, Korean, and Vietnamese. We're also working on getting some in other languages, and so again we just encourage you to come visit [insurekidsnow.gov](http://insurekidsnow.gov) to get these materials in these different languages customized for your state program. We're trying to provide as many resources as we can to be helpful to you in your outreach. And if you have ideas for us, please let us know. We've got public service



announcements available as well, these are video and radio public service announcements available on Insure Kids Now. And then we also have outreach videos. As Donna mentioned, we are putting out a national call for people who are doing outreach for teens, we would love to feature your work in an outreach video. So please send your ideas over to us. This one in particular, if you go visit this link on Insure Kids Now you'll see some of the work that they've been doing in Oregon as Paula has mentioned and some other grantees that are working in that area. And then finally, how do you connect with the campaign? Well, we've already told you that there are a lot of resources available on the insurekidsnow.gov website. We've got a newsletter that goes out frequently with new information about what's available from the campaign as well as ideas for outreach. We encourage you to sign up for that by clicking on this link here. And then follow the campaign on Twitter. We've got a lot of great tweets and organizations that we correspond with there, we'd love to be able to link up with you through social media as well. And then finally, all of the ideas that we were talking about today, if you've got other outreach ideas, if you've got other questions, if you have questions about the materials, if you have a great way of doing teen outreach that you want featured in an outreach video, please contact the campaign field desks. You can call us toll free at the number listed here, or you can email us at [InsureKidsNow@fleishman.com](mailto:InsureKidsNow@fleishman.com). And just a reminder, we are working on doing a more public push in April and May, and we'll give you more details as that time comes about. But we want to make sure that everyone's aware that the campaign is in motion and that we're really working to enroll as many kids and their parents as possible where that's applicable. So just an idea of where we're working towards with the campaign. Finally, I'm just going to hand it over to Donna to close us out.

**Donna Cohen Ross:** Great, thank you so much Sandy. Again, in the interest of time I want to wrap up very quickly, ask you all to watch your email for the announcement of our next webinar. We don't have a date yet, so do keep your eyes peeled, we'll be getting you more information about that. I want to thank you all for your participation, for your great, great questions. As Sandy said, we'll be following up to try to get the answers to those questions out to everyone because they were all of great interest and general interest. And mostly, I want to thank our wonderful presenters, I think we had a really good mix of folks today. Ruth Kraut from Michigan, Paula Hester from Oregon and Amanda Fitzgerald from the American School Counselor Association.