



Intersecting Services: Reaching Families Through Public Benefits Outreach Programs

Connecting Kids to Coverage National Campaign

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Riley Greene: Hi everyone, this is Riley Greene with the Connecting Kids to Coverage Campaign. Thanks so much for joining us this afternoon for our webinar on Intersecting Services: Reaching Families through Public Benefits Outreach Programs. We have a fantastic line up of speakers with us this afternoon to share good information on how you can partner with community organizations to amplify your enrollment efforts on the ground. I'm just going to cover a couple of housekeeping items before we get started. Your lines will be muted throughout the presentation, but we do have two question and answer sessions. So we'll be pausing in the middle of the presentation and again at the end of the presentation to take questions. We encourage you to submit your questions as they occur to you through our question box or our chat box. You'll see that in the gray control panel on the right hand side of your screen. And I'll say now, as I know many of you will be curious where you can get a copy of these slides and this webinar. On insurekidsnow.gov, that's insurekidsnow.gov, the slides will be available as well as a recording of this webinar just a couple of weeks after we wrap up. So keep that in mind to share with colleagues or to revisit this presentation once it's concluded. So with that I'll hand it over to Donna Cohen Ross with CMCS to get us started.

Donna Cohen Ross: Great, thank you so much Riley and welcome everybody. I am very excited about this webinar because there is so much great work going on around the country, and this is our opportunity to share what's going on and also to make some connections that I think are critically important for all of us. So I'm going to take us through the agenda so you have a sense of what you're going to hear about and then give you a few words of overview before I turn it over to our panel, which we just are very, very thrilled about today's panel, and you'll see why in a few moments. So we're going to be talking, as Riley said, about not just working with community based organizations, but working with organizations that are helping people apply for other public benefits. And why did we choose this topic? As you'll see in a moment, whether we're working to help people get



food assistance, early learning services for their children, free tax filing. Whatever it might be, by and large when we're talking about public benefits programs, we're talking about the very same families who also have children eligible for Medicaid and CHIP. We ask them similar questions to determine if they're eligible, we think about finding them in similar places, there is a lot of overlap in our work. And so it's really important for the families themselves but also for us being as focused and efficient as possible to think about how we can make connections in our work. So that's really what our charge is today. Let me tell you a little bit about who's joining us. We're going to hear a national perspective from the Community Action Partnership, and we have with us Barbara Ledyard who is the Project Director for the Community Action Partnership. We're going to get to Barbara in a moment. We have Amber Hansen who is with Community Action of Nebraska. So she's going to take that broader view from Barbara and hone it down to some work at the state and community level. We also will hear from Steve Holt who is with HoltSolutions, a nationally known and revered expert in the world of the earned income tax credit and other tax benefits. I can say that because I worked with Steve for many years and I'm really thrilled that he's joining us today. He's Connecting Kids to going to talk about promoting health coverage through community tax filing assistance programs. And finally we're going to hear from Zach Reat, who is with the Ohio Association of Foodbanks. He is going to talk about some really outstanding work that the Ohio Association of Foodbanks is doing to connect people not just to food assistance benefits but much more broadly, and I'm very excited that we have Zach on the line today. I want to just take us to the next slide because I think this picture is worth a thousand words. And this picture comes from a study that was published by the Urban Institute last December, about a year ago. What it tells us in this bar graph is the share of recipients in various human services benefits programs who could qualify for health programs under the Affordable Care Act. As you all know, that includes qualified health plans through the marketplace but also Medicaid and CHIP. And if you look at this, maybe you would ask, why are these bars so blue? And the reason is, if you look at the key, blue is telling us the proportion who are eligible for Medicaid and CHIP. And you can see down the line in all of these programs, while it's important that we talk about health coverage in general, it's important for us to know that the vast majority of individuals participating in these programs are going to be eligible for Medicaid and CHIP. They are our audience, our very special audience. That is really the best launching off point for the conversation that we are going to have. So it is my pleasure to introduce our first speaker, Barbara Ledyard, who is the Project Director at



Community Action Partnership, and she is going to tell us everything we need to know about Community Action Agencies, what they do, why they're important in this conversation, and how all of you can get linked to the community action agencies in your community. So welcome Barbara.

Barbara Ledyard: Thank you so much. Again, my name is Barbara Ledyard, and thank you to the organizers for this wonderful event. I will just dive right in. As she mentioned, I'm with the Community Action Partnership in Washington D.C. We are a national service organization that represents Community Action Agencies all over the country. Community Action Agencies, and I will refer to them as CAAs, are nonprofit organizations, they may be private or public, established 50 years ago to fight America's War on Poverty. So essentially their mission is to help people become self-sufficient. Even though organizations may do that a little differently, that overall mission is usually pretty constant. So where are we? We are literally all across the country. There are over a thousand agencies within the country serving the poor in every state as well as Puerto Rico and Guam and other U.S. Trust Territories. We're pretty saturated, we cover at least 96% of the nation's counties. So that is a very good representation of a national network of agencies. I do want to point out that in different areas the names of those community action agencies can differ, but again the mission is the same. So one may be called Community Action Partnership, another one may be Equal Opportunity Investment Council. So they can be very, very different. We'll talk a little bit later about how to identify them considering the fact that all their names are somewhat different. So CAAs have a very diverse reach in terms of regions and populations. Over 3 million families per year are served, and that service takes place in rural areas, in large counties, in urban areas, in suburban areas, and sometimes even there is a combination there where an agency may serve one or two of those particular population groups. Some agencies even serve up to ten and twelve county areas. So it can really vary from place to place, but essentially that's a very far reaching grasp in terms of the national network. There is a wide variety of services that are offered by CAAs, and I want to give you an idea of the kinds of services and variety of services that are offered by CAAs. CAAs are all governed locally. They each do a local community needs assessment, and based on that community needs assessment they will offer a mix of various programs and services. So to give you an example, at least 91% of CAAs Connecting Kids to across the country offer services that fall within our category of Emergency Services. Those are your food pantries, your energy assistance, homeless shelters and things like that. The other thing that I



want to point out is as you look at this list of various services which continue on to the next slide, I want to just bring your attention to the fact that because there are so many areas of service for CAAs the potential to partner with other community organizations is just infinite. Community Action recognizes that no one agency within a community can meet all of those community's needs independently. In fact, we operate under a set of standards that guides us and specifically states that CAAs must demonstrate partnership across a community specifically including other anti-poverty organizations. So as a result CAAs are very well versed and very accustomed to community partnerships, partnerships with other organizations, particularly those that provide services for adults who are challenged, those families that are enduring. I want to give you a personal example. I served in a couple of local CAAs before coming to the national organization. One in Ohio had a very, very successful partnership with the local Children's Hospital. With this particular partnership, the Children's Hospital partnered with our Head Start program and provided helmets and other safety gear for bike riding and skateboard riding for all the children that were enrolled in our Head Start program. That was a very, very healthy initiative and the families seemed to really appreciate that as well as the fact that it obviously decreased accidents within that particular age range, and that was age 3-5. To just give you another quick example of a really good partnership, there is a CAA in Charlotte where I worked where that organization partnered with the local Department of Health and Human Services to provide transportation to those who were recently employed. So partnerships can vary depending on the service, but usually there are a number of partnerships in place at one agency at any given time. Primarily the enrollment services for CAAs look somewhat similar. They usually begin with an initial intake and then an assessment of the family's situation, a determination of eligibility, which leads then to a family development plan where goals are set by the family and supported by the staff person. Follow up usually occurs primarily on a monthly basis, and for any services that that CAA cannot provide directly we will refer out to a partner organization which again lends itself to a partnership of some sort or a collaboration of some sort. Lots of information about the national network can be found on our website here at our D.C. office. So we do a lot of coordinating of national agencies, or agencies across the country I should say. You can always go to our website for more information. To find a Community Action Agency near you, you would go simply to that tab that is just beneath the yellow arrow which says Community Action Network. You put in a state, several counties will pop up. You indicate which county and basically you will find contact



information for that particular CAA. So no matter where you are you can always locate the CAA that is nearest you very easily on our website. In case you have any problems whatsoever with accessing your nearest CAA on our website you can always call our national office here. Our number is listed on our website, and we can also give you that information very easily. So that is a couple of options of how you can find again your nearest CAA. So that sums up the Community Action Network as a whole, and I'm really looking forward to the kinds of partnerships that could potentially result from the information that is shared here today. Thank you so much

Donna Cohen Ross: Thank you so much Barbara, that was really terrific and I hope that our audience is not going to now crash your website all looking for their local CAAs.

Barbara Ledyard: Well, we welcome it.

Donna Cohen Ross: That would be a good problem to have. Now if you'll just stand by we're going to hear from Amber, and when Amber is done we're going to have an opportunity for some questions and answers. So stay with us. It's my pleasure now to introduce Amber Hansen. She's the Executive Director of Community Action of Nebraska, and also is going to be talking mostly about the Navigator Program that is based at her organization but we're really thrilled particularly because this is going to give you a very bird's eye view of what that connection can look like in a particular agency. So Amber, thanks for joining us this afternoon.

Amber Hansen: Yes, thank you for having me. I appreciate the opportunity. Just a very brief description of who we are. Barbara did a very good job of describing the national perspective. Community Action of Nebraska is the state association for the nine Community Action Agencies in Nebraska. Those nine agencies collectively serve all ninety-three Nebraska counties. And I would say that we are similar to the National Partnership but on a more local level, on a state level rather than a national level. So our direct service agencies are those nine agencies, and you can see that map there. Each color represents a different organization, and there are some very rural areas in Nebraska so that yellow and purple in the middle are some twenty counties that are served by one organization because they are very rural, and in the east we have a lot more population. But really it is our role as a state association to these agencies to help them build their capacity. Community Action Agencies are required to meet some very high organizational and service standards. So we try to provide training and technical assistance to help them meet those standards. And part of capacity



building too is helping them reach more people and offer more services. So we applied for some statewide grants, including the Navigator Grant. This is a broad, this is a list of just some of the programs we offer. Barbara touched on that, so I'm really not going to hit on this. But again, a very wide range of services. From someone who has no home and is homeless, they can come to us for help, to someone who owns their home and needs weatherization services. Community Action Agencies have a really long history, and especially in rural areas our experience in Nebraska is that we are one of the only games in town. There aren't a lot of other organizations that provide services to people in these very rural areas. So as a result, our service range is quite large. If you want to go ahead and go to the next slide. In 2013, we as a state started to bounce the idea around of applying for the new Navigator grant that was going to help people enroll in health insurance. We used a lot of data to inform our decision on this before we went forward with it. One of the things that Community Action Agencies are supposed to be doing are a needs assessment, and in Nebraska we're very fortunate to have an annual statewide needs assessment. We send the survey out to 10,000 random households in the state and ask them about what their struggles and successes are and the kind of things that they need in their own individual communities. One of the key findings that we found in those assessments was that many, many Nebraskans were putting off important healthcare costs because of the price. They simply couldn't afford it so there were a lot of important healthcare decisions and issues that were going unnoticed or unchecked because they couldn't afford it. And really, this is in line with a lot of national data that shows that in rural areas healthcare has historically always been an issue. So we took that to tell us that yes there is a need for it in the state, and then we looked at the annual reports that we are required to submit. And one of the questions that we ask our clients is do you have health insurance. So we cross referenced this data with census data and discovered that we were already serving about 10% of the state's uninsured population through our other programs and services. So we thought that that was a really important number. It told us we already had access to this population, said that we had a need. We went ahead and applied for the grant for the first year with a goal of reaching 40,000 people. That's through both direct assistance and outreach efforts. And I'm happy to say that we actually exceeded that goal, I believe that we're at about 44,000 in the end. A key, a real key to our intersection of services and service approach is that of course the grant paid for full time staff members, and we rely on those full time staff members at those agencies to be the real local source of knowledge. But in addition to them,



we trained a number of our outreach staff. So again if you think about that math where there are some twenty counties in a single service area, that agency may have a head home office in one town but they have five or six smaller outreach offices located across those counties across the state and each one of those offices have staff members who are trained with a wide range again of services so that any time someone comes to them they can assess their needs and serve them accordingly. We thought it would be really important that those staff people are also trained because they live in those communities, they interact with those people on a daily basis, and we wanted them to be able to assist people who were coming to them for other things with healthcare as well. So we might have a person come to us and they need assistance with rent because they got an eviction notice. When they come to that staff person, that staff person gives them an intake form. We try to have a consistent intake form that asks the same set of questions to all of our consumers whether they are applying for homeless programs or weatherization or Head Start, one of those questions being, do you have insurance and what is your income. So if I'm a consumer I might go to my local Community Action Agency and say I really need help with my rent this month. They're going to look at the intake that I provided, and say, I noticed that you also don't have health insurance, and I noticed that your income is low enough that it appears that you would be eligible for tax credits. Are you interested in learning more? Because that staff person is trained they can help them through the process themselves or they can refer them to that full time navigator to help them at a later date. So that's been really key to helping us with this intersection of services, getting word out to other clients who may not be coming to us for this purpose but are certainly eligible and would benefit from it. Other ways that we really try to reach out to other clients that aren't seeking out this service necessarily is to partner with other departments. So we will send our navigators with Head Start staff to do home visits, and they will bring with them their laptops and maybe an internet card in case the person doesn't have internet. They might bring the paper application with them. Of course they have their cell phones. So they can sit down with that family and apply for assistance with them right there on the spot, or at the very least give them something so that they have time to consider it. And we've found that those paper applications are really useful for that. We can just leave someone who is maybe uncertain or still on the fence with a paper application so they get a sense from looking at that about what kind of questions they are going to be asked, what information they're going to provide, and then they can make an appointment with us to follow up and have us go through the process online



with them. Or we leave them with the address, they fill out that paper application in their own time and they can send it in if they want to. And I want to point out too the phone option has been really good too because there are some people who don't feel comfortable with computers. Maybe they're homebound for one reason or another. So our navigators can go to their house and just pick up the phone and walk them through the process with the call center. So there are a lot of different ways that you can apply for assistance, and we do rely on multiple methods outside of just the website. We also try to make this service as visible as possible in our communities and in our offices. So when you walk into a Community Action Agency, hopefully you're most likely to see posters hanging up with information. You may be handed a flier at the front desk when you tell them you're there to meet with someone they're going to say, here's some reading material. One of the best ways that we have found is, you have a captive audience in your waiting room right? They're sitting there, they're waiting for someone to come, you've got a captive audience, and a lot of our waiting rooms have televisions in them. So we will have the navigator record a short sort of ACA 101 video, what it is, how it's advantageous, how you can get assistance applying. And they play that video on loop so that people that are waiting will also be informed about it and know that this is another service that we provide. Outreach is another big part of what we do and how we really reach out to people beyond our own clientele. I was a community organizer at one time, and this reminds me very much of that. It's about tapping into networks that you don't already serve but that already exist. So for example, we've done a lot of presentations at churches tapping into that faith based community. We've done presentations at libraries, the YWCA, hospitals. We partner very closely with the Federally Qualified Health Centers. One of them in Omaha as an example serves a lot of Hispanic people, that is their primary population of service. And so we partner with them to do events so that we can also reach out to that demographic in a fuller manner than just the clients who are already coming through our doors. I think it's important that you don't reinvent the wheel. One of the successes that we've had is just tagging onto existing events, whether it is a health fair or some other occurring event that is already existing. And the more visible that we are in the community, what we find is that people have events all the time. And if they know that we exist and they have our contact information, they'll pick up the phone and say hey, we've got this going on next week. We've got 20 minutes that we would like you to speak to people about the Affordable Care Act. And then you bring business cards and leave it with them so they can make appointments. It's really easy for



the navigator because they just have to show up and do what they do really well, which is inform people of their options and assist them, and someone else coordinates the entire event. But we also partner with a lot of different groups to coordinate those events ourselves. Just one last thing on that is, elected officials are really good to reach out to your elected officials.

Nebraska is a very conservative state, but despite that we've got a really good rapport with all of our elected officials. Because they need to know that we offer this service and that their constituents may need assistance. So they need to know who to call when their constituent does have an issue with the marketplace for one reason or another. And so we commonly get calls and referrals from our elected officials from their constituents who are having this problem, and they say well, call Community Action. We've talked to them before, they've helped a number of other people and it went very well. So that's kind of, Year 1 was a lot about trial and error to be honest, what works, what doesn't. So in Year 2 we're really going to be refining our approach. We did apply for and receive the second grant, we're in the midst of open enrollment right now. We're really trying to get our information out there more and more, continuing to be more visible and more public so people know we're here. But we also are really trying in this year to target those hard to reach populations. So we're doing more partnerships with organizations that serve those populations like tribes. And one of the things we did this year as an example is to actually add a grantee to our group that was a non-Community Action agency, and they're actually a Native American tribe. There are navigators in some of the surrounding states, the Great Plains Tribal Chairman's Health Council I believe is the full name of it. And they reached out to us and said, we want to be able to serve people in Nebraska, and we said that's great. Because we have a need for reaching out more to the Native American population. It was one of those hard to reach groups that we were struggling to do outreach to. So we sub-granted to them this year to help us in that effort. I'll just end by saying we've been extremely grateful for the opportunity to be able to connect consumers and our existing clients to a very much needed service, and really add this knowledge or tool to our toolbox of resources so that we can continue to help Nebraskans achieve economic stability.

Donna Cohen Ross: Amber, thank you so much for that presentation. You hit every high point that we possibly could have asked for, and we greatly appreciate it. I just want to mention to our audience that a little bit later when we talk about the resources that we have on insurekidsnow.gov, we have several strategy guides that talk about some of the things that Amber



is saying is already happening through her Community Action Agency in Nebraska. Different ways to use videos, different ways to use recorded messages. She hit a lot of those highlights, and so we're very, very grateful to learn that some of those things that get suggested actually work in real life. We're very happy to hear that. Stick with us Amber because in a moment we're going to open it up for some questions and answers, but I'm going to ask Riley if she would give everyone those instructions again.

Riley Greene: Absolutely. So we're having a session now for questions and answers. Again, you can submit your questions through the question box or the chat box in your control panel. It's the little gray box on the right hand side of your screen. So considering what you heard from Barbara at the national level from Community Action Partnership and Amber at the state level of Community Action in Nebraska. Any questions you have for them on the services that CAAs provide, how to partner with a CAA or any other questions, feel free to type that in. One question we have gotten a lot of of course is how you can get a copy of these slides. They will be available on insurekidsnow.gov in the next couple of weeks along with a recording of the presentation. So we'll send that link out through the chat to all of you right now, but the slides and a recording will be available in about a couple of weeks. So we do have some questions coming in. A couple questions on becoming a Community Action Agency. So I think this is a great question for Barbara. We have Sean Ray has asked how do we become a Community Action Agency in our area of service. And Connie, I'm not going to say your last name because I will mispronounce it, but she is interested in, if there are no CAA agencies in your county how can your agency become one? So Barbara I don't know if you can speak to the process of becoming a Community Action Agency, but it would be great to hear your thinking on that.

Barbara Ledyard: Certainly. Each Community Action Agency is designated as a county's local Community Action Provider, usually by the county Board of Supervisors or whatever your comparable governmental entity is. If you are in doubt, give us a call. We can tell you which entity designates in your particular county, and usually if there is not a county entity then it would come from probably your local state office, your CSBG state office or Community Services Block Grant, that's the source of our funding. That state office may also be able to do that designation. But usually that is a county designation, and each agency is officially designated as such.



Riley Greene: Great, thanks so much Barbara. And I think Donna actually has a question for Amber as well.

Donna Cohen Ross: Yes, Amber, I'm wondering, especially in Year 2, or particularly in Year 2 of your efforts to help people enroll in coverage, are you also spending some time helping folks renew their coverage? Are you revisiting or interacting again with some of the same families and helping them keep their coverage?

Amber Hansen: Yes, absolutely. In fact, looking at some of our data I would say about one third of the people that we're seeing are people that we saw last year. And about two-thirds are new people, so I think that's good too. In some of our agencies, there are nine so this is not inclusive of every one of them, but I know at least one of them actually followed up with several of the people that they saw in the first year, especially in that first month when the website was having a lot of problems. It kind of, we had a lot of people come to our office and then end up having to leave because we couldn't make more progress. So we followed up with some of those people from the first year. So I'll say about a third of the people we're seeing are returning consumers and about two-thirds are new.

Donna Cohen Ross: Great, thank you. That's very important, and I hope that all of our grantees and partners who are assisting people with applications really have renewal topmost in their minds right now because there are so many people who need that help as well. So I think we have another question and I'm going to turn it over to Riley. This is a little bit of an in depth question but we thought it was an important one to raise. So go ahead Riley.

Riley Greene: Absolutely. This question comes from Hillary Sumba. I'm going to read it in its entirety and then maybe we can break it down into parts. But thanks for the question Hillary. She is curious, by the process of engaging people through social services, depending on funding sources, some children may be eligible for social services but not for Medicaid. So how do agencies handle referrals for healthcare needs who are not eligible? For example, our community is currently struggling to address the needs of children fleeing violence who are being resettled here and are eligible for some services but not MCHIP. So I wonder Amber if you have any experience with this on the ground of how you kind of handle a referral when folks aren't eligible. Do you connect them to other services? How might you respond to that?



Amber Hansen: We do our best to provide referrals anytime. And Nebraska did not choose to expand Medicaid, so to be quite frank we have quite a few people that come to us, and sometimes we just can't help them. The way the laws are, we just don't have any options. We refer a lot of people to the Federally Qualified Health Centers because they do sliding fee scales. So if they are not eligible for government programs, a lot of times we will send them there so they know that at least they can get a reduced rate on their health services. We ask people if they are veterans so we know that we can refer them to the VA of course and programs like that as well. But if they're not eligible the Federally Qualified Health Centers I'm thinking are usually the best route for a referral.

Donna Cohen Ross: I think you're thinking exactly right Amber. Those are great strategies. But also, many people, even in Medicaid expansion states do come across in the process of helping people apply, may come across people who aren't eligible for various reasons. Certainly trying to link them with organizations like Federally Qualified Health Centers who will see them for the care that they need is critically important. I think we have one more question.

Riley Greene: Yes, absolutely. So Karen Sopouchadou, sorry if I mispronounced that. But Karen is curious about if anyone is available to talk through political obstacles in working with a state Community Action Agency. So Barbara, I'm going to call on you first, but Amber I'm sure you could speak to this as well. Do you have any insight into kind of overcoming political obstacles in working with Community Action Agencies?

Donna Cohen Ross: I'm not quite sure what those obstacles will be, but maybe that question will prompt something from our guests.

Amber Hansen: I do think that that depends on what those obstacles are, and this is Amber speaking. But I would be happy to talk more in depth about what those obstacles are and maybe advise based on my own personal experience in Nebraska. In the Affordable Care Act, political obstacles are a very real thing for us, so we're well versed in it. But I think I would need more information on what exact obstacles they're facing.

Donna Cohen Ross: We're going to ask Karen to give us a little more information and we can revisit this question a little bit later. Barbara, while we have you though is there anything you would like to add or would you like a little more information too?



Barbara Ledyard: Well, I think a little more information would be helpful, but generally speaking we do certainly advise and totally support CAAs working on both sides of the aisle if you will to support programming at the local level. Community Action is based on a tripartite board system where generally a third of the board members may represent elected officials. So we like to keep them very involved. That helps to build relationships and hopefully eliminate obstacles. So without having a little bit more information, I apologize in advance if that's general, but if she does provide a little more specifics there then we can answer further.

Donna Cohen Ross: Okay, we'll see if we can get a little more information, but thank you both. I think I'm going to turn it back over to you Riley.

Riley Greene: Yes, absolutely. So we have one more question that we'll take and then we'll get on to our next speaker because we have great content yet to come. But Sonia Gonzales is interested in serving different populations. So Amber I think you could speak to this. Do you have bilingual staff, Sonia is curious, and what about considering the special needs of Hispanic populations especially people without documentation perhaps? So Amber if you could speak a little bit to your experience there that would be great.

Amber Hansen: Yes, absolutely. We do have bilingual staff, that's one key thing. And we really tried to recruit navigators in the hiring process who were bilingual or train existing bilingual staff to be navigators so that when we did encounter someone whose first primary language is not English we could provide them that assistance. I will also say that part of the Navigator grant is heavily focused on cultural intelligence and class standards, culturally, linguistically appropriate service approaches. And so we take that very seriously and we provide training. We're going to be working with the Office of Health Equity here in the near future to provide some training to our navigators related specifically to that. But we also again rely on our partnerships. Here in Lincoln, Nebraska as an example we are actually right next door to an organization called El Centro de las Americas, and they serve the immigrant population in this community. We rely on them to help us. We will either, they will invite us to an event and they can provide the translation. A lot of times if we do not have the ability ourselves to do that translation, we'll find someone who will offer that for us. So that has been one real key way to reach into that. And also to work with organizations like that who are more familiar with immigration laws than we are ourselves. But also as navigators we rely on CMS a lot to give us guidance. When we've run



into a case where we don't know what to do we go to them and they help us through that. So we again, it's about relying on other partners largely.

Donna Cohen Ross: Well we're glad to be of service Amber. We really are. I want to thank Barbara and Amber, please don't go away because we're going to have a general Q&A at the end, but we are going to take the opportunity to move ahead. I also want to thank everybody for your great questions, this is really terrific. But we're going to move ahead now, and I am going to take the opportunity to introduce Steve Holt from HoltSolutions who is going to talk about promoting health services through community tax programs. Steve, welcome.

Steve Holt: Thanks Donna. I really appreciate the opportunity to be able to speak with you all who are doing vital work of connecting families to Medicaid and CHIP. I want to start by giving you some basic orientation in case you are not familiar with the world of community tax programs. You may know that by the acronym VITA, a lot of people are aware of that. The core service that is being provided is free assistance to lower income taxpayers so that they can prepare and file their tax returns. The hope is that people who may be able to access very significant benefits through their tax return but who feel uncomfortable doing their own taxes have an option so that they don't have to pay high fees. They can go to someone in the community that they can trust and they can get free assistance. That VITA acronym, the V in VITA, refers to volunteers. That is another hallmark of community tax programs, is they typically rely on community volunteers. And those volunteers and other staff are working in a variety of sites around the community. Basically wherever they can find people and find space. That may be a community organization itself or a community center, a neighborhood library. Community colleges are increasingly being involved as sites. It may even be a shopping mall. So as you look around Connecting Kids to your community and think about where you can partner, you're probably going to see a wide range of options. You're also going to see depending on your community a wide range of options, or you're going to see variation across communities in how programs, community tax programs are structured. Some of them are very small, they may only operate one tax site. Others may be large coalitions, maybe even regional coalitions that have significant paid staff in addition to volunteers. So it's good to begin, just kind of do a community assessment and figure out what's going on in your community. And that might include, you may run across a national network that's operated by AARP that is known as Tax Counseling for the Elderly. And despite that name, those sites serve a significant number of



non-elderly taxpayers so that may be part of a network in your area as well. The core emphasis, the way community tax programs work, is the Earned Income Tax Credit, or the EITC. As I'm sure you're aware, this is a very significant benefit that goes to families. It can be a very large portion of someone's income, supplementing the income people have from work. Because those large refunds are so important to families, there is an emphasis to make sure people are aware that they qualify but also again that they can get access to assistance for free. You will also find probably that many of the programs do some other work. Because people are concerned about making sure people can get their benefits, they may already be doing some benefits access work. They may be especially concerned about financial security issues such as savings and bank accounts. They may be involved in some policy advocacy. Some of these groups work year round. Tax season, tax filing season generally from January 20 through April 15 is the core period, but a lot of programs particularly that have these kinds of background services will work year round. So on the next slide, this is just to give you a little idea. It's great to talk about these programs, but as you think about trying to work with a VITA site or another community tax program, who comes there? There is a lot of information on this slide. The first bullet, that more than half of the people who come are single and are non-head-of-household may be surprising given that I just said that EITC is such an emphasis. Despite that, a community tax program will generally be serving a larger proportion of families with children than if you were just to draw a cross section from the general population of low income tax payers. So a significant number are claiming dependents. I have some figures here about the median age is in the mid-40s, the median adjusted income around \$16,000. This information is from a 10 year database that I was able to work with the Annie E. Casey Foundation on where we did a large survey of programs across the country. But individual programs will vary considerably. Again, as you know with any statistic like a median it can hide a lot of variation. It is also important to note that when people have been asked if they are getting some other kind of public assistance benefits, about a third said yes that they have. The final bullet is the important point, that people come back to these sites year after year. When we were doing that work it was over 60% of folks were coming back. They had their taxes done one year and they come back the next year. So this is all well and good about who is there, but how does that relate to your work in trying to reach families that may be eligible for Medicaid and CHIP? So what this slide does is break this down into two groups, those that are applicable to all states, and then those opportunities that are specific to



expansion states. No matter where you are, I think you will find that there are tax filing households, people who may be getting the EITC or some other tax benefits, who simply don't participate in other programs. They may not see the tax credit as a benefit and they see other programs as being classified that way, so they may mistrust those. They may not understand the rules. They may have an outdated sense of whether they are eligible or not, they looked at one point and they haven't looked since. Or their circumstances may have changed, and that is an important audience within community tax programs. We generally find that about one third of the people who claim the EITC each year had not claimed it the year before. These are people whose income has fluctuated, perhaps they have a child and they didn't have a child before. Something is happening, so when you go to a tax site you are going to find a significant number of people who are in some degree of churn in their life. And those are folks I think who are really important targets for outreach about Medicaid and CHIP. Finally, because so many people come to the tax site year after year it's a very trusted place. People tend to regard these programs in high regard, and your partnering with an organization that operates a tax program can be a way to augment your reach. In expansion states, that large number of single person households that tax sites are using, that is a very ripe market, as well as filers who have incomes in the expansion range. That is going to be exactly the core group that is coming to tax program sites. And when I said the median age was about in the mid-40s, we always find a significant number of young adult households, 18-25. Many of those who are just starting families, as well as middle aged households. So again I think some very good targets that you can work with where there is an overlap in the population. Again, all well and good, what does this mean specifically for what you can do particularly as we are right here on the cusp of tax season? I think it's important to acknowledge that tax season is starting very soon, programs are very focused on getting up and running. Particularly this year because another aspect of the Affordable Care Act is the fact that much of the administration of the ACA is done through tax returns. So the tax return is going to ask each household whether they have coverage, we'll figure out maybe people who are exempt from the requirement for coverage. There are tax credits that are involved as well. So tax sites are going to be very focused on this. What I'm trying to do with you today is to give you some ideas as to some specific things that you can think about and plan and then identify the tax groups in your community and go to them with specific questions. Again, they have a lot on their mind right now but they are generally very concerned about helping the community and if you can give



them some concrete examples of how to work with them I think you will find them very willing partners. A key thing that tax programs have done. A lot of these programs have for over 30 years promoted the Earned Income Tax Credit and other tax credits. They are very good at knowing how to have an effective language, an effective communication style. They work with very developed communication networks that reach lower income individuals and communities. And so you can tap into that. A specific thing that tax programs can do is they can send an informational mailing to everyone who came to the site the year before. Because of the rules on confidentiality of tax data you can't go through and cull the list and say we only want the people who have kids or who make this kind of income. It's a general distribution. But that mailing specifically can give the list of where you can go in your community to get further information or to enroll. Maybe you can augment the outreach materials that are already being developed for the tax programs. Add a line. Sometimes the posters are already done but they are more than willing to say, well if you can come to put a sticker, and you have a little sticker that can go on all those posters. And those are up and very visible around town. You may be able to set up an actual enrollment center. One of the things that tax sites have is some very good physical and human resources. They tend to have space, they have computers, they have generally internet access, they have volunteers who are very interested in helping the community. Perhaps in this period before tax season gets going, which is usually again around January 20, that may be an opportunity for you to say, can we locate some of our folks who can help people get enrolled or maybe even recruit some of your volunteers to work before tax season starts. There is another thing that I think can really be useful right now, and that is to do some basic cross training of staff. As all of you know, the world of Medicaid and CHIP eligibility now has a significant tax aspect to it because of the rules about who is in a household and definitions like head of household and dependent that tax programs are very familiar with and they can help you with. At the same time, you can really leverage your reach if the managers of tax sites and even some of the volunteers preparing taxes understand the basics of Medicaid and CHIP eligibility. Finally, as we work towards that late January period, you can make sure that you've defined exactly what your end season partnerships are going to be. On the next slide, I just go through a few of those. Again, this echoes what Amber said. A tax site tends to have a waiting room. People come in, they do an intake process, they often do a survey. Perhaps that survey could include a question, as, do you have health insurance. That would provide a way to do screening. And because people are waiting for a while in that room, there



are some real opportunities to work the room, to have conversations. We have found that very successful among some programs during the last tax season. You may also want to set up an enrollment station, again someone can go and help. I do need to caution you though to understand that people are at tax sites to get their taxes done, and so their focus as they are waiting is keeping an eye on, am I being called yet? Am I the next person to go? And then once they get their taxes done they are ready to go home. They've often been there a while. So I think it's important to be realistic about what you can accomplish on site, and I think it's better to emphasize the conversations, the outreach, the ability to start a conversation that you can continue later. And finally, a point that I think is going to be very significant. Tax season extends well beyond the end of the current open enrollment period for the marketplace insurance. And tax sites are going to be very interested in having some positive messaging that they can do for people who are coming in after February 15 and are wanting some kind of insurance. And their ability to say, wait a minute, Medicaid and CHIP do not have that enrollment period restriction, we can continue to connect you with these people and that may provide the assistance that you need. On the final slide are just some resource ideas. The Center on Budget and Policy Priorities has some excellent resources in terms of some webinars and materials and a very good Healthcare Assister's Guide to Tax Rules, so you can find things like head of household. The IRS has a website where you can locate where there are tax sites in your community. Unfortunately that website is not up and running yet, it tends to really get going in January. You may have better luck even during tax season if you have a 211. Often tax programs are very good about letting 211 know where they have sites, and that may be a more up to date resource than what you can get from the IRS. But it's good to use both of them. There is a link here to a case study report I did on tax programs being involved in enrollment this last year as well as my email. Please feel free to follow up with me if you have questions or if you want to bounce ideas off of me I would be happy to do that. Thank you.

Donna Cohen Ross: Great. Thank you so much Steve, we're going to crash your email too. But thanks so much, and thanks especially for making the point that post-February 15 when people are thinking that open enrollment is now winding down and it's over. I mean, we're always trying to make the point that you just made, and that is, Medicaid and CHIP are open year round and people can apply at any time, eligible people get enrolled at any time. It really is an opportunity to ramp up that message again. We will be



doing that so we're glad to think that some of our VITA site partners and others who are working with VITA sites will help us with that. So thank you. We're going to, and don't go away Steve we're going to have a Q&A in a little bit. We're going to move on and introduce Zach Reat who is with the Ohio Association of Foodbanks. Earlier in the Q&A someone asked a question about working with food assistance programs. We didn't ignore your question, we knew that you were going to hear in just a moment a little bit about that. So we really are very pleased to have Zach talk about the work of the food bank which is actually both broad and deep in its efforts to help connect people with public benefits. So thank you for joining us Zach.

Zach Reat: Absolutely. Thank you Donna and thank you very much for the opportunity to be on the webinar today and talk with you all about the work that we are doing to make sure that people who are hungry in Ohio also have access to the medical care that they need, especially kids. I'm Zach Reat. I'm the Director of Work Support Initiatives for the Ohio Association of Foodbanks. On the next slide I have some information about our organization. First of all we are Ohio's largest charitable response to hunger, and our mission is to assist to the 12 Feeding America food banks to provide food but also other resources to people that are experiencing need. I wanted to quickly just explain the food bank structure as it exists, because I think it's important for you to understand that when you're thinking about partnering with emergency food providers. A food bank is generally a larger organization that has capacity to source, purchase or collect donated goods, warehouse, and then ship that food out to their member agencies. Food banks' member agencies are almost always food pantries or soup kitchens or homeless shelters or other places that people who are hungry go to get food. A food bank is generally sort of the coordinating body and the food pantries, the soup kitchens, the congregate meal sites, those are the providers that are actually providing the emergency food assistance. Through that network of 12 Feeding America food banks last year, we distributed over 186 million pounds of food to Ohio. Could you go ahead two slides? The next slide has a -- So the presentation, I wanted to talk to you about three things in this sort of idea of intersecting services. The first is education and training. If we are going to be successful in delivering services in sort of at an intersection, we need to really be bought in to that idea. And we believe that solid education and training around the issue is very important to get that. We also think it's important that people have access to the technology that is required, and technologies that really highlight the possibilities for helping people with more than one need from a single



location or at one time. And then finally making sure that we are working collaboratively with trusted messengers, which is a tried and true method to get to people that are in need of a service, especially children in need of medical care. Can you go back to that previous slide? And I'll talk about that education and training that we go through with our foodbankers. First of all, we believe and understand that hunger is a system of poverty. Hunger is not a standalone issue. We also know that hunger represents an immediate need. A hungry person needs food in order to fill that need. There is no other way to have that need filled. So we think it is a wonderful opportunity to catch people while they are in a moment of crisis and present them with an opportunity to not only address that food need but perhaps some of the medical needs that might be associated. As a system we really make sure that our food banks understand this by implementing programs that underscore the idea. We work lots with Bridges out of Poverty and other education programs about poverty so that the volunteers and staff people at the food pantries, soup kitchens, homeless shelters, truly get this and have a willingness to go the additional step of creating opportunities for services to be provided at an intersection. The technology that I wanted to highlight for you is called the Ohio Benefit Bank. We administer this program. It's an integrated online service developed by a vendor called Solutions for Progress. Ohioans can use it to fill out about 30 different application forms, everything from their Federal Form 1040 for their taxes or their FAFSA. They can apply for their Veterans benefits, get their DD 214. They can apply for Medicaid and CHIP programs, programs to help with costs associated with Medicare. And they do this from a single account that they have created for themselves. The Association trains the agencies that use this service, and many of those agencies include food pantries and soup kitchens. Again, if you come in and you need food chances are you have other needs and a technology like the Ohio Benefit Bank makes it easier, faster, less intimidating to apply for those benefits. We do also have a self-serve version of the Benefit Bank which you all can check out by going to www.ohiobenefits.org, and I would encourage you to do that. On the next slide we talk about another technology called the Get Covered Connector. That is an online tool that agencies can use here in the state of Ohio to directly schedule appointments with navigators, CACs, in-person assisters, or agents or brokers. I wanted to highlighted this tool because it is very easy for you to educate agencies about how to make referrals to you, and we think that having a technology similar to the Get Covered Connector to support those referrals makes it more likely that those agencies that you go out and educate about your services will actually take advantage of referring



their clients to you. Again, you can check that out when you go to pull down the slides later and just click on the link there. Finally, we have to actually get together and provide these services on an intersection, right? As we've already talked about, it works better when we collaborate with agencies that are trusted in the community that you seek to serve. Food banks and food pantries generally in communities are a very trusted and relied upon resource. So I strongly encourage you to go out and look for those opportunities. Just for some examples to get your mind moving. You could consider setting up regular enrollment hours at a food pantry or a food pantry distribution. So that might look like bringing your laptop and portable printer into a food pantry waiting area, educating people about Medicaid/CHIP and then completing their application. You can set up at large scale mobile distributions. I'm going to highlight a distribution here coming up for Christmas where there will be over 5,000 families getting food boxes. That is a lot of bang for your buck in terms of potential enrollment events. And then finally, looking at distributing literature. People have to bring food home in something like a bag or a food box. So perhaps you can get some bags printed and provide those bags. Maybe you can give somebody, a food pantry, a set of flyers and ask them to put one in each box. Next slide please. Now for my last two slides I wanted to highlight some really incredible work that two of our food banks are doing that really kind of highlight this idea of providing services at the intersection. The Greater Cleveland Food Bank is a food bank that serves six counties in northern Ohio, and they do provide in-person or over the phone assistance with food assistance applications for the SNAP program. They also help people apply for other benefits using the Ohio Benefit Bank, but through their intake process if they identify a family or child that is not covered they will use that Get Covered Connector that I just showed you to get them in touch with a navigator or a CAC to complete that Medicaid application. They've also got a really neat program where they are training medical providers and giving them prescription pads so that when a medical provider encounters a person that is unable to perhaps take their medicines or absorb their medicines properly because they have a food need, they can write a nutrition prescription that gets them back to the food bank. Those individuals then go straight through the intake process and they can be identified as perhaps not having medical coverage if they didn't get that addressed when they were at the medical provider's office. I just thought that was a really neat partnership and worth highlighting. The next food bank that I wanted to highlight is the Freestore Foodbank, which serves I believe about eight counties down in southwestern Ohio. They actually have a food pantry in



their food bank, which is a pretty innovative best practice. But through that food pantry they have an intake process that is very, very thorough. Freestore Foodbank is also a Navigator partner in our Navigator grant, so whenever they encounter a person or a family that goes without coverage they are actually required to talk to a navigator as a part of the services that they receive from the food pantry. The Freestore Foodbank has also worked with a local health advocacy organization called Interact for Health to get some flyers printed with information about the Affordable Care Act and all of the associated health coverages that are available including Medicaid. Every time somebody needs Freestore Foodbank's food pantry or when one of their member agencies comes to pick up their order of food for the month they leave with some of these flyers that they can then give out to their members. Those same flyers are going to be going out as I told you earlier in the holiday food box distribution to over 5,000 families, and that is actually coming up two weekends from now. So I'm really excited for the opportunities there. In conclusion I would just strongly encourage you to reach out to your food bank network in your state and consider setting up some enrollment opportunities to really capitalize on acknowledging the fact that people who are hungry generally need help in other areas especially with their medical concerns. Thank you very much.

Donna Cohen Ross: Thank you so much Zach. As a former foodbanker myself I really do appreciate that, the broad view that you shared about the various needs that folks have. I think people who work in that area see this every day, and I know that that's true of our audience today. Stick with us, we're going to do a Q&A session in a little bit. But I'm going to turn it over to Riley now who is going to remind folks, or for anyone who is new introduce you to some of the resources that are available on the Insure Kids Now website. We'll go through that now, and then we'll circle back for questions and answers. So thanks Riley.

Riley Greene: Yes, thanks Donna. And just a reminder, we'll have that question and answer session and you can submit your questions through the question box in your control panel. We welcome questions for Steve on the tax assistance programs, for Zach on working with food banks and food pantries, but we still have Barbara and Amber on the line as well if you have any follow up questions about Community Action Agencies. So don't be shy, send us in your thoughts. I'll quickly go through some Connecting Kids to Coverage Campaign resources that you all can use in your outreach and in your outreach partnering with organizations like the folks we have on the phone today. So first up we have TV and radio public service



announcements. We have both 30-second and 60-second versions in English and Spanish that are available for you. And those come with a resource on how to use PSAs, how to pitch them, the right kind of places that place them and play them. To Amber's point, you can play a PSA in a Community Action Agency emergency services waiting room for example. So we have that good video content ready to go. We also have pitch letters in English and Spanish to help you promote those PSAs. We also have live read radio scripts. These are kind of like public service announcement scripts that you could use with local radio personalities. We've even had folks use them in for example school system phone recordings. We have a 15-, 30-, and 60-second version in English and Spanish. So those scripts are downloadable, and you can of course tweak them for your needs but it gives you a good idea of how to deliver that messaging succinctly and clearly. We also have template print articles. These are ready made articles in both English and Spanish that can be shared with local newspapers and other media outlets, maybe online blogs or other publications that are interested in writing about this topic. So that is ready to go. And just like the scripts they are customizable for your needs but have that messaging ready for you to share. A big draw of course is our campaign materials. We have a variety of flyers for different audiences. So a teen flyer, back to school flyer with these little kids in front of the school bus, and others. We have palm cards, flyers and posters. And these are customizable. So you can see on the screen in front of you what you can drop in, which is your program name, your state's annual income eligibility, your website and phone number to provide that local application assistance, and up to two logos. These are available, all of our materials are available in English and Spanish and some are available in other languages like Chinese, Korean, Vietnamese, Hmong, and more. So we encourage you to check out insurekidsnow.gov and see the suite of materials that we have. We've included a link here to the customization guide that explains how you order those. It is free to have these materials customized. You just email design services at CMS. It will be about two weeks, and they will send you a print ready PDF. It is free to have them customized, you would just pay the printing costs once you get that customized material. Some of our other campaign resources include our eNewsletters. If you're not already subscribed to the Connecting Kids to Coverage Campaign eNewsletter, we really encourage you to do so. In an upcoming slide we have some information about how you do that. But we do these newsletters that follow up and expound upon the great information that you hear in our webinars as well as other insights on outreach and enrollment strategies such as faith based outreach and other good ideas. We usually spotlight folks doing really



good work on the ground, kind of help spread these lessons learned and best practices. As we've mentioned a couple of times today, all of our webinars are available online so you can get both the slide deck and a recording of the webinar to share with your network, catch up if there was a part you really liked and wanted to revisit or otherwise. And we have a link to that here. And we also have an outreach video library that spotlights effective and unique innovative outreach and enrollment strategies that groups are doing across the country. We encourage you to check those out and maybe get some good ideas to add into your own outreach efforts. Finally, we at the Campaign are here for you all. We want to hear your good ideas, give you feedback on what you might be doing. So we really encourage you to keep in touch with Connecting Kids to Coverage. And you can do that in a number of ways. We'd love for you to follow us on Facebook and Twitter. Our Twitter handle is @IKNGov. Facebook is just facebook.com/insurekidsnow. Both of these are links in this PowerPoint presentation, so if you get a copy of the slides you can get it right there. You can also contact the Campaign directly with any questions at insurekidsnow@fleishman.com or at 1-855-313-KIDS. That's a direct Connecting Kids to Coverage hotline that is answered by a real person which is me, this is Riley Greene and I would love to hear from all of you. And finally as I mentioned, please sign up for our eNewsletters and share that sign up information with your network. We announce webinar invitations, do those spotlights on on-the-ground activities, and just share a lot of helpful information through the eNewsletters. So that's it in terms of Connecting Kids to Coverage Campaign resources. We welcome your questions on those campaign resources and for all of our great presenters today.

Donna Cohen Ross: Great, thank you Riley. And I'm here to attest that Riley is a real person. So if you do have questions or things to share do call that number and again there are lots of other ways to get in touch as well. We do have a couple of questions already. One I wanted to take right away. First of all, thanks Holly for letting us know that you like our posters. We like them too, and so we're really glad that folks like them and use them and we really do want you to let us know how we can help you customize those materials. We did get a question from Caitlin Huntington who asked whether the flyers have been preapproved by the state. Now that's a really interesting question. When you take a look at the flyers you'll notice that it's very, very basic information. Certainly if you want to put your state's hotline number on the flyer you should be in touch with your state to check and make sure that that is something that is okay with them. We have been



working intensively in a number of states and do work really well with the state agencies there and interestingly, while we are not in any target markets in New York State right now we were in an earlier part of our campaign, and so the folks at New York State have seen our materials and liked them. So Caitlin I hope that's helpful to you and to others. But any time you are going to put someone else's logo or phone number you definitely want to check with them. Otherwise I think you'll agree the information is very, very basic on those materials. We do have a question from Michelle Brown Graham, which I think takes us back to some previous information that we provided over time to folks. And Michelle asked whether or not faith based organizations are involved in any of these initiatives. I'm going to guess the answer is yes, but I'm going to first go to Zach and see if there is anything that you would like to share about connections and partnerships that you may have with faith based organizations.

Zach Reat: Well, absolutely. Many, many of the food pantries, soup kitchens, congregate meal sites, benefit bank sites, users of the Get Covered Connector, the things that I talked about are faith based, either churches, synagogues, mosques, or organizations that are rooted in faith values. And I think the real point when working with faith based initiatives is, especially if you are working with the volunteers at the churches is making sure that you really do stop and take the time to do a little bit of education with them prior to making the act to come set up. Maybe explain why you think there is real value in working with them. And we've found that that little pause, taking that pause to do the education, makes for a much more engaged partner and one that is really willing to put their credibility on the line for your service.

Donna Cohen Ross: Thanks Zach. I'm wondering if any of our other speakers have anything they want to add to that. Steve or Amber or Barbara, anything you'd like to say about working with faith based groups?

Steve Holt: This is Steve. Generally VITA and the tax world is not organized at the state level but you'll often find that statewide associations and groups including the Ohio Association of Foodbanks as well as some of the state Community Action Agencies have a role either as providers or as supporters of community tax campaigns. So that may be a way that you can connect with people as well.

Amber Hansen: And I would say Community Action Agencies in Nebraska have an existing working relationship with the Ministerial Associations across the state. So that kind of helps us get our foot in the door. But I had this



conversation with a group of people recently and they were saying that one of the best ways to kind of get into a church is to find that member who is a real champion for your cause and let them help you get in the door if you are struggling to make that approach. Because sometimes their leadership may not be on board, but if their constituents are or their membership is then you will have better success that way.

Donna Cohen Ross: Great, thank you. Barbara, anything to add?

Barbara Ledyard: I think they pretty much covered it. Community Action is very open to working with faith based organizations and there are countless examples of agencies doing that. The faith based community tends to serve such a vital role in reaching community level folks, and really a lot of times already have boots on the ground so to speak. So they are a prime partnering organization to collaborate with. We tend to at the national level collaborate also with a couple of faith based organizations and I'm sure that will continue. Sister Simone is a speaker, Nuns on the Bus if you've heard of that, that we have used quite a bit, does a lot in community development and things like that. So I think that faith based kind of partnerships will definitely continue within the Community Action Network.

Donna Cohen Ross: Thank you so much, I would say that is a pretty full answer to a question. We have a question, and Zach I'm going to pitch this question to you. I'm not sure I 100% understand the question, but I'm going to give it to you anyway because it is in your bailiwick. And you can tell us if you need more information or not. This question is from Ernestine Lee, and Ernestine asks, is it common for food banks to need an MOU, a Memorandum of Understanding, in order to conduct weekly outreach at a food bank location? And I'm not really sure who the MOU would be with. But I don't know if this rings any bells for you Zach.

Zach Reat: There is certainly no requirement that food banks are under nationally or anything like that. Many food banks may request that, and we've found that the partnerships are more fruitful when there is an MOU clearly outlining the expectations. I hope that addresses the question, if not could the asker please give some additional information.

Donna Cohen Ross: Thank you, that's great. And there is another question here that I just want to take an opportunity to answer. Maria Romera Mora asks whether or not there are in person trainings for assisters. I think folks know that there is an online training for navigators and assisters on healthcare.gov, and we also have weekly webinars, every Friday afternoon



we have webinars for them. I suspect that many states have in person trainings for their navigators and assisters as well as some of the navigator organizations. I'm wondering Amber if this is something that you provide for navigators, certainly I would imagine part of your grant. But I just was wondering if you would want to speak to this.

Amber Hansen: Yeah, in fact in Nebraska we had what we called an Assisters, I think we called the technical term Fall Outreach and Enrollment Summit, because the term conference scares people because of the cost of it. So we tried to make it very much a training thing. But we opened it up to all assisters in the state of Nebraska. So we partnered with the health centers. We had, I want to say about 75 registrants, and that is 75 navigators and certified navigation counselors. And we teamed up, myself and the people from the Federally Qualified Health Center, along with a coalition in Nebraska called Enroll Nebraska who helped us organize the entire thing and invite people. We set an agenda, we asked people for feedback. What do you want to hear from us? Because you go through the basic training online, but above and beyond that what more do you want. And we invited CMS, they came to Kearney, Nebraska and presented a lot directly from the source so to speak. It was a really good event. We actually, we had a couple of days that were for assisters only because it really focused on the nitty gritty details of enrollment. But the very first day prior to that we opened it up to any organization in the state who just wanted to learn more about the Affordable Care Act. And CMS also spoke that day. They kind of gave an ACA 101, talked to people about where they could get more information, what's out there, what resources are available. It was a very well attended event, that one we had I want to say about 90 registrants for. So it went very well, and we're hoping to replicate it again next year. Because the feedback that they get from one another is often more valuable than what they can read in an email or hear on a conference call.

Donna Cohen Ross: Thanks, that was really helpful. Steve, I wanted to just ask you, this is maybe a little bit of a connected question to the previous one. In your remarks you talked about cross training program staff and volunteers in the basics of both I assume you meant the tax credit issues and also Medicaid and CHIP. And I know that sometimes, particularly volunteers but also sometimes staff, are a little bit worried when information, some of the program rules and such can be very complicated. I know we always tell them you don't have to be an expert, you don't have to have a Ph.D. in this, but it's helpful to understand the basics. And I'm wondering if you could maybe talk a little bit about where those lines get



drawn and how to make people feel comfortable with complicated information.

Steve Holt: I think you're right Donna, that really is a challenge. I think getting people to a level where they understand well enough that they can accurately do high level screening and referral I think is the objective that is most appropriate. Some of this also in terms of the cross training could be more specific, let's say if you are an enrollment assister and are just confused on a particular pace for instance or in general with the population that you're working with, not understanding these strange rules about who is in a household or how does that work. You can get a basic primer from tax folks who can describe that pretty easily. Again, you're not going to be an expert then in the tax law rules, but you'd have a basic understanding and a level of comfort that I think makes you a more effective assister.

Donna Cohen Ross: Thanks Steve. I do think it is important, just one of the things to train folks on is to know their limitations and how to get help to answer questions that they don't feel comfortable with. And I think as you said, that is true in the tax world and that's true on the Medicaid and CHIP side of things too. So thank you. Well we have come to the end of our time with one minute to spare, and I'm going to use that minute to thank again our wonderful, wonderful presenters. This has really been a terrific webinar. We want to thank Barbara Ledyard from the Community Action Partnership, Amber Hansen from Community Action of Nebraska, Steve Holt from HoltSolutions, Zach Reat from the Ohio Association of Foodbanks. What a tremendous panel we've had and great information. I also want to thank Riley and Jenna and their team here for helping set up the session, Sandy Won as well, and helping us make sure that we've been weaving these topics together. I also want to thank our audience, you had some fabulous questions today, all right on point, and I think this might be the first time ever that we answered all of them. So thank you very much. You will be hearing from us before long as Riley said about when and where the webinar information from today will be posted. We'll also let you know when to look for an invitation to our next webinar, which is going to be a deeper dive into working with Latino families, and I think that that came up a little bit in today's discussion. So we'll be doing a deeper dive, and that is going to be in January. So we're very excited about that. In the meanwhile, we're hoping that we'll get some back and forth from all of you. Don't forget to look for our materials and use that customization guide. Now I've gone one minute over, and I want to thank you all once again. Have a good rest of the day, and we'll be talking with you again soon. Do have a safe and healthy holiday



season if we don't hear from you before then. The holidays are coming up soon and we hope that everyone has an enjoyable holiday with friends and family. Thank you so much.

Riley Greene: Thanks everyone. Good bye.