

School Based Approach to Child Health Outreach and Enrollment Telling Your Story: A Template for monitoring and evaluating your work.

Directions: Please work with your district team to complete this template over the course of a school year. Consider completing the template quarterly and simply pick up where you left off for each section. In other words, there is no need to start over or repeat a section, unless you have an update to report. The goal is to have the template completely done by the end of the school year. You can use this information to determine what is (and is not) working and to share successes!

Note: Before filling out the template for the first time, review the entire document to ensure a clear understanding of the various sections and the nuances between them.

School District:

Date:

Date:

Date:

Date:

Identifying Uninsured Children

1. Where is your team in the Action Planning process for **Identifying Uninsured Children**?

- We have not started an Action Plan
- We are currently preparing an Action Plan
- We are currently implementing an Action Plan
- The Action Plan is completed and we continue to update it throughout the year

a) Please share successes and challenges regarding the Action Plan:

2. Please check which of the following applies to your district's use of a health insurance question on the school enrollment form(s).
- Our district does not have a health insurance question yet, but we are working on it
 - Our district has recently changed our forms to include a health insurance question
 - Our district has a health insurance question, but we need to modify it
 - Our district has a health insurance question that we are satisfied with
3. Whether the health insurance question was added or modified, what key steps did your district take to update the enrollment form? **Please check all that apply**
- Looked at sample question
 - Drafted question
 - Formatted question on enrollment form
 - Finalized enrollment form
 - Distributed enrollment form to schools
 - Data entry person identified
 - Other key steps you would like to share
4. In the space below, please write the health insurance question (or series of questions) that is currently used on your district's school enrollment form. Please include the entire question and, if applicable, the response options as well.
5. Where does your district capture health insurance data from the enrollment form (e.g., Public Education Information Management System, PEIMS)?
- a) How does your district use this information (e.g., to create lists of uninsured children)?
6. To what extent is your district satisfied that the current health insurance question on your enrollment form accurately assesses health insurance status?
- Not at all satisfied
 - Somewhat satisfied
 - Quite Satisfied
 - Completely Satisfied

7. As part of or in addition to the health insurance question, does your district's enrollment form provide a checklist asking parents to indicate which type of insurance their child has? (e.g., CHIP, Medicaid, etc.)
- Yes
 No
8. In addition to your district's school enrollment form, are there other school forms that ask the health insurance question(s)?
- Yes
 No
- a) If yes, what are the other forms?
9. Do you have a question on the school enrollment form requesting permission to follow-up in order to refer or assist parents with the health insurance application and enrollment process for their child?
- Yes
 No
10. Do you have a question on the school enrollment form seeking permission from parents to share their child's data with other agencies (e.g. community enrollment groups, other school districts)?
- Yes
 No
11. In adding or preparing to add the health insurance question(s) to the enrollment form, what were your team's key:
- Challenges?

 - Successes?

 - Lessons?
12. Additional thoughts or comments about identifying uninsured children

Educating Families

1. Where is your team in the Action Planning process for **Educating Families**?

- We have not started an Action Plan
- We are currently preparing an Action Plan
- We are currently implementing an Action Plan
- The Action Plan is completed and we continue to update it throughout the year

a) Please share successes and challenges regarding the Action Plan:

COMMUNITY EVENTS TO EDUCATE FAMILIES

2. Did your team conduct at least **community events to educate families** about ACA and Children’s Health Insurance Programs?

- No, not yet
- No, but we are working it
- Yes, we have done one
- Yes, we have done two or more

a) If no, when does your team plan to host two community events?

If yes, please describe the community events and the strengths, challenges and lessons of each.

Community Events to Educate Families		
	Community Event #1	Community Event #2
Name of Event		
Date of Event		
Location		
Event Topic		
Target Audience		

Community Events to Educate Families Continued

	Community Event #1	Community Event #2
Educators	<input type="checkbox"/> District staff <input type="checkbox"/> Health partners <input type="checkbox"/> Other	<input type="checkbox"/> District staff <input type="checkbox"/> Health partners <input type="checkbox"/> Other
# in attendance		
Estimate # of uninsured kids		
# of referrals made, if applicable		
# of students enrolled, if applicable		
Effectiveness of community event	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High
What is the likelihood that...		
...your team would do this community event again?	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High
...this event is sustainable beyond the life of this grant?	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High
Strengths		
Challenges		
Lessons Learned		

DISSEMINATION OF EDUCATIONAL MATERIALS TO FAMILIES

a) Did your team disseminate educational materials to families about the Affordable Care Act (ACA)?

- No, we have not started work on that
- No, but we are preparing to do that
- Yes, we have disseminated educational materials, but there have been challenges
- Yes, we are successfully disseminating educational materials

a) If no, what materials does your team plan to disseminate and when?

b) If yes, please describe the materials that were disseminated.

	Material #1	Material #2	Material #3	Material #4
Title of Material				
Dates Disseminated				
New or Existing Materials	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> New <input type="checkbox"/> Existing
Source?				
Target Audience(s)				
# reached				
Method(s) of dissemination				
To what extent were the materials effective?	Not at all <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Very	Not at all <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Very	Not at all <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Very	Not at all <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Very

b) What steps has your team taken to ensure that its dissemination of educational materials is sustainable?

c) Additional thoughts or comments about educating families

School, Community and Family Outreach

1. Where is your team in the Action Planning process for **Outreach**?

- We have not started an Action Plan
- We are currently preparing an Action Plan
- We are currently implementing an Action Plan
- The Action Plan is completed and we continue to update it throughout the year

a) Please share successes and challenges regarding the Action Plan:

INFORMATION SHARING SESSIONS WITH KEY SCHOOL PERSONNEL

2. Within your district, has your team been regularly conducting **information sharing sessions** with key school personnel (e.g., at staff meetings)?

- No, not yet
- No, but we are in the process of planning them now
- Yes, we are averaging one per month
- Yes, we are averaging two per month
- Yes, we are averaging three or more per month

a) If no, when does your team plan to begin regularly conducting information sharing sessions with key school personnel?

b) If yes, with what ongoing or existing events were you able to conduct information sharing sessions with key school personnel? (e.g., staff meetings, administrator meetings)

COMMUNICATIONS PLAN TO REACH COMMUNITY

3. Did your team develop and implement a **communications plan** to reach the community (e.g., public officials, local community)?

- No, not yet
- No, but we are developing one now
- Yes, we have a communications and marketing program in place, but there are challenges
- Yes, we have a successful communications and marketing program currently in place

a) If no, when does your team plan to implement a communications program?

b) If yes, what were your communication channels (check all that apply)?

- Local newspaper
- Brochures
- Television
- Radio
- Social Media
- Story Collection
- Community events bulletin
- Other

ANNUAL CAMPAIGNS TO REACH COMMUNITIES & FAMILIES

4. Did your team promote free and affordable children's health insurance programs to the community and families with an annual campaign (e.g., annual school fair)?

- No, not yet
- No, but we are in the process of planning them now
- Yes, we have done one
- Yes, we have done two
- Yes, we have done three or more

a) If no, when does your team plan to promote children's health insurance programs to families?

b) If yes, in which **annual campaigns** did your team promote children's health insurance programs to communities and families?

- Annual School Fairs
- Children's Health Awareness Days
- Other

5. Please describe the steps that have been taken to ensure that your team's school, family and community outreach efforts are sustainable?

6. Additional thoughts or comments about school, family and community outreach

Partnership Development

Note: The questions below refer to the joint work you do with your community partners; specifically, enrollment events and educational activities. But, first a few questions about action planning and the partnerships your team has developed.

1. Where is your team in the Action Planning process for building or strengthening **Partnerships**?

- We have not started an Action Plan
- We are currently preparing an Action Plan
- We are currently implementing an Action Plan
- The Action Plan is completed and we continue to update it throughout the year

a) Please share successes and challenges regarding the Action Plan:

2. Did your team identify three partner organizations with whom to collaborate?

- No, not yet
- No, but we are working it
- Yes, we have identified one partner
- Yes, we have identified two partners
- Yes, we have identified three or more partners

a) If no, with which groups or organizations is your team considering partnering with?

b) If yes, please list partner organizations and the strengths, challenges and lessons of each in the table.

Partner Organization #1	Partner Organization #2	Partner Organization #3
1.	2.	3.
Partner's Role (check all that apply) <input type="checkbox"/> Education <input type="checkbox"/> Outreach <input type="checkbox"/> App & Enrollment	Partner's Role (check all that apply) <input type="checkbox"/> Education <input type="checkbox"/> Outreach <input type="checkbox"/> App & Enrollment	Partner's Role (check all that apply) <input type="checkbox"/> Education <input type="checkbox"/> Outreach <input type="checkbox"/> App & Enrollment
Strengths	Strengths	Strengths
Challenges	Challenges	Challenges
Lessons	Lessons	Lessons

JOINT ENROLLMENT EVENTS (WITH PARTNERS)

3. Has your team had the opportunity to conduct **joint annual enrollment events** (e.g., health fairs, immunization screenings) with your partner(s)?

- No, not yet
- No, but we are working it
- Yes, we have done one
- Yes, we have done two or more

a) If no, when does your team plan to conduct **joint annual enrollment events**?

b) If yes, please describe the enrollment events and the strengths, challenges and lessons of each.

Joint Enrollment Events		
	Event #1	Event #2
Name of Event		
Date of Event		
Location		
Target Audience		
# in attendance		
Estimate # of uninsured kids		
# of referrals		
# of onsite enrollments		
Effectiveness of enrollment event	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High
What is the likelihood that.....		
.....your team would do this event again?	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High
.....this event is sustainable beyond the life of this grant?	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High

Joint Enrollment Events Continued		
	Event #1	Event #2
Strengths		
Challenges		
Lessons		

JOINT EDUCATIONAL ACTIVITIES (WITH PARTNERS)

4. Has your team distributed information at two **joint educational activities** (e.g., Back-to-School Night)?
- No, not yet
 - No, but we are working it
 - Yes, we have done one
 - Yes, we have done two or more

a) If no, when does your team plan to conduct **joint educational activities**?

b) If yes, please describe the educational activities and the strengths, challenges and lessons for each.

Joint Educational Activities		
	Event #1	Event #2
Name of Event		
Location		
Topic		
Target Audience		
# in attendance		
Estimate # of uninsured kids		
# of referrals, if applicable		
# of onsite enrollments if applicable		
Effectiveness of joint educational event	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High
What is the likelihood that...		
...your team would do this event again?	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High
...this event is sustainable?	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High	Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High
Strengths		
Challenges		
Lessons		

5. Please describe the steps your team and its partners have taken to ensure that joint enrollment and joint educational activities are sustainable?

6. Additional thoughts or comments about Joint Enrollment and/or Educational Activities

Application and Enrollment

1. Where is your team in the Action Planning process for **Application and Enrollment**?

- We have not started an Action Plan
- We are currently preparing an Action Plan
- We are currently implementing an Action Plan
- The Action Plan is completed and we continue to update it throughout the year

a) Please share successes and challenges regarding the Action Plan:

2. Does your team participate in regular trainings, webinars, or workshops (e.g., every other month) to receive updates about children's health outreach and enrollment?

- No, no yet
- No, but we are planning on it
- Yes, we do

a) If no, when does your team plan to participate in trainings, webinars, or workshops?

3. Has your team established a referral-based system where uninsured students are linked with enrollment entities that offer application assistance?

- No, and we haven't considered establishing a referral system
- No, but we are preparing to establish a referral system
- Yes, we are currently referring uninsured students, but there are challenges
- Yes, the referral system is successful and incorporates a method of tracking

a) If yes, what lessons emerged in establishing a referral-based system?

4. Please describe how your team tracks referrals and follows up with families on the status of their application and enrollment?
5. Please list the local entities with which your district has established formal partnerships with to provide application assistance to families (e.g., MOU and data sharing agreements with community health centers or federally qualified health clinics)?
6. Has your team initiated formal partnerships with state and other children’s health insurance agencies to facilitate data sharing in order to track enrollment?
- No, we have not considered formal partnership with other agencies
 - No, but we are preparing to initiate formal partnerships with other agencies
 - Yes, we have formal partnerships with other agencies, but there are challenges
 - Yes, we have successfully initiated formal partnerships to share data and track enrollment
- a) If yes, to what extent has data sharing facilitated your team’s ability to track enrollment? Please describe.
7. On the whole, how accessible have state agencies been to your team? Please describe.
- a) What lessons emerged in trying to work with state agencies?
8. Does your school district support school-site application assistance?
- No, there is no school-site application assistance
 - No, but we are working on establishing school-site assistance
 - Yes, there is school-site application assistance, but there are challenges
 - Yes, we have established effective school-site assistance
 - Yes, we have established effective school-site assistance along with a tracking system
- a) What lessons emerged for your team around school-site application assistance?

9. If applicable, has your district considered becoming a certified enrollment entity?

- No, it is not applicable to our district
- No, we are not interested in becoming a certified enrollment entity
- No, but we are interested in learning more about becoming a certified enrollment entity
- Yes, but we have considered it becoming a certified enrollment entity
- Yes, we are in the process of becoming a certified enrollment entity
- Yes, we are a certified enrollment entity

10. With respect to Application and Enrollment, what technical assistance might benefit your team?

11. What steps has your team taken to ensure that the Application and Enrollment systems are sustainable?

12. What do school districts need to better understand child health outreach and enrollment?

13. Additional thoughts or comments about Application & Enrollment

Metrics

1. AWARENESS OPPORTUNITIES: Estimate the number of people reached with children’s health insurance information this month. (This number could include office visits, mailings, 1-on-1 encounters and attendance at health fairs.)	Estimated #:
	Comments and Dates for #'s Reported:
2. UNINSURED STUDENTS: Number of uninsured students at beginning of school year. (Per school enrollment form or other forms that provide baseline data.)	Actual # at Start of School Year:
	Comments and Dates for #'s Reported:
3. REFERRALS: Number of referrals made for health insurance enrollment.	CA: # of Referrals for Enrollment: <ul style="list-style-type: none"> • LACOE HOP Partners: • Other non-LACOE Partners:
	TX: # of Referrals for Enrollment: <ul style="list-style-type: none"> • Marketplace: • Medicaid/CHIP: • Community Clinic:
	Comments and Dates for #'s Reported:
4. APPLICATIONS: How many new or renewal applications did you or your partners <u>ASSIST WITH OR FACILITATE?</u>	# of New Applications: # of Renewal Applications:
	Comments and Dates for #'s Reported:
5. ENROLLMENT: How many people did you or your partners successfully enroll in children’s health insurance?	CA: # of New Enrollments: <ul style="list-style-type: none"> • Covered California: • Medi-Cal: • Other:
	CA: # of Renewed Enrollments: <ul style="list-style-type: none"> • Covered California: • Medi-Cal: Other:
	TX: # of New Enrollments:
	TX: # of Renewed Enrollments:
	Comments and Dates for #'s Reported: