Outreach & Enrollment in a School District

CALIFORNIA SCHOOL-BASED HEALTH CENTERS CONFERENCE

MARCH 12-13, 2012 SACRAMENTO, CA

Describing the LAUSD

- 8 Local Districts
 - o 859 Schools
- 710 Square Miles
- 27 Neighborhoods and 6 Cities
 - o Los Angeles: 3,792,621 (Census in 2010)
 - o Metropolitan Area: 15,250,000
- 677,538 K-12 Students
- 181,373 English Language Learners (K-12)
- 94.8% Average Daily Attendance Rate (K-12)
- Number of Suspensions over Last 5 Years Dropped 54%
 - o From 60,962 to 32,863
- Number of Expulsions over Last 5 Years Dropped 50%
 - o From 512 to 257

OBJECTIVES

By the end of this workshop, you will be able to...

- Describe at least two outreach strategies discussed during the workshop.
- Describe at least two of the following terms: verification, utilization, redetermination.
- Identify one thing to talk to decision makers in their local communities about upon their return home.

OVERVIEW

- Why have an enrollment unit?
- Who is CHAMP?
- How is CHAMP funded?
- What are the outreach strategies CHAMP employs?
- What are the enrollment processes CHAMP uses?
- How will School-based Wellness Centers impact outreach and enrollment practices?

Why an enrollment unit?

- Social Security Act
 - Permits schools districts to be reimbursed for providing medical services through the LEA Billing Option Program
 - Enables school districts to cover overhead costs through the Medi-Cal Administrative Activities (MAA) Program.
 - × LAUSD uses the Random Moment Time Survey (RMTS) methodology for MAA.
- Foresight of Director
 - Address learning/academic goals by addressing health disparities
 - Increase revenue to general fund by increasing Medi-Cal Eligibility Rate

CHAMP is...

- LAUSD's outreach and enrollment program.
- CHAMP conducts outreach activities that are designed to connect with parents whose children are uninsured.
- Once the connection is made, CHAMP can assist in a variety of ways to help parents obtain insurance, troubleshoot the post-submission labyrinth, and continue to advocate in a variety of ways on a variety services.

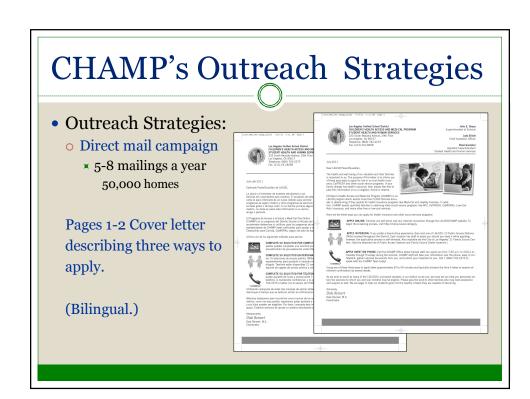
CHAMP's Outreach Strategies

- Outreach Strategies:
 - o CHAMP Cards

▼ Simple, bilingual cards 225,000 p/year

- o Call Center
 - ➤ Outbound calls (Take Action) 400,000 a year
- o Parent Presentations upwards of 100 a year
- o Health/Community Fairs upwards of 25 a year
- o CHDP Gateway Referrals 1,200+ request follow-up a year
- o Public Access: Direct mail campaign
 - x 5-8 mailings a year 50,000 homes
- o Public Access: Public Access Stations (PASs)
- o Public Access: Public Access Website





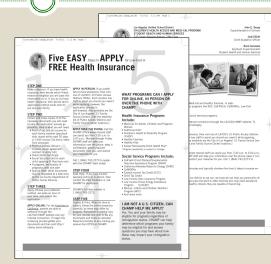


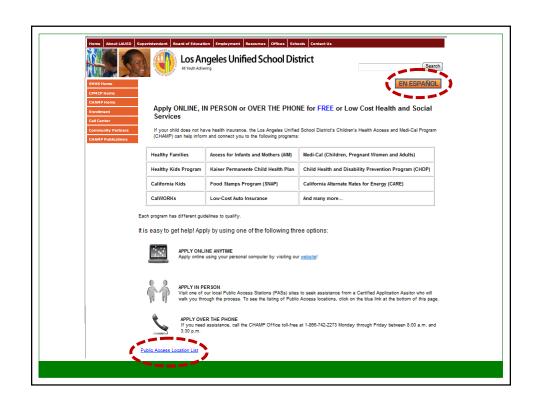
CHAMP's Outreach Strategies

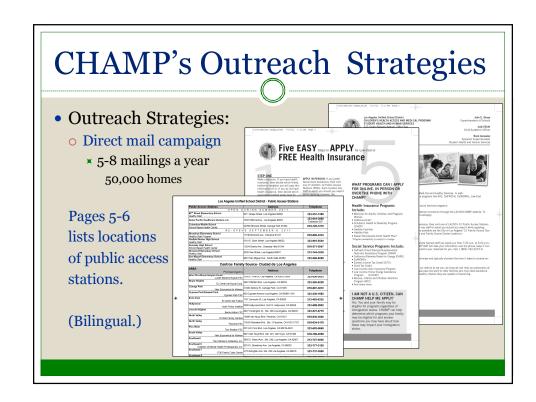
- Outreach Strategies:
 - o Direct mail campaign
 - ➤ 5-8 mailings a year 50,000 homes

Pages 3-4 describes five Steps to apply online.

(Bilingual.)







CHAMP's Enrollment Processes

- The Approach is Simple:
 - o Once enrolled; Keep enrolled.
 - ▼ Increased likelihood student remains healthy/ready to learn and achieve; improved attendance
 - × Increased ADA drawn down
 - ▼ Increased Medi-Cal Eligibility Percentage helps MAA invoicing
 - Increased likelihood student is covered should we ever need to bill under LEA Billing Option Program if services ever delivered
 - ➤ Alleviate potential higher costs, like emergency room visits

CHAMP's Enrollment Processes

Our Client-centered Relationship

- $\overset{\vee}{1}$
- SUBMISSION: electronic; all needed documents present
- QA: All information entered into two systems
- $\overset{\checkmark}{2}$
- VERIFICATION: 30-45 days after Submission
- Obtain date benefits began; enter into CM system
- 3

4

- UTILIZATION: verify still enrolled, using services
- Dental check-up & age appropriate wellness reminders
- REDETERMINATION/RENEWAL: explain program renewal requirements; Kaiser is renewed every 2 yrs.

CHAMP's Enrollment Processes

• Enrollment Tools:

- o One-e-App
 - ➤ Built-in QA tools you cannot submit an application with having the proper documentation, though not fool-proof
 - **▼** Takes high level of fluency/practice to use effectively.
 - * No case management tools available in LA County
- o CHOI Case Management System
 - * All families are double entered into an LA County Dept. of Public Health owned system.
 - Designed specifically for Verification, Utilization and Redetermination case management documentation
 - x CHOI-2.0 launches March 28, 2012.

CHAMP's Enrollment Processes

- Enrollment Tools:
 - o Major Drawback − a QA is performed against both One-e-App and CHOI to make sure that each family is identical in both.
 - Healthy Start Access Database
 - ➤ In-house database to help
 - o monitor Healthy Start enrollment productivity
 - o Provide data to the CHAMP team to conduct follow-up.
 - o CHIPRA II Data Tracking System
 - o Report that verifies enrollment and re-enrollment

Recent Enrollment Stats

	App Sub	Enr Verif	A/V Ratio	Serv Utiliz	A/U Ratio	Re- enroll	A/R Ratio
2011-2012 (Jul '11 – Feb '12)	3,003	2,380	79.3%	1,198	50.3%	1,317* 727** 120***	109.9% 55.2%
2010-2011	4,306	2,451	69%	1,626	38%	1,599	39%
2009-2010	2,801	2,653	95%	2,615	93%	1,432	51%

- *Number of clients contacted
- ** Number of clients still enrolled, 45% lost / 55% maintained.
- *** Number of clients assisted in re-submitting applications.

Champsetting & reaching goals							
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2009-2010	2,801	2,653	95%	2,615	93%	1,432	51%
2008-2009	4,867	4,049	83%	1,017	21%	90	2%
2007-2008	3,844	2,863	74%	230	6%	71	2%
2006-2007	6,655	2,029	30%	51	1%	93	1%
2005-2006	9,770	980	10%	26	0%	135	1%
2004-2005	10,182	771	8%	3	0%	24	ο%
2003-2004	6,995	270	4%	2	0%	1	ο%
2002-2003 (Jan-Jun only)	412	0	0%	0	0%	0	0%

CHAMP's Funding

- Always funded 100% through grant funds:
 - LEA Collaborative funding
 - o Kaiser Community Benefit Fund
 - o CMS CHIPRA 2
 - o CHOI Contract: LA County Dept. Public Health
 - Ready for School
 - o California Endowment
 - o LA Care, Rand, Private Donations
 - 47 different funding sources/combination over the past 13 years

CHAMP's Staffing				
SCHOOL YEAR	Certified Application Assistors (CAAs)			
2012 - 2013	16 FTEs			
2011 – 2012	15 FTEs			
2010 – 2011	6 FTEs			
2009 – 2010	8 FTEs			
2008 – 2009	8 FTEs			
LA County Dept. Public Health LAUSD, Ongoing LAUSD, New in 2012-13	1 FTE Senior Ofc Tech 1 FTE Administrator 1 FTE CAA Supervisor			
LAUSD, New in 2012-13	1 FTE CAA Supervis			

CHIPRA is....

- Children's Health Insurance Program Reauthorization Act.
- LAUSD's grant is for the second cycle of two.
- LAUSD received \$982,170.

Our CHIPRA goals are...

- Increasing enrollment and retention in the defined Wellness Network Areas
- Train and build the capacity of school-based staff in the defined Wellness Network Areas
- Develop data-driven enrollment and retention systems.

Our CHIPRA objectives are...

- Refine the use of school/district data to identify and target children who may be eligible and uninsured.
- Increase the number of dedicated and capable Health Care Advocates assigned to the Wellness Network Areas.
- Develop trainings, refresher and update trainings for staff who work where students seek assistance.

Numerical objectives

- LAUSD will, within the Wellness Networks,
 - o Conduct outreach to 120,000 families
 - o Assist 7,500 individuals in applying for benefits
 - Verify new or re-enrollment of 5,000 individuals
 - o Provide assistance in utilization of services to 4,000 enrollees
 - Retain 3,200 enrollees in health insurance for a period longer than 12 months

Numerical Objectives Revisited

	CHIPRA Target	% Against Submitted Application s
Applications Submitted	7,500	
Enrollment Verified	5,000	66.7%
Confirm Services Utilized	4,000	53.3%
Assist Redetermination	3,200	43%

Numerical Objectives Revisited

	CHIPRA Target	% Required in CHIPRA II	LAUSD/CHAMP 3-Year Ave. (2009-2012)*
Applications Submitted	7,500		
Enrollment Verified	5,000	66.7%	79.3%
Confirm Services Utilized	4,000	53.3%	50.3%
Assist Redetermination	3,200	43%	55.2%

 $^{*}2009\text{-}2012$ refers to the time frame starting on July 1, 2009 and running through February 29, 2012.

Operational expression

(how to reach goals & objectives)

- During Year One, CHAMP is to test and refine strategies within at least four (4) of the Wellness Networks.
- We cannot simply do more of the same.
- But, we cannot stop what we know works. Data must guide us.

CHAMP's Outreach Strategies

- Outreach Strategies We're Field Testing:
 - o "NEW"Outbound Survey Calls
 - ➤ Basic 1-2-3 Survey
 - **×** Call Back Time Survey
 - Parent Rep Recruiters
 - **x** Early Ed Centers
 - o Development of a detailed, informational brochure

CHAMP vs Approach to Wellness Project Strategies

- CHAMP
 - Outbound calls:
 - **x** Generic
 - Targets a whole local district or grade level
 - **▼** Recorded by CHAMP staff
 - ▼ Requires parent to write down the toll-free number and take additional action

AWP

- o Survey calls:
 - **★** Asks one specific question
 - ➤ Targets a specific Wellness Network/ Instructional Complex
 - Recorded by a school physician
 - * Requires the parent to only push one keypad number

CHAMP vs Approach to Wellness Project Strategies

- CHAMP
 - Parent presentations
 - **x** School Request
 - ▼ School Readiness
 Initiative
 - **×** Nutrition Network
 - **▼** State Head Start
 - Publication: "Your Child's Health" (a health maintenance booklet)

• AWP

- Parent Partnership
 - ★ All of what is listed on the left.
 - ⋆ Dedicated Public Access Computer at new Parent Centers
 - New information-based parent brochure
 - ➤ HCAs working hand-inhand with parent reps at specified schools within WCN/IC.

Other strategies

- Improved data entry and tracking
- Shifting performance measures to verified enrollments, increasing the weight of non-health enrollments
- Formalize training processes for Healthy Start staff under re-organization
- Electronic parent self-referral within the online school lunch application, once it obtains approval.



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