

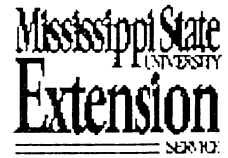
**Mississippi
Covering Kids & Families
Statewide Coalition**

**Retreat Summary Report
May 12-13, 2004**

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On May 12-13, 2004, Mississippi Covering Kids & Families Statewide Coalition met to address new issues arising from the state's Children's Health Insurance Program (CHIP). A new process for enrolling families in CHIP meant that the Coalition needed to consider new approaches to reaching eligible families. The new process, beginning in January 2005, involves three major changes. First, oversight of the program will shift from the Department of Human Services to the Office of Medicaid. When the shift occurs, families will be required to visit face-to-face with Medicaid staff instead of being able to enroll by mail, which is an option under the current enrollment process. The third major change is that the number of enrollment sites will increase so that families have many choices on where to go for the interviews.

In facing these new directions, the Coalition invited Mississippi State University Extension Service to the retreat to provide guidance in building partnerships and developing an action plan. The Extension Staff that guided these sections were Chance McDavid, Community Resource Development Extension Associate, Kimberly Russ, Area Health Agent serving the Southwest District, and Rachel Welborn, Community Health Coordinator. The following information is the product of the Coalition's response to the guidance provided.

Building Partnerships

Statewide challenges and goals require statewide involvement. No single organization or individual can effectively tackle broad community issues. This is true for the Coalition's work. With over 85,000 potentially eligible CHIP families in the state, the Coalition needs many diverse partners to accomplish its goal of reaching these families with adequate health coverage.

Identifying New Partners

While the Coalition currently enjoys broad agency participation, the partners recognize the need to include other partners for even greater impact and success. Identifying potential partners is easy, but sometimes gaining their involvement is not. One way to strengthen recruiting efforts is to consider each potential partner in light of (1) the specific interests the partner may have in being involved and (2) the specific assets the partner might bring to the Coalition. During the retreat, the attendees identified potential new partners, giving attention to both potential self-interests and specific assets for each partner. These are summarized in the table below.

POTENTIAL COALITION PARTNERS

ORGANIZATION/AGENCY	SELF INTEREST	ASSETS
MS Immigrant Rights Alliance	<ul style="list-style-type: none"> • Networking • Ability to develop own partners • Information • A sense of direction • Access to healthcare for Hispanic kids and pregnant women 	<ul style="list-style-type: none"> • They know the Hispanic community • Many are bilingual • They know how to get into the communities
Employers	<ul style="list-style-type: none"> • Increased production • Lower absenteeism • Recruitment tool for seasonal workers 	<ul style="list-style-type: none"> • Access to target audience • Fulfill grant requirements • Advertisement • Education
Department of Education	<ul style="list-style-type: none"> • Educate and enroll children • Well children learn better and have better attendance 	<ul style="list-style-type: none"> • Access to parents
Head Start	<ul style="list-style-type: none"> • Educate and enroll children • Well children learn better and have better attendance 	<ul style="list-style-type: none"> • Access to parents
Barber and Beauty Shops	<ul style="list-style-type: none"> • Showing interest in clients might mean repeat customers 	<ul style="list-style-type: none"> • Access to parents
Coaches Association	<ul style="list-style-type: none"> • Provide available health care to athletes 	<ul style="list-style-type: none"> • Access potential enrollees
Electrical Contractors	<ul style="list-style-type: none"> • Access to health insurance coverage for children of employees. • More work efficiency due to lack of worry about sick children 	<ul style="list-style-type: none"> • Spread the word among other contractors • Serve as an enrollment site • Cater home enhancement items to health care related issues i.e. plug covers to distribute to families, dust or respiratory problems
Consumer/client	<ul style="list-style-type: none"> • Healthcare for children • Financial security assistance 	<ul style="list-style-type: none"> • Empowerment • End-user perspective • Share personal stories
Septic system companies	<ul style="list-style-type: none"> • Provide insurance to employees 	<ul style="list-style-type: none"> • Access to homes in rural areas

Recommendation:

- Review and revise the table above, adding additional agencies/organizations and identifying key contacts for each potential partner
- Develop a one-page fact sheet describing the coalition and its goals to serve as talking points when approaching new potential partners. (If not already developed)
- For each of the partners above, solicit volunteers from existing partners who are willing to make a personal contact with that potential agency within a given time period to encourage coalition participation.

Managing Risks

While partnering is essential to accomplishing large goals, partnering does not come without risks. One key to building strong partnerships is to plan on managing risks. Some of the key risks to working in groups are 1) Losing momentum, 2) Managing demands on time, 3) Making decisions without enough information, and 4) Not succeeding in the effort.

Retreat participants responded to each of these risks with a list of strategies for preventing or managing the risks. Suggestions included:

Losing Momentum

- Bring new members up to speed before their first meeting through a good orientation session.
- Vary approaches to meetings.
- Bring group back to focus; restate main goals.
- Meet only as needed.
- Set smaller, achievable goals.
- Limit the number of tasks group is trying to accomplish at one time.

Demands on time

- Use a good facilitator/meeting manager.
- Follow the agenda.
- Use technology whenever possible.
- Set goals for each meeting.
- Keep all meetings one hour or less.
- Always have an agenda that is distributed prior to meetings and includes responsible parties for each section.
- Set a schedule and stick to it.

Making decisions without enough information

- Break into committees and get a range of facts.
- Acknowledge work in progress; be flexible.
- Be specific about the issue needing a decision using sub-committees to break issues into smaller pieces/objectives that are easier to resolve than large broad issues.
- Research to get needed data.
- Determine data needed for decisions and bring it to the table.

Not succeeding in the effort

- Set realistic goals with a good facilitator.
- Focus on small successes.
- Learn from mistakes – “It’s only a failure if we didn’t learn anything.”
- Set measurable goals up front.
- Provide performance incentives.
- Measure incremental action steps toward goal.
- Set action steps with assignments and required reporting.

Recommendations:

- Evaluate current practices against the suggestions made to see if improvements or adjustments are needed to guide the Coalition to greater effectiveness.
- Review recommendations periodically to keep group on target.

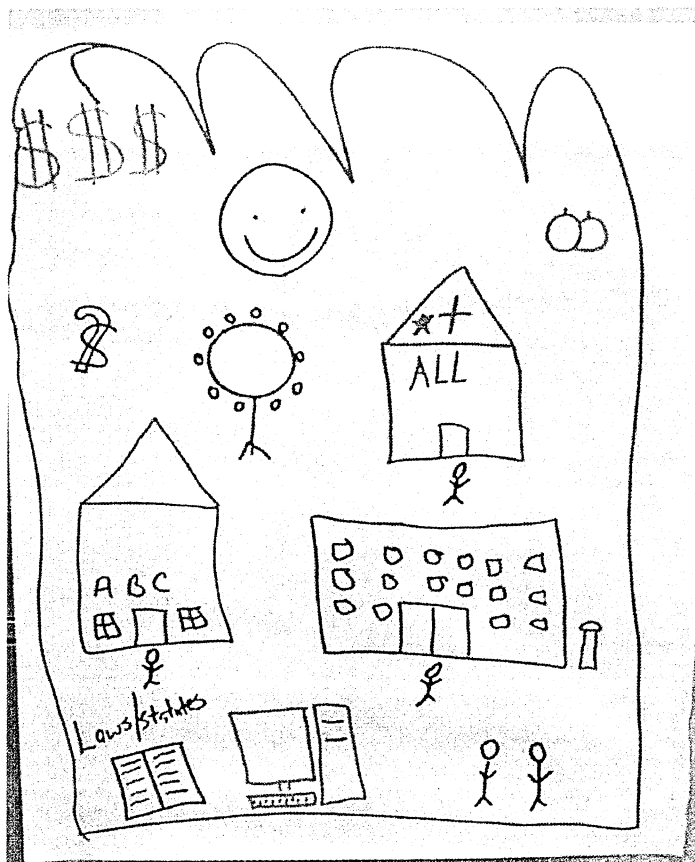
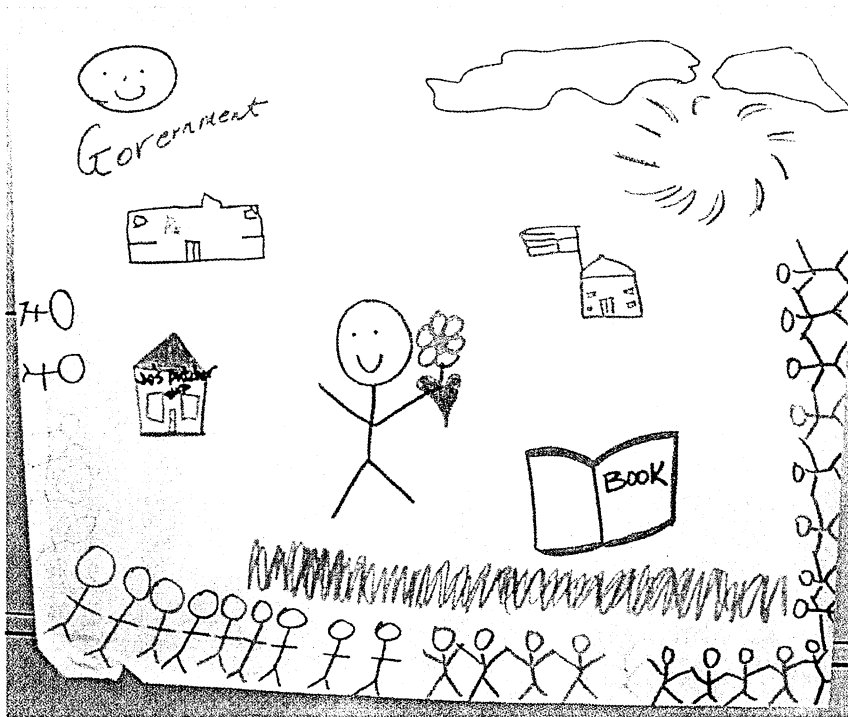
Developing an Action Plan

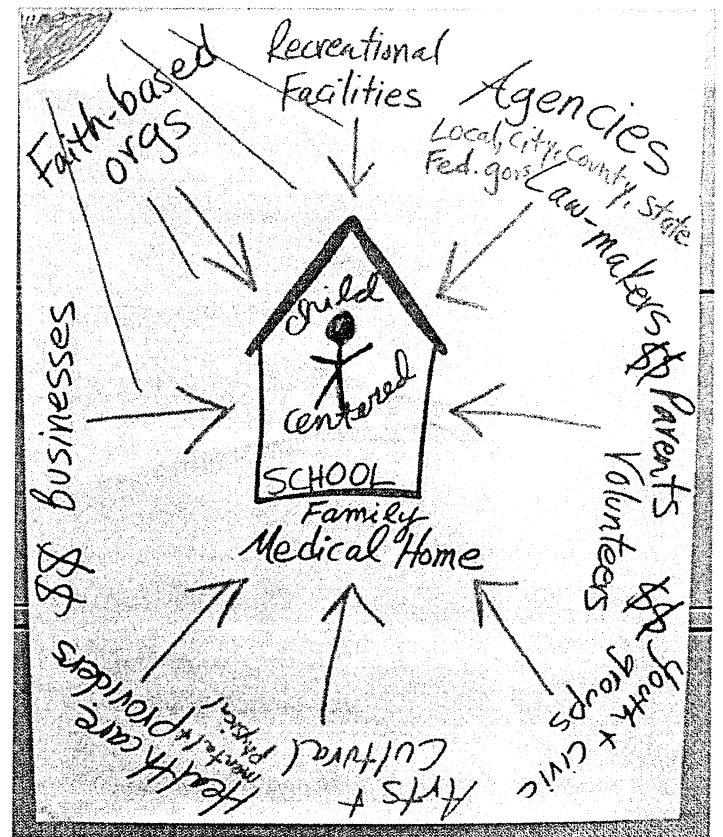
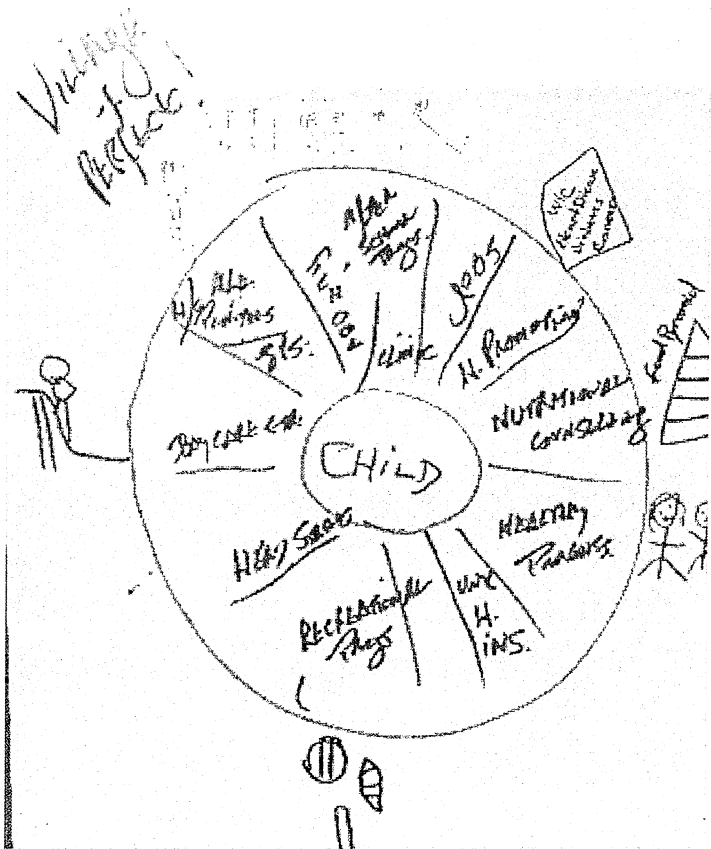
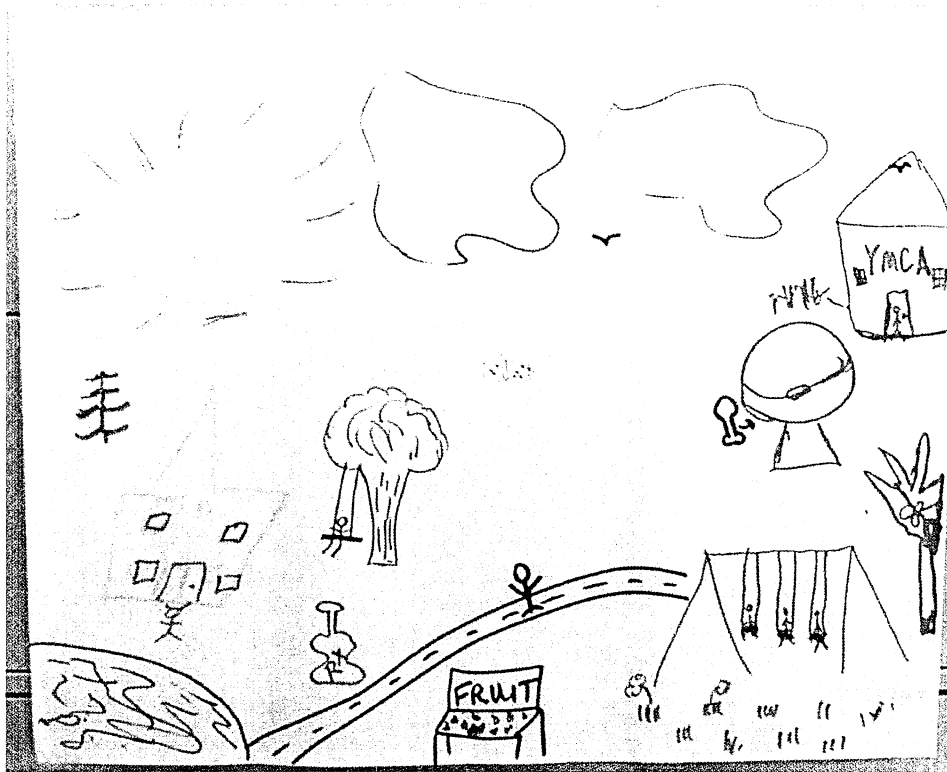
Developing a plan of action, like planning a journey, involves three key components: 1) knowing where you are, 2) having a clear picture of where you want to go, and 3) defining a route between the two. All three are essential to getting to the desired destination.

Finding a Starting Point

One of the first tasks of a group initiating a project is to determine core values that will guide the work. These core values become the foundation on which all other work rests. Once a group identifies and agrees upon the core values, all initiatives should be measured against this standard to ensure that no conflicts to the values exist.

In determining core values, retreat participants were asked to envision the perfect community in which all children had access to adequate health care coverage. The community visions were to be as comprehensive as possible. Participants broke into small groups of around six members each to construct the visions. On the following pages are the products of those groups:





Upon completion of the community portraits, the group identified common themes and values surrounding the pictures. The following core values were identified:

Coalition efforts should:

- Focus on quality of life for all Mississippians
- Include strong prevention/health promotion efforts
- Ensure that the services get to the right people
- Promote equal access/coverage for everyone
- Elevate the understanding that communities can “pay now” or “PAY LATER” (emphasis on the fact that paying now is more economical while paying later is a bigger financial burden.)
- Be family centered
- Encourage communication among stakeholders (Health services, Human Services, etc.)
- Involve community-based approaches
- Be holistic: Mental, Physical, Social

Deciding on a Destination

Good preparation involves planning with the end in mind. Few of us would begin a journey without having determined a destination. Deciding on realistic desired outcomes is one of the essential steps to success, as these become the guide points along the journey. Outcomes should include long-range goals (5-10 years from now), intermediate goals (1-2 years) and short-term goals (first 12 months). Long-range goals focus on the big picture of what conditions need to change. Intermediate goals answer the question, “What behaviors need to change in order for the condition to change?” Short-term goals focus on the skills or knowledge needed to foster these desired behavior changes. Thus, outcomes are written beginning with long-range, moving to intermediate, and ending with short-term.

Once outcomes are developed, resources and activities can be designed to foster the skill and knowledge necessary to reach short-term goals. These activities become the road map linking where we are to where we hope to go.

Mapping the Journey

As a result of the retreat, participants designed a beginning logic model that outlines basic outcomes desired. In addition, the groups identified specific activities needed to reach the outcomes. Work groups, or committees, practiced designing work plans based on proposed activities. A work plan, or “Plan of Action,” includes overall objective(s) (activity), each step necessary to complete the objective, responsible person for each step, and a realistic deadline for completing the step.

Keeping the End in Mind

In order to ensure that the group stays on track, it is important to check progress along the way. As an on-going monitor of success, the group developed an *Evaluation Plan* based on the selected outcomes.

Progress can thus be measured, not only by watching a *Plan of Action* take effect, celebrating completed steps as you go, but also by measuring the concrete outcomes as defined within the Evaluation Plan. This important process of measuring as you go will help guide the Coalition toward success, recognizing and allowing for course corrections as needed.

Recommendations:

- Review and “fine tune” the logic model. Specifically, the Coalition may want to divide the long-term outcome into two separate outcomes addressing both re-enrolling families and newly enrolling families as was done for the intermediate and short-term outcomes. Each work group may want to develop “Resources” and “Outputs” (activities and participation) relating to its plan.
- Prioritize potential activities submitted to each work group. Develop a complete *Plan of Action* based on top priorities of each group. Assign deadlines and responsibilities to each step.
- Have each work group present its plan to the whole coalition looking for missing steps, potential duplication across groups, or potential links across groups.
- Review the *Evaluation Plan*, further solidifying measurement of short-term outcomes in particular.

Program Logic Model

Inputs		Outputs		Outcomes	
Activities		Participation	Short-term	Intermediate	Long-term
Resources committed to address the situation	Activities supported by the resources invested	Individuals or groups who participate in the activities	Attitude Learning that results from participation	Behavior Actions that result from learning	Conditions that change as a result of action
Paper Funds School addresses School cooperation NOTE: Needs further development from work groups	Fact sheets on new process to include <ul style="list-style-type: none"> Enrollment/re-enrollment steps What to bring to interview Benefits NOTE: Needs further development from work groups	By Jan. 2005, fact sheets will be distributed to 100% of MS public schools. NOTE: Needs further development from work groups	By May 2005: <ul style="list-style-type: none"> 90% of currently enrolled families will be educated on new process 50% of new enrolled families will be educated on new process 	By Dec. 2007: <ul style="list-style-type: none"> 75% of currently enrolled families will be re-enrolled under new process. 65% of new eligible families will be enrolled under new process. _____ % of families come to interview with appropriate documents. 	By 2009: 90% of all eligible MS children will be enrolled in CHIP. NOTE: May want to break goal into percent of re-enrolled and percent of new enrolled like other two outcome fields
Contextual Factors					

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Module Eight – Group Handout #5

Program Evaluation Planning Worksheet

OUTCOME	INDICATOR(S)	DATA SOURCE	DATA COLLECTION METHOD	GOAL
SHORT TERM If schools distribute fact sheets to all children, currently enrolled CHIP families will be educated on the re-enroll process.	**This area needs further discussion. Possible indicators: <ul style="list-style-type: none"> • Misinformation calls • Survey on enrollment form asking how applicant heard of process • % of schools who actually report distributing information 	To be determined when indicators are selected	To be determined when indicators are selected	To be determined when indicators are selected
INTERMEDIATE If currently enrolled CHIP families are educated on the new process, they will re-enroll.	Percent of currently enrolled families who re-enroll Note: May also want to look at percent who come with correct information.	Dept. of Human Services Medicaid	Medicaid can supply aggregate numbers from database.	By Dec. 2007: <ul style="list-style-type: none"> • 75% of currently enrolled families will be re-enrolled under new process. • 65% of new eligible families will be enrolled under new process.
LONG TERM If families currently enrolled in CHIP re-enroll, CHIP eligible children will be covered for needed health care.	Number of enrolled children as a ratio of estimates of eligible children	Medicaid Children's Defense MS Dept. of Health KIDS Count	Coalition members will collect data from data sources indicated.	By 2009, 90% of children who are eligible for CHIP will be enrolled.

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