Engaging Parent Mentors to Increase Participation of Eligible Children in Medicaid and CHIP

Connecting Kids to Coverage National Campaign

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Jason Werden: "Engaging Parent Mentors to Increase Participation of Eligible Children in Medicaid and CHIP." My name is Jason Werden, and I work closely with CMS and the Connecting Kids to Coverage National Campaign to support the enrollment of more children and families in free and low-cost health care coverage through Medicaid and the Children's Health Insurance Program, better known as CHIP. In some communities, parent mentors are connecting children to health coverage. Parent mentors educate families with uninsured children about health insurance options, and assist them with completing and submitting applications to get these families covered. We will be joined today by Doctor Glenn Flores, who will be sharing a phenomenal overview of how exactly parent mentors are put into practice. Before we get to Dr. Flores, who we are delighted to have with us, I did want to share a few housekeeping items for all involved on how we can best access the webinar platform today. Before we do share the agenda and introduce our CMS team, please do note that your meeting control panel is located on the right side of your screen and will automatically minimize if you're not using it. If you need to expand the panel, click the orange and white arrow button on the control panel grab bar. There are two ways to listen to this webinar today. In the Audio section you can select either "Telephone" or "Mic and speakers". Your audio line will be muted for the duration of this webinar. If you'd like to engage with us, there will be a Q&A period at the end. We do ask that you share any questions that you may have at any time during the webinar. You can share those in the chat function of the panel navigated at the right hand of your screen, and we will again address all of those questions at the end of today's session. I would now like to introduce Amy Lutzky and our CMS team to share a bit more of the agenda today and to introduce our speaker, Dr. Glenn Flores. Amy?

Amy Lutzky: Thank you so much Jason. Through these Connecting Kids to Coverage webinars, we try to bring all of you, our grantees and partner organizations, really the latest and greatest when it comes to effective outreach and enrollment strategies to get eligible children enrolled in

Medicaid and CHIP. So it is with great pleasure that we are devoting today's webinar to hearing more about using parent mentors to assist families with the enrollment and retention process. And even beyond that, helping families to actually get the services they need. As many of all of you on the call know, when the Healthy Kids Act extended CHIP last January, it provided additional funding for our Connecting Kids Outreach and Enrollment grants as well as the national campaign. We are actually busy working on the next Notice of Funding opportunity announcement, and we hope to be posting that soon, so please stay tuned. But the Healthy Kids Act, in addition to continuing funding for Connecting Kids to Coverage, maintained all the same requirements of the past cycles of our Outreach and Enrollment grants, but added that eligible entities for the grants may include organizations that employ the use of parent mentors. The Healthy Kids Act does not require that grantees use parent mentors, but it is a strategy that grantees and other partner organizations that do enrollment assistance may want to consider. So we are delighted today to hear more about the strategy of using parent mentors and are honored to have the originator of this approach, Dr. Glenn Flores, joining us today. Before I pass off to Dr. Flores, let me just tell you a little bit about him. Dr. Flores is Chief Research Officer and Director of the Health Services Research Institute at Connecticut Children's Medical Center, and Professor of Pediatrics and the Associate Chair of Research at the University of Connecticut School of Medicine. He is Associate Editor of several journals, the Journal of Immigrant and Minority Health. He is a member of the editorial board of Journal of Health Care for Poor and Underserved and the National Advisory Committee of the Robert Wood Johnson Amos Medical Facility Faculty Development Program. He has also received numerous awards, and has authored well over 200 different publications. So we are thrilled and honored to have Dr. Flores with us today. And with that, Dr. Flores, I am going to pass off to you.

Dr. Glenn Flores: Well, thank you for that very kind introduction Amy, and good afternoon everyone. Thank you for joining us today, and many thanks to CMS for organizing this terrific webinar. Next slide. We're going to take a closer look at parent mentors to kick things off, which I'll refer to as PMs. Next slide. We'll start with, what are parent mentors? What is their significance? PMs are a specialized form of community health workers in which parents of children with a particular health condition or risk leverage relevant experience, with additional training, to assist and counsel other parents of children with the same condition or risk. Specifically, we'll be talking about Kids' HELP PMs. These are experienced parents who already

have a child covered by Medicaid or CHIP who received training to assist other parents with uninsured children. Next slide. And now we'll go to background on Kids' HELP, which stands for Kids' Health Insurance by Educating Lots of Parents. Next slide. We'll do now an overview of Kids' HELP and the purpose of this clinical research trial. Next slide. So what was the rationale for the trial? Well, there'd never been one until now. Not enough was known about the most effective ways to insure uninsured children, and no study had previously examined the effectiveness of PMs. Next slide. I mentioned what Kids' HELP stands for, Kids' Health Insurance by Educating Lots of Parents. And the Kids' HELP trial was a randomized, controlled trial of the effects of PMs on insuring uninsured minority children. Next slide. The primary aim of Kids' HELP was to determine whether PMs are more effective than traditional Medicaid and CHIP outreach and enrollment methods in insuring eligible, uninsured Latino and African-American children. Next slide. Secondary aims included to determine whether PMs are more effective than traditional Medicaid and CHIP outreach and enrollment in obtaining insurance faster, renewing coverage, improving access to medical and dental care, reducing unmet needs and out-of-pocket costs of care, achieving parental satisfaction and quality of care, teaching parents to maintain children's coverage for up to two years after intervention cessation, and saving money. Next slide. Parent mentor responsibilities include to provide information on types of insurance programs and application process, provide information and assistance on insurance program eligibility requirements, to complete child's insurance application together with parents and submit application with the family. Next slide. Act as family advocate and liaison in interactions involving Medicaid and CHIP, so for example, to contact Medicaid/CHIP program representatives to correct situations in which a child inappropriately was deemed ineligible for insurance or had his or her coverage inappropriately discontinued. Also to assist with completion and submission of applications for renewal of the child's insurance coverage. To assist families with obtaining medical and dental homes and taking an active role in pediatric care, and to help families address social determinants of health such as poverty and food insufficiency. Next slide. In terms of parent mentor characteristics, at least for the trial, they were a primary caregiver for at least one child covered by Medicaid or CHIP for at least one year. They had English proficiency, and if Latino, bilingually fluent in English and Spanish. They had to have available time and commitment to assist families with obtaining Medicaid and CHIP for their uninsured children. They had to be able to attend a two-day training session. They had to have a history of on-time arrival to clinic appointments and have a trusting and long term

relationship with clinic staff. Next slide. Let's do a brief overview of parent mentor training. Next slide. The setting for the study was the seven Dallas communities with the highest proportion of uninsured and poor minority children, which are shown to the left. Next slide. Parent mentors underwent a two-day training session where the following was discussed: types of insurance programs, the application process, completing and submitting applications with parents, being family advocate and liaison with Medicaid and CHIP programs, renewing coverage, obtaining pediatric and dental care and medical and dental homes, and helping families with food, clothing, and other social determinants of health. Next slide. In terms of parent mentor activities, PMs met with families in their homes and at community sites and contacted them regularly via phone, e-mails, and texting. PMs followed up to 10 families at a time. Next slide. Here are some links if you want to get more information about parent mentor screening and training. These are video links, and there is also complete information about the program and the training sessions themselves on some links that will be provided later to you by CMS. Next slide. Now I'll turn to study outcomes. Next slide. What we found is that PMs are significantly more effective in covering kids than traditional methods. We found a significantly higher proportion of the parent mentor group obtained health insurance versus the control group, at 95% vs 68%. In this slide, you see the percent insured on the Y-axis and the time to insurance on the X-axis. You have the red squares as the intervention group, the PMs, and then the blue diamonds are the control. You can see very quickly there was a separation in terms of proportion insured until at a year out you see that difference of 95% vs 68%. Next slide. And kids with PMs received faster and longer coverage and better access to health care. Families working with PMs reported that their children received better care than those who did not. They got insured faster at 62 days vs. 140 days, on average. They were more likely to renew insurance and retain coverage, even 2 years after PMs stopped working with them. In fact, 100% of the PM group still had health insurance coverage 2 years after they stopped working with their parent mentors. They were more likely to have a primary-care provider. They had much better access to overall health care and preventative care, specialty care, acute care, and dental care. Next slide. PM parents were significantly more satisfied than controls with the process of obtaining coverage, that is even if their child didn't get coverage. The quality of well-child care was rated significantly higher for the PM group. And PM parents reported significantly lower out-of-pocket costs than controls for all doctor visits, sick visits and preventative-care visits. And I think one of the most important findings was that PMs ended up saving over $6,000 per

insured child per year. So what are some important takeaways from the study? Next slide. We found that PMs are significantly more effective than traditional Medicaid and CHIP outreach and enrollment efforts in insuring uninsured minority children, obtaining insurance faster and renewing coverage, improving access to medical and dental care, reducing unmet needs and out-of-pocket costs of care, achieving parental satisfaction and quality of care, teaching parents to maintain children's coverage up to two years after intervention cessation. And PMs were found to be relatively inexpensive but highly cost-effective. The average cost was about $636 per child per year. The average savings was $6,045 per child insured per year. Next slide. Implications include, given that up to 3.8 million US children are uninsured and eligible for Medicaid and CHIP, and 53% are Latino or African-American, the findings suggest implementing PMs nationally for minority children could save over $12.3 billion. If the PM intervention is shown to be effective for all racial and ethnic groups, findings suggest implementing PMs nationally for all uninsured children could save $21.7 billion. PMs and peer mentors for adults could prove to be highly cost-effective interventions for eliminating disparities and insuring all Americans. Next slide. I just want to turn to some final tips when you're thinking about implementing a parent mentor program. In terms of recruitment venues for parent mentor candidates, of course our study we focused on the primary care clinics but you also could include specialty clinics. You also could recruit the parent mentors from Federally Qualified Health Centers, also known as FQHCs. You could do this in emergency departments. You can recruit them from public health departments. You could collaborate with community-based organizations to identify potential candidates, with state, county, and local agencies, schools, WIC offices, food pantries, and even at health fairs. Next slide. One implementation tip is to provide flexibility with the parent mentor training sessions. PM trainees may have multiple competing demands, including part-time employment and responsibility for several children. Plan on holding multiple sessions on different days (weekdays and weekends) and times (morning, afternoon, and evening). If possible, offer meals, childcare, and transportation vouchers or gas money. We did this and that was very well received. And then hold training sessions in convenient locations, such as in the communities where PMs live. Next slide. Some helpful tips on being a good parent mentor that we provide during the training. We want our parent mentors to be understanding, to let the speaker finish, the parents that they are working with, finish listening before you talk. Ask questions, give families positive feedback, and then give suggestions. Next slide. And then we talk to parent mentor candidates

during their training about problem solving as parent mentors. Basic techniques are to identify the problem, think of ideas that would eliminate the problem or make it better. Pick one idea that is the best way to solve the problem. Identify ways to accomplish the family's goal. When in doubt, the Program Coordinator will be available to address any questions and concerns. Next slide. Another important implementation tip is the importance of ongoing monitoring of parent mentors. PMs should maintain careful logs of all contacts with target families, including dates and times of all texts, phone calls, e-mails, and home visits. This facilitates quality control, ensures that PMs are reaching out to families enough to be effective, identifies areas where additional training may be needed, and allows detection of underperformance and specific corrective action, as needed. Next slide. Some potential challenges and solutions. Poor and low-income families who are eligible for Medicaid and CHIP we find move often, with frequent changes of address and phone numbers. It's important to have PMs obtain as much contact information as possible for the parents who have the uninsured children, including cell and land-line numbers and the addresses of all family members, close relatives, and several friends. PMs might ask for both home and work addresses. Home visits and registered letters may be necessary for non-responding families. Next slide. Another implementation tip is assisting families with insurance renewal. It is important for PMs to anticipate assisting families with insurance renewal well ahead of the deadline, because non-renewal we found is one of most common causes of children losing Medicaid and CHIP coverage. Preparation time to obtain paystubs and complete forms may be substantial, so the PM having good head start with the family is absolutely critical. Next slide. Now I wanted to turn it over to the CMS staff for the wrap up.

Cathy Corbin: Hi Dr. Flores, this is Cathy Cobin. Thank you so much, this is so informative. I am just wondering if there are, I ask this question a lot. When you were doing all this work, was there anything that was particularly surprising to you, or an example of a challenge or a success with one of the parents that might further demonstrate how great your program is. Anything that we can gather a bit more information about some of your rich experiences that you've had with this?

Dr. Glenn Flores: Sure. Well, I encourage the audience to access the Train the Trainer material online. We have a video clip that provides some of the feedback for actual participants, and they were usually tremendously grateful, not only for the assistance with the program, some of them mentioned they didn't know about the programs or they were confused by it

so the parent mentors really helped to educate them. They also found the parent mentors extremely helpful in actually going through the application with them and helping them to get pay stubs and as we mentioned, there is a tip to give them a heads up when their insurance coverage might be expiring for the child. We were heartened by the big response we got from the families with uninsured children about once they had the insurance about getting the parent mentors to help them to be insurance literate. By that I mean, the next step after getting insurance is really critical, which is getting a primary care doctor for your child, getting a dental home, having a pharmacist. Parent mentors would often instruct them that your child has a chronic condition, your child needs medications, and you should identify a pharmacy and get your refills there. And then the social determinants I think were so critical, and we heard that again and again from the parents of uninsured children that the assistance of the parent mentors was helping them with food and clothing and housing issues really helped them bring it together for their kids.

Cathy Corbin: Dr. Flores, you've really got me thinking here. So one other question. When a parent mentor, when it didn't work out for you and this was not a good role for them, what were the main obstacles that you found with that that would give a person that was interested in this a heads up about something to anticipate and perhaps problem solve in advance with.

Dr. Glenn Flores: Yes. So one thing that we were very careful about was to screen for our parent mentor candidates. We first of all wanted to make sure that they fit the criteria of having had experience with Medicaid and CHIP by having a child who had been on either for at least a year. We wanted to make sure that they were highly motivated to help other families, and we got a wonderful array of parents who really wanted to help people particularly in their community, to help their own uninsured children get insurance but also to help them to get the care that was critical. And then just to make sure that this fit in with their schedule and their multiple competing demands. So once that happened, we had a pretty good pool, but just like with anything, we were checking on performance and there was one parent mentor who wasn't able to commit the time and the resources to being there for our different families, and so after we carefully monitored what was going on and provided them with a little extra help, it was felt by the team that they were underperforming, so we then had their families transferred to another parent mentor. So I think it's important to just constantly monitor for quality control, see if there is something that is fixable. If the parent mentors aren't able to provide the services that are

intended, then in certain cases to figure out what alternative strategies might be employed.

Cathy Corbin: And while I have one other question, you've really got me thinking here Dr. Flores. This is such a rich presentation. When you look back in your rearview mirror and you just look at the lens of time you've been working on this and similar projects, is there anything that you did not anticipate or that was an aha moment for you or struck you, and if not don't fret. But that was a takeaway or something that you would have built into your early study or your continued work that just reflected the evolution of thought on this.

Dr. Glenn Flores: Sure. So this is our second parent mentor intervention. Our first one was with children who had asthma. We in that first study experienced a lot of attrition, which I suppose isn't very unexpected in a very high risk population that is low income and has to move frequently and has a lot of competing demands. So for the Kids' HELP trial, we tried to learn from that in a rapid cycle quality improvement process, and what we did was we made sure for the families that we were targeting that we got every address and contact number that we could find, you know. We would ask neighbors and cousins and every family member, and that was helpful. We also were a little more aggressive about intervening in terms of if we were having trouble following up with the family, if the parent mentor was having difficulty, we would have the team pay a home visit, and that was extremely helpful. Because face to face, I think having that parent mentor contact nudged them towards doing the right thing. We also would sometimes send certified letters and try to work with the postal service, because with families who moved it was sometimes difficult to find where they had moved to. Occasionally people would move out of state, so we had to then be careful about making sure they still had the opportunity to insure their child, particularly if it was a complicated circumstance with the parent was out of state but the child was still with Grandma. So I think it was mostly doing a rapid cycle improvement process both between those two studies, and then as we were doing this study, figuring out where we needed to make strategic improvements so that parent mentors maintained that contact and were able to get us to the finish line in terms of getting the coverage for the children.

Amy Lutzky: That is so helpful Dr. Flores. Thank you. This is Amy. I wanted to ask a little bit more about, I think one of the really interesting and important things about this strategy of using parent mentors is not just the focus on enrollment and retention assistance but serving more broadly as a

problem solver for the family. And I wondered if you could talk a little bit about, if there were certain types of challenges and problems that the parent mentors were more likely to encounter.

Dr. Glenn Flores: Yes. So we conducted this study in Texas, and there might be some people on the phone call from Texas. We figured that if we could do this in Texas we could do it almost anywhere, because I think it was more challenging for parents of uninsured kids in Texas, even though they are eligible for Medicaid and CHIP to actually get through the process. We were finding that they just didn't know about the program, so the first barrier was informing them about it and having them understand that their child was eligible for one of them. Some of the parents who had had their kid on Medicaid previously and lost that coverage thought they weren't eligible for anything and didn't know about the CHIP eligibility. So I think that educational component was really important. And then, I think the fact that they were able to address the other issues at the same time, not just stopping at the coverage, that was really important. We had done an earlier trial using community health workers in Massachusetts, and we found that was really effective, but we didn't look at some of the other outcomes. So the fact that we were able to connect these parents through parent mentors to primary care providers and help them with medical and dental homes, I think that was critical, and those were barriers for those families that they had previously faced, and I know that a lot of these kids had chronic conditions. And the social determinants, you can provide a child with health insurance and with a primary care doc, but if the family is confronting poverty and homelessness and having trouble feeding their child, then that can of course create major barriers to improving the child's health and health care. So I think that was so critical for the parent mentors to have been trained about where do we refer a family that is having trouble with housing or with clothing or with food. I think that meant a tremendous amount to the families that we served. Of course, the parent mentors found it tremendously rewarding as well.

Amy Lutzky: Thank you for that. Jason, I'm wondering if we want to open the line for questions or if you've gotten any through the chat box.

Jason Werden: We have received questions through the chat box, and we do encourage all of our attendees to continue to share your questions through the chat box on the Go2Webinar platform. To kick us off and share a few for your feedback and response Dr. Flores. First we have from one of our attendees who is based in Florida, who is asking how we can engage with

parent mentors and identify who they are, where parent mentors currently exist in our community by state, and what you recommend to search for parent mentors in your area.

Dr. Glenn Flores: That's a wonderful question. If you go back to the first tips slide, I suggested some places where you might think about recruiting candidates for parent mentors. So we used the primary care clinic where I practice, because we had many years of experience with taking care of these children and dealing with parents that we were so impressed with, so it was a natural for us to ask them to think about becoming involved in our program. You could go to specialty clinics, particularly if you have a lot of uninsured children who have chronic conditions. The Federally Qualified Health Centers are a great place. We mentioned emergency departments, public health departments, there are some community based organizations that already have parents who have been working on helping the uninsured in their community. State, county and local agencies, schools, WIC offices, food pantries, health fairs. I think these are just some of many venues that you might come up with to get really good candidates.

Jason Werden: Thank you so much Dr. Flores, that was a great response. We will note before we give our next question that all of this will also be followed up and available to be followed up via email, and we'll have additional information that follows this webinar through the Connecting Kids to Coverage Campaign eNewsletter, Campaign Notes. Our second question is in regard to compensation for parent mentors. Are you able to share any information on how compensation works and what level, if any there is, for parent mentors who are engaged on a regular basis following their training?

Dr. Glenn Flores: What we did in our particular program was we provided a monthly stipend based on the number of families that the parent mentor was following. So in our case, we provided $50 per family per month. We had a saturation level of up to 10 families that any given parent mentor could follow. So they could earn up to $500 per month, so $6,000 per year. We had some constraints because we had federal funding for this project, and there was only so much we could devote to those stipends. But I could easily see this being a salaried position as well or an hourly rate could be given. What we focused on was parents who weren't working full time, either part time employment or no employment just because we thought that that would allow them enough time to do this and dedicate the time that they needed. Another thought is that in certain states, still only a handful, they have community health worker funds that you can access at the state level.

So a creative way to think about this is if you don't have enough funds through an award that you could work with the state organizations that provide community health workers and create either a stipend or salary through that mechanism.

Jason Werden: Thank you very much. A nice follow up to that question is another we received from an attendee in Texas, particularly in El Paso, who asks, is there a cost associated with Training the Trainer? And whether it be with maintaining and obtaining those services or that platform used to train the trainer. Is there ongoing technical assistance available once you have the Train the Trainer implemented?

Dr. Glenn Flores: To answer the first part of the question, we purposely provided the whole Train the Trainer package free online. So I believe after the call, you will have a link available where you can access that. So there is no cost to do that. When we did our study, we found that when you averaged the cost of all the different items, the biggest one was the cost of the stipends, but it ended up averaging $1-$2 per month per candidate in terms of the training cost. So it was really minimal, particularly if you already have those materials available, and we put them online purposely as a PowerPoint portfolio that you can adapt to your given county or state. It is all right there for you, so it really shouldn't be that expensive to do, and we did that on purpose.

Jason Werden: Thank you Dr. Flores. An attendee has also now asked a question that is dissecting the difference or similarities between parent mentors and other community health workers. Could you share your insight into the differences, the overlaps, and how those are characterized?

Dr. Glenn Flores: We consider parent mentors to be a very special form of community health workers, and by that I mean, the whole idea had its genesis in, as a pediatrician I see amazing parents all the time. I got to thinking, it is one thing for me, the doctor, to tell people things, but what about a parent from your own community going through the same thing that you are going through, who with a little training can really connect the dots and provide you with the services and the knowledge and the explanations that you need? And I'm the first one as a doctor to admit that I sometimes lapse into jargon when I talk to patients and families. And so in addition, there is almost a translation of my medical jargon when you have somebody available from your community who can speak in plain language and explain things to you. And so the parent mentor goes above and beyond the community health worker. A community health worker may or may not have

children, may or may not have had an uninsured child, or in the case of our asthma study, someone with asthma. So it is that crucial connection of the experience of being in the same place that the parent themselves is in, the parent mentor brings that. We also intentionally had the parent mentors coming from the same community, the same zip code, hopefully thinking that they might live down the street and would be really easy for them to get together. In the case of our focus on minority populations, we would usually match by race and ethnicity, and I think that was powerful, particularly when there are language barriers for our Latino families. And then there is this whole sense that you are really part of a community, and that there are also all these side benefits. So you are providing employment in communities that often are dealing with high unemployment rates. You are putting money back into those communities, and you are creating jobs. I think it is a win-win for everybody. On top of that, you are insuring uninsured children. So I think the whole parent mentor concept is a nice further enrichment of the whole community health worker concept.

Jason Werden: In regards to you mentioning having parent mentors right in your community, potentially with the opportunity of them being right down the street, is that ever considered a conflict of interest of any kind should there be an existing relationship between neighbors or community members?

Dr. Glenn Flores: We didn't feel, and the IRB agree with us, that there was a conflict of interest because it's someone we believed didn't necessarily know you. In some cases they did know each other because in our primary care clinic that's where we got the parent mentors, and occasionally there would be children from our primary care clinic who were uninsured and then they would work together. But usually they didn't know each other. One of the things we were very careful about though was to train our parent mentors about protected health information and confidentiality and privacy. We spent a good amount of time on that, because of course we wouldn't want something that's personal like a child's condition or their health or health care information to be spread around the neighborhood. We never had a problem with that, but I'm glad you brought that up because that's an important part of the training and something that I think people may specifically want to deal with depending on the community.

Jason Werden: That's extremely interesting now that we know a bit more about how that has been designated and researched. With regard to the trial itself. How long did mentors, once they were trained and then being utilized

in the community, how long did they follow these families, and how long did they have access to and engagement with their children through the process of outreach and enrollment?

Dr. Glenn Flores: We followed every participant in our study for a year, both the control group that just got traditional Medicaid outreach and enrollment and then the parent mentor group. We did follow the families for up to an additional two years just to see if there was some inertia, by that I mean if after the parent mentor was no longer working with them, did they continue to have the health insurance. And I mentioned that it was after two years, 100% of those who had parent mentors still had insured children. So we were really heartened by that, because that told us that the skills that the parent mentors were teaching the parents stuck with them and allowed them to be empowered and to achieve ongoing coverage and renewal for their own children. That for us was one of the most important and on some level surprising, we didn't expect 100% after two years and it actually went up from about 80-90% after one year, and then after two years it went up to 100%. So we thought that was a real powerful lesson on the old proverb that you can give somebody a fish or you can teach them to fish, and which is more powerful? Giving them the skills. That was one of the most powerful results that we saw.

Jason Werden: Thank you very much. With regard to those involved in that initial trial, you mentioned one year out and two years out. What level of engagement remains with those initial parent mentors? How many are still involved, how many are going through the process of reengaging with their community and other efforts? And do you recommend consistent training on a recurring basis to ensure that everyone remains fully sharp on the skills involved?

Dr. Glenn Flores: Well, unfortunately, as is often the case when you do research, the NIH grant ran out after six years, and so there no longer was funding for the parent mentors. So this is where hopefully we now go to the implementation phase and the combination of having federal legislation now that provides funds to do this and the wonderful work that CMS is doing. We hope that this will sustain itself. That was the first part of your question. The second part was...?

Jason Werden: Thank you Dr. Flores.

Dr. Glenn Flores: Sorry, the second part was? The first part was whether they were still doing this, and you had a second part?

Jason Werden: You kind of answered the second part of that question with regard to how folks can stay involved either directly through parent mentors or staying engaged with their local community partners to provide a similar service and remain up to snuff on the skills that are involved.

Dr. Glenn Flores: Yes. So I wanted to remark on that too. What we did do was, throughout that one year when the parent mentors were following their families, we would check in with them and find out if they had additional questions so that we could fine tune individually their training. Because they did have questions about for example pay stubs and what was needed, and midway through the study the renewal requirements changed in terms of the interval. So we found it helpful for them to check in with the program coordinator periodically, either with phone calls or in person visits, and to either refresh some of their knowledge and skills or to provide them with new information. So I'm glad you brought that up Jason, because I think that will be important as these programs roll out and sustain, that it's not just a one time training process but that you want to check in periodically and then provide some individual one on one advice and counseling.

Jason Werden: That provides a seamless transition, Dr. Flores, into talking about the Connecting Kids to Coverage Campaign's bevy of materials.

CMS Representative: This is CMS. We just wanted to know, and thank you for reading, I assume they were additional questions from the chat box, is there any way to open the line and see if there are more questions before we move on to a nice summary of the campaign materials?

Jason Werden: Our attendees are all on a listen only function today. We track questions that are shared through the chat feature, and will be able to further respond to any additional questions in summary and follow up via email following today's webinar.

CMS Representative: So there are no more questions and we can't open the line, so that's great. Go ahead then and continue on.

Jason Werden: Thank you very much. The Outreach Tool Library. The Connecting Kids to Coverage Campaign works with outreach grantees, a variety of partners, government agencies, community organizations, healthcare providers, schools, and many others to put all of this into practice and engage in outreach and enrollment methods that work best for them in their community. What we discussed today is precisely how that has worked through the trial in engaging parent mentors as a very specific and successful way of doing so and ensuring that those who are uninsured can

gain the proper coverage. As each of you in your communities and through the organizations from which you have joined today are looking to better instill your outreach and enrollment tactics throughout your community, the campaign offers a completely accessible and customizable guide for you to use and to put into practice, and that is available through the campaign at insurekidsnow.gov by way of the Outreach Tool Library. There you will see and find outreach materials that you can customize and make work for you in the best way possible in your community, from posters and palmcards, printable materials that can be plugged in with specific contact information and directives and action items for your community, to videos and tip sheets, things that you can embed into newsletters and share through PTAs at your school and through networks in and around your community. There are multi-language materials as well that are available in many languages through the Outreach Tool Library. These webinars in particular provide a great access to what the campaign has to offer and truly hearing from our partners and what has been working best for them, and it has been a phenomenal opportunity to hear directly from Dr. Flores on this unique successful trial in engaging and expanding the network of parent mentors. As we did note, we will be sharing more on this in the Campaign Notes eNewsletter, the official newsletter on behalf of CMS' Connecting Kids to Coverage Campaign. If you are interested in receiving that or learning anything more about the campaign, we do invite you to visit insurekidsnow.gov or to email the campaign at connectingkids@cms.hhs.gov. And for all information on today's webinar and on materials that you can implement in your community, we do invite you to visit insurekidsnow.gov for much more from today's webinar and forward on the campaign. We've gone through a series of questions and we do appreciate everyone's feedback. We will reiterate that today's webinar will be recorded and shared for your access. It will also be posted and archived to the Webinars page of insurekidsnow.gov. Any questions that were not answered or that were submitted separately, we will be following up again via email with additional responses to be sure that your inquiries are answered. We very much appreciate everyone's time today. We very much appreciate you, Dr. Flores, for joining us and for sharing this fascinating study and how it has been put into practice and the success since. We invite all to learn more about not just parent mentors but the many initiatives that are available to you, our broader network, at insurekidsnow.gov, all through the Connecting Kids to Coverage National Campaign. We thank you for your time and hope you have a great day.