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2017

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# Promising Practices in Outreach and Enrollment: *Lessons Learned from Colorado's Outreach and Enrollment Learning Collaborative*

Presented by  
Jessica Rosenthal, Covering Kids and Families  
Sarah Reynolds, Boulder County Healthy Kids and Adults  
Danielle McQueen, Family and Intercultural Resource Center  
Barb Burch, Hilltop Health Access



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## Purpose

- Showcase promising outreach and enrollment practices
- Serve as inspiration for those already doing the work



\*The purpose of *Promising Practices in Outreach and Enrollment* is to showcase the most promising outreach and enrollment practices in Colorado for communities wishing to begin their own outreach and enrollment program for health coverage, or to serve as inspiration for those who are already doing this work to try new approaches.



\*I would like to provide a little background on the Outreach and Enrollment Learning Collaborative before I continue to share more with you about the document.





Colorado Covering Kids and Families

## Beginnings...

- The Colorado Health Foundation
- Covering Kids and Families
- Harder+Company Community Research

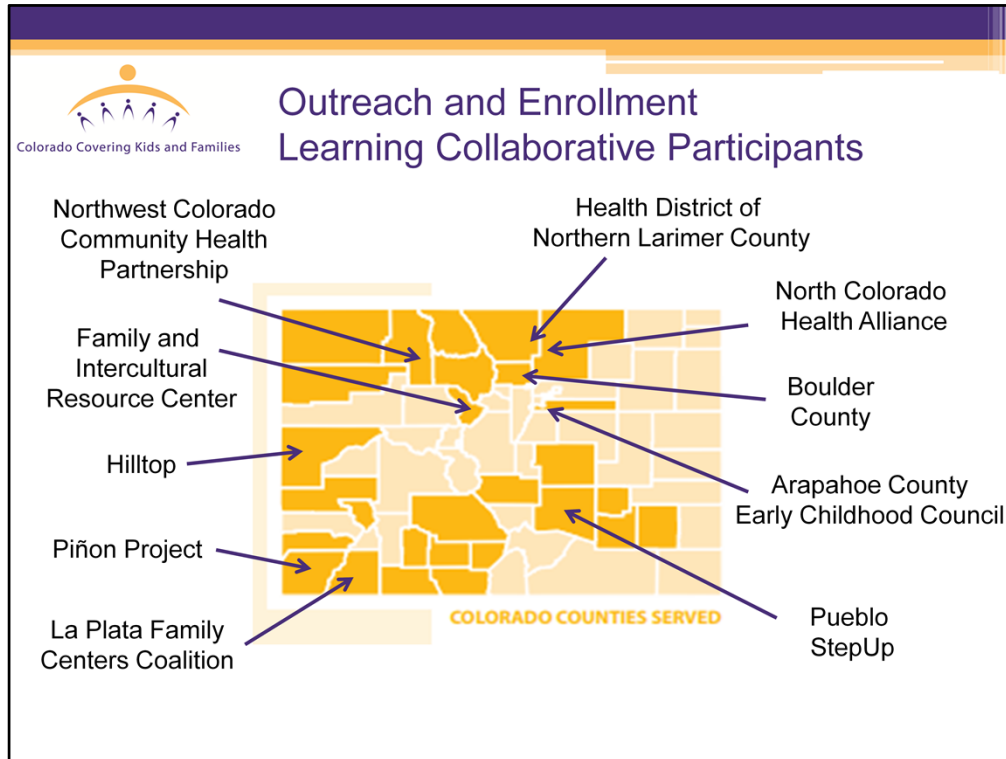
The Colorado Health Foundation, Colorado Covering Kids and Families (or CKF), Connect for Health Colorado (Colorado's state-based marketplace), and the PEAK Outreach Initiative began meeting in spring of 2014 to discuss how to be more strategic about outreach and enrollment in Colorado. As a result of these discussions, the Foundation contracted with CKF to implement and manage the Outreach and Enrollment Learning Collaborative and Harder+Company Community Research to evaluate the learning collaborative as part of the Foundation's Community Approach to Outreach and Enrollment funding opportunity. The Foundation then funded 10 grantees from across the state of Colorado to participate in the funding opportunity. Additionally, CKF is providing staff support, resources, and a learning platform to the learning collaborative participants so they can increase their skillset in relationship to outreach and enrollment, as well as share and learn from one another as they implement a community approach to outreach and enrollment.



## Outreach and Enrollment Learning Collaborative Participants

- **Arapahoe County Early Childhood Council** (Arapahoe County)
- **Boulder County Healthy Kids and Adults** (Boulder County)
- **Family and Intercultural Resource Center** (Summit County)
- **Health District of Northern Larimer County** (northern Larimer County)
- **Hilltop Community Resources, Inc.** (Mesa, Montrose, and Ouray counties)
- **La Plata Family Centers Coalition** (La Plata and Archuleta counties)
- **North Colorado Health Alliance** (southern Larimer and Weld counties)
- **Northwest Colorado Community Health Partnership** (Routt, Grand, Jackson, Moffat, and Rio Blanco counties)
- **Piñon Project** (Montezuma and Dolores counties)
- **Pueblo StepUp** (Pueblo, Alamosa, Bent, Conejos, Costilla, Crowley, El Paso, Fremont, Otero, Rio Grande, Saguache, and Mineral counties)

\*These are the participants of the learning collaborative supported by the Colorado Health Foundation's Community Approach to Outreach and Enrollment funding opportunity.



\*The highlighted practices included in this presentation are drawn from the work of 10 community-based organizations performing outreach and enrollment from August 2015 through the summer of 2017. You can see highlighted in dark orange here the counties they serve.

## What is a learning collaborative?


- A learning collaborative is a group of individuals from various communities who come together for a designated period of time to learn, build skills capacity, and implement a particular activity to determine evidence-based successes in that work.

\*You may wonder what a learning collaborative is. [READ DEFINITION] In our case, the Outreach and Enrollment Learning Collaborative focused on learning more about how community-based organizations can work together to be even more successful in outreaching to community members and helping them enroll in health coverage.

## 5 Key Outreach and Enrollment Practices



\*After nearly two years, five practices have emerged as the most promising regardless of the organization's location, target population, or staff size. These key practices, and others, are included in the report, *Promising Practices in Outreach and Enrollment*. Within the full document, each of these practices is explained with specific strategies and/or tactics associated with them. I will go over the five tactics and provide a bit of information about each here.



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## #1 Collaborate with community partners (pg. 6)

- Suggested organizations to partner with:
  - Counties,
  - School districts,
  - Key providers of health care to underserved and/or low-income populations, and
  - Connect for Health Colorado Assistance Sites among others.
- Large scale collaboration: Hold a regional meeting.
- General community partner collaboration: Work with counties.

### #1 Collaborate with community partners

\*Working in collaboration with other organizations in their community was a key success for the learning collaborative participants, often giving access to diverse populations, as well as a greater chance for program and/or organizational sustainability.

\*On a national level, strong collaboration among stakeholders, including holding regular meetings and continuous information sharing with partners, is shown to be a successful tactic for getting the Medicaid and Children's Health Insurance Program eligible but not enrolled population into coverage.

\*Suggested organizations to partner with include: [READ SUGGESTED ORGS TO PARTNER WITH].


\*One large scale collaboration tactic is to hold a regional meeting and invite Connect for Health Colorado certified brokers, Health Coverage Guides, and Certified Application Councilors, county departments of human or social services, hospitals, clinics, and Medicare representatives. At this meeting, identify ways the convening organization and its partners can work together as a region.

\*One general community partner collaboration tactic is to work to establish a strong relationship with an assister's county's department of human or social services. This may include establishing a liaison line between the county and the organization (or community-based organizations in general) for emergency cases, or establishing secure email ability with the county.

\*A challenge to be wary of when implementing this practice is not communicating enough with partners. Learning collaborative participants saw increased buy-in from their partners and more effective outcomes for their communities by meeting frequently, ensuring

partners participated in planning and implementing big projects, and from sharing the availability of resources so that the collaborative as a whole could be a better steward of those resources.

\*One example of successfully collaborating with community partners from the Outreach and Enrollment Learning Collaborative is Hilltop's work with the Healthy Mesa County collaborative that came together to take a successful idea from Boulder County and create an "Adulting" guide filled with finance, housing, health care resources and more for Western Slope graduating high school and college seniors. They held focus groups with both age ranges and created an excellent resource for this population.



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## #2 Co-locate programs/services (pg. 13)

- County technician located at assister site.
- Assister located at county site.
- Assister located at partner sites, including local health entities.

### #2 Co-locate programs and/or services

\*Co-location is one of the most useful strategies employed by all learning collaborative participants in outreach and enrollment work and leads to faster troubleshooting of difficult cases and decreased need for clients to return for additional appointments.

\*Examples include:

-Having a county technician located on-site with an assister organization. If a liaison line or contact person cannot be established with a local county, have a county technician with Colorado Benefits Management System (also known as CBMS) access co-locate at least one day a week at the assister organization's office to help troubleshoot cases. The North Colorado Health Alliance did this, and they were able to have a CBMS technician on site two days per week during the fourth open enrollment period.


-Another example is having an assister located on-site at the county. Having a Health Coverage Guide at a county allows those who are denied Health First Colorado (Colorado's Medicaid Program) and Child Health Plan *Plus* to immediately receive assistance enrolling in a qualified health plan.

-Yet another option is to have an assister located at partner locations, including local health entities. This could include hospitals, federally qualified Community Health Centers, health clinics, and others. This practice is supported nationally because of the ability of providers to encourage enrollment among patients, especially those with whom they have a longstanding relationship.

\*A challenge to be wary of when implementing this practice is poor attendance by the target population during the times your staff is co-located with a partner. Learning collaborative participants have had to determine if the population they were serving in a



given location was best reached by having walk-in hours or through the ability to schedule appointments. Additionally, co-location days and times may need to be adjusted over time to reach different segments of the target population.



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## #3 Create an outreach and enrollment workplan to guide assister efforts (pg. 15)

- Key points:
  - Serve as a guide
  - S.M.A.R.T. objectives
  - Involve staff and community partners in creation
  - In place following open enrollment
- Appendix C contains workplan guidance and a sample workplan from Enroll America.

### #3 Create an outreach and enrollment workplan to guide assister efforts

\*The purpose of an outreach and enrollment workplan is to serve as a tool to outline promising outreach and enrollment strategies for the assister organization as there would be a paper trail of past efforts tried and how those efforts might be replicated, abandoned, or improved in the future.

\*Here are key points to consider when creating an outreach and enrollment workplan:

-They should serve as a guide for assister work.

-They should contain S.M.A.R.T. objectives. Which means the objectives are Specific, Measurable, Achievable, Realistic, and Time-bound.


-Staff and community partners should be involved in the creation of workplans whenever possible to increase buy-in. Staff and partners should also be included in updating the workplans following major enrollment events and trainings. This might include asking their feedback on if they thought the event was valuable and what other activities they might suggest to reach target populations.

-Per Enroll America, a national organization that helped participants develop these work plans, directly following the open enrollment period is the best time of year to have an outreach and enrollment workplan in place for assister use as the assister moves into outreach season. Assisters should take time to reflect and debrief on what went well and what needs improvement, and use that information to modify the workplan accordingly for the next six months to a year.

\*A challenge to be wary of when implementing this practice is not treating the workplan as a living document. If it is only updated once a year and then never looked at or updated again, it cannot serve as a tool for you to continue to evaluate your work and make

adjustments that can improve your outcomes.

\*Appendix C within the document contains workplan guidance and a sample workplan from Enroll America for assister use.



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## #4 Hire or cultivate relationships with individuals who are already trusted members of the communities assisters want to reach (pgs. 10, 14, 25, 29, 34)

- Key points:
  - Especially useful in rural, Spanish-speaking, and immigrant communities
  - Co-locate with partner organizations that focus on particular populations


#4 Hire or cultivate relationships with individuals who are already trusted members of the communities assisters want to reach

\*Based on the learning collaborative participants' work, this seems particularly important when working with rural communities, Spanish-speaking populations, and immigrant communities.

\*This is also relevant when it comes to co-location. It can help to co-locate at a partner organization that already attracts the population the assister organization would like to reach, as clients are more likely to seek help from an organization they are already familiar with and where they have already built trust with staff.

\*A challenge to be wary of when implementing this practice is expecting results with a community too soon. Once you have a connection within a certain community, it may still require assisters showing up on a consistent basis over time within that community for the community to trust your organization.


\*One of the best examples of cultivating relationships within a particular community from the learning collaborative was when an elderly Russian woman kept coming into the Aurora Coverage Assistance Network enrollment site. (This organization is part of the Arapahoe County Early Childhood Council Coalition.) At first staff thought she was just helping translate for her own family, but then they realized that she was coming in with multiple families. She was a retired translator who was just trying to help her community. Through her efforts, the Aurora Coverage Assistance Network was able to understand the level of need in the local Russian community. They were then able to contract with a translator who also had connections with the local Russian newspaper, where they later ran an ad in Russian.



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## #5 Use data to find the eligible but not enrolled (pg. 17)

- Locate clients
- Follow-up with clients
- Analyze for the future



### #5 Use data to find the eligible but not enrolled

\*All 10 participants designated the use of data to determine who the uninsured are as another key outreach and enrollment strategy.

\*Data can be used for three key activities: locating clients, following-up with clients, and analyzing for the future.

\*To locate clients, the document highlights where information can be found on the eligible but not enrolled.

\*Data on existing clients can be used to follow-up with them, including reaching out to provide health insurance literacy for clients unexperienced in using health coverage.

\*Also, assisters can collect data about enrollments and enrollment events and use that data to track progress and improve future activities.

\*A challenge to be wary of when implementing this practice is only looking at the data and not also considering other community factors. In one instance a learning collaborative participant co-located with a partner in an area of town with a high eligible but not enrolled percentage; however, due to the political climate in that area of town, they did not receive many enrollments. Individuals from this area preferred to come into the participant's main office in a different part of town. The participant had to find alternative ways to address the eligible but not enrolled in this area.


\*Two examples of learning collaborative participants successful use of data are Boulder County Healthy Kids and Adults using public data from the St. Vrain Valley School District to identify the schools with the highest percentage of students receiving the Free and Reduced Lunch Program to determine areas of greatest need in their community. They then reached out to new and existing partners in the area to share resources and setup referral

connections to best serve the target population. And the La Plata Family Centers Coalition identified zip codes in their county with the highest number of eligible but not enrolled individuals and sent postcards to current residents in those zip codes advertising their services.

## Other Topics Addressed

- General Outreach and Enrollment Promising Practices (pg. 21)
- Population-specific Promising Practices (pg. 25)
- Venues for Outreach (pg. 34)
- Helpful Tools (pg. 35)
- Important Activities Unrelated to Outreach and Enrollment (pg. 41)
- And more!

\*Other topics that the document addresses include: [READ BULLETS].



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## General Outreach and Enrollment Promising Practices

- Organizing outreach and enrollment events
- Developing and distributing outreach materials

\*CKF captured two general outreach and enrollment promising practices that did not fit within other categories. These are organizing outreach and enrollment events and developing and distributing outreach materials.

\*Some particularly noteworthy outreach materials include the Family and Intercultural Resource Center's materials targeting Young Invincibles talking about how expensive that powder day can be if something goes wrong on the ski slope and you don't have health coverage. Also, the Health District of Northern Larimer County has a number of outreach materials featuring engaging graphics and bright colors to reach recent graduates, those just moving to the area, and seasonal workers.



## Population-specific Promising Practices

- African Americans
- American Indian/Alaska Natives
- Children and families
- Faith-based
- Individuals experiencing homelessness
- Immigrants/refugees
- Justice-involved
- Rural
- Seasonal workers
- Self-employed/small businesses
- Spanish-speaking
- Unemployed
- Young invincibles (those age 19 to 34)

\*Promising practices in outreach and enrollment can vary by population. Identifying and developing outreach approaches that work best for specific populations is important. The populations addressed in the document include those listed here. A few of the most robust sections are 'Children and Families,' 'Justice-involved,' and 'Young Invincibles.' The Pinon Project had success with the justice-involved population by working with their local sheriff to go into the local jail and enroll individuals in Health First Colorado prior to their upcoming release. Also, the Northwest Colorado Community Health Partnership worked directly with area ski resorts to help seasonal workers with their health coverage needs.



## Venues for Outreach

- Health fairs
- Libraries
- Low-income housing
- Assistance sites as retail storefronts

\*It is important to consider location when creating an outreach and/or enrollment event. Selecting a location based on the target population is a promising practice for reaching and enrolling clients. The learning collaborative participants identified a number of venues that are useful for outreach and enrollment including [READ LIST].



## Important Activities Unrelated to Outreach and Enrollment

- Train assisters and community partners
- Boost morale
- Creating tools to support clients



\*There are some activities that are unrelated to direct outreach and enrollment services but are still very important in order to have successful assisters and clients.

\*Some of these include ensuring assisters are properly trained and training community partners as appropriate.

\*Hosting morale boosting activities for staff at the beginning and end of open enrollment, such as special meals or bowling.

\*And creating folders for clients to keep all of the documents in that assisters give them, and any client correspondence they receive later, to help keep the clients organized – which then, we've been told, helps assisters, too.



## How To Use This Document


- Each section may be taken independently
- Glossary
- Hyperlinks to navigate the document
- Use the online format for easy use of links

\*The report is written to be a comprehensive and linear description of the strategies and tactics highlighted in this presentation; however, each section may be taken independently based on your organization and community need.

\*There is a helpful glossary of terms and definitions.

\*There are hyperlinks in the text to move around in the document as well as to explore websites with additional information.

\*This document is intended to be used in an online format for easy use of the links provided throughout. If you review a paper copy of this document, please use the online version to access the links.



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## Document Location

- The Colorado Covering Kids and Families' website:

<http://ckf.cchn.org/promising-practices/>

\*Here is where the full document is available online, as well as other materials related to the document, such as a selection of one-pagers.

Sarah Reynolds  
Boulder County Healthy Kids and Adults



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Change Package Session:  
Creating Memorandums of Understanding (MOUs)  
with Partners



Hope for the future, help when you need it.



“All learning collaborative participants cited improving current and adding additional community partnerships as a key O&E strategy. To ensure promising collaborations, partners must be held accountable in the following ways:

- Through clear goals and planning,
- Clear roles,
- Shared resources,
- A shared goal of supporting clients beyond O&E alone, and
- **Creating formal agreements whenever appropriate, such as MOUs.”**

**- Promising Practices in Outreach and Enrollment, March 2017**



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## Types of MOUs BCHKA Utilizes

- Data Sharing
- Co-location of BCHKA Staff



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need it

# Main Components

- Scope of Services
- Responsibilities and Accountability
- Financial Responsibility
- Term and Termination
- Reports
- Signatures



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need it

Scope of Services. One eligibility technician shall be assigned to work at the \_\_\_\_\_. The eligibility technician shall be responsible for determining eligibility for Medical Assistance, CHP+, and Food Assistance applicants who submit complete applications at the \_\_\_\_\_ site and for entering eligibility data into the Colorado Benefits Management System (CBMS) to complete the eligibility determination process. The eligibility technician may also be responsible for providing application assistance to Medical Assistance, CHP+, and Food Assistance applicants; conducting education and outreach to Medical Assistance, CHP+, and Food Assistance applicants and enrollees; and linking clients to Connect for Health Colorado.



Hope for the future, help when you need it.

Danielle McQueen  
Family and Intercultural Resource Center



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# OUTREACH & ENROLLMENT WORK PLANS

THE FAMILY & INTERCULTURAL RESOURCE CENTER



## WHY MAKE A WORK PLAN?

Activities	Timeline	Expected Outcomes	Measurement	Staff Responsible	Status/Comments

WORK SMARTER - SPECIFIC, MEASURABLE, ATTAINABLE, RELEVANT, AND TIME-BOUND

[HTTPS://S3.AMAZONAWS.COM/ASSETS.ENROLLAMERICA.ORG/WP-CONTENT/UPLOADS/2013/12/ENROLL-AMERICA-FACTSHEET-HOWTOOUTREACHWORKPLAN.PDF](https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2013/12/Enroll-America-Factsheet-HowToOutreachWorkPlan.pdf)

### OUTREACH WORK PLAN – 2017-2018

**Outreach Work Plan for:** Family and Intercultural Resource Center

**Goal:** Enroll at least 500 individuals in Connect for Health Colorado, Health First, and CHP+.

**Objective Period:** July 2017 – June 2018

#### Open Enrollment

**Objective:** Assist 380 individuals to enroll and/or re-enroll in health insurance programs through in-person assistance and walk-in events through November 1-December 15.

Activities	Timeline	Expected Outcomes	Measurement	Staff Responsible	Status/Comments
Host 8 Enrollment Walk In Events in partnership with Brokers	Nov 1 – Jan 12 2018	Enroll 150 individuals in an organized, sustainable fashion at these events	-Measure # attended, enrolled, & length of wait time for appointment using signs in sheets.	Danielle, all Assistants & Peter	220 individuals assisted at 7 Walk In Events OE4
Take 50 in-person, scheduled appointments for our Assistance Site per week	Nov 1 – Jan 12 2018	Enroll /re-enroll 200 clients through scheduled appointments	-Measure # enrolled each week. <b>Baseline:</b> 688 total in-person appointments OE4 (including Walk-In Event appointments)	-Each Assister opens ~12 slots/week -Danielle assist w/ follow up and difficult cases	OE4 Baseline Enrollments at FIRC 178 – Health First Colorado 55 - CHP+ 287 - Connect for Health Co
Meet with Connect for Health Certified Broker(s) & Plan Logistics for Walk In Events	April - October 2017	-Brokers will increase capacity for enrollments -Increase 2 way referrals	-Measure # clients referred to broker during event -Measure broker satisfaction with triage process at debriefs.	Danielle	-Jon Crowe is only broker interested in partnering at events (September) -Triage clients who are not Medicaid eligible to broker -download document from the box to include in client file for broker



## INCORPORATING DATA

Activities	Timeline	Expected Outcomes	Measurement	Staff Responsible	Status/Comments
Host 8 Enrollment Walk In Events in partnership with Brokers	Nov 1 – Jan 12 2018	Enroll 150 individuals in an organized, sustainable fashion at these events	-Measure # attended, enrolled, & length of wait time for appointment using signs in sheets.	Danielle, all Assistants & Peter	220 individuals assisted at 7 Walk In Events OE4
Take 50 in-person, scheduled appointments for our Assistance Site per week	Nov 1 – Jan 12 2018	Enroll /re-enroll at least 230 clients through scheduled appointments	Measure # enrolled each week. Baseline: 688 total in-person appointments OE4 (including Walk-in Event appointments)	-Each Assister opens ~12 slots/week -Danielle assist w/ follow up and difficult cases	OE4 Baseline Enrollments at FIRC 178 – Health First Colorado 55 - CHP+ 287 - Connect for Health Co

- USE BASELINE DATA TO INFORM EXPECTED OUTCOMES & CREATE REALISTIC GOALS

## O&E WORK PLAN – OUR AREAS OF FOCUS

- TRAINING
- OPEN ENROLLMENT
- MARKETING
- POST OPEN ENROLLMENT
- HEALTH INSURANCE LITERACY
- COMMUNITY PARTNERS – OUTREACH & IN-REACH
  - USE TOOL CREATED BY CONNECT FOR HEALTH TO EVALUATE AND IMPROVE PARTNERSHIPS

## PARTNER EVALUATION TOOL – FROM CONNECT FOR HEALTH COLORADO

Level 1 - Strong	Level 2 - Moderate	Level 3 - Low	Level 4 - None
Meets regularly to collaborate	Intermittently collaborates	Rarely collaborates	Does not collaborate
Strong co-location (provided a designated office space)	Shared space (allows to use a public space regularly)	General use space (allows to use a public space occasionally)	Space is not shared
Makes a warm-hand off or helps the consumer schedule an appointment for enrollment assistance	Collects commit cards or provides information about my organization	Displays/hands-out collateral materials	Does not share collateral materials
The enrollment assistance work is aligned, integrated, and a priority for the organization	The enrollment assistance work is a priority for the organization (one of many)	The enrollment assistance work is a low priority for the organization	The enrollment assistance work is not a priority for the organization
Marketing is integrated with organization's communication channels (connector widget on site, social media, etc.)	Marketing information is sometimes shared	Marketing information is rarely shared	Marketing is not shared
Organization regularly directs electronic communications to customer/client base	Organization sometimes directs electronic communications to customer/client base	Organization rarely directs electronic communications to customer/client	Communications are not shared electronically
Will meet regularly to troubleshoot and improve referral process	Will meet occasionally to improve referral process	Difficult to change/improve referral process	Will not refer
Will confirm client is connected	Will assist in making introduction	Provides contact information	Does not inform consumer
Two-way referral relationship	One-way referral relationship	One time referral	No referral
Regularly initiates inquiry with consumer regarding health coverage status	Sometimes initiates inquiry with consumer regarding health coverage status	Rarely initiates inquiry with consumer regarding health coverage status	Does not initiate an inquiry with consumer regarding health coverage status
Access to health coverage falls within the core priorities of the organization	Access to health coverage may be one of many priorities of the organization	Access to health coverage may be a low priority for the organization	Access to health coverage may not be priority for the organization

## LESSONS LEARNED

- KEEP IT AS SIMPLE AND FOCUSED AS POSSIBLE – IF IT IS TOO OVERWHELMING YOU WON'T USE IT
- INVOLVE ENTIRE TEAM
  - CHECK IF ACTIVITIES AND EXPECTED OUTCOMES ARE REALISTIC
  - USE IT AS A TOOL TO IDENTIFY ROLES AND RESPONSIBILITIES
  - USE IT AS A TOOL TO HOLD YOURSELF AND OTHERS ACCOUNTABLE
- UPDATE WORK PLAN REGULARLY - USE IT AS A WAY TO CELEBRATE SUCCESSES WITH TEAM & DOCUMENT LESSONS LEARNED

THANK YOU!

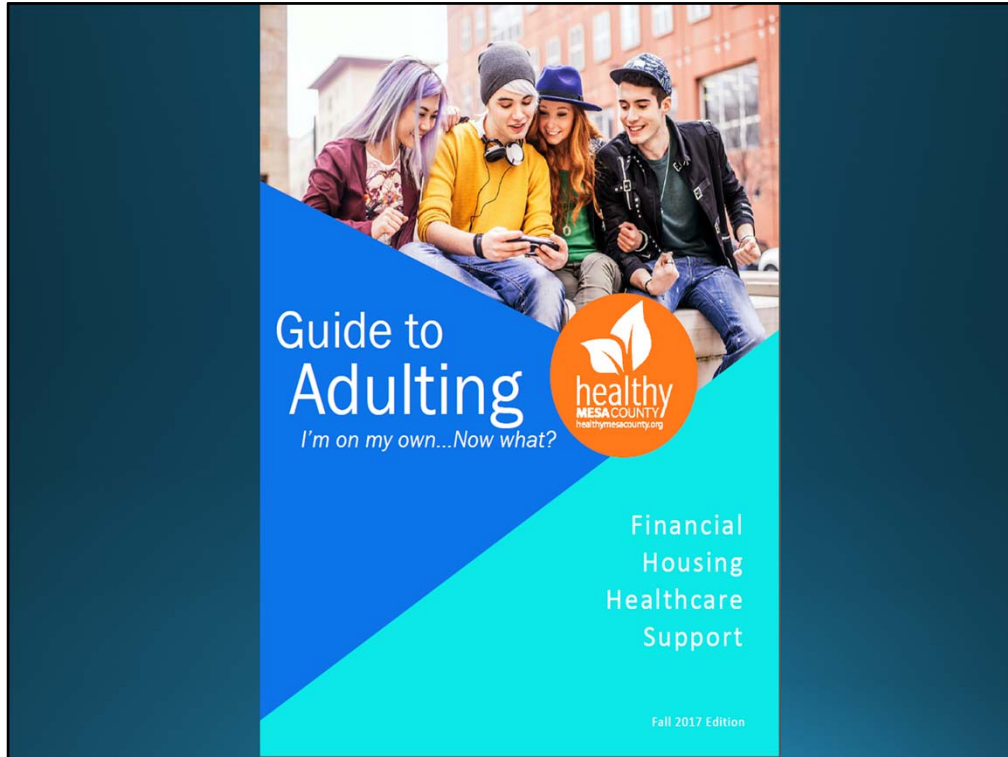
Barb Burch  
Hilltop Health Access



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*"I'm on my own...  
What do I do now?"*

Western Colorado  
**2-1-1**

**DIAL 2-1-1** TO FIND A SERVICE  
NEAR YOU THAT YOU MAY NOT KNOW  
ABOUT. CALL US IF YOU NEED:

- HELP PAYING FOR CHILD CARE
- HELP PAYING BILLS
- HELP FINDING HOUSING
- HELP LOOKING FOR EMPLOYMENT
- HELP FINDING HEALTH CARE
- HELP FINDING COUNSELING

DIAL 2-1-1 OR GO TO OUR WEBSITE  
**WWW.WC211.ORG**

Guide to Adulting 2



# HOW?

Outreach and Enrollment  
Committee

Focus Groups:  
High School Teens  
Teens in Foster Care



#### HILLTOP'S HEALTH ACCESS NEWS

##### Healthy Mesa County's Guide to Adulthood

Tuesday, September 19, 2017

This handy guide has tips and advice for all aspects of your adult life. From finances to hygiene and helpful information to navigate your life.

[Download](#) - [Click here](#).

[Click here to read more](#)

Who can help  
me access health  
care coverage?

What health care  
coverage am I  
eligible for?

What if I can't  
afford health care  
coverage?



## Document Location

- The Colorado Covering Kids and Families' website:

<http://ckf.cchn.org/promising-practices/>

\*Here is where the full document is available online.

Thank you!

For more information:

Stephanie Brooks

[sbrooks@cchn.org](mailto:sbrooks@cchn.org)

303-867-9529



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\*Are there any questions? Here is CKF's Project Manager, Stephanie Brooks', contact information if you think of any additional questions later. Thank you!