



Washington, DC State Project

Washington, DC Grantee
The District of Columbia Covering Kids Initiative

GRANT AMOUNT: \$982,118

START DATE: March 1, 1999

INTERVENTION: Schools
Faith
Businesses
Door-to-door

TARGET POPULATIONS: Immigrant

Grant Overview

The DC Covering Kids Initiative will complement the efforts of the District of Columbia in identifying and enrolling children into health coverage programs. Implemented on October 1, 1998, as a Medicaid expansion program, DC Healthy Families (DCHF), the District's Children's Health Insurance Program (CHIP), covers children and youth up to 19 years of age and their parents with household incomes up to 200% of the federal poverty level (FPL). The three pilot communities represent populations facing unique barriers to accessing health care coverage: the poor, the working poor and immigrant/non-English-speaking families. At the citywide level, the DC Covering Kids Initiative will work with the Office of Maternal and Child Health (OMCH), the Medical Assistance Administration (MAA), Birch and Davis (the MAA outreach contractor), the United Planning Organization (enrollment broker), as well as the Income Maintenance Administration (IMA), and others to conduct innovative outreach, simplify the Medicaid/CHIP enrollment processes and coordinate existing coverage programs for uninsured and underinsured children in the District of Columbia. The Initiative also will test new methods of finding and assisting eligible children in the enrollment process, while building on and coordinating existing efforts and establishing mechanisms to ensure sustainability beyond the three-year grant cycle.

LEAD ORGANIZATION: The Community Foundation for the
National Capital Region
1112 16th Street, NW
Suite 340
Washington, DC 20036

CONTACT: Kim L. E. Bell
p (202) 234-9404
f (202) 234-9108
kimbell@dckids.org

STATE PILOT PROJECTS: [Hard-to-Reach Populations Pilot](#)

[Working for Health Pilot](#)

[Immigrant Populations Pilot](#)



Washington, DC Pilot Project

Hard-to-Reach Populations Pilot

INTERVENTION: Businesses
Schools
Faith
Door-to-door
Child Care

Pilot Overview

Bordered by the Anacostia River and the State of Maryland, where 60% of the land is federally owned and 90% of the housing is rental property, the Far Southeast community experiences the highest rates of teen pregnancy, child abuse and neglect, high school drop out, low incomes, and families receiving TANF and unemployment in the city. The area is also a federally designated Health Professional Shortage Area and faces many of the acute challenges that confront low-income, inner-city communities: poverty, crime and poor health indicators. The infant mortality rate in Ward 8 is the second highest in the District at 17.4 deaths per 1,000 live births. The Far Southeast Family Strengthening Collaborative, the pilot's lead organization, is working to develop neighborhood-based approaches to the issues of family support and child abuse and neglect. Currently, the Collaborative is implementing a neighborhood-based family preservation program, administering a mini-grants program that funds resident-led child abuse and neglect prevention efforts, and establishing four family resource centers located in public housing residential complexes. As a participant in the Covering Kids Initiative, the Collaborative plans to implement a series of step-up activities over the next three years that will seek to reach every eligible family in Ward 8 of Washington, DC.

LEAD ORGANIZATION: Far Southeast Family Strengthening Collaborative
2041 Martin Luther King, Jr. Ave.
SE, #304
Washington, DC 20020

CONTACT: Perry Moon
p (202) 889-1425
f (202) 889-2213
fsfsc@bellatlantic.net



Washington, DC Pilot Project

Working for Health Pilot

INTERVENTION: Door-to-door
Schools
Faith
Child Care

TARGET POPULATIONS: Adolescents

Pilot Overview

Ward 5 boasts a thriving civic culture, with strong resident and homeowner associations, parent/teacher groups, block clubs and advisory board neighborhood commissions. Ward 5, however, is also one of the nation's federally-designated Health Professional Shortage Areas and has the highest infant mortality in the District, 15.9 deaths per 1,000 live births. While Ward 5 has significant numbers of public and subsidized housing residents and homeless families living in transitional shelters. It is also home to a substantial population of low- and moderate-income homeowners. Families in the latter group are likely to have children who are eligible for the District's CHIP Medicaid expansion program and, therefore, will be the target of this pilot. The Edgewood/Brookland Family Support Collaborative, another of the Healthy Families/Thriving Communities (HFTC) Collaboratives, coordinates outreach and pre-enrollment efforts in Ward 5. Other primary partners will be the Mid Northeast and the North Capitol Collaboratives. These three community coalitions have tested strategies for targeting working class families through My Community, My Children, a neighborhood-based program to recruit foster parents through door-to-door and school-based outreach. The Edgewood/Brookland Collaborative currently operates two family resource centers offering intensive family preservation services and coordinates a resource development campaign focused on child care, youth development and technology.

LEAD ORGANIZATION: Edgewood/Brookland Family Support Collaborative
P.O. Box 90828
1345 Saratoga Avenue, NE
Washington, DC 20090-0828

CONTACT: Erica Henry
p (202) 832-9400 x3002
f (202) 832-9401
ebfscedh@aol.com



Washington, DC Pilot Project

Immigrant Populations Pilot

INTERVENTION: Businesses
Faith

TARGET POPULATIONS: Immigrant
Adolescents

Pilot Overview

The District is home to a diverse mix of immigrants from Central and South America, Africa, the Middle East and Asia. The District's immigrant community was selected as a Covering Kids pilot community because of its unique barriers to social services in general and health care services in particular. Some barriers are as simple as inability to communicate with Medicaid caseworkers or read relevant materials because of language differences. Other barriers are more complex, such as real or perceived risks of deportation as a consequence of applying for public benefits. Many legal immigrants or US-born citizen children of immigrants in the District are estimated to be eligible for Medicaid or other coverage programs but are not enrolled. The lead organization for the Immigrant Populations pilot is the Non Profit Clinic Consortium (NPCC), a coalition of 10 free and sliding-scale non-profit clinics providing culturally and linguistically sensitive and compassionate care to those facing social, economic, cultural, and legal barriers to care. Nine of the 10 Non-Profit Clinic Consortium clinics are located in Wards 1 and 2. The Immigrant Populations pilot will focus its pre-enrollment efforts on families accessing care at approximately 10 targeted sites in Wards 1 and 2, including the aforementioned health clinics.

LEAD ORGANIZATION: Mary's Center for Maternal and Child Care
2333 Ontario Road, NW
Washington, DC 20009

CONTACT: Melissa Bermuvez
p (202) 483-8196
f (202) 797-2628
bhapcoord@maryscenter.org