

## Request for Plan and Budget Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan County: El Dorado

FY 2006 – 2007

(October 1, 2006 – June 30, 2007)

FY 2007 – 2008

(July 1, 2007 – June 30, 2008)

FY 2008 – 2009

(July 1, 2008 – June 30, 2009)

**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families (MC/HF) programs.

**Objective: Outreach- A)** Increase by 20% participation in outreach events to educate targeted families about the MC/HF programs, eligibility criteria, and how to enroll; **B)** Design and implement new strategies targeting hard to reach families.

**Strategy(ies):** Conduct culturally and linguistically appropriate community based outreach events and activities.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
A) Increase by 20% operation of toll free access line	-Parents of uninsured children	1) Develop new, bilingual message; 2) Train CHWs; 3) Provide coverage 8 am-5 pm M-F	11/1/06 – 6/30/07	-Public Health	-Training calendar -Phone logs -Phone coverage schedule	-Track # of CHWs trained -Track # of calls -Track # of hours of coverage -Establish baseline data & compare to quantitative data
B) Increase by 10% MC/HF information posted on CHI web page	-Parents of uninsured children -Community Partners	1) Develop CHI section on PHD's web page; 2) Develop bilingual message; 3) Designate staff for web site updates	11/1/06 – 6/30/07	-Public Health	-Web page material developed -Staff notes	-Track # of MC/HF material -Track # of web site updates -Establish baseline data & compare to quantitative data collected
C) Increase by 30% bilingual, 6 <sup>th</sup> grade literacy level outreach materials.	-Parents of uninsured children -Community Partners	1) Develop materials to include: banners, signs, flyers, posters, tear-off tablets, grocery bag flyers, shopping cart ads, school web page ads, theatre trailers, bus & bus stop signage, closed circuit TV ads	1/1/07 – 6/30/07	-Public Health	-Outreach material developed	-Track # of materials developed -Establish baseline data & compare to quantitative data collected
D) Increase by 20% outreach events & presentations	-Parents of uninsured children -Hispanic families	1) Identify community events; 2) Develop targeted activities for hard to reach families; 3) Print bilingual outreach materials; 5) Prepare presentation; 6) Schedule staffing	1/1/07 – 6/30/07	-Public Health -First 5	-Event calendar -Sign in sheets or estimated attendance.	-Track # of events -Track # of participants -Track # of materials -Establish baseline data & compare to quantitative data
E) Increase by 20% outreach	-Parents of uninsured	1) Create agreements with districts to include CSI form in lunch	1/1/07 – 6/30/07	-Public Health	-Agreements with school districts	-Track # school districts -Track # of school encounters

to schools	children	applications; 2) Assign coordinator to school districts to develop customized plan for each school; 3) Research "Teachers for Healthy Kids" project			School support staff -Teachers	-Coordinator assignment list -"Teachers for Healthy Kids" Materials	-Track # of CSIs received -Track research findings -Establish baseline data & compare to quantitative data collected
F) Increase by 20% outreach to home school agencies	-Parents of uninsured children	1) Create agreements with home school agencies to include CSI form in admission packets; 2) Assign coordinator to home school agencies to develop customized plan	1/1/07 - 6/30/07	-Public Health - School support staff -Teachers	-Agreements with school districts -Coordinator assignment list	-Track # of home schools -Track # of school encounters -Track # of CSIs received -Establish baseline data & compare to quantitative data collected	
G) Increase by 20% outreach to day care centers & preschools	-Parents of uninsured children	1) Create agreements with day care & preschool providers to include CSI form in admission packets; 2) Present information at events & offer application assistance; 3) Partner with First 5 to require early childhood sites to refer parents of eligible children to CHI	1/1/07 - 6/30/07	-Public Health - Office support staff -Early childhood educators	-Agreements with providers -Calendar of provider events -List of First 5 ECE sites	-Track # of providers -Track # of CSIs received -Track # of preschool events -Track # of First 5 ECE sites -Establish baseline data & compare to quantitative data collected	
H) Increase by 20% outreach to Safety Net Providers	-Parents of uninsured children	1) Provide CHI information for mass immunization mailings; 2) Supply outreach materials to primary care providers, pediatric providers, dental providers, & pharmacies for display in their offices; 3) Provide for "in-reach" by training social workers, nurses & home visitation staff; 4) Provide "in-reach" to children involved in the First 5 Special Needs Project	1/1/07 - 6/30/07	-Public Health -PHD nurses -Medical providers -Home visitors	-Immunization mailing lists -Outreach material inventory list -CHI in-service calendar	-Track # of mailings -Track # of providers -Track # of materials distributed -Track # of in-services participants -Establish baseline data & compare to quantitative data collected	
I) Increase by 20% outreach to hospital EDs	-Parents of uninsured children	1) Develop direct referral protocol for hospital EDs to refer uninsured children to CHI; 2) Train hospital ED staff	1/1/07 - 6/30/07	-Public Health -ED admit staff	-Hospital referral protocol -Training calendar	-Track # referrals from EDs -Track # of ED staff trained -Establish baseline data & compare to quantitative data collected	
J) Increase by 20% outreach to Department of Human Services-MC Eligibility Unit	-Parents of uninsured children -Eligibility workers	1) Post signs advertising free assistance with HF applications in DHS lobby; 2) Host a "Children's Health Insurance Information Booth" at DHS weekly.	1/1/07 - 6/30/07	-Public Health -DHS eligibility staff	-Signs developed -DHS outreach calendar -DHS outreach attendance logs	-Track # of signs posted -Track # DHS outreach -Track # of DHS attendees -Establish baseline data & compare to quantitative data collected	

K) Increase by 20% outreach to WIC program	-Parents of uninsured children -Office staff	1) Create agreement with WIC staff to put a CSI form in all WIC enrollment packets.	1/1/07 - 6/30/07	-Public Health -WIC staff	-Agreement with WIC	-Track # of CSIs received -Establish baseline data & compare to quantitative data collected
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FY 2006 - 2007  
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**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families (MC/HF) programs.

**Objective: Outreach - A)** Increase by 20% participation in outreach events to educate targeted families about the MC/HF programs, eligibility criteria, and how to enroll; **B)** Design and implement new strategies targeting hard to reach families.

**Strategy(ies):** Conduct culturally and linguistically appropriate community based outreach events and activities.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
A) Increase by 20% operation of toll free access line	-Parents of uninsured children	1) Maintain updated, bilingual message; 2) Train new interns, if applicable; 3) Provide coverage 8 am-5 pm M-F	7/1/07 - 6/30/08	-Public Health	-Training calendar -Phone logs -Phone coverage schedule	-Track # of new trainees -Track # of calls -Track # of hours of coverage -Compare baseline to quantitative data collected
B) Increase by 10% MC/HF information posted on CHI web page	-Parents of uninsured children -Community Partners	1) Maintain CHI section on PHD's web page; 2) Update bilingual message; 3) Designate staff for web site updates.	7/1/07 - 6/30/08	-Public Health	-Web page material developed -Staff notes	-Track # of MC/HF material -Track # of web site updates -Compare baseline to quantitative data collected
C) Increase by 20% use of outreach materials.	-Parents of uninsured children -Community Partners	1) Continue to utilize materials developed in Y1; 2) Develop new materials, as necessary.	7/1/07 - 6/30/08	-Public Health	-Outreach material developed	-Track # of materials distributed -Compare baseline to quantitative data collected
D) Increase by 20% outreach	-Parents of uninsured	1) Continue with high yield, successful events identified in Y1.	7/1/07 - 6/30/08	-Public Health	-Event calendar -Sign in sheets or	-Track # of events -Track # of participants

events & presentations	children -Hispanic families				-First 5	estimated attendance.	-Track # of materials -Compare baseline to quantitative data collected
E) Increase by 20% outreach to schools	-Parents of uninsured children	1) Coordinators to continue to work with same school districts as in Y12) Implement "Teachers for Healthy Kids" project, if feasible	7/1/07 - 6/30/08	-Public Health - School support staff -Teachers	-Coordinator assignment list -"TFHK materials	-Track # of school encounters -Track # of CSIs received -Track TFHK activities -Compare baseline to quantitative data collected	
F) Increase by 20% outreach to home school agencies	-Parents of uninsured children	1) Coordinators to continue to work with same home school agencies as in Y1	7/1/07 - 6/30/08	-Public Health -School staff -Teachers	-Coordinator assignment list	-Track # of school encounters -Track # of CSIs received -Compare baseline to quantitative data collected	
G) Increase by 20% outreach to day care centers & preschools	-Parents of uninsured children	1) Continue to work with day care & preschool providers identified in Y1; 2) Continue work with First 5 to require early childhood sites to identify uninsured children & refer parents for assistance	7/1/07 - 6/30/08	-Public Health -Office staff -Early childhood educators	-Calendar of provider events -List of First 5 ECE sites	-Track # of CSIs received -Track # of preschool events -Track # First ECE sites -Compare baseline to quantitative data collected	
H) Increase by 20% outreach to Safety Net Providers	-Parents of uninsured children	1) Continue to provide information for immunization mailings 2) Continue to supply outreach materials to medical providers 3) Continue training for social workers, nurses & home visitors; 4) Continue "in-reach" with First 5 Special Needs Project	7/1/07 - 6/30/08	-Public Health -PHD nurses -Medical providers -Home visitors	-Immunization mailing lists -Outreach material inventory list -CHI in-service calendar	-Track # of mailings -Track # of materials -Track # of in-services -Track # of in-service participants -Compare baseline to quantitative data collected	
I) Increase by 20% outreach to hospital EDs	-Parents of uninsured children	1) Continue to accept referrals from hospital ED staff	7/1/07 - 6/30/08	-Public Health -ED admit staff	-Hospital referral protocol	-Track # referrals from EDs -Compare baseline to quantitative data collected	
J) Increase by 20% outreach to Department of Human Services-MC Eligibility Unit	-Parents of uninsured children -Eligibility workers	2) Continue to host a "Children's Health Insurance Information Booth" at DHS weekly	7/1/07 - 6/30/08	-Public Health -DHS eligibility staff	-DHS outreach calendar -DHS outreach attendance logs	-Track # DHS outreach -Track # of DHS attendees -Compare baseline to quantitative data collected	
K) Increase by 20% outreach to WIC	-Parents of uninsured children	1) Continue to work with WIC staff to put a "Consent to Send Information" form in all WIC	7/1/07 - 6/30/08	-Public Health -WIC staff	-Agreement with WIC	-Track # of CSIs received -Compare baseline to quantitative data collected	

Program	-Office staff	enrollment packets					
<b>*New in Y2</b> L) Increase by 30% outreach to small businesses	-Parents of uninsured children -Employers	1) Develop outreach plan with Placerville & SLT Chambers of Commerce; 2) Educate employers at seasonal businesses; 3) Conduct outreach events for employees; 4) Agreements with employers to include CSI form in employee pkts.	7/1/07 - 6/30/08	-Public Health -Small business owners	-Outreach plan with Chambers of Commerce -List of seasonal businesses in EDC -Outreach event calendar	-Track # of businesses participating -Track # of outreach events -Track # of CSIs received -Establish baseline data & compare to quantitative data collected	
<b>*New in Y2</b> M) Increase by 20% outreach to remote locations in EDC	-Parents of uninsured children -Community partners	1) Identify remote locations to target; 2) Partner with established entities to conduct outreach; 3) Publicize future enrollment event in target area; 4) Host enrollment events	7/1/07 - 6/30/08	-Public Health -School staff -Daycare staff -Business staff	-Map of rural areas of EDC -Enrollment event flyers	-Track # of locations -Track # of partner entities -Track # of attendees -Track # of applications -Establish baseline data & compare to quantitative data	
<b>*New in Y2</b> N) Increase by 20% outreach to faith based organizations	-Parents of uninsured children -Church members	1) Work with church support staff to develop bilingual message for newsletters & bulletins; 2) Ask church leaders to make announcements at services & events; 3) Distribute outreach materials for display at churches	7/1/07 - 6/30/08	-Public Health -Church support staff & leadership	-Messages developed -Newsletters & bulletins -Announcement scripts	-Track # of messages -Track # of news/bulletins -Track # of attendees at services & events -Establish baseline data & compare to quantitative data collected	
<b>*New in Y2</b> O) Increase by 20% door-to-door outreach	-Parents of uninsured children	1) Identify rental &/or low income neighborhoods to target; 2) Send teams of 2 CHWs to neighborhoods to hand out flyers	7/1/07 - 6/30/08	-Public Health	-EDC geographic maps	-Track # of residences visited -Track # of flyers handed out -Establish baseline data & compare to quantitative data	
<b>*New in Y2</b> P) Increase by 20% retail & business ads of MC/HF programs	-Parents of uninsured children -Community partners	1) Identify retail outlets & businesses to target; 2) Work with business manager to post or place advertisements at their sites; 3) Print & deliver outreach material	7/1/07 - 6/30/08	-Public Health	-Retail outlet listing	-Track # of businesses -Track # & types of ads -Track # of materials -Establish baseline data & compare to quantitative data collected	
<b>*New in Y2</b> Q) Increase by 20% media campaigns to advertise MC/HF programs	-Parents of uninsured children -Community partners	1) Design public relations & marketing plan; 2) Brand all materials for logo recognition; 3) Develop material to include: print ads; PSAs, newspaper articles, & bus & bus shelter ads; 4) Purchase placement for ads	7/1/07 - 6/30/08	-Public Health	-Media Plan -Logo -Materials developed -Media contact list	-Track # of materials/ads developed -Track # of ads placed -Establish baseline data & compare to quantitative data collected	



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**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families (MC/HF) programs.

**Objective: Outreach-** A) Increase by 20% participation in outreach events to educate targeted families about the MC/HF programs, eligibility criteria, and how to enroll; B) Design and implement new strategies targeting hard to reach families.

**Strategy(ies):** Conduct culturally and linguistically appropriate community based outreach events and activities.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
A) Increase by 20% operation of toll free access line	-Parents of uninsured children	1) Maintain updated, bilingual message; 2) Train new interns , if applicable; 3) Provide coverage 8 am-5 pm M-F	7/1/08 – 6/30/09	-Public Health	-Training calendar -Phone logs -Phone coverage schedule	-Track # of new trainees -Track # of calls -Track # of hours of coverage -Compare baseline to quantitative data collected
B) Increase by 10% MC/HF information posted on CHI web page	-Parents of uninsured children -Community Partners	1) Maintain CHI section on PHD's web page; 2) Update bilingual message; 3) Designate staff for web site updates	7/1/08 – 6/30/09	-Public Health	-Web page material developed -Staff notes	-Track # of MC/HF material -Track # of web site updates -Compare baseline to quantitative data collected
C) Increase by 20% use of outreach materials.	-Parents of uninsured children -Community Partners	1) Continue to utilize materials developed in Y1 & Y2; 2) Develop new materials, as necessary	7/1/08 – 6/30/09	-Public Health	-Outreach material developed	-Track # of materials distributed -Compare baseline to quantitative data collected
D) Increase by 20% outreach events & presentations	-Parents of uninsured children -Hispanic families	1) Continue with high yield, successful events identified in Y1 & Y2	7/1/08 – 6/30/09	-Public Health -First 5	-Event calendar -Sign in sheets or estimated attendance	-Track # of events -Track # of participants -Track #of materials -Compare baseline to quantitative data collected
E) Increase by 20% outreach	-Parents of uninsured	1) Assign coordinators to continue to work with same school districts	7/1/08 – 6/30/09	-Public Health	-Coordinator assignment list	-Track # of school encounters -Track # of CSIs received

to schools	children	as in Y1 & Y2			School support staff -Teachers	-TFHK materials	-Track TFHK activities -Compare baseline to quantitative data collected
F) Increase by 20% outreach to home school agencies	-Parents of uninsured children	1) Assign coordinators to continue to work with same home school agencies as in Y1 & Y2	7/1/08 - 6/30/09	-Public Health -School staff -Teachers	-Coordinator assignment list	-Track # of school encounters -Track # of CSIs received -Compare baseline to quantitative data collected	
G) Increase by 20% outreach to day care centers & preschools	-Parents of uninsured children	1) Continue to work with day care & preschool providers identified in Y1 & Y2; 2) Continue work with First 5 to require early childhood sites to identify uninsured children & refer parents for assistance	7/1/08 - 6/30/09	-Public Health -Office staff -Early childhood educators	-Calendar of provider events -List of First 5 ECE sites	-Track # of CSIs received -Track # of preschool events -Track # of First 5 ECE sites -Compare baseline to quantitative data collected	
H) Increase by 20% outreach to Safety Net Providers	-Parents of uninsured children	1) Continue to provide information for immunization mailings 2) Continue to supply outreach materials to medical providers 3) Continue in-services for social workers, nurses & home visitors; 4) Continue "in-reach" with First 5 Special Needs Project.	7/1/08 - 6/30/09	-Public Health -PHD nurses -Medical providers -Home visitors	-Immunization mailing lists -Outreach material inventory list -CHI in-service calendar	-Track # of mailings -Track # of materials -Track # of in-services -Track # of in-service participants -Compare baseline to quantitative data collected	
I) Increase by 20% outreach to hospital EDs	-Parents of uninsured children	1) Continue to accept referrals from hospital ED staff	7/1/08 - 6/30/09	-Public Health -ED staff	-Hospital referral protocol	-Track # referrals from EDs -Compare baseline to quantitative data collected	
J) Increase by 20% outreach to Department of Human Services-MC Eligibility Unit	-Parents of uninsured children -Eligibility workers	2) Continue to host a "Children's Health Insurance Information Booth" at DHS weekly.	7/1/08 - 6/30/09	-Public Health -DHS eligibility staff	-DHS outreach calendar -DHS outreach attendance logs	-Track # DHS outreach -Track # of DHS attendees -Compare baseline to quantitative data collected	
K) Increase by 20% outreach to WIC program	-Parents of uninsured children -Office staff	1) Continue to work with WIC staff to put a "Consent to Send Information" form in all WIC enrollment packets	7/1/08 - 6/30/09	-Public Health -WIC staff	-Agreement with WIC	-Track # of CSIs received -Compare baseline to quantitative data collected	
L) Increase by 30% outreach to small businesses	-Parents of uninsured children -Employers	1) Continue to work with owners/employers of small businesses identified in Y2	7/1/08 - 6/30/09	-Public Health -Small business owners	-Outreach plan with Chambers of Commerce -List of seasonal businesses in EDC -Outreach calendar	-Track # of businesses -Track # of outreach events -Track # of CSIs received -Establish baseline data & compare to quantitative data collected	

M) Increase by 20% outreach to remote locations in EDC	-Parents of uninsured children -Community partners	1) Continue to work with rural areas & entities identified in Y2	7/1/08 - 6/30/09	-Public Health -School staff -Daycare staff -Business staff	-Map of rural areas of EDC -Enrollment event flyers	-Track # of locations -Track # of partner entities -Track # of attendees -Track # of applications -Establish baseline data & compare to quantitative data
N) Increase by 20% outreach to faith based organizations	-Parents of uninsured children -Church members	1) Continue to work with church support staff identified in Y2	7/1/08 - 6/30/09	-Public Health -Church support staff & leadership	-Messages developed -Newsletters & bulletins -Announcement scripts	-Track # of messages -Track # of news/bulletins -Track # of attendees at services & events -Establish baseline data & compare to quantitative data
O) Increase by 20% door-to-door outreach	-Parents of uninsured children	1) Continue outreach in low income neighborhoods identified in Y2	7/1/08 - 6/30/09	-Public Health	-EDC geographic maps	-Track # of residences visited -Track # of flyers handed out -Establish baseline data & compare to quantitative data collected
P) Increase by 20% retail & business ads of MC/HF programs	-Parents of uninsured children -Community partners	1) Continue to work with retail outlets identified in Y2	7/1/08 - 6/30/09	-Public Health	-Retail outlet listing	-Track # of businesses -Track # & types of ads -Track # of materials -Establish baseline data & compare to quantitative data
Q) Increase by 20% media campaigns to advertise MC/HF programs	-Parents of uninsured children -Community partners	1) Continue work identified in Media Plan that was developed in Y2	7/1/08 - 6/30/09	-Public Health	-Media Plan -Logo -Materials developed -Media contact list	-Track # of materials/ads developed -Track # of ads placed -Establish baseline data & compare to quantitative data collected



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**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families programs.

**Objective:** Enrollment –Increase by 20% the number of new children from El Dorado County enrolled in the Medi-Cal and Healthy Families programs.

**Strategy(ies):** Increase the availability of culturally and linguistically appropriate application assistors (AAs) in the community to help families enroll their children.

<b>Major Outcome Objectives</b>	<b>Target Population(s) Served</b>	<b>Major Deliverables, Functions, Tasks, and Activities</b>	<b>Timeline</b>	<b>Responsible Staff and/or Partner(s)</b>	<b>Evaluation Methods</b>	<b>Performance Measures and Data Collection</b>
A) Increase by 50% the number of CHWs employed by CHI.	-Adults who meet EDC employment standards	1) Recruit 4 new bilingual AmeriCorp interns; 2) Recruit 1 new bilingual program assistant; 3) Certify interns & assistant as CHWs	11/1/06 – 2/28/07	-Public Health	-AC & EDC employment records -CHI CHW certification records	-Track # of employees hired -Track # of interns certified as CHWs
B) Increase by 20% training to develop a knowledgeable & competent workforce of CHWs	-Public Health staff -Community based staff -AmeriCorp interns	1) Conduct comprehensive training for all CHWs; 2) Require individual research & education opportunities such as accessing & reviewing state CAA monthly newsletter & all county welfare letters	2/1/07 – 6/30/07	-Public Health	-Training Calendar -Individual research & education logs	-Track # of trainings conducted -Track # of education documents reviewed -Establish baseline data & compare to quantitative data collected
C) Increase by 30% number of MC/HF application assistance appointments	-Parents of uninsured children	1) Assess families eligibility; 2) Assist with completion of appropriate insurance application	2/1/07 – 6/30/07	-Public Health -First 5 SNP -EDCCHC	-CHW appointment calendars -CHI database	-Track # of appts. conducted -Track # of applications completed -Establish baseline data & compare to quantitative data collected

D) Increase by 20% the number of children enrolled in MC/HF	-Parents of uninsured children	1) Streamline enrollment process to take no longer than one hour per family; 2) Assist families in submitting all required documentation; 3) Assist families in reconciling any outstanding issues of program eligibility	2/1/07 - 6/30/07	-Public Health -First 5 SNP -EDCCHC	-Pathway documentation sheets -CHI database -MRMDB data	-Track # of children enrolled in MC/HF programs -Establish baseline data & compare to quantitative data collected
E) Increase by 20% assistance to EDC CHDP administration & CHDP provider offices	-Parents of uninsured children	1) Provide follow up with parents of children enrolled in CHDP Gateway to verify application for MC/HF 2) Expand protocol for CHDP providers to refer parents of children enrolled in CHDP Gateway to a CHW for follow-up assistance in applying for a full scope MC or HF; 3) Develop education plan to advise parents of CHDP Gateway for Infants	1/1/07 - 6/30/07	-Public Health -EDC CHDP administration -Office support staff	-CHDP Gateway enrollment reports -CHDP provider referral logs -CHDP Gateway for Infant education packet logs -CHI database	-Track # of parent contacts made -Track # of referrals from CHDP offices -Track # of assistance apps. -Track # of education packets sent -Establish baseline data & compare to quantitative data collected
F) Increase by 20% appointments at times convenient for parents	-Parents of uninsured children	1) Provide application assistance appointments on evenings, weekends & during other hours parents are available	2/1/07 - 6/30/07	-Public Health -First 5 SNP	-CHW appointment calendars -CHI database	-Track # of apps. conducted after hours -Establish baseline data & compare to quantitative data collected
G) Increase by 20% in-reach conducted at family's homes	-Parents of uninsured children	1) Train CHI staff in home-visiting protocol; 2) Train First 5 SNP staff as CHWs; 3) Provide mobility for CHWs by providing laptop computers & printers	2/1/07 - 6/30/07	-Public Health -First 5 SNP	-Training calendars -CHW & SNP staff appointment calendars -IT purchasing invoices	-Track # of trainings conducted -Track # of in-home assistance appointments conducted -Track equipment purchased -Establish baseline data & compare to quantitative data collected
H) Increase by 20% the utilization of Health E App for submission of apps.	-CHWs	1) Provide training for CHI staff & community partners regarding utilization of Health-E-App; 2) Enroll families via Health-E-App.., if internet is available.	1/1/07 - 6/30/07	-Public Health -First 5 SNP -EDCCHC	-Training calendar -CHI database	compare to quantitative data -Track # of trainings conducted -Track # of Applications submitted via Health-E-App. -Establish baseline data & compare to quantitative data collected

I) Increase by 20% attempts to follow up with families to verify enrollment.	-Parents of uninsured children	1) Conduct quality assurance checks to ensure CHWs are following up with families on schedule; 2) Train CHWs to utilize Healthy Families 1-800 number; 3) CHI staff to check MEDS system, as appropriate.	1/1/06 - 6/30/07	-Public Health	-Quality assurance reports -Pathway documentation sheets	-Track # of follow-up calls made to parents -Track # of quality assurance checks -Establish baseline data & compare to quantitative data collected.
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**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families programs.

**Objective: Enrollment** – Increase by 30% the number of new children from El Dorado County enrolled in the Medi-Cal and Healthy Families programs.

**Strategy(ies):** Increase the availability of culturally and linguistically appropriate application assistants (AAs) in the community to help families enroll their children.

<b>Major Outcome Objectives</b>	<b>Target Population(s) Served</b>	<b>Major Deliverables, Functions, Tasks, and Activities</b>	<b>Timeline</b>	<b>Responsible Staff and/or Partner(s)</b>	<b>Evaluation Methods</b>	<b>Performance Measures and Data Collection</b>
A) Increase by 20% training to maintain a knowledgeable & competent workforce of CHWs	-Public Health staff -Community based staff -AmeriCorp interns	1) Conduct comprehensive training for all CHWs; 2) Continue to require individual research & education opportunities as in Y1	7/1/07 – 6/30/08	-Public Health	-Training Calendar -Individual research & education logs	-Track # of trainings conducted -Track # of education documents reviewed -Compare quantitative data collected to baseline
B) Increase by 40% number of MCH/ application assistance appointments	-Parents of uninsured children	1) Assess families eligibility; 2) Assist with completion of appropriate insurance application	7/1/07 - 6/30/08	-Public Health -First 5 SNP -EDCCHC	-CHW appointment calendars -CHI database	-Track # of appts. conducted -Track # of applications completed -Compare quantitative data collected to baseline

C) Increase by 30% the number of children enrolled in MC/HF	-Parents of uninsured children	1) Continue to streamline enrollment process; 2) Assist families in submitting all required documentation; 3) Assist families in reconciling any outstanding issues of program eligibility	7/1/07 - 6/30/08	-Public Health -First 5 SNP -EDCCHC	-Pathway documentation sheets -CHI database -MRMIB data	-Track # of children enrolled in MC/HF programs -Compare quantitative data collected to baseline
D) Increase by 20% assistance to EDC CHDP administration & CHDP provider offices	-Parents of uninsured children	1) Provide follow up with parents of children enrolled in CHDP Gateway to verify application for MC/HF 2) Continue to work with CHDP providers to refer parents of children enrolled in CHDP Gateway to a CHW; 3) Advise parents of eligible children re: CHDP Gateway for Infants	7/1/07 - 6/30/08	-Public Health -EDC CHDP admin. -Office support staff	-CHDP Gateway enrollment reports -CHDP provider referral logs -CHDP Gateway for Infant education packet logs -CHI database	-Track # of parent contacts made -Track # of referrals from CHDP offices -Track # of assistance apps. -Track # of education packets sent -Compare quantitative data collected to baseline
E) Increase by 20% apps. at times convenient for parents	-Parents of uninsured children	1) Provide application assistance appointments on evenings, weekends & during other hours parents are available	7/1/07 - 6/30/08	-Public Health	-CHW appointment calendars -CHI database	-Track # of apps. conducted after hours -Compare quantitative data collected to baseline
F) Increase by 20% in-reach conducted at family's homes	-Parents of uninsured children	1) Continue to work with First 5 Special Needs Project to assist families with applications in their homes.	7/1/07 - 6/30/08	-Public Health -First 5 SNP	-Training calendars -CHW ans SNP staff appointment calendars	-Track # of in-home assistance appointments conducted -Compare quantitative data collected to baseline
G) Increase by 20% the utilization of Health E App for submission of apps.	-CHWs	1) Continue to enroll families via Health-E-App, if internet is available	7/1/07 - 6/30/08	-Public Health -First 5 SNP -EDCCHC	-Training calendar -CHI database	-Track # of applications submitted via Health-E-App. -Compare quantitative data collected to baseline
H) Increase by 20% attempts to follow up with families to verify enrollment.	-Parents of uninsured children	1) Continue to conduct quality assurance checks; 2) Continue to utilize Healthy Families 1-800 number; 3) CHI staff to check MEEDS system, as appropriate	7/1/07 - 6/30/08	-Public Health	-Quality assurance reports -Pathway documentation sheets	-Track # of follow-up calls made to parents -Track # of quality assurance checks -Compare quantitative data collected to baseline

<p><b>*New in Y2</b> I) Increase by 20% number of locations where CHWs assist families</p>	<p>-Parents of uninsured children -Community partners</p>	<p>1) Develop Letters of Agreement with Hospital EDs &amp; Community Clinics; 2) Secure space to conduct appts.; 3) Outstation CHWs at times best for parents; 4) Conduct application appts.</p>	<p>7/1/07 - 6/30/08</p>	<p>-Public Health -Marshall ED -Barton ED -DWC -SS Tribal Clinic</p>	<p>-Letters of Agreement -CHW appointment calendars -CHI database</p>	<p>-Track # of locations -Track # of appts. conducted -Establish baseline data &amp; compare to quantitative data collected</p>
<p><b>*New in Y2</b> H) Increase by 20% number of staff from community agencies trained as CHWs</p>	<p>-Community partners</p>	<p>1) Identify agencies with appropriate staff; 2) Request agency staff to attend CHW training; 3) Develop &amp; implement common interagency operational processes</p>	<p>7/1/07 - 6/30/08</p>	<p>-Public Health -Other Safety Net Providers</p>	<p>-Agency staff lists -Training calendar -Meeting minutes -Interagency agreements</p>	<p>-Track # of community staff trained as CHWs -Track # of new operational processes developed -Establish baseline data &amp; compare to quantitative data collected</p>
<p><b>*New in Y2</b> I) Increase by 20% the coordination of activities by CHWs &amp; DHS eligibility staff</p>	<p>-Parents of uninsured children -Hispanic families</p>	<p>1) Host Latino enrollment days at DHS one day per week; 2) Streamline enrollment process by referring families with adults eligible for MC directly to DHS for assistance</p>	<p>7/1/07 - 6/30/08</p>	<p>-Public Health -DHS</p>	<p>-CHW appointment calendars -Pathways documentation form -CHI database</p>	<p>-Track # of Latino enrollment events -Track # of applications completed -Track # referrals made -Establish baseline data &amp; compare to quantitative data</p>

**Request for Plan and Budget  
Outreach, Enrollment, Retention Utilization and Evaluation Work Plan**

County: El Dorado

**FY 2006 – 2007**  
(October 1, 2006 – June 30, 2007)

**FY 2007 – 2008**  
(July 1, 2007 – June 30, 2008)

**FY 2008 – 2009**  
(July 1, 2008 – June 30, 2009)

**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families programs.

**Objective: Enrollment** – Increase by 20% the number of new children from El Dorado County enrolled in the Medi-Cal and Healthy Families programs.

**Strategy(ies):** Increase the availability of culturally and linguistically appropriate application assistants (AAs) in the community to help families enroll their children.



Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
A) Increase by 10% training to maintain a knowledgeable & competent workforce of CHWs	-Public Health staff -Community based staff -AmeriCorp interns	1) Conduct comprehensive training for all CHWs; 2) Continue to require individual research & education opportunities as in Y1 & Y2	7/1/08 - 6/30/09	-Public Health Partner(s)	-Training Calendar -Individual research & education logs	-Track # of trainings conducted -Track # of education documents reviewed -Compare quantitative data collected to baseline
B) Increase by 30% number of MC/HF application assistance appointments	-Parents of uninsured children	1) Assess families eligibility; 2) Assist with completion of appropriate insurance application	7/1/08 - 6/30/09	-Public Health -First 5 SNP -EDCCHC	-CHW appointment calendars -CHI database	-Track # of appts. conducted -Track # of applications completed -Compare quantitative data collected to baseline
C) Increase by 20% the number of children enrolled in MC/HF	-Parents of uninsured children	1) Continue to streamline enrollment process; 2) Assist families in submitting required documentation; 3) Assist families in reconciling any outstanding issues of program eligibility	7/1/08 - 6/30/09	-Public Health -First 5 SNP -EDCCHC	-Pathway documentation sheets -CHI database -MRMIB data	-Track # of children enrolled in MC/HF programs -Compare quantitative data collected to baseline
D) Increase by 10% assistance to EDC CHDP administration & CHDP provider offices	-Parents of uninsured children	1) Provide follow up with parents of children enrolled in CHDP Gateway to verify appl. for MC/HF; 2) Continue to work with CHDP providers to refer parents of children in CHDP Gateway to a CHW; 3) Advise parents of eligible children re: CHDP Gateway for Infants	7/1/08 - 6/30/09	-Public Health -EDC CHDP administration -Office support staff	-CHDP Gateway enrollment reports -CHDP provider referral logs -CHDP Gateway for Infant education packet logs -CHI database	-Track # of parent contacts made -Track # of referrals from CHDP offices -Track # of assistance appts. -Track # of education packets sent -Compare quantitative data collected to baseline
E) Increase by 10% appts. at times convenient for parents	-Parents of uninsured children	1) Provide application assistance appointments on evenings, weekends & during other hours parents are available	7/1/08 - 6/30/09	-Public Health	-CHW appointment calendars -CHI database	-Track # of appts. conducted after hours -Compare quantitative data collected to baseline
F) Increase by 10% in-reach conducted at family's homes.	-Parents of uninsured children	1) Continue to work with First 5 Special Needs Project to assist families with applications in their homes	7/1/08 - 6/30/09	-Public Health -First 5 SNP	-Training calendars -CHW & SNP staff appointment calendars	-Track # of in-home assistance appts. conducted -Compare quantitative data collected to baseline

G) Increase by 10% the utilization of Health E App for submission of apps.	-CHWs	1) Continue to enroll families via Health-E-App, if internet is available	7/1/08 - 6/30/09	-Public Health -First 5 SNP -EDCCHC	-Training calendar -CHI database	-Track # of applications submitted via Health-E-App. -Compare quantitative data collected to baseline
H) Increase by 10% attempts to follow up with families to verify enrollment.	-Parents of uninsured children	) Continue to conduct quality assurance checks; 2) Continue to utilize Healthy Families 1-800 number; 3) CHI staff to check MEDS system, as appropriate	7/1/08 - 6/30/09	-Public Health	-Quality assurance reports -Pathway documentation sheets	-Track # of follow-up calls made to parents -Track # of quality assurance checks -Compare quantitative data collected to baseline
I) Increase by 20% the number of staff from community agencies trained as CHWs	-Community partners	1) Continue to train community agency staff to as CHWs 2) Program administrator to collect enrollment & analyze data from partners.	7/1/08 - 6/30/09	-Public Health -Other Safety -Net Providers	-Agency staff lists -Training calendar -Meeting minutes -Interagency agreements	-Track # of community staff trained as CHWs -Track # of apps. by partners -Track # of enrollments by partners -Compare quantitative data collected to baseline
J) Increase by 10% the coordination of activities by CHWs & DHS eligibility staff	-Parents of uninsured children -Hispanic families	1) Continue to host Latino enrollment days at DHS one day per week. 2) Continue referring families with adults eligible for MC directly to DHS for assistance	7/1/08 - 6/30/09	-Public Health -DHS	-CHW appointment calendars -Pathways documentation form -CHI database	-Track # of applications completed -Track # referrals made -Compare quantitative data collected to baseline

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County: El Dorado

FY 2006 – 2007  
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FY 2008 – 2009  
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**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families programs.

**Objective: Retention** – Increase by 10% the number of children who retain Medi-Cal and Healthy Families program coverage at the annual renewal.

**Strategy(ies):** Conduct culturally and linguistically appropriate activities to encourage retention of Medi-Cal and Healthy Families over time.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
A) Develop tracking system to maintain 70% retention rate of children in MC/HF	-Children enrolled in MC/HF	1) Create system to track annual renewal dates; 2) Contact parents by phone or mail; 3) Conduct quality review checks to verify parents are being contacted	1/1/07 – 6/30/07	-Public Health	-Renewal dates -Documentation sheets -Database -Quality review checks	-Track # of contacts -Track # of review checks -Establish baseline data & compare to quantitative data collected
B) Increase by 10% selection of one premium payment by parents	-Parents of children enrolled in MC/HF	1) Develop fact sheet regarding cost savings applicable to some programs when one-time premiums payments are made 2) Record parent's payment choice	1/1/07 – 6/30/07	-Public Health	-Insurance premium fact sheets -Documentation sheets -Database	-Track # of fact sheets -Track # of parents selecting one time payments -Establish baseline data & compare to quantitative data
C) Increase by 20% payment of monthly premium by parents	-Parents of children enrolled in MC/HF	1) Develop payment schedule to remind parents to pay monthly premiums; 2) Help parent fill out payment schedule; 3) Follow up to verify premium paid	1/1/07 – 6/30/07	-Public Health	-Payment schedule -Documentation sheets -Database	-Track # of payment schedule -Track # of payments on time -Establish baseline data & compare to quantitative data collected
D) Increase by 10% number of parents who update contact information with CHI.	-Parents of children enrolled in MC/HF	1) Develop postcard to send to parents every 6 months to remind them to update contact information with CHI; 2) Record contact information changes in database	1/1/07 – 6/30/07	-Public Health	-Client follow up schedules -Postcard -Client documentation sheets -Database	-Track # of postcards sent -Track # of address changes -Establish baseline data & compare to quantitative data collected
E) Increase by	-Children	1) Contact parent to ask about	1/1/07 –	-Public	-Client follow up	-Track # of contacts

10% number of parents who reply for MC/HF on their own.	enrolled in MC/HF	renewal materials & encourage reapplication; 2) Answer questions regarding completing application; 3) Review documentation to be sent with renewal application	6/30/07	Health	schedules -Client documentation sheets -Database	-Track # parents applying on own -Establish baseline data & compare to quantitative data collected
F) Increase by 10% MC/HF renewal appts.	-Parents of children enrolled in MC/HF	1) Contact parent to ask about renewal materials & encourage reapplication 2) if parent is unable or does not wish to complete app., schedule assistance appt.; 3) Assist parent with application	7/1/06-6/30/07	-Public Health	-Client follow up schedules -Client documentation sheets -Database	-Track # of contacts -Track # renewal appts. -Track # of applications completed -Establish baseline data & compare to quantitative data
G) Increase by 10% assistance with application for other programs, if child becomes ineligible for MC/HF.	-Parents of children enrolled in MC/HF	1) If HK premium funding is available, offer to screen children ineligible for MC/HF for eligibility in another insurance program	7/1/06-6/30/07	-Public Health	-Eligibility worksheets -Client documentation sheets -Database	-Track # of eligibility screenings for other programs -Track # of applications completed -Establish baseline data & compare to quantitative data collected

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**FY 2008 – 2009**  
(July 1, 2008 – June 30, 2009)

**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families programs.

**Objective: Retention** – Increase by 20% the number of children who retain Medi-Cal and Healthy Families program coverage at the annual renewal.

**Strategy(ies):** Conduct culturally and linguistically appropriate activities to encourage retention of Medi-Cal and Healthy Families over time..

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
A) Maintain 70% retention rate of children	-Children enrolled in MC/HF	1) Maintain system to track annual renewal dates; 2) Contact parents; 3) Conduct quality review checks	7/1/07 – 6/30/08	-Public Health	-Renewal dates -Documentation sheets -Database	-Track # of contacts -Track # of review checks -Compare quantitative data

in MC/HF								
B) Increase by 20% selection of one premium payment by parents	-Parents of children enrolled in MC/HF	1) Distribute fact sheet to applicable parents; 2) Record parent's payment choice	7/1/07 - 6/30/08	-Public Health	-Insurance premium fact sheets -Documentation sheets -Database	collected to baseline -Track # of fact sheets -Track # of parents selecting one time payments -Compare quantitative data collected to baseline		
C) Increase by 20% payment of monthly premium by parents	-Parents of children enrolled in MC/HF	1) Distribute payments schedules to applicable parents; 2) Help parent fill out payment schedule; 3) Follow up to verify premium paid	7/1/07 - 6/30/08	-Public Health	-Payment schedule tracking sheets -Client documentation sheets -Database	-Track # of payment schedule -Track # of payments on time -Compare quantitative data collected to baseline		
D) Increase by 20% number of parents who update contact information with CHI	-Parents of children enrolled in MC/HF	1) Send postcard to parents to remind them to update information; 2) Record contact information changes in database.	7/1/07 - 6/30/08	-Public Health	-Client follow up schedules -Postcard -Client documentation sheets -Database	-Track # of postcards sent -Track # of address changes -Compare quantitative data collected to baseline		
E) Increase by 20% number of parents who reapply for MC/HF programs on their own	-Children enrolled in MC/HF	1) Contact parent to ask about renewal materials & encourage reapplication; 2) Answer questions regarding completing application; 3) Review documentation to be sent with renewal application	7/1/07 - 6/30/08	-Public Health	-Client follow up schedules -Client documentation sheets -Database	-Track # of contacts -Track # parents applying on own -Compare quantitative data collected to baseline		
F) Increase by 20% MC/HF renewal appts.	-Parents of children enrolled in MC/HF	1) Contact parent to ask about renewal materials & encourage reapplication 2) if parent is unable or does not wish to complete app., schedule assistance appl.; 3) Assist parent with application	7/1/07 - 6/30/08	-Public Health	-Client follow up schedules -Client documentation sheets -Database	-Track # of contacts -Track # renewal appts. -Track # of applications completed -Compare quantitative data collected to baseline		
G) Increase by 20% assistance with application for other programs, if child becomes ineligible for MC/HF.	-Parents of children enrolled in MC/HF	1) Check with Program Coordinator to determine HK premium funding is available; 2) If yes, offer to screen children ineligible for MC/HF for eligibility in another insurance program; 3) assist with application, as appropriate	7/1/07 - 6/30/08	-Public Health	-Eligibility worksheets -Client documentation sheets -Database	-Track # of eligibility screenings for other programs -Track # of applications completed -Compare quantitative data collected to baseline		
*New in Y2 H) Increase by	-Children enrolled in	1) Work with partners to create system to allow parents to re-enroll	7/1/07 - 6/30/08	-Public Health	-List of agencies participating	-Track # of appts. by SNP agencies		



10% number of re-enrollments conducted at Safety Net Provider agencies	MC/HF	children at any SNP agency 2) SNP agency CHW assists parent with re-application; 3) Client information is sent to CHI for tracking.	-Safety Net Providers	-Client documentation sheets -Interagency tracking sheets	-Track # of applications completed by SNP agencies -Establish baseline data & compare to quantitative data collected
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**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families programs.

**Objective: Retention** – Increase by 20% the number of children who retain Medi-Cal and Healthy Families program coverage at the annual renewal.

**Strategy(ies):** Conduct culturally and linguistically appropriate activities to encourage retention of Medi-Cal and Healthy Families over time.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
A) Maintain re 70% retention rate of children in MC/HF	-Children enrolled in MC/HF	1) Maintain system to track annual renewal dates; 2) Contact parents; 3) Conduct quality review checks	7/1/08 – 6/30/09	-Public Health	-Public Health	-Renewal dates -Documentation sheets -Database
B) Increase by 20% selection of one premium payment by parents	-Parents of children enrolled in MC/HF through CHI	1) Distribute fact sheet to applicable parents; 2) Record parent's payment choice.	7/1/08 – 6/30/09	-Public Health	-Insurance premium fact sheets -Documentation sheets -Database	-Track # of fact sheets -Track # of parents selecting one time payments -Compare quantitative data collected to baseline
C) Increase by 20% number of parents who maintain monthly	-All parents of children enrolled in MC/HF through CHI	1) Distribute tracking sheet to applicable parents; 2) Help parent fill out tracking sheet; 3) Follow up with parent to verify premium payments are being made.	7/1/08 – 6/30/09	-Public Health	-Payment schedule tracking sheets -Client documentation sheets -Database	-Track # of payment schedule sheets handed out -Track # of parents making premium payments on time -Compare quantitative data

premium payment.						collected to baseline
D) Increase by 20% number of parents who update contact information with CHI.	-All parents of children enrolled in MC/HF through CHI	1) Send postcard to to parents every 6 months to remind them to update contact information with CHI; 2) Record contact information changes in database.	7/1/08 - 6/30/09	-Public Health	-Client follow up schedules -Postcard -Client documentation sheets -Database	-Track # of postcards sent -Track # of address changes - Compare quantitative data collected to baseline
E) Increase by 20% number of parents who reapply for MC/HF programs on their own.	-All children enrolled in MC/HF through CHI	1) Contact parent within 60 days of annual renewal date to inquire if they received renewal materials & encourage them to reapply; 2) Answer questions parent has re: renewal application 3) Review which documentation forms must be sent with renewal application.	7/1/08 - 6/30/09	-Public Health	-Client follow up schedules -Client documentation sheets -Database	-Track # of contacts -Track # parents applying on own - Compare quantitative data collected to baseline
F) Increase by 20% MC/HF renewal application assistance appts.	-All parents of children enrolled in MC/HF through CHI	1) Contact parent within 60 days of annual renewal date to inquire if they received renewal materials & encourage them to reapply; 2) if parent is unable or does not want to complete app. on their own, schedule assistance appt.; 3) Assist parent with application.	7/1/08 - 6/30/09	-Public Health	-Client follow up schedules -Client documentation sheets -Database	-Track # of contacts -Track # renewal assistance appts. -Track # of applications completed - Compare quantitative data collected to baseline
G) Increase by 20% assistance with applying for other available insurance programs, if child becomes ineligible for MC/HF.	-All parents of children enrolled in MC/HF through CHI	1) Check with Program Coordinator to determine HK premium funding is available; 2) If yes, offer to screen children ineligible for MC/HF for eligibility in another insurance program	7/1/08 - 6/30/09	-Public Health	-Eligibility worksheets -Client documentation sheets -Database	-Track # of eligibility screenings for other programs -Track # of applications completed - Compare quantitative data collected to baseline
H) Increase by 10% number of re-enrollments conducted at Safety Net agencies	-All children enrolled in MC/HF through CHI	1) Maintain system to allow parents to re-enroll children at any SNP agency 2) SNP agency CHW assists parent with re-application; 3) Client information is sent to CHI for tracking.	7/1/08 - 6/30/09	-Public Health -Safety Net Providers	-List of agencies participating -Client documentation sheets -Interagency tracking sheets	-Track # of appts. by SNP agencies -Track # of applications completed by SNP agencies -- Compare quantitative data collected to baseline

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FY 2008 – 2009

(July 1, 2008 – June 30, 2009)

**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families programs.

**Objective: Utilization** – Increase by 20% utilization of benefits by children enrolled in the Medi-Cal and Healthy Families programs.

**Strategy(ies):** Conduct culturally and linguistically appropriate activities to promote utilization of services and provide health education.

Major Outcome Objectives	Target Population(s)	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
A) Increase by 20% education to CHWs & home visitation staff regarding community resources.	-CHWs -Home visitation staff	1) Invite community partners to participate in conducting training to CHWs & home visitation staff; 2) Encourage CHWs to participate in follow-up visits to partner agencies to meet staff & view facilities.	1/1/07 – 6/30/07	-Public Health -Community agencies	-First 5 Community Services Directory -Training agenda -Training calendar -Follow-up visitation logs	-Track # of partner agencies -Track # of trainings -Track # staff trained -Establish baseline data & compare to quantitative data collected
B) Increase by 20% education to parents regarding health plan information.	-Parents of children enrolled in MC/HF	1) Develop "Parent Education Packet" with information specific to plan child enrolled in; 2) Mail packet after child verified as enrolled.	1/1/07 – 6/30/07	-Public Health	-Parent education packets -Database	-Track # of packets mailed -Establish baseline data & compare to quantitative data collected
C) Increase by 20% referrals to health plan customer service departments.	-Parents of children enrolled in MC/HF	1) Develop referral protocol to direct questions concerning benefits directly to health plan customer service departments.	1/1/07 – 6/30/07	-Public Health	-Client documentation sheets -Database	-Track # benefits inquiries -Track # of referrals to customer service -Establish baseline data & compare to quantitative data collected
D) Increase by 20% provision of Provider – Health Plan list	-Parents of children enrolled in MC/HF	1) Develop updated provider list that details which health insurance plan each practitioner accepts; 2) Assign staff to update monthly; 3)	1/1/07 – 6/30/07	-Public Health	-Provider - Health Plan list. -Database	-Track # lists distributed -Establish baseline data & compare to quantitative data collected

	-Community partners	Distribute list to parents and public.				
E) Increase by 20% education to parents regarding importance of a medical home.	--Parents of children enrolled in MC/HF	1) Develop fact sheet regarding importance of medical home & preventive health services; 2) Include fact sheet in parent education packets; 3) Distribute fact sheets to other safety net providers to provide to clients.	1/1/07 - 6/30/07	-Public Health	- Medical home fact sheets -List of distribution to safety net providers -Database	-Track # of fact sheets distributed in parent packets -Track # of fact sheets distributed by providers -Establish baseline data & compare to quantitative data collected.
F) Increase by 20% use of the "Obtaining a Medical Home" pathway.	-Parents of children referred from hospital ED	1) Open an "Obtaining a Medical Home" pathway on all children referred from hospital EDs; 2) Assign child to appropriate practitioner.	1/1/07 - 6/30/07	-Public Health -Hospital ED admitting staff	-Referral sheets. -Pathways documentation sheets	-Track # of children referred -Track # of children assigned to medical home -Establish baseline data & compare to quantitative data collected
G) Increase by 20% follow-up to families to verify utilization.	-Parents of children enrolled in MC/HF	1) Develop protocol for routine follow-up with families to verify if children are utilizing benefits; 2) Make at least 3 attempts to follow-up with family; 3) Assist parents in addressing barriers to care.	1/1/07 - 6/30/07	-Public Health	-Client documentation sheets -Database	-Track # follow-ups attempted -Track # follow-up completed -Track barriers to access -Establish baseline data & compare to quantitative data collected

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**FY 2008 - 2009**  
(July 1, 2008 - June 30, 2009)

**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families programs.

**Objective: Utilization** - Increase by 30% utilization of benefits by children enrolled in the Medi-Cal and Healthy Families programs.

**Strategy(ies):** Conduct culturally and linguistically appropriate activities to promote utilization of services and provide health education.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection

A) Increase by 30% education to CHWs & home visitation staff regarding community resources.	-CHWs -Home visitation staff	1) Continue training for CHWs & home visitation staff; 2) Encourage CHWs to participate in follow-up visits to partner agencies to meet staff & view facility.	7/1/07 - 6/30/08	-Public Health -Community agencies	-First 5 Community Services Directory -Training agenda -Training calendar -Follow-up visitation logs	-Track # of partner agencies -Track # of trainings -Track # staff trained -Compare quantitative data collected to baseline
B) Increase by 30% education to parents regarding health plan information.	-Parents of children enrolled in MC/HF	1) Continue to mail packet after child verified as enrolled.	7/1/07 - 6/30/08	-Public Health	-Parent education packets -Database	-Track # of packets mailed -Compare quantitative data collected to baseline
C) Increase by 30% referrals to health plan customer service departments.	-Parents of children enrolled in MC/HF	1) Continue to direct questions concerning benefits directly to health plan customer service departments.	7/1/07 - 6/30/08	-Public Health	-Client documentation sheets -Database	-Track # benefits inquiries -Track # of referrals to customer service -- Compare quantitative data collected to baseline
D) Increase by 30% provision of Provider - Health Plan list	-Parents of children enrolled in MC/HF -Community partners	1) Maintain updated Provider-Health Plan list; 2) Distribute list to parents and public.	7/1/07 - 6/30/08	-Public Health	- Provider-Health Plan list -Database	-Track # lists distributed - Compare quantitative data collected to baseline
E) Increase by 30% education to parent regarding importance of a medical home.	-Parents of children enrolled in MC/HF	1) Continue to include fact sheet in all parent packets; 2) Distribute fact sheets to other safety net providers to give clients.	7/1/07 - 6/30/08	-Public Health	-Medical home fact sheets -List of distribution to safety net providers -Database	-Track # of fact sheets distributed in parent packets -Track # of fact sheets distributed by providers - Compare quantitative data collected to baseline
F) Increase by 30% use of the "Obtaining a Medical Home" pathway.	-Parents of children referred from hospital ED	1) Open an "Obtaining a Medical Home" pathway on all children referred from hospital EDs; 2) Assign child to appropriate practitioner.	7/1/07 - 6/30/08	-Public Health -Hospital ED admitting staff	-Referral sheets. -Pathways documentation sheets	-Track # of children referred -Track # of children assigned to medical home - Compare quantitative data collected to baseline
G) Increase by 30% follow-up to families to verify	-Parents of children enrolled in MC/HF	1) Continue to provide routine follow-up with families to verify children utilizing their benefits; 2) Make at least 3 attempts to follow-	7/1/07 - 6/30/08	-Public Health	-Client documentation sheets -Database	-Track # follow-ups attempted -Track # follow-up completed -Track barriers to access -- Compare quantitative data



utilization.		up with family; 3 Assist parents in addressing barriers to care.				collected to baseline
*New in Y2						
H) Increase by 20% the capacity of practitioners to accept children from CHI.	-Local medical providers -Community partners	1) Work with local practitioners to secure additional entry into practices for children involved in CHI. 2) May-provide technical assistance with respect to health plan licensing & certification processes.	7/1/07 - 6/30/08	-Public Health	-Physician work group meeting minutes -Communication logs	-Track # of entry slots -Track # of technical assistance requests -Establish baseline data & compare to quantitative data collected

**Request for Plan and Budget  
Outreach, Enrollment, Retention Utilization and Evaluation Work Plan**

County: El Dorado

- FY 2006 – 2007  
(October 1, 2006 – June 30, 2007)
- FY 2007 – 2008  
(July 1, 2007 – June 30, 2008)
- FY 2008 – 2009  
(July 1, 2008 – June 30, 2009)

**Goal:** Increase enrollment of children in the Medi-Cal and Healthy Families programs.

**Objective: Utilization** – Increase by 20% utilization of benefits by children enrolled in the Medi-Cal and Healthy Families programs.

**Strategy(ies):** Conduct culturally and linguistically appropriate activities to promote utilization of services and provide health education.

Major Outcome Objectives	Target Population(s)	Major Deliverables, Functions, Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
A) Increase by 30% education to CHWs & home visitation staff regarding community resources.	-CHWs -Home visitation staff	1) Continue training for CHWs & home visitation staff; 2) Encourage CHWs to participate in follow-up visits to partner agencies to meet staff & view facility.	7/1/08 – 6/30/09	-Public Health -Community agencies	-First 5 Community Services Directory -Training agenda -Training calendar -Follow-up visitation logs	-Track # of partner agencies -Track # of trainings -Track # staff trained -Compare quantitative data collected to baseline
B) Increase by 30% education to parents regarding health plan	-Parents of children enrolled in MC/HF	1) Continue to mail packet after child verified as enrolled.	7/1/08 – 6/30/09	-Public Health	-Parent education packets -Database	-Track # of packets mailed -Compare quantitative data collected to baseline

information.						
C) Increase by 30% referrals to health plan customer service departments.	-Parents of children enrolled in MC/HF	1) Continue to direct questions concerning benefits directly to health plan customer service departments.	7/1/08 - 6/30/09	-Public Health	- Client documentation sheets -Database	-Track # benefits inquiries -Track # of referrals to customer service -- Compare quantitative data collected to baseline
D) Increase by 30% provision of Provider - Health Plan list	-Parents of children enrolled in MC/HF -Community partners	1) Maintain updated Provider-Health Plan list; 2) Distribute list to parents and public.	7/1/08 - 6/30/09	-Public Health	- Provider-Health Plan list. -Database	-Track # lists distributed -Compare quantitative data collected to baseline
E) Increase by 30% education to parent regarding importance of a medical home.	-Parents of children enrolled in MC/HF	1) Continue to include fact sheet in all parent packets; 2) Distribute fact sheets to other safety net providers to give clients.	7/1/08 - 6/30/09	-Public Health	- Medical home fact sheets -List of distribution to safety net providers -Database	-Track # of fact sheets distributed in parent packets -Track # of fact sheets distributed by providers -Compare quantitative data collected to baseline
F) Increase by 30% use of the "Obtaining a Medical Home" pathway.	-Parents of children referred from hospital ED	1) Open an "Obtaining a Medical Home" pathway on all children referred from hospital EDs; 2) Assign child to appropriate practitioner.	7/1/08 - 6/30/09	-Public Health -Hospital ED admitting staff	-Referral sheets. -Pathways documentation sheets	-Track # of children referred -Track # of children assigned to medical home - Compare quantitative data collected to baseline
G) Increase by 30% follow-up to families to verify utilization.	-Parents of children enrolled in MC/HF	1) Continue to provide routine follow-up with families to verify children utilizing their benefits; 2) Make at least 3 attempts to follow-up with family; 3 Assist parents in addressing barriers to care.	7/1/08 - 6/30/09	-Public Health	-Client documentation sheets -Database	-Track # follow-ups attempted -Track # follow-up completed -Track barriers to access -- Compare quantitative data collected to baseline
<b>*New in Y2</b>	-Local medical providers -Community partners	1) Work with local practitioners to secure additional entry into practices for children involved in CHI; 2) May provide technical assistance with respect to health plan licensing & certification processes.	7/1/08 - 6/30/09	-Public Health	-Physician work group meeting minutes -Communication logs	-Track # of entry slots -Track # of technical assistance requests -Establish baseline data & compare to quantitative data collected
H) Increase by 20% the capacity of practitioners to accept children from CHI.						