

| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | | | |
|---|--|--|---|--|--|--|--|
| Project Name: Children's Health Initiative | | | | | | | |
| Contact Person: Kirsten Rogers | Contact Person: Kirsten Rogers (530) 621-6 | | kirsten.rogers@edcgov.us | | | | |
| Contract Period: July 1, 2010 – June 30, 2011 | | | | | | | |
| First 5 Result Area: Healthy Children | | | Service Area: Oral Health & Health Access | | | | |

Goal: Provide access to medical and dental care for children 0-5.

Objective(s): Implement oral health service coordination for children 0-5 through the Dental Van by Sept. 1, 2010. Increase the # & % of children 0-5 with medical and dental insurance. Increase the # & % of children 0-5 with a medical home and a dental home. Increase the # & % of children 0-5 that have had a well-child exam in the past 12 months. Increase the # & % of children 1-5 that have had a well-child oral health check up in the past 12 months.

Strategies: Dental Van Project planning, service coordination and monitoring, outreach, enrollment, retention and utilization activities to increase access to dental and primary care medical services for underinsured and underserved children, and collaboration and coordination with other Commission Initiatives.

| Strategy 1: Dental Van Project Planning Support | | | | | | | | |
|---|---|--|---------------|---|--|--|--|--|
| Major Outcome Objective(s): Implement oral health service coordination for children 0-5 through the Dental Van by Sept. 1, 2010. | | | | | | | | |
| Responsible Staff | Deliverables, Functions, | Target | Timeline | Evaluation | Performance Measures and | | | |
| and/or Partners | Tasks and Activities | Population | | Methods | Data Collection | | | |
| Administrator, Clinic Management, Maintenance Management, First 5 El Dorado staff | Develop and update and implementation plan based on scopes of work. | First El Dorado staff, PHD staff, SSTHP staff, EDCOE staff | Twice monthly | -Meeting schedule -Sign in sheets -Meeting minutes | -Determine if project partners are adhering to timelines and meeting deadlines -Determine if project partners are on target in relation to scopes of work | | | |



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| Project Name: Ch | ildren's Health Initiative | | | 1 | | | | |
| Contact Person: | Kirsten Rogers | | (530) 621- | 6143 | kirsten.roge | ers@edcgov.us | | |
| Contract Period: | July 1, 2010 – June 30, 2 | 011 | | | | | | |
| First 5 Result Are | a: Healthy Children | | | <u>Service</u> | Area: Oral H | ealth & Health Access | | |
| Strategy 1: Dental Va | an Project Planning Support | | | | | | | |
| Major Outcome Obje | ective(s): service coordination for childr | ren 0-5 through tl | he Dental Var | n by Sept. | 1, 2010. | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Ε\ | valuation ethods | Performance Measures and Data Collection | | |
| Administrator, Clinic Management | Obtain licensure through the Tribal Community Health Clinic for dental van | Department of Consumer Affairs, Dental Board of California | By Septem 2010 | | icensure cords | Determine if completion date was met Track setbacks and barriers Determine if licensure was obtained | | |
| Administrator, Coordinator | Conduct needs assessment to determine geographic locations where access to dental care for children is limited | Community and Funding Partners | By Septem 2010 | as | eeds sessment alysis | -Determine if completion date was met -Determine if limited geographic locations were identified | | |
| Administrator, Coordinator, First 5 Staff, Clinic Management, Dental Staff | Determine dental van sites | Parents of and children aged 0 -5, Community Partners | By Septem 2010 | pa as | emographic tient needs sessment data ental van site t | Determine if completion date was met Determine if dental van sites were identified | | |
| Administrator, Coordinator | Establish schedule for dental van visits | Parents of and children aged 0 -5, Community Partners | By Septem 2010 | , | ental van hedule | Determine if completion date was met Determine if dental van schedule was established | | |



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| Strategy 1: Dental Va | an Project Planning Support | | | | | | | |
| Major Outcome Obje Implement oral health | ective(s): service coordination for child | ren 0-5 through tl | he Dental Va | n by Sept. <i>'</i> | 1, 2010. | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | 1 | aluation ethods | Performance Measures and Data Collection | | |
| Administrator, Clinic Management | Determine PHD staffing pattern and coordinate with SSTHP staffing | Dentist, Dental Assistants, Project Coordinator, Community Health Workers | By Septem 2010 | | HD staffing ttern matrix | -Determine if dental staffing matrix was developed | | |
| Administrator | Define quality assurance measures | Community and Funding Partners | By Septem 2010 | as | uality surance easures | Determine if completion date was met Determine if quality assurance measures were established | | |
| Administrator | Recruit and hire Program Assistant to perform Community Health Worker functions | Adults who meet El Dorado County employment standards | | | opplicant sumes and erview results | -Verify hiring/employment records | | |
| Administrator, Clinic Management, Dentist, | Offer information dissemination forums for community dentists | Community Dental Partners | Ongoing -F | | rum calendar ign in sheets | -Track number of forums -Track number of participants | | |



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| Contract Period: | July 1, 2010 – June 30, 2 | 011 | | | | | | |
| First 5 Result Area: Healthy Children Service Area: Oral Health & Health Access | | | | | | | | |
| Strategy 1: Dental V | an Project Planning Support | | | | | | | |
| Major Outcome Obj Implement oral health | ective(s): service coordination for child | ren 0-5 through t | he Dental Var | n by Sept. 1 | , 2010. | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Eva | aluation thods | Performance Measures and Data Collection | | |
| Administrator | Offer information dissemination forums for community safety net providers | Community Safety Net Providers | Ongoing -F | | rum calendar gn in sheets | -Track number of forums -Track number of participants | | |
| Administrator | Facilitate building an Oral Health Initiative Collaborative | Community and Funding Partners, Community Safety Net Providers | Ongoing - | me -Sig | ollaborative eting schedule gn in sheets eeting minutes | -Determine if collaborative was established -Verify partnership agreements -Determine if collaborative has established a regular meeting schedule | | |
| Administrator | Facilitate the creation of mission and vision statements for the Oral Health Initiative | Community Safety Net Providers | By Sept 1, | me -Fir and | Ilaborative eting schedule nal mission I vision tements | -Determine if mission and vision statements were created | | |
| Administrator | Facilitate a subcommittee to determine and pursue future funding opportunities | Community and Funding Partners | Ongoing -S | me -Sig | committee eting schedule gn in sheets eeting minutes | -Determine if subcommittee was established - Determine if subcommittee has established a regular meeting schedule | | |



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| Project Name: Cl | nildren's Health Initiative | | | | | | | |
| Contact Person: Kirsten Rogers(530) 621-6143kirsten.rogers@edcgov.us | | | | | | | | |
| Contract Period: | July 1, 2010 – June 30, 2 | 011 | | | · | | | |
| First 5 Result Are | ea: Healthy Children | | | <u>Servic</u> | <u>e Area:</u> Oral Hea | Ith & Health Access | | |
| Strategy 2: Dental V | an Project Service Coordinatio | n | | | | | | |
| Major Outcome Ob Implement oral healt | ective(s): h service coordination for child | ren 0-5 through th | ne Dental Va | n by Sept | . 1, 2010. | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeli | ne | Evaluation Methods | Performance Measures and Data Collection | | |
| Coordinator, Community Health Workers | Develop outreach plan and schedule to promote dental van services | School District July1, 2 | | 2010 – 0, 2011 | -Agreements with schools, preschools and day care centers -Calendar of outreach events -Sign in sheets | -Track number of schools, preschools and day care centers served -Track number of outreach events -track number of participants | | |
| Administrator, Coordinator, Community Health Workers | Develop of bilingual (English/Spanish) promotional materials | School District July1, 2 | | 2010 – 60, 2011 | -Promotional materials developed | -Track number of materials developed -Track number of materials distributed | | |
| Maintenance Management, Coordinator | Coordinate with elementary schools and site principals regarding placement of dental van, security, use of restrooms, contact with custodians and coordination with school district nurses. | Elementary Sch District Superintendents Elementary Sch Principals, Scho District Nurses | June 3 s, ool | 2010 – 0, 2011 | -MOUS with elementary schools -Communication records -Dental van driver schedules | -Track number of MOUs executed -Track dental van movement -track number of sites served | | |



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| Project Name: C | hildren's Health Initiative | | | · | | | | |
| Contact Person: | Kirsten Rogers | 21-6143 | kirsten.rogers | @edcgov.us | | | | |
| Contract Period: | July 1, 2010 – June 30, 2 | 011 | | | | | | |
| First 5 Result Ar | ea: Healthy Children | | | <u>Servic</u> | e Area: Oral Hea | Ith & Health Access | | |
| Strategy 2: Dental \ | /an Project Service Coordinatic | n | | | | | | |
| Major Outcome Ob Implement oral healt | jective(s): th service coordination for child | ren 0-5 through t | he Dental | √an by Sep | t. 1, 2010. | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Tim | eline | Evaluation Methods | Performance Measures and Data Collection | | |
| Community Health Workers | Identify children in need of dental services | School District July1, 2 | | 1, 2010 – 2 30, 2011 | -Referral forms | -Track number of children identified in need of dental services | | |
| Community Health Workers | Assist with completion of patient consent, dental health history and registration forms | Parents of child aged 0-5 | | 1, 2010 – 9 30, 2011 | -CHW appointment calendars -Dental van data base | -Track number of patient consent, dental health history and registration forms completed | | |
| Community Health Workers | Determine families' eligibility for insurance or sliding fee scale; assist with insurance applications | Parents of child aged 0-5 | | 1, 2010 – 2 30, 2011 | -CHW appointment calendars -iReach database | -Track number of appointments conducted -Track number of applications completed -Track number of children with health insurance | | |



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| Contact Person: | Kirsten Rogers | (530) 62 | I-6143 | kirsten.rogers | s@edcgov.us | | |
| Contract Period: | July 1, 2010 – June 30, 2 | 2011 | | | ŀ | | |
| First 5 Result Are | ea: Healthy Children | | | <u>Service</u> | e Area: Oral Hea | alth & Health Access | |
| Strategy 2: Dental V | an Project Service Coordinatio | on | | | | | |
| Major Outcome Ob Implement oral healt | jective(s): h service coordination for child | ren 0-5 through ti | ne Dental Va | an by Sept. | 1, 2010. | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Time | - | Evaluation Methods | Performance Measures and Data Collection | |
| Coordinator, Dental Staff | Schedule patient appointments | Parents of children July1, 2 | | 30, 2011 | -Patient appointment schedule | -Track number of patient appointments provided -Determine number of patient appointments kept | |
| Community Health Workers | Conduct appointment reminder calls | | Parents of children July1, 2 aged, 0-5, Dental June 30 Staff | | -Patient appointment schedule -Parent call schedule | -Track number of parent contacts made | |
| Coordinator, Community Health Workers | Assist parents in addressing barriers to accessing dental van services for their children | | | 30, 2011 | -Communication logs -Patient case notes | -Track number of parent contacts made -Track number of barrier addresses -Track number of barriers resolved | |
| Community Health Workers | Escort patients to dental van | Children aged (| | 30, 2011 | -Patient appointment schedule | -Track number of appointments completed | |



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| Contract Period: July 1, 2010 – June 30, 2011 | | | | | | | | | |
| First 5 Result Area: Healthy Children Service Area: Oral Health & Health Access | | | | | | | | | |
| Major Outcome Ob Implement oral healt Responsible Staff and/or Partners | h service coordination for child Deliverables, Functions, Tasks and Activities | ren 0-5 through th Target Population | Timelii | ne | Evaluation Methods | Performance Measures and Data Collection | | | |
| Coordinator, Community Health Workers | Coordinate referrals to dental providers for additional treatment for children | Parents of child aged, 0-5, Children aged 0 Dental Staff | June 3 | 0, 2011 | -Patient treatment records -Referral forms submitted by dental staff | -Track number of referrals for additional dental treatment | | | |
| Coordinator Corre | spondence with community dental providers | Dental staff, Community Der Providers | July1, 2 Ital June 3 | 2010 – 0, 2011 | -Call logs -Project notes | -Track number of contacts with dental partners | | | |



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| Contract Period: | July 1, 2010 – June 30, 2 | 2011 | | | | | | |
| First 5 Result Area: Healthy Children Service Area: Oral Health & Health Access | | | | | | Health & Health Access | | |
| Strategy 3: Dental V | an Project Administration | | | | | | | |
| Major Outcome Obj Implement oral health | ective(s): | dren 0-5 through th | ne Dental Var | by Sept. | 1, 2010. | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Eval Meth | uation lods | Performance Measures and Data Collection | | |
| Administrator, Coordinator, Community Health Workers | Create and conduct county wide dental van project marketing strategies | Community and Funding Partners, Parents of children aged, 0- 5, Children aged 0-5 | | -Logo -Mato deve | lia Plan o erials loped lia contact list | -Track number of materials created -Track number of PSAs developed -Track number of advertisements placed | | |
| Administrator, Coordinator, Community Health Workers | Public Speaking | Community and Funding Partners | July1, 201 – June 30, 2011 | deve | sages loped notional rials | -Track number of speeches delivered -Track number of promotional materials distributed -Track number of participants | | |
| Administrator, Coordinator | Determine PHD staff dental van schedule | PHD Staff | Weekly, July1, 201 – June 30 2011 | 0 van s |) staff dental schedule e sheets | -Track hours of dental van coordination services provided -Determine if schedule is updated in a timely and efficient manner | | |



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| First 5 Result Are | ea: Healthy Children | | | Service / | Area: Oral ⊦ | lealth & Health Access | | |
| Strategy 3: Dental V | an Project Administration | | | | | | | |
| Major Outcome Obj | ective(s): a service coordination for child | dren 0-5 through th | ne Dental Va | n by Sept. 1 | , 2010. | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Evalu Metho | | Performance Measures and Data Collection | | |
| Administrator | Evaluate performance of PHD staff | PHD Staff, PHD Administration | Annually, July1, 20 – June 30 2011 | | mance | -Employee performance records -Determine if employee performance evaluations are executed annually -Determine if employees meet performance standards | | |
| Administrator | Provide progress reports to First 5 El Dorado Commission | Administrator, Clinic Management First 5 El Dorado Commission | Biannuall July1, 20 – June 30 2011 | 10 progre | oleted ess reports | -Determine if progress reports are completed in a timely and efficient manner -Determine if First 5 Commission is satisfied with dental van project performance | | |
| Administrator, Coordinator | Correspondence with Community Partners | Community Partners | July1, 20 ⁻ – June 30 2011 | | ogs ct notes | -Track number of contacts with community partners | | |
| Administrator | Facilitation of grant application process for additional and future funding | Community and Funding Partners, Oral Health Imitative Collaborative | July1, 20 – June 30 2011 | | ing proposals | -Determine if funding opportunities were pursued -Determine if additional funding was obtained | | |



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| Contract Period: July 1, 2010 – June 30, 2011 | | | | | | | | | |
| First 5 Result Area: Healthy Children Service Area: Oral Health & Health Access | | | | | | | | | |
| Strategy 3: Dental Van Project Administration | | | | | | | | | |
| Major Outcome Objective(s): Implement oral health service coordination for children 0-5 through the Dental Van by Sept. 1, 2010. | | | | | | | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Evalu Meth | uation ods | Performance Measures and Data Collection | | | |
| Clinic Management | Ensure HIPAA compliance | Administrator, Clinic Management, Dental Staff, Patients | Ongoing, July1, 201 – June 30 2011 | 0 check | A compliance results | -Determine if HIPAA compliance checks are completed in a timely and efficient manner -Determine if HIPAA compliance meets industry standards | | | |
| Administrator Perform | quality assurance monitoring | First 5 El Dorado Commission, Community and Funding Partners | Ongoing, July1, 201 June 30 2011 | l0 monit , scheo -Qual | • | -Determine if quality assurance compliance checks are completed in a timely and efficient manner -Determine if quality assurance compliance meets industry standards | | | |



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| First 5 Result Are | ea: Healthy Children | | | <u>Service</u> | Area: Oral | Health & Health Access | | |
| Strategy 4: Monitor a | and report on Dental Van serv | vices | | | | | | |
| Major Outcome Obj Implement oral health | ective(s): a service coordination for child | dren 0-5 through th | e Dental Va | n by Sept. 1 | , 2010. | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | es, Functions, Target Timeli | | Evalu Metho | | Performance Measures and Data Collection | | |
| Administrator, Coordinator, Community Health Workers | Coordinate data collection | First 5 El Dorado Commission, Community and Funding Partners | July1, 201 – June 30 2011 | | Annual rts | # of children 0-5 and parents/guardians served by the Dental Van | | |
| Administrator | Identify key indicators to determine project success | icators to First 5 El Dorado July1, 2010 -Dental van | | al van data | -Annual unduplicated child count -Number of full days of dental van service -Total number of dental visits -Average children served per day -Total dental procedures delivered -Average number of procedures per child -Percent of children returning for services from previous years | | | |
| Administrator | Collect data and provide data analysis for evaluation | First 5 El Dorado Commission | July1, 201 – June 30 2011 | | Annual rts | -Semi-Annual Reports document services provided through the Dental Van | | |



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| First 5 Result Are | a: Healthy Children | | | Service | Area: Oral F | lealth & Health Access | | | |
| Strategy 4: Monitor and report on Dental Van services Major Outcome Objective(s): Implement oral health service coordination for children 0-5 through the Dental Van by Sept. 1, 2010. | | | | | | | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Evalu Metho | Performance Measures and Data Collection | | | | |
| Administrator, Clinic Management, Maintenance Management, First 5 Staff and Evaluator | Perform assessment to determine if services met patient needs | Administrator, Clinic Management, Maintenance Management, First 5 El Dorado Commission | Annually, July1, 201 – June 30, 2011 | 0 -Pare Comm interv | nunity Partner | TBD - need to develop patient satisfaction performance measures with leadership group | | | |
| Administrator | Prepare and present evaluation report for First 5 Commission | First 5 El Dorado Commission | Annually, July1, 201 June 30, 2011 | 0 Annua | pleted Semi- al Reports | -Determine if reports are completed in a timely manner -Determine if First 5 Commission and Community & Funding Partners are satisfied with dental van project results | | | |



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| First 5 Result Area: Healthy Children | | Service / | Area: Oral Health & Health Access | | | |

Strategy 5: Outreach, Enrollment, Retention and Utilization of Health Insurance products available through the Children's Health Initiative. Major Outcome Objective(s): Increase the # & % of children 0-5 with health and dental insurance. Increase the # & % of children 0-5 with a medical home and a dental home. Increase the # & % of children 0-5 that have had a well-child exam in the past 12 months. Increase the # & % of children 1-5 that have had a well-child oral health check up in the past 12 months. **Responsible Staff** Performance Measures and Deliverables. Target Population Timeline **Evaluation** and/or Partners Functions, Tasks and Methods **Data Collection** Activities Maintain a toll free Community Health Parents of children Daily, -Phone logs -Track number of calls Julv1. 2010 --Phone coverage Workers health and oral health aged 0-5 -Track hours of coverage access phone line June 30, 2011 schedules School District July1, 2010 --Track number of schools, Coordinator. Develop outreach plan -Agreements with Community Health and schedule to Nurses, Preschool June 30, 2011 schools, preschools preschools and day care Workers Directors, Day Care and day care centers served promote health -Track number of outreach insurance for children Center Operators, centers Community -Calendar of events Partners outreach events -track number of participants -Sign in sheets Community Health Determine families' Parents of children July1, 2010 --CHW appointment -Track number of Workers eligibility for insurance aged 0-5 June 30, 2011 calendars appointments conducted -Track number of applications or sliding fee scale; -iReach database assist with insurance completed applications -Track number of children with health insurance



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| First 5 Result Area | a: Healthy Children | | <u>Serv</u> | ice Area: Oral Hea | Ith & Health Access | | | |
| Initiative. Major Outcome Object Increase the # & % of a Increase the # & % of a Increase the # & % of a | , Enrollment, Retention an ctive(s): children 0-5 with health and children 0-5 with a medical l children 0-5 that have had a children 1-5 that have had a children 1-5 that have had a Deliverables, Functions, Tasks and Activities Offer Healthy Kids Healthy Future insurance (through the Sacramento Sierra Valley Region Collaborative) to children aged 0-5 who do not meet eligibility | dental insurance. home and a dental h a well-child exam in ti | ome. ne past 12 months <u>h check up in the p</u> Timeline | | Performance Measures and Data Collection -Track number of appointments conducted -Track number of applications completed -Track number of children with HKHF insurance | | | |



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| First 5 Result Area | a: Healthy Children | | | <u>Service</u> | e Area: Oral Heal | Ith & Health Access | |
| Strategy 5: Outreach, Initiative. | , Enrollment, Retention an | nd Utilization of He | ealth Insurar | ice produ | icts available throug | gh the Children's Health | |
| Major Outcome Objective(s): Increase the # & % of children 0-5 with health and dental insurance. Increase the # & % of children 0-5 with a medical home and a dental home. Increase the # & % of children 0-5 that have had a well-child exam in the past 12 months. Increase the # & % of children 1-5 that have had a well-child oral health check up in the past 12 months. | | | | | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population Timeline Evaluati Methods Methods Methods | | | | Performance Measures and Data Collection | |
| Community Health Workers | Provide arents of children aged 0-5 with "Annual Eligibility" (AER) pathway services to ensure that families reenroll their children for health insurance annually | Parents of childre aged 0-5 | en July1, 2 June 30 | , 2011 o | CHW appointment calendars iReach database | -Track number of appointments conducted -Track number of AER applications completed -Track number of children with continued health insurance | |



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| Contract Period: J | luly 1, 2010 – June 30, | 2011 | | | | | | |
| First 5 Result Area | a: Healthy Children | | <u>Serv</u> | vice Area: Oral Hea | Ith & Health Access | | | |
| Initiative. Major Outcome Object Increase the # & % of c Increase the # & % of c Increase the # & % of c | Enrollment, Retention an ctive(s): children 0-5 with health and children 0-5 with a medical I children 0-5 that have had a children 1-5 that have had a children 1-5 that have had a children 1-5 that have had a Deliverables, Functions, Tasks and Activities Provide parents of children aged 0-5 with "Retention and Utilization" (RU) pathway services to ensure that families are accessing primary care and dental providers for their child(ren)'s | dental insurance. home and a dental h a well-child exam in t | ome. he past 12 months <u>h check up in the</u> Timeline | s. past 12 months. Evaluation Methods -CHW appointment | gh the Children's Health Performance Measures and Data Collection -Track number of appointments conducted -Track number of RU pathways completed -Track number of children with medical and dental homes | | | |



| Grantee: El Dorado | o County Health Depar | tment-Public Hea | alth | Cont | ract Number: # 10 | 011-90063-36-211 | | | |
|--|--|--|---|---------------------------|-------------------|--|--|--|--|
| Project Name: Chi | Idren's Health Initiative | ; | | · | | | | | |
| Contact Person: k | Kirsten Rogers | (530) 621-6143 kirsten.rogers@edcgov.us | | | | | | | |
| Contract Period: J | luly 1, 2010 – June 30, | 2011 | | | | | | | |
| First 5 Result Area | a: Healthy Children | | | <u>Servic</u> | e Area: Oral Heal | th & Health Access | | | |
| Initiative. Major Outcome Object Increase the # & % of c Increase the # & % of c Increase the # & % of c | Enrollment, Retention an ctive(s): children 0-5 with health and children 0-5 with a medical children 0-5 that have had a children 1-5 that have had a children 1-5 that have had a Deliverables, Functions, Tasks and Activities Provide parents of children aged 0-5 with "Obtaining A Medical Home"(OMH) pathway services – to assist families who access emergency room care for non urgent needs in obtaining health insurance for their children and then in finding a medical home for their child(ren) | dental insurance. home and a dental h a well-child exam in | nome. the past 12 n th check up i n Timeline | nonths. n the par e | | Performance Measures and Data Collection - Track number of referrals received -Track number of appointments conducted -Track number of OMH pathways completed -Track number of children with medical and dental homes | | | |



| Grantee: El Dorad | o County Health Depar | tment-Public Hea | alth C | Contra | ct Number: # 1 | 011-90063-36-211 |
|--|--|--|--|---|----------------|--|
| Project Name: Ch | ildren's Health Initiative | | | | | |
| Contact Person: | Kirsten Rogers | | (530) 621-61 | 43 | kirsten.rogers | @edcgov.us |
| Contract Period: | July 1, 2010 – June 30, | 2011 | | | | |
| First 5 Result Are | a: Healthy Children | | <u>Se</u> | ervice | Area: Oral Hea | Ith & Health Access |
| Initiative. Major Outcome Obje Increase the # & % of Increase the # & % of Increase the # & % of | ctive(s): children 0-5 with health and children 0-5 with a medical light of the second second | dental insurance. nome and a dental h well-child exam in t | ome. he past 12 mor h check up in tl | nths. he past Ev M 0 – -C 011 -C ca | | Performance Measures and Data Collection Track number of referrals received -Track number of appointments conducted -Track number of UAMH pathways completed -Track number of children with completed immunizations |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | | |
|---|------------|---|--------------------------------------|--|--|--|
| Project Name: Children's Health Initiative | | | | | | |
| Contact Person: Kirsten Rogers | (530) 621- | 6143 | 43 kirsten.rogers@edcgov.us | | | |
| Contract Period: July 1, 2010 – June 30, 2011 | | | | | | |
| First 5 Result Area: Healthy Children | | Service Area: Oral Health & Health Access | | | | |

| Major Outcome Objective(s): Increase the # of children 0-5 that receive services through Commission Initiatives. | | | | | | | | | |
|---|--|------------------------|--------------------------------|---|--|--|--|--|--|
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Evaluation Methods | Performance Measures and Data Collection | | | | |
| Community Health Workers | Provide Spanish interpretation services for Best Beginnings clients. Accompany Marshall Hospital nurses on home visits to provide Spanish interpretation services. Complete all one-month and two-month follow- up calls with all Spanish speaking mothers on behalf of the Marshall Nurses | Parents of newborns | July1, 2010 – June 30, 2011 | -Best Beginning referrals -CHW appointment calendars | - Track number of referrals received -Track number of appointments conducted -Track number of calls made | | | | |



| Grantee: El Dorad | lo County Health Depar | tment-Public He | ealth | Contra | act Number: # 10 | 011-90063-36-211 | | |
|--------------------------------------|--|--------------------------------|------------------------|----------------|------------------------------|---|--|--|
| Project Name: Ch | ildren's Health Initiative | | | · | | | | |
| Contact Person: | Kirsten Rogers | | | | | | | |
| Contract Period: | July 1, 2010 – June 30, | 2011 | | | | | | |
| First 5 Result Are | a: Healthy Children | | | <u>Service</u> | Area: Oral Heal | th & Health Access | | |
| Strategy 6: Coordinat | tion and collaboration with ot | her Commission a | nd Communit | y Initiatives | S. | | | |
| Major Outcome Obje | ective(s): Iren 0-5 that receive services | s through Commiss | ion Initiatives | | | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Populatio | on Timelin | - | valuation lethods | Performance Measures and Data Collection | | |
| Community Health Workers | Provide Spanish interpretation services for Together We Grow clients. Assist Early Childhood Specialists in communicating with Spanish speaking parents as needed | Parents of childre aged 0-5 | n July1, 20 June 30 | | Fogether We Grow eferrals | -Track number of referrals received -Track number of appointments conducted -Track number of calls made | | |
| Community Health Workers | Provide car seat training for community partners | Community Partners | July1, 20 June 30 | | Car seat training equests | -Track number of trainings completed -Track number of participants | | |

| FIRST5 | Buc | dget/Invoid | e F | orm | | | | Due Monthly | by the 2nd Fri | day of the Month |
|---|-------|-------------|-------|--------------|--------------|---------------|------------|-------------|----------------|------------------|
| | | | Gra | ntee Name: | El Dorado C | County Pub | lic Health | | | |
| | | | Pro | oject Name: | Children's H | lealth Initia | tive | | | |
| | | Co | ontra | ct Number: | 1011-90063 | -36-211 | | | | |
| | | Contac | ct Na | ame & Title: | Kirsten Rog | ers, Super | ising HEC | | | |
| | | | | Fiscal Year: | 2010-2011 | | | | | |
| | | Re | por | ting Period: | July 2010 | | | | | |
| | | | | | Total | | | | | |
| | | | | | Approved | | | Previous | | |
| | | | | | Budget | | | Statement | Total YTD | Unexpended |
| Budget Item | | | | | Amount | Billed th | is Period | YTD | Billed | Balance |
| Personnel: | | Salary | | Benefits | | Salary | Benefits | | | |
| 1) .80 FTE Sup. Health Ed. Coordinator (Rogers) | \$ | 55,775 | \$ | 33,274 | \$89,049 | | | \$0 | \$0 | \$89,049 |
| 2) 1.00 FTE Health Ed. Coordinator (TBD) | \$ | 54,747 | \$ | 35,583 | \$90,330 | | | \$0 | \$0 | \$90,330 |
| 3) 1.0 FTE Program Assistant (Bernal-Strauss) | \$ | 43,131 | \$ | 10,161 | \$53,292 | | | \$0 | \$0 | \$53,292 |
| 4) .85 FTE Program Assistant (Smart) | \$ | 36,907 | \$ | 8,810 | \$45,717 | | | \$0 | \$0 | \$45,717 |
| 5) Two 0.50 FTE Extra Help Assistants (EH) | \$ | 37,229 | \$ | 2,150 | \$39,379 | | | \$1 | \$0 | \$39,379 |
| 6) Retiree Health Defined Contrib. & Woker's Comp. | | | \$ | 7,279 | \$7,279 | | | \$0 | \$0 | \$7,279 |
| | | | | | \$0 | | | \$0 | \$0 | \$0 |
| Subtotal Personnel | | \$227,789 | | \$97,257 | \$325,046 | \$0 | \$0 | \$0 | \$0 | \$325,046 |
| Operating Expenses: | | | | | | | | | | |
| 7) Rent and Utilities | | | | | \$ 5,703 | | | \$0 | \$0 | \$5,703 |
| 8) Office Supplies/Materials | | | | | \$ 14,021 | | | \$0 | \$0 | \$14,021 |
| 9) Telephone and Telephone Equipment Phone Charges | ; | | | | \$ 2,600 | | | \$0 | \$0 | \$2,600 |
| 10) Postage/Mailing | | | | | \$ 768 | | | \$0 | \$0 | \$768 |
| 11) Printing | | | | | \$ 500 | | | \$0 | \$0 | \$500 |
| 12) Equipment Lease | | | | | \$ 1,500 | | | \$0 | \$0 | \$1,500 |
| 13) Travel & Mileage | | | | | \$ 4,500 | | | \$0 | \$0 | \$4,500 |
| 14) Training | | | | | | | | \$0 | \$0 | \$0 |
| 15) Consultants | | | | | | | | \$0 | \$0 | \$0 |
| 16) Insurance | | | | | \$ 2,574 | | | \$0 | \$0 | \$2,574 |
| 17) Software Licenses | | | | | \$ 1,440 | | | \$0 | \$0 | \$1,440 |
| 18) Cal Kids Premiums | | | | | | | | \$0 | \$0 | \$0 |
| 19) Interfund County Charges (including mainfrm & ntw | | | | | \$ 28,348 | | | \$0 | \$0 | \$28,348 |
| 20) Maintenance Service Contracts (including security s | yster | m) | | | \$ 295 | | | | | |
| 21) Computer Equipment | | | | | \$ 7,200 | | | \$0 | \$0 | \$7,200 |
| Subtotal Operating: | | | | | \$69,449 | | \$0 | \$0 | \$0 | \$69,449 |
| Indirect Expenses: | | | | | | | | | | |
| | | Indirect C | ost | (9.0% Max) | \$ 35,505 | | | \$0 | \$0 | \$35,505 |
| TOTAL COSTS | | | | | \$430,000 | | \$0 | \$0 | \$0 | \$430,000 |

I hereby state that the budget items requested do not supplant any existing revenue sources, or any existing program. I certify that all statements in this report are true and correct.

*Proper backup documentation sufficient to support all reported expenditures must be attached to this

form. (timesheets, receipts, paid invoices, etc.)

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

| For Commission Use Only-Do Not Fill In Shaded Area Date Received | TOTAL REIN | MBURSEMENT APPROVED | |
|--|------------|-------------------------------------|---------|
| Signature of Authorized Fiscal Staff | Date | Signature of Authorized First 5 Sta | ff Date |
| Signature -Executive Director | Date | - | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | | |
|---|------------|------|---|--|--|--|
| Project Name: Children's Health Initiative | | | | | | |
| Contact Person: Kirsten Rogers | (530) 621- | 6143 | kirsten.rogers@edcgov.us | | | |
| Contract Period: July 1, 2010 – June 30, 2011 | | | | | | |
| First 5 Result Area: Healthy Children | | | Service Area: Oral Health & Health Access | | | |

Goal: Provide access to medical and dental care for children 0-5.

Objective(s): Implement oral health service coordination for children 0-5 through the Dental Van by Sept. 1, 2010. Increase the # & % of children 0-5 with medical and dental insurance. Increase the # & % of children 0-5 with a medical home and a dental home. Increase the # & % of children 0-5 that have had a well-child exam in the past 12 months. Increase the # & % of children 1-5 that have had a well-child oral health check up in the past 12 months.

Strategies: Dental Van Project planning, service coordination and monitoring, outreach, enrollment, retention and utilization activities to increase access to dental and primary care medical services for underinsured and underserved children, and collaboration and coordination with other Commission Initiatives.

| Strategy 1: Dental Van Project Planning Support | | | | | | | |
|---|--|---|---------------|----------|--|--|--|
| Major Outcome Objective: | | | | | | | |
| Implement oral health service | Implement oral health service coordination for children 0-5 through the Dental Van by Sept. 1, 2010. | | | | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Progress | | | |
| Administrator, Clinic Management, Maintenance Management, First 5 El Dorado staff | Develop and update and implementation plan based on scopes of work. | First El Dorado staff, PHD staff, SSTHP staff, EDCOE staff | Twice monthly | | | | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | | | | |
|---|--|-----------------|--|-------------------------|-----------|------------------|--|--|
| Project Name: Childre | n's Health Initiative | | | | | | | |
| Contact Person: Kirsten Rogers (530) 621- | | | | | kirsten.r | rogers@edcgov.us | | |
| Contract Period: July | 1, 2010 – June 30, 2011 | | | | | | | |
| First 5 Result Area: Healthy Children Service Area: Oral Health & Health Access | | | | | | | | |
| Strategy 1: Dental Van Proj | ject Planning Support | | | | | | | |
| Major Outcome Objective: Implement oral health service | e coordination for children 0-5 thr | ough th | e Dental Van t | by Sept. 1, | 2010. | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Targe | et Population | Timeline | • | Progress | | |
| Administrator, Clinic Management | Obtain licensure through the Tribal Community Health Clinic for dental van | Consi | rtment of umer Affairs, I Board of rnia | By September 1, 2010 | | | | |
| Administrator, Coordinator | Conduct needs assessment to determine geographic locations where access to dental care for children is limited | | nunity and ng Partners | By September 1, 2010 | | | | |
| Administrator, Coordinator, First 5 Staff, Clinic Management, Dental Staff | Determine dental van sites | | | By September 1, 2010 | | | | |
| Administrator, Coordinator | Establish schedule for dental van visits | | | By September 1, 2010 | | | | |
| Administrator, Clinic Management | Determine PHD staffing pattern and coordinate with SSTHP staffing | Assist Coord | st, Dental tants, Project linator, nunity Health ers | | | | | |



| Grantee: El Dorado County Health Department-Public Health | | | | Contract Number: # 1011-90063-36-211 | | | |
|---|---|---------------|---|--------------------------------------|-----------|---------------------------|--|
| Project Name: Childre | n's Health Initiative | | | | | | |
| Contact Person: Kirst | en Rogers | | (530) 621- | 6143 | kirsten.ı | rogers@edcgov.us | |
| Contract Period: July | 1, 2010 – June 30, 2011 | | | | | | |
| First 5 Result Area: H | ealthy Children | | | Service / | Area: Ora | al Health & Health Access | |
| Strategy 1: Dental Van Pro | ject Planning Support | | | | | | |
| Major Outcome Objective: Implement oral health service | : ce coordination for children 0-5 thr | ough th | e Dental Van | by Sept. 1, | 2010. | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Targe | et Population | Timeline | | Progress | |
| Administrator | Define quality assurance measures | | nunity and ng Partners | By September 1, 2010 | | | |
| Administrator | Recruit and hire Program Assistant to perform Community Health Worker functions | Dorac | s who meet El lo County oyment ards | By July 1 | , 2010 | | |
| Administrator, Clinic Management, Dentist, | Offer information dissemination forums for community dentists | | nunity Dental | Ongoing | | | |
| Administrator | Offer information dissemination forums for community safety net providers | | nunity Safety roviders | Ongoing | | | |
| Administrator | Facilitate building an Oral Health Initiative Collaborative | Fundi Comr | nunity and ng Partners, nunity Safety roviders | Ongoing | | | |
| Administrator | Facilitate the creation of mission and vision statements for the Oral Health Initiative | Comr | nunity Safety roviders | By Sept | 1, 2010 | | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | | | |
|---|--|-----------------------------------|---|------------|----------------|--|--|
| Project Name: Childre | n's Health Initiative | | | | | | |
| Contact Person: Kirsten Rogers (530) 62 | | | 6143 | kirsten.ro | gers@edcgov.us | | |
| Contract Period: July 1, 2010 – June 30, 2011 | | | | | | | |
| First 5 Result Area: H | ealthy Children | | Service Area: Oral Health & Health Access | | | | |
| Strategy 1: Dental Van Project Planning Support Major Outcome Objective: Implement oral health service coordination for children 0-5 through the Dental Van by Sept. 1, 2010. | | | | | | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timelin | 9 | Progress | | |
| Administrator | Facilitate a subcommittee to determine and pursue future funding opportunities | Community and Funding Partners | Ongoing | | | | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | |
|---|------------|------|---|--|--|
| Project Name: Children's Health Initiative | | | | | |
| Contact Person: Kirsten Rogers | (530) 621- | 6143 | kirsten.rogers@edcgov.us | | |
| Contract Period: July 1, 2010 – June 30, 2011 | | | | | |
| First 5 Result Area: Healthy Children | | | Service Area: Oral Health & Health Access | | |

| Strategy 2: Dental Van Proje | ect Service Coordination | | | |
|---|---|--|--------------------------------|----------|
| Major Outcome Objective: | | | | |
| Implement oral health service | e coordination for children 0-5 thro | ough the Dental Van by Sept | . 1, 2010. | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Progress |
| Coordinator, Community Health Workers | Develop outreach plan and schedule to promote dental van services | School District Nurses, Preschool Directors, Day Care Center Operators, Community Partners | July1, 2010 – June 30, 2011 | |
| Administrator, Coordinator, Community Health Workers | Develop of bilingual (English/Spanish) promotional materials | School District Nurses, Preschool Directors, Day Care Center Operators | July1, 2010 – June 30, 2011 | |
| Maintenance Management, Coordinator | Coordinate with elementary schools and site principals regarding placement of dental van, security, use of restrooms, contact with custodians and coordination with school district nurses. | Elementary School District Superintendents, Elementary School Principals, School District Nurses | July1, 2010 – June 30, 2011 | |
| Community Health Workers | Identify children in need of dental services | School District Nurses, Preschool Directors, Day Care Center Operators, Community Partners | July1, 2010 – June 30, 2011 | |
| Community Health Workers | Assist with completion of patient consent, dental health history and registration forms | Parents of children aged 0-5 | July1, 2010 – June 30, 2011 | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | | |
|---|---|--|--------------------------------------|---------|---|-----------------------|
| Project Name: Children | 's Health Initiative | | | | | |
| Contact Person: Kirster | n Rogers | | (530) 621- | 6143 | kirsten.roge | rs@edcgov.us |
| Contract Period: July 1 | , 2010 – June 30, 2011 | | | | · | |
| First 5 Result Area: He | althy Children | | | Service | e Area: Oral He | ealth & Health Access |
| Strategy 2: Dental Van Proje Major Outcome Objective: Implement oral health service Responsible Staff and/or | ect Service Coordination e coordination for children 0-5 thr Deliverables, Functions, | 1 | | · · | | - |
| Partners Community Health Workers | Tasks and Activities Determine families' eligibility for insurance or sliding fee scale; assist with insurance applications | Target PopulationParents of children aged0-5 | | | Timeline July1, 2010 – June 30, 2011 | Progress |
| Coordinator, Dental Staff | Schedule patient appointments | | ents of children Dental Staff | aged | July1, 2010 – June 30, 2011 | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | | |
|---|---|------|---|--|--|--|
| Project Name: Children's Health Initiative | | | | | | |
| Contact Person: Kirsten Rogers | (530) 621- | 6143 | kirsten.rogers@edcgov.us | | | |
| Contract Period: July 1, 2010 – June 30, 2011 | Contract Period: July 1, 2010 – June 30, 2011 | | | | | |
| First 5 Result Area: Healthy Children | | | Service Area: Oral Health & Health Access | | | |

| Strategy 3: Dental Van Proje | ect Administration | | | | | |
|---|--|---|---|--|--|--|
| Major Outcome Objective: | | | | | | |
| Implement oral health service | e coordination for children 0-5 thre | ough the Dental Van by Sept | t. 1, 2010. | | | |
| Responsible Staff and/or PartnersDeliverables, Functions, Tasks and ActivitiesTarget PopulationTimelineProgress | | | | | | |
| Administrator, Coordinator, Community Health Workers | Create and conduct county wide dental van project marketing strategies | Community and Funding Partners, Parents of children aged, 0-5, Children aged 0-5 | July1, 2010 – June 30, 2011 | | | |
| Administrator, Coordinator, Community Health Workers | Public Speaking | Community and Funding Partners | July1, 2010 – June 30, 2011 | | | |
| Administrator, Coordinator | Determine PHD staff dental van schedule | PHD Staff | Weekly, July1, 2010 – June 30, 2011 | | | |
| Administrator | Evaluate performance of PHD staff | PHD Staff, PHD Administration | Annually, July1, 2010 – June 30, 2011 | | | |
| Administrator | Provide progress reports to First 5 El Dorado Commission | Administrator, Clinic Management First 5 El Dorado Commission | Biannually, July1, 2010 – June 30, 2011 | | | |



| Grantee: El Dorado County Health Department-Public Health Con | | | | | Contract Number: # 1011-90063-36-211 | | |
|---|--|---|---------------|--|--------------------------------------|----------------------|--|
| Project Name: Childrer | 's Health Initiative | | | | | | |
| Contact Person: Kirste | Contact Person: Kirsten Rogers (530) 621-6143 kirsten.rogers@edcgov.us | | | | | | |
| Contract Period: July 1 | , 2010 – June 30, 2011 | | | | | | |
| First 5 Result Area: He | althy Children | | | <u>Servic</u> | e Area: Oral He | alth & Health Access | |
| Strategy 3: Dental Van Proj | ect Administration | | | | | | |
| Major Outcome Objective: | | | | | | | |
| Implement oral health servic | e coordination for children 0-5 thro | ough th | ne Dental Var | n by Sept | . 1, 2010. | | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | | n | Timeline | Progress | |
| Administrator, Coordinator | Correspondence with Community Partners | Community Partners | | July1, 2010 – June 30, 2011 | | | |
| Administrator | Facilitation of grant application process for additional and future funding | Community and Funding Partners, Oral Health Imitative Collaborative | | alth | July1, 2010 – June 30, 2011 | | |
| Clinic Management | Ensure HIPAA compliance Adm | inistrator, Clinic Management, Dental Staff, Patients | | Ongoing, July1, 2010 – June 30, 2011 | | | |
| Administrator | Perform quality assurance monitoring | First 5 El Dorado Commission, Community and Funding Partners | | Ongoing, July1, 2010 – June 30, 2011 | | | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | |
|---|--|--------------------------------|--------------------------------------|--|--|
| Project Name: Children's Health Initiative | | | | | |
| Contact Person: Kirsten Rogers | (530) 621- | -6143 kirsten.rogers@edcgov.us | | | |
| Contract Period: July 1, 2010 – June 30, 2011 | | | | | |
| First 5 Result Area: Healthy Children | Service Area: Oral Health & Health Acces | | | | |

| Strategy 4: Monitor and repo | ort on Dental Van services | | | | |
|---|--|---|---|--|--|
| Major Outcome Objective: | | | | | |
| Implement oral health service | e coordination for children 0-5 thr | ough the Dental Van by Sept | . 1, 2010. | | |
| Responsible Staff and/or PartnersDeliverables, Functions, Tasks and ActivitiesTarget PopulationTimelineProgress | | | | | |
| Administrator, Coordinator, Community Health Workers | Coordinate data collection | First 5 El Dorado Commission, Community and Funding Partners | July1, 2010 – June 30, 2011 | | |
| Administrator | Identify key indicators to determine project success | First 5 El Dorado Commission, Community and Funding Partners | July1, 2010 – June 30, 2011 | | |
| Administrator | Collect data and provide data analysis for evaluation | First 5 El Dorado Commission | July1, 2010 – June 30, 2011 | | |
| Administrator, Clinic Management, Maintenance Management, First 5 Staff and Evaluator | Perform assessment to determine if services met patient needs | Administrator, Clinic Management, Maintenance Management, First 5 El Dorado Commission | Annually, July1, 2010 – June 30, 2011 | | |
| Administrator | Prepare and present evaluation report for First 5 Commission | First 5 El Dorado Commission | Annually, July1, 2010 – June 30, 2011 | | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | |
|---|------------|---|--------------------------------------|--|--|
| Project Name: Children's Health Initiative | | | | | |
| Contact Person: Kirsten Rogers | (530) 621- | 6143 | kirsten.rogers@edcgov.us | | |
| Contract Period: July 1, 2010 – June 30, 2011 | | | | | |
| First 5 Result Area: Healthy Children | | Service Area: Oral Health & Health Access | | | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | |
|---|------------|---|--------------------------------------|--|--|
| Project Name: Children's Health Initiative | | | | | |
| Contact Person: Kirsten Rogers | (530) 621- | 6143 | kirsten.rogers@edcgov.us | | |
| Contract Period: July 1, 2010 – June 30, 2011 | | | | | |
| First 5 Result Area: Healthy Children | | Service Area: Oral Health & Health Access | | | |

Strategy 5: Outreach, Enrollment, Retention and Utilization of Health Insurance products available through the Children's Health Initiative.

Major Outcome Objective:

Increase the # & % of children 0-5 with health and dental insurance.

Increase the # & % of children 0-5 with a medical home and a dental home.

Increase the # & % of children 0-5 that have had a well-child exam in the past 12 months.

Increase the # & % of children 1-5 that have had a well-child oral health check up in the past 12 months.

| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | Timeline | Progress |
|--|---|---|--|----------|
| Community Health Workers | Maintain a toll free health and oral health access phone line | Parents of children aged 0-5 | Daily, July1, 2010 – June 30, 2011 | |
| Coordinator, Community Health Workers | Develop outreach plan and schedule to promote health insurance for children | School District Nurses, Preschool Directors, Day Care Center Operators, Community Partners | July1, 2010 – June 30, 2011 | |
| Community Health Workers | Determine families' eligibility for insurance or sliding fee scale; assist with insurance applications | Parents of children aged 0-5 | July1, 2010 – June 30, 2011 | |



| Grantee: El Dorado Cou | ee: El Dorado County Health Department-Public Health | | | ct Number: # | 1011-90063-36-211 |
|--|--|---------------------------|----------------|-------------------------------|----------------------------|
| Project Name: Children | 's Health Initiative | | | | |
| Contact Person: Kirster | n Rogers | (530) 622 | -6143 | kirsten.roger | rs@edcgov.us |
| Contract Period: July 1 | , 2010 – June 30, 2011 | · · | | | |
| First 5 Result Area: Hea | althy Children | | <u>Service</u> | Area: Oral He | alth & Health Access |
| Strategy 5: Outreach, Enrol Initiative. | Iment, Retention and Utilization | of Health Insura | nce produc | ts available thro | ough the Children's Health |
| | n 0-5 with health and dental insura n 0-5 with a medical home and a d | | | | |
| Increase the # & % of childre | n 0-5 that have had a well-child ex n 1-5 that have had a well-child ex n 1-5 that have had a well-child or | cam in the past 12 | | 12 months. | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Target Population | on 1 | imeline | Progress |
| Community Health Workers | Offer Healthy Kids Healthy Future insurance (through the Sacramento Sierra Valley Region Collaborative) to children aged 0-5 who do not meet eligibility guidelines for other types of health insurance offered | Parents of childre 0-5 | • | uly1, 2010 – lune 30, 2011 | |
| Community Health Workers | Provide arents of children aged 0-5 with "Annual Eligibility" (AER) pathway services to ensure that families reenroll their children for health insurance annually | Parents of childre 0-5 | • | uly1, 2010 – lune 30, 2011 | |



| Grantee: El Dorado County Health Department-Public Health | | | Contra | act Number: # | 1011-90063-36-211 | |
|---|--|------------------|-----------------|---------------|--------------------------------|----------------------------|
| Project Name: Children | 's Health Initiative | | | | | |
| Contact Person: Kirster | n Rogers | | (530) 621- | 6143 | kirsten.roge | rs@edcgov.us |
| Contract Period: July 1 | , 2010 – June 30, 2011 | | · | | | |
| First 5 Result Area: Hea | althy Children | | | Service | Area: Oral He | ealth & Health Access |
| Strategy 5: Outreach, Enrol Initiative. | Iment, Retention and Utilization | n of H | ealth Insuran | ce produ | cts available thro | ough the Children's Health |
| Increase the # & % of childre Increase the # & % of childre Increase the # & % of childre | n 0-5 with health and dental insur n 0-5 with a medical home and a n 0-5 that have had a well-child e n 1-5 that have had a well-child o | dental xam ir | the past 12 n | | 12 months. | |
| Responsible Staff and/or Partners | Deliverables, Functions, Tasks and Activities | Targ | et Population | n | Timeline | Progress |
| Community Health Workers | Provide parents of children aged 0-5 with "Retention and Utilization" (RU) pathway services to ensure that families are accessing primary care and dental providers for their child(ren)'s preventative and routine services | Pare 0-5 | nts of children | J | July1, 2010 – June 30, 2011 | |
| Community Health Workers | Provide parents of children aged 0-5 with "Obtaining A Medical Home"(OMH) pathway services – to assist families who access emergency room care for non urgent needs in obtaining health insurance for their children and then in finding a medical home for their child(ren) | Pare 0-5 | nts of children | | July1, 2010 – June 30, 2011 | |



| Grantee: El Dorado Cou | rantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | |
|---|---|--------------------|----------------|--------------------------------------|----------------------------|--|
| Project Name: Children | 's Health Initiative | | | | | |
| Contact Person: Kirster | n Rogers | (530) 621 | -6143 | kirsten.roge | ers@edcgov.us | |
| Contract Period: July 1 | , 2010 – June 30, 2011 | | | | | |
| First 5 Result Area: He | althy Children | | <u>Service</u> | Area: Oral H | ealth & Health Access | |
| Strategy 5: Outreach, Enro Initiative. | Ilment, Retention and Utilization | n of Health Insura | nce produc | cts available thr | ough the Children's Health | |
| Increase the # & % of childre Increase the # & % of childre Responsible Staff and/or | n 0-5 with a medical home and a n 0-5 that have had a well-child ex n 1-5 that have had a well-child or Deliverables, Functions, Tasks and Activities | xam in the past 12 | in the past | 12 months. Timeline | Progress | |
| Partners Community Health Workers | Tasks and ActivitiesProvide parents newborns"Utilizing a Medical Home"(UAMH) pathway to assist firsttime moms in finding amedical home and helpingthem overcome any barriersto attending the baby's well-child and immunization visitsthrough the first four months | Parents of newbo | rns . | July1, 2010 – June 30, 2011 | | |



| Grantee: El Dorado County Health Department-Public Health | | | Contract Number: # 1011-90063-36-211 | | |
|---|------------|---|--------------------------------------|--|--|
| Project Name: Children's Health Initiative | | | | | |
| Contact Person: Kirsten Rogers | (530) 621- | | kirsten.rogers@edcgov.us | | |
| Contract Period: July 1, 2010 – June 30, 2011 | | | | | |
| First 5 Result Area: Healthy Children | | Service Area: Oral Health & Health Access | | | |

| Strategy 6: Coordination and | collaboration with other Commission an | nd Community Initiativ | es. | | |
|--|--|---------------------------------|--------------------------------|--|--|
| Major Outcome Objective: | | | | | |
| Increase the # of children 0-5 | that receive services through Commissi | on Initiatives. | | | |
| Responsible Staff and/or PartnersDeliverables, Functions, Tasks and ActivitiesTarget PopulationTimelineProgress | | | | | |
| Community Health Workers | Provide Spanish interpretation services for Best Beginnings clients. Accompany Marshall Hospital nurses on home visits to provide Spanish interpretation services. Complete all one-month and two-month follow-up calls with all Spanish speaking mothers on behalf of the Marshall Nurses | Parents of newborns | July1, 2010 – June 30, 2011 | | |
| Community Health Workers | Provide Spanish interpretation services for Together We Grow clients. Assist Early Childhood Specialists in communicating with Spanish speaking parents as needed | Parents of children aged 0-5 | July1, 2010 – June 30, 2011 | | |
| Community Health Workers | Provide car seat training for community partners | Community Partners | July1, 2010 – June 30, 2011 | | |



Population Served Report

Submit along with Semi-Annual Reports

FY: 2010-2011

| Grantee Name & Contact Person |
|-------------------------------|
| |
| Grantee Address |
| |
| |
| Grantee Phone |
| Grantee Email |
| Grantee Email |
| |

| First 5 El Dorado |
|-----------------------|
| 2776 Ray Lawyer Drive |
| Placerville, CA 95667 |

| Project Name | |
|--------------|--|
| | |
| Contract # | |
| | |

| Population Served (Unduplicated Yearly Counts) | Q1 & Q2 | Q3 & Q4 | YTD Total |
|---|---------|---------|--------------|
| Children Less than 3 Years of Age | | | 0 |
| Children 3 through Five Years of Age | | | 0 |
| Children 0-5 (Ages Unknown) | | | 0 |
| Total Children 0-5 | 0 | 0 | 0 |
| Parents/Guardians | | | 0 |
| Other Family Members | | | 0 |
| Providers | | | 0 |

| | С | hildren 0-5 | | Paren | nts/Guardian | S | Other | Family Mem | bers |
|--|---------|-------------|--------------|---------|--------------|--------------|---------|------------|--------------|
| Ethnic Breakdown of Population Served | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total |
| Alaska Native/American Indian | | | 0 | | | 0 | | | 0 |
| Asian | | | 0 | | | 0 | | | 0 |
| Black/African-American | | | 0 | | | 0 | | | 0 |
| Hispanic/Latino | | | 0 | | | 0 | | | 0 |
| Pacific Islander | | | 0 | | | 0 | | | 0 |
| White | | | 0 | | | 0 | | | 0 |
| Multiracial | | | 0 | | | 0 | | | 0 |
| Other/Unknown | | | 0 | | | 0 | | | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | Children | | Paren | nts/Guardian | s | Other | Family Mem | bers |
|--|---------|----------|--------------|---------|--------------|--------------|---------|------------|--------------|
| Primary Language (Spoken in the Home) | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total | Q1 & Q2 | Q3 & Q4 | YTD Total |
| English | | | 0 | | | 0 | | | 0 |
| Spanish | | | 0 | | | 0 | | | 0 |
| Other (Please Specify): | | | 0 | | | 0 | | | 0 |
| Other (Please Specify): | | | 0 | | | 0 | | | 0 |
| Unknown | | | 0 | | | 0 | | | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative



FY 2010-2011 Semi-Annual PROGRESS REPORT

Reporting Period (Check One):

□ Q1 & Q2: July – Dec. Due Final Friday in January Q3 & Q4: Jan – June Due Final Friday in July

| Agency Name: | |
|-----------------------|--|
| Project Title: | |
| Contact Name & Title: | |
| Email Address: | |

Phone:

1. Did you experience any noteworthy successes? Identify and list possible contributing factors.

2. Did you encounter any unexpected difficulties or barriers? Identify and explain how they were/are being addressed.



P&C No.058-S1111 Budget Revision Request Form Attachment VI

| Grantee Name: El Dorado County Public Health | | | | | | |
|--|------------------------------|--|--------------------------|---------------|--|--|
| Project Name: Children's Health Initiative | | | | | | |
| Contract Number: 1011-90063-36-211 | | | | | | |
| Contact Name & Title: Kirsten Rogers, Supervising HEC | | | | | | |
| Budget Period: | 2010-2011 | | | | | |
| Proposed Effective Date: | | | | | | |
| Budget Item | Approved Budget Amount | Proposed Budget Adjustment * Amount to increase (+) or decrease (-) | Proposed Local Budget | % Change | | |
| Personnel: | , and and | | Lood: Duugot | <u>enange</u> | | |
| 1) .80 FTE Sup. Health Ed. Coordinator (Rogers) | \$89,049 | | \$89,049 | 0% | | |
| 2) 1.00 FTE Health Ed. Coordinator (TBD) | \$90,330 | | \$90,330 | 0% | | |
| 3) 1.0 FTE Program Assistant (Bernal-Strauss) | \$90,330 | | \$90,330 | 0% | | |
| 4) .85 FTE Program Assistant (Smart) | \$53,292 | | \$33,292 | 0% | | |
| 5) Two 0.50 FTE Extra Help Assistants (EH) | \$39,379 | | \$39,379 | 070 | | |
| 6) Retiree Health Defined Contrib. & Woker's Comp. | \$7,279 | | \$7,279 | | | |
| | \$7,279 | | \$7,279 | #DIV/0! | | |
| Subtotal Personnel: | \$325,046 | \$0 | \$325,046 | <u>0%</u> | | |
| Operating Expenses: | +0_0/010 | | +010/010 | 0.0 | | |
| 7) Rent and Utilities | \$5,703 | | \$5,703 | 0% | | |
| 8) Office Supplies/Materials | \$14,021 | | \$14,021 | 0% | | |
| 9) Telephone and Telephone Equipment Phone Charges | \$2,600 | | \$2,600 | 0% | | |
| 10) Postage/Mailing | \$768 | | \$768 | 0% | | |
| 11) Printing | \$500 | | \$500 | 0% | | |
| 12) Equipment Lease | \$1,500 | | \$1,500 | 0% | | |
| 13) Travel & Mileage | \$4,500 | | \$4,500 | 0% | | |
| 14) Training | \$0 | | \$0 | #DIV/0! | | |
| 15) Consultants | \$0 | | \$0 | #DIV/0! | | |
| 16) Insurance | \$2,574 | | \$2,574 | 0% | | |
| 17) Software Licenses | \$1,440 | | \$1,440 | 0% | | |
| 18) Cal Kids Premiums | \$0 | | \$0 | #DIV/0! | | |
| 19) Interfund County Charges (including mainfrm & ntwrk spprt) | \$28,348 | | \$28,348 | 0% | | |
| 20) Maintenance Service Contracts (including security system) | \$295 | | \$295 | 0% | | |
| 21) Computer Equipment | \$7,200 | | \$7,200 | 0% | | |
| Subtotal Operating: | \$69,449 | \$0 | \$69,449 | 0% | | |
| Indirect Expenses: | | | | | | |
| Indirect Cost (9.0% max) | \$35,505 | \$0 | \$35,505 | 0% | | |
| TOTAL COSTS | \$430,000 | \$0 | \$430,000 | 0% | | |

*Please attach a Budget Revision Request Narrative explaining each budget revision requested by line item.

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

For Commission Use Only - Do Not Fill In Shaded Area

Program Coordinator

Date

Executive Director

Date

DATE

| Program name: | | do Parent Survey Date: | P&C No.058-S1111 Attachment VII |
|--|---|---|---|
| Zip Code: | | | |
| your child(ren) were to enter Ele Name of School: | | | she/they attend Kindergarten: |
| lease indicate the number of child 0-11 months # | | / age: 2 years # | 3 years # |
| 4 years # | 5 years | # 6+ years # | # |
| I am willing to participate they sponsor in my comm Please contact me by (sele | unity contribute to ect one or more): | | - |
| lease mark (X or ✓) as indicated | for each question | | |
| Did you live in El Dorado Cour youngest child was born? | nty when your | ☐ Yes ☐ No – Skip 1a ☐ Don't know/Declined | – Skin 1a |
| Did you learn about local comparison of the support you and you from any of the following source | our newborn child | New Parent Kit & Bro Home Visit within 30 (hospital | chures given in Hospital days of going home from |
| Examples of community info Kit for New Parents with boo brochures/pamphlets with loo services for children & familie (Please check all that apply) | ks & videos, and cal information on es. | others) | st5eldorado.com, beehive.org, nmunity Services Directory |
| (************************ | / | Don't know/Declined | |
| Please indicate your highest le completed: | evel of education | Some High School High School Diploma Some College 2-year College Degree 4-year College Degree Post-Graduate Degree Don't know/Declined | ee/Certificate (A.A, etc.) ee (B.S., B.A., etc) |
| Are you currently attending cla following places: | sses at any of the | Image: Second strain of the second strain | |
| In a typical week, how often do family member read to or show your child(ren). | v picture books to | Not at all Once or twice a week 3-6 times a week Every Day Don't know/Declined | <u></u> |
| Have you ever taken a class in college, or another community focused on the developmental child 0-5 years of age? | setting that | Yes No Don't know/Declined | |

| | | • • • • • • • | | | | |
|-----|---|---|--|----------------|---------------------------|---------------------------|
| 6. | Do you participate in any activities (parent group or play group, etc) where you are able to connect with and share ideas with other parents of young children? | □ Yes □ No □ Don't k | now/Declin | ed | | |
| 7. | Have you and your child ever received services from a home visiting program that gave you ideas and examples of activities to do at home with your child, and connected you to community resources (child care, health care, etc)? | □ Yes □ No - S □ Don't k | • | ed - Skip 7a | а | |
| 7a. | | \Box Comm \Box Other: | oased 1001 – Early unity-baseo | I | | _ |
| 8. | Has your child ever gone to a nursery school, preschool, pre-kindergarten, a Head Start program, or a child care center, on a regular basis? (<i>By a regular basis, we mean at least</i> <i>three times a week for at least 6 months.</i>) | □ Yes □ No □ Don't k | now/Declin | ed | | |
| 9. | Last year, where did your child spend most of his/her day? | ☐ At som care (a frie provider) ☐ In a far ☐ Presch ☐ Other: | eone else's end or relati mily childcai ool, Head S | Start or child | er someone ensed child | lcare |
| 10. | Sometimes parents have concerns about the way their children are developing in the following areas. Are you concerned <i>a lot</i> , <i>a little</i> , or <i>not at all</i> about ¹ : | A lot | A little | Not at all | N/A | Don't Know/ Decline |
| | a) How your child talks or makes speech sounds? | | | | | |
| | b) How your child sees? | | | | | |
| | c) How your child hears? | | | | | |
| | d) How your child understands what you say? | | | | | |
| | e) How your child uses his or her hands and fingers to do things? | | | | | |
| | f) How your child uses his or her arms and legs? | | | | | |
| | g) How your child is learning preschool or school skills? | | | | | |
| | h) How your child gets along with others? | | | | | |
| | i) How your child behaves? | | | | | |
| | j) How your child is learning to do things for himself or herself? | | | | | |
| | k) Whether your child can do what other children his or her age can do? | | | | | |
| | I) Your child's emotional well-being? | | | | | |

¹ Note: The items in question 10 are drawn from the survey edition of Parents' Evaluation of Developmental Status (PEDS) and do not have an immediate clinical application. Users interested in early detection will need to purchase the actual test (www.pedstest.com). The survey version items are copyrighted and may not be used without express permission from the author (Frances.P.Glascoe@Vanderbilt.edu).

| First 5 El Dorad | o Parent Survey P&C No.058-S11111 Attachment/VII |
|--|--|
| 11. When was the last time your child had a developmental screening (other than a general health screening)? | Never - Skip 11a In the last 6 months 6-12 months ago More than a year ago Don't know/Declined - Skip 11a |
| 11a. If the screening revealed any areas for concern, were you able to access services and supports to meet your child's needs? | No concerns Yes No Don't know/Declined |
| 12. Has a doctor or other health, school district, or regional center professional ever told you that your child was developmentally delayed? A developmental delay means the child is somewhat slower physically or mentally than other children the same age. | ☐ Yes ☐ No - Skip 12a ☐ Don't know/Declined - Skip 12a |
| 12a. Does your child currently have or has your child ever had an Individualized Family Service Plan (sometimes called an "IFSP") or an Individualized Education Plan (sometimes called an "IEP")? | Yes—Currently Yes—In the past, but not currently No Don't know/Declined |
| 13. Does your child have any kind of health insurance now, such as insurance through an HMO, a private insurance company, Medi-Cal, Healthy Families, or something else? | Yes No Don't know/Declined |
| 14. Is there a doctor or other health care provider that you usually take your child to for well-child care? | Yes No Don't know/Declined |
| 15. Are your child's immunization records recorded in the electronic immunization registry for this county (El Dorado County)? | Yes No Don't know/Declined |
| 16. When was the last time your child received a general well-child checkup? | ☐ In the last 6 months ☐ Never ☐ 6-12 months ago ☐ Don't know/Declined ☐ More than a year ago |
| 17. Does your child have dental insurance? | ☐ Yes ☐ No ☐ Don't know/Declined |
| 18. Do you have a dentist that you usually take your child to for oral health care? | Child under 12 months of age Yes No Don't know/Declined |
| 19. When did your child last see a dentist or dental hygienist for dental care? | □ Child under 12 months of age □ 2 years ago or more □ Never □ Less than a year ago □ Don't know/Declined □ 1 year ago, but less than 2 years ago |