

(October 1, 2006 – June 30, 2007) X FY 2006 - 2007

☐ FY 2007 - 2008

□ FY 2008 - 2009

(July 1, 2008 – June 30, 2009)

(July 1, 2007 - June 30, 2008)

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

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

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

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

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

	program	to WIC	20% outreach	Y
	-Office staff	children	uninsured	-Parents of
		enrollment packets	staff to put a CSI form in all WIC	Create agreement with WIC
		-		1/1/07_
	- wic stall	riealth	Hoolic	Duklio
			-Agreement with WIC	A
collected	compare to quantitative	-Establish baseline data &	-Track # of CSIs received	

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

County: El Dorado

(October 1, 2006 – June 30, 2007) □ FY 2006 - 2007

X FY 2007 - 2008

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

(July 1, 2007 - June 30, 2008)

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.

20% outreach	D) Increase by	outreach materials.	C) Increase by	web page	posted on CHI	information	10% MC/HF	B) Increase by		access line	of toll free	20% operation	A) Increase by	Objectives	Outcome	Major
uninsured	Partners	children -Community	-Parents of	Partners	-Community	children	uninsured	-Parents of			children	uninsured	-Parents of	Served	Population(s)	Target
1) Continue with high yield, successful events identified in Y1.		developed in Y1; 2) Develop new materials, as necessary.	1) Continue to utilize materials	Tourse.	web site undates	message: 3) Designate of ff	was read of the section on PHD's	1) Maintain CHI section on DITE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	am-5 nm M-F	applicable: 3) Provide courses 8	message: 2) Train no interest	1) Maintain undeted Liii	TOTAL STATE	Tasks and Activities	Major Deliverables Functions
7/1/07 – 6/30/08		6/30/08	7/1/07 -			6/30/08	//1/0/ -				6/30/08	7/1/07 -			итешпе	
-Public Health		Health	-Public			Health	-Public				Health	-Public	Partner(s)	Staff and/or	Responsible	
-Event calendar -Sign in sheets or		developed	-Outreach material		-Staff notes	developed	-Web page material		schedule	-Phone coverage	-Phone logs	-Training calendar			Evaluation Methods	
-Track # of events	quantitative data collected	-114CK # OI materials distributed -Compare baseline to	Thought S. C.	quantitative data collected	-Compare baseline to	-Track # of web site undates	-Track # of MC/HE material	quantitative data collected	-Compare baseline to	-Track # of hours of coverage	-Track # of calls	-Track # of new trainees		Data Collection	Performance Measures and	

presentations	children -Hispanic families			-First 5	estimated attendance.	-Track #of materials -Compare baseline to
E) Increase by	-Parents of	1) Coordinators to continue to	711 117	7		quantitative data collected
20% outreach	uninsured	work with same school districts as	6/30/08	-Public Health -	-Coordinator assignment list	-Track # of cSIs received
to schools	children	in Y12) Implement "Teachers for		School	-"TFHK materials	-Track TFHK activities
		reality raids project, it leasible		-Teachers		-Compare baseline to
F) Increase by	-Parents of	1) Coordinators to continue to				T. Controlled
20% outreach	uninsured	work with same home school	6/30/08	-Public Health	-Coordinator assignment list	-Track # of school encounters -Track # of CSIs received
agencies	cinidicii	agencies as in Y1		-School staff		-Compare baseline to
G) Increase by	-Parents of	1) Continue to work with day care	7/1/07	- I eachers		quantitative data collected
20% outreach	uninsured	& preschool providers identified in	6/30/08	-Public	-Calendar of provider	-Track # of CSIs received
to day care	children	Y1; 2) Continue work with First 5	9,000	-Office staff	-I jet of First S ECE	-Track # of preschool events
preschools		to require early childhood sites to		-Early	sites	-Compare baseline to
II) Increase bu		parents for assistance		educators		quantitative data collected
20% outreach	uninsured	for immunization mailings 2)	6/30/08	-Public Health	-Immunization mailing lists	-Track # of mailings
Providers	ciiidicii	materials to medical providers 2)		-PHD nurses	-Outreach material	-Track # of in-services
		Continue training for social		-Medical	inventory list	-Track # of in-service
		workers, nurses & home visitors;		-Home	-CHI in-service	participants
		<ol> <li>Continue "in-reach" with First 5</li> <li>Special Needs Project</li> </ol>		visitors		quantitative data collected
1) Increase by 20% outreach	-Parents of	1) Continue to accept referrals	7/1/07 -	-Public	-Hospital referral	-Track # referrals from EDs
to hospital EDs	children	Tom nospital ED Stall	6/30/08	Health -ED admit	protocol	-Compare baseline to
J) Increase by	-Parents of	2) Continue to host a "Children"	71.07	staff		
20% outreach	uninsured	Health Insurance Information	6/30/08	-Public Health	-DHS outreach	-Track # DHS outreach
of Human	children -Eligibility	Booth" at DHS weekly	or or or or	-DHS	-DHS outreach	<ul> <li>Track # of DHS attendees</li> <li>Compare baseline to</li> </ul>
Services-MC Eligibility Unit	workers			eligibility staff	attendance logs	quantitative data collected
K) Increase by 20% outreach	-Parents of uninsured	1) Continue to work with WIC	7/1/07 -	-Public	-Agreement with WIC	-Track # of CSIs received
to WIC	children	Information" form in all WIC	80/00/0	-WIC staff		-Compare baseline to

program	-Office staff	enrollment packets				
*New in Y2	-Parents of	1) Develop outreach plan with	7/1/07	D.L.		
L) Increase by	uninsured	Placerville & SI T Chambers of	6/20/00	-Public	-Outreach plan with	-Track # of businesses
30% outreach	children	Commerce: 2) Educate amplement	80/06/0	Health	Chambers of	participating
to small	-Employers	at seasonal businesses: 2) G		-Small	Commerce	-Track # of outreach events
businesses	0.00	Outreach events for amplement		business	-List of seasonal	-Track # of CSIs received
		A meaning of the control of the cont		owners	businesses in EDC	-Establish baseline data &
		Agreements with employers to			-Outreach event	compare to quantitative data
*New in Y2	-Parents of	1) Identify remote locations to	771 177	7	calendar	collected
M) Increase by	uninsured	target: 2) Partner with established	11/0/-	-Public	-Map of rural areas of	-Track # of locations
20% outreach	children	entities to conduct outreach: 2)	0/20/00	Health	EDC	-Track # of partner entities
to remote	-Community	Publicize future enrollment agent		-School staff	-Enrollment event	-Track # of attendees
locations in	partners	in target area: 4) Host enrollment		-Daycare staff	flyers	-Track # of applications
EDC		events		-business		-Establish baseline data &
*New in Y2	-Parents of	1) Work with church support staff	7/1/07	Stall		compare to quantitative data
N) Increase by	uninsured	to develop hilingual massage for	//1/0/-	-Public	-Messages developed	-Track # of messages
_	children	newsletters & hilleting: 2) Ask	0/30/08	Health	-Newsletters &	-Track # of news/bulletins
to faith based	-Church	church leaders to make		-Church	bulletins	-Track # of attendees at
organizations	members	announcements at services &		support starr	-Announcement scripts	services & events
		events; 3) Distribute outreach		or reader strip		-Establish baseline data &
		materials for display at churches				compare to quantitative data
	-Parents of	1) Identify rental &/or low income	7/1/07_	Dublic	EDO	collected
_	uninsured	neighborhoods to target: 2) Send	6/30/08	Haalth	-EDC geographic maps	-Track # of residences visited
	children	teams of 2 CHWs to	0,50,00	TIEGIUI		-Track # of flyers handed out
door outreach		neighborhoods to hand out flyers				-Establish baseline data &
	-Parents of	1) Identify retail outlets &	7/1/07	Dable		compare to quantitative data
Υ	uninsured	businesses to target; 2) Work with	6/30/08	Health	-Ketail outlet listing	-Track # of businesses
	children	business manager to post or place	9	ricului		- I rack # & types of ads
ads of	-Community	advertisements at their sites; 3)				-Track # of materials
	partners	Print & deliver outreach material				-Establish baseline data &
_						compare to quantitative data
	Parente of	1) Design public relations &	7/1/07 -	-Public	-Media Plan	Track # of
Uy	, areing OI	marketing plan; 2) Brand all	6/30/08		-I ogo	- Hack # Of materials/ads
	<u>д</u>	materials for logo recognition; 3)	9		Materials design	developed
		Develop material to include: print			-Malerials developed	-Track # of ads placed
lia 1s to	d d inity	adds: PSAs newspaper articles &			-Media contact list	-Establish baseline data &
e e	d nity	areas, a solito, ne wapaper arriches ov				compare to quantitative data
ns to	nity	bus & bus shelter ads; 4) Purchase				COLLOCACO

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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.

	1 al sei	Maior Holivous Hos Touris	-		
Outcome Objectives	Population(s) Served	Tasks, and Activities	Timeline	Responsible Staff and/or	Evaluation Methods
A) Increase by	-Parents of	1) Maintain undated bilingual	7/1/00	Partner(s)	
20% operation	uninsured	message; 2) Train new interns, if	6/30/09	-Public Health	-Training calendar
access line	children	applicable; 3) Provide coverage 8			-Phone coverage
		TATAL TO PART TATAL	P.		schedule
B) Increase by	-Parents of	1) Maintain CHI soction - DITTO			
10% MC/HF	uninsured	web page: 2) Undate bilingual	//1/08 -	-Public	-Web page material
information	children	message: 3) Designate staff for	60/06/0	Health	developed
posted on CHI	-Community	web site updates			-Staff notes
web page	Partners	1		92	
C) Increase by	-Parents of	1) Continue to utilize materials	7/1/08	Data	
20% use of	uninsured	developed in Y1 & Y2: 2) Develop	6/30/09	-Public	-Outreach material
outreach	children	new materials, as necessary	0/30/03	riealm	developed
materials.	-Community	) and movement )			
	Partners				
D) Increase by	-Parents of	1) Continue with high vield	7/1/00		1
20% outreach	uninsured	successful events identified in V1	6/30/00	-Public	-Event calendar
events &	children	& Y2	0/30/09	Health	-Sign in sheets or
presentations	-Hispanic			-First 5	estimated attendance
	families	8.			
E) Increase by	-Parents of	1) Assign coordinators to continue	7/1/00		
20% outreach	uninsured	to work with same school districts	6/30/00	-Public	-Coordinator
			9,50,00	ricaim -	assignment list

-Coordinator assignment list  -Calendar of provider events -List of First 5 ECE sites  -Immunization mailing lists -Outreach material inventory list -CHI in-service calendar  -Hospital referral protocol  -DHS outreach calendar -DHS outreach altendance logs  -Agreement with WIC -Agreement with WIC -Commerce -List of seasonal businesses in EDC -Co			45 H I I & I Z		Support staff	-1FHK materials	-Track TFHK activities
uninsured children sechol provider sidentified in sechol sis sites to identify uninsured children sites to identify uninsured children sites to identify uninsured children sech uninsured children sites to identify uninsured children sites of continue to supply outeach materials to medical providers 3) sites to identify uninsured children search uninsured search uninsured search uninsured children search uninsured search uninsured search uninsured children search uninsured search unin	F) Increase by	-Parente of	1) A 20		support staff -Teachers		-Compare baseline to quantitative data collected
sea by - Parents of reach uninsured children each uninsured work with day care each uninsured work with each businesses in Y1 & Y2. 2) Continue to work with the from the supply outreach uninsured children work with the care thildren work with the from the cach uninsured thildren early children work with the cach uninsured children early children work with the cach uninsured thildren early children work with the cach uninsured children early children work with the cach uninsured thildren early children the children work with the cach uninsured thildren each uninsured children each uninsured each uninsured children each children each uninsured thildren each children each uninsured each uninsured each uninsured thildren each uninsured children each uninsured children each uninsured expresses identified in Y2 the continue to work with WIC uninsured work staff to put a "Consent to Send children thildren of thildren of thildren of thildren of thildren thildren of thildr	20% outreach	uninsured	to work with same home school	7/1/08 -	-Public	-Coordinator	-Track # of school encounters
axe by Parents of children are	to home school	children	agencies as in Y1 & Y2	0/30/03	-School staff	assignment list	-Track # of CSIs received -Compare baseline to
reach uninsured children ver	G) Increase by	-Parents of	1) Continue to work with Jan		-Teachers		quantitative data collected
children  k  k  k  k  First 5 to require early childhood  sites to identify uninsured children  k  k  refer parents of sites to identify uninsured children  k  refer parents for assistance  ace by -Parents of each  uninsured  thildren  children  chormation  chormation  children  children  children  children  childr	20% outreach	uninsured	& preschool providers identified in	- 80/1//	-Public	-Calendar of provider	-Track # of CSIs received
Sites to identify uninsured children sate by -Parents of uninsured continue to provide information Net children with each uninsured children to provide information 7/1/08 - Public Continue to provide information 7/1/08 - Public Isst Continue to supply outreach with First 5 Special Needs Project.  By -Parents of Uninsured workers, nurses & home visitors; A Continue to accept referrals with First 5 Special Needs Project.  By -Parents of Uninsured workers, nurses & home visitors; A Continue to bacept referrals with First 5 Special Needs Project.  By -Parents of Uninsured workers, nurses & home visitors; A Continue to accept referrals with First 5 Special Needs Project.  By -Parents of Uninsured workers, nurses & home visitors; A Continue to accept referrals with First 5 Special Needs Project.  By -Parents of Uninsured work with First 5 Special Needs Project.  By -Parents of Uninsured work with WIC workers  Children Early nurses: A Continue to accept referrals with WIC workers with First 5 Special Needs Project.  Booth" at DHS weekly.  Calendar Wisitors with WIC workers with WIC workers with WIC workers with WIC staff op ut a "Consent to Send children businesses identified in Y2 WIJ08 - Public wintered with WIC staff Continue to work with WIC workers with WIC workers with WIC staff Continue to work with WIC wintered with WIC staff Continue to work with WIC wintered with WIC staff Continue to work with WIC wintered with WIC staff Continue to work with WIC wintered with WIC staff Continue to work with WIC wintered with WIC staff Continue to work with WIC wintered wintered with WIC wintered wintered wintered wintered wintered wintered wintered wintered wintered win	o day care	children	Y1 & Y2: 2) Continue work with	0/30/09	Health	events	-Track # of preschool events
sites to identify uninsured children  ase by Parents of provide information of the children of thinton of the children of thildren of thinton of the children of thinton of the children of the children of the children of the children of thinton of the cach uninsured each uninsured the cach uninsured thildren of thildr	centers &		First 5 to require early childhood		-Office staff	-List of First 5 ECE	-Track # of First 5 ECE sites
ase by Parents of 1) Continue to provide in Special Needs Project.  e by Parents of thidren  e by Parents of thildren  children  childre	reschools		sites to identify uninsured children		childhood	siles	-Compare baseline to
reach uninsured corimunization mailing 2) Net children Continue to supply outreach s  Net children Continue to supply outreach materials to medical providers 3)  Continue to supply outreach materials to medical providers 3)  Continue in-services for social workers, nurses & home visitors;  each uninsured each uninsured thildren children childr	I) Increase by	,	& refer parents for assistance		educators		quantitative data collected
Net children Continue to supply outreach materials to medical providers 3)  Social Meds Project.  Be by Parents of each uninsured cannot children children children ach uninsured children children children ach uninsured ach uninsured ach uninsured ach uninsured ach uninsured businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children be by Parents of 1) Continue to work with WIC uninsured children be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses identified in Y2  Be by Parents of 1) Continue to work with WIC uninsured children businesses in EDC chambers of the protocol with First 5  Be by Parents of 1) Continue to work with WIC uninsured children businesses in EDC children businesses in EDC children by outerach plan with the protocol with First 5  Be by Parents of 1) Continue to work with WIC uninsured children businesses in EDC children businesses in EDC children by outerach providers in EDC children by outerach providers in EDC children children children children children children children childre	0% outreach	-Parents of	1) Continue to provide information	7/1/08 -	-Public	-Immunization mailing	-Track # of mailings
s materials to medical providers 3)  Continue in-services for social  Workers, nurses & home visitors; 4) Continue "in-reach" with First 5  each uninsured each uninsured uninsured children  Special Needs Project.  2) Continue to accept referrals  Health Insurance Information  Booth" at DHS weekly.  -Parents of 2) Continue to work with WIC uninsured children  See by -Parents of 2) Continue to work with WIC uninsured children  See by -Parents of 1) Continue to work with WIC uninsured children  See by -Parents of 1) Continue to work with WIC uninsured children  See by -Parents of 1) Continue to work with WIC uninsured children  See by -Parents of 1) Continue to work with WIC staff to put a "Consent to Send children" owners/employers of small children  See by -Parents of 1) Continue to work with WIC uninsured children owners/employers of small businesses identified in Y2  See by -Parents of 1) Continue to work with WIC uninsured children owners/employers of small businesses identified in Y2  Special Providers of Seasonal owners by inventory list of seasonal children inventory list of seasonal inventory list of seasonal inventors library list of seasonal children list of seasonal ch	Safety Net	children	Continue to supply cuttoget	6/30/09	Health	lists	-Track # of materials
Continue in-services for social workers, nurses & home visitors; each uninsured li EDs children children reach with Eigibility are by -Parents of acept referrals reservice workers each uninsured uninsured the children reach children reach uninsured accept referrals reservice workers each uninsured children reach reservice workers  LInit reach uninsured and reach reservice workers  LInit reach uninsured children reach reservice work with WIC uninsured and uninsured children reach uninsured children reach uninsured and uninsured children reach children reach uninsured staff to put a "Consent to Send children owners/employers of small wich reach uninsured children reach uninsured children reach owners/employers of small children reach uninsured businesses identified in Y2  Employers reach with First 5  Special Needs Project.  7/1/08 - Public referral reach reign referral relation root work with WIC reach plan with reach reach reach uninsured reach uninsured removing reach reach plan with reach reach reach reach plan with reac	roviders		materials to medical providers 3)		-PHD nurses	-Outreach material	-Track # of in-services
workers, nurses & home visitors; e by -Parents of each uninsured each uninsured calch uninsured the by -Parents of each uninsured calch uninsured calch uninsured calch uninsured the by -Parents of children children each uninsured calch uninsured children children each uninsured children children each children each uninsured children each uninsured children each children each children each children each uninsured children enrollment packets e by -Parents of l) Continue to work with enrollment packets e by -Parents of l) Continue to work with enrollment packets e by -Parents of l) Continue to work with enrollment packets e by -Parents of l) Continue to work with enrollment packets e by -Parents of l) Continue to work with enrollment packets e by -Parents of l) Continue to work with enrollment packets e by -Parents of l) Continue to work with enrollment packets e by -Parents of l) Continue to work with enrollment packets e by -Parents of l) Continue to work with enrollment packets enrollment enrollment packets enrollment enroll			Continue in-services for social	a.	-ividere	inventory list	-Track # of in-service
4) Continue "in-reach" with First 5  by Parents of L) Continue to accept referrals children  ceach uninsured can children  by Parents of L) Continue to host a "Children's calendar children children  children children  children children children children can children children  ach uninsured can children child			workers, nurses & home visitors;	*******	-Home	Calendar Calendar	parucipants
each uninsured each leby children each uninsured each uninsured each leby children each uninsured each uninsured each each uninsured children each uninsured children each uninsured children each uninsured each uninsured children enrollment packets e by each uninsured children enrollment packets e by enrollment packets enrollment packets e by enrollment packets e by enrollment packets enroll			4) Continue "in-reach" with First 5 Special Needs Project		visitors		quantitative data collected
each uninsured lEDs children  lEDs children  lEDs children  le by -Parents of each uninsured children  re by -Parents of children  n -Eligibility MC workers  Unit  -Parents of children  se by -Parents of children  -Office staff  -Office staff  -Parents of children  -Children  -Chambers of children  -Chambers of chil	Increase by	-Parents of	Continue to accept referrals	7/1/08	Dakila		
li EDs children  e by -Parents of each uninsured the but children teach the children children the children the children the children children the children the children the children calendar the children children the calendar to Eby -Parents of children children children children calendar to Send children chi		uninsured	from hospital ED staff	6/30/06/	-Public	-Hospital referral	-Track # referrals from EDs
Parents of children tuninsured children tuninsured children tuninsured children tuninsured children tuninsured children children children children children children children children religibility workers  MC workers  Vunit vuninsured children se by -Parents of children children reach children children ach uninsured children c	+	children	•	9,50,05	-FD etaff	protocol	-Compare baseline to
thment children child		-Parents of	2) Continue to host a "Children's	7/1/08 -	-Public	-DHS outreach	quantitative data collected
n -Eligibility MC workers  'Unit workers  'Unit vorkers  'Unit vorkers  -Parents of children children children ach children ach children ach eligibility  -Parents of children children children children ach uninsured children children -Employers of small children children children -Employers  -Employers  -Englöbility children		uninsured	Health Insurance Information	6/30/09	Health	Calendar	- 11ack # DHS outreach
MC workers  Unit vorkers  Uninsured children  Uninsured children	nent	children	Booth" at DHS weekly.		-DHS	-DHS outreach	-I rack # of DHS attendees
Unit  Workers  Unit  Workers  Workers  Unit  Parents of Parents of I) Continue to work with WIC  ach uninsured children  Office staff  Parents of I) Continue to work with WIC  Office staff  Parents of Uninsured children  Employers  Parents of I) Continue to work with WIC  Office staff  I) Continue to work with WIC  Office staff  I) Continue to work with WIC  Owners/employers of small  Commerce  Dusiness  Owners  Staff  Owlic -Agreement with WIC  Health  Chambers of  Commerce  Dusiness in EDC	<u> </u>	-Eligibility		40.00	eligibility	attendance logs	-Compare baseline to
Parents of uninsured children children -Office staff to put a "Consent to Send children overk with WIC -Office staff to put a "Consent to Send children oversement with WIC -Office staff to put a "Consent to Send children oversement with with with with with with with wit		workers			staff	amoradarico 1083	quantitative data collected
ach uninsured children children children children  -Office staff to put a "Consent to Send children children ach uninsured children childr	~	-Parents of	1) Continue to work with WIC	7/1/00			
children		uninsured	staff to put a "Consent to Send	6/30/09	Health	-Agreement with WIC	-Track # of CSIs received
-Office staff enrollment packets  e by -Parents of		children	Information" form in all WIC		-WIC staff		-compare baseline to
-Employers  -Parents of ach uninsured children -Employers  -Employ	-	-Office staff	enrollment packets		- WIC SIAII		quantitative data collected
ach uninsured owners/employers of small children businesses identified in Y2  -Employers	_	Daranta of	1) Continue to work with	7/1/08	Duklia		
-Employers -Small Commerce business identified in Y2 -Small Commerce business -List of seasonal owners businesses in EDC	treach	-I dielits of	owners/employers of small	6/30/09	χ.	Chambers of	-Track # of businesses
owners businesses in EDC		uninsured	Disconsideration 1.			Commerce	-Track # of CSIs received
businesses in EDC		ratellis of uninsured children	businesses identified in Y2				THOM IN OF COMMITTEE OF THE PROPERTY OF THE PR
		uninsured children Employers	businesses identified in Y2		S	-List of seasonal	-Establish baseline data &

						programs
	<ul> <li>Materials developed</li> <li>Media contact list</li> </ul>			3000	-Community partners	advertise MC/HF
-Track # of materials/ads developed	-Media Plan -Logo	Health	6/30/09	Media Plan that was developed in Y2	uninsured children	campaigns to
compare to quantitative data		Dakis	7/1/08	Continue work identified in	-Parents of	Q) Increase by
-Establish baseline data &					partners	programs
-Track # of materials					-Community	MC/HF
		Health	6/30/09	Servery recutation III 17	children	business ads of
1	-Retail outlet listing	-Public	7/1/08 -	outlets identified in V2	uninsured	20% retail &
collected				1) Continue to work with	-Parents of	P) Increase by
Compare to quantitative da						
- I rack # of flyers handed out		ricului		in Y2	children	uoor outreach
	-EDC geographic maps	Health	6/30/09	income neighborhoods identified	uninsured	20% door-to-
compare to quantitative data		D.LII	7/1/08	1) Continue outreach in low	-Parents of	O) Increase by
-Establish baseline data &	33	& leadership				
_	-Announcement scripts	support staff			members	
_	bulletins	-Cnurch			-Church	organizations
	-Newsletters &	Пеан	0730709		children	to faith based
veloped -Track # of messages	-Messages developed	-Public	6/30/00	support staff identified in Y2	uninsured	20% outreach
		Stari	7/1/00	1) Continue to work with church	-Parents of	N) Increase by
-Establish baseline data &		-Business				
-Track # of applications	flyers	-Daycare staff			partners	EDC
	-Enrollment event	-School staff			-Community	locations in
-Track # of partner entities	EDC	неаш	60,00,00	TO THE POSITION IN 12	children	to remote
areas of -Track # of locations	-Map of rural areas of	-Public	- 80/1//	areas & entities identified in V2	uninsured	20% outreach

County: El Dorado

(October 1, 2006 – June 30, 2007) X FY 2006 - 2007

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

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

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

chws employed by CHI.  B) Increase by 20% training to develop a knowledgeable & competent workforce of CHWs	employed by CHI.	A) Increase by 50% the number of	Major Outcome Objectives
-Community le based staff -AmeriCorp interns	-	-Adults who meet EDC employment standards	Target Population(s) Served
opportunities such as accessing & reviewing state CAA monthly newsletter & all county welfare letters	1) Conduct comprehensive training for all CHWs; 2) Require individual research & education	1) Recruit 4 new bilingual AmeriCorp interns; 2) Recruit 1 new bilingual program assistant; 3) Certify interns & assistant as CHWs	Major Deliverables, Functions, Tasks, and Activities
	2/1/07 – 6/30/07	11/1/06 – 2/28/07	Timeline
	-Public Health	-Public Health	Responsible Staff and/or
	-Training Calendar -Individual research & education logs	-AC & EDC employment records -CHI CHW certification records	Evaluation Methods
documents reviewed -Establish baseline data & compare to quantitative data collected	-Track # of trainings conducted -Track # of education	-Track # of employees hired -Track # of interns certified as CHWs	Performance Measures and Data Collection

20% the utilization of Health E App for submission of apps.	G) Increase by 20% in-reach conducted at family's homes	20% appointments. at times convenient for parents	EDC CHDP administration & CHDP provider offices	20% the number of children enrolled in MC/HF  E) Increase by 20% assistance
-CHWs	-Parents of uninsured children	-Parents of uninsured children	children	children -Parents of uninsured
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) 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	1) Provide application assistance appointments on evenings, weekends & during other hours parents are available	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	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  1) Provide follow up with parents of children enrolled in CHDP
1/1/07 – 6/30/07	2/1/07 – 6/30/07	2/1/07 – 6/30/07		2/1/07 - 6/30/07 1/1/07 - 6/30/07
-Public Health -First 5 SNP -EDCCHC	-Public Health -First 5 SNP	-Public Health	-EDC CHDP administratio n -Office support staff	-Public Health -First 5 SNP -EDCCHC -Public
-Training calendar -CHI database	-Training calendars -CHW & SNP staff appointment calendars -IT purchasing invoices	-CHW appointment calendars -CHI database	-CHDP provider referral logs -CHDP Gateway for Infant education packet logs -CHI database	- Pathway documentation sheets -CHI database -MRMIB data -CHDP Gateway
-Track # of trainings conducted -Track # of Applications submitted via Health-E-AppEstablish baseline data & compare to quantitative data collected	-Track # of trainings conducted -Track # of in-home assistance appointments conducted -Track equipment purchased -Establish baseline data & compare to quantitative data	-Track # of appts. conducted after hours -Establish baseline data & compare to quantitative data collected	-Track # of referrals from CHDP offices -Track # of assistance apptsTrack # of education packets sent -Establish baseline data & compare to quantitative data collected	-Track # of children enrolled in MC/HF programs -Establish baseline data & compare to quantitative data collected

		enrollment.	verify	with families to	to follow up	20% attempts
					children	uninsured
TO CALLES	as appropriate	CHI staff to check MEDS system	Healthy Familias 1 800	schedule: 2) Train CHWs to utilize	following up with familiac on	checks to ensure CHWs are
			14740-17		0/0/07	1/1/06 -
					неанп	-Public
			documentation sheets	-Pathway	reports	-Quality assurance
collected.	compare to quantitative data	-Establish baseline data &	checks	<ul> <li>Track # of quality assurance</li> </ul>	made to parents	-Track # of follow-up calls

County: El Dorado

(October 1, 2006 – June 30, 2007) □ FY 2006 - 2007

X 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 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 assistors (AAs) in the community to help families enroll their

20% attempts un chi to follow up with families to verify enrollment.	× = ×	8	,	28 1 e 9	-
	-CHWs	-Parents of uninsured children	-Parents of uninsured children	-rarents of uninsured children	uninsured children
assurance checks; 2) Continue to utilize Healthy Families 1-800 number; 3) CHI staff to check MEDS system, as appropriate	Continue to enroll families via Health-E-App., if internet is available  Ontinue to conduct quality.  Ontinue to conduct quality.  Ontinue to conduct quality.	1) Continue to work with First 5 Special Needs Project to assist families with applications in their homes.	1) Provide application assistance appointments on evenings, weekends & during other hours parents are available	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	enrollment process; 2) Assist families in submitting all required documentation;3) Assist families in reconciling any outstanding issues of program eligibility
6/30/08	71/07 – 6/30/08	7/1/07 – 6/30/08	7/1/07 – 6/30/08	7/1/07 – 6/30/08	7/1/07 - 6/30/08
Health	-Public Health -First 5 SNP -EDCCHC	-Public Health -First 5 SNP	-Public Health	-Public Health -EDC CHDP adminOffice support staff	-Public Health -First 5 SNP -EDCCHC
-Quality assurance reports -Pathway documentation sheets	-Training calendar -CHI database	-Training calendars -CHW ans SNP staff appointment calendars	-CHW appointment calendars -CHI database	-CHDP Gateway enrollment reports -CHDP provider referral logs -CHDP Gateway for Infant education packet logs -CHI database	- Pathway documentation sheets -CHI database -MRMIB data
-Track # of follow-up calls made to parents -Track # of quality assurance checks -Compare quantitative data collected to baseline	-Track # of applications submitted via Health-E-AppCompare quantitative data collected to baseline	-Track # of in-home assistance appointments conducted -Compare quantitative data	-Track # of appts. conducted after hours -Compare quantitative data collected to baseline	-Track # of parent contacts made -Track # of referrals from CHDP offices -Track # of assistance apptsTrack # of education packets sent -Compare quantitative data	-Track # of children enrolled in MC/HF programs -Compare quantitative data collected to baseline

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

#### County: El Dorado

Goal: Increase enrollment of children in the Medi-Cal and Healthy Families programs. (October 1, 2006 – June 30, 2007) □ FY 2006 - 2007 (July 1, 2007 – June 30, 2008) □ FY 2007 - 2008 (July 1, 2008 – June 30, 2009)

X FY 2008 - 2009

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.

Outcome Objectives	Population(s) Served	Tasks, and Activities	Timeline	Responsible Staff and/or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
10% training	-Public Health staff	1) Conduct comprehensive training for all CHWs; 2)	7/1/08	-Public Health	-Training Calendar	-Track # of trainings
to maintain a knowledgeable	-Community based staff	Continue to require individual	0/30/07		-Individual research & education logs	-Track # of education
& competent	-AmeriCorp	opportunities as in Y1 & Y2				documents reviewed
workforce of CHWs	interns					-Compare quantitative data collected to baseline
B) Increase by 30% number of	-Parents of	1) Assess families eligibility; 2)	7/1/08 -	-Public Health	-CHW appointment	-Track # of annte conducted
MC/HF	children	appropriate insurance application	6/30/09	-First 5 SNP	calendars	-Track # of applications
assistance					CALL Gataroasc	-Compare quantitative data
appointments						collected to baseline
C) Increase by 20% the	-Parents of	1) Continue to streamline	7/1/08 -	-Public Health	- Pathwav	Track # of children community
number of	children	families in submitting required	6/30/09	-EDCCHC	documentation sheets	in MC/HF programs
enrolled in		in reconciling any outstanding			-MRMIB data	collected to baseline
D) Increase by	-Parents of	issues of program eligibility				
10% assistance	<u> </u>	of children enrolled in CHDP	6/30/09	-Public Health	-CHDP Gateway	-Track # of parent contacts
EDC CHIDD	children	Gateway to verify appl. for		administration	-CHDP provider	made
administration		MC/HF; 2) Continue to work		-Office support	referral logs	CHDP offices
& CHDP		parents of children in CHIDD		staff	-CHDP Gateway for	-Track # of assistance appts.
provider offices		Gateway to a CHW; 3) Advise			Infant education packet	-Track # of education packets
		parents of eligible children re: CHDP Gateway for Infants		11	-CHI database	-Compare quantitative data
E) Increase by	f	Provide application assistance	7/1/08 -	-Public Health	CUW	collected to baseline
times	uninsured 2	appointments on evenings,	6/30/09	r aoue riegitii	calendars	<ul> <li>Track # of appts. conducted after hours</li> </ul>
convenient for parents		parents are available			-CHI database	-Compare quantitative data collected to baseline
_	-Parents of I	Continue to work with First 5	7/1/08 _	Duklia Halth		
conducted at	children f	Special Needs Project to assist families with applications in their		-First 5 SNP	-CHW & SNP staff	assistance appts. conducted

J) Increase by -Parents of 10% the uninsured coordination of activities by CHWs & DHS families eligibility staff -Parents of 1) Continue to host Latino enrollment days at DHS one day families with adults eligible for assistance	20% the partners agency staff to as CHWs 2) rommunity agency staff to as CHWs 2) rommunity agency staff to as CHWs 2) rogram administrator to collect enrollment & analyze data from partners.	H) Increase by 10% attempts of 10% attempts uninsured assurance checks; 2) Continue to follow up with families to verify enrollment.  - Parents of 2 Continue to conduct quality assurance checks; 2) Continue to utilize Healthy Families 1-800 number; 3) CHI staff to check MEDS system, as appropriate	G) Increase by -CHWs 1) Continue to enroll families via 10% the Health-E-App., if internet is available of apps.
Latino DHS one day ue referring eligible for S for	n community THWs 2) ator to collect ze data from	uct quality 2) Continue to milies 1-800 aff to check appropriate	oll families via internet is
7/1/08 – 6/30/09	7/1/08 – 6/30/09	7/1/08 – 6/30/09	71/08 – 6/30/09
-Public Health -DHS	-Public Health -Other Safety Net Providers	-Public Health	-Public Health -First 5 SNP -EDCCHC
-CHW appointment calendars -Pathways documentation form -CHI database	-Agency staff lists -Training calendar -Meeting minutes -Interagency agreements	-Quality assurance reports -Pathway documentation sheets	-Training calendar -CHI database
-Track # of applications completed -Track # referrals made -Compare quantitative data collected to baseline	-Track # of community staff trained as CHWs -Track # of apps. by partners -Track # of enrollments by partners -Compare quantitative data	-Track # of follow-up calls made to parents -Track # of quality assurance checks -Compare quantitative data	-Track # of applications submitted via Health-E-AppCmpare quantitative data collected to baseline

County: El Dorado

X FY 2006 - 2007

(October 1, 2006 – June 30, 2007)

☐ FY 2007 - 2008

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

(July 1, 2007 – June 30, 2008)

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.

-	E) Increase by -Children	with CHI.	update contact MC/HF	_	10% number of   children	D) Increase by -Par	parents	premium by MC/HF		20% payment   children	_	parents	payment by MC	of one premium   enro		B) Increase by -Pai	in MC/HF	rate of children	On —		tem	A) Develop _C		Objectives Por
				enrolled in		-Parents of			enrolled in	dren	-Parents of		MC/HF	enrolled in	children	-Parents of				MC/HF	enrolled in	-Children	Served	Population(s)
1) Contact parent to ask about	Dontact parent	information changes in database	with CHI; 2) Record contact	them to update contact information	parents every 6 months to remind	1) Develon postcard to send to	verify premium paid	payment schedule: 3) Follow in to	premiums; 2) Help parent fill out	remind parents to pay monthly	1) Develop payment schedule to	parent's payment choice	payments are made 2) Record	programs when one-time premiums	cost savings applicable to some	1) Develop fact short	parents are being contacted	quality review checks to verify	of phone of man; 5) Conduct	hy phone or mail: 2) Confact parents	renewal dates: 2) Contact annual		a make, and Activities	Tasks and Activities
1/1/07 -				0/30/0/	6/30/07	1/1/07			0/30/0/	- 101111	1/1/07			0,50,07	6/30/07					6/30/0/	1/1/07 -			Limeline
-Public				неанп	-Public				Health	-Public	DLE			ricaim	-Public					Health	-Public	Partner(s)	Staff and/or	Responsible
-Client follow up	-Database	sheets	-Postcard	schedules	-Client follow up		8	-Database	-Documentation sheets	-Payment schedule		-Database	-Documentation sheets	Tact sheets	-Insurance premium			-Quality review checks	-Database	-Documentation sheets	-Renewal dates			Evaluation Methods
-Track # of contacts		compare to quantitative data collected	-Establish baseline data &	-Track # of address changes	-Track # of postcards sent	collected	compare to quantitative data	-Establish baseline data &	-Track # of payments on time	-Track # of payment schedule	compare to quantitative data	-Establish baseline data &	one time payments	<ul> <li>Track # of parents selecting</li> </ul>	-Track # of fact sheets		collected	compare to quantitative data	- Establish baseline data &	-Track # of review checks	-Track # of contacts		Data Collection	Performance Measures and

, b	r) Increase by 10% MC.HF renewal appts.	parents who reapply for MC/HF on their own.
children enrolled in MC/HF		MC/HF
available, offer to screen children ineligible for MC/HF for eligibility in another insurance program	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	renewal materials & encourage reapplication; 2) Answer questions regarding completing application; 3) Review documentation to be sent with renewal application
6/30/07	7/1/06– 6/30/07	6/30/07
-Public Health	-Public Health	Health
-Eligibility worksheets -Client documentation sheets -Database	-Client follow up schedules -Client documentation sheets -Database	schedules -Client documentation sheets -Database
-Track # of eligibility screenings for other programs -Track # of applications completed -Establish baseline data & compare to quantitative data collected	-Track # of contacts -Track # renewal apptsTrack # of applications -Track # of applications completed -Establish baseline data &	-Track # parents applying on own -Establish baseline data & compare to quantitative data

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

County: El Dorado

□ FY 2006 - 2007 (October I, 2006 - June 30, 2007)

> XI 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: 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...

70% retention rate of children	A) Maintain		Objectives	Major Outcome
<u> </u>	-Children	Served	Population(s)	Target
renewal dates; 2) Contact parents; 3) Conduct quality review checks	1) Maintain system to the	rasks, and Activities	Tasks and Astinition	Major Deliverable E
6/30/08			Timeline	
-Public Health	Farmer(s)	Staff and/or	Responsible	
-Renewal dates -Documentation sheets -Database			Evaluation Methods	
-Track # of contacts -Track # of review checks - Compare quantitative data		Data Collection	Performance Measures and	

H) Increaase by enrolled in system	tion children enrolled in MC/HF	-Parents of		-Parents of children enrolled in MC/HF	-Parents of children enrolled in MC/HF	-Parents of children m enrolled in MC/HF
1) Work with partners to create	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	renewal materials & encourage reapplication 2) if parent is unable or does not wish to complete app., schedule assistance appt.; 3) Assist parent with application  1) Check with Program	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	Send postcard to parents to remind them to update information;     Record contact information changes in database.	1) Distribute payments schedules to applicable parents; 2) Help parent fill out payment schedule; 3)Follow up to verify premium paid	1) Distribute fact sheet to applicable parents; 2) Record parent's payment choice
7/1/07-	6/30/08	6/30/08	7/1/07 – 6/30/08	7/1/07 – 6/30/08	7/1/07 – 6/30/08	7/1/07 – 6/30/08
-Public	Health	-Public Health	-Public Health	-Public Health	-Public Health	-Public Health
-List of agencies	-Client documentation sheets -Database	-Client follow up schedules -Client documentation sheets -Database	-Client follow up schedules -Client documentation sheets -Database	-Client follow up schedules -Postcard -Client documentation sheets -Database	-Payment schedule tracking sheets -Client documentation sheets	-Insurance premium fact sheets -Documentation sheets -Database
-Track # of appts. by SNP	- rrack # or engionity screenings for other programs - Track # of applications completed - Compare quantitative data collected to baseline	-Track # of contacts -Track # renewal apptsTrack # of applications completed - Compare quantitative data collected to baseline	-Track # of contacts -Track # parents applying on own - Compare quantitative data collected to baseline	-Track # of postcards sent -Track # of address changesCompare quantitative data collected to baseline	-Track # of payment schedule -Track # of payments on time - Compare quantitative data collected to baseline	-Track # of fact sheets -Track # of parents selecting one time payments - Compare quantitative data

	y 2) SNP  It with re-  rmation is		agency CHW assists parent with reapplication; 3) Client information is sent to CHI for tracking.
agency CHW assists parent with reapplication; 3) Client information is sent to CHI for tracking.	y 2) SNP nt with re- rmation is	y 2) SNP nt with re- rmation is	2) SNP -Safety Net It with re-
	-Safe Provi	-Safety Net Providers	

## 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)

X 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.

n enrolled in MC/HF through CHI -All parents of	-Parents of children n enrolled in MC/HF through CHI -All parents of	
		nnual ents; ecks
	7/1/08 – 6/30/09	
	-Public Health	
-Documentation sheets -Database	-Insurance premium fact sheets -Documentation sheets -Database	-Public Health  -Insurance premium fact sheets -Documentation sheets -Database
one time payments	-Quality review checks -Track # of fact sheets -Track # of parents sele one time payments	-Renewal dates -Documentation sheets -Database -Quality review checks -Track # of fact sheets -Track # of parents selecting one time payments
	-Parents of 1) Distribute fact sheet to 7/1/08 – Public -Insurance premium applicable parents; 2) Record 6/30/09 Health fact sheet	enrolled in enrolled in renewal dates; 2) Contact parents; 6/30/09 Health  MC/HF 3) Conduct quality review checks  -Parents of children applicable parents; 2) Record 6/30/09 Health -Public -Insurance premium

through through through	20% assistance children with applying enrolled in for other MC/HF	20% MC.HF children renewal application assistance appts.	of o	- of \	premium payment.
n 1) Maintain system to allow parents	Coordinator to determine HK in premium funding is available; 2) If yes, offer to screen children ineligible for MC/HF for eligibility in another insurance program			of	
7/1/08- 6/30/09	7/1/08– 6/30/09	6/30/09	7/1/08 – 6/30/09	y 7/1/08 – 6/30/09	
-Public Health	-Public Health	-Public Health	-Public Health	-Public Health	
-List of agencies	-Eligibility worksheets -Client documentation sheets -Database	-Client follow up schedules -Client documentation sheets -Database	-Client follow up schedules -Client documentation sheets -Database	-Client follow up schedules -Postcard -Client documentation sheets -Database	
-Track # of appts. by SNP agencies	-Track # of eligibility screenings for other programs -Track # of applications completed - Compare quantitative data collected to baseline	-Track # of contacts -Track # renewal assistance apptsTrack # of applications completed - Compare quantitative data collected to baseline	-Track # of contacts -Track # parents applying on own - Compare quantitative data collected to baseline	-Track # of postcards sent -Track # of address changes - Compare quantitative data collected to baseline	collected to baseline

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

County: El Dorado

(October 1, 2006 – June 30, 2007) X FY 2006 - 2007

(July 1, 2007 - June 30, 2008) □ FY 2007 - 2008

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

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

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

E) Increase by 20% education to parents regarding importance of a medical home.	F) Increase by 20% use of the "Obtaining a	Medical Home" pathway.	20% follow-up to families to verify utilization.
-Community partnersParents of children enrolled in MC/HF	-Parents of children referred from	hospital ED	children enrolled in MC/HF
Distribute list to parents and public.  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	1) Open an "Obtaining a Medical Home" pathway on all children referred from bossical ED.	Assign child to appropriate practitioner.	1) Develop protocol for routine follow-up with families to verify f 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	1/1/07 –		1/1/07 – 6/30/07
-Public Health	-Public Health	admitting staff	-Public Health
- Medical home fact sheets -List of distribution to safety net providers -Database	-Referral sheetsPathways	documentation sheets	-Client documentation sheets -Database
-Track # of fact sheets distributed in parent packets -Track # of fact sheets distributed by providers -Establish baseline data &	-Track # of children referred -Track # of children assigned	to medical home -Establish baseline data & compare to quantitative data	-Track # follow-ups attempted -Track # follow-up completed -Track barriers to access -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 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.

		Colectives		Major Outcome
	Served	Population(s)		Target
		Tasks, and Activities	Trador Deriverables, Functions,	Major Deliverables E
			Timeline	
Partner(s)	Jordin and/or	Staff - 1/	Responsible	
		Shoring Internors	Evaluation Mathada	
	Data Collection	Performance Measures and		

-Track # follow-up completed -Track barriers to access Compare quantitative data	-Database	TICAILLI	0,000	children utilizing their benefits; 2) Make at least 3 attempts to follow-	enrolled in CMC/HIF	verify verify
-Track # follow-ups attempted	-Client documentation	r ic	7/1/07 -	Continue to provide routine     follow-up with families to verify		dr A
-Track # of children referred -Track # of children assigned to medical home - Compare quantitative data	-Referral sheetsPathways documentation sheets	-Public Health -Hospital ED admitting	6/30/08	Home" pathway on all children referred from hospital EDs; 2) Assign child to appropriate practitioner.	) j	1 "3 "
-Track # of fact sheets distributed in parent packets -Track # of fact sheets distributed by providers - Compare quantitative data collected to baseline	- Medical home fact sheets -List of distribution to safety net providers -Database	-Public Health	7/1/07 – 6/30/08	all parent packets; 2) Distribute fact sheets to other safety net providers to give clients.	children enrolled in MC/HF	30% education to parent regarding importance of a medical home.  F) Increase by
-Track # lists distributed - Compare quantitative data collected to baseline	- Provider-Health Plan list. -Database	-Public Health	7/1/07 – 6/30/08	Health Plan list; 2) Distribute list to parents and public.	children enrolled in MC/HF -Community partners	30% provision of Provider – Health Plan list
-Track # benefits inquiries -Track # of referrals to customer service Compare quantitative data collected to baseline	- Client documentation sheets -Database	-Public Health	7/1/07 – 6/30/08	1) Continue to direct questions concerning benefits directly to health plan customer service departments.	-Parents of children enrolled in MC/HF	30% referrals to health plan customer service departments.
-Track # of packets mailed - Compare quantitative data collected to baseline	-Parent education packets -Database	-Public Health	6/30/08	child verified as enrolled.	children enrolled in MC/HF	30% education to parents regarding health plan information.
-Track # of partner agencies -Track # of trainings -Track # staff trained - Compare quantitative data collected to baseline	-First 5 Community Services Directory -Training agenda -Training calendar -Follow-up visitation logs	-Public Health -Community agencies	7/1/07 – 6/30/08	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.	-CHWs -Home visitation staff	30% education to CHWs & home visitation staff regarding community resources.  B) Increase by

*New in Y2 H) Increase by 20% the capacity of practitioners to accept children from CHI.	unization.
-Local medical providers -Community partners	
-Local medical providers community partners  -Community partners  CHI; 2) May provide technical assistance with respect to health plan licensing & certification- processes.	up with family; 3 Assist parents in addressing barriers to care.
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	collected to baseline

County: El Dorado

(October 1, 2006 – June 30, 2007) ☐ FY 2006 - 2007

☐ FY 2007 - 2008 (July 1, 2007 - June 30, 2008)

X 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.

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

information.						
C) Increase by	-Parents of	Continue to direct questions	7/1/08	D.11:		
30% referrals to	children	concerning benefits directly to	- 00/17/1	-Fublic	- Chent documentation	-Track # benefits inquiries
health plan	enrolled in	health plan customer service	0/30/09	Health	sheets	-Track # of referrals to
customer	MC/HF	departments			-Database	customer service
service		espu uncho.				Compare quantitative data
departments.						collected to baseline
D) Increase by	-Parents of	Maintain updated Provider	7/1/00	7		
30% provision	children	Health Plan list: 2) Distribute list to	//1/08 -	-Public	- Provider-Health Plan	-Track # lists distributed
of Provider -	enrolled in	parents and public.	0/30/09	Health	list.	- Compare quantitative data
Health Plan list	MC/HF				-Database	collected to baseline
	-Community					- 5000000000000000000000000000000000000
	partners					
E) Increase by	-Parents of	1) Continue to include fact chart:	7/1/00			
30% education	children	all parent packets: 2) Distribute foot	- 00/11/	-Public	- Medical home fact	-Track # of fact sheets
to parent	enrolled in	Sheets to other safety net provider	60/06/0	Health	sheets	distributed in parent packets
regarding	MC/HF	to give clients			-List of distribution to	-Track # of fact sheets
importance of a					safety net providers	distributed by providers
medical home.	٠				-Database	- Compare quantitative data
F) Increase by	-Parents of	1) Open an "Obtaining a Medical	71100			collected to baseline
30% use of the	children	Home" pathway on all children	- 80/1//	-Public	-Referral sheets.	-Track # of children referred
"Obtaining a	referred from	referred from hospital EDc: 2)	60/06/0	Health	-Pathways	-Track # of children assigned
Medical Home"	hospital ED	Assign child to appropriate		-Hospital ED	documentation sheets	to medical home
pathway.		practitioner		admitting		<ul> <li>Compare quantitative data</li> </ul>
G) Increase by	-Parents of	1) Continue to provide routing	711 100	statt		collected to baseline
30% follow-up	children	follow-up with families to weif.	//1/08-	-Public	-Client documentation	-Track # follow-ups attempted
to families to	enrolled in	Children utilizing their bones	6/30/09	Health	sheets	-Track # follow-up completed
verify	MC/HF	Make at least 2 att their benefits; 2)			-Database	-Track harriers to access
utilization.		viane at least 3 attempts to follow-		fi		Compare quantitation date
		up with family; 3 Assist parents in				Compare quantitative data
-		addressing barriers to care.		15		collected to baseline
	-Local medical	oners to	7/1/08 -	-Public	-Physician work	
20% the	-Community		6/30/09	Health	meeting minutes	-Track # of entry slots
	Community	practices for children involved in			-Communication loss	- ITACK # OF TECHNICAL
	parmers	CHI; 2) May provide technical			Communication logs	assistance requests
practitioners to		assistance with respect to health				-Establish baseline data &
accept children		nlan liaanaina 0	10000		*	compare to quantitative data
from CIII		Promise of Certification				