ATTACHMENT A 16005

King County Children's Health Initiative
Health Innovation Implementation Committee

Children's Health Initiative

2007-668

Children's Mental Health/Primary Care Integration Pilot

Criteria for Pilot Project Design

1. *Be time-limited within the period 2007-2010*
2. *Utilize an evidence-based practice in an innovative way*
3. *Use private funding*
4. *Dovetail with the State's expansion of children's insurance coverage*

Goal

The goal of the children's mental health/primary care integration pilot project is to promote the healthy social and emotional development of underserved children in King County ages birth to 12. To meet this goal, the pilot will focus on:

1. Increasing rates of screening in primary care settings for social/emotional/mental health symptoms and issues for children ages birth to 12 and, when indicated, their mothers.
2. Associated with screening for 0-3, increasing rates of screening for maternal depression.
3. Increasing the ability of primary care providers to identify, treat, and/or facilitate referrals for social/emotional/mental health symptoms and issues for children age birth to 12.
4. Identifying barriers to sustainability of mental health integration in primary care and policy implications and/or strategies for removing the barriers.

Pilot Project Description

As the mental health pilot will be targeting the same population at the same safety net sites that the Veterans and Human Services Levy's Maternal Depression plan is targeting, and both programs will be implemented through Public Health-Seattle & King County, the funding sources have been combined into one program targeting maternal depression and early identification and treatment of children's behavioral and mental health issues at 5 primary care integration sites for 4 years. The outcomes and measures for the maternal depression portion of the pilot model are based on and identical to those in the Levy

procurement plan. The combined program will leverage the two programs to achieve better outcomes , be a more effective and efficient use of funds and simplify the implementation and sustainability of the programs for the clinics.

The pilot design adopts best practice mental health integration strategies outlined in *The Best Beginning: Partnerships Between Primary Health Care and Mental and Substance Abuse Services for Young Children and Their Families,* Georgetown University National Technical Assistance Center for Children's Mental Health, 2005, including (1) medical home, (2) family-centered care, (3) mental health screening, (4) mental health services, (5) facilitated referrals, and (6) cultural and linguistic competence. Design of the pilot is also influenced by the National Initiative for Children's Healthcare Quality Learning Collaborative on Children's Mental Health.

1. What problem(s) are you trying to solve?

Recent data reveal the following trends related to children's mental health:

- Mental disorders gain the strongest foothold in youth: 50% of all cases start by age 14; 75% by age 24.[1]
- Results from a recent study indicate that preschoolers have a much higher rate of expulsion than K-12 students. About 8% of all preschoolers exhibit behavioral problems severe enough to warrant a psychiatric diagnosis. Behavioral problems in preschoolers have been associated with later behavioral problems and poorer peer social standings during kindergarten, as well as decreased educational achievement test scores in kindergarten.[2]
- Washington State data reveals that more children are being treated in hospitals for mental illnesses than for injuries.[3]
- Behavioral and emotional problems are 1.5 to 2 times more frequent in households with lower family incomes, headed by a single parent, where a parent is unemployed, or where the parent(s) did not graduate from high school.[4]
- One in five children and adolescents experience the signs and symptoms of a DSM-IV mental disorder during the course of a year.[5]
- Fewer than 20 percent -- 1.2 million of the roughly 7 million children with mental disorders in the United States -- ever get professional treatment.[6]

---

[1] National Comorbidity Survey Replication (NCS-R) taken every 10 years
[2] *Preschool and Child Care Expulsion and Suspension Rates and Predictors in One State*, Walter S. Gilliam, PhD; Golan Shahar, PhD, Infants and Young Children, Vol 19, No. 3, pp. 228-245, 2006
[3] Kids Count Study, University of Washington, Fall 2001
[4] Kids County Study. University of Washington. Fall 2001.
[5] 1999 *Mental Health: A Report of the Surgeon General.*
[6] According to the National Institute of Mental Health , McCredie, Scott. "When a child is mentally troubled: Warning signs help parents know when to seek, help." *Seattle Times.* September 18, 2002

- Emotional problems in children often are both serious and long lasting, and can lead to tragic consequences: poor academic achievement, failure to complete high school, substance abuse, involvement with the correctional system, lack of vocational success, inability to live independently, health problems, and suicide.[7]
- Youngsters with emotional problems not only have diagnosable disorders but also show significant impairments in important life domains, such as family, education, peers, work, and community.[7]
- A disproportionate number of low-income children experience emotional problems and a disproportionate number of low-income and racial and ethnic minority children do not access services for their emotional problems.[7]
- Youth with emotional problems are invariably involved with more than one specialized service system, including mental health, special education, child welfare, juvenile justice, substance abuse, and health; but no agency or system is clearly responsible or accountable for them. [7]

Strategies for early recognition and intervention to prevent and treat mental and developmental disorders in children are desperately needed. While trends show increasing numbers of younger children requiring mental health services, primary care physicians are not well versed in what to screen for, where and when to refer, and what interventions can be helpful at a primary care visit. In addition, there is a general lack of knowledge about early recognition of problems associated with children's social and emotional development among parents (particularly from lower income families). Because of these missed opportunities (the average child sees a doctor 15-20 times before starting kindergarten), early developmental, emotional and behavioral disorders are not detected, resulting in delayed treatment and potentially higher health care costs.

There is congruence in focus and activities related to mental health of adults and children in Washington State and in King County. The Children's Health Initiative takes into account and is strengthened by the following efforts.

Washington State received a SAMHSA Mental Health Transformation State Incentive Grant in 2005. The state will receive $2.73 million per year, for five years. The Mental Health Transformation Project (MHTP) grant requires extensive planning, community organization, research and evaluation, and will produce recommendations for change in service delivery as well as recommendations for policy, funding, and structural changes needed to improve services.

In 2007, the Washington State legislature took action to improve children's mental health. The legislative intent statement for children's mental health services was revised to place an emphasis on early identification, intervention, and prevention with a greater reliance on evidence-based and promising practices. The expressed goal of the Legislature is to create, by 2012, a children's mental health system with the following elements:

President's New Freedom Commission on Mental Health, Children and Families Subcommittee Summary Report, February 5, 2003.

a. a continuum of services from early identification and intervention through crisis intervention, including peer support and parent mentoring services;
b. equity in access to services;
c. developmentally appropriate, high-quality, and culturally competent services;
d. treatment of children within the context of their families and other supports;
e. a sufficient supply of qualified and culturally competent providers to respond to children from families whose primary language is not English;
f. use of developmentally appropriate evidence-based and research-based practices; and integrated and flexible services to meet the needs of children at-risk.

The State's General Assistance Unemployable (GA-U) program provides financial assistance and limited medical care to low-income individuals who are unemployable for more than 90 days due to a physical or mental disability. The GA-U Mental Health Pilot establishes a mental health treatment and care coordination function in safety net clinics serving the GA-U population.

In April 2006, King County Executive Ron Sims asked the Department of Community and Human Services (DCHS) to convene a workgroup to identify service system needs, and possible ways of addressing those needs, for individuals impacted by mental illness and chemical dependency. In July of 2006, the King County Council approved a motion calling for the development of an action plan to "prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case management services." Implementation includes school-based services focused on the mental health of adolescents.

Finally, the King County Veterans and Human Services Levy is funding two multi-year pilots beginning in 2008 related to mental health, covering veterans and their families, other high risk individuals and families, and pregnant women and parenting women at risk for depression and maternal mood disorder.

The CHI Children's Mental Health pilot project adopts screening and treatment strategies consistent with the GA-U and Veterans and Human Services Levy programs.

2. What specific outcome(s) or result(s) do you want the pilot project to produce?

See Draft Evaluation Plan

Outcomes and measures were developed in consultation with the following:

1. NCCBH Primary Care-Mental Health Collaborative
2. GA-U Mental Health – Primary Care Integration Pilot
3. Veterans and Human Services Levy – Draft Access Pilot
4. Veterans and Human Services Levy – Draft Maternal Depression Pilot

Draft Outcomes:
Clinical Outcomes

- Improve mental health status and functioning
- Improve clients' capacity to reduce risk and address early symptoms of depression

Process Outcomes

- Improve access to standardized depression screening
- Improve linkage to specialty mental health services
- Assure access

Infrastructure Outcomes

- Improve capacity to treat mental health issues in the primary care setting

3. What methods or approaches are you testing through your pilot?

- *What processes, activities, and/or services will the project deliver?*

The pilot will fund and evaluate integrated mental health services using an embedded behavioral health specialist model in 2-4 primary care practice sites.

The pilot model includes the following elements:

Medical Home and Family Centered Care

"A **medical home** is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. A medical home addresses how a primary health care professional works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met." (MassGeneral Hospital for Children's Center for Child and Adolescent Health Policy, http://www.massgeneral.org/children/professionals/ccahp/family_well_being_ma/ccahp_family_wellbeing_terms.aspx)

"The context of family and the relationship between parents and child are critical to a child's healthy development. The young child's well being is dependent on the well-being of his or her caregivers. **Family-centered care** supports the whole family by engaging parents as partners in their child's care, recognizing their strengths and role as decision makers, and empowering them to care for and support themselves and their child." (*The Best Beginning: Partnerships Between Primary Health Care and Mental and Substance Abuse Services for Young Children and Their Families,* Georgetown University National Technical Assistance Center for Children's Mental Health, 2005)

To be eligible for the pilot, sites will demonstrate their commitment to medical home and family centered care.

Mental Health Screening in Primary Care

"Comprehensive screening facilitates early identification of concerns and early intervention to address those concerns for both caregivers and young children. It can also encourage and support conversations about child development, parenting, and ways to strengthen the whole family."

The pilot will employ nationally recognized, evidence-based, standardized screening and assessment tools for children birth to age 3; children age four through twelve, and new mothers.

Mental Health Services

"Behavioral health services for young children and their caregivers include a wide array of mental health services for either the child or a member of his/her family, as well as substance abuse services provided to caregivers." (Ibid.)

The pilot design includes mental health professionals embedded in the primary care practice and a stepped care model including services provided by the primary care provider, the embedded mental health professional, and specialists through facilitated referrals. Pilot sites will establish registries for those patients identified through screening as needing mental health services. The registry will enable practices to track patients and evaluate effectiveness of treatment.

Facilitated Referrals

"Facilitated referrals help families to access resources and supports that can promote health and wellness, child development, and intervention to benefit both caregivers and the very young child. The use of facilitated referrals has been identified as a key component of a true medical home. These referrals do not merely involve providing a family with the name of a community-based provider, but rather occur within the context of ongoing relationships to ensure that the referral is a good fit for the client and to ensure that the primary care provider receives information back from the referral provider. . . . Facilitated referrals increase the likelihood of follow-up as well as improve the match between families' needs and services provided." (Ibid.)

Pilot sites will be expected to establish a primary relationship with a mental health agency for referrals to specialty care. Registries at the pilot sites will enable primary care practices to track referrals and assess patients' mental health status as a follow up to treatment by a specialist. Such assessments will result in modification of treatment plans as appropriate.

Cultural and Linguistic Competence

"Every family, including both immigrant and native-born families, has its own cultural and linguistic background and brings its unique experience, values, and beliefs to being a family and raising young children. The family's cultural influence on health, growth, and development; child-rearing; family relationships; and sense of community can shape the child's and family's health and development – including social and emotional health. Cultural factors can also impact the family's beliefs about health and wellness, health

care and behavioral health process, and services and support in the community. . . . Culturally and linguistically competent health and behavioral health care services in primary care settings can help ensure access to, engagement in, and timely intervention for young children and their families. (Hepburn, 2004.)" (Ibid.)

Pilot sites will be expected to demonstrate cultural and linguistic competence.

- *What evidence-based practices are you building into your project design?*

The pilot design is based on best practices in mental health services integration into primary care using the elements described above.

- *How does your pilot project adapt these best practices in innovative ways?*

This pilot adds the following innovative aspects to best practice:

1. Standardization of screening and assessment tools for children birth to age three, children age four to twelve, pregnant and new mothers.
2. Use of registries (rare for children and rare for mental health conditions)
3. Evaluation of model sustainability, including barriers and policy implications for overcoming them.

4. What is the staffing model for your pilot?

The pilot design is for mental health providers to be embedded in the primary care setting. Pilot will include at least one full-time mental health or behavioral health specialist embedded in a primary care practice. The pilot may also include consulting specialist time for the embedded mental health provider and primary care providers, and/or support staff to coordinate care.

5. What is the estimated annual cost for your pilot project?

See Draft Budget.
Approximately $600,000 over the life of the pilots.

6. What organization(s) do you think should administer your pilot project?

Public Health – Seattle & King County will administer contracts with the primary practice agencies.

7. What indicators will you use to make your project's outcomes measurable?

See Draft Evaluation Plan.

8. What is the projected implementation schedule for your pilot project?

See Draft Workplan

Mental Health Subcommittee

Neil Baker, M.D., Quality Advisor, National Initiative for Children's Healthcare Quality Children's Mental Health Collaborative
Kathy Barnard, Ph.D., University of Washington Family and Child Nursing, Center on Infant Mental Health and Development
Kristen Callison, Ph.D., Puget Sound Neighborhood Health Centers
Abie Castillo, Community Health Plan of Washington
Theresa Clark, M.D., Public Health Seattle & King County
Mark Fadool, LMHC, Odessa Brown Children's Clinic
Charissa Fotinos, M.D., Public Health Seattle & King County
Richard Kellog, Mental Health Division, Department of Social and Health Services
Barbara Mauer, M.S.W. CMC, MCPP Healthcare Consulting
Suzanne Petersen, Children's Hospital and Medical Center
Lisa Podell, Public Health Seattle & King County
Jeff Reiter, Ph.D., Community Health Centers of King County
Kathy TeKolste, M.D., University of Washington Center on Human Development and Disability

Staff: Sarah Hopkins, Public Health Seattle & King County

Children's Health Initiative
Pilot Project Work Plan

Children's Mental Health Pilot			
Task or Activity	**Individual Responsible**	**Schedule/Due Date**	**Deliverable, if appropriate**
Design Pilot			
Complete design of pilot	Sarah Hopkins ("SH)/Subcommittee	November 2, 2007	Pilot template
Complete budget template	Lisa Podell ("LP")	November 2, 2007	Budget template
Complete evaluation template	SH/ subcommittee	November 2, 2007	Evaluation template
Pilot approval	HIIC committee	November 16th, 2007	
	Levy Oversight Committee	November 15th, 2007	
Award Contracts			
Develop RFP	Anne Shields ("AS)/LP	December 31, 2007	RFP
Let RFP	AS	January 2, 2007	
Review applicants and choose grantees	AS/Review Committee	Feb 15,2008	Award Letters
Award contracts	AS	March 30,2008	Contracts

Children's Health Initiative
Pilot Project Work Plan

Children's Mental Health Pilot			
Task or Activity	**Individual Responsible**	**Schedule/Due Date**	**Deliverable, if appropriate**
Implement Pilot			
Meet with contractors re SOW and implementation	AS	March 30,2008	
Site training	AS	April 2008	Staff trained
Monitor progress	AS	April , 2008- contract end	Quarterly reports
Review invoices	AS	April , 2008- contract end	Quarterly Invoices
Evaluate	AS/LP/evaluator	April , 2008- contract end	Formative and final reports

King County Children s Health Initiative
Children's Mental Health Pilot Project Budget

Pilot Project:	2008	2009	2010	2011	4 Year Total
1. Personnel costs-benefits, supplies, travel, etc.	$12,356	$13,098	$13,884	$14,717	$54,055
2. Contracted Services	$125,000	$125,000	$125,000	$125,000	$500,000
3. Evaluation	$10,000	$10,000	$10,000	$10,000	$40,000
4. Indirect @ 7.69%	$11,332	$11,389	$11,449	$11,513	$45,683
5. **Total Pilot Project Expenses**	**$158,688**	**$159,487**	**$160,333**	**$161,230**	**$639,737**

HIIC Measures and Evaluation Plan

Mental Health/Primary Care Integration Pilot **Pilot Project Goal:** To promote the healthy social and emotional development of underserved children in King County ages birth to 12			
Outcomes	**Measures**	**Data Collection Source and Method**	**Data Collection Schedule**
Clinical Outcomes			
Improve mental health status and functioning[1,2,3,4]	Results of clients' periodic screening over time: PHQ-2; PHQ-9; GAD-7 (anxiety); ASQ-SE; Pediatric Checklist.	To be negotiated with pilot sites	To be negotiated with pilot sites
Improve clients' capacity to reduce risk and address early symptoms of depression[4]	# (%) Clients attending peer support groups or receiving other early intervention strategies during pregnancy or early in parenting years (0-3 years).	To be negotiated with pilot sites	To be negotiated with pilot sites
	# (%) children/and or their parents attending peer support groups or receiving other early intervention strategies.	To be negotiated with pilot sites	To be negotiated with pilot sites
Process Outcomes			
Improve access to standardized depression screening[1,3,4]	# (%) mothers receiving depression screening at prenatal, postpartum, and well child visits (for mothers of birth to age three children).	To be negotiated with pilot sites	To be negotiated with pilot sites

1. Consistent with NCCBH Primary Care-Mental Health Collaborative
2. Consistent with GA-U Mental Health – Primary Care Integration Pilot
3. Consistent with Veterans and Human Services Levy – Access Pilot
4. Consistent with Veterans and Human Services Levy – Maternal Depression Pilot

HIIC Measures and Evaluation Plan

	# (%) of children ages birth to twelve who received standardized mental health screening at well child visits.	To be negotiated with pilot sites	To be negotiated with pilot sites
Improve linkage to specialty mental health services[1,2]	Increased primary care practice tracking and follow up assessments for children and families who are referred to mental health specialists for care.	To be negotiated with pilot sites	To be negotiated with pilot sites
Assure access[3,4]	Demographic profile of clients served in pilot programs: Race/Ethnicity; Residence; Age; Insurance Status; Foster care/Intact family.	To be negotiated with pilot sites	To be negotiated with pilot sites
Infrastructure Outcomes			
Improve capacity to treat mental health issues in the primary care setting[1,2,3,4]	# (%) clients receiving treatment and follow-up through integrated behavioral health programs.	To be negotiated with pilot sites	To be negotiated with pilot sites
	# visits per client	To be negotiated with pilot sites	To be negotiated with pilot sites
	Increased numbers of primary care providers trained to identify, treat, and facilitate referrals for children with mental health issues.	To be negotiated with pilot sites	To be negotiated with pilot sites

1. Consistent with NCCBH Primary Care-Mental Health Collaborative
2. Consistent with GA-U Mental Health – Primary Care Integration Pilot
3. Consistent with Veterans and Human Services Levy – Access Pilot
4. Consistent with Veterans and Human Services Levy – Maternal Depression Pilot

Children's Health Initiative

Oral Health Pilot

Criteria for Pilot Project Design

1. *Be time-limited within the period 2007-2010*
2. *Utilize an evidence-based practice in an innovative way*
3. *Use private funding*
4. *Dovetail with the State's expansion of children's insurance coverage*

Oral Health Pilot Project: Goal

The goal of the oral health pilot project is to facilitate the expansion of oral health coverage for underserved children in King County. To meet that goal, Washington Dental Service (WDS) will fund an oral health pilot in King County that will improve the delivery of oral health services to kids.

Common objectives shared between WDS and King County are:

- Foster and support innovative outreach programs to assure eligible low income children are enrolled in effective oral health coverage programs;
- Implement an effective and efficient delivery model designed to improve oral health outcomes for low income children by providing effective, coordinated oral health care, including oral health prevention, with demonstrably high levels of quality and patient satisfaction;
- Develop an improved, streamlined enrollment process with reduced administrative burden to maximize resources;
- Act as a model for other private and public funding and partnership opportunities for sustainable health care coverage expansion; and
- Demonstrate the effectiveness of this new model at a County level, and as a model under which children in Washington can be assured access to quality, effective oral health care.

Pilot Project Description

Under new State law signed by Governor Gregoire in March 2007, the upper end of eligibility for children's medical and dental coverage in Washington State is raised to 250% of the federal poverty level (FPL) in July 2007, and to 300% FPL in January 2009.

The recommendation of the Children's Health Access Task Force (CHATF) was to cover children up to 300% FPL, which is of continuing importance since the new Act will leave an 18-month period during which many low income children in King County will not yet be eligible for coverage.

Washington Dental Service (WDS) proposes to respond to the recommendations of the CHATF by providing, in a collaborative pilot program with King County, $1 million of "in-kind" services and coverage relating to provision of dental services to children in King County who are between 250% and 300% FPL until January 2009, and develop a buy-in plan for families above 300% FPL who would be able to purchase this coverage at full cost. This pilot will provide an effective demonstration of the program to be launched by the State in January 2009 which will extend medical and dental coverage for children between 250% - 300% FPL. WDS's contribution to the pilot program will include the development, marketing, administration and evaluation of a county-wide dental coverage program, establishing a provider network for access to care, and payment for services provided for children falling in the 250% - 300% FPL range until January 2009. WDS will work with the other Health Innovation Implementation Committees(HIIC) to identify and enroll eligible children into this oral health pilot program

1. What problem(s) are you trying to solve?

Potentially avoidable dental problems represent one of the most widespread health problems among low-income children. Innovations are needed to create systems that assure that more children receive the care they need.

- In 2000, the Surgeon General's report on oral health documented disparities in oral health and access to dental care among vulnerable populations—80% of tooth decay is experienced by 25% of children
- Dental-related illnesses cause U.S. children to miss more than 51 million hours of school per year
- In King County, data show the following:
    - Half of all children in King County do not receive regular oral health care
    - Children of color and those in low income families are at least twice as likely, and in Seattle are three times as likely, to have untreated decay. Children who do not speak English are about twice as likely to have untreated decay.
    - One out of six third graders has untreated decay.
    - Only 30% of Medicaid children under six and 40% of those under 19 in King County saw a dentist in 2005

2. What specific outcome(s) or result(s) do you want the pilot project to produce?

The King County Children's Health Initiative's (CHI) oral health pilot project has two desired outcomes: improved delivery of oral health services to children who are between 250% - 300% FPL, and establish a buy-in dental plan for families above 300% FPL.

Outcome 1: The provision of dental services at no cost for children between 250% - 300% of the FPL.
WDS will provide oral health services for children (0-18 years of age) in families at 250% - 300% FPL in King County until January 2009 when the State is slated to include these children in the state-funded dental program. The pilot will serve as a demonstration model for the private sector administration of publicly supported dental services. The key components of this pilot are:

- Underwriting of the cost of providing dental services for an estimated 1,000 children in King County in families at 250% - 300% FPL
- Development and administration of a subsidized dental product providing services for children falling between 250% -300% FPL
- Development of a marketing plan to get the word out about this new dental product
- Outreach that targets this unique population—largely working families—and gets children signed up for the program and into care
- Utilization of existing WDS provider networks to deliver services
- Demonstration that greater administrative efficiencies, including timely payments to dental providers result in increased provider participation in a dental program targeting low-income children
- Establishment of a database for tracking data on children enrolled in the program, those connected to services, and the type of services delivered
- Development of an online enrollment process for eligible kids in collaboration with CHI's Online Pilot and Within Reach via ParentHelp123.org
- Strong evaluation component to assess the success of the program in meeting its objectives and value to the State of private sector administration of publicly funded dental program

Outcome 2: The creation of a buy-in at full cost for individuals and families above 300% FPL.
WDS will develop a buy-in dental plan for families over 300% FPL. The key components of this effort are:

- Underwriting of the cost of a buy in plan for dental services for families higher than 300% FPL to determine the premium cost
- Development of a marketing plan to get the word out about this new buy –in dental plan
- Utilization of existing WDS provider networks to deliver services

3. What methods or approaches are you testing through your pilot?

- *What processes, activities, and/or services will the project deliver?*
  - The pilot will deliver two new dental products. The first, a WDS dental insurance card given to children in families at 250% - 300% FPL that will provide oral health services at no cost to families similar to that now provided to Medicaid-eligible children and thereby stepping in to cover these services in advance of state funding in January 2009. The WDS dental insurance card will be identical to private WDS-insured clients and thus not stigmatized as a subsidized or publicly-funded program. The second product, an individual buy-in plan for dental insurance coverage for families above 300% FPL.

  - WDS will use their existing dental provider network to offer these services improving access to oral health services for low-income families in King County.

  - As a demonstration pilot the project will evaluate the feasibility of private sector administration of a publicly funded dental program.

- *What evidence-based practices are you building into your project design?*
  - From a clinical perspective the project will incorporate many of the evidence-based practices that are included in WDS commercial dental programs. The evidence-based practices are focused on providing preventive care. Comprehensive as well as periodic exams will be available at the same frequency as provided in WDS commercial plans. The program will include coverage for the application of fluoride varnish for prevention of decay. X-rays will be provided based on the ADA/FDA recommendations. All restorative care will be provided based on the principles of the Dental Care Guidelines which were developed by WDS in conjunction with practicing dentists in Washington.

  - From a programmatic perspective, the pilot project is modeled after the successful private-public partnership between Delta Dental of Michigan and the State of Michigan in the provision of Medicaid dental benefits through the *Healthy Kids Dental* (HKD) program. HKD is administered by Delta Dental which was able to significantly broadened the network of dental providers serving Medicaid children by using Delta Dental providers to deliver Medicaid dental benefits. It also increased the Medicaid reimbursement to those providers equal to that paid for private Delta Dental clients. In the first year there was a 32% increase in utilization rates for children enrolled in the HKD program. The higher reimbursement rates and the administrative ease that Delta Dental brings to the program are credited with the success of the program, which has now expanded from 22 to 59 counties in Michigan.

  - Project design will build into the pilot WDS-standard administrative efficiencies that result in less burdensome paperwork and more timely payment for providers, which reduces barriers for dental providers to participate in programs providing dental services to low-income families.

- *How does your pilot project adapt these best practices in innovative ways?*
  - Best practices from a commercial program design will be introduced into a Medicaid environment. The innovation of introducing and implementing the pilot program in the same manner as a commercial program should increase access to care for all

4. What is the staffing model for your pilot?

WDS will use in-house resources for underwriting, development, and administration of the pilot project and the development of a marketing plan. WDS will avail itself of its existing network of dental providers to deliver services.

King County staff will work with WDS to develop the proposal for the Health Innovation Implementation Committee and staff the Oral Health Sub-committee. With funding from an overlapping program, PHSKC will hire an Outreach Coordinator to identify children from families at 250% - 300% FPL and facilitate enrollment of them into the WDS program.

5. What is the estimated annual cost for your pilot project?

A cost estimate is being developed by WDS.

- *Are there one-time start-up costs, capital costs, etc?*

There are one-time costs associated with the development of a subsidized dental product such as developing a marketing strategy, production of marketing materials and the creation of an online enrollment process.

- *Will personnel be on contract or on salary?*

It is anticipated that personnel will be on salary.

- *What are the revenue sources and amounts required to support your project?*

WDS is contributing $1 million for the oral health pilot project. A full pilot budget is under development. PHSKC under a separate grant with overlapping focus areas will contribute $60,000 in support of outreach efforts to locate and enroll eligible families that fall in the 250% - 300% FPL range.

6. What organization(s) do you think should administer your pilot project?

WDS will administer the pilot project.

7. What indicators will you use to make your project's outcomes measurable?

- *What data will you need to collect?*

Outcome 1: Data will be collected on the number of kids enrolled in the WDS subsidized program; of those kids signed up, how many access dental services; where services were accessed (were services delivered by a WDS network provider); what type of services were provided—restorative vs. prevention; dental home; financial data will include expense of the annual provision of services for how many children.

Once the online enrollment system is in place, data will be tracked on the number of applicants per month that fall between 250% - 300% FPL through that are enrolled through this system

Outcome 2: Data will be collected through existing WDS data systems to track access and utilization data for families that select to purchase a dental plan through the buy-in option.

- *What methods will you use to collect this data?*

WDS currently tracks access to care data such as utilization and type of services delivered for individual participants. This data can also be aggregated to develop population based metrics. The same tracking and reporting capabilities will be available for this pilot program.

The CHI Online Pilot will have built-in capacity to track applicants using the system.

8. What is the projected implementation schedule for your pilot project?

Summer 2007:

Underwriting for oral health pilot project
August 6, 2007: Initial meeting with State to discuss Oral Health pilot project concept
Sept 4, 2007 First meeting of Oral Health Sub-committee to present pilot ideas

September 24, 2007:

Presentation to, and adoption of oral health pilot project concepts to HIIC

September/October/November 2007:

Follow-up meeting with State
Oral Health Pilot Project design completed
Marketing plan developed
Marketing materials produced
Buy-in plan in development
Outreach strategy work plan developed

	Outreach position hired Link with ParentHelp123 and Online Pilot regarding online enrollment Oral Health Sub-committee meeting November 16, 2007: HIIC meeting
December 2007:	Marketing materials field tested and finalized
January 2008:	Kids begin to be enrolled in WDS oral health program
February 2008:	Initial link between Within Reach and WDS websites functional

Members Oral Health Sub-committee

Dale Ahlskog, Molina Healthcare of Washington
Joel Berg, University of Washington School of Dentistry
Moffett Burgess, Public Health - Seattle & King County
John Caron, Community Health Centers of King County
Abie Castillo, Community Health Plan
Chris Delecki, Odessa Brown Children's Clinic, SKCDS
Jon Gould, Children's Alliance
Ron Inge, Washington Dental Service
Susan Johnson, Health Action Plan, Public Health - Seattle & King County
Marty Leiberman, Puget Sound Neighborhood Health Centers
Karen Merrikin, Group Health Cooperative
Laura Smith, Washington Dental Service Foundation

Staff: Susan Thompson, Health Action Plan, Public Health - Seattle & King County

Children's Health Initiative
Pilot Project Work Plan

Oral Health Pilot:			
Task or Activity	**Individual Responsible**	**Schedule/Due Date**	**Deliverable, if appropriate**
Enrollment, Eligibility, Claims			
Explore potential links with ParentHelp123	Nancy Carey/Susan Thompson	10/04/2007 Meeting Follow-up meeting November 2007	1)Shared eligibility criteria 2) Creation of link on ParentHelp123 to WDS web page—Feb 2008 3) Phase in online eligibility on ParentHelp123 site
Hire IT developer to create web site for the program. Develop online enrollment system	Nancy Carey/Gavin James	complete	Program web site will go live Dec 1st 2007
Design eligibility criteria/application for enrollment into program	Nancy Carey/Gavin James/IT developer	complete	Application form
Hire TPA to handle enrollment and eligibility for the program	Nancy Carey	November 2007	System in place by and ready to activate by 1/1/08
Finalize lists of dental provider and prepare documents to send to providers	Nancy Carey/Darlene O'Neill	complete	PPO network in place and providers aware of new WDS program
Design and develop program for 300% and above and explore partnership with medical.	Nancy Carey Ron Inge	Spring 2008	Dental plan available for buy in for this group

Children's Health Initiative
Pilot Project Work Plan

Oral Health Pilot:			
Task or Activity	**Individual Responsible**	**Schedule/ Due Date**	**Deliverable, if appropriate**
Prepare packet for new enrollees	Nancy Carey/Darlene O'Neill	December 2007	Enrollee packets
Marketing			
Hire marketing/communications person to design program materials (Gavin James)	Nancy Carey	complete	Consultant hired
Develop marketing materials in multiple languages	Gavin James	complete	Marketing materials
Print materials	Nancy Carey	December 2007	Final marketing materials
Outreach			
Hire outreach lead (Darlene O'Neill)	Nancy Carey	Complete	Staff hired
Hire Bilingual (Spanish speaking) outreach worker	Nancy Carey	Complete	Staff hired
Hire Outreach and Enrollment Specialist through the RWJF grant (Eugene Shen)	Susan Thompson	November 15, 2007	Staff hired
Design outreach strategies/plan to locate families and enroll children in program	Darlene O'Neill/Susan Thompson/Eugene Shen	November 2007	Coordinated outreach plan

Children's Health Initiative
Pilot Project Work Plan

Oral Health Pilot			
Task or Activity	**Individual Responsible**	**Schedule/ Due Date**	**Deliverable, if appropriate**
Meet with City of Seattle re: subsidized day care for families at 250% - 300% FPL. Provide listing of all facilities to be integrated with outreach plan	Susan Thompson/Darlene Oneill	11/2/2007 Follow-up meeting end of November 2007	Links established to City of Seattle programs
Deploy outreach team in community to disseminate program information to key contacts at schools, child care resources, small businesses, City of Seattle Programs, etc.	Darlene Oneill/Susan Thompson	December 2007	Contacts made-multiple programs, agencies, schools have program information
Community outreach work to locate families and enroll children	Darlene O'Neill/Eugene Shen	January 1, 2008	Children enrolled in program
Follow-up with enrolled families to assure access to services	Darlene O'Neill/Eugene Shen	Ongoing 2008	Children access services
Meetings:			
Quarterly meeting of the Oral Health Sub-committee	Susan Thompson/Nancy Carey	Ongoing 2008	
Participation in HIIC meetings	Susan Thompson/Nancy Carey	Ongoing 2007/2008	
Meetings with State to discuss pilot project	Susan Thompson/Ron Inge/Laura Smith	December 2007; spring and summer 2008	

Children's Health Initiative
Pilot Project Work Plan

Oral Health Pilot:			
Task or Activity	**Individual Responsible**	**Schedule/ Due Date**	**Deliverable, if appropriate**
Evaluation			
Mid term evaluation of progress to date	Susan Thompson	June 2008	Report on # children enrolled and utilization of services
Final evaluation	Nancy Carey/Susan Thompson/WDS	Fall 2008; report due December 2008	Evaluation report

King County Children s Health Initiative
Oral Health Pilot Project Budget

Pilot Project:		2008	2009	2010	3-Year Total
1.	Personnel costs-benefits, supplies, travel, etc.	200,000			
2.	Contracted Services- Claims/Administrative	760,000			
3	Outreach Services	61,000			
4	Evaluation	40,000			
6	**Total Pilot Project Expenses**	**$1,061,000**			

Children's Health Initiative
Pilot Project Measures and Evaluation Plan

Oral Health Pilot			
Pilot Project Goal: To facilitate the expansion of oral health coverage for underserved children in King County			
Outcomes	**Measures**	**Data Collection Source and Method**	**Data Collection Schedule**
Increased access to and use of dental services for children in families between 250% - 300% of FPL	1) # of children enrolled in the program 2) # of children in program who access services 3) Type of services delivered: preventive vs. restorative 4) Number of participating dental providers 5) Cost of services delivered	WDS and TPA* will establish a database to track children enrolled in the program. WDS has existing database that to track which enrollees access services, the type and cost of services delivered.	Data will be routinely collected on a monthly basis.
Increased access to and use of dental services for children in families above 300% FPL who take advantage of the buy-in option (Contingent on project offering this option)	1) # of families enrolled in program 2) # of children who access services 3) Type of services delivered	WDS will track data for families in the above 300% buy-in option in existing database system	Data will be routinely collected within WDS system on a monthly basis
Improved administrative ease of processing claims and reimbursing providers for services delivered	1) Provider satisfaction	Clegg and Associates with develop and administer a survey	Conduct survey November 2008

Children's Health Initiative
Pilot Project Measures and Evaluation Plan

		for participating	
Services are cost effective and feasible for replication statewide	Project costs compared to current state costs.	Clegg and Associates	Conduct survey and analysis data by November 2008

*Third Party Administrator

Online Enrollment Pilot

Criteria for Pilot Project Design

1. *Be time-limited within the period 2007-2010.*
2. *Utilize an evidence-based practice in an innovative way*
3. *Use private funding*
4. *Dovetail with the State's expansion of children's insurance coverage*

Online Enrollment Project: Goal

The online enrollment subcommittee's goal is to facilitate families in applying and staying enrolled in public coverage and linking to medical and dental homes by supporting web-based processes that reduce barriers children face in accessing health care services, specifically those related to the paper application and enrollment process.

Pilot Project Description

The King County Children's Health Initiative (CHI) online enrollment project will use a public/private partnership to improve the ease of applicants in using the web to apply for public health coverage programs and access services. In the near-term the King County effort will work to support and augment existing online enrollment efforts (WithinReach's and DSHS') and in the longer term the King County CHI will pilot ways to expand the set of children's health coverage administrative transactions, such as selecting a health plan and providers, that families can accomplish online.

Specifically, King County CHI staff will work with WithinReach to accomplish three activities:

1. **Electronic submission** of applications through an e-submission pilot with a technical and policy development approach.

2. A **"super user" version** of ParentHelp123.org that application workers and other outreach staff can use with families to rapidly fill out an application for benefits.

3. An online enrollment process for the new King County **dental program.**

The King County CHI staff will provide input to the DSHS **ESA Online Application** by serving on the Business Requirements committee for the ESA online application project in 2007 and 2008.

Future online enrollment efforts will include developing a feasibility analysis of online health plan and provider selection.

1. What problem(s) are you trying to solve?

Current application processes and their barriers include:

- **Paper application**—While there is a uniform children's health application in Washington State, there are four children's programs in Washington State and three also have their own application. The Basic Health Plan application, for example, is nine pages long. The application turn around time can be lengthy.

- **Online CSO**—DSHS has an existing "online CSO" (community services office) application on its website that creates an e-mail from the data entered by a user. DSHS eligibility staff then must retrieve the e-mail and follow-up with the applicant to collect pay stubs, citizenship documentation and a pen-and-ink signature, which also can be a lengthy process.

- **ParentHelp123.org**—WithinReach has a new user-friendly web application that screens users for health coverage (Medicaid, SCHIP, Basic Health) and food assistance programs (Food stamps, WIC) and allows users to quickly and easily fill out multiple program applications. Users print the completed forms which must be signed and mailed with the appropriate documentation.

- **ESA's Online Application development**—The Economic Services Administration (ESA) of DSHS has a new online application project underway that will improve the functionality of the "online CSO." The new online application will transfer data directly into the Document Management System (DMS), which is used to establish eligibility for cash assistance and basic food, and has a goal to transfer data to the ACES system, which is used to determine eligibility for health coverage.

  The ESA Online Application will improve on the current online CSO and will address how to collect electronic signatures. However, the project will not implement improvements to the current process of mailing or faxing income and citizenship documents. It is unclear how the applicants' documents will systematically be matched to the correct electronic application. The ESA online application is on a fast track at DSHS and is expected to be operational in the spring of 2008. It represents a partial improvement to current enrollment systems.

2. What specific outcome(s) or result(s) do you want the pilot project to produce?

Near term: The first goal of the online enrollment project is to support the two new efforts to improve the online enrollment process in Washington State through WithinReach and through the Economic Services Administration of DSHS. There are four ways to further this goal:

1. Support Within Reach's capacity for **electronic submission** of applications by discovering and navigating the technical requirements and policy changes necessary to implement an e-submission pilot.

   Technical capacity will be developed by researching current ParentHelp123 users' submission rates/practices and barriers to submission, designing e-submission functionality, developing a beta version and implementing user testing.

   Policy changes will be explored by summarizing ParentHelp123's user data, demonstrating the value-added potential for statewide implementation, facilitating stakeholder conversations through sub-committee meetings and a California informational meeting and developing a concrete e-submission pilot plan. Note that one of the first sub-committee activities will be to host a site visit from technical and policy staff of the California Health-e-App website to learn from their successes and challenges.

2. Develop a **"super user" version** of ParentHelp123.org that application workers and other outreach staff can use with families to rapidly fill out an application for benefits. This streamlined provider interface will allow case managers, outreach workers, eligibility workers, community health clinics, community technology center staff and others to quickly and easily assess eligibility and enroll families in needed programs.

   This task would entail: identifying "super users" (likely a group of King County application workers, health centers outreach staff and others) to gather input regarding needed functionalities (question format, stand-alone application, security, case-management tools), gathering input and developing draft user interface screens/modules and developing a demo prototype and training program.

3. Create an online enrollment process for the new King County **dental program** for children in families earning between 250% and 300% of the federal poverty level. This target group of middle income families is likely to have ready access to the internet. Outreach materials for this dental pilot project will refer interested applicants to the ParentHelp123 website.

4. Support DSHS' **ESA Online Application** by serving on the Business Requirements committee for the ESA online application project in 2007 and 2008.

Additional longer term online improvement possibilities include using the web to connect families with newly acquired coverage to a health plan, physician and dentist. This approach would pilot the ability to select a health plan, a regular physician and a dentist either during or right after the enrollment process. California's Health-e-App websites now allow families to do this. Another long term improvement includes allowing families to re-certify online for health coverage. This would reduce the number of families that lose coverage during the re-certification process.

The overarching objective of both near term and longer term goals is to increase the number of children who sign-up, are approved, and stay enrolled in publicly-funded health coverage and establish a medical and dental home to receive needed services.

3. What methods or approaches are you testing through your pilot?

a. What processes, activities, and services will the project deliver?

The King County CHI staff will work with WithinReach to accomplish three activities: **Electronic submission** of applications through an e-submission pilot with a technical and policy development approach, a **"super user" version** of ParentHelp123.org that application workers and other outreach staff can use with families to rapidly fill out an application for benefits (this work would occur in conjunction with the King County Outreach and Linkage Committee) and an online enrollment process for the new King County **dental program.** This work would be accomplished with the King County CHI dental pilot project.

The King County CHI staff will work with the DSHS ESA Online Application workgroups and other stakeholders to provide input to the **ESA Online Application** by serving on the Business Requirements committee for the ESA online application project in 2007 and 2008.

Next steps will include developing a feasibility analysis of online health plan and provider selection.

b. What evidence-based practices are you building into your project design?

Within Reach's ParentHelp123.org is a user-friendly website that screens clients for eligibility in food and health insurance programs, and helps parents fill out the application forms. To date, 11,000 people have been screened for program eligibility using ParentHelp123 and families have completed over 2,000 program applications. Several other states, including Pennsylvania's Commonwealth of Pennsylvania's Access to Social Services (COMPASS), have eligibility screening tools. Like ParentHelp123.org, COMPASS then prompts the parent to select which of the eligible programs they wish to apply for, and simultaneously enters all relevant information into the various applications, eliminating the need for the parent to fill out multiple forms.

Both California's Health-e-App and Georgia's online enrollment system offer online applications that parents may sign and submit electronically. All the information is transferred to and stored in an automated "back-end" without requiring excess or redundant data entry by staff. Georgia's system also allows parents to self-declare their income and does not require extra verification documents to be submitted.

c. How does your pilot project adopt these best practices in innovative ways?

The online enrollment project will combine all of the above services, allowing parents to determine if they are eligible for health insurance and to complete the entire application process electronically. Electronic applications will be more easily entered into the state Document Management System without having to be manually scanned into the system. In addition, the project eventually will take this a step further. By giving parents the opportunity to select a health plan and provider and to schedule a first visit, it decreases the amount of follow-up needed. The time and confusion associated with the need for multiple phone calls to both outreach workers and doctor's offices or clinics is a major barrier to the use of health care services, even after the child is enrolled in health insurance. Decreasing the extra steps will increase the likelihood that parents will take their child to the doctor. Allowing re-certification online will increase the likelihood that children will remain enrolled in health care without gaps of coverage.

4. What is the staffing model for your pilot?

a. What types of staff do you need? With what credentials? How many of each?

King County staff will work with Within Reach staff to develop specific proposals for each of the three activities. An estimate for the electronic submission work is $80K to $100K. An estimate for the super-user module development is $75 to $85K. The costs for developing the dental online enrollment module will need more scope definition before an estimate can be developed. Estimated costs for hosting three California Health-e-App staff to meet in October or November 2007 with Within Reach, ESA, HRSA, WDS King County staff and other interested parties are $5K to $8K.

In the longer term, staff and expert consulting will be needed to write a feasibility report for implementing the King County health plan, provider and dentist selection function.

5. What is the estimated annual cost for your pilot project?

a. Are there one-time start-up costs, capital costs, etc.?

In 2008, to support three WithinReach capability improvement total estimated costs are $155K to $185K, plus the costs of developing the dental module, plus about $7K in 2007 for the California site visit. These all are start-up costs.

b. Will personnel be on contract or on salary?

Personnel will primarily be on contract through WithinReach. Some staff work will be provided through PHSKC on an on-going basis.

c. What are the revenue sources and amounts required to support your project?

In 2008, an estimated $155K to $185K will be needed to support the e-submission and super-user module development at WithinReach. An additional amount yet to be determined will be needed to develop the online dental enrollment process at WithinReach. In 2007, $7K to support the CA site visit will be needed. In late 2008, costs to support the technical recommendations for a feasibility study for health plan, physician and dentist selection will be needed, estimated between $30K and $40K.

6. What organization(s) do you think should administer your pilot project?

Within Reach should administer the first three components of online activities. King County staff will work to host the California site visit and staff the ESA Business Requirements work-group.

7. What indicators will you use to make your project's outcomes measurable?

a. What data will you need to collect?

E-submission: the accomplishment of an electronic link between ParentHelp123 and a DSHS office will be the most basic measure of success for this activity. Additional measures of effectiveness will include the number of families who apply online and whose data is submitted electronically to DSHS per month.

Super-user module: the creation of the super-user test module will be the basic measure for this activity, with additional measurement of the number of applications submitted per month using the module.

Dental online application: the creation of the dental module will be the basic measure and the number of applicants per month will be measured over time.

The first measure of the pilot web capability for families to select health plan, provider and dentist will be the feasibility study. Eventually, the number of families per month who use this function will be reported.

b. What methods will you use to collect this data?

We will work with WithinReach to design a data collection plan for their activities. A separate data collection approach will be included as part of the feasibility study.

8. What is the projected implementation schedule for your pilot project?

September 24, 2007 HIIC meeting: initial presentation of the proposals to develop e-submission, super-user and dental enrollment capability for ParentHelp123 to the HIIC.

Fall 2007: King County staff participation with ESA online enrollment development

October 2007: site visit from California Health-e-App staff.

November 16, 2007 HIIC meeting: completed proposals, cost estimates. Launch research & development phase of e-submission.

December 2007: Planning meeting with WDS and WithinReach to develop dental modules

January 2008: Establish "super-user" test group, launch test, gather user feedback.

February 2008: Establish initial link between WithinReach and WDS websites.

March 2008: Pilot test of e-submission.

July 2008: ESA online application in operation. Develop and test "super-user" UI/modules.

Members Online Sub-committee

Kay Knox, WithinReach
Patty Hayes, WithinReach
Teresa Mosqueda, Children's Alliance
Manning Pellanda, DSHS Health and Recovery Services Administration
Scott Reese, DSHS Economic Security Administration
Susan Thompson, Public Health Seattle-King County
JoAnn Whited, WithinReach
Mary Winkler, DSHS Economic Security Administration
TBA, Washington Dental Services

Staff: Kirsten Wysen, Public Health Seattle-King County

Children's Health Initiative
Online Application E-Submission Pilot Project Work Plan

E-Submission Pilot			
Task or Activity	**Individual Responsible**	**Schedule/Due Date**	**Deliverable, if appropriate**
Research current ParentHelp123 users' submission rates/practices and barriers to submission	WithinReach	1/1/2008	
Determine the process of e-submission with DSHS (PH123 → DSHS)	WithinReach/DSHS/PHSKC	3/28/08	E-submission Map
Facilitate stakeholder conversations	WithinReach/PHSKC		
Define policy changes needed to make the process work	WithinReach/DSHS/PHSKC	4/31/08	Report of findings
Design e-submission functionality and scope technical changes need to accomplish e-submission	WithinReach	5/15/08	Scope of functional requirements
Design the user interface	WithinReach		
Develop and test a beta version	WithinReach/DSHS	7/15/08	Beta version
Conduct user testing	WithinReach		
Launch PH123 e-submission pilot	WithinReach	9/1/08	E-submission live
Maintain/Support pilot functionality – and facilitate on-going stakeholder communication	WithinReach		
Evaluate e-submission pilot outcomes and develop timeline for statewide implementation	WithinReach	4/30/09	Outcome report

Children's Health Initiative
Online Application Super User Pilot Project Work Plan

Super User Pilot			
Task or Activity	**Individual Responsible**	**Schedule/Due Date**	**Deliverable, if appropriate**
Identify "super users"	WithinReach/PHSKC	2/01/08	
Design super user input plan	WithinReach/NPower	3/01/08	
Gather input regarding needed functionalities, including further research with One-e-App	WithinReach/Super Users	5/1/08	Super User Input Data
Define target audience and project scope	WithinReach	6/1/08	
Determine functionalities/technical requirements	WithinReach	7/1/08	Scope of functional requirements
Design the wire frames	WithinReach	7/15/08	
Develop and test prototype	WithinReach/Super Users	8/30/08	
Create a training protocol	WithinReach	8/1/08	
Develop user interface, in conjunction with Verizon grant work	WithinReach	10/01/08	
Develop and test a beta version	WithinReach	1/01/09	Beta version
Conduct user testing	WithinReach/Super Users	2/1/09	
Launch super user version	WithinReach	3/01/09	Super user version live
Develop print materials and market to target audience	WithinReach	4/01/09-6/01/09	Marketing material

King County Children s Health Initiative
Online Pilot Project Budget

Pilot Project:	2008	2009	2010	3-Year Total
1. Personnel costs-benefits, supplies, travel, etc.	$ 102,000	$ 79,576	$ 68,000	**$ 249,576**
2. Contracted Services	$ 52,000	$ 40,444	$ 34,844	**$ 127,289**
3. Evaluation	$ 14,667	$ 11,200	$ 9,600	**$ 35,467**
4. Indirect @ 17%	$ 11,333	$ 8,780	$ 7,556	**$ 27,668**
5. **Total Pilot Project Expenses**	**$ 180,000**	**$ 140,000**	**$ 120,000**	**$ 440,000**

Online Enrollment Measures and Evaluation Plan

Online Enrollment Pilot			
Pilot Project Goal: To facilitate families in applying and staying enrolled in public coverage and linking to medical and dental homes by supporting web-based processes that reduce barriers children face in accessing health care services, specifically those related to the paper application and enrollment process.			
Outcomes	**Measures**	**Data Collection Source and Method**	**Data Collection Schedule**
ParentHelp123.org establishes an electronic link to allow families the ability to submit applications to the state electronically	• ParentHelp123's electronic submission feature is functional		
Families are able to submit health/dental care coverage applications for their children online	• Number of children that submit applications online via ParentHelp123.org	Website data	Ongoing
Providers are able to use the "super user" version of ParentHelp123 to submit health/dental care coverage applications for their clients	• Number of providers that use, "subscribe", or have a log-in to the super user version • Number of children whose applications are submitted by providers via ParentHelp123.org	Website data	Ongoing
Families enroll their children in the new King County dental program.	• Number of children that are referred to the King County dental program website via ParentHelp123.org.	Website data	Ongoing

Online Enrollment Measures and Evaluation Plan

Increased number of children who sign-up for publicly-funded health coverage	Number of children that submit applications online via ParentHelp123.org		

November 13, 2007