

GRANT APPLICATION COVER PAGE

Name of Applicant Organization: Crawford County Home Health, Hospice & Public Health DBA HCCMS Family Health Services

Address: 105 N. Main Street
Denison, IA 51442

Phone: 712-263-3303 Fax: 712-263-4033

Contact Person: Sharon Davidson RDH (Hygienist) / Monica Neumann (Financial)/ Kim Davis BSN RN (Project Director) / Laura Beeck BSN RN (Executive Director)

Board of Directors Chairperson of Applicant: Kevin McKeown, DVM

Is your organization

Private School Public School
 Private Not for Profit Government
 Private for Profit Other _____

Tax Exempt Status [e. 501 C (3)]: Exempt

Federal ID#: 42-6004496

Name of Project: Boost4Families Oral Health Project

Target Population of Project: Children ages 0-5 attending preschool/daycare

Category New Project Existing Project

Total amount requested from Boost4Families \$ 2,658.00

In-Kind Contributions \$ 0.00

Other funding secured for this project \$ 1,082.12

TOTAL PROGRAM COST \$ 3740.12

I certify that I am duly authorized to commit and assurances for the applicant, and therefore agree to comply with all the provisions of the Request for Proposal, and to the best of my knowledge, the information contained in this application is correct and complete.

Signature of authorized Officer/Director of Applicant

Date

Executive Director
Title



PROJECT NARRATIVE

ORGANIZATION DESCRIPTION

HCCMS (Harrison, Crawford, Cass, Monona, Shelby) Family Health Services is a five county Maternal/Child Health (MCH) and Family Planning (FP) Project that receives grant funding from the Iowa Department of Public Health (IDPH). HCCMS is operated out of Crawford County Home Health, Hospice & Public Health under the direction of Laura Beeck, BSN RN, Executive Director and Kim Davis, BSN RN, Project Director.

In 2005, the Iowa legislature passed a Medicaid reform initiative that included a mandate stating all children twelve years of age or younger who receive medical assistance shall have a designated dental home and shall be provided with dental screenings and preventive care as identified in the oral health standards of the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). In response, the I-Smile Dental Home Project was created.

The goal of the I-Smile Dental Home project is to ensure that children receive age-appropriate comprehensive dental care. A dental home provides acute care, preventive services, assessment of oral disease, individualized preventive care based on risk assessment, anticipatory guidance, information about caring for teeth and gums, dietary counseling, and referral to dental specialists as needed.

Primary prevention and care coordination are the focus of the I-Smile project. Through referrals, dentists will serve as the providers of treatment and definitive evaluation. Additional health professionals, such as registered dental hygienists (RDH) and registered nurses, are an integral part of a network providing oral screenings, education, and preventive services as needed to assure that all children receive care.

The past year has been an exciting and busy year for our program. Sharon Davidson, RDH, and Jackie Bevre, RDH began working in February, 2008. At that time, Jackie was the I-Smile Coordinator with Sharon assisting. Due to family issues, Jackie needed to decrease hours in June, 2008 so Sharon took over the coordinator position. Again, due to family issues, Jackie resigned in December 2008. At that time, Sharon increased hours to ensure that all program responsibilities would be completed.

Sharon has visited all preschools and licensed child care centers in the Boost4Families service area, providing oral hygiene education, oral health screenings, and fluoride varnish applications for all children who returned consents. She also provided these services during WIC clinics twice throughout the year. 110 screenings and 91 fluoride varnish applications were provided. Sharon is currently working on follow-up of referrals that were made to children needing additional dental care.

AMOUNT AND PURPOSE OF REQUEST

HCCMS Family Health Services is seeking \$2,658.00 from Boost4Families to support the dental hygienist position in Cass County. The purpose of this project is to increase the number of children receiving any dental service and preventive dental services, as tracked through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Dental Services Report, through oral health assessments, fluoride varnish applications, and oral hygiene instruction provided by the dental hygienist.

PROJECT DESCRIPTION

This project strives to increase access to dental services for children ages 0-5 through support and promotion of services provided by the dental hygienist. An effective way for the dental hygienist to promote services is to contact preschools and licensed child care providers and discussing oral health services, educating on importance of dental health care, and providing direct services on-site.

The impact of oral health disease in children greatly affects a child's ability to learn and may have long-term consequences on their success in life. Untreated oral disease can lead to problems with eating, speaking, and dangerous systemic infections. According to the Surgeon General's Report "A Call to Action to Promote Oral Health (2000)," all of these things attribute to a child's ability to learn.

In an effort to achieve the goal of increasing dental services for children ages 0-5 in Cass County, the following activities will be completed:

Activity 1: The dental hygienist will provide oral health assessments, fluoride varnish, and education to children attending Head Start, preschool and licensed child care centers in Cass County. The I-Smile Coordinator will ensure that at least one oral health screening and fluoride varnish application will be completed on the children enrolled in the centers indicated above.

Activity 2: The dental hygienist will collaborate with WIC to provide oral health assessments, fluoride varnish, and education to children attending WIC clinics at least two times throughout the year.

Activity 3: The dental hygienist will seek opportunities to educate Legislators on the role of the dental hygienist and the impact that services have for children in Cass County.

TARGET POPULATION

The annual EPSDT Dental services report shows county-by-county data regarding dental services provided to Medicaid-enrolled children ages 1-5. The most recent report (FFY2008- October 1, 2007 through September 30, 2008) indicated that the rate for the percent of children receiving any dental service is 29.68% (up 0.74% from 2007). The rate for children receiving preventive services is 23.52% (down 1.54%). The average for the five-county project is as follows: Any dental service 36.30% (up 3.14%) and Preventive service 30.53% (up 1.17%).

According to U.S. Census Bureau (<http://quickfacts.census.gov>, retrieved 4-17-09) data, the estimated population for 2007 for children under 5 years old for Cass County is 791 (5.7%).

The following table represents the number of potential students in Cass County:

Cass County	Estimated Number of Students
Facility	
Little Lambs Preschool & Kids Come First	55
Matthew's House	12
Lollipop Preschool	35
Anita Child Care Center	20
Atlantic Head Start 1 & 2	40
Jack and Jill Preschool	90
Nursery Express	15
Total	267

PROJECT OUTCOMES AND STRATEGIES

To ensure the performance of the dental hygienist, monitoring and evaluation are completed utilizing daily detailed agency time studies, supervision reports for IDPH, and Empowerment quarterly reports (see attached format). Information from these areas can also be used to monitor services and referrals. Supervision for the dental hygienist is provided by the agency administrator and project director.

The I-Smile Coordinator will work closely with the Iowa Department of Public Health, WIC, local medical and dental providers, Head Start, preschools and child care centers, public health offices, and the local Board of Health in a collaborative effort to increase dental services for children in the HMS service area.

FUNDING

Since only a limited amount of the funding from the MCH Title V Block grant from IDPH can be used for direct service, it is necessary for HCCMS to partner with Boost4Families to provide oral health direct services for children in Cass County. HCCMS Family Health Services will continue to partner with Boost4Families to help support these services. The MCH Title V Block grant will be used to do numerous infrastructure building activities in Cass County.

If this project is not funded as submitted, it would result in decreased services for the children of Cass County. The project would eliminate activities two and three listed above. Depending on the level of funding, the project would then look at ways to decrease the cost of providing the services listed in activity one (i.e. provide services only to locations that have 20 or more children with consent to participate).

PROJECT MEASURES

See attached quarterly progress report form.



Attachment B

**BOOST4FAMILIES
CASS/MILLS/MONTGOMERY
Prevention, Early Intervention, and Family Well-Being Project
FY10 Request for Application**

Proposal Check List

Proposal Components	Proposal Page #
Cover Page (Attachment A)	1
Proposal Checklist (Attachment B)	5
Action Plan/Project Narrative	2, 3, 4
Budget	
Budget Detail (Attachment C)	6
Budget Narrative	NA

Applicant Name: Crawford County Home Health, Hospice & Public Health DBA HCCMS Family Health Services

DETAILED BUDGET SAMPLE (Attachment C)

Please follow the budget format below. Each category must include detail line items such as the examples in italics. **Budget is for direct service only.**

DESCRIPTION OF EXPENSES	PROPOSAL REQUEST	OTHER FUNDING (MEDICAID & MCH BLOCK GRANT)	OTHER FUNDING (IDENTIFY SOURCE)	IN-KIND MATCH
Salaries: <i>Sharon Davidson, RDH</i>	\$1576.00	\$ 200.00		
SUBTOTAL				
Benefits: <i>FICA</i>	\$ 120.56	\$ 15.30		
<i>IPERS/Retirement</i>	\$ 104.80	\$ 13.30		
<i>Health/Dental</i>				
<i>Other-Unemployment</i>	\$ 12.60	\$ 1.60		
SUBTOTAL	\$ 237.96	\$ 30.20		
Training/Travel: <i>Registration fees</i>				
<i>Out of area travel</i>				
<i>In area travel</i>	\$ 468.00			
SUBTOTAL	\$ 468.00			
Office Supplies: <i>Postage</i>	\$ 42.00			
<i>Printing-Copies</i>	\$ 33.00			
<i>Supplies</i>	\$ 150.00			
<i>Telephone</i>	\$ 25.00			
SUBTOTAL	\$ 250.00			
Program Materials: <i>Curriculum</i>				
<i>Participant materials</i>				
SUBTOTAL				
Equipment: <i>Purchase</i>				
<i>Rental</i>				
<i>Maintenance</i>				
SUBTOTAL				
Purchased Services: <i>Participant Transportation</i>				
<i>Facility rental</i>				
SUBTOTAL				
Subcontract Services: <i>Subcontract with other agencies</i>				
SUBTOTAL				
Other: SUBTOTAL				
Indirect Cost (not to exceed 8%)	\$ 126.04	\$ 851.92		
TOTALS	\$2,658.00	\$1,082.12		

**BOOST4FAMILIES
CASS/MILLS/MONTGOMERY
Quarterly Progress Report Form**

Reporting Period: _____

Program: _____ **Contact Person:** _____

Part I – Stories and information you would like to share with the board.

- **Describe project successes this quarter. This can include an anecdotal “great story”.**
- **Report any programmatic changes such as target population or staff turnover. If there are no changes simply make that statement.**
- **Describe any challenges or program barriers experienced. Consider this an opportunity to gain support and input from the board in possibly removing barriers and/or problem solving.**
- **Describe successful collaborative efforts and/or partnerships with other agencies or community supports.**

Part II - Early Childhood and School Ready – Progress Using Common Language Framework

Purpose Statement	How much did we put in? (Input Measures)	How much did we do? (Output Measures)	How well did we do it? (Quality/Efficiency Measures)	What difference did it make? (Outcome Measures)
<p>To increase the number of children receiving any dental service and preventive dental services through oral health assessments, fluoride varnish applications, and oral hygiene instruction.</p>	<p>Registered Dental Hygienist (RDH)</p> <p>RDH Hours</p> <p>Empowerment Funds</p> <p>Participating Facilities:</p>	<p># of children served</p> <p># of preschools utilizing services</p> <p>Age of children at the time of services: 1 year olds 2 year olds 3 year olds 4 year olds 5 year olds</p> <p># of Head Starts utilizing services</p> <p>Age of children at the time of services: 3 year olds 4 year olds 5 year olds</p> <p># of children with no dental insurance</p>	<p>% of preschools/Head Start utilizing services</p> <p>% of children with no dental insurance</p> <p>Cost per child served (funds spent/total # children served)</p>	<p>% of children referred to a dental provider</p> <p>% of children with no previous contact with a dentist</p> <p>% of change in assessments completed* (amount of change/previous total)</p> <p>% of change in dental referrals* (amount of change/previous total)</p> <p>% of change in fluoride varnish applications* (amount of change/previous total)</p> <p>% of change in families utilizing care coordination services* (Amount of change/previous total)</p>

Boost4Families RFP Application



		# of oral health assessments completed # of referrals to dental providers # of fluoride varnish applications # parents refused screening # parents refused varnish # of families utilizing care coordination services # of children with no previous contact with a dentist		
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*CAREs Data-available quarterly from IDPH