

**Quarterly Progress Report
Outreach, Enrollment, Retention, Utilization and Evaluation**

County: _____

Quarter: _____

Instructions: Report the progress your county achieved during the quarter and year-to-date (YTD) towards each work plan objective. This report is comprised of a brief narrative and completion of the chart described below for each Outreach, Enrollment, Retention, and Utilization (OERU) objective.

Brief Narrative (½- 2 pages depending on the complexity of your plan):

- Describe the progress made on work plan objectives, deliverables, strategies, and activities.
- Describe any practices or innovative strategies that were successful and can serve as a model for others or that your county can build upon.
- Describe project activities or successes not identified in the work plan that were a spin off of work plan activities.
- Describe any products developed and data sources used.
- Describe the demographics of those served, including ethnicity and age.
- Describe any challenges or barriers encountered and proposed solutions.
- Are there any types of technical assistance you need from the state? If so, please indicate the type of assistance you request.

Attachment A

- Using the objectives in your approved work plan, discuss the progress made on each of your objectives. Quantify your progress whenever possible (e.g., number of people reached, children enrolled, etc.).
- Prepare an individual Progress Report for each of the four OERU work plan objectives using the template provided on the following page.

Attachment B

- Provide information for all items that apply to the progress made during the current quarter.
- Provide year-to-date totals.

This information will be used to compile data for the Department of Health Care Services (DHCS) reports.

**Quarterly Progress Report Template
Outreach, Enrollment, Retention, Utilization and Evaluation**

County:			Invoice Number: OERU-		
Check the appropriate box to identify the OERU objective: <input type="checkbox"/> Outreach <input type="checkbox"/> Enrollment <input type="checkbox"/> Retention <input type="checkbox"/> Utilization					
Major Deliverables and Activities	Target Audience Reached	Materials	Staff and/or Partners Used	Status	Performance Measures and Data Collection
<i>Include reference to the major outcome objectives indicated on your work plan</i>	<i>Note target audience</i>	<i>Note and attach a final copy of all materials finalized or distributed (radio/TV/print ads; brochures, flyers, etc.) using allocation funds</i>	<i>Indicate staff responsible and/or partners used.</i>	<i>Indicate the completion date. If not completed, indicate the projected completion date. Provide a reason if date is different than on the approved work plan.</i>	<i>Provide achievements, percentages, and numbers for the quarter and YTD that document achievements.</i>

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County: _____ **Quarter:** _____

	Current Quarter	Year-to-date
Amount Billed		
Number of children reached		
Number of children assisted with enrollment in Healthy Families and Medi-Cal		
Number of applications completed		
Number of children actually enrolled in Healthy Families and Medi-Cal		
Number of families assisted with annual eligibility review (AER) and/or Medi-Cal redetermination		
Number of children that retained coverage as a result of the AER and redetermination assistance above		
Number of families assisted in utilization of services		
Number of children utilizing services as a result of the assistance above		
Number of Application Assistors trained		