

I. INTRODUCTION

Background

Since 2004, First 5 San Bernardino has invested in the comprehensive Screening Assessment Referral and Treatment (SART) initiative. In collaboration with the San Bernardino County Department of Behavioral Health (DBH), our combined financial support has made the SART model of care possible by creating and sustaining a comprehensive system of care for children and families in San Bernardino County. To continue these efforts, First 5 San Bernardino seeks to invest in programs to improve health outcomes for children ages 0-5. Through this Request for Proposals (RFP), First 5 San Bernardino with DBH, are seeking proposals from interested and qualified organizations to provide services for at-risk children, ages 0-5, in need of assessment and treatment related to social-emotional, developmental, and mental health conditions. These services are to be coordinated and provided through the SART system.

Through this Request for Proposals (RFP), First 5 San Bernardino also seeks to invest in Early Intervention Services in support of SART. Currently, all of our funded programs working directly with children are required to screen them for developmental delays and if necessary, refer these children to services. We understand the need is always greater than the ability to serve. To alleviate the system and curtail any potential gaps in services to children exhibiting developmental or social emotional concerns, our intention is to expand services to children in need and whom do not qualify for SART to have access to early intervention for a more positive outcome for success in school and later life.

Strategic Goals and Outcomes

It is First 5 San Bernardino's mission and vision to promote, support, and enhance the health and early development of children prenatal through age five. The First 5 San Bernardino Strategic Plan outlines activities through five strategic and inter-related initiatives: (1) Early Screening and Intervention, (2) Health Care Access, (3) Oral Health, (4) Primary Care Services, and (5) Health and Safety Education. These strategies support our goal that "*Children and families are healthy and safe*". Services for this procurement align with the Early Screening and Intervention strategy. To support our mission and vision, the following "guiding principles" help to clarify how services should be provided and what children and families should expect from services provided through the SART system of care, they are:

- Service providers have a responsibility to ensure that screening, assessment, referral and treatment of young children at risk for developmental challenges are provide in a nurturing fashion which respects the cultural, ethnic and linguistic needs of our residents and builds on family strengths
- Services for young children in our county should be easily accessible with many points of entry and no "wrong door"
- Children have a right to appropriate services to help support their development regardless of status, insurance coverage or ability to pay
- Families should be supported through every step of the process in obtaining services necessary to enhance their child's development within SART (intensive services) or through coordinated referral to other, less intensive services
- All aspects of services must be grounded in best practices and meet quality standards

- Principles of equity and social justice must be considered when developing priorities for whom will have access to any new services developed

Early Intervention Services should be grounded in the same principles as listed above.

Funding, Requirements & Expectations

Funding, requirements and Expectations for SART Services and for Early Intervention Services are individually outlined below. **Proposers may only apply for one type of service.**

SART Services

Funding for services procured through this RFP is not to exceed \$2.5 Million per year for the period of July 1, 2013 through June 30, 2016. Selected Vendors will receive **separate contractual agreements** with DBH and First 5 San Bernardino. DBH will issue an EPSDT funded contract and a separate contract with First 5 San Bernardino funding will allow selected Vendors to “gap fill” and cover direct services that are not otherwise reimbursed through Medi-Cal EPSDT funding for children 0-5.

Applicants who meet the minimum requirements outlined in this RFP are invited to apply. In addition to requirements outlined in the RFP, requirements also include:

Screening Assessment Referral and Treatment Services
<ul style="list-style-type: none"> • Must serve children ages 0-5 • Must implement the First 5 San Bernardino SART Service model of care • Must be certified by San Bernardino Department of Behavioral Health in EPSDT Medi-Cal billing by the contract start date • Must adhere and implement the scope of work and program description outlined in the RFP by First 5 and DBH • Must implement a structured *Referral Coordination process • Must implement a structured Case Management process with a Public Health Nurse establishing an MOU with the Department of Public Health • Must provide Trans-disciplinary Assessment services • Must implement evaluation tools set forth by First 5 San Bernardino • Must participate in and demonstrate commitment to First 5 San Bernardino continuous quality improvement efforts including trainings
Priority/Recommended Components
<ul style="list-style-type: none"> • Address the barrier caused by location and access to reliable transportation of the participant(s) and identify their specific plan for addressing transportation barriers • Expansion of services in or into priority/high-need areas

Considering the vast geography of San Bernardino County and barriers to access, interested and qualified organizations are invited to apply to provide services in 4 designated areas of the (1) West End, (2) Central/East Valley, (3) Desert/Mountain and (4) Morongo Basin. Applicants may propose to provide services in any or all of the regions. For SART Services, four (4) Children’s SART centers in various regions located throughout San Bernardino County must support the integrity of the SART model of care.

Early Intervention Services

Funding for services procured through this RFP is not to exceed \$1.5 Million per year for the period of July 1, 2013 through June 30, 2016. Although DBH and First 5 San Bernardino have partnered for recruitment efforts and agencies are selected through this joint effort of procurement, selected Vendors will **only** receive a contract from First 5 San Bernardino and DBH will not be issuing any funds contract for Early Intervention Services separate and outside of the SART model of care for this RFP.

Applicants who meet the minimum requirements outlined in this RFP are invited to apply. In addition to requirements outlined in the RFP, requirements also include:

Early Intervention Services
<ul style="list-style-type: none"> • Must serve children ages 0-5 • Must implement the First 5 San Bernardino Early Intervention Services to support the SART model of care • Must implement a structured *Referral Coordination process • Must implement evaluation tools set forth by First 5 San Bernardino • Agree to collect, analyze, and share data consistent with the countywide outcomes evaluation framework • Must participate in and demonstrate commitment to First 5 San Bernardino continuous quality improvement efforts including trainings
Priority/Recommended Components
<ul style="list-style-type: none"> • Address the barrier caused by location and access to reliable transportation of the participant(s) and identify their specific plan for addressing transportation barriers • Expansion of services in or into priority/high-need areas

Considering the vast geography of San Bernardino County and barriers to access, interested and qualified organizations are invited to apply to provide services in 4 designated areas of the (1) West End, (2) Central/East Valley, (3) Desert/Mountain and (4) Morongo Basin. Applicants may propose to provide services in any or all of the regions. For Early Intervention Services, a maximum of four (4) Vendors will be selected to provide services throughout the county.

*First 5 San Bernardino adapted its definition for care coordination for the Early Screen and Intervention Strategy and defines *Referral Coordination as:*

- Implementing an active outreach system to underserved populations
- Handling requests for care from community-based groups
- Establishing a family's eligibility for services or funding
- Providing information, answering questions and helping people make decisions about services
- Helping families complete paperwork to obtain services
- Making and following up on referrals to care providers
- Finding additional funding for individual cases if needed; interfacing with other agencies
- Helping families find interpreters
- Helping people make decisions about services
- Determining potential barriers and problem-solving to reduce the barriers
- Arranging for transportation for appointments
- Scheduling appointments and coordinating with other health or social service appointments if possible
- Coordinating with families to facilitate follow-up on recommendations and routine care
- To centralize the functions of tracking, documenting, scheduling, and reporting for ASQ/SE referrals

Outcome Framework

This workbook will give you the context and the tools you need to develop this section of your proposal. The workbook is designed to help you develop a response to First 5 San Bernardino's portion of the Request for Proposal (RFP DBH 12-77), a response which will help you both justify an investment in your program and manage that project for results.

As your investor, we seek answers to these key questions:

- A. What "human gain" will result from our investment, or in some cases, what will be different when your project is complete?
- B. What are the chances that this "gain" or difference will be fully achieved?
- C. Is this the best use of our funds – given all the opportunities before us?

A Performance Objective Outline, developed using this workbook, will answer these three questions and is your application to us. This will take more thought than many proposals, where key questions can be postponed until you get the contract. The good news is that once you have thought things through, the actual writing is shorter. We only ask for the information that will answer our questions! And if you secure a contract, you are ready to roll with the project. You do not need one document to get the money and another to spend it well.

This workbook contains explanations and examples of responses for each section. The examples are only that – aid to help you understand the nature of the information we need from you to answer our questions. They are purposefully drawn from a project whose results are not a match to a typical First 5 San Bernardino Request for Proposal.

Your responses should be limited to ten (10) pages and should be attached to a completed cover sheet, a guide for which is also attached. A simplified budget form is also attached and must be completed and submitted as part of your proposal. **This section of the proposal should be clearly identified with an additional cover sheet marked *Part II – First 5 San Bernardino SART Services*. This section of your proposal should adhere to the requirements and proposal formatting guidelines given outlined in Article XIV. Proposal Submission Guidelines.**

If your program is selected for a First 5 investment, more information may be requested as part of the contracting process.

II. PROPOSAL APPLICATION INSTRUCTIONS

A. Cover Letter Page

Please complete a **cover** letter page in its entirety. Submit a letter, on letterhead stationery, signed by a duly authorized officer, employee, or agent of the Proposer submitting the application, which must include the following information:

- ⇒ A statement that the proposal application is submitted in response to RFP 12-77 for SART Services – First 5 San Bernardino and specify the strategy for which you are requesting funding.
- ⇒ A statement indicating individuals, by name, title, address, phone number and e-mail address, are authorized to negotiate with the Commission on behalf of the Proposer.

⇒ A statement certifying that the undersigned, under penalty of perjury, is an agent authorized to submit proposals on behalf of the Proposer.

B. Table of Contents

Complete a table of contents for the First 5 San Bernardino portion of your proposal with respective page numbers opposite each topic.

C. Program Outline Document

1. For **AGENCY INFORMATION** please complete the fields with the appropriate information with the legal information for your agency.
2. For **CONTACT INFORMATION** please indicate the appropriate individuals as follows:
 - ⇒ Program Contact: the person in charge of program delivery
 - ⇒ Fiscal Contact: the person responsible for fiscal activity related to the application
 - ⇒ Contract Representative: the person with the authority to sign the application
 - ⇒ Additional Contact: the person who may serve as a backup contact
4. For **TYPE OF AGENCY** check the box that best describes your agency. If you check other, please indicate a category that best captures your agency type.
5. For **FIRST 5 FOCUS AREA** the box for the HEALTH category should be checked and the box under STRATEGIES should be checked for SART. Please indicate which services for SART your application is for in the space provided.
6. The **OBJECTIVES** should include a concise description of the proposed project and its benefits in no more than two (2) paragraphs.
7. Include the **PROPOSED INVESTMENT AMOUNT** for each year for up to three (3) years with a total cumulative amount at the bottom. .

D. Letter of Authorization

Please fill in each blank to ensure the proposal application is authorized by appropriate parties and documented as such.

E. Proposal Application

Please answer the sections indicated in the Proposal Application. This is intended to be concise and should not exceed ten (10) typed pages in its entirety.

F. Program Work Plan (This is a separate Word document file)

⇒ Record for each performance objective: statements, service activities, level of service (core or aggregate), client target number and the method of verification.

G. Budget (This is a separate Excel spreadsheet file)

- ⇒ Please complete the budget template *and* narrative for each fiscal year of services to align with your proposed program.
- ⇒ The budget narrative should include itemized listings, percentages, etc. to describe your proposed expenditures for each line item included in the budget.



PROGRAM OUTLINE DOCUMENT

AGENCY INFORMATION:

Legal Entity: _____ Tax ID: _____
Dept/Division: _____ Phone #: _____
Address: _____ Fax #: _____
Website: _____

PROGRAM CONTACT:

Name: _____ Phone #: _____
Title: _____ Fax #: _____
Email: _____

FISCAL CONTACT:

Name: _____ Phone #: _____
Title: _____ Fax #: _____
Email: _____

CONTRACT REPRESENTATIVE:

Name: _____ Phone #: _____
Title: _____ Fax #: _____
Email: _____

ADDITIONAL CONTACT:

Name: _____ Phone #: _____
Title: _____ Fax #: _____
Email: _____

TYPE OF AGENCY:

- | | |
|--|---|
| <input type="checkbox"/> School Districts
<input type="checkbox"/> K-8 <input type="checkbox"/> K-12 | <input type="checkbox"/> County/State Educational Institution |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Faith Based Organization |
| <input type="checkbox"/> County Government Agency | <input type="checkbox"/> Other Government Agency |
| <input type="checkbox"/> Private Entity/Institution
<input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Other - please describe:
_____ |

FIRST 5 FOCUS AREA:

- Strategies:**
- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Education | <input type="checkbox"/> Family | <input type="checkbox"/> Community |
| <input checked="" type="checkbox"/> SART: _____ | <input type="checkbox"/> Pre-K Academy | <input type="checkbox"/> Resource Center and Case Management | <input type="checkbox"/> Healthy Cities |
| <input type="checkbox"/> Health Care Access | <input type="checkbox"/> Preschool | <input type="checkbox"/> Parent Education | <input type="checkbox"/> Systems |
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Home Visitation | | |
| <input type="checkbox"/> Primary Care Services | <input type="checkbox"/> Infant Toddler | | |
| <input type="checkbox"/> Perinatal | | | |
| <input type="checkbox"/> Asthma/Bronchitis | | | |
| <input type="checkbox"/> Obesity | | | |

OBJECTIVES: _____

PROPOSED INVESTMENT AMOUNT:

Year	Amount
2013 - 2014	\$ _____
2014 - 2015	\$ _____
2016 - 2017	\$ _____
TOTAL	\$ _____

LETTER OF AUTHORIZATION

First 5 San Bernardino
330 North D Street, 5th Floor
San Bernardino, CA 92415

Subject: RFP DBH 12 – 77 Screening, Assessment, Referral and Treatment (SART) & Early Intervention Services

As an authorized officer or agent of _____, who is authorized to sign for and submit applications on behalf of this organization, I hereby certify and affirm under penalty of perjury, the following statements:

1. The information in the application is true and accurate.
2. _____ will provide any requested information and/or documentation regarding administrative, financial, or legal status as deemed necessary.
3. _____ will permit official representatives of First 5 San Bernardino access to its facilities, staff, and records in conducting a pre-award survey in connection with this application.
4. _____ hereby authorizes First 5 San Bernardino to contact any references and/or sources named, herein, in order to verify funding, accreditation, performance, and other information deemed necessary for review of this application.
5. _____ will provide services as described, herein, at the price stipulated, herein, from July 1, 2013 to June 30, 2017. The price(s) contained herein is/are the same charged to all other individuals or organizations contracted for and/or receiving the same services. All material facts presented in this application shall be binding and included as part of the contract, if the application is selected and the contract is awarded.
6. All aspects of this application, including costs, have been determined independently, without consultation with any other potential competitor.
7. If selected and awarded a contract, organization will comply with all applicable rules, laws, and regulations, along with the terms of the contract.

I declare under penalty of perjury that I am an agent authorized to submit applications on behalf of the applying organization.

Signature

Date

Print Name

Official Title

III. PROPOSAL APPLICATION - WHAT'S INSIDE

- A. **YOUR ORGANIZATION**
Mission and Core Expertise
Recent Accomplishments
- B. **PARTICIPANTS YOU WILL SERVE**
Population
Participant Profile
Participant Description
- C. **YOUR PROGRAM**
Description
Key Details
- D. **STRATEGIC GOALS AND OUTCOMES**
Performance Objectives – Program Workplan
Verification
- E. **KEY PEOPLE**
Program Director
“Delivery” Staff
- F. **COLLABORATIVE PARTNERS**
Description of Collaborative partnerships
Evidence of Commitment

Section A: Your Organization

1. **Mission and Core Expertise** – In no more than three paragraphs describe your organization, its mission, and any statements of vision or values that are critical to you. Please attach to your proposal any material you have available to describe your history, growth, and current programs. Then, take a few more paragraphs to tell us what you see as your core expertise – exactly what it is that your organization does best in the program area for which you seek investment.

Example: The mission of the Carver Homes Community Organization is to enable the families living within the Carver Homes complex to improve the quality of their lives through education, job training and employment development programs.

Our core expertise in mentoring students, the program for which we apply, is in knowing: a) the characteristics that predict success in a mentor; b) motivating individuals with those characteristics to sign up; and c) supporting mentors such that they enjoy and find great meaning through the success of the kids with whom they work.

2. **Recent Accomplishments** – Describe the accomplishments (not the activities) within the past two years that you consider most relevant to this proposal. Be as specific as you can about the gains you have achieved for those you serve. If you have any verification or evaluations to support these accomplishments, please include them as an attachment.

Example: In the past two years, we have mentored 75 high school seniors considered at risk for dropping out of school. Of these, 72 have graduated from high school and 70 obtained a job or started further education within 3 months. Carver Homes was the winner of the 2001 Nonprofit of the Year Award for Organizational Excellence.

Section 2: Participants You Will Serve

The first step in devising performance goals involves defining your participants. These are the people who have the need or problem you address (whether in employment, health, or any other area) or are behaving in a way that you want to change to create a gain (e.g., people doing something to add pollution to San Diego Bay). In most cases, they have a choice; to stop smoking, for example, or attend school, get a job. This is why we see your participants as your customers.

Most effective programs believe their approach is better suited to some potential participants than others. Factors of “fit” might be characteristics of the individual, of their environment, and degree of barriers to achieving success.

1. **Population** – This is the approximate number of individuals within your geographic focus that share the specific condition or circumstance your organization is addressing. This gives us a sense of the nature and degree of the challenge you face... it defines your “market”.

Example: There are approximately 300 low-income youth between the ages of 15 and 18 years old living in Carver Homes, a public housing complex in North East Washington, DC. In 1999, 122 students in this housing development did not complete high school.

2. **Participants Description** – Please describe your participants – those whom you plan on serving – and tell us if they are distinct in any way from the full population you defined above. We generally view it as a sign of strength that a program has defined the people who can benefit most from its particular approach.

Example: Youth on the Move Mentoring Program serves 200 high-school sophomores, juniors and seniors, about 2/3 of the population defined above, who responded to a youth conducted survey focused on their future aspirations. Our target focuses on the 60 seniors in the program. Our students expressed a desire to improve their lives, and some interest in attending college or getting further technical training after graduation.

Eighty-five percent of the youth live in single parent families and over half receive some form of public assistance. Seventy percent of the parents in this housing complex failed to complete high school. Substance abuse is a chronic problem among a significant number of families and 10% of our students are wards of the court.

3. **Participant Examples** – Describe two specific participants, (please do not use real names), to give us a feel for their specific circumstances and the reasons they will use your program. Your examples should also reflect the most important variations you see among your participants.

Example 1: Rosa is an 18 year-old young woman whose family emigrated from Guatemala 5 years ago. She has worked hard to learn English, but her English language capability is not sufficient for her to reach her goals. In addition, she comes from a country where women marry young and almost never pursue higher education. Her family does not understand or support her desire to become a dental hygienist.

Example 2: Tariq is a 17 year-old African American young man who has been reared in the Carver Homes complex by his 55 year-old Grandmother. His mother died from a severe asthma attack and the whereabouts of his father are unknown. An older brother, now 25, has been in and out of jail since he was 16. Tariq is torn between an interest and proficiency in science and math and a desire to fit in with his friends who place little value on academic achievement.

Section 3: Your Project

Programs are often defined in lengthy descriptions of what you will do. Your investor looks to get to the factors that will make a difference.

1. **Description** – Briefly define your program – what you will actually do. We are interested here in your approach and strategy, not the details of your work plan.

Example: Youth on the Move Mentoring Program began in 1998 and offers tutoring and mentoring to 200 sophomores, juniors and seniors who live in Caver Homes. Sixty of our students are in their senior year of high school. Following their freshman year, students are enrolled in a six-week summer program that is designed to strengthen study skills and introduce them to the many options for education and training after high school. At the beginning of their junior year, each student is matched with a mentor who makes a two-year commitment to the student and the program. Through an orientation program and ongoing mentor workshops, mentors gain an understanding of the challenges faced by their students; the specific duties and responsibilities of mentors and the various resources mentors can call upon to support them in their efforts. Early in the relationship, mentors help their students formulate their plans for the future, identify personal and academic issues that must be addressed and agree on ways the mentor can support the student in achieving their objectives. Once a match has been made, the mentor has contact with the student at least once a week and participates in monthly seminars with other mentors and students.

Students also participate in a tutoring program two evenings a week to address academic deficiencies. Americorps volunteers attending local colleges staff the program. Americorps students are great role models because of similarities in age and in some cases background. During the evenings and on Saturdays, students can use the computer lab where they access tutorial programs and receive training on the latest software.

2. **Key Details**

- a. **Intensity and Duration** – Be clear on how often, how long and at what depth participants need to interact with their program to get to the goal. Describe what will be required to achieve the desired results. This step can also help to justify the cost of your program.

Example: Our mentoring program is very intense. It requires sustained weekly contact with the student with virtually no weeks missed. We've learned that less intensive mentoring has very little impact on graduation rates or success after high school. Additionally, the majority of our students need significant support in dealing with family problems that threaten to impede the academic improvement needed to obtain their educational goals.

- b. **Comparative Advantages** – Many organizations believe that their program has one or more features or approaches that make it stand out from others in the general category. This is your opportunity to demonstrate unique features of your work or program.

Example: Nutritious meals, designed to appeal to the taste of young people, are served before each tutoring session. This distinctive element dramatically increases the students' energy and attention level. Also, to recognize their effort, progress, and achievements, students receive monthly incentives that range from passes to local attractions to gifts from corporate sponsors. We have found that these incentives at far higher than a token level, also improve results.

Section 4: Performance Objectives

Performance objectives are those specific and verifiable human gains that you seek for your participants or the changes in conditions you seek. Objectives are not activities (such as participation in workshops) or outputs (such as a completed plan or even a building). They speak to what higher achievement is made possible by activities and outputs. Use these steps help to generate goals for the participants you have identified:

1. Identify the changes or conditions you seek,
2. Specify the degree of change you consider a success,
3. Estimate how many participants will change...or how much of the changed condition you can impact.

- a. **Objectives** – Indicate the gain you are creating and the number of participants that will achieve it. In the case of environmental or other projects that seek a change not in persons but in condition indicate that change as your target. Your targets should reflect what you think you can achieve even if everything does not go perfectly.

Example: At least 50 youth will attend a college/university, participate in a career-training program or be hired into a position with strong advancement possibilities.

- b. **The “No Program” Baseline** – Your investor wants to know of the value your program adds and thus asks this question: what would have happened without your program? You are not asked for rigorous research here – just the best available insight from those most in a position to know.

Example: Guidance Counselors in the school our 60 seniors attend tell us that about 20 in a typical year will go onto college or get a job within a year of graduation. Our target of 50 suggests a net gain of about 30 students achieving this success.

- c. **Verification** – How will you verify that your goals have been achieved? Please tell us the information or other evidence you will use to define success for your participants for each of your stated goals. At this point, you may wish to revisit your goals to make sure that they are framed in such terms that success can be verified and linked to Commission level outcomes. In some cases you will be using indicators known to improve conditions. (Example: a reduction in chemicals washed into body of water from a farm or golf course is an indicator that water quality will improve.)

Example: College attendance verified through college transcripts (with participant permission), as well as emails and phone calls between program participants and mentors/program staff. Job training, attendance and performance verified by training group with participant permission. Employment verified by employer with participant permission.

Section 5: Key People

Clear program successes are one way the investor knows you are likely to succeed. A second factor is just who are the people who will make this happen. Not organizational leaders but the person who owns the goal(s) as program director...and those who directly interact with participants. They make all the difference.

1. **Program Director** – We believe that the right person is as critical as the right organization or the right plan. Provide a profile of the individual who assumes direct responsibility for meeting your goals. While we are interested in education and past experience, we are most interested in those qualities or traits that make this person the best choice for success.

Example: Samuel Turner is the program director for Youth on the Move Mentoring Program and takes personal responsibility for hitting our targets. He was an educator for 11 years. For his

ability to bring out the best in each of his students, he was twice voted Teacher of the Year by his students and peers. Samuel believes that all students can achieve academically and the high expectations he holds for every young person permeates the program. He is tenacious and very energetic, accomplishing what he sets out to achieve and settling for nothing less. Samuel was the former chair of his neighborhood development corporation where he single-handedly recruited over 40 business and professional volunteers to help in the organization's activities. He is also able to diminish any apprehension that volunteers may have about working with the young people living in the Carver Homes complex.

2. **"Delivery" Staff** – We also believe that those who directly deliver the program to participants are equally important. Please tell us about the key individuals who will play these roles and, as with the director, the factors that most predict their success.

Example: Joyce Johnson is the resident manager of Carver Homes. She has lived in the housing project for over 20 years and has gained the trust of all its residents, especially its young people. Formerly on welfare, Joyce has become a community leader by virtue of her energy, creativity and great compassion. She is also a meticulous planner and organizer who can be trusted to pay careful attention to the important details of the program's operations.

Section 6: Collaborative/Partners

This is the group of organizations and individuals on whom you rely for success and whose decisions and behavior you do not control. You may have many or none. Think this through carefully. For example, some drug prevention programs relied on support from principals for in-school prevention programs – only to find out far too late that it was individual teachers who made the decision.

1. **Collaborative/Partners** – If you have such a group or person, please list them here, along with the role they must play. For example, your program may involve hiring an outside Contractor to provide certain services to program participants.

Example: Young Professionals Association of Washington, DC has agreed to make our program their service project for the next three years. They have committed 50 mentors to Youth on the Move.

2. **Evidence of Commitment** – Include here the confirmation letters from intermediaries and/or partners that are committed to playing the role specified above. While we do not wish to burden you with general support letters or endorsements, we are very interested in the specific commitments that groups are making which are crucial for your success. Please attach letters describing commitments that have been made by your partners.

Example:

Date

Dear Mr. Turner:

We are delighted to confirm that the Young Professionals Association of Washington, DC has selected Youth on the Move Mentoring Program as its signature project for the years 2002 through 2009. We confirm that we will provide a minimum of 50 mentors for your program from among our membership in 2002 and in the subsequent years of the agreement. At its most recent meeting, our board of directors unanimously approved participation in your project and has authorized our full support.

Sincerely,

Andrea J. Cunningham

Performance Goals Outline - Application

Important: Please refer to the *Application Workbook* in Part III. The workbook is designed to help you develop a response to this application and includes explanations and examples of responses for each section. Your responses should be limited to ten pages (narrative) and should be attached to the additional documentation requested (supportive documents, completed cover page, table of contents, budget, etc).

Your Organization

1. **Describe your organization's experience in providing Screening, Assessment, Referral and Treatment Services. Please share the success you have had during the past two years. Have the customer results achieved met your expectations? Describe at least one course correction made based on any lessons learned during the past two years.**

Participants You Will Serve

2. **Describe the participants currently served. Did your initial assumptions about your participants change/evolve throughout the past two years? Have there been any changes in your participant population that would require a change in your program design?**

Your Program

3. **Briefly describe the evidence-based model or promising practice you will implement (or continue to offer) in an effort to achieve sustained behavior change in your participants. What are the key elements of your program? How do you engage your participants and how do you keep them involved?**

Performance Goals

4. **What specific human gain will you seek for the participants in your program? What are the key achievements or methods that show participant progress in getting from a present condition or circumstance to the gain/outcome you have targeted for your project?**

In the attached Program Work Plan, please reflect the intended outcomes (performance goals) of your program.

Key People

5. **Who are the internal "spark plugs" that directly deliver the program? Provide a profile of the individual who assumes direct responsibility for reaching your targets. Please also tell us about the key individuals who directly delivers the program to participants and describe the factors that most predict their success.**

Collaborative/Partners

6. Tell us about the external collaborative partners on whom you rely for success. Describe their contributions in terms of work or resources they add to the effectiveness of your program.



Agency Name:

Program Name: SART

Contract #: TBD

Fiscal Year (FY): 2013 – 2014

Service Area:

Commission Level Outcome	Performance Objective	Service Activity <i>(The services or activities that are provided or conducted as part of achieving the program goal(s).)</i>	Core or Aggregate	Client Target <i>(Expected # of unduplicated clients receiving service and client type)</i>	Verification Method <i>(How you will measure)</i>
Children receive early screening and intervention for special needs	By June 2014, ____ child will receive behavioral and developmental screenings.	Behavioral/Developmental Screening	CORE	____CHILD	ASQ-3 ASQ-SE
Children receive early screening and intervention for special needs	By June 2014, of the children screened for behavioral and developmental ____will be referred to SART and other programs as appropriate.	Referral Coordination	CORE	____CHILD	Linkage and Referral Survey
Children receive early screening and intervention for special needs	By June 30, 2014 of the children screened as appropriate for behavioral services, ____will receive a comprehensive behavioral assessment.	Behavioral Assessment	CORE	____CHILD	Child Intake TBD
Children receive early screening and intervention for special needs	By June 30, 2014 of the children screened as appropriate for developmental intervention services, ____will receive a comprehensive developmental assessment.	Developmental Assessment	CORE	____CHILD	Child Intake TBD
Children develop within normal ranges in all domains	By June 30, 2014, ____ participants will receive best practices in behavioral treatment services.	Behavioral Treatment	CORE	____CHILD	TBD
Children develop within normal ranges in all domains	By June 30, 2014, ____ participants will receive best practices in developmental treatment services.	Developmental Treatment	CORE	____CHILD	TBD
Children develop within normal ranges in all domains.	By June 30, 2014, of the children receiving SART services, ____ will receive case management by a Public Health Nurse.	Case Management	CORE	____CHILD	TBD
Children develop within normal ranges in all domains.	By June 30, 2014, of the children receiving behavioral and/or developmental treatment, ____ will receive the supportive services of occupational therapy.	Occupational Therapy	CORE	____CHILD	TBD
Families are stable and have the capacity to meet the needs of their children.	By June 30, 2014, of the children who complete SART services, ____ will receive a 6-Month follow-up, verified by First 5 Survey.	6-Month Follow-up	CORE	____CHILD	Follow-Up Survey



Agency Name:

Program Name: Early Intervention Services

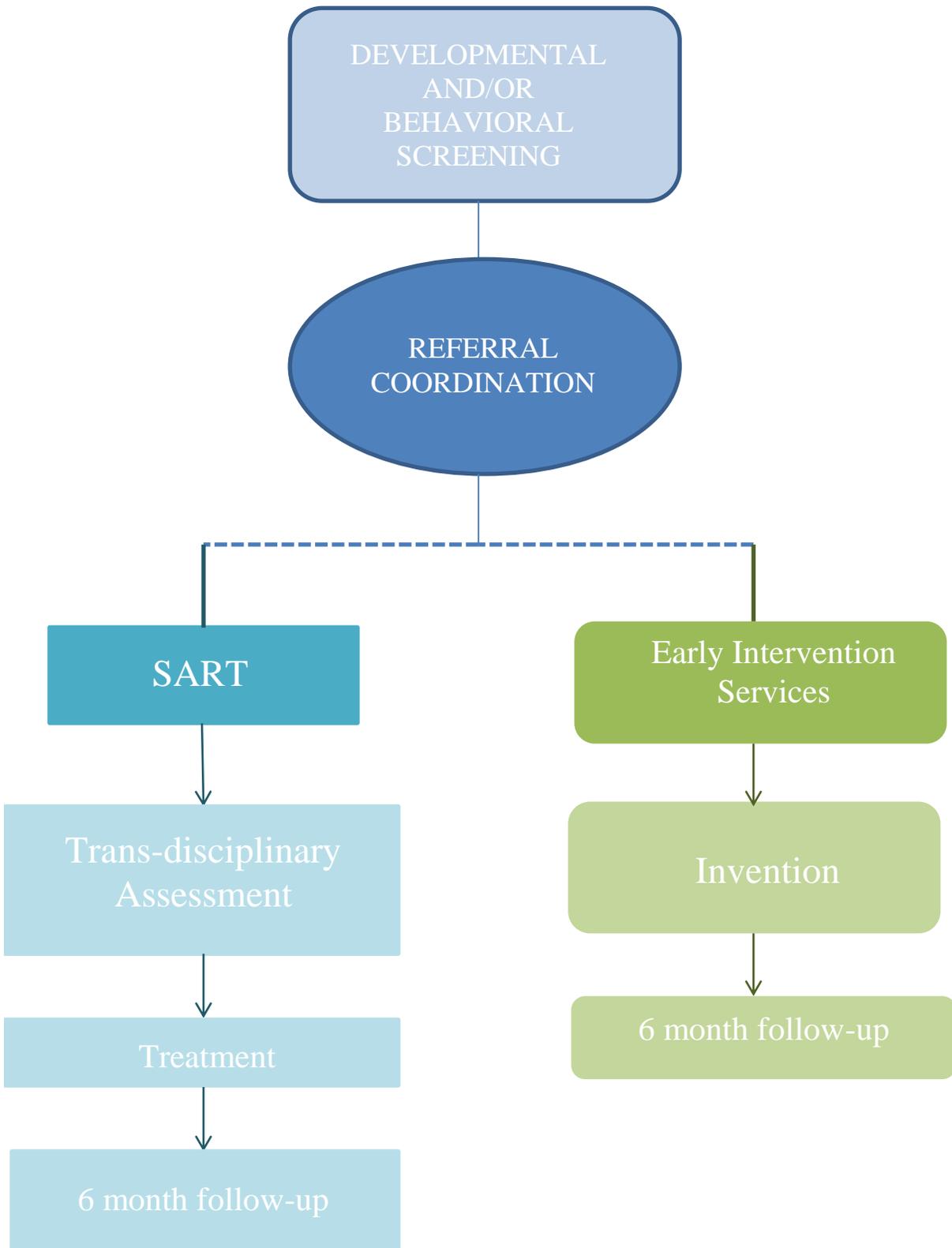
Contract #: TBD

Fiscal Year (FY): 2013 – 2014

Service Area:

Commission Level Outcome	Performance Objective	Service Activity <i>(The services or activities that are provided or conducted as part of achieving the program goal(s).)</i>	Core or Aggregate	Client Target <i>(Expected # of unduplicated clients receiving service and client type)</i>	Verification Method <i>(How you will measure)</i>
Children receive early screening and intervention for special needs	By June 2014, ____ child will receive behavioral and developmental screenings.	Behavioral/Developmental Screening	CORE	____CHILD	ASQ-3 ASQ-SE
Children receive early screening and intervention for special needs	By June 2014, of the children screened for behavioral and developmental, _____will be referred to SART and other programs as appropriate.	Referral Coordination	CORE	____CHILD	Linkage and Referral Survey
Children receive early screening and intervention for special needs	By June 30, 2014 of the children screened as appropriate for intervention services,_____ will receive a comprehensive behavioral assessment	Behavioral Assessment	CORE	____CHILD	Child Intake TBD
Children receive early screening and intervention for special needs	By June 30, 2014 of the children screened as appropriate for developmental intervention services, _____will receive a comprehensive developmental assessment	Developmental Assessment	CORE	____CHILD	Child Intake TBD
Children develop within normal ranges in all domains	By June 30, 2014,____ participants will receive best practices in behavioral intervention services	Behavioral Intervention	CORE	____CHILD	TBD
Children develop within normal ranges in all domains	By June 30, 2014,____ participants will receive evidence-based early developmental intervention services	Developmental Intervention	CORE	____CHILD	TBD
Children develop within normal ranges in all domains.	By June 30, 2014, of the children receiving early intervention services, ____ will receive care coordination as appropriate.	Care Coordination	CORE	____CHILD	TBD
Families are stable and have the capacity to meet the needs of their children.	By June 30, 2014, of the children who complete early intervention services,_____ will receive a 6-Month follow-up, verified by First 5 Survey.	6-Month Follow-up	CORE	____CHILD	Follow-Up Survey

Screening Assessment Referral and Treatment SYSTEM OF CARE MODEL



Service Glossary for Early Screening and Intervention

SERVICE / ACTIVITY	DEFINITION
Developmental Screening	A Procedure designed to identify children who should receive more intensive assessment or diagnosis for potential developmental problems or challenges. Utilizes a standard screening instrument such as the ASQ.
Behavioral Screening	A Procedure designed to identify children who should receive more intensive assessment or diagnosis for potential behavioral problems or challenges. Utilizes a standard screening instrument such as the ASQ:SE.
Developmental Treatment Session	Services provided to child and/or parent to provide intervention and treatment to address child's developmental needs.
Developmental Assessment	This assessment is a structured evaluation of a child's development (physical, language, intellectual, social and/or emotional) by a developmental assessment specialist, or a team of professionals that can include a pediatrician, language specialist, audiologist, occupational therapist, child psychologist, and child psychiatrist, among others. May also utilize standardized assessment instruments as determined by the staff providing the assessment.
Behavioral Assessment	This assessment is a structured evaluation of a child's behavior by a behavioral assessment specialist, or a team of professionals that can include a Public Health Nurse, child psychologist, mental health rehabilitation specialist, case manager, TBS worker or other clinical staff. May also utilize standardized assessment instruments as determined by the staff providing the assessment.
Behavior Treatment Session	Services provided to child and/or parent to provide intervention and treatment to address child's behavioral needs.
Outgoing Referral for Behavioral Services	Providing parents with connections or access to behavioral intervention services deemed necessary to meet the child's need.
Parent Support Session	Provided in a group setting, parent support increases parental feelings of connectedness and support. May be led by agency staff but may also be facilitated or co-facilitated by parent partners.
Case Management Session	Case Management sessions are provided to ongoing clients, clients identified as core recipients of service. Services focus on planning for family stability through meeting basic needs, navigating systems and identifying community and personal resources. May include the use of a standardized outcome instrument to assist in tracking client progress
Substance Abuse Screening	Testing to identify individuals with substance-related problems or consequences, or those who are at risk for such difficulties. Screening is used to determine whether a client does or does not warrant further assessment at the current time.
Substance Abuse Assessment	A service that determines the characteristics of the client's situation that may influence treatment decisions and will contribute to the success of treatment including the person's substance use behavior, substance-related problems, and other areas of psychological and social functioning.

SERVICE / ACTIVITY	DEFINITION
Substance Abuse Treatment Session	Treatment, counseling, and/or therapy for adult/parent identified as having a substance abuse problem.
Tobacco Cessation Session	Education on tobacco-related issues and abstinence support for participants using tobacco products. Includes providing information on reducing young children’s exposure to tobacco smoke
Community Resource Referral	Providing parents and families with connections or access to critical services and programs not represented physically at the center . May include basic needs such as food, clothes, and housing assistance.
Parent Mental Health/Therapy Session	Mental health services (usually provided by a recognized mental health professional) including therapy or counseling. If indicating a Parent Mental Health/Therapy Session, the parent is both the identified client and the person identified on a treatment plan.
Child Mental Health/Therapy Session	Mental health services (usually provided by a recognized mental health professional) including therapy or counseling. If indicating a Child Mental Health/Therapy Session, the child is both the identified client and the person identified on a treatment plan.
Health Insurance Assistance	This includes health insurance enrollment assistance, strategies to retain health insurance, and insurance premium payments or subsidies.
Health Insurance Enrollment	This service is provided once a client is enrolled in health insurance. Proof of insurance should be provided.
Therapeutic Behavior Services (TBS)	TBS are one-to-one behavioral mental health services available to children/youth with serious emotional challenges who are under age 21 and who are eligible for a full array of Medi-Cal benefits without restrictions or limitations (full scope Medi-Cal). TBS can help children/youth and parents/caregivers, foster parents, group home staff, and school staff learn new ways of reducing and managing challenging behaviors as well as strategies and skills to increase the kinds of behavior that will allow children/youth to be successful in their current environment. TBS are designed to help children/youth and parents/caregivers (when available) manage these behaviors utilizing short-term, measurable goals based on the needs of the child/youth and family. TBS are never a stand-alone therapeutic intervention. It is used in conjunction with another mental health service.

BUDGET JUSTIFICATION

Tips/Reminders For Completing A Budget Justification

1. Read the budget line item definitions when categorizing expenses to ensure appropriate use of line items.
2. Use line item numbers and categories as they are listed on the Program Budget template. The justification explains the figures shown on the Program Budget, therefore it needs to be set up consistent with the budget and easily used in conjunction with the budget.
3. For each budgeted line item, the following three amounts should be reflected on the justification consistent with the Program Budget:
 - a. **Total Project Costs** (column A): The total costs projected as necessary to carry out the project successfully. This column should include all costs related to the project without considering the source of funding for those costs.
 - b. **Other Funding Sources** (column B): Reflects only those costs from *Total Project Costs* (column A) that will be paid for by another funding source other than First 5 San Bernardino.
 - c. **First 5 Funded Project Costs** (column C): Those costs reflected in column A that are to be paid for by First 5 San Bernardino. *Column C is the difference of column A less column B.*
4. In addition to the above mentioned cost categories to be reflected in the justification, the following information must be included for each budgeted position in the **Salaries & Benefits** (section A):
 - a. A brief description of the major responsibilities of the position
 - b. The calculation that was used to determine the project cost for the position (*# of project hours x hourly rate of pay = total project cost*)
 - c. Any other relevant information that would be helpful to clarify the role of the position within the project.
5. The **Benefits** line item reflects all benefits that pertain to the budgeted positions. Give a brief description of the benefits that are provided.
6. The line item categories under **Services & Supplies** (section B) should clearly reflect the specific items being budgeted in each of the line items. More general descriptions will be allowed for line items that are self-explanatory which are: *Postage, Office Supplies & Bldg/Equipment Maintenance.*
7. The **Professional Services/Consultants** (line item B17) costs must be broken down listing the agency/individual that will be providing the service and a description of the services they will be providing.
8. **Indirect Costs** (line item B18) should reflect the indirect rate being used and the justification for the rate. It is appropriate here to refer to an approved document that supports the indirect cost rate such

as an approved cost allocation plan or an assignment of an indirect cost rate as determined by the governing body for your agency. A copy of the supporting document will be required.

9. **Subcontracts** (section C) must list each agency that you have subcontracted with to provide direct services to participants under this contract and describe the direct service to be provided.
10. Please do not use the word, “**etc.**” and the phrase, “**including, but not limited to...**” or any other word usage that eludes to non-specific costs being budgeted, and/or an unlimited allowance of other items that may be charged against a particular line item. Usage of these types of phrases will not be allowed in the budget justifications.
11. Reflect the grand total of the Budgeted costs at the bottom of your justification. This should match the grand totals reflected on the Program Budget.

Budget Line items defined

A. SALARIES/BENEFITS

- The only budget items that should be listed here are the salaries and benefits for actual employees of the agency. Independent Contractors are NOT listed in this section of the budget.
- **FTE** stands for “Full Time Equivalent”. An FTE is a measurement equal to one staff person working a full-time work schedule (2,080 hours) in a year. Expressing budgeted positions numerically by FTE’s provides a common unit of measurement for positions budgeted. The number of FTE’s is a numerical value expressing a percentage of time and/or a percentage of funds related to a particular classification using a full time equivalent measurement (40 hours/week, 2,080 hours/year) as a baseline.
 - *FTE value is calculated by dividing the total hours being budgeted for each position by the standard number of hours for full-time employees (2,080 hrs). The result is the number of FTEs for that position.*
 - *Example: An agency has 8 case workers scheduled to work the following hours:*
 - 3 case workers will work 40 hrs/wk or 2,080 hrs/yr = 6,240 hrs*
 - 2 case workers will work 30 hrs/wk or 1,560 hrs/yr = 3,120 hrs*
 - 1 case worker will work 20 hrs/wk or 1,040 hrs/yr = 1,040 hrs*
 - 2 case workers will work 5 hrs/wk or 260 hrs/yr = 520 hrs*

Although the agency had 8 individuals working as case workers, the full time equivalent of those was 5.25.

- Benefits will be reflected as one line item for all positions
- Ensure that there are no employees working in two or more positions and being paid for more than one FTE total hours.

B. SERVICES/SUPPLIES

1. **Program Materials/Supplies:** Items directly related to service delivery such as course curriculum, children’s books, journals used by participants, child development toys, etc. This line item is categorized as a program cost.
2. **Participant Support/Incentives:** Items purchased to give to participants to provide support or incentive to follow through with the program (food should not be charged to this line item). This line item is categorized as a program cost.
3. **Participant Transportation:** Costs involved with transporting participants to needed services and/or appointments and back home. May be in the form of bus passes, gasoline for a van used for the purpose of transporting participants, cab services or other transportation services. This line item is categorized as a program cost.
4. **Food for Classes/Meetings:** All food or catering costs for meetings or conferences, classes or workshops. This line item is categorized as a program or administrative cost.
5. **Staff Development/Training:** Registration fees or other costs associated with attending staff training courses, conferences, seminars, and other staff development activities. (travel & mileage expenses should be reflected under line item 6). This line item can be categorized as a program or administrative cost.

6. **Employee Mileage/Travel:** Employee mileage and other travel-related costs such as hotel & airline costs, meals, parking, car rental, etc. related to the program. This line item can be categorized as a program or administrative cost.
7. **Advertisements:** Newspaper ads, radio, and other advertising costs. This line item should normally be administrative, however some exceptions could apply.
8. **Printing:** Printing of brochures and flyers, business cards & letterhead, etc. This line item should normally be administrative, however some exceptions could apply.
9. **Postage:** Postage expenses. This line item should normally be administrative; however, some exceptions could apply.
10. **Subscriptions:** Costs to subscribe to a particular magazine, newsletter or other type of publication for the benefit of the program. This line item is categorized as a program or administrative cost.
11. **Office Supplies:** General supplies needed in the overall operations/administration of the program. This line item can be categorized as a program or administrative cost.
12. **Office Equipment:** Costs for equipment such as computers, printers, small furniture items, fax machines, or the lease costs associated with office equipment. This line item can be categorized as a program or administrative cost.
13. **Rent/Lease Building:** Facility rental costs (please provide the rental/lease agreement). This line item can be categorized as a program or administrative cost.
14. **Maintenance:** Costs for maintenance and upkeep of buildings and/or equipment. This line item is categorized as an administrative cost.
15. **Utilities:** Phone, DSL, cell phones, electricity, and other monthly utility costs. This line item is categorized as an administrative cost.
16. **Insurance:** Insurance costs. This line item is categorized as an administrative cost.
17. **Professional Services/Consultants:** Independent Contractors hired to perform services not related to providing direct services and do not directly impact performance targets or have responsibility for them. Examples: Janitorial services, bookkeeping services, one-time speakers, etc. This line item can be categorized as a program or administrative cost.
18. **Indirect Costs:** Must be accompanied by an approved cost allocation plan.

C. SUBCONTRACTS

- These are contracts with other agencies to provide direct services for which they will be responsible for achieving the performance targets for the portion of services they are providing. These agencies would be responsible for reporting to the primary agency, which is then responsible to report to First 5. The primary agency is responsible for the performance of its subcontractors therefore site visits must be conducted on that level.

D. ADMINISTRATIVE COSTS

The following items are considered administrative costs. These items are almost always administrative in nature and the contract agency must have a compelling reason for us to consider categorizing it as a program-related cost. The total budgeted allocation for administrative costs cannot exceed 10% of the total contract dollar amount per year.

- Salary and benefits costs associated with the following duties:
 - Payroll duties/employee evaluations/scheduling/personnel issues
 - Accounting/bookkeeping duties

- General oversight of the agency (i.e., Executive Director)
- Computer maintenance/technical duties
- Monitoring for compliance
- Employee mileage/travel associated with administrative duties (above)
- Staff training associated with administrative staff or functions
- Office supplies (direct program-related supplies should be charged to program materials)
- Office equipment used for administration
- Rent/Utilities utilized for program support and administration
- Maintenance costs
- Insurance costs
- Postage
- Printing
- Indirect costs

PROGRAM BUDGET
FISCAL YEAR 2012-2013

AGENCY NAME _____

CONTRACT # _____

DESCRIPTION		TOTAL PROGRAM COSTS	OTHER FUNDING	DONATED RESOURCES	FIRST 5 FUNDED PROJECT	First 5 Program Related Cost	First 5 Admin Cost	FIRST 5 %
A. SALARIES & BENEFITS		A	B	C	D			E
FTE	POSITION TITLE							
1	_____				\$ 0			
2	_____				\$ 0			
3	_____				\$ 0			
4	_____				\$ 0			
5	_____				\$ 0			
6	_____				\$ 0			
7	_____				\$ 0			
8	_____				\$ 0			
9	_____				\$ 0			
10	_____				\$ 0			
11	_____				\$ 0			
12	_____				\$ 0			
13	_____				\$ 0			
14	_____				\$ 0			
15	_____				\$ 0			
TOTAL SALARIES		\$0.00	\$0.00	\$0.00	\$ 0	\$0.00	\$0.00	
31	TOTAL BENEFITS				\$ 0			
B. SERVICES & SUPPLIES		A	B	C	D	D		E
1	PROGRAM MATERIALS/SUPPLIES				\$ 0			
2	PARTICIPANT SUPPORT/INCENTIVES				\$ 0			
3	PARTICIPANT TRANSPORTATION				\$ 0			
4	FOOD EXPENSE FOR CLASSES/MEETINGS				\$ 0			
5	STAFF DEVELOPMENT/TRAINING				\$ 0			

PROGRAM BUDGET
FISCAL YEAR 2012-2013

AGENCY NAME _____ CONTRACT # _____

DESCRIPTION	TOTAL PROGRAM COSTS	OTHER FUNDING	DONATED RESOURCES	FIRST 5 FUNDED PROJECT	First 5 Program Related Cost	First 5 Admin Cost	FIRST 5 %
6 EMPLOYEE MILEAGE/TRAVEL				\$ 0			
7 ADVERTISEMENTS				\$ 0			
8 PRINTING				\$ 0			
9 POSTAGE				\$ 0			
10 SUBSCRIPTIONS				\$ 0			
11 OFFICE SUPPLIES				\$ 0			
12 OFFICE EQUIPMENT				\$ 0			
13 RENT/LEASE BUILDING				\$ 0			
14 BUILDING/EQUIPMENT MAINTENANCE				\$ 0			
15 UTILITIES				\$ 0			
16 INSURANCE / TAXES / LICENSES				\$ 0			
17 PROFESSIONAL SERVICES/CONSULTANTS							
17.1 _____				\$ 0			
17.2 _____				\$ 0			
17.3 _____				\$ 0			
17.4 _____				\$ 0			
17.5 _____				\$ 0			
PROFESSIONAL SERVICES - SUBTOTAL	\$	\$	\$	\$ 0	\$	\$	
18 INDIRECT COSTS (AS APPROVED)				\$ 0			
19 _____				\$ 0			
20 _____				\$ 0			
21 _____				\$ 0			
22 _____				\$ 0			
TOTAL SERVICES/SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0	\$0.00	\$0.00	

PROGRAM BUDGET
FISCAL YEAR 2012-2013

AGENCY NAME _____

CONTRACT # _____

DESCRIPTION	TOTAL PROGRAM COSTS	OTHER FUNDING	DONATED RESOURCES	FIRST 5 FUNDED PROJECT	First 5 Program Related Cost	First 5 Admin Cost	FIRST 5 %
C. SUBCONTRACTS	A	B	C	D	ER		E
<i>SUBCONTRACTS - AGENCY NAME</i>							
1	_____	_____	_____	\$ 0	_____	_____	_____
2	_____	_____	_____	\$ 0	_____	_____	_____
3	_____	_____	_____	\$ 0	_____	_____	_____
4	_____	_____	_____	\$ 0	_____	_____	_____
5	_____	_____	_____	\$ 0	_____	_____	_____
6	_____	_____	_____	\$ 0	_____	_____	_____
7	_____	_____	_____	\$ 0	_____	_____	_____
8	_____	_____	_____	\$ 0	_____	_____	_____
9	_____	_____	_____	\$ 0	_____	_____	_____
10	_____	_____	_____	\$ 0	_____	_____	_____
TOTAL SUBCONTRACTS	\$	\$	\$	\$	\$	\$	
TOTAL PROJECT BUDGET	\$	\$	\$	\$	\$	\$	#DIV/0!
First 5 Funding %	0.00%	0.00%	0.00%	0.00%			
Administrative Cost %				#DIV/0!	#DIV/0!	#DIV/0!	