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Agenda: Children and Families Commission 03-2015

735 East Carnegie Drive, Suite 150, San Bernardino, California 92408

COMMISSIONERS Linda Haugan, *Chair*; Dr. Maxwell Ohikhuare, *Vice-Chair*; Supervisor Josie Gonzales, Dr. Elliot Weinstein, Margaret Hill, Paul Vargas, Vacant

Meeting date, time, and place March 4, 2015 - 3:30 p.m.
First 5 San Bernardino
Commission Conference Center

Pledge of Allegiance Chair or designee will lead the Pledge of Allegiance

COMMISSIONER PRESENTATIONS *Swearing-In Ceremony – Dr. Ron Powell
(Pending Board of Supervisors Appointment of March 3)*

Swearing-Out Ceremony and Resolution Presentation: Leslie Egge

SPECIAL PRESENTATION *Healthy Cities – Jr. Nutrition Program*
Presenter: Kevin Mahany, Director, Advocacy & Healthy Communities at St. Joseph Health, St. Mary's Medical Center, Apple Valley

Oral Health for Children in San Bernardino County
Presenter: Dr. Jane Ellis, First 5 Dental Program

Conflict of Interest Disclosure Commission members shall review agenda item contractors, subcontractors, and agents, which may require member abstentions due to conflict of interest and financial interests.

A Commission member with conflicts of interests shall state their conflict under the appropriate item. A Commission member may not participate in or influence the decision on a contract for which their abstention has been recorded.

Report Advisory Committee Report by Margaret Hill, Chair

The agenda and supporting documents are available for review during regular business hours at First 5 San Bernardino, 735 East Carnegie Drive, Suite 150, San Bernardino, California 92408.

Interpreters for hearing impaired and Spanish speaking individuals will be made available with forty-eight hours notice. Please call Commission staff (909) 386-7706 to request the service. This location is handicapped accessible.

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Report Executive Director’s Report by Karen E. Scott

Consent Item The following consent items are expected to be routine and non-controversial and will be acted upon by the Commission at one time unless any Commissioner directs that an item be removed from the Consent Agenda for discussion.

Item No.	CONSENT ITEM
1	Approve Minutes of February 4, 2015 Commission Meeting (Presenter: Ann M. Calkins, Executive Assistant, 252-4252)

Item No.	DISCUSSION ITEMS
2	Approve Contract SI019 with Loma Linda University Research Affairs for the Autism Assessment Center of Excellence (AAEC) in an amount not to exceed \$150,000 per year (for the remainder of FY 2014-15 and FY 2015-16) for a cumulative total of \$300,000. (Presenter: Karen E. Scott, Executive Director, 252-4252)
3	Approve the Oral Health Education, Screening and Navigation (OH-ESN) Request for Proposals (RFP) 15-01 for FY 2015-2018 in an amount not to exceed \$750,000 per year and \$2,250,000 for the three-year funding cycle. (Presenter: Scott McGrath, Supervisor, 252-4259)
4	Approve Health Services Contract Amendments (RFP 11-02) for Fiscal Years 2015-2016 in the amount of \$1,753,659 for a cumulative total amount of \$7,237,884 with the following: A. County of San Bernardino Department of Public Health, Contract HW032A1 in the total amount of \$720,102 B. Loma Linda University Medical Center, Contract HW036A1 in the amount of \$204,882 C. Social Science Services Inc., Contract HW037A1 in the amount of \$479,244 D. American Lung Association, Contract HW034A1 in the amount of \$127,393 E. Arrowhead Regional Medical Center, Contract HW043HCA in the amount of \$222,038. (Presenter: Amanda Ferguson, Staff Analyst II, 252-4256)
5	Approve Amendment A2 to contract SI016 with Children’s Network in the amount of \$185,474 for the provision of services provided by the S creening, A ssessment, R eferral and T reatment (SART) Coordinator for Fiscal Year 2015-2016. (Presenter: Amanda Ferguson, Staff Analyst II, 252-4256)
6	Approve Amendment A5 to Contract CE009 with the County of San Bernardino on behalf of Children’s Network for a total contract amount not to exceed \$411,344 to continue implementation of countywide educational campaigns and community events addressing child abuse prevention for FY 2014-2015. (Presenter: Bobbi Albano, Staff Analyst II, 252-4266)

Item No.	INFORMATION ITEM
7	Receive Outcomes Brief on Family Literacy Initiative for 2013-2014 (Presenter: Scott McGrath, Supervisor, 252-4259)

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8	Receive Evaluation Report on Healthy Cities and Communities (HCC). (Presenter: Scott McGrath, Supervisor, 252-4259)
9	Receive Information on "Help Me Grow" Initiative (Presenter: Ronnie Thomas, Staff Analyst II, 252-4255)

Public Comment

Persons wishing to address the Commission will be given up to three minutes and pursuant to Government Code 54954.2(a)(2) "no action or discussion will be undertaken by the Commission on any item NOT on the agenda."

Commissioner Roundtable

Open to comments by the Commissioners

**Next Meetings
April 1, 2015
at First 5 San
Bernardino**

**Commissioner Program Workshop
1:00 p.m. to 3:15 p.m.**

**Commission Meeting
3:30 p.m. to 5:00 p.m.**

The agenda and supporting documents are available for review during regular business hours at First 5 San Bernardino, 735 East Carnegie Drive, Suite 150, San Bernardino, California 92408.

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**CHILDREN AND FAMILIES COMMISSION
for San Bernardino County
AGENDA: March 4, 2015**

Subject: Information Relative to Possible Conflict of Interest

Instructions: Contractors, subcontractors, principals and agents are listed below for each applicable agenda item. Commissioners are asked to review the items for possible conflicts of interest and to notify the Commission secretary prior to the Commission meeting of conflicts concerning items on the meeting’s agenda. This procedure does not relieve the Commissioner of his or her obligations under the Political Reform Act.

Background: The Political Reform Act of 1974 (Government Code section 87100 et. Seq.) prohibits public officials from making, participating in making or in any way attempting to use their official position to influence a governmental decision in which they have reason to know they have a “financial interest.” Additionally, Government Code section 1090 et seq. prohibits public officers and employees from being financially interested in any contract made by them in their official capacity or by the board of which they are members. A limited exception is allowed for County Children’s and Families Commissions. (See Government Code section 1091.3)

Item No.	Agenda Item/Contractor	Principals & Agents	Subcontractors; Principals & Agents	Commissioner Abstentions
1	N/A	N/A	N/A	
2	ITEM TO BE CONTINUED TO APRIL			
3	N/A	N/A	N/A	
4	ITEM TO BE CONTINUED TO APRIL			
5	ITEMS TO BE CONTINUED TO APRIL			
6				
7	N/A	N/kA	N/A	
8	N/A	N/A	N/A	
9	N/A	N/A	N/A	

- Cindy Faulkner, Operations Manager
- Ann M. Calkins, Executive Assistant
- Debora Dickerson-Sims, Administrative Supervisor II
- Staci Scranton, Supervising Office Assistant
- Mary Jaquish, Supervisor
- Scott McGrath, Supervisor
- Regina Coleman, Commission Counsel
- William Kariuki, Staff Analyst II
- Chrystina Smith-Rasshan, Staff Analyst II
- Ronnie Thomas, Staff Analyst II

**Report –
Karen E. Scott
Executive
Director**

First 5 CA Summit

More than 650 registrants including 120+ First 5 Commissioners are set to attend next week in Sacramento. Supervisor Gonzales and Mr. Paul Vargas will represent for First 5 San Bernardino at the workshop designed specifically for Commissioners and their Executive Directors.

Tentative “Save the Dates”

Commissioner Program Workshop in the early afternoon preceding our regular Commission meeting in April 1st and a Commissioner Budget Workshop immediately preceding the May 2015 Commission meeting, on May 6th. Ann will send out specifics.

Advocacy Item Information

Child Nicotine Poisoning - American Academy of Pediatrics urges Congress to co-sponsor the Child Nicotine Poisoning Prevention Act of 2014. On the AAP website, Pediatricians are asked to contact congressional leaders about the pending legislation and advocate for safety measures.

Tobacco Fact Sheet on E- Cigarettes from the Legacy for Health Organization

California Common Core - Children’s Now

Business, education, parent, labor, community and civil rights groups around the state are showing their support for California’s updated education standards – California Common Core. These more rigorous English language arts and math standards were approved back in 2010 by California policymakers on a bi-partisan basis and with widespread support from educators and other stakeholders.

The Common Core standards establish a set of learning goals that work grade-by-grade, step-by-step, to prepare students to meet challenges they will face both in college and career. The standards establish learning goals for all students and emphasize critical thinking, analysis and deeper understanding. Local districts and teachers have been leveraging the standards to better engage students and expose them to these important approaches to learning.

There have emerged many naysayers throughout the nation about Common Core. Children’s Now, an advocacy organization of which we are members, has asked the Commission to sign on specifically to a public support statement that California would continue to implement the Common Core standards because it’s the right approach for our kids and our state’s future.

Board of Equalization

The rising costs from the BOE significantly impact the Prop 10 revenue and our ability to provide services. Prop 10 allows for the reimbursement of the State Board of

Equalization for expenses incurred in the administration and collection of the tobacco taxes. These costs have risen 600% in the past 10 years, while tobacco tax receipts have decreased by nearly 30%. In 2002-2003, the BOE administrative costs were about \$2M for that year. They have steadily climbed in the past 10 years and in 2014/15, they are projected to be just shy of \$18 million. BOE fees are likely to continue to increase over time based on historical trends, staff projections, and the impact of any future tobacco taxes. BOE staff has indicated that any new tax would result in a significant increase in BOE tax collection, with Prop 10 taking the brunt of the share. Collectively, the First 5 Commissions feel that it is contrary to voter intent to use Prop 10 funding for tobacco tax enforcement.

In May 2014, the Assembly Budget Subcommittee, chaired by Assemblyman Tom Daly, directed through the Supplemental Budget report, a review of BOE's tobacco program. By April 1, 2015, BOE will be required to submit a report describing three alternative approaches for future funding of the tobacco licensing program.

First 5 Association submitted a letter to the BOE in November 2014, as part of the process requested by the Legislature, and outlined three alternatives for the Board to consider that would provide significant relief to First 5.

- ⇒ #1 – A one percent maximum on the amount BOE can charge Prop 10 revenue for tax collection and administration.
- ⇒ #2 – Capping the charges to Prop 10 funds to the 2005/06 level, adjusted for inflation, reflecting a baseline before AB71 implementation, which was very costly
- ⇒ #3- Eliminate any enforcement costs as eligible expenses to be paid by Prop 10 funds.

For First 5 San Bernardino, this BOE administrative cost equates to about \$800,000 per year in revenue lost. Clearly, we have many alternative uses for these critical funds, more in keeping with the mandates of Proposition 10.

The First 5 CA Commission – Audit Oversight Committee consisting of Commissioners Collis and Halvorson, met to discuss the BOE issue. They have decided to retain a consultant to look into the BOE issue from a broader systems analysis perspective rather than a formal audit. That State Commission will move ahead with that work and I will report back as I learn new details.

The BOE costs, along with exploring means to alternative funding streams, and achieving sustainability with declining revenue are all topics of discussion with Commissioners at the CA Summit next week.

Prioritizing Young Children in All Policies – First 5 Association and County Commissions

The First 5 Association shares the statewide development of priorities for children.

Commissioners will hear more about these priorities at the Program and Fiscal Workshops. These priorities fold nicely into First 5 San Bernardino's Strategic Plan and are shared and vetted with First 5 staff and Advisory Committee in order to develop recommendations to the Commission for funding.

Quality Early Learning is the biggest buzz these days with the opportunity to leverage federal, state and local funding to insure continued quality improvement and expand access to high quality preschool for all at-risk 4 year olds. First 5 San Bernardino is a "mentee" county stemming from California's award of a Race to the Top grant. First

5 Staff is researching what that means to the Commission and how to best capitalize on it, in terms of funding opportunities, technical assistance, etc.

Family Strengthening - Reducing the incidence of child abuse is key to family strengthening. First 5 San Bernardino's most recent RFP release, 14-12 – Family and Community Support Partnership using the Nurturing Parenting Curriculum and the FDM/MOM is our strategy for addressing family support.

Early Identification and Intervention - First 5 San Bernardino has always recognized the importance of early screening and intervention. We have enhanced the SART program with an opportunity for less intense identification and intervention where needed. We are looking into becoming an affiliate County for Help Me Grow, a national movement in support of universal screening.

Oral Health - Oral health continues to be an area of focus across the state, with 33 county commissions investing a total of \$23 million to serve 182,000 children.

A new report from the California State Auditor found that the state's Denti-Cal program is failing to provide adequate care for children due to a shortage of dentists participating in the plan. The state audit found that 56% of enrolled children eligible for care under Denti-Cal did not use the program in 2013; the state's utilization rate of 43.9% is below the national average of 47.6%.

We are evaluating the statistics for San Bernardino County children and actually believe we are in better shape because of the Loma Linda Dental School and the number of dentists that stay and practice in the area and accept Denti-Cal reimbursement. California's reimbursement rates for the ten most common dental procedures averaged \$21.60, which was only 35% of the national average of \$61.96 for those same ten procedures.

A recommendation for continued support of children's oral health will be shared at the Commissioner's Program Workshop.

Commissioners also received a draft copy of the 2015 Children's State Policy Agenda from the First 5 CA Commission.

In this month's ED report:

- ⇒ an article on the spread of Measles and immunizations
- ⇒ Information on our First 5 San Bernardino Oral Health campaign for February – National Children's Dental Health Month
- ⇒ A welcome to our new Commissioners
- ⇒ An infographic that looks into a pregnant mother's experience – see for yourself how different their birth experiences can be?

Budget Status Quarterly Report

Expenditures in every area are well below what was expected according to the adopted budget. This is typical for our operation with reimbursement contracts.

Total Budget for FY2014/15 = \$33,965,307

Expenditures through the 2nd Quarter = \$6,801,486

Administrative Costs percentage to Actuals = 23.35% (last year at this time: 23.66%)

Admin Costs percentage to actuals will continue to decrease

Changes to the Agenda

No changes to report.

Consent

Commissioner Gonzales abstained since she did not attend the last meeting. A motion was made by Commissioner Weinstein and seconded by Commissioner Hill to approve the Consent Item. Without further comment or objection, motion carried by unanimous vote.

Item No.	CONSENT
1	Approve minutes of January 7, 2015 Commission Meeting (Presenter: Ann M. Calkins, Executive Assistant, 252-4252)

Item No.	DISCUSSION
2	<p>Appoint Chair for the First 5 San Bernardino Advisory Committee (Presenter: Karen E. Scott, Executive Director 252-4252)</p> <p>A nomination for Margaret Hill to continue as Advisory Committee Chair was received from the floor. Margaret Hill accepted the nomination. A motion was made by Commissioner Gonzales and seconded by Commissioner Ohikhuare to close the nominations.</p> <p>As no further nominations were received from the floor, the nominations were closed and the slate was put to a vote. Without further comment or objection, the slate was elected by a unanimous vote.</p>
3	<p>Approve Contract SI018 in the amount of \$50,000 with Housing Authority of the County of San Bernardino (HACSB) in support of their No Child Left Unsheltered initiative for the remainder of Fiscal Year 2014-15. (Presenter: Scott McGrath, Supervisor, 252-4259)</p> <p><u>Discussion</u> Commissioner Gonzales asked if this funding will be part of wrap-around services that the Housing Authority is now going to be working with. Mr. McGrath deferred to Maria Razo-Dale, Executive Vice-President from Housing Authority for the answer. Ms. Razo-Dale answered that yes, however, it doesn't provide for the funding for the direct service but it leverages all the dollars to provide a more robust program.</p> <p>Commissioner Hill asked if there are areas of greater need more so than the San Bernardino area, for example, areas like Trona and Helendale. Ms. Razo-Dale answered the need was not as great in those areas due to the population, however, the largest need is concentrated within the city of San Bernardino and also in the High Desert. This is based on the latest homeless point-in-time count. Ms. Razo-Dale stated her agency is looking forward to the latest homeless counts in order to better serve those areas.</p> <p><u>Public Comment</u> None</p>

	A motion was made by Commissioner Ohikhuare and seconded by Commissioner Hill to approve Agenda Item 3. Without further comment or objection, motion carried by unanimous vote.
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Item No.	INFORMATION
4	Receive information on Local Outcomes Brief for 2013-2014 (Presenter: Scott McGrath, Supervisor, 252-4259)

Public Comment None

Commissioner Roundtable

Commissioner Hill complimented staff on their continued professionalism and due diligence. Commissioner Hill expressed her appreciation for being a Commissioner and the ease she feels in talking to the general public and community about First 5 due to the continual updates given to the Commissioners.

Commissioner Gonzales proposed establishing a legislative committee within the Commission in order to better communicate with State and Federal offices and maximize First 5's importance. Commissioner Vargas stated he would support such an effort. Chair Haugan asked First 5 staff to research this recommendation and report back to the Commission. Ms. Scott stated the Commission's bylaws do allow more legislative activity related to advocacy for children. Commissioner Ohikhuare stated this could also be part of the County's legislative platform.

Commissioner Weinstein added that the California Medical Association and California Pediatrics Association also do extensive legislative work on behalf of children and one of the members is now a State Senator, Richard Pan, who is a long-time advocate for children's issues and a pediatrician by trade. Commissioner Vargas stated that Senator Pan just introduced a bill to mandate vaccines for children.

Adjournment Without further comment or objection, the meeting adjourned at 4:25 p.m.

Next Commission Meeting at First 5 San Bernardino March 4, 2015
 3:30 p.m. to 5:00 p.m.

Attest

 Linda Haugan, Chair

 Ann M. Calkins, Commission Secretary



**AGENDA ITEM 3
MARCH 4, 2015**

Subject	Oral Health Education, Screening and Navigation (OH-ESN) Request for Proposals (RFP) 15-01, FY 2015-2018
Recommendations	Approve the Oral Health Education, Screening and Navigation (OH-ESN) Request for Proposals (RFP) 15-01 for FY 2015-2018, in an amount not to exceed \$750,000 per year and \$2,250,000 for the three-year funding cycle. (Presenter: Amanda Ferguson, Staff Analyst II, 252-4256)
Background Information	<p>Through the Investing in Children RFP, released in 2011, First 5 San Bernardino (F5SB) sought to address and alleviate barriers to oral health care for young children and pregnant women and improve oral health outcomes.</p> <p>Through evaluation of data collected and spending trends over many years of funding oral health services, F5SB is better able to articulate specific needs of children and their families and has observed a shift in regard to those needs. While in the past, the needs were clearly around treatment for already progressed dental caries in children and pregnant women, current data indicates that the Commission will yield greater outcomes, more efficiently and effectively by taking a different approach. In funding this initiative, F5SB aims to improve oral health outcomes, increase dental visits of children, and decrease barriers such as benefit gaps for treatment needs. Through the Oral Health Education, Screening and Navigation (OH-ESN) Initiative, the Commission will prioritize education around optimal oral health practices and navigation to appropriately utilize existing resources. In addition, connecting families to a medical/dental home continues to be a much needed service focus.</p> <p>Oral Health Education, Screening and Navigation is the selected initiative to support goals under First 5's Strategic Priority Area 1 – Children and Families, Goal 1.1 Child Health.</p> <p>Specific objectives of this funding opportunity include</p> <ul style="list-style-type: none"> A. Families have access to resources and environments that support the total wellness of the child B. Families are knowledgeable of and utilize available resources to manage their health C. Children are Born Healthy <p>Pending Commission approval, the Request for Proposals (15-01) will be released on March 5, 2015. The deadline for submission of all proposals is 4:00 p.m. on April 3, 2015. Once the RFP (15-01) proposal evaluation process is completed, successful proposals will be recommended to the Commission in May/June of 2015 with a contract start date of July 1, 2015.</p>
Financial Impact	None
Review	Regina Coleman, Commission Counsel

Report on Action as taken
Action:
Moved: _____ Second: _____
In Favor:
Opposed:
Abstained:
Comments: _____
Witnessed:



**Request for Proposals
(RFP 15-01)**

for

**Oral Health Education, Screening and
Navigation Services
(OH-ESN)**

First 5 San Bernardino
735 E. Carnegie Drive, Suite 150
San Bernardino, CA 92408
(909) 386-7706

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Attachments:

- Exhibit A – Program & Funding Requirements**
- Exhibit B – Workflow Graph Template Instructions**

- Attachment A – Proposal Submission Checklist**
- Attachment B – Statement of Certification**
- Attachment C – Proposal Narrative Application Template**
- Attachment D – Workflow Graph Template**
- Attachment E – Contract History**
- Attachment F – Reportable Conditions**
- Attachment G – Exceptions and Disclosures**
- Attachment H – Subcontractor Information**
- Attachment I – Financial Capacity (with Audit Reports)**

I. PROCUREMENT TIMELINE

ACTIVITY	DATE
A. RFP Release	<i>Thursday, March 5, 2015</i>
B. Deadline for Question Submissions	<i>Friday, March 20, 2015 No later than 12 Noon, PST</i>
C. Deadline for Proposal Submission	<i>Friday, April 3, 2015 No later than 4:00 P.M., PST</i>
D. Tentative date to inform of <u>Unsuccessful Proposals</u> at the Administrative Phase (No Appeal)	<i>April 10, 2015</i>
E. Tentative date to inform of Award or Unsuccessful Proposal at the Fiscal and/or Program Phase (Opportunity to Appeal)	<i>May 1, 2015</i>
F. Tentative Deadline to request Appeal	<i>May 8, 2015</i>
G. Tentative date for Commission Approval of Contracts	<i>June 3, 2015</i>
H. Tentative Start Date for Contract(s)	<i>July 2, 2015</i>

The above dates are subject to change as deemed necessary by the First 5 San Bernardino Commission.

A. Questions

Questions regarding the contents of this RFP posed prior to the Proposal Conference must be submitted in writing on or before **12 Noon (Pacific Standard Time [PST]), Friday, March 20, 2015 and directed to the individual listed in Section I, Paragraph B.** All questions will be answered and both the question and answer will be posted on the First 5 San Bernardino Website as an addendum to this RFP.

B. Correspondence

All correspondence, **including proposals and questions**, are to be submitted to:

First 5 San Bernardino
ATTN: RFP 15-01 Oral Health- ESN
735 E. Carnegie Drive, Suite 150
San Bernardino, CA 92408

Contact Person: Mary Alvarez, Staff Analyst II
E-Mail: malvarez@cfc.sbcounty.gov

C. Admonition to Proposers

Once the RFP has been issued, the individual identified above is the sole contact point for any inquiries or information relating to this RFP. **Failure to adhere to this policy may result in disqualification of the Proposer and rejection of the proposal.**

D. Proposal Conference

1. There will be **no** proposal conference conducted for this RFP.

E. Proposal Submission Deadline

All proposals must be received at the address listed in Paragraph B above **no later than 4:00 PM (PST) on Friday, April 3, 2015.** Facsimile or electronically transmitted proposals will not be accepted since they do not contain original signatures. Postmarks will not be accepted in lieu of actual receipt. Late proposals will not be considered.

II. INTRODUCTION

A. Background

The Children and Families Commission for San Bernardino County (First 5 San Bernardino) was created in December, 1998 in order to realize the benefits of [Proposition 10](#) (California Children and Families Act) for the County's youngest residents and their families. The act created a program for the purpose of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age, under the guidance of the Children and Families Commission for San Bernardino, and in collaboration with the community and agencies providing services to children. Since 1998, First 5 San Bernardino has invested more than \$187 million dollars to ensure a better future for children age 0-5 and their families.

With the Investing in Children RFP, (released 11/2011) the F5SB Commission sought “to gain improved health outcomes for pregnant women and children birth through age 5 in San Bernardino County by investing in targeted services from the medical, dental, nutritional and community health systems.” Specifically, within oral health the objectives were to alleviate oral health barriers for pregnant women and children 0-5 and to recruit pediatric dental professionals. During the Investing in Children funding cycle changes occurred in the health care industry as a result of the Affordable Care Act (ACA). This was taken into consideration in the development of First 5 San Bernardino’s 2015-2020 Strategic Plan.

In June 2014, First 5 San Bernardino revised their Strategic Plan to reaffirm goals, objectives and priority outcomes that extend to the year 2020.

With many years of data collected and analyzed, F5SB has been able to articulate the specific needs of children and their families from a systems building perspective. This has guided not only the revision of the F5SB Strategic Plan but also the development of the child health initiative which has the goal that families are knowledgeable of and have access to the resources and environments that support the total wellness and well-being of their children prenatal through age 5 (Strategic Plan Goal 1.1).

Current Oral Health Landscape

The ACA reinstated oral health benefits for women throughout the duration of their pregnancy and up to 60 days postpartum, regardless of age and/or scope of benefits. These women are now eligible to, “receive all dental procedures listed in the Denti-Cal

Manual of Criteria (MOC) that are covered by the Medi-Cal program (Denti-Cal Bulletin, October 2014, p. 3).” This mandate became effective October 1, 2014 thus; the need to provide services for pregnant women is not as imminent as in years past. Upon review of local community health needs assessments, conducted prior to October 2014; the largest barriers to dental care were financial, lack of insurance, and not knowing the importance of oral health care during pregnancy. The barrier of cost has been alleviated, in part, by the reinstatement of oral health care benefits for women that are pregnant. For children, barriers to care were not knowing the importance of oral health care and cost of services. Cost of services was identified as a barrier to both screenings and treatment for young children. Overall, lack of oral health education was listed as the number one barrier to care.

Upon review of oral health screening data collected by First 5 San Bernardino throughout the last several years, a trend has been identified wherein more children that have been screened are showing no observable decay. Between 55% and 68% of children screened each quarter show no signs of observable decay. Although this need is declining, it is still present and was identified as a gap in community health needs assessments.

Oral Health Education, Screening and Navigation (OH – ESN) is the selected initiative to support goals under First 5’s Strategic Priority Area 1 – Children and Families, Goal 1.1 Child Health.

B. Announcement

First 5 San Bernardino, hereafter referred to as the “Commission,” is seeking proposals from qualified organizations, hereinafter referred to as “Proposers”, “Contractors” or “Vendors,” to provide services for parents and families of children age 0-5 as identified in the accompanying Exhibit A and the First 5 San Bernardino Strategic Plan. Said services will occur under a reimbursement contract. An amount of \$750,000 dollars per year, not to exceed \$2.25 million dollars for the 3-year period, has been allocated for family related services for the period of July 1, 2015 through June 30, 2018. The most important expectation of funding under this RFP is positive, immediate and documentable outcomes for children age 0-5, as defined by First 5 San Bernardino’s established strategic priority areas (SPAs) and indicators. This is a competitive procurement. The number of contracts will be determined by the types and quality of proposals received, the evaluation of these proposals and the feasibility that the service can and will “move the needle” towards positive outcomes for children.

C. Period of Contract

Contracts awarded for services to be funded through this RFP are proposed to be for the three (3) year period commencing July 1, 2015 through June 30, 2018, subject to the availability of California Children and Families Trust Fund monies, however, the Commission reserves the right to negotiate contracts for a shorter period of time, based on the specific project, need for service, coordination of existing services, changes in demographics, etc. The Commission may, but is not obligated to, extend the awarded contract(s) for one (1) additional year as needed. The Commission reserves the right, after contract award, to amend the resulting contract as needed through the term of the contract to best meet the needs of all parties.

D. Minimum Proposer Requirements

Proposers must:

1. Have a minimum of 3 year-history of demonstrated capacity providing like-services as proposed serving children 0-5 and their families.

2. Have no record of unsatisfactory performance. Contractors who are or have been seriously deficient in current or recent contract performance, in the absence of circumstances properly beyond the control of the Contractor, shall be presumed to be unable to meet this requirement.
3. Have the ability to maintain adequate files and records and meet statistical reporting requirements.
4. Have the administrative and fiscal capacity to provide and manage the proposed services under a reimbursement contract and to ensure an adequate audit trail.
5. Meet other presentation and participation requirements listed in this RFP.
6. Have the capacity to effectively outreach, advocate and market program services.

III. PROCUREMENT CONDITIONS

A. Contingencies

Funding for these services is contingent on the availability of California Children and Families Trust Fund monies. This RFP does not commit the Commission to award a contract. Cost, while not necessarily the primary factor used in the selection process, is an important factor. The Commission will award a contract(s) based on the proposal(s) that best meets the needs of the Commission through meeting the needs of children age 0–5 and their families, alignment with the First 5 San Bernardino Strategic Plan and ability to obtain measurable outcomes.

B. Acceptance or Rejection of Proposals

The Commission reserves the right to accept or reject any or all proposals if the Commission determines it is in the best interest of the Commission to do so. The Commission will notify all Proposers, in writing, if the Commission rejects all proposals. The Commission also reserves the right to terminate this procurement process at any time.

Proposals shall remain valid and subject to acceptance anytime between the proposal opening and the awarding of the contract(s), up to one hundred eighty (180) days.

C. Best Value Evaluation Process

Cost is an important factor in the evaluation process, but the Commission is not obligated to accept the lowest cost proposal. The Commission will award a contract(s) based on the proposal(s) that best meets the needs of children age 0-5 and their families as demonstrated through reliable data sources, alignment with the First 5 San Bernardino Strategic Plan and ability to obtain and demonstrate measurable outcomes. At the Commission's discretion, considerations such as population demographics and geography may also factor into a decision as to which services and/or products provide the best value to the Commission. Other considerations may include:

- Fiscal Capacity of proposing organization
- Qualifications of key staff
- Relevant program/service experience
- Past performance demonstrated by reliable outcomes data
- Strength of outreach and marketing strategies
- Any other relevant factors listed in the RFP, as listed in Section XIII, Proposal Evaluation and Selection.

D. Modifications

The Commission has the right to issue addenda or amendments to this RFP if the Commission considers that additional clarifications are needed. Addenda or amendments to this RFP will be posted on the First 5 San Bernardino website at www.first5sanbernardino.org.

E. Proposal Submission

To be considered, all proposals must be submitted in the manner set forth in this RFP. **It is the Proposer's responsibility to ensure that its proposal arrives on or before the specified deadline.** All proposals and materials submitted become the property of First 5 San Bernardino.

F. Local Preference Policy

The County and the Commission have adopted a preference for Vendors whose principal place of business is located within the boundaries of the County. A five percent (5%) preference may be applied prior to approval of any contract, purchase or acquisition of services, equipment, goods, or supplies.

For the purposes of applying the local preference policy (County Policy 11-12), "principal place of business" is defined as the Vendor's main office (or headquarters) or a major regional office. A "major regional office" is defined as a business location apart from the vendor's main office (or headquarters) which:

- Has been issued a business license, if required, and has been established and open for a minimum of six months prior to the date that the approval authority authorizes the circulation of any procurement, contract, agreement, or purchase order to which the Vendor responds; and
- Can demonstrate on-going business activity in the field of endeavor on which the Vendor is proposing, from that office during the preceding six (6) months; and
- Has a minimum of twenty-five percent (25%) of the vendor's full-time management employees and twenty-five percent 25% of its full-time regular employees working from the San Bernardino County location(s).

The County's Local Preference Policy means, for example, if two (2) Vendors respond to this RFP and if quality, service and ability to meet the Commission's needs are equal, Commission staff must determine if one of the Vendors is a local Vendor. If one of the Vendors is a local vendor, and its quoted price or cost for services, equipment, goods or supplies does not exceed five percent (5%) of the other Vendor's quoted price or cost, unless it is determined that an exemption applies, staff should recommend the local Vendor for the contract award.

G. Incurred Costs

The Commission is not obligated to pay any costs incurred by Proposers in the preparation of a proposal in response to this RFP. Proposers agree that all costs incurred in developing this proposal are the Proposer's responsibility.

H. Public Inspection

Proposals submitted in response to this RFP become the property of First 5 San Bernardino and are subject to the provisions of the California Public Records Act. This Act is designed to give reasonable public access to information in the possession of public agencies.

I. Clarifications

The Commission may require the Proposer(s) selected as a potential Contractor(s) to provide additional information or clarifications on any area contained in this RFP or which might be used to evaluate proposals. This may include cost, technical, or other clarifications needed to make a decision.

J. Negotiations

The Commission may require the potential Proposer(s) selected to participate in negotiations. This may include cost, technical information, or other clarifications needed to make a decision.

K. Formal Agreement

Proposer(s) will be required to enter into a formal agreement with the Commission. This RFP sets forth some of the general provisions which will be included in the final contract. In submitting to this RFP, Proposer(s) will be deemed to have agreed to each clause unless the proposal identifies an objection and the Commission agrees to a change of language in writing. All objections to any provisions of the final contract should be listed on **Attachment F – Exceptions and Disclosures** to RFP.

L. Use of Proposal Received

All proposals received shall become the property of the Commission.

M. Independent Contractor Status

Any Proposer that is awarded a Contract will be considered an independent Contractor(s), wholly responsible for the manner in which it performs, and will assume exclusively the responsibility for the acts of its employees who will not be entitled to any rights and privileges of Commission employees nor be considered in any manner to be Commission employees.

N. Pre-Award On-Site Visits

Site visits may be conducted to verify information submitted in the RFP and to determine if the proposed facilities are appropriate for the proposed services provided.

O. Level of Service

For any Contract awarded through this RFP, no minimum or maximum number of referrals or enrollments can be guaranteed by the Commission. However, Contractor is expected to meet contracted number of referrals and enrollments as agreed upon to meet satisfactory performance.

P. Termination of Contract

The Contract between the Commission and selected Proposer(s) will contain specific language which addresses the Commission's option for terminating the Contract with or without cause.

Q. Target Population

It is mandated through the Children and Families Trust Fund Act (Prop 10) that funds are allocated to services for the purpose of promoting, supporting and improving the early development of children age 0-5. As such, services proposed shall offer a direct benefit to this population. Any services provided beyond this limitation, such as services to siblings and family members who are not parents or primary caregivers may only be incidental to services provided to children prenatal through age five.

R. Final Authority

The final authority to award a Contract rests solely with the Commission.

IV. PROGRAM REQUIREMENTS

A. Definitions

Accessibility: Ease of obtaining services, measured by addressing geographical, travel and other barriers.

Affordable Care Act (ACA): Health care reform law enacted in March 2010. Affordable Care Act (ACA) refers to the final amended version of the law.

C4Yourself: A Component to the C-IV System that allows customers to apply for Food Stamps, Medi-Cal, CalWORKS, and CMSP via the internet. Customers enter information to apply online and the data transfers to the C-IV System automatically. Customers have the ability to complete and submit their annual redeterminations/recertifications, access their quarterly/mid-year status reports and have the ability to view the status of their cash/benefits.

Capital Expenses: Costs of construction projects, including but not limited to; brick and mortar type projects, demolition, room expansion, carpet installation, air conditioner or water heater installation/replacement, wheel-chair access ramps, stationary playgrounds or vehicle purchases.

Care Coordination: A service deliverable that includes the following activities: implementing an active outreach system to underserved populations, 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 health care providers, helping families find interpreters, determining potential barriers for parents and problem-solving to reduce the barriers, arranging for transportation for medical appointments, scheduling appointments and coordinating with other health care appointments if possible, explaining the importance of health care and answering some common health questions, reviewing responsibilities and rights of patients and of health care providers, coordinating with families to facilitate follow-up on recommendations and routine care, and providing re-enrollment assistance.

Caries: A biofilm (plaque)-induced acid demineralization of enamel or dentin, mediated by saliva.

Caries Risk Assessment Form: Two assessment tools published by the American Dental Association, one for the 0-6 population and one for the population over age 6. Both will be used with the respective populations to assess client risk of developing caries.

Cost Effectiveness: Achieving the desired goal with the minimum of expenditure.

Child Care Licensing: Managed by the State of California. This agency licenses and monitors Family Child Care Homes and Child Care Centers in an effort to ensure they provide a safe and healthy environment for children who are in day care.

Coverage Benefits: Procedures and services offered at a prevailing rate of benefits covered by insurance.

Demonstrated Outcomes: Data supported evidence that indicators addressed through the program demonstrate marked improvement.

Dental Home: Ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.

Dental Screening: A visual assessment of the child's oral health, done without instrumentation or the use of x-rays or any other diagnostic equipment. The provider observes, and notes the condition of the teeth, surrounding soft tissues, simple jaw relationships and overall oral hygiene.

Dental Treatment: Includes a thorough dental examination with the use of x-rays and proper instruments to diagnose the condition of the teeth and other oral structures. A full scope of treatment may include preventative services, such as cleaning and oral hygiene instruction for parent and/or child, as well as restoration or removal of damaged teeth and proper space maintenance. Complete treatment results in the proper function and comfort of the child's mouth in a developmentally appropriate way. It anticipates the best possible outcome for healthy permanent teeth.

Direct Costs: Costs that can be identified specifically with a particular final cost objective, such as a particular project, service, or other direct activity of an organization.

Evidence-Based: Refers to the use of research and scientific studies as a base for determining best practices.

Full Time Equivalent (FTE): A measurement equal to one staff person employed in a full-time work schedule and which is, for purposes relating to this contract, calculated at 2,080 hours in a year. FTEs provide a common unit of measurement for positions budgeted. The number of FTEs is the cumulative value expressed, using the full-time equivalent measurement as a baseline, as a total percentage of time or as a total percentage of funds related to a particular classification.

Federally Qualified Health Center (FQHC): Entities as defined by the Social Security Act at section 1905(l)(2) which, "(i) is receiving a grant under section 330 of the Public Health Service Act, or (ii)(I) is receiving funding from such a grant under a contract with the recipient of such a grant and (II) meets the requirements to receive a grant under section 330 of the Public Health Service Act, (iii) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, and is determined by the Secretary to meet the requirements for receiving such a grant including requirements of the Secretary that an entity may not be owned, controlled, or operated by another entity; or (iv) was treated by the Secretary, for purposes of Part B of title XVIII, as a comprehensive Federally-funded health center as of January 1, 1990, and includes an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act for the provision of primary health services." In considering these definitions, it should be noted that programs meeting the FQHC requirements commonly include the following (but must be certified and meet all requirements stated above): Community Health Centers, Migrant Health Centers, Healthcare for the Homeless Programs, Public Housing Primary Care Programs, Federally Qualified Health Center Look-Alikes, and Tribal Health Centers.

Indirect Costs: Costs that have been incurred for the benefit of multiple projects or activities and cannot be readily identified with a particular final cost objective. An organization having several major functions may need to accumulate the indirect costs into separate groupings and then allocate proportionally to the benefiting functions by means of a base which best measures the relative degree of benefit. The indirect cost rate would be used to distribute the proportional amount of indirect costs to the individual projects or activities based on a Board approved cost allocation plan.

Medical Home Access: Access to an ongoing relationship between the medical provider and the patient, inclusive of all aspects of health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.

Navigation: To manage or guide one through the healthcare systems, identify benefits, providers and services available to be utilized to obtain optimal health outcomes. Ideally would include follow-up to support maximum utilization.

Outcome: The result, which the Commission seeks (as outlined in the Strategic Plan) and to which all performance targets must contribute to a measurable change.

Participant: A recipient of funded services in accordance with the target population, are children prenatal through age five and/or pregnant women.

Participant Support: Budget line item category for items purchased to remove barriers or to provide motivation to participants upon completion of the program. Items purchased should be relative to the program objectives. Gift cards are not an allowable expense.

Participant Transportation: Budget line item category for costs involved with transporting participants to needed services and/or appointments.

Perinatal Parent Education Program: Programs that address the concerns and needs of a pregnant woman, her infant child, and the woman's support system. These programs address and affect not only healthy birth outcomes but improved child wellbeing and family stability outcomes as well.

Professional Services/Consultants: Independent contractors hired to perform services not related to providing direct services. Examples include janitorial services, bookkeeping services, speakers, etc.

Program Materials/Supplies: Budget line item category for items directly related to service delivery such as course curriculum, children's books, journals used by participants, child development toys, etc.

Program Work Plan: A document containing program expectations and deliverables as agreed upon by First 5 San Bernardino and program contractors. The work plan includes information on the individual components of the program in addition to structure including dosage, activities, outcome expectations and verification methods. This document is signed by the contractor leadership and is approved by the First 5 San Bernardino Commission.

Reasonable Rate of Success: Total number of program participants expected to successfully complete the program meeting the outcome targets.

Request for Proposal (RFP): The document used to solicit a solution or solutions from potential Contractors to a specific problem or need.

Researched Based: See evidence-based: Using research as the basis for determining best practices.

Rural Health Clinic (RHC): Clinics that are certified under section 1861(aa)(2) of the Social Security Act to provide care in underserved areas, and therefore, to receive cost-based Medicare and Medicaid reimbursements.

Satisfaction Survey: Survey designed to measure the participant's overall satisfaction with the services rendered. Satisfaction Surveys address specific aspects of service provision in order to identify problems and opportunities for improvement.

Special Needs: Children having an identified disability, health, or mental health condition(s) that require early interventions, special education services, or other specialized supports.

Staff Development/Training: Budget line item category for expenses associated with staff training, conferences, retreats, classes, and any other staff development activities related to the funded program.

Staff Mileage/Travel: Budget line item category for employee mileage and travel costs (including lodging and food) for travel related to the program, based on the current IRS allowable rate.

Subcontractor: Agencies contracted by the primary Contractor to provide direct services for which they will be responsible for achieving the performance targets for the portion of services they are providing. Contractor shall be responsible for the performance of any subcontractor.

Unduplicated Clients: Clients who are counted as receiving service for the first time in a fiscal year.

Uninsured: individuals not covered by health insurance.

Utilization: To make use of one's health care benefits and available services within the health care system and network in a manner or frequency which results in the best health outcomes.

Verification: Validates that something represented to happen does in fact take place. The verification tools must be approved by the Commission.

B. Reference Documents

The Commission has copies of the following materials available for review:

1. Americans with Disabilities Act [<http://www.ada.gov/>]
2. California Department of Social Services Manual of Policies and Procedures Divisions 21 and 23, sections 600, 602, and 604 [<http://www.cdss.ca.gov/ord/entres/getinfo/pdf/ops0102.pdf>]
3. Clean Air Act (42 U.S.C. section 7606) [http://www.law.cornell.edu/uscode/html/uscode42/usc_sec_42_00007606----000-.html]
4. Clean Water Act (33 U.S.C. section 1368) [http://www.law.cornell.edu/uscode/html/uscode33/usc_sec_33_00001368----000-.html]
5. Environmental Tobacco Smoke (20 U.S.C. section 6081 et seq.), also known as the Pro-Children Act of 1994 [<http://www.gpo.gov/fdsys/pkg/USCODE-2011-title20/html/USCODE-2011-title20-chap68-subchapX.htm>]

6. Executive Order 11246 [30 Fed. Reg. 12319 (Sept. 24, 1965)], as amended by Executive Orders 11375, 11625, 12138, 12432, and 12250 [<http://www.dol.gov/ofccp/regs/statutes/eo11246.htm>]
7. Executive Order 11738 [38 Fed. Reg. 25161 (Sept. 10, 1973)] and Environmental Protection Agency regulations (40 C.F.R., part 32)] [<http://www.epa.gov/isdc/eo11738.htm>]
8. Executive Order 12549 [51 Fed. Reg. 6370 (Feb. 18, 1986)] and Debarment, Suspension, And Other Responsibility Matters (45 C.F.R, part 76) [<http://www.epa.gov/isdc/eo12549.htm>]
9. California Government Code section 6250 et seq. [<http://www.leginfo.ca.gov/calaw.html>]
10. California Government Code section 87100 et seq. [<http://www.leginfo.ca.gov/calaw.html>]
11. Office of Management and Budget (OMB) Circulars [<http://www.whitehouse.gov/omb/circulars/>]
12. California Penal Code section 11105.3 [<http://www.leginfo.ca.gov/calaw.html>]
13. State Energy Conservation Plan (California Code of Regulations Title 20, section 1401 et seq.) [<http://ccr.oal.ca.gov/default.htm>]
14. Title VII of the Civil Rights Act of 1964 [<http://www.eeoc.gov/policy/vii.html>]
15. California Welfare and Institutions Code section 10000 et seq. [<http://www.leginfo.ca.gov/calaw.html>]
16. First 5 San Bernardino [<http://www.first5sanbernardino.org>]

C. Program Description

1. Program Objectives

The objective of this RFP is to gain improved oral health outcomes in the following areas: oral health education, screening, and navigation for children 0-5 and women that are pregnant. This objective aligns with First 5 San Bernardino's 2015-2020 strategic plan in Strategic Priority Area (SPA) 1, Goal 1.1 Child Health. The purpose of the child health goal is that children prenatal through age 5 and their families can access the full spectrum of health and behavioral services needed to enhance their well-being. The objective of Goal 1.1a is that families have access to resources and environments that support the total wellness of the child. Activities to support this goal are to support and sustain families' access to healthy environments and to support and sustain families' access to quality healthcare. The objective of Goal 1.1b is that families are knowledgeable of and utilize available resources to manage their health. The activity to support this goal is to support health education, screening and navigation. The objective of Goal 1.1c is that children are born healthy. The activity to support this goal is to connect expectant parents with quality prenatal care and education.

Results will show that in San Bernardino County:

- 1) Families of children 0-5 and women who are pregnant will have increased knowledge of optimal oral health practices (*Oral Health Education*)
- 2) Women who are pregnant will have access to oral health services by
 - a. becoming aware of existing dental benefits (*Oral Health Education*)
 - b. establishing a dental home (*Oral Health Education*)
- 3) Families of children 0-5 will have access to oral health education services by
 - a. having dental insurance(*Oral Health Education*)

- b. establishing a dental home (*Oral Health Education*)
- 4) Children 0-5 will receive dental screenings and navigation services (*Oral Health Screening*)
- 5) Financial barriers (that exceed coverage benefits) for children 0-5 and pregnant women will be alleviated (*Oral Health Navigation*)

As informed by oral health data collected by First 5 San Bernardino, Oral Health services will be prioritized to serve the following populations: 1) children 0-5 and 2) pregnant women. These priorities align with the changing landscape of oral health needs in San Bernardino County.

The Oral Health Education, Screening and Navigation services should be supported with the most efficient and effective use of resources such as educators, navigators, pediatric dentists, nurse practitioners, dental hygienists, dental office assistants, interns and volunteers. The same relates to environments, utilizing school based clinics, community clinics, mobile units etc.

Organizations are invited to design and propose their service delivery model to meet these needs pertaining to children 0-5, pregnant women, or both and demonstrate to the Commission how these objectives and results indicated will be achieved. Organizations must include a service model and logic model with their proposal. The proposed contract(s) will be implemented under the authority of the First 5 San Bernardino Commission, who will be responsible for on-going assessment of contract deliverables. The scope of services as outlined in these indicators and deliverables will be negotiated in a contract or contracts for the First 5 San Bernardino Oral Health Education, Screening and Navigation Services initiative.

Minimum funding requirements and expectations are outlined in Exhibit A.

Evaluation

Education-Successful proposers will utilize a curriculum of their choice for education services and the evaluation assessment tool connected to the curriculum that will demonstrate increased knowledge. Outcome objectives for education services will be determined by the curriculum and tool utilized as proposed.

Screening and Navigation-The Caries Risk Assessment Form, published by the American Dental Association will be used as an evaluation tool for Oral Health Screening by successful proposers. The Caries Risk Assessment Form (Age 0-6) will be used for children aged 0-5 (i.e., through their 6th birthday) while the Caries Risk Assessment Form (Age >6) will be used for women who are pregnant. Outcome Objectives for Screening and Navigation components of the program will be:

- Child or pregnant woman moving from moderate or high risk at pre-assessment to low risk at post-assessment

This will be measured in 3 month intervals and/or as needed. Proposers are not limited to this assessment tool; accompanying measurement tools may be incorporated to measure program's outcomes.

2. Program Requirements

Recognizing that all young children and their families deserve the same opportunities to succeed, regardless of demographic, geographic or economic considerations, First 5 San Bernardino will invest in programs that support

improved family outcomes through various approaches to strengthening the families of children 0-5. From a targeted, systematic approach these programs support the goal that “Children prenatal through age 5 and their families can access the full spectrum of health and behavioral health services needed to enhance their well-being.” In addition to the minimum requirements outlined in Section II., paragraph C., Minimum Proposer Requirements, program specific requirements for proposed services and strategies are attached to this RFP as Exhibit A, which includes the expected goals, service delivery approach and outcomes and indicators.

3. Program Restrictions
 - a. Board of Directors: 1) Organization’s governing board must meet not less than four times per year, and 2) No board member may be an employee of the organization, and 3) No paid staff member may serve as a voting member of the governing board.
 - b. Programs cannot include capital improvements or renovation attached to private real property or the purchase of vehicles.

V. CONTRACT REQUIREMENTS

Contracts funded through this RFP may include the terms contained below.

A. CONTRACTOR SERVICE RESPONSIBILITIES

1. Contractor shall provide all program services identified in this Contract, including Attachment A – Program Work Plan 2015-2016. Pursuant to Section II, paragraphs D & F, and Section III, paragraph CC, and Section VIII, paragraph D of the Contract, Attachment A will be amended for Fiscal Year 2016-2017 and Fiscal Year 2017-2018 to list the specific quantitative targets for the respective year.
2. Contractor shall provide services in a manner consistent with the Principles on Equity as adopted by the Commission and as available on the Commission website at www.first5sanbernardino.org.
3. Contractor shall coordinate with appropriate agencies whenever possible to enhance service provision and to maximize usage of California Children and Families Trust Fund monies available.
4. Contractor shall deliver performance targets as specified in the Contract and provide evidence of achievement as identified in the verification. The verification tools must be approved by the Commission. When specified by the Commission, verification tools must be developed in collaboration with staff or agencies as designated by Commission.
5. Contractor shall cooperate with any consultant, technical advisor, or committee as designated by the Commission to support the evaluation system development and implementation process.
6. Contractor’s Program Work Plan (Attachment A) and other program specific data collection information requested by the Commission will be placed in the Commission’s web based data system. Contractor is bound by the information contained in the data collection system. If there is a discrepancy between the Contractor’s Program Work Plan (Attachment A) and the data collection system, the information in the system will take precedence over the Program Work Plan and will be used to evaluate Contractor’s performance under the Contract. It is the

responsibility of the Contractor to ensure that the information entered into the data system is true and correct, as it relates to the Performance Program Work Plan and/or other program specific data collection information requested by the Commission, and fully captures the intent and outcomes of the program/project for the term identified in Section II.

B. CONTRACTOR'S GENERAL RESPONSIBILITIES

1. Participants

Contractor understands and acknowledges that the services under this Contract are for the purposes of promoting, supporting and improving the early development of children age 0-5. As such, services provided under this Contract shall offer a direct benefit to this population. Any service provided beyond this limitation, unless as agreed upon in this Contract, is a breach of contract and an unauthorized expenditure of Children and Families First Act funds. Services to siblings and family members who are not parents or primary caregivers may only be incidental to services provided to children age 0-5.

2. Contractor Capacity

In the performance of this Contract, Contractor its agents and employees shall act in an independent capacity and not as officers, employees, or agents of the Commission.

3. Contract Assignability

Without the prior written consent of the Commission, the Contract is not assignable by Contractor either in whole or in part.

4. Conflict of Interest

Contractor shall make all reasonable efforts to ensure that no conflict of interest exists between its officers, employees, subcontractors, independent contractors, consultants, professional service representatives, volunteers and the Commission. Contractor shall make a reasonable effort to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being motivated by a desire for private gain for themselves or others such as those with whom they have family, business, or other ties. In addition, Contractor's employees shall not simultaneously receive payment for work done as an independent contractor without obtaining prior approval from the Executive Director of the Commission, or authorized designee. In the event that the Commission determines that a conflict of interest situation exists, the Commission may disallow any increase in costs associated with the conflict of interest situation and such conflict may constitute grounds for termination of this Contract.

5. Former Commission Administrative Officials

Contractor agrees to provide or has already provided information on former Commission administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former Commission administrative officials who terminated Commission employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, "Commission Administrative Official" is defined as a member of the Commission or such Administrative Staff.

If during the course of the administration of this Contract, the Commission determines that the Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the Commission, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the Commission is entitled to pursue any available legal remedies.

6. Subcontracting

Contractor agrees not to enter into any subcontracting agreements for work contemplated under this Contract without first obtaining written approval from the Commission. Any subcontractor shall be subject to the same provisions as the Contractor. Contractor shall be ultimately responsible for the performance of any subcontractor.

7. Recordkeeping

Contractor shall maintain all records and books pertaining to the delivery of services under this Contract and demonstrate accountability for contract performance. Said records shall be kept and maintained within the County of San Bernardino. County shall have the right upon reasonable notice and at reasonable hours of business to examine and inspect such records and books.

Records, should include, but are not limited to, monthly summary sheets, sign-in sheets, and other primary source documents. Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must also comply with the appropriate Office of Management and Budget (OMB) Circulars that state the administrative requirements, cost principles and other standards for accountancy.

All records shall be complete and current and comply with all Contract requirements. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted and for termination of the Contract.

8. Change of Address

Contractor shall notify the Commission in writing of any change in mailing and/or service address. Notification shall occur in advance of the address change. At a minimum, notification must occur within five days of the address change. Change of address shall not interrupt service deliverables outlined in Attachment A.

9. Staffing and Notification

Contractor shall notify Commission of any continuing vacancies beyond 30 days and any positions that become vacant during the term of this Contract that may result in reduction of services to be provided under this Contract. Upon notices of vacancies, the Contractor shall apprise Commission of the steps being taken to provide the services without interruption and to fill the position as expeditiously as possible. Vacancies and associated problems shall be reported to the Commission on each periodically required report for the duration of said vacancies and/or problems.

In the event of a problem or potential problem that will severely impact the quality or quantity of service delivery, or the level of performance under this Contract, Contractor will notify the Commission within one working day, in writing and by telephone.

10. Contractor Primary Contact

The Contractor will designate one individual to serve as the primary contact and one to serve as the alternate contact, if primary contact is unavailable, on behalf of the Contractor and will notify the Commission of these designees within 15 days after Contract approval. The primary contact shall have the authority to identify, on behalf of the Contractor, other parties able to give or receive information on behalf of this Contract.

Contractor shall notify the Commission when the primary contact will be unavailable or out of the office for two weeks or more or if there is any change in either the primary or alternate contact.

11. Responsiveness

Contractor or a designee must respond to Commission inquiries within five business days.

12. Grievance Policy

Contractor shall provide a system, approved by the Commission, through which participants of services shall have an opportunity to express their views and complaints regarding the delivery of service. Grievance procedure must be posted prominently in English and Spanish at service sites for participants to review.

13. Governing Board

Contractor shall provide the Commission with a listing identifying the members of the Board of Directors or other governing party, written schedule of all Board of Directors or other governing party meetings and provide the Commission with copies of the Board of Directors' minutes when discussions or actions taken during these meetings may impact the Contract. All Board of Directors' minutes shall be submitted to the Commission with each periodically required report submitted following approval of the minutes. Further, the Commission representative shall have the option of attending Board meetings during the term of this Contract.

14. Confidentiality

Contractor shall require its officers, agents, employees, volunteers and any subcontractor to sign a statement of understanding and comply with the provisions of federal, state and local statutes to assure that:

- All applications and records concerning any individual made or kept by any public officer or agency or contractor in connection with the administration of any services for which funds are received by the Contractor under this Contract, will be confidential and will not be open to examination for any purpose not directly connected with the administration, performance, compliance, monitoring or auditing of such services;
- No person will publish, disclose, or permit to be published or disclosed or used, any confidential information pertaining to any applicant or participant of services under this Contract;
- Contractor agrees to inform all subcontractors, consultants, employees, agents, and partners of the above provisions; and,
- Contractor shall comply with all applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as applicable.

15. Child Abuse Reporting

Contractor shall ensure that all known or suspected instances of child abuse or neglect are reported to the appropriate law enforcement agency and/or to the appropriate Child Protective Services agency. This responsibility shall include:

- Assurance that all employees, agents, consultants or volunteers who perform services under this Contract and are mandated by Penal Code Sections 11164 et seq. to report child abuse or neglect, sign a statement, upon the commencement of their employment, acknowledging their reporting requirements and their compliance with them;
- Development and implementation of procedures for employees, agents, consultants, or volunteers who are not subject to the mandatory reporting laws for child abuse to report any observed or suspected incidents of child abuse to a mandated reporting party, within the program, who will ensure that the incident is reported to the appropriate agency;
- Provision of or arrangement of training in child abuse reporting laws (Penal Code Sections 11164 et seq.) for all employees, agents, consultants, and volunteers, or verification that such persons have received training in the law within thirty (30) days of employment/volunteer activity.

16. Department of Justice Clearance

Contractor shall obtain from the Department of Justice, records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment, or volunteers, for all positions in which he or she would have contact with a minor, the aged, the blind, the disabled or a domestic violence client, as provided for in Penal Code Section 11105.3. This includes licensed personnel who are not able to provide documentation of prior Department of Justice clearance. A copy of a license from the State of California is sufficient proof.

Contractor must have on file for review upon request a signed statement verifying Department of Justice clearance for all appropriate individuals.

17. Conditions of Employment

Contractor shall notify the Commission of any staff member, paid intern or volunteer who is knowingly or negligently employed who has been convicted of any crime of violence or of any sexual crime. Contractor shall investigate all incidents where an applicant, employee, or intern or volunteer has been arrested and/or convicted for any crime listed in Penal Code Section 11105.3 and shall notify the Commission. In the Commission's discretion, the Commission may instruct Contractor to take action to either deny/terminate employment or terminate internship and/or volunteer services where the investigation shows that the underlying conduct renders the person unsuitable for employment, internship or volunteer services.

18. Meeting Attendance

Contractor will be required to attend meetings, workshops and training sessions around issues related to Contractor's particular region or directly related to the type of services being provided by Contractor as determined by the Commission. Notifications of such meetings will be provided to Contractor at least 10 business days prior to the meeting.

19. Indemnification and Insurance Requirements

Contractor agrees to and shall comply with the following indemnification and insurance requirements:

- a) Indemnification – The Contractor agrees to indemnify, defend (with counsel reasonably approved by the Commission) and hold harmless the Commission and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this Contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the Commission on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the Commission's "active" as well as "passive" negligence but does not apply to the Commission's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.
- b) Additional Insured – All policies, except for the Workers' Compensation, Errors and Omissions and Professional Liability policies, shall contain endorsements naming the Commission and its officers, employees, agents and volunteers as additional insureds with respect to liabilities arising out of the performance of services hereunder. The additional insured endorsements shall not limit the scope of coverage for the Commission to vicarious liability but shall allow coverage for the Commission to the full extent provided by the policy. Such additional insured coverage shall be at least as broad as Additional Insured (Form B) endorsement form ISO, CG 2010.11 85.
- c) Waiver of Subrogation Rights – The Contractor shall require the carriers of required coverages to waive all rights of subrogation against the Commission, its officers, employees, agents, volunteers, contractors and subcontractors. All general or auto liability insurance coverage provided shall not prohibit the Contractor and Contractor's employees or agents from waiving the right of subrogation prior to a loss or claim. The Contractor hereby waives all rights of subrogation against the Commission.
- d) Policies Primary and Non-Contributory – All policies required herein are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the Commission.
- e) Severability of Interests – The Contractor agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross liability exclusions that preclude coverage for suits between the Contractor and the Commission or between the Commission and any other insured or additional insured under the policy.
- f) Proof of Coverage – The Contractor shall furnish Certificates of Insurance to the Commission Department administering the Contract evidencing the insurance coverage at the time the Contract is executed, additional endorsements, as required, shall be provided prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days

written notice to the Department, and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. Within fifteen (15) days of the commencement of this Contract, the Contractor shall furnish a copy of the Declaration page for all applicable policies and will provide complete certified copies of the policies and endorsements immediately upon request.

- g) Acceptability of Insurance Carrier – Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum “Best” Insurance Guide rating of “A- VII.”
- h) Deductibles and Self-Insured Retention - Any and all deductibles or self-insured retentions in excess of \$10,000 shall be declared to and approved by Risk Management.
- i) Failure to Procure Coverage – In the event that any policy of insurance required under this Contract does not comply with the requirements, is not procured, or is canceled and not replaced, the Commission has the right but not the obligation or duty to cancel the contract or obtain insurance if it deems necessary and any premiums paid by the Commission will be promptly reimbursed by the Contractor or Commission payments to the Contractor will be reduced to pay for Commission purchased insurance.
- j) Insurance Review – Insurance requirements are subject to periodic review by the Commission. The Director of Risk Management or designee is authorized, but not required, to reduce, waive or suspend any insurance requirements whenever Risk Management determines that any of the required insurance is not available, is unreasonably priced, or is not needed to protect the interests of the Commission. In addition, if the Department of Risk Management determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Director of Risk Management or designee is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the Commission, inflation, or any other item reasonably related to the Commission’s risk.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Contract. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of the Commission to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of the Commission.

- k) The Contractor agrees to provide insurance set forth in accordance with the requirements herein. If the Contractor uses existing coverage to comply with these requirements and that coverage does not meet the specified requirements, the Contractor agrees to amend, supplement or endorse the existing coverage to do so. The type(s) of insurance required is determined by the scope of the contract services.

Without in anyway affecting the indemnity herein provided and in addition thereto, the Contractor shall secure and maintain throughout the contract term the following types of insurance with limits as shown:

- 1) Workers' Compensation/Employers Liability – A program of Workers' Compensation insurance or a state-approved, self-insurance program in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits covering all persons including volunteers providing services on behalf of the Contractor and all risks to such persons under this Contract.

If Contractor has no employees, it may certify or warrant to the Commission that it does not currently have any employees or individuals who are defined as "employees" under the Labor Code and the requirement for Workers' Compensation coverage will be waived by the Commission's Director of Risk Management.

With respect to Contractors that are non-profit corporations organized under California or Federal law, volunteers for such entities are required to be covered by Workers' Compensation insurance.

- 2) Commercial/General Liability Insurance – The Contractor shall carry General Liability Insurance covering all operations performed by or on behalf of the Contractor providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars (\$1,000,000), per occurrence. The policy coverage shall include:

- i. Premises operations and mobile equipment.
- ii. Products and completed operations.
- iii. Broad form property damage (including completed operations).
- iv. Explosion, collapse and underground hazards.
- v. Personal injury
- vi. Contractual liability.
- vii. \$2,000,000 general aggregate limit.

- 3) Automobile Liability Insurance – Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hired and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars (\$1,000,000) for bodily injury and property damage, per occurrence.

If the Contractor is transporting one or more non-employee passengers in performance of contract services, the automobile liability policy shall have a combined single limit of two million dollars (\$2,000,000) for bodily injury and property damage per occurrence.

If the Contractor owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.

- 4) Umbrella Liability Insurance – An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily

injury/property damage, personal injury/advertising injury and shall include a “dropdown” provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.

- 5) Professional Liability – Professional Liability Insurance with limits of not less than one million (\$1,000,000) per claim or occurrence and two million (\$2,000,000) aggregate limits

or

Errors and Omissions Liability Insurance with limits of not less than one million (\$1,000,000) and two million (\$2,000,000) aggregate limits

or

Directors and Officers Insurance coverage with limits of not less than one million (\$1,000,000) shall be required for Contracts with charter labor committees or other not-for-profit organizations advising or acting on behalf of the County.

If insurance coverage is provided on a “claims made” policy, the “retroactive date” shall be shown and must be before the date of the start of the contract work. The claims made insurance shall be maintained or “tail” coverage provided for a minimum of five (5) years after contract completion.

20. Licenses and Permits

Contractor shall comply with all applicable laws, statutes, ordinances, administrative orders, rules or regulations relating to its duties, obligations and performance under the terms of the Contract and shall procure all necessary licenses and permits required by the laws of the United States, State of California, San Bernardino County and all other appropriate governmental agencies, and agrees to pay all fees and other charges required thereby. Contractor shall maintain all required licenses during the term of this Contract. Contractor will notify the Commission immediately of loss or suspension of any such licenses and permits. Failure to comply with the provisions of this section may result in immediate termination of this Contract.

21. Health and Safety

Contractor shall comply with all applicable local, state and federal health and safety codes and regulations, including fire clearances, for each site where program services are provided under the terms of the Contract.

22. Contract Compliance/Equal Employment Opportunity

Contractor agrees to comply with the provisions of all applicable Federal, State, and County Laws, regulations and policies relating to equal employment or social services to Participant(s), including laws and regulations hereafter enacted. Contractor shall not unlawfully discriminate against any employee, applicant for employment, or service Participant(s) on the basis of race, national origin or ancestry, religion, sex, marital status, age, political affiliation, sexual orientation, or disability. Information on the above rules and regulations may be obtained from the Commission.

23. Americans with Disabilities Act

Contractor shall comply with all applicable provisions of the Americans with Disabilities Act (ADA).

24. Attorney's Fees

Contractor understands and agrees that any and all legal fees or costs associated with lawsuits concerning this Contract against the Commission shall be the Contractor's sole expense and shall not be charged as a cost under this Contract. In the event of any Contract dispute hereunder, each Party to this Contract shall bear its own attorney's fees and costs regardless of who prevails in the outcome of the dispute.

25. 2-1-1 Registration

Contractor shall register with 2-1-1 San Bernardino County Inland Empire United Way within 30 days of Contract effective date and follow necessary procedures to be included in the 2-1-1 database. The Contractor shall notify the 2-1-1 San Bernardino County Inland Empire United Way of any changes in program services, location or contact information within ten (10) days of any change. Services performed as a result of being included in the 2-1-1 database, are separate and apart from the services being performed under this Contract and payment for such services will not be the responsibility of the Commission.

26. Ownership Rights

The Commission shall have a royalty-free, non-exclusive and irrevocable license to publish, disclose, copy, translate, and otherwise use, copyright or patent, now and hereafter, all reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other materials or properties developed under this Contract including those covered by copyright, and reserves the right to authorize others to use or reproduce such material.

27. Attribution

Contractor shall properly acknowledge the Commission per the requirements stated in the First 5 San Bernardino Media Guidelines.

28. Incongruous Activities

Contractor agrees it will not perform or permit any political promotion or religious proselytizing activities in connection with the performance of this Contract. Contractor will ensure no staff will conduct activity intended to influence legislation, administrative rule making or the election of candidates for public office during the time compensated under this Contract or under representation such activity is being performed under this Contract.

29. Reports

Contractor, in a timely and accurate manner, shall submit reports on designated key aspects of the project as required by the Commission. Instructions, format and required information for the content will be provided by the Commission and available on the website: www.first5sanbernardino.org.

Report requirements include, but are not limited to, the following and may be subject to change.

- Program Reports

Contractor will submit Program Reports which include monthly and year-to-date progress on actual achievement of expected outcomes compared to projected achievements as detailed in Program Work Plan (Attachment A) and other data collection information as requested by the Commission.

Program Reports will include data on participants served as well as narrative information on lessons learned, course corrections and client success stories for the quarter. Contractor is required by the Commission to complete and submit Program Reports electronically via the Commission's web based data system. For each calendar month, Contractor shall provide the Commission with a Monthly Program Report within 15 calendar days from the end of the reporting period.

Contractor agrees that failure to submit reports as specified will be sufficient cause for the Commission to withhold any payment due until reporting requirements have been fulfilled.

- Fiscal Reports

For each calendar month, Contractor shall provide the Commission with a Monthly Fiscal Request for Reimbursement/Invoice within 15 calendar days from the end of the reporting period.

Contractor shall submit any and all Final/Revised Fiscal Reports by July 31 for the previous fiscal year period or part thereof during the Contract term. All reports submitted by July 31 will be considered final and no additional reports will be accepted after this date.

Contractor will fulfill evaluation and other reporting requirements as mandated by the Commission and the California Children and Families Commission.

30. Pro-Children Act of 1994

Contractor will comply with the Environmental Tobacco Smoke Act, also known as the Pro-Children Act of 1994 (20 U.S.C. 6081 et seq.).

31. Environmental Regulations

EPA Regulations - If the amount available to Contractor under the Contract exceeds \$100,000, Contractor will agree to comply with the Clean Air Act (42 U.S.C. section 7606); section 508 of the Clean Water Act (33 U.S.C. 1368); Executive Order 11738 [38 Fed. Reg. 25161 (Sept. 10, 1973)]; and Environmental Protection Agency regulations (40 C.F.R., part 32).

State Energy Conservation Clause - Contractor shall observe the mandatory standards and policies relating to energy efficiency in the State Energy Conservation Plan (California Code of Regulations, title 20, section 1401 et seq.).

32. Debarment, Suspension, and Other Responsibility Matters

As required by Executive Order 12549 [51 Fed. Reg. 6370 (Feb. 18, 1986)] and Debarment and Suspension, And Other Responsibility Matters (45 C.F.R., section 76):

a. The Contractor certifies that it and any potential subcontractors:

- 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (as defined at 45 C.F.R. section 76.200) by any federal department or agency;
- 2) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local)

transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (a) (2) of this certification; and
 - 4) Have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default; and
- b. Where the Contractor is unable to certify as true any of the statements in this certification, he or she shall provide a written explanation to the Commission prior to the execution of this Contract. A failure to comply with this section may constitute grounds for termination of this Contract.

33. Recycled Paper Products

The Commission has adopted a recycled product purchasing standards policy (11-10), which requires Contractors to use recycled paper for proposals and for any printed or photocopied material created as a result of a Contract with the Commission. The policy also requires Contractors to use both sides of the paper sheets for reports submitted to the Commission whenever practicable.

C. COMMISSION RESPONSIBILITIES

1. Commission shall verify performance results of Contractor according to the Program Work Plan and other data collection information requested by the Commission in meeting terms of this Contract and the quality and effectiveness of services provided, based on criteria agreed upon, as delineated in this Contract.
2. Commission shall compensate Contractor for approved expenses in accordance with Section V of this Contract.
3. Commission shall specify all reports and deliverables required from the Contractor.
4. Commission shall provide technical assistance as deemed necessary.
5. The Commission will designate one individual to serve as the primary contact for the Contract and will notify the Contractor of this designee within 15 days of the Contract approval date.

D. FISCAL PROVISIONS

1. Payment Provisions

The Commission will disburse funds on a reimbursement payment process based on the Contract budget amount for the applicable fiscal year and monthly report submissions.

If requested in writing, a one-time advance of funds in an amount not to exceed 15% of the annual contract amount may be issued the first month of the contract only. All subsequent monthly reimbursements will be determined by actual expenditures reflected on the monthly reports, projected costs and cash on hand collectively.

If an advance is requested and approved, 10% of the total advanced amount will be withheld from the monthly reimbursements to recover the advanced funds over a ten (10) month period.

The Commission reserves the right to reduce or withhold any payments from the Contractor for failure to submit reports in a timely and accurate manner or when the Contractor is not in compliance with the Contract. Final payment under this Contract may be withheld until all requirements, including reports, for contract closure have been fulfilled by Contractor.

2. EFT Payments

Contractor shall accept all payments from the Commission via electronic funds transfers (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by the Commission required to process EFT payments.

3. Allowable Costs

Funds provided pursuant to this Contract shall be expended by Contractor in accordance with the Attachment B – Program Budget.

Such specified expenditures will be further limited to those that are considered both reasonable and necessary as determined by the Commission. Contractor agrees Commission may recover any payments for services or goods, including rental of facilities, which were not reasonable and necessary or which exceeded the fair market value. The recovery shall be limited to payments over and above reasonable or fair market amounts and any costs of recovery.

The reasonable and allowable reimbursement rate for use of motor vehicles, travel expenses and food is based on the current IRS allowable rate.

Costs must be incurred only during the contract term, except when specifically approved by the Commission. Contractor shall not use current year funds to pay prior or future year obligations. Contractor will not be reimbursed for expenditures incurred after the expiration or termination of this Contract.

Contractor shall obtain Commission approval for all overnight travel and out of State travel as it relates to services provided in this Contract. Reimbursement as it relates to pre-approved travel will be based on the Federal allowable rate. Request must be submitted in writing 30 days in advance of travel date and travel must be approved in advance by the Commission/Operations Manager.

4. Supplanting of Funds

In accordance with the Commission's Supplantation Policy, Contractor shall not supplant any Federal, State or County funds intended for the purposes of this Contract with any funds made available under this Contract. Contractor shall not claim reimbursement from Commission for, or apply sums received from Commission with respect to that portion of its obligations, which have been paid by another source of revenue. Contractor agrees that it will not use funds received pursuant to this Contract, either directly or indirectly, as a contribution or compensation for purposes of obtaining State funds under any State program or County funds under any County programs without prior written approval of the Commission.

5. Payment of Taxes

Commission is not liable for the payments of any taxes, other than applicable sales or use tax, resulting from this Contract however designated, levied or imposed, unless Commission would otherwise be liable for the payment of such taxes in the course of its normal business operations.

6. Budget Line Item Changes

A Budget Revision Request may be submitted by the Contractor to the Commission to modify a line or lines of the approved budget. The request must indicate the proposed line item changes, the budget as amended applying the requested changes and a written justification for each requested change. The request cannot result in any alteration or degradation to the program services and performance target as specified in this Contract.

The Executive Director, on behalf of the Commission, has the authority to approve (or deny) the request, provided that the modification does not deviate from the original intent of the contract or increase the total Contract amount. Contractor is limited to two Budget Revision Requests per fiscal year.

The Contractor must submit any requests to the Commission no later than March 31st of the fiscal year. Requests may be submitted in hard copy form with original signatures or electronically in a PDF format. Postmarked envelopes received after March 31st will not be accepted in lieu of receipt.

7. Budget Line Item Variance

Annual variances in excess of 10% of a line item cannot be made by the Contractor. Variance shall not result in a change to the total Contract amount or an increase to the administrative cost allocation of the approved budget.

The 10% variance does not apply to Section A. Salaries and Benefits of the approved Budget.

8. Procurement

Contractor shall procure services or goods required under this Contract on a competitive basis, unless otherwise provided by law, and make selections based on obtaining the best value possible. When a non-competitive procurement is used, a written justification must be maintained and be made available upon request.

9. Fixed Assets

The purchase of any equipment, materials, supplies or property of any kind, including items such as publications and copyrights, which have a single unit cost of \$5000 or more, including tax, and was not included in Contractor's approved budget, shall require the prior written approval of the Executive Director of the Commission. Any such purchase shall directly relate to Contractor's services or activities under the terms of the Contract.

Any item with a single unit cost of \$1000 or more, including tax, purchased with funds received under the terms of this Contract must undergo a 3-bid process. Items not fully consumed during the Contract term shall revert to be the property of the Commission, unless otherwise specified by the Commission. The disposition of such equipment or property must be approved by the Executive Director of the Commission upon Contract termination.

10. Payor of Last Resort

Contractor shall attain funding through other sources than the Commission to provide services or support to participants whenever possible.

In cases where a participant is qualified for benefits from another source such as MediCal, federal or state funded programs, personal insurance, etc., costs relating to services provided to that participant must be paid for by the primary payor first. Only the costs not covered will be allowable under this Contract. Written verification shall be provided upon request.

11. Fiscal Record Keeping

Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles (GAAP) and must account for all funds, tangible assets, revenue and expenditures.

E. RIGHT TO MONITOR AND AUDIT

1. Right to Monitor and Audit

The Commission or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to monitor and audit all records, books, papers, documents, corporate minutes, and other pertinent items as requested, and shall have absolute right to observe the performance of Contractor in the delivery of services provided under this Contract. Contractor shall give full cooperation during any auditing or monitoring conducted.

Contractor shall cooperate with Commission in the implementation and evaluation of this Contract and comply with any and all reporting requirements established by Commission.

2. Availability of Records

All records pertaining to service delivery and all fiscal, statistical and management books and records shall be available for examination and audit by the Commission, and State representatives for a period of five years after final payment under the Contract or until all pending Commission and State audits are completed, whichever is later. Records, should include, but are not limited to participant files, monthly summary sheets, sign-in sheets, and other primary source documents. Contractor will have available for Commission review, all relevant financial records for the fiscal year being audited including documentation to verify shared costs or costs allocated to various funding sources as well as the basis for which the shared cost was allocated.

Program data shall be retained locally in San Bernardino County and made available upon request or turned over to Commission. If said records are not made available at the scheduled monitoring visit, Contractor may, at Commission's option, be required to reimburse Commission for expenses incurred due to required rescheduling of monitoring visit(s). Such reimbursement will not exceed \$50 per hour (including travel time) and be deducted from the invoiced monthly payment.

4. Assistance by Contractor

Contractor shall provide all reasonable facilities and assistance for the safety and convenience of Commission's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of the Contractor.

5. Independent Audit Provisions

On an annual basis, Contractor is required to hire an independent licensed Certified Public Accountant (CPA), who shall prepare and file with the Commission, an Independent Auditor's Report for the term of the Contract.

6. Recovery of Investigation and Audit Costs

Contractor shall reimburse the Commission for all direct and indirect expenditures incurred in conducting an audit/investigation when Contractor is found in violation of the terms of the Contract. Reimbursement for such costs will be withheld from any amounts due to Contractor.

When additional information (receipts, paperwork, etc.) is requested of the Contractor as a result of any audit or monitoring, Contractor must provide all information requested by the deadline specified by the Commission. A failure to provide the information by the specified deadline, will subject the Contractor to the provisions of Section VII (Correction of Performance Deficiencies and Termination).

F. CORRECTION OF PERFORMANCE DEFICIENCIES AND TERMINATION

Failure by Contractor to comply with any of the provisions, covenants, requirements, or conditions of this Contract shall be a material breach of this Contract. In such event the Commission, in addition to any other remedies available at law, in equity, or otherwise specified in this Contract, may:

1. Afford Contractor a time period within which to cure the breach, which period shall be established at the sole discretion of the Executive Director; and/or
2. Request Contractor provide and implement an action plan to correct breach within a reasonable timeframe; and/or
3. Discontinue reimbursement to the Contractor for and during the period in which the Contractor is in breach, which reimbursement shall not be entitled to later recovery; and/or
4. Withhold funds pending duration of the breach; and/or
5. Offset against any monies billed by the Contractor but yet unpaid by the Commission those monies disallowed pursuant to bullet 3 of this paragraph; and/or
6. Immediately terminate this Contract with just cause and be relieved of the payment of any consideration to the Contractor should the Contractor fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination, the Commission may proceed with the work in any manner deemed proper by the Commission. The cost to the Commission shall be deducted from any sum due to the Contractor under this Contract and the balance, if any, shall be paid by the Contractor upon demand.
7. The Executive Director of the Commission shall give Contractor notice of any action pursuant to this section, which notice shall be effective when given.
8. The Executive Director of the Commission is authorized to exercise Commission's rights with respect to initiating any remedies or termination of this Contract in his/her sole discretion and to give notice as set forth below in this Contract.

VI. EQUAL EMPLOYMENT OPPORTUNITY/CIVIL RIGHTS

A. Equal Employment Opportunity/Civil Rights

Proposer agrees to comply with the provisions of the Equal Employment Opportunity Program of the County of San Bernardino and rules and regulations adopted pursuant thereto: Executive Order 11246, as amended by Executive Order 11375, 11625, 12138, 12432, and 12250, Title VII of the Civil Rights Act of 1964 (and Division 21 of the California Department of Social Services Manual of Policies and Procedures; California Welfare and Institutions Code section 10000), the California Fair Employment and Housing Act, and other applicable Federal, State, and County laws, regulations and policies relating to equal employment or social services to welfare recipients, including laws and regulations hereafter enacted.

The Proposer shall not unlawfully discriminate against any employee, applicant for employment, or service recipient on the basis of race, color, national origin or ancestry, religion, sex, marital status, age, political affiliation or disability. Information on the above rules and regulations may be obtained from the Commission.

B. Civil Rights Compliance

The Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by State regulation. These policies must be developed into a Civil Rights Plan, which is to be on file with the Commission within 30 days of awarding of the Contract. The Plan must address prohibition of discriminatory practices, accessibility, language services, staff development and training, dissemination of information, complaints of discrimination, compliance review, and duties of the Civil Rights Liaison. Upon request, the Commission will supply a sample of the Plan format. The Contractor will be monitored by the Commission for compliance with provisions of its Civil Rights Plan.

VII. EMPLOYMENT OF FORMER COMMISSION ADMINISTRATIVE OFFICIALS

The Proposer shall provide information on former Commission administrative officials (as defined below) who are employed by or represent your business. The information provided includes a list of former Commission administrative officials who terminated employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information should also include the employment and/or representative capacity and the dates these individuals began employment with or representation of your business. For purposes of this provision, "Commission Administrative Official" is defined as a member of the Commission Board or such officer's staff, and/or any previously employed staff member of the First 5 San Bernardino organization.

Failure to provide this information may result in a rejected proposal to this RFP.

VIII. IMPROPER CONSIDERATION

The Proposer shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the Commission in an attempt to secure favorable treatment regarding this RFP.

The Commission, by written notice, may immediately reject any proposal or terminate any Contract if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the Commission with respect to the proposal and award process or any solicitation for consideration was not reported. This prohibition shall apply to any amendment, extension or evaluation process once a Contract has been awarded.

Proposer shall immediately report any attempt by a Commission officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Proposer. The report shall be made to the supervisor or manager charged with supervision of the employee or directly to the Commission Chair. In the event of a termination under this provision, the Commission is entitled to pursue any available legal remedies.

IX. DISCLOSURE OF CRIMINAL AND CIVIL PROCEEDINGS

The Commission reserves the right to request the information described herein from the Proposer selected for contract award. **Failure to provide the information may result in a disqualification from the selection process and no award of contract to the Proposer.** The Commission also reserves the right to obtain the requested information by way of a background check performed by an investigative agency. The selected Proposer also may be requested to provide information to clarify initial responses. Negative information provided or discovered may result in disqualification from the selection process and no award of contract.

The selected Proposer may be asked to disclose whether the agency or any of its partners, principals, members, associates or key employees (as that term is defined herein), has been indicted on or had charges brought against it or them (if still pending) or convicted of any crime or offense arising directly or indirectly from the conduct of the firm's business, or whether the firm, or any of its partners, principals, members, associates or key employees, has been indicted on or had charges brought against it or them (if still pending) or convicted of any crime or offense involving financial misconduct or fraud. If the response is affirmative, the Proposer will be asked to describe any such indictments or charges (and the status thereof), convictions and the surrounding circumstances in detail.

In addition, the selected Proposer may be asked to disclose whether the agency, or any of its partners, principals, members, associates or key employees, has been the subject of legal proceedings as defined herein arising directly from the provision of services by the agency or those individuals. "Legal proceedings" means any civil actions filed in a court of competent jurisdiction, or any matters filed by an administrative or regulatory body with jurisdiction over the firm or the individuals. If the response is affirmative, the Proposer will be asked to describe any such legal proceedings (and the status and disposition thereof) and the surrounding circumstances in detail.

For the purposes of this provision "key employees" includes any individuals providing direct service to the Commission. "Key employees" do not include clerical personnel providing service at the agency's offices or locations.

X. CALIFORNIA PUBLIC RECORDS ACT

All information submitted in the proposal or in response to request for additional information is subject to disclosure under the provisions of the California Public Records Act (California Government Code section 6250, et seq.). Proposals may contain financial or other data which constitutes a trade secret. To protect such data from disclosure,

Proposer should specifically identify the pages that contain confidential information by properly marking the applicable pages and inserting the following notice on the front of its response:

NOTICE

The data on pages_____ of this Proposal response, identified by an asterisk (*) or marked along the margin with a vertical line, contains information which are trade secrets. We request that such data be used only for the evaluation of our response, but understand that disclosure will be limited to the extent that the First 5 San Bernardino Commission determines is proper under federal, state, and local law.

The proprietary or confidential data shall be readily separable from the Proposal in order to facilitate eventual public inspection of the non-confidential portion of the Proposal.

The Commission assumes no responsibility for disclosure or use of unmarked data for any purpose. In the event disclosure of properly marked data is requested, the Proposer will be advised of the request and may expeditiously submit to the Commission a detailed statement indicating the reasons it has for believing that the information is exempt from disclosure under federal, state and local law. This statement will be used by the Commission in making its determination as to whether or not disclosure is proper under federal, state and local law. The Commission will exercise care in applying this confidentiality standard but will not be held liable for any damage or injury which may result from any disclosure that may occur.

XI. SUBCONTRACTOR STATUS

If the Primary Agency (defined as the agency submitting the proposal) intends to subcontract any part of the services for which it is proposing to a separate and independent agency or agencies, it **must** submit a written Memorandum of Understanding (MOU) with that agency or agencies with **original signatures** as part of the proposal. The MOU must clearly define the following:

1. The name of the subcontracting agency.
2. The amount (units, measurements, etc.) and types of services to be rendered under the MOU.
3. The amount of funding to be paid to the agency.
4. The agency's role and responsibilities.
5. A detailed description of the methods by which the Primary Agency will insure that all subcontracting agencies meet the monitoring requirements associated with funding regulations.
6. A budget sheet outlining how the subcontracting agency will spend the allocation.

Any subcontracting agency must be approved by the Commission and shall be subject to all applicable provisions of any agreement "awarded" to the Primary Agency as a result of the RFP process. The Primary Agency will be fully responsible for any performance of the subcontracting agency.

The Commission will not reimburse contractor or subcontractor for any expenses due to services rendered by a subcontractor **NOT** approved by the Commission.

XII. PROPOSAL SUBMISSION

A. General

1. All interested and qualified Proposers are invited to submit a proposal for consideration. Submission of a proposal indicates that the Proposer has read and understands this entire RFP, to include all attachments, exhibits (as applicable), and addendum and agrees that all requirements of this RFP have been satisfied.
2. Proposals must be submitted in the format described in this Section. Proposals are to be prepared in such a way as to provide a straightforward, concise description of capabilities to satisfy the requirements of this RFP. Expensive bindings, folders, colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness and clarity of content.
3. Proposals must be complete in all respects as required in this Section. A proposal may not be considered if it is conditional or incomplete.
4. **Proposals must be received at the designated location, specified in Section I, Paragraph B – Correspondence, no later than the date and time specified in Section I, Paragraph E – Proposal Submission Deadline.**
5. All proposals and materials submitted become the property of the Commission.

B. Proposal Presentation

1. **One original, with original signatures**, which may be bound with a binder clip, and **three (3) additional copies** unbound of the written proposal are required. (For a total of four (4) proposals.) The **original proposal** must be clearly marked “**Original Proposal**”. If one copy of the proposal is not clearly marked “**Original Proposal**”, the proposal may be rejected. However, the Commission may at its sole option select, immediately after proposal opening, one copy to be used as the **original proposal**. If discrepancies are found between two or more copies of the proposal, the proposal may be rejected. However, if not rejected, the **original proposal** will provide the basis for resolving such discrepancies.
2. The package containing the original and copies must be sealed and marked with the Proposer’s name and “CONFIDENTIAL – RFP 15-01 Oral Health- ESN”
3. All proposals must be submitted on 8 1/2" by 11" paper with single sided printing, unless specifically shown to be impractical, with no less than 1/2" top, bottom, left and right margins. Proposals must be typed or prepared with word processing equipment and double-spaced. Typeface must be no more than 12 characters per inch. Each page, including attachments and exhibits, must be clearly and consecutively numbered at the bottom center of the page.

C. Proposal Format

Response to this RFP must be in the form of a proposal package. The content of the proposal must be submitted in the following sequence and format:

1. Cover Letter

A letter, on letterhead stationery, signed by a duly authorized officer, employee, or agent of the Proposer submitting the proposal, which must include the following information:

- a. A statement that the proposal is submitted in response to the RFP 15-01 Oral Health-ESN

- b. A statement indicating which individuals, by name, title, address, phone number, and e-mail address, are authorized to negotiate with the Commission on behalf of the Proposer.
 - c. A statement certifying that the undersigned, under penalty of perjury, is an agent authorized to submit proposals on behalf of the Proposer.
2. **Table of Contents**

Complete table of contents for the entire proposal with respective page numbers opposite each topic.
3. **Proposal Submission Checklist – Attachment A**

Complete and include all items on this form, **Attachment A**.
4. **Statements of Certification – Attachment B**

Complete and include all items on this form, **Attachment B**.
5. **Proposal Narrative Application Template– Attachment C**
 - a. Attachment C- Proposal Narrative Application Template must be completed within the template provided. Narrative responses should relate to the questions or prompts provided and should address, but not be limited to, all items in Section IV, Paragraph C - Program Description and Exhibit A. To support narrative within this form, attach the following:
 - b. Complete and attach **Attachment D – Workflow Graph Template**
 - c. Include and attach an Organizational Chart
 - d. Include and attach a Logic Model and timeline
 - e. Include and attach a Board Roster and Meeting Calendar or Schedule of Meetings.
6. **Contract History – Attachment E**

With respect to contracts currently in effect, completed within the last five years, or terminated prior to the original expiration date within the last five years, Complete and include all items on this form, **Attachment E**. If no contract history exists, so state and explain why.
7. **Reportable Conditions – Attachment F**
 - a. Include a statement that the Proposer does not have any commitments or potential commitments which may impact on the Proposer's assets, lines of credit, guarantor letters, or ability to perform the Contract.
 - b. Complete and include all items on this form, **Attachment F**.
8. **Exceptions and Disclosures – Attachment G**

Complete and include all items on this form, **Attachment G**.
9. **Subcontractor Information – Attachment H**

If a Proposer plans to subcontract any portion of the service delivery described in the RFP, include a written justification for subcontracting.

 - a. Complete and include all items on form, **Attachment H**.
 - b. Attach a copy of the MOU (as outlined in Section XI. Subcontractor Status)

Please note, any subcontracting agency must be approved by the Commission and shall be subject to the applicable provisions of any agreement “awarded” to the Primary Agency as a result of the RFP process. The Primary Agency will be fully responsible for any performance of the subcontractor(s).

10. **Proposer’s Financial Capacity – Attachment I**

a. Submit the three most recent and complete annual audited financial statements; the most recent must be completed within the past 18 months. **AND** submit an unaudited financial statement to cover the period from the last audited statement to present, ending no more than 120 days prior to the submission of this proposal.

OR

b. If you do not have audited financial statements, please submit unaudited financial statements for the three most current years (including balance sheets, income sheets, and statement of cash flow). **AND** submit an unaudited financial statement to cover the period from the last audited statement to present, ending no more than 120 days prior to the submission of this proposal.

c. Complete and include all items on this form, **Attachment I**.

d. Submission of financials should be included

11. Insurance

Provide proof of insurance or a statement that the Proposer will obtain insurance in the amounts and coverages stated in Section V, Paragraph B, Item 19 - Indemnification and Insurance Requirements prior to the delivery of service.

12. Program Budget and Budget Narrative

Any Contract(s) awarded will operate on a cost reimbursement Contract. Complete and submit a program budget and budget narrative for cost analysis purposes. Proposals must include a Program Budget and Budget Narrative **for each fiscal year of the 3-year contract period**.

13. ONLY IF APPLICABLE: Any Proposer applying as a 501c3 must provide proof of status.

XIII. PROPOSAL EVALUATION AND SELECTION

A. Evaluation Process

All proposals will be subject to a standard review process developed by the Commission. A primary consideration shall be the effectiveness of the Proposer in the delivery of comparable or related services based on fiscal capacity, demonstrated performance and readiness to provide services.

B. Evaluation Criteria

All Proposals will be subject to a standard review process developed by the Commission to yield the Proposer the proper due diligence in the evaluation phase of the RFP process.

1. Administrative Review - All proposals will be initially evaluated to determine if they meet the following minimum requirements:

- a. The proposal must be complete as set forth in Section XII – Proposal Submission, paragraph C. Proposal Format including submission of all required documents, and be compliant with all the requirements of this RFP.
- b. Proposers must meet the requirements as stated in the Minimum Proposer Requirements as outlined in Section II, Paragraph D.

Failure to meet these requirements will result in a rejected proposal. Incomplete proposals (those missing information/required documents) will be disqualified. No proposal shall be rejected, however, if it contains a minor irregularity, defect or variation if the irregularity, defect or variation is considered by the Commission to be immaterial or inconsequential. In such cases the Commission may elect to waive the deficiency and accept the proposal. **Proposers unsuccessful in the Administrative Review phase will not have the option to submit an appeal.**

2. Fiscal Capacity Review – All proposals advanced past the Administrative review will be evaluated to determine if the Proposer demonstrates fiscal capacity on a pass/fail scale based on:
 - a. Debt to income ratio
 - b. Sufficient cash flow to operate proposed program on a reimbursement contract
 - c. Financial Statement Integrity
3. Program Evaluation – All proposals advanced past the Fiscal Capacity Review will be evaluated with a total of 100 points possible on the basis of the following criteria, (not necessarily in order of priority):
 - a. Cost.
 - b. Demonstrated ability to serve target population.
 - c. Proposed program services and strategies.
 - d. Readiness to provide services.
 - e. Experience
 - f. Staffing levels and qualifications.
 - g. Appropriateness of facility and hours of operation (Geographic Service Area, near mass transit, facility layout, etc.).

While cost is a major consideration in the evaluation process, selection will be based on the determination of which proposal will best meet the requirements of this RFP and the needs of the Commission which is defined as meeting the needs of children age 0-5 and their families, aligned with the First 5 San Bernardino Strategic Plan and obtaining measureable outcomes.

C. Contract Award

Contract(s) will be awarded based on a competitive selection of proposals received.

The contents of the proposal of the successful Proposer will become contractual obligations and failure to accept these obligations in a contractual agreement may result in cancellation of the award.

D. Appeals

In response to a denied award, Proposers may protest, provided the appeal is in writing, is delivered to the address listed, and submitted within ten (10) calendar days of the date on the notification of a denied award. Grounds for an appeal are that the Commission failed to follow the selection procedures and adhere to requirements specified in the RFP and any addenda or amendments; there has been a violation of conflict of interest provided by California Government Code Section 87100 et seq.; or violation of State or Federal law. Appeals will not be accepted on any other grounds. Only an agency that has submitted a proposal in compliance with the RFP 15-01 Oral Health-ESN and addenda or amendments may present a protest to the Commission. An appeal submitted by any other parties or individuals, including potential subcontractors, employees or unrelated entities, will not be considered and shall be automatically rejected.

In the event of an appeal, all appeals will be handled by a panel designated by the Commission. The Commission will consider only those specific issues addressed in the written appeal. A written response will be directed to the protesting Proposer advising of the decision with regard to the protest and the basis for the decision. Any decision of the Commission will be final.

The appeal must include the following: 1) reference to the RFP 15-01 Oral Health-ESN Appeal; 2) basis of appeal; 3) supporting documentation and statements (optional); and 4) name, position, address, telephone, facsimile numbers, and email for agency point of contact for the appeal.

E. Final Authority

The final authority to award a Contract rests solely with the Children and Families Commission for San Bernardino County.

Overview

First 5 San Bernardino (F5SB) is committed to ensuring that children are healthy, safe, nurtured, eager to learn and ready to succeed by investing in oral health services for children 0-5 and pregnant women in San Bernardino County. Through this RFP, F5SB seeks to address and alleviate barriers to optimal oral health by supporting 1) targeted oral health education to pregnant women and families with children under the age of six, 2) oral health screening, and 3) navigation to ensure utilization and decrease barriers such as benefit gaps for treatment needs.

Prioritizing oral health education to focus on families utilizing their dental benefits and education on healthy oral health practices takes a preventative approach to oral health care for families with children 0-5. Education is a crucial component to oral health utilization as it informs the public to utilize the benefits they are eligible to access. With the expansion in health care coverage for pregnant women and children 0-5, many families may have benefits they are not aware of. Among the objectives of this initiative is that children see a dentist regularly and have established a medical/dental home.

Portals for engaging children and pregnant women to be served by the Oral Health, Education, Screening and Navigation initiative can include such settings as WIC, OB-GYN and pediatric offices, Family Resource Centers, community events, infant/toddler care, home-based child care or preschool environments.

The Oral Health Education, Screening and Navigation services should be supported with the most efficient and effective use of resources such as educators, navigators, pediatric dentists, nurse practitioners, dental hygienists, dental office assistants, interns and volunteers. The same relates to environments, utilizing school based clinics, community clinics, mobile units etc.

Prioritizing oral health services to focus on 1) children 0-5 and 2) pregnant women aligns with the changing landscape of oral health needs in San Bernardino County.

Strategic Priority Areas and Outcomes

The F5SB Strategic Plan identifies Goal 1.1 Child Health through the following objectives: a) families have access to resources and environments that support the total wellness of the child, b) families are knowledgeable of and utilize available resources to manage their health, and c) children are born healthy.

Activities and Indicators

OBJECTIVES	ACTIVITIES	INDICATORS
Families have access to resources and environments that support the total wellness of the child	Support and sustain families' access to healthy environments Support and sustain families' access to quality healthcare	<ul style="list-style-type: none"> - Children who have health insurance - People with a usual source of health care - Medical home access

OBJECTIVES	ACTIVITIES	INDICATORS
Families are knowledgeable of and utilize available resources to manage their health	Support health education, navigation and utilization Connect children to local health providers to address their specific health needs	<ul style="list-style-type: none"> - Children who see a dentist regularly - Medical home access
Children are born healthy	Connect expectant parents with quality prenatal care and education	<ul style="list-style-type: none"> - Babies born with very low and low birth weight - Preterm births - Infant mortality - Mothers who received early prenatal care

Funding Requirements and Expectations

Proposers meeting the minimum requirements are encouraged to apply. In addition to the minimum requirements outlined in the RFP, these specific and targeted program requirements apply to the Oral Health Education, Screening, and Navigation Services RFP:

Funding Requirements and Expectations
<ul style="list-style-type: none"> ■ Must include face-to-face engagement with parents of children 0-5 and/or pregnant women ■ Must focus on education and strategies to increase the knowledge of optimal oral health practices of families with <u>children 0-5</u>. ■ Must focus on education and strategies to increase the knowledge of optimal oral health practices of <u>women who are pregnant</u> (in the interest of addressing the risk factors associated with premature births). ■ Must focus on education and strategies to increase the knowledge and <u>utilization of dental benefits</u> for children 0-5 and women who are pregnant ■ Must offer a dental screening to children birth – 5 and pregnant women who have engaged in Oral Health Education, Screening and Navigation services ■ Must be able to demonstrate connection to a network of resources (providers, programs etc.) to decrease barriers and gaps for treatment needs. ■ Must be able to meet the desired outcomes by providing baseline and post intervention data specific to clients served ■ Must utilize Caries Risk Assessment
Priority Components: Oral Health Education, Screening and Navigation
<ul style="list-style-type: none"> ■ Able to address needs countywide ■ Establishment of relationships between medical and oral health providers in community settings ■ Approaches that identify and address the barrier caused by location and access to reliable transportation ■ Approaches that identify serving children who have special needs

Oral Health-Education, Screening and Navigation

Number of clients' agency will have capacity to serve (Education): _____

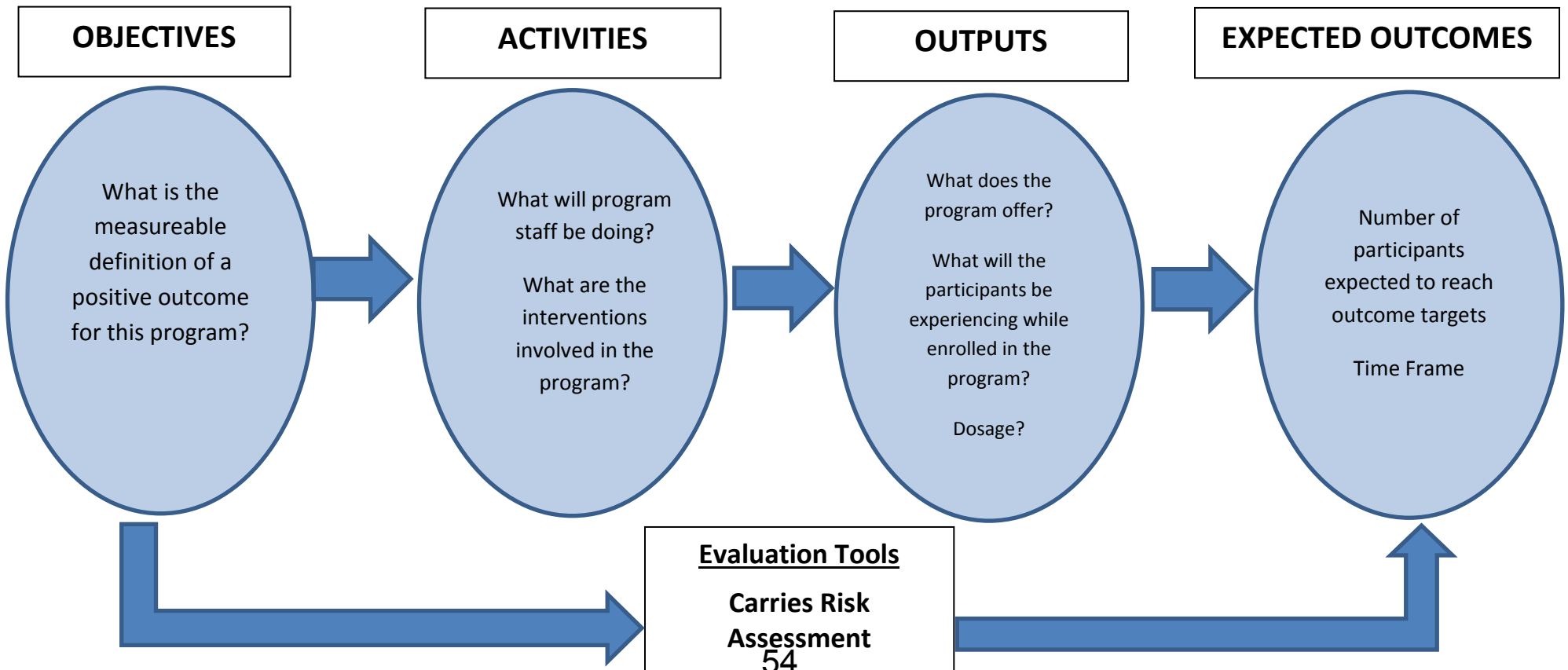
Number of clients' agency will have capacity to serve (Screening and Navigation): _____

Reasonable rate of success (Education): ____% or ____

Reasonable rate of success (Screening and Navigation): ____% or ____

Cost for initiative: \$ _____ (total budget) Cost per client: \$ _____ (budget/#of clients)

Cost per positive outcome: \$ _____ (budget/# of clients "reaching outcome objectives")





PROPOSAL SUBMISSION CHECKLIST

Use this checklist to ensure that all items have been Included.
 This form is to be completed and included in the proposal.

	Items Completed	Number of Pages
1.	Cover Letter	
2.	Table of Contents	
3.	Proposal Submission Checklist (Attachment A)	
4.	Statement of Certification (Attachment B)	
5.	Proposal Narrative Application Template (Attachment C)	
6.	Workflow Graph Template (Attachment D)	
7.	Organizational Chart	
8.	Logic Model	
9.	Timeline	
10.	Board of Directors Information- Board Roster and Board Meeting Schedule/Calendar	
11.	Contract History (Attachment E)	
11.	Reportable Conditions (Attachment F)	
12.	Exceptions and Disclosures (Attachment G)	
13.	Subcontractor Information (Including MOU and Attachment H)	
14.	Financial Capacity (Including applicable financial documents) and Attachment I	
15.	Insurance (Submit proof or ability to obtain proof)	
16.	Program Budget and Budget Narrative (Include a program budget and budget narrative for each fiscal year, for 3 years)	
17.	IF APPLICABLE: Proof of 501c3 status, if applying as such	



STATEMENTS OF CERTIFICATION
RFP 15-01

STATEMENT	AGREE (Initial)	DISAGREE WITH REQUIREMENT (Initial and explain in Attachment G- Exceptions)
1. Services will be provided as described in the Request for Proposals, beginning July 1, 2015 through June 30, 2018.		
2. The offer made in the proposal is firm and binding for 180 days from the date the proposal is opened and recorded.		
3. All declarations in the proposal and any attachments are true and shall constitute a warranty, the falsity of which shall entitle the County to pursue any remedy by law.		
4. All aspects of the proposal, including cost, have been determined independently, without consultation with any other prospective Proposer or competitor for the purpose of restricting competition.		
5. The proposer agrees that all aspects of the RFP 15-01 and the proposal submitted shall be binding if the proposal is selected and a Contract is awarded.		
6. Proposer will provide the Commission with any other information that the Commission determines necessary for an accurate determination of the Proposer's ability to perform services as proposed.		
7. If selected, the Proposer agrees to comply with all applicable rules, laws and regulations.		
8. Proposer agrees to the right of the County, State and Federal governments to audit the Proposer's financial and other records.		
9. Will permit official representatives of First 5 San Bernardino access to its facilities, staff, and records in conducting pre-award correspondence and/or site visits in connection with this proposal.		
10. 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 proposal.		

 Print Name

 Signature (*Authorized Signer*)

 Agency/Company

 Date

 Address



PROPOSAL NARRATIVE APPLICATION TEMPLATE

1. Brief synopsis of the Proposer's understanding of the Commission's needs as outlined in the RFP 15-01 and how the Proposer plans to meet these needs. This should provide a broad understanding of the Proposer's entire proposal.

Type response here. Maximum 3000 characters.

2. A narrative description of the proposed program and the plan to achieve the Commission's desired outcomes.

Type response here. Maximum 3000 characters.

3. Describe the program objectives (reference Exhibit B).

Type response here. Maximum 3000 characters.

4. Describe program activities (reference Exhibit B).

Type response here. Maximum 3000 characters.

5. Describe the program outputs (reference Exhibit B).

Type response here. Maximum 3000 characters.

6. Describe the expected outcomes (reference Exhibit B).

Type response here. Maximum 3000 characters.

7. Describe any additional evaluations tools utilized beyond those required in the RFP and Exhibit A.

Type response here. Maximum 3000 characters.

*Utilizing bullet points, summarize your narratives above to complete **Attachment D- Workflow Graph Template (Instructions are provided in Exhibit B as reference).***

8. Describe staffing for the program, including basic level of responsibilities, duties, supervisory structure, level of authority and experience of staff members, and licensure.

Type response here. Maximum 3000 characters.

*Include the **organizational chart** indicating lines of authority for staff in the context of the proposed program.*

9. State the address of the facility and hours of operation and explain why it is appropriate for the services proposed (in targeted Geographic Service Area; near mass transit; user friendly; facility layout; etc.).

Type response here. Maximum 3000 characters.

10. Include the area/region the Proposer plans to serve, and cities within that region.

Type response here. Maximum 3000 characters.

11. Describe the marketing strategies to engage target population(s), collaborate with resource providers, and conduct outreach and advocacy efforts.

Type response here. Maximum 3000 characters.

12. Describe the Agency's experience and number of years providing proposed services.

Type response here. Maximum 3000 characters.

13. Explain the connections the Agency currently has in place to support the proposed program (collaborative, partners, etc.) List like services in your proposed region and services that compliment/enhance your delivery of service.

Type response here. Maximum 3000 characters.

14. Describe how pregnant women and parents of children 0-5 will be engaged for face to face education and consultation services.

Type response here. Maximum 3000 characters.

15. Describe in detail the curriculum/tools that will be used to provide oral health education to parents and pregnant women.

Type response here. Maximum 3000 characters.

16. List connections and resources that are available to your organization to assist with gaps in benefits clients may experience in meeting treatment needs.

Type response here. Maximum 3000 characters.

17. How would you establish relationships between medical and oral health providers in community settings?

Type response here. Maximum 3000 characters.

18. Estimate the number of unique or unduplicated participants expected to be served. Explain the method of estimation, how that number will be generated and/or affected (i.e. community outreach, etc.), and how many will complete the program achieving the Commission expected outcomes (Education-[list outcome objectives connected to curriculum]. Screening and Navigation-moving child or pregnant woman from high or medium to low risk on the Caries Risk Assessment Form).

Type response here. Maximum 3000 characters.

19. Discuss Agency's methods for achieving outcomes cost effectively.

Type response here. Maximum 3000 characters.

20. Estimate the anticipated cost per positive outcome (not just # served) and explain the method for estimating such cost.

Type response here. Maximum 3000 characters.

21. Statement of Readiness – Describe your Agency's state of readiness to implement the proposed project.

Type response here. Maximum 3000 characters.

22. Logic Model - Craft a model illustrating objectives, inputs, outputs activities, and expected outcomes as applicable to the proposed programs. Include in the logic model:

- a. A timeline for the proposed program
- b. Target population(s)
- c. Dosage
- d. Method of delivery
- e. Explanation of any assumptions and/or constraints.

Type response here. Maximum 3000 characters.

*Include a **logic model**.*

23. Statement of Experience – Include the following in this section of the proposal:

- a. Business name of the Proposer and legal entity such as corporation, partnership, etc.
- b. Number of years the Proposer has been in business under the present business name, as well as related prior business names.
- c. A statement that the Proposer has a demonstrated capacity to perform the required services.
- d. List any applicable licenses or permits presently held and indicate ability to obtain any additional licenses or permits that may be required.

Type response here. Maximum 3000 characters.

24. Board of Directors – Describe the level of board involvement currently in effect, include the following information:

- 1) Board Roster
- 2) Calendar or Schedule of Board Meetings
- 3) Describe the recruitment for new board membership, membership requirements and term limits
- 4) Describe board activities and frequency of fundraising and review of agency policies and procedures
- 5) Describe the board approved hiring policies
- 6) Describe board fiscal and administrative oversight

Type response here. Maximum 3000 characters.

25. A statement that the Proposer has an organization that is adequately staffed and trained to perform the required services or demonstrate the capability for recruiting such staff.

Type response here. Maximum 3000 characters.

26. Describe experience of principal individuals of the prospective Proposer's present organization in the areas of financial and management responsibility, including names of principal individuals, current position or office and their years of service experience, including capacity, magnitude and type of work.

Type response here. Maximum 3000 characters.

Oral Health-Education, Screening and Navigation

Number of clients' agency will have capacity to serve (Education): _____

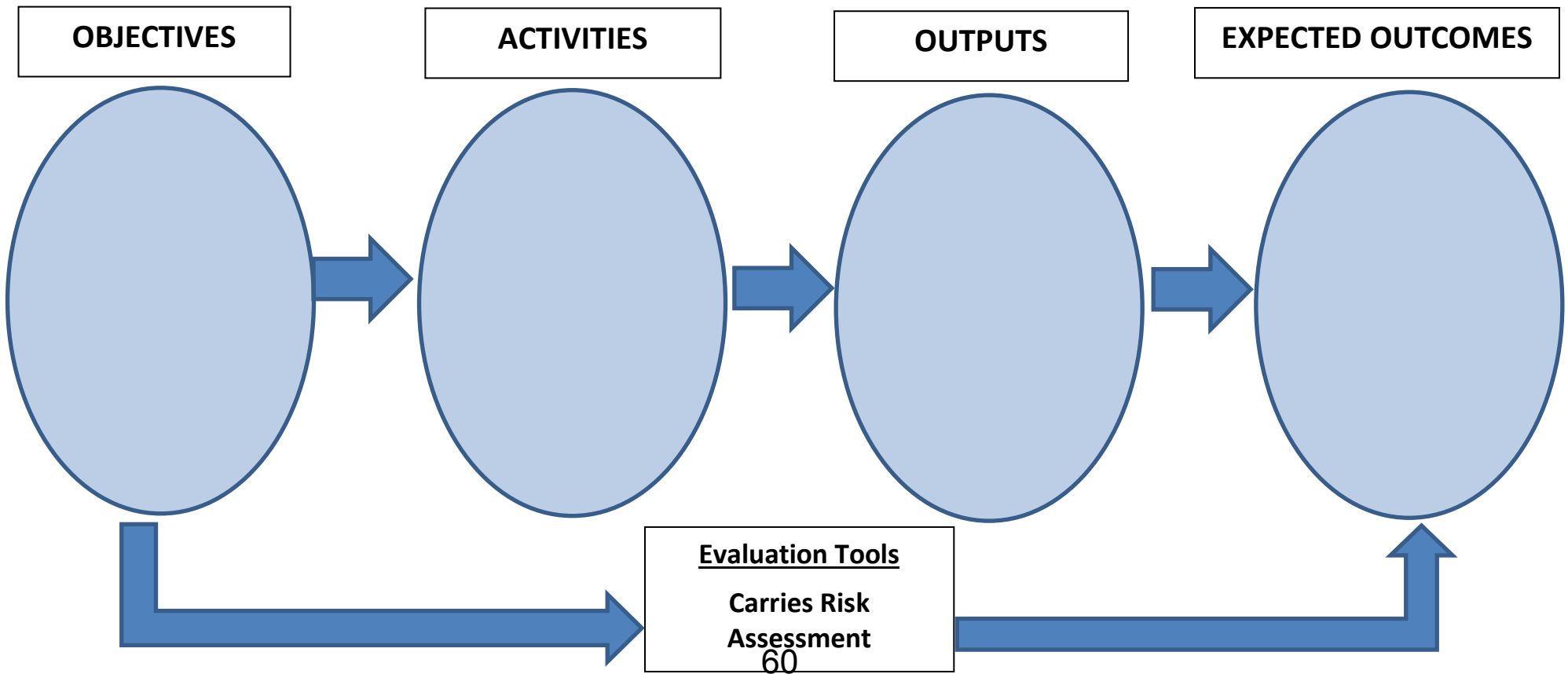
Number of clients' agency will have capacity to serve (Screening and Navigation): _____

Reasonable rate of success (Education): ____% or ____

Reasonable rate of success (Screening and Navigation): ____% or ____

Cost for initiative: \$ _____ (total budget) Cost per client: \$ _____ (budget/#of clients)

Cost per positive outcome: \$ _____ (budget/# of clients "reaching outcome objectives")





CONTRACT HISTORY

With respect to contracts currently in effect, completed within the last five years, or terminated prior to the original expiration date within the last five years, show for each such contract*:

Contract Period (From-To)	Type of Service	Total Award Amount and Annual Amount	Service Location/Area	Contract Contact Name, Title, Agency, Address Phone #, Email	Current	Completed	Terminated (State Reason)
<i>Example: 7/1/11-6/30/15 3 year contract and 1 year extension</i>	<i>Parent Education</i>	<i>\$1,000,000 (200,000 annually)</i>	<i>West End (Ontario, Chino, Chino Hills, Montclair, Upland)</i>	<i>Mary Alvarez Staff Analyst II First 5 San Bernardino 735 E. Carnegie Drive San Bernardino, CA 92408 (909) 999-1000 malvarez@cfc.sbcounty.gov</i>	X		

Print Name

Signature (Authorized Signer)

Agency/Company

Date

Address



REPORTABLE CONDITIONS

STATEMENT		NONE TO DISCLOSE (Initial)	DISCLOSURES (Initial and explain in Attachment G- Exceptions/Disclosures)
1.	Former County Officials		
2.	Similar Contracts		
3.	Terminated Contracts		
4.	Current Contracts		
5.	Controlling Interest		
6.	Financial Interest		
7.	Pending Litigation		
8.	Convictions or adverse court rulings		

 Print Name

 Signature (*Authorized Signer*)

 Agency/Company

 Date

 Address



EXCEPTIONS AND DISCLOSURES TO RFP 15-01

Proposer has reviewed the RFP and Contract Requirements and terms in their entirety and has the following exceptions:

(Please list your exceptions by indicating the section or paragraph number, and page number as applicable. Be specific about your objections to content, language, or omissions. Add as many pages as required.)

DISCLOSURES

Proposer reports the following:

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Title: _____

Date: _____



PROPOSER'S FINANCIAL CAPABILITY
Use this page as a cover sheet for financial documents.

Section XII, Sub Section C, Item #11 of this RFP

Please select one of the options below and include all required documents as requested.

- OPTION 1 – If you have audited financial statements, please submit the following:**
 1. Submit the three most recent and complete annual audited financial statements; the most recent must be completed within the past 18 months.
AND
 2. Submit an unaudited financial statement to cover the period from the last audited statement to present, ending no more than 120 days prior to the submission of this proposal.

- OPTION 2 – If you do not have audited financial statements**
 1. Submit unaudited financial statements for the three most current years (including balance sheets, income sheets, and statement of cash flow).
AND
 2. Submit an unaudited financial statement to cover the period from the last audited statement to present, ending no more than 120 days prior to the submission of this proposal.



**AGENDA ITEM 7
MARCH 4, 2015**

Subject	Local Outcomes Brief for 2013-2014
Recommendations	Receive Outcomes Brief on Family Literacy Initiative for 2013-2014 (Presenter: Scott McGrath, Supervisor, 252-4259)
Background Information	<p>The 2013-2014 Outcomes Brief, presented to the Commission on February 4, 2015, was prepared in partnership with Harder+Company, who has worked with over 30 First 5 county commissions since 1999 and has served as the external evaluator for First 5 San Bernardino since 2004. Within that brief was a section highlighting First 5 San Bernardino’s Family Literacy Initiative.</p> <p>The document provides a more comprehensive overview of the initiative structure, data collected and a cost benefit analysis for its first year. It also highlights an investment that yielded multiple outcomes for children 0-5 and their families. Outcomes such as increased number of parents practicing positive reading activities, trips to the library and an increased inventory of books at home.</p>
Financial Impact	None
Review	Regina Coleman, Commission Counsel

Report on Action as taken
Action:
Moved: _____ Second: _____
In Favor:
Opposed:
Abstained:
Comments: _____
Witnessed:

FAMILY LITERACY INITIATIVE

2013
2014



According to the California Department of Education,

Children with Lower reading scores in the early years are:

40% more likely to be a teen parent

average societal cost per teen birth
\$23,647*

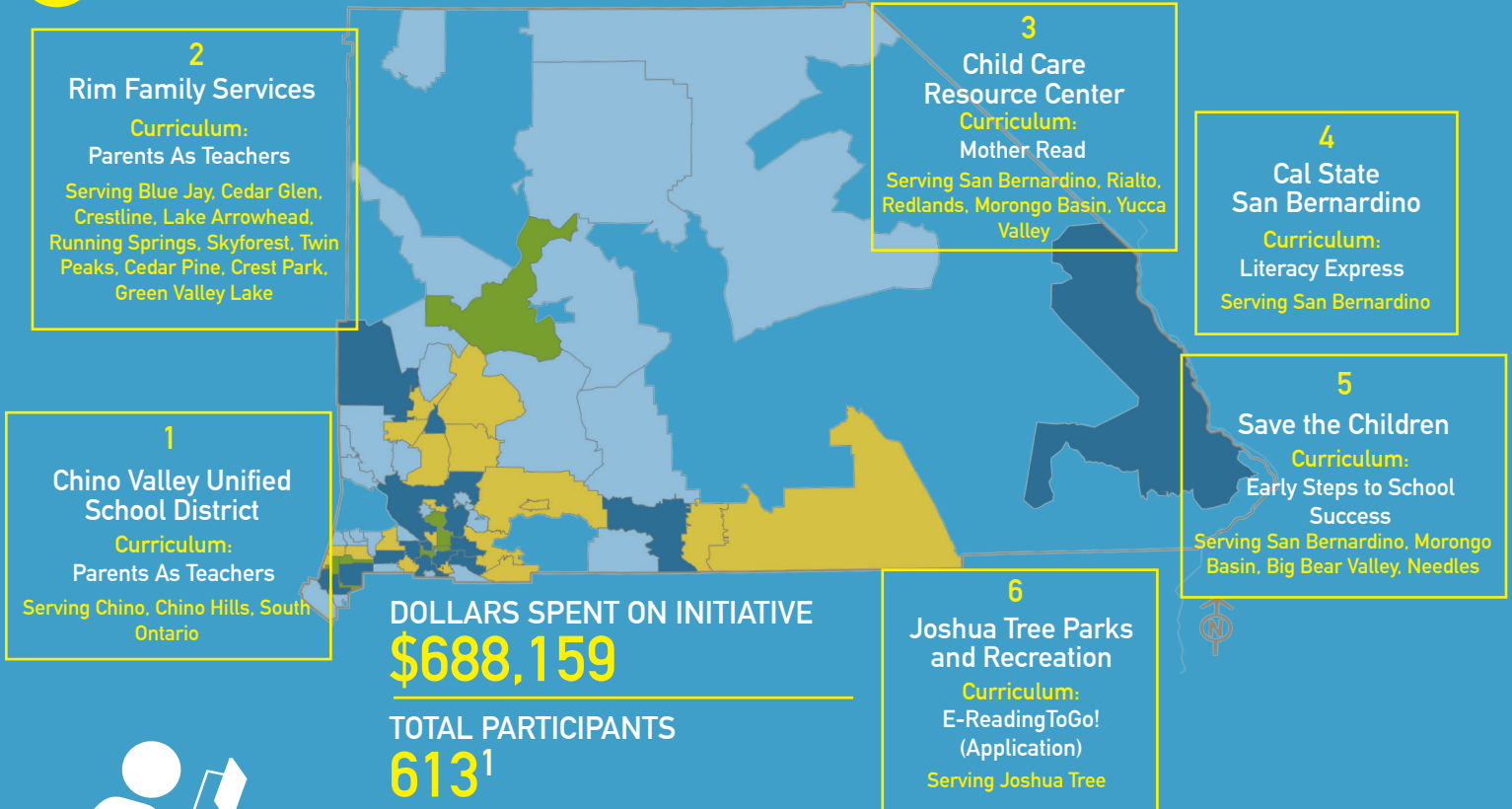
70% more likely to be arrested for a violent crime

average annual cost per inmate in the correctional system
\$47,421



HOW FIRST 5 SAN BERNARDINO ADDRESSED THE ISSUE

6 LOCAL PROGRAMS ACROSS THE COUNTY



DOLLARS SPENT ON INITIATIVE
\$688,159

TOTAL PARTICIPANTS
613¹

AVERAGE COST PER PARTICIPANT
\$1,123²

DURATION OF PROGRAMS
8 weeks to one year



TURN OVER FOR OUTCOMES →



**AGENDA ITEM 8
MARCH 4, 2015**

Subject	Healthy Cities and Communities Evaluation Report
Recommendations	Receive Evaluation Report on Healthy Cities and Communities (HCC). (Presenter: Scott McGrath, Supervisor, 252-4259)
Background Information	<p>In 2006, the Healthy Communities program was created as a central point of contact for health related issues throughout the county. As determined by the county of San Bernardino Department of Public Health a Healthy City/Community promotes a positive physical, social, and economic environment that supports the well-being of its members. While each community focuses on improving nutrition and increasing physical activity, each Healthy City also addresses unique priorities as determined by the community itself. The widely varying approaches and expertise among the Healthy Cities has created a wealth of opportunities for sharing and learning from one another.</p> <p>In 2012, under the Investing in Children RFP, the First 5 San Bernardino Commission approved contracts with entities representing five communities to implement a project/project enhancement that empowers and improves results for children 0-5 through the Healthy Cities/Healthy Communities (HCC) system. In 2013, three more communities were contracted bringing the total to eight:</p> <ul style="list-style-type: none"> • City of Rancho Cucamonga • City of Montclair • Town of Apple Valley • City of Adelanto • City of Rialto • City of San Bernardino • City of Muscoy • “Healthy High Desert” (collaborative serving communities of Adelanto, Hesperia, Apple Valley and Victorville) <p>The total investment for Fiscal Years 2013-2014 and 2014-2015 was \$1,786,105.</p> <p>In 2014, Harder and Company Community Research, who has worked with over 30 First 5 county commissions since 1999 and has served as the external evaluator for First 5 San Bernardino since 2004, conducted a comprehensive system’s level evaluation of the HCC initiative based on activities and outcomes from its inception in 2012 through June 2014 when the data gathering phase was complete. Information for this project was gathered using a variety of sources including document review and small group interviews with the staff of all HCC initiatives funded by First 5 San Bernardino.</p> <p>The evaluation aligned with three key areas that the HCC initiative seeks to impact: Integrated Systems, Policy, and Built Environment. The finalized report also details analysis of the HCC initiatives growth and development which have been the foundation to impacting these three key areas.</p>
Financial Impact	None
Review	Regina Coleman, Commission Counsel

Report on Action as taken
Action:
Moved: _____ Second: _____
In Favor:
Opposed:
Abstained:
Comments: _____
Witnessed:



Evaluating the Healthy Cities and Communities Initiative

First 5 San Bernardino

February 2015

Prepared by

harder+company
community research



Acknowledgements

We would like to thank all of the Healthy Cities and Communities staff, volunteers, and coalition members who participated in this evaluation. They provided us with their time, relevant documents, and feedback along the process.



Photo credits:

We would like to thank the Latino Health Collaborative for allowing us to use photos of their Healthy San Bernardino and Healthy Muscoy programs.

We also thank the Office of the city clerk in the City of Rialto for allowing us to use Healthy Rialto photos. Photos throughout the report are a combination of stock images as well as photos from these three programs.

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Introduction

What is the Healthy Cities & Communities initiative and how do we know it is working?

Healthy Cities and Communities (hereafter HCC) initiatives embody a broader view of health acknowledging that a community's health is highly impacted by the complex interplay of individual behaviors, the physical and social environments, biological and genetic factors, and health-systems. The goal of HCC is to increase the well-being and quality of life for all residents.

Individual city-wide Healthy Cities and Communities¹ initiatives have a long history in San Bernardino County – some dating back more than a decade. More recently, a countywide Healthy Cities Program was created as a central point for health related issues in the county and as a way to support local HCC initiatives. The countywide program was created in 2006 and is managed through the Department of Public Health. Nationwide, HCC efforts are typically funded initially by grants from federal, state or local (county) governments with some participation from private foundations. In San Bernardino, the county provided \$25,000 seed grants for 22 of the county's 24 cities and towns to launch HCC. The seed money originated from donations received from the Lewis Family Foundation. After initial funding

¹ We understand the Healthy Cities/Healthy Communities initiatives go by various names. In this report we use "Healthy Cities and Communities" or "HCC".

from the county, individual HCC initiatives may seek additional funding as needed from other sources.

By 2013, 24 communities (including several unincorporated areas of the county) had implemented, or were in the process of implementing, a HCC initiative. First 5 San Bernardino saw the opportunity to invest in systems change by supporting these efforts. While HCC aligned with the Commission's strategic goal of improving early childhood environments, it also represented an opportunity for the Commission to partner with other county entities and promote a collective impact model. Given the reality of declining tobacco revenues, the Commission understands the critical importance of developing strong cross-sector partnerships to promote and sustain positive outcomes for young children and families.

During the 2012/13 fiscal year, First 5 San Bernardino supported five HCC initiatives, totaling \$360,853 in support. During the 2013/14 fiscal year, First 5 San Bernardino increased its support to include eight communities, with a total of \$1,425,252.²

² It is important to note that First 5 San Bernardino only funds portions of HCC initiatives. Several HCC initiatives have been successful at leveraging additional funding and in kind donations on top of county seed funding.

Profile of Healthy Cities & Communities Funded by First 5 San Bernardino

Ad

Adelanto is a small community located in the High Desert Region of San Bernardino County and has a population of 31 thousand. Healthy Adelanto was established in 2006 to combat childhood obesity and other health-related issues by promoting exercise opportunities, cooking classes and a community garden. Healthy Adelanto received First 5 San Bernardino funding starting in fiscal year 2013-14.

AV

The **Town of Apple Valley** is located in the High Desert Region of San Bernardino County and has a population of 70 thousand. Healthy Apple Valley was established by the Parks and Recreation Department in 2009 to combat childhood obesity and undernourishment by implementing a series of classes to encourage healthy eating, active play and nutrition education. Healthy Apple Valley received First 5 San Bernardino funding starting in fiscal year 2012-13.



HD

Healthy High Desert is a regional collaborative formed in 2009 to promote health through policy, improvement of physical community and implementation of programs to improve the health of children and adults. Specific examples include healthy eating and vending machine policies, and active transportation improvements such as bike lanes. They hold annual health summits for the county, and current members include: Adelanto, Apple Valley, Barstow, Hesperia, Snowline, and Victorville. Healthy High Desert is overseen by St. Mary's Hospital, who began receiving funding from First 5 San Bernardino for their obesity programs and HCC efforts in fiscal year 2010-11.

Mn

Montclair is located in the West End Region of San Bernardino County and has a population of 38 thousand. Healthy Montclair was established by the Montclair Community Collaborative in 1998 and expanded its work with First 5 funding in 2012 to improve access to physical activity, nutritious food (e.g., fruit parks and farmers markets) and healthcare. Healthy Montclair received First 5 San Bernardino funding starting in fiscal year 2012-13.

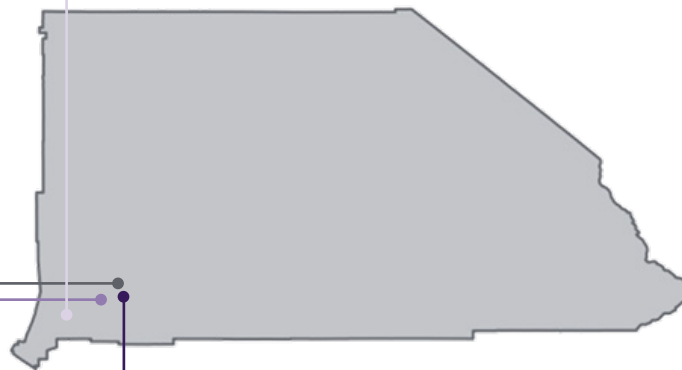
Profile of Healthy Cities & Communities Funded by First 5 San Bernardino

Mu

Muscoy is an unincorporated area located in the Central Valley Region of San Bernardino County and has a population of 10 thousand. Healthy Muscoy was founded in 2011 by Latino Health Collaborative and Reach Out to address health disparities and combat childhood obesity by improving the community's build environment, infrastructure, walkability, public safety and food-retail environment. Healthy Muscoy received First 5 San Bernardino funding starting in fiscal year 2013-14.

RC

Rancho Cucamonga is located in the West End Region of San Bernardino County and has a population of 171 thousand. Healthy Rancho Cucamonga was established by the City Council in 2008 in response to growing concerns about obesity, diabetes, and other health problems. It promotes healthy and active living through creating a culture of health, increasing access to a healthy lifestyle, and promoting family-oriented, healthy activities. Healthy Rancho Cucamonga received First 5 San Bernardino funding starting in fiscal year 2012-13.



Ri

Rialto is located in the Central Valley Region of San Bernardino County and has a population of 101 thousand. Healthy Rialto was established by the city in 2007 to encourage active, healthy lifestyles by promoting farmers markets, walking programs/trails and active lifestyles for kids and seniors. Healthy Rialto received First 5 San Bernardino funding starting in fiscal year 2013-14.

SB

The City of San Bernardino is located in the Central Valley Region of San Bernardino County and has a population of 213 thousand. Healthy San Bernardino was founded in 2011 by the city and is currently overseen by both the City of San Bernardino and the Latino Health Collaborative to support a healthy, safe, green and prosperous city by increasing access to healthy food, safe streets and public spaces, healthcare, and economic opportunities. Healthy San Bernardino received First 5 San Bernardino funding starting in fiscal year 2012-13.

The use of First 5 San Bernardino funds to support systems change efforts is not new. Throughout its 15 year history, First 5 San Bernardino has supported a number of initiatives designed to build or reform health, education, or human service systems for purposes of improving individual or community wellbeing.¹ This includes work to align processes across the child welfare and behavioral health systems via two initiatives (Screening, Assessment, Referral, and Treatment (SART) and Pre-natal SART) as well as efforts to better align transitions from early care and education to school through the School Readiness initiative.

However, the Commissions evaluations of these efforts were largely focused on the impact of these programs and services on individual children and families, as opposed to the impact on systems and communities.

The First 5 Evaluation Team (consisting of Commission staff and their external contractors, Harder+Company Community Research) elected to take a systems approach to evaluating the investment in Healthy Cities and Communities. We aligned the evaluation with three key areas that the Healthy Cities and Communities initiative seeks to impact: Integrated Systems, Policy,

and Built Environment. We also analyzed the HCC initiatives' growth and development, which have been the foundation to impacting the three components identified. We defined each of these components using a framework developed by Julia Coffman (2007).

- **Integrated Systems:** Efforts designed to create strong and effective linkages across HCC components that improve results for system beneficiaries.
- **Policy:** Efforts designed to improve the political environment that surrounds the HCC initiative so it produces the policy and funding changes needed to create and sustain it.
- **Built Environment:** Efforts to change the physical and social environment to support policies and activities within HCCs. This includes things like complete streets, fruit gardens, bike lanes, and farmers markets.

This framework was instrumental to helping us organize the wealth of diverse activities, policies and programs implemented by HCCs across the county.

In this report, we first look at the growth and development of the HCC initiatives; we then describe the efforts of HCCs to establish and/or strengthen systems of services to improve the health and well-being of all residents.

While we highlight outcomes for children and their families where they are possible to identify, the emphasis of this work is on understanding how First 5 San Bernardino's investment in HCC has contributed to systems, policy, and environmental improvements in each community.

Information for this project was gathered using a variety of sources including document review and small group interviews with the staff of all HCC initiatives funded by First 5 San Bernardino. Interviews with HCC initiatives were conducted between April and June 2014. The information shared in this report reflects events and programs conducted up until that point and thus should not be considered as an exhaustive source of HCC initiatives' work.

“A system’s overall purpose or goal is achieved through the actions and interactions of its components.”
- JULIA COFFMAN



HCC Initiatives' Growth & Development

How are HCCs growing and sustaining their efforts?

Far-reaching community change initiatives often benefit from broad coalitions that engage diverse stakeholders around a common goal or issue.ⁱⁱ While everyone has something to contribute to the creation of healthy and dynamic communities, there are several key groups that are crucial to the healthy cities and communities movement:ⁱⁱⁱ

- Elected and appointed officials
- Those most affected by the issue
- The people who will carry out the initiative, or whose jobs or lives will be affected by it
- Agencies and groups that will need to cooperate and to coordinate their activities in order to implement a community-wide effort and
- Community opinion leaders

Involving a diverse range of stakeholders at the community, organizational and systems levels can be crucial to the success and sustainability of HCC efforts. Through our evaluation of the eight HCC initiatives, in part supported by First 5 San Bernardino, the evaluation team identified three key ways HCC initiatives are involving various stakeholders and strengthening the depth and breadth of their coalitions. These include:

- **Engaging the Community:** HCCs engage the broader community, ranging from one-time events to more intensive community leadership development.
- **Engaging Public Officials:** HCCs identify champions and leverage city officials and departments – from logistical support to obtaining key champions within city governance to improve public health.
- **Increasing Organizational Partnership:** HCCs engage organizational partners in decision-making and leveraging financial and logistical support.

This section further analyzes these three key areas of growth and development.

Community Engagement

HCC initiatives employed a number of methods to develop and sustain community buy-in and participation, including one-time events, ongoing engagement, and community leadership pathways.

One-time events or forums:

The most common method of community engagement was through community forums or resource fairs. Forums aimed to inform

residents about the initiatives' activities and goals, to allow a space for feedback and discussion on priorities and activities, and to connect those residents interested in being more involved. For example, Healthy Victorville³ conducted a Spanish-language resident meeting to discuss safe streets and access to safe parks and playgrounds. The forum bridged the gap between the city government and the community residents. According to Healthy High Desert, residents at that forum advocated for access to safe playgrounds and parks as well as strategies to address gang activity in parks and unsafe street crossings in the vicinity. Such events were often used to solicit input on priorities and activities or to gain a better understanding of community perspective on what constitutes a healthy community. These events typically combined both celebratory and educational components, such as the Healthy Montclair Summit that followed their Farmers Market Voucher Program which included a special health education program for kids.

³ Healthy Victorville, while not directly funded by First 5 San Bernardino, forms part of the Healthy High Desert regional collaborative.

Ongoing Engagement: In addition to raising awareness through forums, a number of HCCs also involved residents in ongoing data collection, planning and outreach activities.



“For us, [Healthy Cities] is about empowering the community and having them make decisions and take ownership.”

- Healthy Muscoy /
Healthy San Bernardino

Healthy Adelanto (in partnership with St. Mary Medical Center and other nonprofit and business partners) put together a resource fair and worked with resident leaders to plan a Family Fun Day, which served as a celebratory opening for the community garden and an opportunity to promote healthy eating habits.

In the High Desert, teams of local residents conducted surveys to assess accessibility to healthy food options at local grocery stores, liquor stores, neighborhood markets, and food pantries.

As part of an environmental scan in Muscoy, residents conducted a walkability assessment in their own neighborhoods. Healthy Muscoy and Healthy San Bernardino also involved mothers from their Striders Community Wellness⁴ program in their monthly meetings through the “Community Corner” where parents are able to provide input on hot button issues.

⁴ See page 15 and 16 for an explanation and examples of the Healthy San Bernardino and Healthy Muscoy Striders Community Wellness program.

Resident leadership: Resident-leadership has been both intentional and organic in the HCC initiatives. In Rancho Cucamonga, for example, community engagement was intentionally built into the initiative. In addition, they created a leadership structure where the executive committee and subcommittee co-chairs include both a city and a community representative. In Healthy Rancho Cucamonga, the city adopted a strategic plan that belonged to the community as opposed to approving a city plan with community input. One HCC staff member noted that “if the city guides the initiatives, community input becomes a formality as opposed to authentic engagement and leadership.” One city stakeholder noted, “if the community is involved ... and they are the ones that are convening meetings or sending out reminders or making phone calls or helping with the securing of technical assistance... it becomes truly their initiative and we’re here to help facilitate and help guide them through that process or to help leverage some of the resources that they might not have access to.”

Another key example of resident engagement that organically developed into community-leadership was seen in the Healthy San

Bernardino and Healthy Muscoy Striders Community Wellness program. Because members of the Striders Community Wellness program began showing interest in advocacy and civic engagement activities, the HCC initiatives were able to support these emerging leaders through advocacy and policy trainings to prepare them to present solutions and recommendations to elected officials.

City Involvement

The commitment and backing of city officials and departments is essential to scaling improvements in health and wellness to an entire city, but requires a lot of time and effort.^{iv} Currently, the majority of HCCs benefit from positive relationships with city officials and departments. However, levels of support and engagement vary widely across communities, from providing only logistical support to strong leadership champions and city departments that work together.

In Healthy Adelanto, for example, while city staff is available for meetings, their support tends to be focused on securing venues for events and providing letters of support. On the other hand, in Apple Valley, the

Healthy Apple Valley coalition became a vessel to highlight needs other departments were already seeking to change. While the Engineering Department had long been pushing for bike lanes, through their seat at the table and the involvement of other departments in Healthy Apple Valley, this issue was able to be brought to the forefront of their work. When support comes from city leadership (e.g., Mayor or City Manager), policy change is more feasible. The Mayor’s leadership in Rialto led to the implementation of a walking campaign and has also helped in the creation of infrastructure changes to support walking trails.

Ensuring a similar vision across city departments:

Getting different departments to share a vision of health and wellness for their community and to work together to achieve this goal requires time and a commitment to relationship building. In Rancho Cucamonga, for example, the HCC team spent a year facilitating conversations about vision and goals with city staff and departments before taking the message out to the community at large. According to one HCC stakeholder,

“What I think was important at that time

was to connect the dots for people in other departments, so someone like a city engineer that says I don't do Healthy Cities, I don't do exercise programs, and we're like no it's not just about exercise programs, it's about how we design our streets. Are you incorporating bike lanes? Or park maintenance people—I don't do Healthy Cities, I trim trees—well you know those things need to be kept up so that people feel safe when they go to the park and get physical activity. So I think we started making those connections to the departments and started closing the gaps.”

Some HCC initiatives have not yet achieved the level of collaboration among departments and within city governance needed to achieve widescale change. For example, Healthy Apple Valley indicated that while they had a supportive mayor and council, they have been limited in terms of large policy change they could implement without getting the rest of the departments on board. Bringing city departments to the table has been a time consuming process, but it is something Healthy Apple Valley continues to do.

“The city is so supportive here, and helpful. Not just our department, but the city as a whole. We have support from police, fire, community development, [and] public works.”

- Healthy Montclair



Organizational Partnerships

There are a wide variety of ways in which HCCs engage organizational partners. This ranges from immediate responsive support (e.g., donations and venues) to providing opportunities to engage in decision making related to HCC.

Responsive support: A number of organizations provided responsive support to their local HCC initiative; this includes donations of material goods (such as hoses and gardening tools donated by Target in Adelanto), to the provision of critical health care services (such as Gift of Sight in the Town of Apple Valley which provides eye exams and glasses at HCC sponsored events and convenings). This type of support helps ensure the viability of the programs and increases the quality of programs and events.

These responsive supports often exist around and between more substantial partnerships that are the heart of the HCC initiatives. These core partnerships provide the infrastructure around which to build the HCC collaboratives and coalitions.

A seat at the table: Several HCCs provided opportunities for partners to engage in planning and decision-making. An example of this includes Rancho Cucamonga, who intentionally limited their core partnerships to the major players in their community working to improve health for children and families, the Town of Apple Valley who has been able to leverage funds and resources between three main players (Parks and Recreation, hospitals and the school district), and Muscoy who has monthly meetings with a roster of roughly 50 partners (20 of whom are active members) – including nonprofits, local hospitals and businesses.

In addition to expanding partnerships with organizations within each of the HCCs, the HCC initiatives themselves have built connections either through convenings or – in the case of the Healthy High Desert – as part of an explicit regional approach. As Healthy Adelanto noted, “At monthly meetings I heard about what the City of Montclair was doing, and the City of Muscoy, and San Bernardino. At the convening, I’ve also learned [of] other cities doing farmers markets.” The regional approach in the High Desert has led to greater visibility with funders like Kaiser and The California Endowment, and might serve as a regional model to build in other areas of the county.



Lessons Learned: How to foster engaged collaboratives

- **Know your audience** – Bridge linguistic and cultural gaps between professionals and community/resident populations. Use community friendly activities and provide necessary supports (e.g., childcare) for everyone to regularly participate.
- **Listen and respond** – support emerging leadership and encourage different perspectives on health and wellness.
- **Share responsibility** – ensure people and organizations at the table have specific tasks and set reasonable, specific expectations about completing them.
- **Find balance** – Community forums, events or summits should be a mixture of business (e.g., narrowing priorities and identifying activities), relevant capacity building (e.g., nutrition classes as part of the community garden activities) and celebration (e.g., honoring and thanking participants for their time).

Integrated Systems

How are HCCs working to make systems-level change?

One of the primary goals of the Healthy Cities and Communities initiative is to accomplish system-level changes that improve the health and wellbeing of a community.^v As such, they strive to shift and integrate systems or structures in which a community is embedded. These system-level changes include public policies, built environment changes, organizational policies and practices, inter-organizational practices, and the integration of systems working towards a common goal. This section focuses on how HCCs in San Bernardino County have worked towards integrating systems and networks to achieve their goals of building healthier communities.

For HCCs, integrating systems is of critical importance because it sets the foundation that everyone has a role to play in improving the health of a community. A connected and coordinated web of programs and services will produce better health outcomes for individuals.^{vi} Furthermore, it recognizes the impact the interconnectedness of various social and economic factors (such as access to resources and the built environment) have in addressing health issues.

Overall, the evaluation team identified three

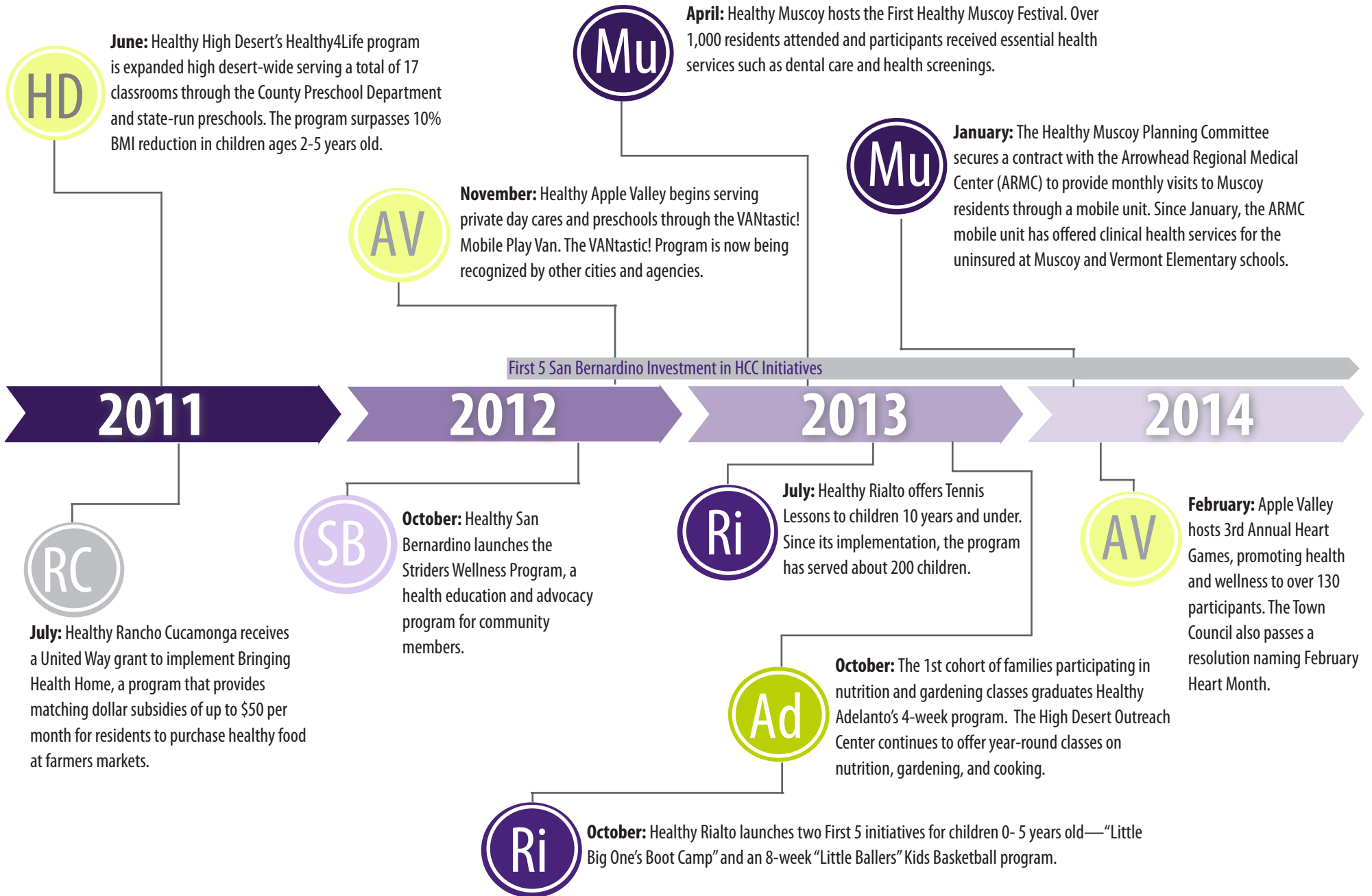
key strategies current HCCs are employing to integrate systems within their initiatives. These include: 1) connecting the community to systems, 2) building and strengthening partnerships, and 3) leveraging resources.

Connecting the Community to Systems

One of the first steps towards integrating systems to accomplish collective impact is bridging the gap between community residents and systems. Effective community engagement can be a powerful tool for advancing community and system change goals. A foundational element of the HCC initiative is engaging diverse resident participation and widespread community ownership.^{vii} Building genuine community engagement can provide a strong foundation for system change efforts.

Engaging those that will be directly affected by an initiative will more likely produce programs and systems that reflect the real needs of the community.^{viii} HCCs have implemented a variety of strategies to connect community members and families with

Programs and Services Timeline



organizations and the systems they function in. Strategies implemented by HCCs included **1) developing new programs and services that promote and foster health, and 2) providing opportunities for community capacity building and engagement.** It is important to note that the funding entity and structure of the HCC had a significant impact on the types of strategies implemented.

New programs and services:

New programs and services geared specifically towards health introduce residents and families to systems of care and provide learning opportunities for them to develop healthy habits. All eight HCCs implemented some type of new program or service to address and promote the health needs of their communities during the time First 5 San Bernardino has invested in them. Medical mobile clinics, instructional classes on nutrition and physical fitness, frequent health screenings, gardening programs, mental health case management sessions, health education workshops, health promotion fairs, sports programs for youth, and vouchers for fresh produce are some examples of programs and services implemented by HCCs.

Several HCCs improved the delivery of their program and services by collaborating with partner organizations with particular expertise.

For example, the City of Montclair was able to increase access to fresh produce by developing a local farmers market and partnering with a health education program (*Por La Vida*) to provide participants receiving nutrition and health education with vouchers to use at the local farmers market. This creates a direct link between community members and the programs and services a city is offering to improve health outcomes. Furthermore, it produces more long-lasting health habits by linking community members with the resources they may not have previously had access to.

Community capacity building and engagement: More than half of all HCCs engaged community residents through capacity building and/or civic engagement. This provided opportunities for the community to connect with and influence organizations and systems that affect change in their communities. Focusing on capacity building and civic engagement has also allowed HCCs to leverage local assets and resources, like involving community leaders that are passionate about working to improve their community's health.

Three of the HCC initiatives have implemented some type of leadership development program aimed at building the skills of residents to be leaders and advocates

COMMUNITY EXAMPLES



Healthy San Bernardino Junior Striders Program

Healthy San Bernardino implemented the Junior Striders Health Program, where youth, ranging from kindergarten to middle school, were taught the benefits of maintaining healthy diets, as well as the connection between gardening and mental health. This is an interactive program where children gardened and learned to value and incorporate fruits and vegetables in their diet. These efforts were made possible through the collaboration with registered nursing students from Azusa Pacific University, youth from the Boys and Girls Club of San Bernardino, Riverside San Bernardino Health Inc. (RSBHI), San Bernardino County Department of Public Health, and the Latino Health Collaborative (LHC).



in their communities. Though most of these leadership programs have been implemented in the last two years, their planning started long before that. Other HCCs engaged community members through interviews, gauging their input and feedback, partnership or coalition meetings, and providing spaces for residents to build social connections. For example, Healthy San Bernardino engaged and empowered community residents through their Striders Community Wellness Program. The program offers workshops on health and nutrition and provides a space for participants to become leaders. Residents are trained to teach curriculum on nutrition and physical fitness. Striders participants also provide updates and input at Healthy San Bernardino Coalition meetings during a designated “Community Corner” agenda item. This provides opportunities for community members to connect with organizations and stakeholders, and advocate for improvements in their communities.

Building and Strengthening Partnerships

Creating linkages across organizations and networks is a primary tenet to integrating

systems and affecting systems change. A foundational element of the healthy cities and communities movement is involving unlikely stakeholders, organizations, and sectors to champion for a healthier community.^{ix} All HCCs developed at least three new partnerships (aside from First 5 San Bernardino) as a result of their initiative. The number of partnerships established by HCCs ranged from three to 37 partners. Common partners include local nonprofit organizations, school districts, health clinics and hospitals, city departments, and local farmers.

A few HCCs also noted changes in the ways in which departments and agencies were structured, fostering an increase in collaborative practices. For example, originally siloed programs in the Montclair Department of Human Services were brought together under the umbrella of the Healthy Montclair initiative.

Stakeholder engagement through collaboratives and community partnerships: Most HCCs engaged partners by establishing a collaborative or community partnership. These partnerships served several purposes, from guiding the vision of the HCC initiative to partnerships that served a very specific goal within that vision. For example,

COMMUNITY EXAMPLES



Community capacity building and engagement in Healthy Muscoy

A long term goal for the Healthy Muscoy Coalition (HMC) is to create a comprehensive Health Master Plan for the unincorporated area of Muscoy. To accomplish this goal, the coalition has prioritized developing the leadership of Muscoy residents in order for the project to be co-designed and co-led by residents, local leaders, and key coalition partners such as county agencies and community-based organizations. Muscoy residents have received various workshops and trainings, and are in the process of learning how to create change for their communities. They meet regularly as a coalition and in separate committees to help move their work forward. The Healthy Muscoy Coalition demonstrates a strong model of how a HCC can genuinely engage community residents so that they feel connected and empowered to be leaders in their community.



Healthy Rancho Cucamonga first created a small partnership and purposefully sought out “major players” that had a focus on improving the health of children and families. The Healthy Rancho Cucamonga Partnership has evolved from a small group of organizations to a broad community partnership with over 75 members including community leaders, key stakeholders, and community members. They noted they were able to bring these critical partners on board for the initiative because they had built these relationships over a long period of time.

HCC initiatives established partnerships to leverage expertise in a particular area or to address a specific need. These types of partnerships include:

- **Partnering to leverage skills and expertise.** Both Healthy San Bernardino and Healthy Montclair have partnered with Incredible Edibles Community Garden, a local nonprofit organization, to develop fruit parks. Organizations such as Incredible Edibles bring additional expertise, skills, and resources which benefit the HCC initiatives. In the High Desert, an effort has been made by Healthy High Desert, Healthy Victorville, Healthy Hesperia, Healthy Apple Valley,

and Healthy Adelanto to partner with the Department of Public Health to get more produce to the region. They are working on a CX3 four year project where each community will identify a low-income area and work to assess the availability of fresh produce and healthy food options within that area.

HCCs have also improved the quality of the programs or services they offer by leveraging the know-how and expertise of partners. For example, the Department of Public Health worked with Healthy Muscoy’s Striders program to revise, improve, and validate their health and advocacy curriculum to better serve the needs of participants. And lastly, HCCs have partnered with key stakeholders to meet staffing needs or bring in specific expertise, such as Healthy Montclair who partners with local universities and recruits volunteer nursing students for several of their programs.

- **Partnering to increase access to healthier foods.** Several HCCs identified partnerships to increase their community’s access to healthier foods. For example, HCCs have engaged and partnered with local gardeners

and farmers, like Squash 4 Friends, in innovative ways to bring fresh produce to families and schools. In Apple Valley, a local farmer is working with elementary schools to develop food co-ops at school sites. This type of partnership increases families’ access to fresh healthy foods and provides local producers with opportunities to do business directly with consumers. Adelanto advocated for the City Manager to talk to incoming dollar stores (e.g. Dollar Tree, 99 Cents Only Stores, etc.) about offering fresh produce as a requirement to do business in the city.

“We have a vibrant Healthy Cities network where these people are the local experts.”

- Healthy Rancho Cucamonga

- **Partnering to create linkages between the community and systems.** In efforts to change systems and build community capacity, the Latino Health Collaborative has strategically partnered and engaged with key networks like the Food Policy Advisory Council and the County of San Bernardino. Participating in such networks allows the Latino Health Collaborative to gain insight and knowledge, highlight the needs of the Muscoy community, and create a direct linkage between community members and policy efforts.
- **Partnering to identify and access targeted populations.** Local entities, like city departments of parks and recreation, have more reach and access to community members. As such, HCCs led by larger-scale entities (i.e. St. Mary Hospital or the City Manager’s Office) have benefitted by partnering with smaller agencies that have direct relationships with the community in order to garner community support and participation. For example, after initially struggling to engage community residents in a new active living workshop, St. Mary partnered with the Apple Valley Department of Parks and Recreation who successfully increased attendance to the workshops.

Healthy Muscoy has also leveraged community outreach by partnering with local schools to outreach to children and families.

Leveraging Resources

While only a few HCCs were able to leverage additional funds and resources, besides First 5 San Bernardino funding, these funds and resources had a significant impact in meeting the needs of communities.

Leveraged funds helped sustain smaller HCC initiatives, brought in built environment changes, and helped expand existing programs and services. One HCC, the Healthy High Desert served as a strong convener across four healthy cities in the High Desert—Adelanto, Apple Valley, Hesperia, and Victorville. St. Mary (Healthy High Desert) had the staff and expertise to apply for competitive grants and cultivate relationships with foundations to leverage additional funds for the Healthy Cities and Communities initiatives in the High Desert region. For example, after receiving a large grant from the Kaiser Foundation to build outdoor exercise equipment in Apple Valley, the Healthy

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Healthy Rialto partners with the United States Tennis Association

Healthy Rialto partnered with the United States Tennis Association (USTA) to provide the tennis equipment necessary for tennis lessons they offer. Rialto offers tennis lessons through an ongoing twice a week program for children under 10 years old. Since July 2013, over 200 children have participated in the tennis program. The tennis rackets and balls the USTA supplied were specifically designed for younger children. Healthy Rialto also implemented a curriculum developed by the USTA that has helped keep the children engaged.



High Desert coordinator was approached by The California Endowment who praised the work that had been done with the funding. When discretionary funds became available, The California Endowment granted the funds to the Healthy High Desert. The funding was split amongst all four HCCs to implement exercise equipment.

Challenges

Healthy Cities and Communities initiatives have experienced great successes in the past couple of years. However, along with those success, many saw challenges in accomplishing their goals, including managing the capacity building of diverse stakeholders and engaging the broader community.

- **Managing capacity building of diverse groups of residents:** Some HCCs experienced challenges with building the capacity of a group of community members with ranging experiences, capacities, and skills. Some community members required more discussion time in order to grasp various advocacy topics. Even though HCCs provided residents with training and advocacy tools, some community members

still felt uncomfortable presenting complex information and advocating for their community's needs.

- **Engaging the broader community:** Several HCCs have not yet engaged the community's voice in planning and implementing their efforts. While they do provide much needed programs and services, they have not provided opportunities for the community to provide their input and feedback. Engaging the community in a meaningful way is important to understanding the community's needs and implementing programs that are aligned with those needs. Engaging the community also opens the door for community buy-in. Bridging the gap between communities and systems is essential to accomplishing systems change where community residents are empowered to advocate for changes in their communities. It is important to note that some of the HCCs that have not yet engaged the community did note that they were planning to engage the community through forums, meetings, and other methods.

“Healthy Cities and Communities work is by nature long-term, both at the state and local level. It takes years to build the relationships and corresponding trust that allow community efforts to take root and be fruitful.

-TWELVE YEARS AND COUNTING:
CALIFORNIA'S EXPERIENCE WITH
A STATEWIDE HEALTHY CITIES
AND COMMUNITIES PROGRAM

Policy

How are HCCs working to change the policy landscape?

Healthy Cities and Communities initiatives in San Bernardino County recognize the importance policies play in shaping the health of families. The majority of HCCs currently partially funded by First 5 San Bernardino have made significant strides in influencing and/or implementing policies that strengthen the health outcomes of their community's families. Across the eight HCCs, the evaluation team identified three different approaches towards policy change: 1) **implementing internal and/or organizational policy changes**, 2) **public policy education**, and 3) **passing public policies related to community health**. This section will focus on the key findings related to these three approaches to policy change.

Internal and organizational policies

Organizational structure and internal policies provide both context and influence in a Healthy Cities and Communities initiative's ability to accomplish its goals and work towards improving community health. As a result, achieving changes in organizational policies and practices, in such a way that community health is promoted, serves as an important outcome

for HCC initiatives. Through our interviews of the eight First 5 San Bernardino-funded HCC initiatives, we found most have engaged in review and/or change of their internal policies, that is, administrative and organizational policies that promote health within a department or organization.

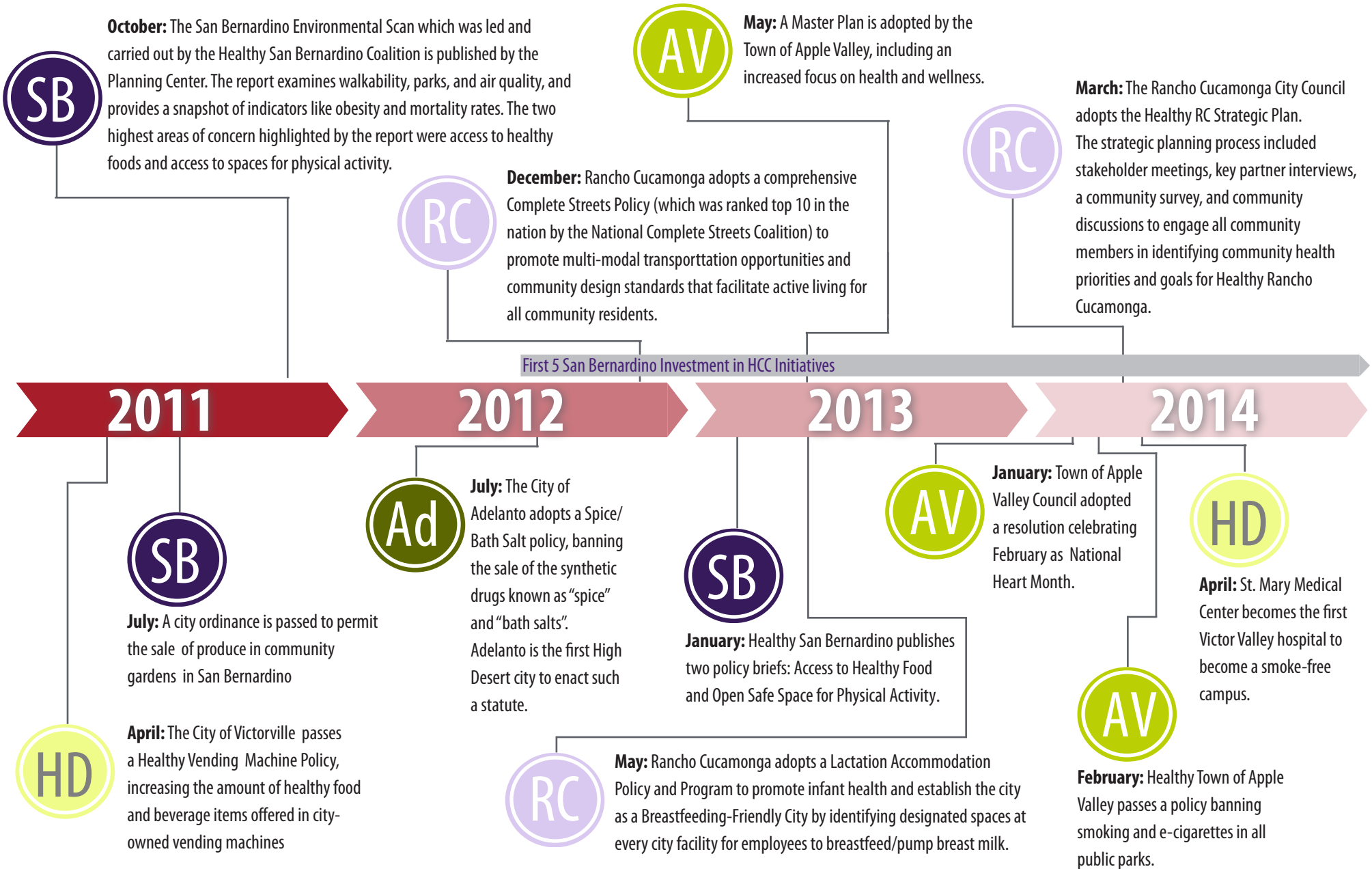
While most of the eight HCC initiatives supported by First 5 San Bernardino have made internal policy changes, their scope and impact vary in two key ways: some HCCs changed internal policies, which broaden the definition of health for staff and key partners, while others made internal administrative changes related to service delivery and improved equity in the community.

Broadening the definition of health:

Various HCCs adopted new internal strategies aimed at improving community health and broadening organizational or departmental understandings of health. For example, Rancho Cucamonga and Hesperia⁵ both implemented, or are in the process of implementing, breastfeeding and lactation policies for their city employees. These policies recognize the importance of a mother's milk for a child's health

⁵ Healthy Hesperia, while not directly funded by First 5 San Bernardino, forms part of the Healthy High Desert regional collaborative.

Policy Events Timeline



and aim to both educate city employees and provide spaces where mothers can breastfeed and/or pump while at work. Rancho Cucamonga also intends to have a “Mothers Room” in each of their city facilities and has been educating other Healthy Cities and Communities on how to make these changes.

Other HCCs have adopted internal strategies that, while may not be written policies, aim to change the internal culture of departments and organizations. Several HCCs noted they have asked their employees not to bring sodas or junk food into the workspace. One interviewee shared, *“I told my division that [they] are not allowed to eat junk food on site. How can we tell residents to eat healthy when [we] have a Big Gulp at [our] desk?”* While these may not be written policies, they have begun to change organizational culture of some HCC initiatives. The sustainability of such changes, however, still remains to be seen.

Administrative policy related to service delivery and improved equity:

Several HCC initiatives also created or changed internal administrative policies which make it easier to provide programs, services, and improve overall equity in their communities. Much of this includes increased organizational

collaboration with other community groups or departments, which was explored in earlier sections of this report.

Many of the internal policy changes related to improved community equity appear to be organic results of the work HCCs are engaged in. That is, administrative changes result from observed needs in the community, desires to impact a specific indicator, and burgeoning relationships. For example, the Healthy San Bernardino Coalition (HSBC) is working specifically with three sites they have identified as community “Health Hubs”. These three sites, Westside Community Garden, Speicher Park, and Waterman Gardens, were selected as Health Hubs because they all have engaged community members interested in changing the health outcomes of their community and also have willing partners determined to make a change in those communities. In 2013, collaboration agreements were signed by HSBC and the three Health Hub partners. The three Health Hubs now serve as core centers and advocacy anchors for physical activity and health education for families with children 0 to 5.

Along with internal policy and programmatic changes to enhance the health of their community, some HCC initiatives have

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Rancho Cucamonga Lactation Accommodation Policy

The city council of the City of Rancho Cucamonga adopted a resolution of the Lactation Accommodation Policy and Program in April 2013. The resolution recognizes the importance of breastfeeding and breast milk for a child’s development. The policy will ensure breastfeeding employees are provided time and a private location to express milk while at work. The policy will also provide breastfeeding education and support and raise community awareness.

This policy has received considerable attention and in the fall of 2013 Healthy Rancho Cucamonga was invited to be a guest speaker and present at the Riverside County Health Coalition’s quarterly general meeting. The presentation, entitled, “The Breastfeeding Friendly City Initiative,” was on Rancho Cucamonga and its Healthy RC Initiative and how it is establishing itself as a breastfeeding friendly city. Participants learned how the City’s lactation accommodation policy is changing systems and the environment to provide lactating employees with educational and environmental support for their breastfeeding goals.

developed or changed trainings and public materials to stress asset-based models and enhance access for communities. For example, Apple Valley has created a “Guide to Healthy Practices” they distribute to coaches in their town. The guide talks about the importance of stretching, drinking water, and provides nutritional snack ideas, among other things.

“Healthy RC and the Breastfeeding Task Force is working on developing a comprehensive awareness campaign to highlight the City of Rancho Cucamonga as a baby-friendly place.”

-Healthy Rancho Cucamonga

Public Policy Education

Besides implementing internal policy changes, HCC initiatives have also engaged in educating the public around specific issues. While this may not be a direct influence on public policy change, strategies to educate the public are efforts that begin to change community narrative around specific health issues. Two key examples of this are policy briefs created by HCCs and needs assessments outlining community needs.

Policy briefs serve as a way for HCC initiatives to take a stand highlighting a specific issue or problem local to the community, educate the public, and provide practical ways in which different stakeholders can address that issue. For example, Healthy San Bernardino published two policy briefs during the 2013-14 fiscal year, *Access to Healthy Food* and *Open Safe Space for Physical Activity*. Both briefs highlight the need in the City of San Bernardino City for more open safe spaces and for better access to healthy food and provide practical ways in which to address the problems.

Healthy High Desert has also created policy briefs with a regional focus, educating the

public about issues affecting the High Desert Region and providing practical ways to address them.

Similarly, several HCCs have conducted environmental scans or needs assessments as an effort to better understand the needs of their communities. The findings of such endeavors are often shared publically with community members, service providers, and other stakeholders.

Lastly, HCCs are creating other ways in which to educate the public about policies being implemented or explored. For example, Healthy Rancho Cucamonga has ensured their city facilities have reading materials related to their policies being implemented, including the Lactation Accommodation Policy.

External Policies

HCC initiatives recognize that public policy can play a considerable role in shaping the health of populations. For HCCs, influencing public policy to promote community health is often an important goal and an important outcome of their activities. While there have been many efforts across the HCC initiatives

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Healthy Apple Valley Healthy Menu Policy

In Healthy Apple Valley a Healthy Menu Policy for all Pee Wee and Hot Shots Sports programs was approved by the Parks and Recreation Commission in the fall of 2013. This policy requires that food and beverages served at Town of Apple Valley Pee Wee and Hot Shot parties include grains, dairy and fruit and minimize excess calories and sugar levels. The policy will reduce the grams of sugar from 27 to 12.5 per serving at sports team parties.



to change public policy, this section will focus on highlighting efforts that occurred in the last two years – since the investment of First 5 San Bernardino. We understand public policies as policy decisions or appropriations made by an elected body of government. They are distinguished from administrative actions/policies within public institutions, which were addressed earlier in this section.

Only some communities identified policy change, of any kind, as an explicit goal of the effort at either the time the First 5 San Bernardino investment was received or at the time their action plan was developed. But most communities have seen and/or directly contributed to public policies being adopted in various arenas, mostly having to do with the reprioritization of services and broadening the understanding of health in their community. As of June 2014, five out of the eight funded initiatives have or are in the process of implementing a public policy, those include Rancho Cucamonga, Apple Valley, Adelanto, Healthy High Desert, and Healthy San Bernardino.

A number of policies have focused on curbing harmful behaviors such as smoking in public spaces and addressing drug problems. For example, in 2012 the City of Adelanto passed an ordinance banning the sale of synthetic drugs

known as “spice” and “bath salts”. Adelanto was the first city in the region to do this and currently other HCC initiatives (especially those in the High Desert) are looking to adopt similar policies. Additionally, Healthy Apple Valley has passed a no smoking in the parks policy, which other HCC initiatives are also currently considering.

Other public policies have focused on increasing access to healthy food. For example, both Healthy Rancho Cucamonga and Healthy Victorville have passed healthy vending machine policies, which requires city vending machine vendors to provide a certain percentage of healthy options. Several other initiatives, including Healthy Muscoy, Healthy San Bernardino, and Healthy Hesperia are also currently looking at a vending machine policy and working towards improving vending machine options in their communities.

Additionally, Healthy Rancho Cucamonga has been working with local restaurants to increase access to healthy food for its residents. Their Healthy RC Dining Program partners with restaurants in the city and highlights restaurants that offer and encourage healthy dining options for children and adults. The program is free to all restaurants, who also receive free dietician consultation and free advertisement through the Healthy Rancho Cucamonga website and mobile application.

Challenges

As with any policy changes, either internally oriented or externally oriented, there are challenges each of the initiatives have faced. Overall, HCC initiatives have experienced two key challenges, stakeholder buy-in and sustainability of policies.

- Stakeholder buy-in:** Buy-in of stakeholders is important to both planning and implementing policy change. For many of the HCC initiatives local stakeholders include vendors, and local decision makers, including department managers, and the public. While stakeholder buy-in is generally important, several HCCs expressed that having stakeholders at the table has also allowed them to address the city bureaucracy they often face in trying to pass policies.
- Sustainability of policies:** While this was not a main concern of most HCCs that have passed policies, several initiatives highlighted concerns over the sustainability of such policies. While most recognize the role policies place in changing the culture of communities to be more health oriented, several noted that policies alone

will not be sustainable and so they must be accompanied by continued actions. It will be important for initiatives to identify ways to evaluate the sustainability and impact such policies have had on their communities.



Built Environment

How are HCCs working to change the built environment?

Local built environments – that is, surroundings that are human made or modified such as buildings, roads, parks, residential and commercial buildings, food sources, and physical activity venues^x – can have a great impact on the health, well-being, and development of young children and families. In the past years, much public health research has been conducted on the effects a community's built environment has on people's health and life outcomes and linkages between the two are well established.^{xi xii xiii} Consequently, a key tenant of HCC initiatives is to ensure that the built environment is conducive to positive health outcomes for community members.

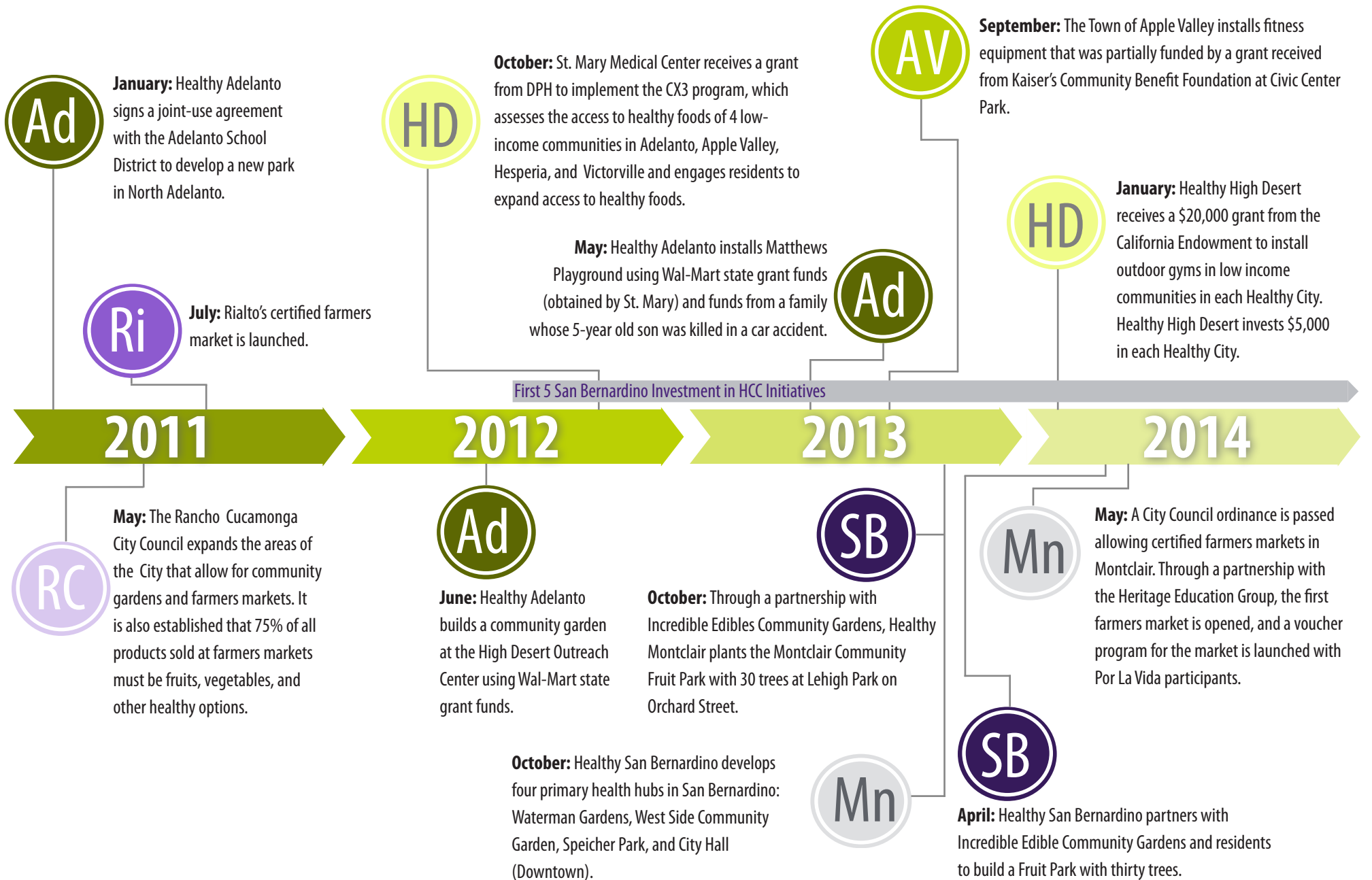
First 5 San Bernardino-supported HCC initiatives have made significant strides in adapting the built environment to better support health. It is important to recognize that built environment changes often require longer time frames than one or two years to achieve. Given the diversity of environments within San Bernardino County, it is not surprising that we observed a diverse number of strategies across communities. However, the evaluation team identified two key strategies HCC initiatives are utilizing to address built environment issues:

- **Short-term/temporary solutions** to address a community need, such as farmers markets; and,
- **Long-term/permanent changes** such as recreation and fitness facilities.

Short-term and responsive solutions

HCC initiatives have developed solutions to address emergent community needs, such as the lack of access to healthy food. For example, farmers markets were created or expanded across the majority of the HCC initiatives supported by First 5 San Bernardino in order to provide communities with more accessible healthy food options. Most of these changes were implemented after internal strategic planning and input from community members. Decisions to incorporate these types of built environment changes were mostly executed by government personnel (e.g., the mayor, city council members), city departments (e.g., Parks and Recreation), and HCC coalitions. This may be in part due to the fact that these types of changes often require zoning exemptions, special permits, or other civil code requirements to enact. While community

Built Environment Timeline



members provided input and played key roles at various stages of the implementation process, city government was critical to implementation of changes. For example, members of Healthy Rancho Cucamonga conducted a series of needs assessment activities. Community members were asked to talk about the aspects of their community that made it difficult to maintain a healthy lifestyle and to offer suggestions for eliminating those barriers. Community members provided ideas, such as farmers markets and community gardens, and the support of city staff within Healthy Rancho Cucamonga allowed for these ideas to be implemented.

Permanent changes to the built environment

More permanent built environmental changes, such as recreation and fitness facilities, fruit parks, and bike lanes, required research, strategic planning, input from the community and, a funding source.

Most HCCs reported that built environmental changes were the result of an iterative dialogue between the community and HCC initiative. For example, in Healthy Victorville, a council member held a community meeting in Spanish to discuss street safety and the availability of

parks and playgrounds. Community members expressed the need for easier access to playgrounds due to limited safety on the streets and gang activity surrounding parks. The city then researched and identified locations for new playgrounds and held community forums to engage the community in finalizing those decisions. Similarly, Healthy San Bernardino conducted surveys with community members to better understand the impact a fruit park would have on local residents. They also invited homeless community members (who call the park home) to provide input on what they wanted to see in their park. Ultimately, homeless community members partook in the building of the fruit park where they planted 30 fruit trees.

HCC initiatives, such as Healthy Hesperia and Healthy Victorville (both part of the Healthy High Desert coalition) have utilized local data to decide where to best place outdoor exercise equipment. Healthy High Desert received a grant from The California Endowment for park equipment, which was divided among four of the region's initiatives. Healthy Montclair engaged in a similar process for their fruit park, pictured here, and Healthy Muscoy and Healthy San Bernardino have also both utilized local data to identify where to locate



Montclair Community Fruit Park Dedication - Photos and graphics obtained from Healthy Montclair Website.

their Health Hubs. By utilizing strategic planning, research, and communication with the community throughout this process, HCC initiatives have successfully made or begun environmental changes that promote the health of its community members.

Environmental changes often support other types of health-related activities as well, including education and access to the resources. In some cases educational opportunities were extended to children through school programs where lessons were paired with hands-on activities such as planting in the community garden or tending the fruit parks.

In Healthy Apple Valley, one representative noted,

“We also have a school garden and it happens to be right next to the park so, we can open the garden the same day the van [‘VANtastic’, which provides physical activities for children] comes for the families...In the same hour families can get food and can have their kids play...I am trying to build parent capacity through the garden.”

By strategically placing the garden in a park and opening it when there is programming for children, families have access to resources that promote healthy eating and exercising practices.



Healthy Appley Valley’s VANtastic program provides physical activities for children.

Photos obtained from the Appley Valley Review website.

Challenges

The process of creating changes in the built environment is complex and lengthy. However, the health benefits and effects on the community can be long lasting, and are less costly than problems associated with poor health.

While not specifically described as challenging, the process of implementing built environmental changes is an extensive one with many components. Specifically, the process usually requires financial resources for equipment and/or land, identification of a location in the community that meets zoning requirements and is also accessible to community members, and identification of funding sources to sustain it over time. For example, Healthy Muscoy successfully identified a location for their fruit park, incorporated the input of community members, and had the financial resources to put in the park. However, they also had to identify resources and methods to sustain the park.

Environmental changes also require outreach and marketing to ensure the community is aware of the resource and understands how to best utilize it.

Education/outreach and linking new resources to existing systems in the community have helped HCCs create awareness of these resources. For example in Rialto, parents that participate in a nutrition educational program not only learn to identify healthy practices, but they are also taken to the farmers market to see how they can use this community resource to access affordable, healthy foods. In addition, adapting WIC payments so they can be used for farmers market purchases not only enhances access to healthy foods for community members, but also increases awareness, utilization and ultimately sustainability of the farmers market itself.

As described by a Rialto HCC member, *“We have 11 vendors and an information table where we promote our program and let them know what we do... We will be working with the county to give them money [e.g., WIC] to buy from the farmers market. Another thing is the Yummy for my Tummy [a First 5 California educational program on building healthy eating practices] participants go to the farmers market... There was no farmers market before, they had tried to do one, but it did not work until now... We needed a farmers market and created one.”*

Many of the HCCs have reported progress and positive impact of both short- and long-term changes to the built environment. As a result, HCCs are actively pursuing funding (mostly in the form of grants) to add more environmental changes or are already in the planning processes for implementing specific changes.



Conclusions & Implications

What implications does this evaluation have for future investment in HCC for the First 5 San Bernardino Commission?

This “systems” focused evaluation of First 5 San Bernardino’s investment in the Healthy Cities and Communities highlights the progress communities have made in the areas of integrated systems, policy, and built environment that are important components to improving the health and well-being of community members. It is well established that where one lives affects *the way* one lives.^{xiv xv} Families can’t make healthy decisions if healthy options are not available to them. Implementing change through the broader lens of policy, systems, and environment can make healthier options real and feasible for more community members than a family by family or resident by resident approach to change. Specifically:

- **Integrating systems** is of critical importance because it creates intentional links among agencies for the purpose of improving the health of a community. Communities that have a connected and coordinated web of programs and services will produce better health outcomes for its community members.^{xvi} Furthermore, integrating systems recognizes the impact various social and economic factors (such as access to resources and the built environment) have in shaping individual and community health.
- **Policy** can greatly impact the health of a community. Day-to-day decisions people make about their health are highly

influenced by local, state, and federal policies in the workplace, schools, and within local organizations that serve them. HCC initiatives seeking to address policy changes can impact community member’s everyday choices, address allocation of resources in their community, improve service delivery and increase health equity in their community.

- **Built environment** changes can address both immediate and long term needs of communities – from farmers markets that increase access to healthy food to new parks and bike lanes which make it more feasible for community members to be active.

The following observations are offered as a starting point for the Commission to consider future investments in Healthy Cities and Communities.

- **HCCs with strong support and champions within local government are able to effect change more quickly across the board than those HCCs without such support.** As First 5 San Bernardino considers future investments in HCC, it may be useful to assess the demonstrable level of city support available to the HCC (not just letters of support). HCCs with strong support can be expected to achieve more ambitious goals than those with less

support. In turn, HCCs that lack strong city support could greatly benefit from assistance garnering that support. First 5 San Bernardino could use their funding as leverage to increase the direct involvement and commitment of city/local government in these efforts.

- **HCCs are embedded within complex systems and subsequently are not easily evaluated.** This makes it difficult to monitor progress and tell the story of what is being achieved with HCC. Few HCCs have devoted any resources to evaluation of their efforts; although some HCCs have conducted “program” evaluation of specific activities or services offered. This lack of evaluation makes it difficult to demonstrate the value of continued local support of HCCs (financial or political), limits the HCC’s ability to seek outside funding (especially from national sources), and leaves HCCs operating in the dark about the progress that has been made to date. The Commission may want to consider providing funding aimed at evaluation of HCC efforts at both the local and county level. This is an important step in ensuring the sustainability of these efforts over the long term.

- **Some HCCs need support engaging their communities and residents in the planning process.** HCCs that lack this could greatly benefit from funding and support specifically targeted for this purpose. The Commission may want to consider funding to support the development of community engagement for HCCs that could benefit from strengthening this component. Initiatives with stronger levels of community engagement in planning and implementation have higher levels of community buy-in and subsequently, impact.
- **HCCs could benefit from strengthening collaboration and integration among themselves.** Some coordinated work has already begun, such as the Healthy High Desert Conferences that bring together HCCs to learn from each other. HCCs can further their work by coordinating county-wide strategies, policies and messaging to achieve collective impact across communities. HCCs can also learn best practices from one other. For example, Healthy Muscoy is currently engaged with local public officials to discuss the implementation of a career pathway program focused on

health and urban agriculture in Muscoy public schools. They hope it can serve as a demonstration site and model best practices for the entire district. The Commission may want to consider how their funding could be leveraged to provide a mechanism for integration across HCCs. This would likely be most effective in collaboration with Department of Public Health, which currently functions as the convener of quarterly meetings involving all HCCs countywide.

- **HCCs could benefit from more explicit alignment with other countywide efforts to improve health and well-being.** This includes the Countywide Vision and Community Vital Signs. In order to foster a collective impact mindset, HCC members may want to participate in other workgroups and steering committees where the opportunities to align and coordinate work occur. Having the time and resources to allocate to attending additional meetings and workgroups presents a barrier to many HCCs. The Commission may want to consider how their funds could be used to leverage HCC involvement and engagement in other community improvement efforts both at the county and local levels.

“I would love to see us working together on common goals and pushing the region together. For example, having subcommittees on community gardens [and] complete streets”

- Healthy Rancho Cucamonga



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Appendix A: Activities and Accomplishments of HCCs

The following timelines outline significant activities and accomplishments of each HCC and are organized alphabetically. Activities and accomplishments include HCC establishment dates, programs and services, policies, and built environment changes. Information and data was gathered from staff interviews with HCCs and through additional documents, and was then reviewed with HCC staff through email and phone. It is important to note that timelines may not include all activities and accomplishments achieved by HCCs.



Healthy Adelanto



Date	Activity/Accomplishment
2006	Healthy Adelanto is established by the City of Adelanto.
January 2011	Healthy Adelanto signs a joint-use agreement with the Adelanto School District to develop a new park in North Adelanto.
July 2012	The City of Adelanto adopts a Spice/Bath Salt policy, banning the sale of synthetic drugs known as “spice” and “bath salts”. Adelanto is the first High Desert city to enact such a statute.
May 2013	Healthy Adelanto installs Matthews Playground using Wal-Mart state grant funds (obtained by St. Mary) and funds from a family whose 5-year old son was killed in a car accident.
June 2013	Healthy Adelanto builds a community garden at the High Desert Outreach Center using Wal-Mart state grant funds.
July 2013	Healthy Adelanto receives funding from First 5 San Bernardino and is re-established through the High Desert Outreach Center.
October 2013	The 1st cohort of families participating in nutrition and gardening classes graduates Healthy Adelanto’s 4-week program. The High Desert Outreach Center continues to offer year-round classes on nutrition, gardening, and cooking.
January 2014- Present	Cohorts of families continue to receive classes on nutrition, gardening, and cooking at the High Desert Outreach Center.



Healthy Town of Apple Valley



Date	Activity/Accomplishment
June 2009	Healthy Apple Valley is established by the Town's Park and Recreation Department to combat childhood obesity and undernourishment. The Town receives funding from the San Bernardino County Department of Public Health to help launch the HCC initiative.
September 2009	Healthy Apple Valley partners with Apple Valley School District.
May 2010	Healthy Apple Valley hosts a Health Expo to educate community members about the resources available to them.
June 2010- Present	Healthy Eating Active Living (HEAL) Workshops are established and offered through a partnership with St. Mary Medical Center. Workshops are offered on a quarterly basis.
February 2012	Healthy Apple Valley hosts 1st Annual Heart Games (originally referred to as the American Heart Association Heart Chase event). Over 130 residents participated in this family-style Olympics event.
July 2012	Healthy Apple Valley receives funding from First 5 San Bernardino to continue and expand its efforts.
November 2012	Healthy Apple Valley begins serving private day cares and preschools through the VANTastic! Mobile Play Van. The VANTastic! Program is now being recognized by other cities and agencies.
February 2013	Healthy Apple Valley hosts 2nd Annual Heart Games and serves over 150 participants.
May 2013	A Master Plan is adopted by the Town of Apple Valley, including an increased focus on health and wellness.
July 2013	Apple Valley receives funding from Kaisers Community Benefit to expand the VANTastic! Mobile Play Van, allowing the program to travel to low income neighborhood parks.
September 2013	The Town of Apple Valley installs fitness equipment that was partially funded by a grant received from Kaiser's Community Benefit Foundation at Civic Center Park.
October 2013	Apple Valley Parks and Recreation adopts a Healthy Menu Policy for all Pee Wee and Hot Shots Sports programs, requiring healthy food and beverages to be served at all sporting events.
January 2014	Town of Apple Valley Council adopted a resolution celebrating February as National Heart Month.
February 2014	Healthy Apple Valley hosts 3rd Annual Heart Games, promoting health and wellness to over 130 participants. The Town Council also passes a resolution naming February Heart Month.
February 2014	Healthy Town of Apple Valley passes a policy banning smoking and e-cigarettes in all public parks.



Date	Activity/Accomplishment
February 2009	Healthy High Desert is a regional collaborative formed by St. Mary Medical Center with support of San Bernardino County's Healthy Communities program. Current members of the collaborative include: Adelanto, Apple Valley, Barstow, Hesperia, Snowline, and Victorville.
July 2009	The Healthy4Life program, a child/family obesity program created by St. Mary Medical Center, is piloted at Apple Valley Head Start. Teachers are trained to use SPARK and Color Me Healthy materials in the classroom. St. Mary Medical Center decides to use a Registered Dietitian to provide parents nutrition counseling to improve the program.
May 2010	St. Mary's Hospital begins sponsorship of local fitness and running events including those started by Healthy Apple Valley and Healthy Victorville. Other hospitals follow suit and local nonprofits begin using fitness events as a program fundraiser.
June 2010	Healthy High Desert receives funding from First 5 San Bernardino to continue and expand its efforts.
April 2011	The City of Victorville passes a Healthy Vending Machine Policy, increasing the amount of healthy food and beverage items offered in city-owned vending machines.
June 2011	Healthy High Desert's Healthy4Life program is expanded high desert-wide serving a total of 17 classrooms through the County Preschool Department and state-run pre-schools. The program surpasses 10% BMI reduction in children ages 2-5 years old.
October 2012	St. Mary Medical Center receives a grant from the San Bernardino County Department of Public Health to implement the CX3 program, which assesses the access to healthy foods of 4 low-income communities in Adelanto, Apple Valley, Hesperia, and Victorville and engages residents to expand access to healthy foods.
April 2013	Healthy High Desert sponsors and hosts the first annual Health Summit, which convenes all HCCs in the county, and releases health policy maps on retail food environment and active transportation.
January 2014	Healthy High Desert receives a \$20,000 grant from the California Endowment to install outdoor gyms in low income communities in each Healthy City. Healthy High Desert invests \$5,000 in each Healthy City.
April 2014	St. Mary Medical Center becomes the first Victor Valley hospital to become a smoke-free campus.
April 2014	The San Bernardino County Preschool Department (PSD) implements Healthy4Life, a child/family obesity program created by St. Mary Medical Center. PSD teaches staff to use Spark and Color ME Healthy and conducts BMI measures across all children. All 2- 5 year old children in the High Desert with elevated BMI values are referred to hospital's Registered Dietician for medical nutrition counseling.
September 2014	Healthy High Desert hosts its 2nd annual Health Summit, where maps and data around the retail food environment in the county are presented.



Date	Activity/Accomplishment
June 1998	Healthy Montclair is established by the Montclair Community Collaborative through a strategic planning process by the City's Human Services Department.
May 1998	Por La Vida (PLV), a health promotion program aimed to strengthen and promote health and well-being in the Latino community, is launched by Healthy Montclair. PLV trains Montclair Latina women to become health promoters (consejeras) that present and promote health information to the community.
July 2012	Healthy Montclair receives funding from First 5 San Bernardino to continue and expand its work improving access to physical activity, nutritious food (e.g., fruit parks and farmers markets), and healthcare.
July 2012	Healthy Montclair develops GIS maps detailing alcohol/tobacco density, green space, social needs index, health services, and retail food environment index. The maps highlight a lack of healthy eating options in the city.
July 2012	The We CARE Coalition—a partnership between Upland, Ontario, and Montclair—is launched with regular meetings including community agencies from all three cities.
July 2013	Throughout the summer, Healthy Montclair receives feedback from the community on the proposed Fruit Park through community meetings and door-to-door surveys.
October 2013	Through a partnership with Incredible Edibles Community Gardens, Healthy Montclair plants the Montclair Community Fruit Park with 30 trees at Lehigh Park on Orchard Street.
October 2013- Present	Healthy Montclair hosts monthly coalition meetings five times a year.
March 2014	Healthy Montclair conducts a needs assessment for the city to present at the county-wide Health Summit in June. The assessment included key informant interviews and focus groups with community members.
May 2014	A city council ordinance is passed allowing certified farmers markets in Montclair. Through a partnership with the Heritage Education Group, the first farmers market is opened, and a voucher program for the market is launched with Por La Vida participants.
July 2014	Incredible Edibles Community Gardens receives an award from SANBAG for the Montclair Community Fruit Park.
2014- Present	With help from First 5 San Bernardino funding, Healthy Montclair continues to train health promoters and provide nutrition and health education classes through Por La Vida (PLV).

Date	Activity/Accomplishment
2011	Healthy Muscoy is founded by the Latino Health Collaborative and Reach Out to address health disparities and combat childhood obesity.
September 2012	Healthy Muscoy secures funding from the San Bernardino Department of Public Health to continue and expand its HCC efforts.
October 2012	Healthy Muscoy cultivates relationships with local leaders from the County and School District.
April 2013	Healthy Muscoy hosts the First Healthy Muscoy Festival. Over 1,000 residents attended and participants received essential health services such as dental care and health screenings.
June 2013	The Latino Health Collaborative begins convening Healthy Muscoy Collaborative meetings with community members. Several committees are created including a planning committee and a community engagement committee.
July 2013	Healthy Muscoy receives funding from First 5 San Bernardino to continue and expand its work.
September 2013	Healthy Muscoy's Community Engagement committee hosted two community asset mapping sessions, which indicated the high need for healthier and affordable food retail outlets, the scarcity of local medical services, and the lack of recreational space.
October 2013	Healthy Muscoy hosts a visioning session with the community through a convivio comunitario/community gathering. Community members created collages of what their ideal Muscoy would look like and through this process the community prioritized access to healthy foods and safe open spaces.
December 2013	Healthy Muscoy hosts a winter gathering, a Posada Navideña holiday celebration, to inaugurate the Striders program starting in Muscoy. Over 800 toys were distributed to families and Supervisor Gonzales and Assemblymember Cheryl Brown attended the event.
January 2014	The Healthy Muscoy Planning Committee secures a contract with the Arrowhead Regional Medical Center (ARMC) to provide monthly visits to Muscoy residents through a mobile unit. Since January, the ARMC mobile unit has offered clinical health services for the uninsured at Muscoy and Vermont Elementary schools.
April 2014	Healthy Muscoy hosts the 2nd Annual Healthy Muscoy Festival. Over 700 residents attended the event and participated in health awareness and educational activities.
2014- Present	Healthy Muscoy hosts ongoing collaborative meetings with community members at local schools and at the Baker Learning Center.



Healthy Rancho Cucamonga



Date	Activity/Accomplishment
2008	Healthy Rancho Cucamonga is established by the City Council in March in response to growing concerns about obesity, diabetes, and other health problems. The city also receives support and funding from San Bernardino County in April to assist in launching the Healthy Cities initiative.
January 2009	The Healthy RC Executive Committee is developed consisting of policy and decision-makers from the City of Rancho Cucamonga, healthcare, community-based organizations, businesses, local government, and education to identify strategic opportunities and develop a Health-In-All-Policies approach to creating a culture of health in Rancho Cucamonga.
January 2009	The Healthy RC Dining Program is launched to encourage healthy eating by working with restaurants to identify and promote healthy menu options and establishments offering healthy items. Over 16 restaurants have joined the program.
January 2010	Healthy RC Steering Committee is developed with diverse members representing businesses, residents, families, youth, community-based organizations, education, healthcare, and faith-based organizations to implement health policies and programs.
April 2010	Healthy RC Kids partners with the County of San Bernardino to implement a Safe Routes to School program at three schools in Southwest Cucamonga.
May 2010	Rancho Cucamonga's General Plan is updated to include health as the overarching theme and establishing a Health-in-All-Policies framework for the city.
July 2010	Rancho Cucamonga launches the Cocinando Amigos Saludables y Alegres (C.A.S.A.) program – a bilingual healthy eating/cooking program to educate and support Latino families in the Southwestern area of the City to prepare traditional food that is healthier and more nutritious, as a strategy to prevent diabetes and obesity.
October 2010	Healthy RC establishes "Campeones para la Comunidad" (Community Champions), a leadership development and advocacy program designed to equip residents with the skills they need to meaningfully participate in the policy-making process and build their capacity to promote health.
May 2011	The Rancho Cucamonga City Council expands the areas of the city that allow for community gardens and farmer's markets. It is also established that 75% of all products sold at farmers markets must be fruits, vegetables, and other healthy options.
July 2011	Healthy Rancho Cucamonga receives a United Way grant to implement Bringing Health Home, a program that provides matching dollar subsidies of up to \$50 per month for residents to purchase healthy food at farmer's markets.
July 2012	Healthy Rancho Cucamonga receives First 5 San Bernardino funding to develop and implement strategies, policies, procedures, and programs to increase community health and wellness including families with children 0-5 and pregnant women in Rancho Cucamonga.
August 2012	The city adopts the Healthy Food and Beverage Policy, which requires 50 percent of items (i.e., food and beverages) sold and served at City facilities to meet nutrition standards established by the federal "Dietary Guidelines for Americans." A toolkit is developed for partner organizations to adopt similar healthy vending food and beverage policies.

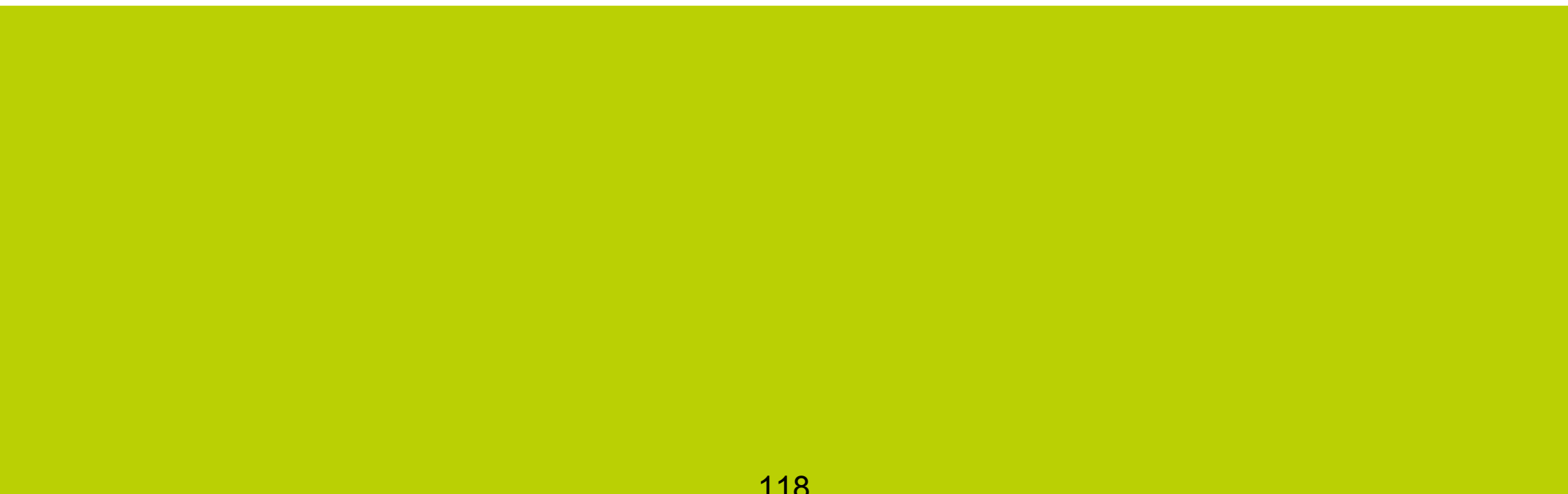
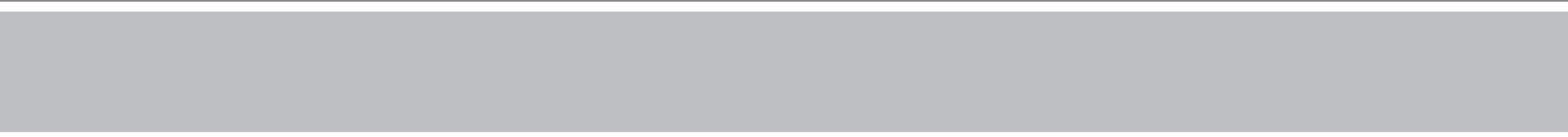
Date	Activity/Accomplishment
October 2012	Healthy RC partners with San Antonio Community Hospital and a registered dietician to expand The Healthy RC Dining Program and include healthy menu options at all participating restaurants for children 0-5. Healthy RC creates a promotional campaign to increase recognition of participating businesses.
December 2012	Rancho Cucamonga adopts a comprehensive Complete Streets Policy (which was ranked top 10 in the nation by the National Complete Streets Coalition) to promote multi-modal transportation opportunities and community design standards that facilitate active living for all community residents.
January 2013	Nine community-based organizations are awarded partnership support incentives to implement strategies to expand and enhance healthier lifestyles for families with children 0-5 in Rancho Cucamonga.
May 2013	Rancho Cucamonga adopts a Lactation Accommodation Policy and Program to promote infant health and establish the City as a Breastfeeding-Friendly City by identifying designated spaces at every city facility for employees to breastfeed/pump breast milk.
May 2013	Healthy RC implements a vending machine stocked with healthy snacks, drinks, and supplies geared for families with children 0-5. The vending machine is wrapped with custom Healthy RC graphical elements and a "Chose Health" campaign is developed to promote the importance of making a healthier choice and increase campaign awareness.
March 2014	The Rancho Cucamonga City Council adopts the Healthy RC Strategic Plan. The strategic planning process included stakeholder meetings, key partner interviews, a community survey, and community discussions to engage all community members in identifying community health priorities and goals for Healthy RC.

Date	Activity/Accomplishment
August 2007	The City of Rialto hosts the first Healthy Rialto Planning Meeting, co-sponsored by the County of San Bernardino and the Lewis Operating Corporation. Over 100 residents attended.
March 2008	Beginning in 2008, Healthy Rialto's Walking Fit Group members engaged in walking up to 3 miles or constant walking for one hour, every Saturday morning during a 6-month program.
April 2008	The city receives a Healthy Communities Program Grant from the San Bernardino County Department of Public Health to expand its HCC initiative.
September 2008	The city officially launches Healthy Rialto at the City of Rialto Family Festival.
July 2010	Healthy Rialto launches Fit4Kids Program to address childhood obesity. Children ages 7- 14 years old and their parents receive education and hands-on training in the areas of health, nutrition, and physical fitness. For each of the four 12-week sessions offered every year, up to 80 children are admitted into the program.
July 2011	Rialto's certified farmers market is launched.
July 2013	Healthy Rialto receives funding from First 5 San Bernardino to continue and expand its efforts.
July 2013	Healthy Rialto offers Tennis Lessons to children 10 years and under. Since its implementation, the program has served about 200 children.
August 2013	Healthy Rialto hosts 3rd Annual Biking for Healthy Lifestyles Fundraiser (City of Rialto Bike Rodeo) at City Hall.
September 2013	Senior farmers market program distributes senior coupons to senior citizen residents of Rialto.
October 2013	Healthy Rialto launches two First 5 initiatives for children 0- 5 years old—"Little Big One's Boot Camp" and an 8-week "Little Ballers" Kids Basketball program.
December 2013	Healthy Rialto launches the First 5 California "Healthy Yummy for my Tummy" program for children ages 3- 5.
2014- Present	Healthy Rialto hosts quarterly coalition meetings with community members to discuss and plan Healthy Rialto projects.



Date	Activity/Accomplishment
2008	Healthy San Bernardino is established by the City of San Bernardino’s Mayor’s Office and receives a \$20,000 grant from the San Bernardino Department of Public Health to expand its HCC initiative.
January 2010	The Latino Health Collaborative (LHC) convenes the Healthy San Bernardino Coalition and begins to co-lead Healthy San Bernardino with the city.
June 2010	The first visioning session for the Healthy San Bernardino Coalition is held and three workgroups are formed focusing on access to healthy food, policy, and education.
July 2011	A city ordinance is passed to permit the sale of produce in community gardens in San Bernardino.
October 2011	The San Bernardino Environmental Scan is published. The report examines walkability, parks, and air quality, and provides a snapshot of indicators like obesity and mortality rates. The two highest areas of concern highlighted by the report were access to healthy foods and access to spaces for physical activity. The report was led and carried out by the Healthy San Bernardino Coalition and written and prepared by The Planning Center DC&E.
July 2012	Healthy San Bernardino receives funding from First 5 San Bernardino to continue and expand its efforts.
July 2012	Healthy San Bernardino hosts a re-visioning session prioritizing access to healthy food and safe spaces for physical activity.
October 2012	Healthy San Bernardino launches the Striders Wellness Program, a health education and advocacy program for community members.
January 2013	Healthy San Bernardino publishes two policy briefs: Access to Healthy Food and Open Safe Space for Physical Activity.
January 2013	Healthy San Bernardino establishes a partnership with San Bernardino City Unified School District leadership.
June 2013	The Green Policy Council is formed to support the sustainability of green infrastructure in San Bernardino.
July 2013	Healthy San Bernardino establishes a formal partnership with El Sol promotores (health promoters) to support Striders Wellness Program and other Healthy San Bernardino efforts.
October 2013	Healthy San Bernardino develops four primary health hubs in San Bernardino: Waterman Gardens, West Side Community Garden, Speicher Park, and City Hall (Downtown).
October 2013	Healthy San Bernardino partners with the Old Grove Farm Share to initiate the Food Access Initiative (FAI) and the Fresh Start Farmshare Farmer’s Market program. Partners of the Farmshare Market program include the Department of Public Health, Helping Hands, Loma Linda University, Hope through Housing, the Native American Resource Center, and various Zumba and Yoga partners.
October 2013	The Striders Wellness Program engages over 150 residents in a kick-off Zumba classes. There are currently 8 Striders groups with about 25- 40 participants in each group. Striders’ participants attend wellness educational classes monthly at various locations throughout the city.
February 2014	San Bernardino City Unified School District adopts Strategy 9: Health, Safety, & Wellness to their district-wide community engagement plan. This was a recommendation made by the Healthy San Bernardino Coalition leadership team as they did not see a clear link between Healthy San Bernardino and the other 8 strategies.

Date	Activity/Accomplishment
April 2014	Healthy San Bernardino partners with Incredible Edible Community Gardens and residents to build a fruit park with thirty trees.
July 2014	The Latino Health Collaborative develops an extensive partnership with the Department of Parks and Recreation.
October 2014	WIC and SNAP (CalFresh) are authorized and approved to be used by the Food Access Initiative through Fresh Start Farmshare Market program.
2014- Present	Healthy San Bernardino Coalition members meet monthly at city hall. The meetings include a “Community Corner” to highlight community member’s experiences and input.





**AGENDA ITEM 9
MARCH 4, 2015**

Subject	"Help Me Grow" - Presentation and Information
Recommendations	Receive Information on "Help Me Grow" (HMG) Initiative (Presenter: Ronnie Thomas, Staff Analyst II, (909)252-4255)
Background Information	<p>In 2012 First 5 San Bernardino applied to and was approved to become a Help Me Grow "Learning Community". The application outlined specific goals that support the HMG model and core components that satisfy the statewide effort. What determines a successful "Learning Community" is if the county can demonstrate the ability to implement the core components of the HMG model as determined by the specific state effort.</p> <p>Help Me Grow is a system change strategy focused on promoting all children's optimal healthy development. It integrates child health, early care and education, and family support services.</p> <p>The Help Me Grow (HMG) National Technical Assistance Center was awarded funds through the W.K. Kellogg Foundation to replicate Help Me Grow systems across the states. The mission of the Help Me Grow Technical Assistance Center is to enable and support the building of HMG systems across the country so that states can implement effective, universal, early surveillance and screening for all children and link those at risk for developmental and behavioral problems to appropriate programs and services. The National HMG Center envisions a future in which all states have comprehensive HMG systems in place so that:</p> <ol style="list-style-type: none">1. Families have knowledge of and easy access to a statewide system that supports them in learning about their children's developmental needs and connecting to appropriate services.2. Child health care, early care and education, and human services providers have the knowledge, skills and resources to identify children at risk for developmental and behavioral problems early and can partner effectively with families to promote children's health development.3. Public officials and other key stakeholders understand the gaps in available support and services and know how to ensure adequate capacity to meet the needs of children and families. <p>The role of care coordination in accessing services within and across sectors is emphasized in the Help Me Grow approach. Help Me Grow provides linkage to a rich array of community-based programs and services important for children at risk, while also referring eligible children to more intensive services. The rich array of community-based programs and services captured in the HMG resource inventory is a critical asset in this work. Help Me Grow serves as an approach to strengthening the effectiveness of child health practices as medical homes.</p> <p>The goal of the HMG Learning Community, which is a preliminary requirement, is to provide an opportunity for interested counties or regional consortia to learn about the HMG system including the structural requirements and four program components.</p>

In 2011, in addition to the First 5 San Bernardino SART system of care, First 5 San Bernardino initiated a countywide effort to provide access to developmental and social emotional health screenings to every child who accessed our programs. As a result, providers through a variety of strategies work in collaboration to best meet the needs of each child and their family.

Since being approved as an HMG Learning Community, First 5 San Bernardino has demonstrated an understanding of the HMG system. First 5 San Bernardino is now initiating plans to incorporate and integrate the four core components to reflect fidelity to the model as an HMG Affiliate. On February 27, 2015, First 5 San Bernardino applied to become an HMG Affiliate, to serve as the lead in San Bernardino County. Approval of this application will allow First 5 to select and use one or more local partners to plan, develop, and implement the HMG system of early developmental screening, surveillance and intervention for all 0-5 children and their families.

In addition, an HMG Affiliate provides administrative and fiscal oversight and initially helps identify and coordinate partners into a leadership team or steering committee that will guide the HMG system as it evolves. As the roles of each partner are defined, the responsibility for administrative and fiscal oversight may change, but having a stable administrative "home" is essential for system sustainability over the long term.

Help Me Grow is currently being replicated in 17 states with the intent to promote the development and expansion of a national network to all 50 states. In San Bernardino County, we hope to create a countywide network of service providers that are working collaboratively to build or enhance existing early identification, referral and care coordination activities using the Help Me Grow model. Optimally we hope to develop goals and strategies to help policymakers and other key stakeholders understand the gaps in available support and services and to know how best to ensure adequate capacity to meet the needs of children and their families.

Financial Impact

None at this time. Funding and budget recommendations will be brought before the Commission for approval in the future.

Review

Regina Coleman, Commission Counsel

Report on Action as taken	
Action:	
Moved: _____	Second: _____
In Favor:	
Opposed:	
Abstained:	
Comments: _____	
Witnessed:	