



Health and Well Being Cluster (HWB) Health Care Access and Child and Family Assessment Strategies

HWB Overview

Through this RFP, First 5 San Bernardino seeks to support improved health outcomes for children 0-5 by supporting not only direct treatment services but by also assisting parents/caregivers in navigating and receiving appropriate services from the medical and dental health systems. In addition to expanding capacity (number of slots for health services), First 5 San Bernardino is committed to strengthening the infrastructure of health care for young children and pregnant women. Research demonstrated the need for early screening, assessment, and treatment in oral health as well as the improved health outcomes that may result from added care coordination for at-risk populations.

Strategic Outcomes & Desired Results

The First 5 San Bernardino strategic plan supports Health and Well Being (HWB) activities through four strategic and inter-related initiatives, three of which are included in this RFP: (1) Health Care Insurance Retention and Enrollment, (2) Oral Health Initiative, (3) Perinatal Services and 4) Children's SART (not included in this current RFP). The initiatives are designed to ensure that "children are safe and healthy" and "families are safe, healthy, nurturing and self-sustaining." Through this RFP, First 5 San Bernardino seeks to increase the number of licensed substance abuse treatment slots for pregnant women, increase and enhance oral health services available to children 0-5 in San Bernardino County, and improve the health outcomes of pregnant women and children 0-5 by supporting improvements in health care utilization.

This RFP is designed to support a combination of the following outcomes described in the First 5 San Bernardino Strategic Plan:

Desired Result Area 1: Children are Safe and Healthy

- Increased utilization of prenatal care
- Increased number/percent of children with health insurance and ongoing relationship with health provider
- Increased number/percent of children receiving annual dental screenings and appropriate follow-up care
- Increased number/percent of mothers breastfeeding
- Improved nutrition among children
- Improved physical fitness among children
- Reduced number/percent of parents abusing substances
- Increased number of parents trained in child related safety and put this knowledge into practice

Desired Result Area 3: Families are Safe, Healthy, Nurturing, and Self-Sustaining

- Improved nutrition and physical fitness among parents
- Improved parental ability to access and coordinate needed services for their children
- Improved parental ability to meet the basic needs of their families

Additional Health and Well Being Funding Considerations

As in previous funding cycles, First 5 San Bernardino recognizes that many of the residents of San Bernardino County experience barriers to accessing needed health services. For this reason, First 5 San Bernardino encourages potential funded agencies to consider how they will address these barriers. Additionally, in order to address the barrier caused by location and access to reliable transportation, First 5 San Bernardino will consider

funding transportation services for funded agencies that identify their specific plan for addressing transportation barriers. These are defined by First 5 San Bernardino as:

Transportation services provided by funded partner agencies will address transportation as a barrier to accessing and continuing to receive necessary health care services. Transportation costs can include driver time, fuel, vehicle maintenance, vehicle insurance, or subcontractor agreement for transportation services AND/OR strategies to assist with public transportation such as bus passes AND/OR lease agreement for contracted transportation services. Vehicle purchases are prohibited as they are deemed a capital expense.¹

HEALTH CARE ACCESS – HEALTH INSURANCE ENROLLMENT, RETENTION AND UTILIZATION

The Importance of Health Care Insurance Enrollment, Retention, and Utilization Services

First 5 San Bernardino continues its commitment to ensure that children, prenatal through age five have access to and use health services that ensure children are healthy, well-nourished, physically fit, and safe. First 5 San Bernardino has funded health insurance enrollment assistance programs as well as programs to assist with health care utilization. With this RFP, First 5 seeks to improve the retention of health care coverage as well as the utilization of health care services. By funding programs that seek to address and alleviate barriers to health care for young children and their parents/caregivers, First 5 San Bernardino seeks to improve health outcomes for children and create a medical home for children 0-5.

Funding Requirements and Expectations

Interested Proposer(s) who meet the minimum requirements outlined in this RFP are invited to apply. In addition to requirements outlined in the RFP, requirements also include:

Health Care Insurance Enrollment, Retention, and Utilization Funding Requirements and Expectations
<ul style="list-style-type: none">■ Must serve 0-5 population■ Must be able to provide assistance with enrollment into age appropriate health care services and/or insurance for children 0-5 OR have an established partnership with health care providers in the community■ Health Care Access services must demonstrate quality coordination and collaboration with First 5 Resource Centers.■ Agencies must be able to demonstrate through appropriate documentation the utilization of services (not just access to services).■ Must participate in and demonstrate commitment to First 5 San Bernardino continuous quality improvement efforts including quarterly trainings
Priority/Recommended Components for Health Insurance Enrollment, Retention, and Utilization
<ul style="list-style-type: none">■ Implementation of Care Coordination■ Programs will prioritize underserved and high-priority communities in which barriers to access exist.

¹ Capital Expense is defined in the body of RFP 10-01 in section IV. A, Definitions.

Priority/Recommended Components

In order to continue to continue to strengthen the services available to children 0-5 in San Bernardino County, First 5 San Bernardino strongly recommends that agencies consider implementing a model of Care Coordination for the children receiving health care services. Care Coordination includes an array of services provided to the children and families involved in health care retention and utilization. First 5 San Bernardino has adapted its definition from the First 5 California Rural Smiles Program and defines Care Coordination as:

Care coordinators can provide a variety of valuable services including:

- *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 care²*

HEALTH CARE ACCESS – ORAL HEALTH

The Importance of Oral Health Services

First 5 San Bernardino continues its commitment to ensuring that children are safe, healthy, and ready to succeed in school by investing in oral health services for children 0-5 in San Bernardino County. First 5 San Bernardino has funded oral health screenings and treatment services and with this RFP seeks to improve the oral health system. By funding programs that seek to address and alleviate barriers to oral health care for young children and their parents/caregivers as well as the recruitment of additional dentist and dental care providers, First 5 San Bernardino seeks to improve oral health outcomes for children and create a dental home for children 0-5.

Funding Requirements and Expectations

Interested Proposer(s) who meet the minimum requirements outlined in this RFP are invited to apply. In addition to requirements outlined in the RFP, requirements also include:

Oral Health Funding Requirements and Expectations Oral Health Providers
<ul style="list-style-type: none">■ Must serve 0-5 population■ Must be able to provide age appropriate dental treatment services to children 0-5 OR have an established partnership with dental providers in the community

² First 5 Rural Smiles "Health Smiles, Ready to Learn." Chapter 5. Accessed October 15, 2009 at http://www.first5oralhealth.org/rural_smiles/chapter5.htm

<ul style="list-style-type: none">■ Must participate in and demonstrate commitment to First 5 San Bernardino continuous quality improvement efforts including quarterly trainings
Priority/Recommended Components for Oral Health
<ul style="list-style-type: none">■ Implementation of Care Coordination■ Implementation of Dentist Recruitment and Retention■ Enhance dental services provided to uninsured pregnant women

In order to address the continuum of dental care, agencies seeking funding under the Oral Health Strategy must be able to provide dental screening and treatment for children in the 0-5 age group. Dental screenings and treatment are defined as:

***Dental Screening exam** is a visual assessment of the child’s oral health. This inspection is 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, fluoride application 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.*

Priority/Recommended Components

In order to continue to strengthen the services available to children 0-5 in San Bernardino County, First 5 San Bernardino strongly recommends that agencies consider implementing a model of Care Coordination for the children receiving dental services. Care Coordination includes an array of services provided to the children and families involved in oral health. First 5 San Bernardino has adapted its definition from the First 5 California Rural Smiles Program and defines Oral Health Care Coordination as:

Care coordinators can provide a variety of valuable services including:

- *implementing an active outreach system to underserved populations*
- *handling requests for screening or care from community-based groups such as Head Start/State Preschool*
- *explaining benefits and services to providers*
- *responding to provider problems with families, paperwork or reimbursement*
- *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 dental providers*
- *finding additional funding for individual cases if needed; interfacing with other agencies*
- *helping families find interpreters*
- *determining potential barriers for parents and problem-solving to reduce the barriers*
- *arranging for transportation for dental appointments*
- *scheduling appointments and coordinating with other dental health appointments if possible*
- *explaining the importance of oral health and answering some common oral health questions*
- *reviewing responsibilities and rights of patients and of dental providers*
- *coordinating with families to facilitate follow-up on recommendations and routine care³*

³ First 5 Rural Smiles “Health Smiles, Ready to Learn.” Chapter 5. Accessed October 15, 2009 at http://www.first5oralhealth.org/rural_smiles/chapter5.htm

As referenced in several documents discussing the need for Oral Health service for children, one concern is that children are screened but when the determination of treatment services is made, there is little dental provider capacity to address the needs in many communities. This is often especially true for rural communities such as those within San Bernardino County. For this reason, First 5 San Bernardino would like to invest in programs that are working to improve the network of dentists capable of providing services to children 0-5. First 5 San Bernardino defines Dentist Recruitment and Retention as:

Dentist Recruitment and Retention involves increasing the number of partner dentists who will provide treatment for children 0-5. This involves identifying and recruiting dentists that need additional training in order to serve the 0-5 population and would be willing to develop a Medical eligible caseload or are willing to expand their current Medical caseload.

In an effort to improve healthy birth outcomes and reduce negative pregnancy outcomes, First 5 San Bernardino encourages oral health providers to consider providing screening and treatment services to pregnant women. By providing screening and treatment services for pregnant women, service providers may be able to address risk factors for premature birth cited by the American Dental Association.

Additionally, recognizing the particular needs of the 0-5 population and the challenges associated with treating many of the children in this age group, First 5 San Bernardino will consider funding anesthesia related services deemed necessary for successful pediatric dental treatment.

CHILD AND FAMILY ASSESSMENT – PERINATAL SERVICES

The Importance of Perinatal Treatment Services

First 5 San Bernardino continues its commitment to ensuring that children are born healthy and drug free by continuing to invest in services for pregnant mothers in San Bernardino County. Throughout its funding history in San Bernardino County, First 5 San Bernardino has supported an expanding need for services for mothers struggling with substance abuse as well as woman who have been unable to access quality prenatal care. By funding programs to assist pregnant women, First 5 San Bernardino seeks to improve the health outcomes for both pregnant women and their newborn children.

Funding Requirements and Expectations

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

Perinatal Treatment Services Funding Requirements and Expectations	
Substance Abuse Treatment Services	Perinatal Health Services
<ul style="list-style-type: none"> ■ Must serve pregnant women ■ Must be qualified by San Bernardino County Alcohol and Drug Services as a substance abuse treatment provider ■ Must implement a perinatal education program ■ Must participate in and demonstrate commitment to First 5 San Bernardino continuous quality improvement efforts including trainings 	<ul style="list-style-type: none"> ■ Must serve pregnant women ■ Must be qualified by San Bernardino County as a provider of community based prenatal services ■ Must implement a perinatal/prenatal education program ■ Must participate in and demonstrate commitment to First 5 San Bernardino continuous quality improvement efforts including trainings

Priority/Recommended Components for Residential Treatment Services	Priority/Recommended Components for Perinatal Health Services
<ul style="list-style-type: none"> ■ Expansion of services in or into priority /high-need areas ■ Implementation of a structured case management program ■ Implementation of a Relapse Prevention Component to an existing substance abuse treatment model 	<ul style="list-style-type: none"> ■ Implementation of a care coordination to achieve healthy birth outcomes

In collaboration and cooperation with local County agencies, First 5 San Bernardino requires that agencies applying to provide treatment services to mothers have met all minimum requirements identified by Alcohol and Drug Services. Minimum requirements for Alcohol and Drug Services proposals within San Bernardino County include but are not limited to:

- Be a non-profit organization*
- Have no record of unsatisfactory performance*
- Have the ability to maintain adequate files and records and meet statistical reporting requirements⁴*

In order to be considered for funding under the Perinatal Treatment Services – Substance Abuse Treatment Services, an agency must already be qualified as a San Bernardino County substance abuse treatment provider.

In order to ensure that families are able to be safe, healthy, nurturing, and self-sustaining, First 5 San Bernardino requires that all agencies applying for CFA – Perinatal Services funding implement a Perinatal Education Program. First 5 San Bernardino defines a Perinatal Education Program as:

Perinatal Education programs 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 well being and family stability outcomes as well.

Additional information regarding evidence-based and evidence-informed models of Perinatal Education can be found in **References** section of this Exhibit.

Priority/Recommended Components

To further support the Families are Safe, Healthy, Nurturing, and Self-Sustaining Desired Result Area, priority consideration will be given to agencies that implement a model of Case Management. Case Management is an array of services meant to assist a family in moving towards increased self-sufficiency. First 5 San Bernardino defines case management as:

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.⁵

AND

Providers must develop and maintain a case management plan with the client, which may include linking the client with systems that provide him or her with needed services, resources, and opportunities. Services provided may be located in a single agency or may be spread across numerous agencies or organizations.

⁴ Information received from County of San Bernardino, Request for Proposals, Alcohol and Drug Outpatient Services
⁵ Commission for Case Management Certification. <http://www.cmc certification.org/pages/136body.html> Accessed 10.17.09

*The primary goal of case management is to optimize client functioning by providing quality services in the most efficient and effective manner to individuals with multiple complex needs. Like all methods of social work practice, case management rests on a foundation of professional training, values, knowledge, theory, and skills used in the service of attaining goals that are established in conjunction with the client and the client's family, when appropriate.*⁶

Alternatively, agencies may propose how they will link clients to Resource Centers that will assist in meeting case management needs.

In order to ensure that the family involved in treatment remains stable in order to better provide for the child's needs, priority consideration will be given to agencies seeking funding as Residential Treatment Services that incorporate a strong Relapse Prevention Component to their treatment program. First 5 San Bernardino adapted its definition from the Substance Abuse and Mental Health Services Administration (SAMHSA) and defines relapse and relapse prevention as:

*Relapse . . . is a process of becoming unable to cope with life in sobriety. The process may lead to renewed alcohol or drug use, physical or emotional collapse, or suicide. The relapse process is marked by predictable and identifiable warning signs that begin long before a return to use or collapse occurs. Relapse Prevention therapy teaches people to recognize and manage these warning signs so that they can interrupt the progression early and return to the process of recovery.*⁷ Along with these definitions, First 5 San Bernardino requires that the relapse prevention component includes information intended to reduce both the risk of relapse and child abuse with a focus on newborns and children 5 and under.

In order to assist pregnant women in achieving healthy birth outcomes, First 5 San Bernardino priority consideration will be given to agencies seeking funding for Prenatal Health Services who will implement a model of care coordination. This care coordination is implemented with the goal of assuring a healthy birth outcome. First 5 San Bernardino adapted its definition for care coordination from the Health Care Access Strategy and defines care coordination as:

Care coordinators can provide a variety of valuable services including:

- implementing an active outreach system to underserved populations
- handling requests for care from community-based groups
- establishing a family's eligibility for services or funding
- providing information, answering questions and helping people make decisions about services
- helping families complete paperwork to obtain services
- making and following up on referrals to care providers
- finding additional funding for individual cases if needed; interfacing with other agencies
- helping families find interpreters
- determining potential barriers and problem-solving to reduce the barriers
- arranging for transportation for appointments
- scheduling appointments and coordinating with other health or social service appointments if possible
- coordinating with families to facilitate follow-up on recommendations and routine care⁸

⁶ NASW Standards for Case Management http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp Accessed 10.19.09

⁷ TAP 19: Counselor's Manual for Relapse Prevention With Chemically Dependent Criminal Offenders, DHHS Publication No. (SMA) 96-3115 Printed 1996 Accessed 10/25/09 <http://www.treatment.org/TAPS/TAP19/TAP19part1.html#class>

⁸ First 5 Rural Smiles "Health Smiles, Ready to Learn." Chapter 5. Accessed October 15, 2009 at http://www.first5oralhealth.org/rural_smiles/chapter5.htm

Key Terms and Definitions

- **Health Insurance Enrollment and Utilization** – Programs that assist families in obtaining enrollment in health insurance programs, ensure utilization of health services, retention strategies, premium payments or subsidies and includes state matching programs such as Healthy Families and Healthy Kids. This does not include treatment programs.
- **Oral Health** – Programs that provide dental screenings, checkups, cleanings, including preventative and acute treatments, education on prevention and preventative care, and related services. May include training for providers as well as for children and families.
- **Prenatal Care** – Programs or services to promote healthy pregnancies and deliveries, including education, treatment, counseling and other support services.
- **Primary Care Services (Immunizations, Well Child Check-ups)** – Programs with the purpose of providing medical care services to children 0-5 including preventative, diagnostic, therapeutic and curative care by a licensed healthcare professional.
- **Specialty Medical Services** – Programs and coordinated services that provide emergency and critical care services for children ages 0-5 who require specialty care or have any illnesses or injuries that require immediate, short-term intervention or other specialty care services such as for chronic childhood illnesses. This category also includes follow-up on medical conditions or concerns identified from health/developmental screenings, such as vision and/or asthma.
- **Tobacco Cessation Education** – Programs with the purpose of providing services to educate participants on tobacco-related issues or to support participants in abstaining from using tobacco products, including providing information about why smoking is unhealthful, methods for quitting, reducing young children’s exposure to tobacco smoke and connecting to additional supports for tobacco cessation.

Evaluation Requirements and Expectations

First 5 San Bernardino and the community are mutually accountable for the effective use of public funds channeled to the County through Proposition 10 tobacco tax revenue. Given this mandate and the significant investments made through First 5, the Commission is committed to collecting systematic information that helps strengthen programs, improve outcomes, and document the collective impact of First 5 efforts throughout the County. The Commission’s results-based evaluation defines:

- The specific conditions we want to improve for children and families
- The evidence-based approaches we believe will contribute to achieving results
- What we will measure to assess progress towards achieving program-level and Commission-level outcomes

Contractors providing direct services will be required to track aggregate numbers for children and families, services provided to individuals and groups, as well as outcomes for program participants including:

- Client and family demographics
- Knowledge, attitude, and behavioral change

Expectations and Requirements – Agencies selected for an investment will be required to:

- **Demonstrate their ability to describe and document participant outcomes:** Establish clear and measurable goals (performance targets) that are connected and relevant to the Commission Level Outcomes described in Attachment A for each contract year. Devote time to evaluation activities and devote adequate staff time to perform evaluation activities including data collection, data entry, utilization of First 5 database, submission of quarterly reports, trainings and meetings,
- **Work with partner agencies and evaluation team:** Cooperate with the Commission’s evaluation consultants and First 5 staff on evaluation activities, such as survey distribution, focus groups, and case studies,
- **Use required First 5 tools and standardized assessments:** Utilize standardized tools identified by the Commission to ensure consistency and enhance the ability to measure collective impact. Agencies must be flexible to use updated tools as required in cooperation with the Commission staff and evaluation consultants,
- **Use web-based data system for reporting:** Utilize the Commission’s web-based data management system for reporting program success and individual success,
- **Adhere to reporting requirements:** Adhere to the reporting requirements as established by the Commission.

References

Perinatal Education Curricula	Website	Additional Contact Information
Nurse Family Partnership	http://www.nursefamilypartnership.org/index.cfm?fuseaction=home	
Black Infant Health Program	http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=574	<p>Jennifer Baptiste-Smith, BS, MPA, MCAH Coordinator/Public Health Program Manager 505 North Arrowhead, Third Floor San Bernardino, CA 92415-0028 (909) 388-5746</p> <p>Loistine Herndon, Executive Director, Subcontractor, Temple Outreach Center, T. Hughes Memorial Building 1777 West Baseline Street San Bernardino, CA 92411 (909) 383-9588</p>
Before You Were Born	N/A	<p>Dr. Bergin & Associates, Inc. Before You Were Born Perinatal Program 6887 Magnolia Ave. Riverside, CA 92506 (909) 888-8941 Office Bergo7@aol.com E-Mail</p>