PART 1: TECHNICAL PROPOSAL

SUMMARY (SECTION A)

- Overall Approach

The County of San Bernardino, Department of Public Health (DPH) proposes to continue and enhance the Department’s Coordinated Asthma Referral and Education Program (CARE) which was originally funded by SCAQMD in 2006 for a three-year period (Oct 1, 2006 to Sept. 30, 2010). This proposal continues the program for an additional year maintaining the expanded target service area, and improving the quality of services to its clients. The performance period is from October 1, 2010 through September 30, 2011. If additional funding is made available, the project could be continued for an additional year.

The overall approach in meeting the objectives and satisfying the Statement of Work is to provide CARE services to help families who have children diagnosed with asthma. This will facilitate improved management of the child’s asthma by providing the families with care coordination, health education, home assessments, and supplies/equipment that can be used to mitigate asthma triggers found within the home. Since the CARE Program became operational in late 2006, 278 initial family home visits and 323 follow-up visits (2nd & 3rd) have been conducted. Over 278 families have reported an improvement in their child’s asthma condition as evidenced by fewer visits to the emergency room and the reporting of reduced asthma symptoms.

In the 2009-2010 project period, DPH expanded the target area served by the existing CARE Program into the Central Valley region of the County by including an estimated 50 families referred by Arrowhead Regional Medical Center’s (ARMC) Breathmobile® and other Central Valley providers. The Breathmobile® and its board-certified medical staff travel to school sites in the West End and Central Valley regions of the County. The staff provides asthma evaluations, examinations and care planning services to school-age children. No funding request is included in this proposal for Breathmobile® expenses. By extending CARE Program services to Breathmobile® clients, DPH directly reaches families who are most in need program services.

The target area, as of 2009, includes the West End cities of Ontario, Chino, Montclair and Chino Hills, and the newly targeted Central Valley cities of Fontana, Bloomington, Rialto, Colton, and San Bernardino. Within the target area, the CARE Program conducts an intensive schedule of outreach and community education. The Program also facilitates an Asthma Awareness Campaign consisting of paid media and public service announcements designed to heighten awareness of asthma as a common and controllable condition, and to reinforce the importance of early diagnosis and regular follow up with a physician.

In 2010-2011, the CARE Program will conduct Quality Management (QM) activities to improve service delivery to clients by evaluating data collection and analysis methods, which would provide a basis for program improvement and enhance service documentation and reporting.
The CARE Program goals are:
• To maintain the existing program target areas;
• To provide education to parents and children on the control and management of asthma;
• To coordinate communication between the medical community, the school community, and the parents of children with asthma;
• To raise awareness in the community on the subject of asthma and the importance of early diagnosis and CARE;
• To improve the quality of CARE services.

**Sequence of Activities**

The CARE Program sequence of activities is an established, continuous process as follows:
Program staff receive referrals, initiate contact with each family, schedule and complete initial and required follow-up home visits with those families; and conduct ongoing asthma educational presentations and community awareness campaigns.

**Methodology**

The CARE Program methodology includes specific activities proven to be effective in ensuring that program goals, milestones, and benchmarks are met.

Details of the sequence of activities and description of methodology are included at the end of this section to provide the reviewer an opportunity to understand the local problem prior to reviewing the County’s proposed program.

**Understanding the Problem**

San Bernardino County has the second highest incidence in Southern California of residents one year and older diagnosed with asthma (Table 1). This is higher in prevalence than Los Angeles, Orange, Riverside or San Diego Counties. In San Bernardino County, approximately 294,000 children and adults have been diagnosed with asthma. It is imperative that San Bernardino County continue to offer programs that have demonstrated results. In its Quarterly Report for October 2008 to December 2008, the CARE Program reported that on 46 out of 56 follow-up visits, the clients reported an increase in the number of symptom-free days.

Asthma is a chronic inflammatory disease affecting the human respiratory system characterized by periodic episodes of breathlessness, wheezing, coughing, and tightness of the chest. Asthma is a condition that affects all age groups and is the leading cause of chronic illness of children in the United States. In 2006, an estimated 6.8 million children under age 18 (almost 1.2 million under age 5) had asthma, 4.1 million of which had an asthma attack, and many others have "hidden" or undiagnosed asthma. According to the American Lung Association (ALA), nearly 5 million Californians have been diagnosed with asthma and it is now the number one cause of hospitalizations among children and continues to be the leading cause of school absenteeism due to a chronic condition leading to an average of 3.7 school days missed annually per child. Asthma accounts for a total of 14 million lost school days each year.

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1. San Bernardino County Asthma Profile, July 2008—prepared by California Breathing. California Breathing is a program of the California Department of Public Health's Environmental Health Investigations Branch.
Table 1. Percentage Distribution of Asthma Diagnosis History, All Residents One Year of Age and Older, Selected Counties and State of California, 2007

<table>
<thead>
<tr>
<th>Ever diagnosed with asthma</th>
<th>San Bernardino</th>
<th>Imperial</th>
<th>Los Angeles</th>
<th>Orange</th>
<th>Riverside</th>
<th>San Diego</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14.9%</td>
<td>16.6%</td>
<td>11.8%</td>
<td>13.0%</td>
<td>11.2%</td>
<td>12.8%</td>
<td>13.6%</td>
</tr>
<tr>
<td>No</td>
<td>85.1%</td>
<td>83.4%</td>
<td>88.2%</td>
<td>87.0%</td>
<td>88.2%</td>
<td>87.2%</td>
<td>86.4%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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</tbody>
</table>

Source: California Health Interview Survey (CHIS), 2007.

The CARE Program will continue to include the new target area, the Central Valley region, which has the highest population density in the county and a larger number of asthma related hospital discharges when compared to the West Valley. In 2006 the Central Valley region recorded 749 hospital discharges with asthma listed as the principal diagnosis. This compares to 477 discharges for the West End. The Central Valley communities also have a higher population of low-income individuals diagnosed with respiratory illness (U.S. Census 2000).

Additionally, San Bernardino County has considerably higher rates of asthma in all ages when compared to Healthy People 2010 goals. The age-adjusted asthma hospitalization rates within the county are higher among children compared to all other ages. There are significant rate disparities between the County rates and those of Healthy People 2010 objectives relating to children less than 5 years of age that have been hospitalized due to asthma (Table 2).

Table 2: Age-Specific Asthma Hospitalization Rates in Comparison to Healthy People 2010 Goal, San Bernardino County and California Residents, 2006

<table>
<thead>
<tr>
<th>Age Group</th>
<th>San Bernardino County</th>
<th>California</th>
<th>Healthy People 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 years</td>
<td>27.1</td>
<td>24.5</td>
<td>25.0</td>
</tr>
<tr>
<td>5-64 years</td>
<td>8.0</td>
<td>6.1</td>
<td>7.7</td>
</tr>
<tr>
<td>65+</td>
<td>18.2</td>
<td>20.4</td>
<td>11.0</td>
</tr>
</tbody>
</table>

Note: Rates are calculated as the # of hospitalizations where the primary diagnosis was asthma (ICD-9 code 493) per 10,000 age-specific populations.
Source: State of California, Office of Statewide Health Planning and Development (OSHPD), 2006 Patient Discharge Data File.
There are many direct and indirect costs associated with asthma. The average charge per asthma hospitalization in 2006 for children 0-17 years of age living in San Bernardino County, was $13,894.\(^3\) Per the Strategic Plan for Asthma in California 2008-2012, the rates of asthma emergency room visits and hospitalizations are about two times higher among children than adults.\(^4\)

**Risk Factors**

The San Bernardino County Asthma Profile for July 2008 prepared by California Breathing has listed three significant risk factors:

1. **Smoking:** Exposure to tobacco smoke puts people at increased risk for asthma and its symptoms, this includes second-hand smoke. In San Bernardino County, 17.1% of adults currently smoke. Additionally, 10.7% of adults and children are exposed to second-hand smoke in their homes.

2. **Low Income:** Low income status is also a significant risk factor for asthma morbidity in California. Household income below $20,000 is associated with more frequent asthma symptoms and higher asthma hospitalization rates. A total of 16.2% of San Bernardino County residents under 18 years of age live in below poverty.

### Table 3. Percentage Distribution of Poverty, Children <18 Years of Age, Selected Counties & State of CA, ‘07

<table>
<thead>
<tr>
<th>Income</th>
<th>San Bernardino</th>
<th>Imperial</th>
<th>Los Angeles</th>
<th>Orange</th>
<th>Riverside</th>
<th>San Diego</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below poverty level</td>
<td>16.2%</td>
<td>29.1%</td>
<td>21.3%</td>
<td>12.0%</td>
<td>15.9%</td>
<td>15.1%</td>
<td>17.3%</td>
</tr>
<tr>
<td>At or above poverty level</td>
<td>83.8%</td>
<td>70.9%</td>
<td>78.7%</td>
<td>88.0%</td>
<td>84.1%</td>
<td>84.9%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2007 American Community Survey.
Prepared by: San Bernardino County Department of Public Health, Research, Analysis, and Vital Statistics Section; January 2009

3. **Obesity:** People who are obese are more likely to have asthma. In San Bernardino County, 27.2% of adults and adolescents are obese. The California Center for Public Health Advocacy analyzed the 2004 California Physical Fitness Test of 5th, 7th, and 9th graders. The analysis shows that among students in San Bernardino County 29.4% of children were overweight. Overweight rates in cities in San Bernardino County range from 19.6% in Yucaipa to 39.5% in Bloomington, while the prevalence of overweight children in California is 28.1%.\(^5\)

4. **Air Quality within the Target Area:** Per the SCAQMD’s “Staff Report on the Proposed 2007 State Implementation Plan for the South Coast Air Basin” (dated September 21, 2007), some of the nation’s highest concentrations of particulate matter and ozone occur in the South Coast Air Basin, despite stringent State and local controls and substantial air quality progress.

The South Coast Air Basin, which includes the target areas of the West End and Central Valley areas of San Bernardino County, is one of two regions in the State that do not meet the Federal ambient air quality standard for particulate matter concentrations under 2.5 microns in size, and

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\(^3\) San Bernardino County Asthma Profile, July 2008-prepared by California Breathing. California Breathing is a program of the California Department of Public Health's Environmental Health Investigations Branch.

\(^4\) California Department of Public Health, Strategic Plan for Asthma in California 2008-2012

the most serious in the nation. It is also the nation’s worst area for ozone, with 8-hour ozone levels that are currently 50 percent above the federal standard. The ozone standard is exceeded somewhere in the basin on an average of 85 days per year. Regarding air quality within San Bernardino County, the Southern California Environmental Health Sciences Center reported that:

*Along with the downward trend in concentrations of some pollutants over the past decade, another change is occurring. The worst ozone used to be in the eastern San Gabriel Valley; today the highest observed ozone concentrations are in the Central San Bernardino mountains.* (See Figure 1).

**Figure 1. Number of Days Exceeding the Federal Standard (1 hr avge>0.12 ppm) for Ozone, SCAB, 1998**

A 1999 Air Quality Management District (AQMD) study found an ironic reason for the geographic shift: *better emission controls and new fuel formulations are reducing volatile pollutants (such as vehicle exhaust or paint fumes) and causing them to react more slowly in intense sun. As a result, when pollutants build up in the traffic-congested western edge of the air basin, it takes longer to turn them into smog. By the time a chemical reaction occurs, the sea breezes have blown the smog all the way out toward the mountains.*

The CARE Program has specifically targeted the San Bernardino West End and Central Valley regions. There are hot spots due to the presence of the Ontario International Airport (located in the West End), the numerous freeways (i.e. Interstates 10, 15, 30, 60, and the newly constructed 210), commuter routes, freight lines and the overall poor air quality which combine to increase the exposure of young children to air pollutants and exacerbate asthmatic conditions in our target area.

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6 Source: Southern California Environmental Health Sciences Center, “Air Pollution and Children’s Health”, chapter excerpt from the Health Atlas of Southern California
Sequence of Activities

Table 3. CARE Program Sequence of Activities

<table>
<thead>
<tr>
<th>Sequence of Activities</th>
<th>Description of Methodology</th>
</tr>
</thead>
</table>
| One week after referral—contact initiated. | CARE will receive ongoing referrals from the following sources:  
- Health fairs and community presentations  
- School presentations  
- Target area hospitals per agreement with respiratory staff  
- CHDP providers in the target area  
- An MOU with the Women Infant & Children Nutrition Program  
- Independently-owned pharmacies in the target area  
- The American Lung Association (in partnership) for those ineligible for the ALA program  
- The Breathmobile® staff  
- Self referral by members of the community. |
| Two to four weeks after contact—First Home Visit (HV). | Parents will receive general asthma education, including an overview of the disease, its triggers, management, and the proper use of prescribed medications, peak flow meter, spacer or nebulizers as needed. Additional equipment/supplies, such as pillow/mattress covers, cleaning supplies and air purifiers will be delivered at the 2\textsuperscript{nd} and 3\textsuperscript{rd} HV’s per compliance to program. Parents will take a pre-test to assess current asthma knowledge and a thorough assessment of the home for potential asthma triggers is done. The asthma action plan (AAP) will be reviewed if the child has one. Appropriate handouts given. Parents receive a blank AAP (if they do not have one) to be completed by an MD. Distribute an asthma DVD, booklet and additional materials to be viewed prior to next visit. Make referrals to other resources as needed. Refer to Breathmobile® if not already participating. CARE-Parent Agreement to be signed. |
| 8-10 weeks after initial HV—Second Home Visit. | In this follow-up visit: Review asthma and triggers. Review of the Care-Parent Agreement for compliance. Review the DVD and answer any questions. Review asthma triggers and check for removal or correction of trigger. Review AAP if received completed by MD. |
| 10-12 weeks after 2\textsuperscript{nd} HV—Third Home Visit. | Final Visit: Check for compliance regarding AAP, triggers, medication use, and equipment use. Give final asthma assessment and customer satisfaction survey. Give post test. |

Additional timelines are included in the Statement of Work – Section B.

Description of Methodology and Techniques

The Methodology to be used under this funding proposal includes the following: The CARE Program staff will provide asthma-related services including environmental home assessments, health education, supplies, equipment, and referrals as needed to identified families of children with asthma. Specific tasks will include:

- Environmental Home Assessments – Conduct an environmental assessment of each family’s home to identify asthma triggers and to determine potential mitigation strategies.

- Health Education – Provide health education targeting the needs of each family as to the presence and effects of asthma triggers, asthma management, correct use of equipment and
prescribed medications, and the importance of regular communication with school staff and timely follow-up with family physicians.

- **Equipment and Supplies** – Provide *(free of charge to families)* the following items which have been proven to reduce asthma-related symptoms and incidents:
  
  — HEPA filtration air cleaning system  
  — Mattress and pillowcase covers  
  — Spacers (chambers)  
  — Peak flow meters  
  — Cleaning supplies

- **Referrals and Linkages** – Refer uninsured families to the Child Health and Disability Prevention (CHDP) Program. CHDP provides eligible children free physical exams. This is an opportunity to properly diagnose and develop a treatment plan for asthma. Additionally, temporary medical coverage through CHDP will provide the client access to free medication. The families will also be assisted in identifying and enrolling in a health insurance program *(i.e., Medi-Cal, Healthy Families, and Healthy Kids)*.

Children referred to the CARE Program who it services and are outside of the target program service areas will not be denied services.

- **Media Campaign** - The DPH will also facilitate an asthma awareness education campaign for health professionals in the target area based on the National Institutes of Health (National Heart Lung Blood Institute) guidelines for the Diagnosis and Management of asthma. The DPH will conduct community outreach through events at school sites, community agencies, and other locations within the expanded target area. The community education provided will include:
  
  - General asthma information  
  - Air quality effects on asthma  
  - Asthma triggers  
  - Asthma management  
  - Accessing health care  
  - The importance of communication with school staff  
  - The importance of communication with personal physicians  
  - CARE Program components and services  
  - Media, Billboards, Newspapers, Publications  
  - Public Service Announcements
**Goals**

- To maintain the existing, expanded program target area;
- To provide education to parents and children on the control and management of asthma;
- To coordinate communication between the medical community, the school community, and the parents of children with asthma;
- To raise awareness in the community on the subject of asthma and the importance of early diagnosis and CARE;
- To enhance the quality of CARE services.

### Program Schedule (Section B)

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Benchmarks</th>
<th>Outcome</th>
<th>Person responsible</th>
<th>Time Frame</th>
<th>Evaluation Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) By September 30, 2011 CARE program will maintain existing West and Central Valley referral system.</td>
<td>a) Update MOUs with San Bernardino County Department of Social Services (Transitional Assistance Department), SBC Preschool Services Division, SBC Probation Department, SBC WIC Program, and the local Medi-Cal and Healthy Families Managed Care plans. b) Referral information to be distributed to target providers, programs, and agencies</td>
<td>Ongoing referrals</td>
<td>a) Program Coordinator</td>
<td>Ongoing</td>
<td>Copies of MOUs to be kept on file and quarterly reports of referrals.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information is distributed</td>
<td>b) Health Education Specialist</td>
<td></td>
<td>Copies of information packets; record of dates distributed.</td>
</tr>
<tr>
<td>2) By September 30, 2011, conduct at least 20 general asthma education and program promotion presentations in schools in target area.</td>
<td>a) Contact schools in target area to setup presentations. b) Compile/develop materials needed for presentations. c) Make presentations.</td>
<td>Presentation will be made at 20 target area schools.</td>
<td>Health Education Specialist</td>
<td>Ongoing</td>
<td>Quarterly Report, Log of presentations conducted and sign-in sheets.</td>
</tr>
<tr>
<td>3) By September 30, 2011, a minimum of 120 households from existing and expanded areas, will</td>
<td>a) Schedule client home visit (HV). b) Conduct initial HV to include environmental assessment to</td>
<td>The client and family will have made a minimum of one environmental change to reduce asthma triggers.</td>
<td>Health Services Assistant, Health Education Specialist</td>
<td>Ongoing</td>
<td>Quarterly reports, Chart notes will document client changes and</td>
</tr>
<tr>
<td>Milestones</td>
<td>Benchmarks</td>
<td>Outcome</td>
<td>Person responsible</td>
<td>Time Frame</td>
<td>Evaluation Measure</td>
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<td>---------------------------------------------------------------------------</td>
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<td>---------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>receive at least one initial home visit and environmental assessment.</td>
<td>check for asthma triggers.</td>
<td>The client and family will be able to name at least 3 air quality related environmental asthma triggers and 3 methods of asthma control.</td>
<td></td>
<td></td>
<td>knowledge, Database documentation of visits and equipment provided to client, and referrals made.</td>
</tr>
<tr>
<td></td>
<td>c) Develop an asthma action plan for participating families based on the home visit environmental assessment plan which will be approved by the family's medical provider.</td>
<td>After second follow-up home visit, client's symptom-free days will have increased by 50%. Client will use equipment provided to help reduce triggers and improve asthma control.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) Conduct home follow-up visits as needed.</td>
<td>Documentation of referral information provided.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e) Purchase equipment (as necessary) for asthma management and control.</td>
<td></td>
<td>Health Services Assistant, Health Education Specialist</td>
<td>October 1, 2010 through March 30, 2011. Campaign will run through the end of the grant period</td>
<td>Documented distribution of information. Documented community presentations. Logs of meetings, activities, trainings, sign-in sheets, post test, presentations, materials distributed, and</td>
</tr>
<tr>
<td></td>
<td>f) Inform 100% of eligible Program families to asthma community resources or other service agencies or for no or low-cost medical care (i.e. Medi-Cal, CHDP).</td>
<td>Increase community awareness of seriousness of asthma diagnosis Increase community awareness of seriousness of asthma diagnosis Documented attendance at Task Force meetings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) By March 30, 2011, the CARE program will conduct an asthma awareness campaign in the targeted service areas.</td>
<td>a) Conduct a minimum of 20 presentations regarding asthma education and program participation in target area and, as available, at ARMC Breathmobile® participant school locations to health professionals and community members.</td>
<td>Increase medical community awareness of seriousness of asthma diagnosis. Increase community awareness of seriousness of asthma diagnosis Documented attendance at Task Force meetings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Actively attend and participate in the San Bernardino County Asthma Coalition Task Force.</td>
<td>Increase community awareness of seriousness of asthma diagnosis Documented attendance at Task Force meetings.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>d) In conjunction with target area</td>
<td>Increase community awareness of seriousness of asthma diagnosis Documented attendance at Task Force meetings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milestones</td>
<td>Benchmarks</td>
<td>Outcome</td>
<td>Person responsible</td>
<td>Time Frame</td>
<td>Evaluation Measure</td>
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<tr>
<td>school districts, arrange for informational mailers to be sent home to parents of children. e) Maintain a staffed resource number for the CARE Program. f) Participate in at least 10 local health fairs and community events promoting asthma awareness. g) Include CARE Program information in at least 3 CHDP newsletter. h) Conduct media, billboards, newspaper, etc. and Public Service Announcement campaigns.</td>
<td>awareness of seriousness of asthma diagnosis. Calls from community. Increase community awareness of seriousness of asthma diagnosis. Increase community awareness of seriousness of asthma diagnosis. Increase community awareness of seriousness of asthma diagnosis.</td>
<td>a) Program Coordinator with oversight by the Program Manager. b) Program Coordinator with oversight by the Program Manager. c) Program Coordinator with oversight by the Program Manager.</td>
<td>a) October 1, 2010 through Jan 30, 2011. b) October 1, 2010 through Jan 30, 2011. c) October 1, 2010 through Jan 30, 2011.</td>
<td>billboards posted. CHDP newsletters maintained on file. Logs of calls received. Logs of date and staff attending health fairs. CHDP newsletters on file. Record of Billboards and hard copies of PSAs, newspaper articles, etc.</td>
<td></td>
</tr>
</tbody>
</table>
| 5) To enhance the quality of CARE services. | a) Conduct an analysis of data collection and tools/database. b) Conduct analysis of existing measures used to evaluate program effectiveness. c) Conduct analysis of existing Quality Management (QM) processes (to include a & b). | a) Completed report of analysis of data collection and tools/database with recommendations for improvement. b) Completed report of analysis of program measures with recommendations for adjustments/changes. c) Completed report on analysis of QM processes. | a) Program Coordinator with oversight by the Program Manager. b) Program Coordinator with oversight by the Program Manager. c) Program Coordinator with oversight by the Program Manager. | a) Plan for improvement of data collection and tools/database. b) Plan for adjustment/changes of program measures. c) Plan for improvement of QM processes.
PROGRAM ORGANIZATION (SECTION C)

1. Management Structure

The DPH staff will be responsible for all aspects of program services, including CARE Program management, supervision, provision of direct client services, quality management activities, including improvement of data collection and analysis, and compliance with grant reporting requirements. Data will be collected and reported to SCAQMD on a quarterly basis, within 30 calendar days after the end of the previous quarter reporting period. These reports will include a description of achievements and barriers encountered for each quarter, as well as detailed program data about expenditures, activities, the number of children assisted, and other program relevant data.

2. Program Monitoring Procedures

Program monitoring procedures include data collection tools that are currently in use by the CARE Program. In 2010-2011, as part of new Quality Management (QM) activities, the CARE Program will carefully evaluate these tools for efficacy and the resulting analysis will inform the improvement of the various tools and data collection processes. This will enhance the Program’s ability to meet established benchmarks.

<table>
<thead>
<tr>
<th>Evaluation Tools</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tools for Operation</td>
<td>• Referral &amp; Tracking Client Tracking Form</td>
</tr>
<tr>
<td></td>
<td>• Asthma pre/post test and test results</td>
</tr>
<tr>
<td></td>
<td>• Parent-CARE Agreement</td>
</tr>
<tr>
<td></td>
<td>• Home Visit Follow-up and Progress Report</td>
</tr>
<tr>
<td></td>
<td>• Asthma Action Plan &amp; Medication Questionnaire</td>
</tr>
<tr>
<td>Patient Tools of Evaluation</td>
<td>• Pre-post intervention test</td>
</tr>
<tr>
<td></td>
<td>• Customer Service &amp; Program Survey</td>
</tr>
<tr>
<td>Program Tools for Evaluation</td>
<td>• Referrals: track source and referral outcome</td>
</tr>
<tr>
<td></td>
<td>• Database for tracking clients (intervention to results)</td>
</tr>
<tr>
<td></td>
<td>• Asthma: Track pre-post interventions and improvements</td>
</tr>
</tbody>
</table>

3. Organization of the Proposed Team

The Proposed Team will consist of the following:

- **One (1 FTE) Health Education Specialist:** This position reports to the Program Coordinator and will provide direct client services including asthma-related services such as environmental home assessments, health education, supplies, and equipment and referrals as needed to identified families of children with asthma.
- **One (1 FTE) Health Services Assistant:** This position reports to the Program Coordinator and will be responsible for ordering and maintaining inventories of supplies, preparing charts, providing clerical support to the Health Education Specialist, and organizing calendar of home visitation appointments.
- **Point one (.1 FTE) Information Technology Support:** This position works with the Program Coordinator and will improve data collection and reporting capabilities.
- **Point one (.2 FTE) Program Coordinator**: This position reports to the Program Manager and will be responsible for monitoring progress on benchmarks, supervising line staff, ensuring grant reporting requirements are met, developing and implementing quality management activities, and coordinating Information Technology support.

- **Point one (.1 FTE In-kind) Program Manager**: This position is responsible for all aspects of the CARE Program including monitoring quality improvement activities and ensuring compliance with all grant requirements. *(The cost of the CARE Program Manager is an in-kind contribution by the County of San Bernardino to the project).*

**Figure 2. CARE Program Organizational Chart**

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+-----------------+-----------------+
| Public Health Program Manager | Information Technology Support |
| .1 (In kind) | .1 FTE (Proposed) |
+-----------------+-----------------+
| Program Coordinator | |
| .2 FTE (Proposed) | |
+-----------------+-----------------+
| Health Education Specialist | Health Services Assistant |
| 1.0 FTE (Proposed) | 1.0 FTE (Proposed) |
```

**QUALIFICATIONS (SECTION D)**

The County of San Bernardino is a political subdivision of the State of California, and the County DPH is a tax-exempt entity due to its government status. The County’s taxpayer identification number, 95-6002748W, can be used to verify its institutional status.

San Bernardino County’s DPH was established in 1934. State law and County Code charge DPH with the duty of protecting the health of San Bernardino County residents. DPH operates 23 distinct programs that provide services to County residents of all ages, including Health Promotion and Education Services, Alcohol and Drug Abuse Prevention, Tuberculosis Control, Nutrition, Reproductive Health Services, Child and Family Services, Maternal Health, Environmental Health, and Animal Care and Control.

DPH has *considerable previous experience with projects similar to the program being proposed*. Programs successfully operated by DPH include the existing CARE Program, the Lead-Based Paint Hazard Control (HUD) Program, the Child Health and Disability Prevention Program (State), the Childhood Lead Prevention Program (State), Women’s Infants, and Children Nutrition Program (USDA), Traffic Safety Program (NHTSA), HIV Medical Care and Support Services, to name a few. In addition, DPH recognizes the importance of community linkages and expertise afforded by community-based organizations and educational institutions, and has developed many successful relationships to accomplish the goals of the grant-funded programs. DPH has a significant administrative infrastructure which includes fiscal support and data processing support staff that are available to provide additional expertise when required.
ASSIGNED PERSONNEL (SECTION E)

1. Skills and Experience: Program Structure for the proposed CARE Program:

Table 5. Key Personnel/Roles/Qualifications

<table>
<thead>
<tr>
<th>Position / Name</th>
<th>Role/Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE Program Manager</td>
<td>Overall program management and ensures compliance with all requirements.</td>
</tr>
<tr>
<td>Daniel Perez, MSW</td>
<td>Mr. Perez has 20+ years in healthcare and social work programs, developing and implementing programs, 8+ years managing quality of various programs, and 6+ years in administration of health care programming.</td>
</tr>
<tr>
<td>CARE Program Coordinator</td>
<td>Direct supervision of Health Education staff and monitoring of daily program activities.</td>
</tr>
<tr>
<td>Scott Rigsby, BA</td>
<td>Mr. Rigsby has 8+ years in public health programming as an analyst, contracts specialist, and program monitor.</td>
</tr>
<tr>
<td>Health Education Specialist</td>
<td>Health education, home visits, environmental assessments, outreach, school health fairs.</td>
</tr>
<tr>
<td>Marie Soria, BA</td>
<td>Ms. Soria has 5+ years experience as a Health Educator and has been a key part of the current CARE Program since its inception, assisting in the program’s development.</td>
</tr>
<tr>
<td>Health Services Assistant</td>
<td>Outreach, school health fairs, home visits, environmental assessments, managing supplies, providing clerical support, and scheduling calendar.</td>
</tr>
<tr>
<td>Norma Mora, CNA</td>
<td>Ms. Mora has 5+ years experience working with patients and communicating with physicians as a medical assistant/office manager. She has 1+ years of experience with the CARE Program to date.</td>
</tr>
</tbody>
</table>

2. Spreadsheet of Labor Hours Proposed:

Table 6 details the labor hours proposed for each labor category at the task level.

Table 6. CARE Program Labor Spreadsheet

<table>
<thead>
<tr>
<th>Position</th>
<th>Environmental Assessments</th>
<th>Health Education</th>
<th>Ordering, Distribution of Equipment, Supplies</th>
<th>Referrals</th>
<th>Monitoring, Data Analysis, Quality Improvement</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Manager (In-Kind)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.1 FTE</td>
<td>0.1 FTE</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.2 FTE</td>
<td>0.2 FTE</td>
</tr>
<tr>
<td>IT/Database Support</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.1 FTE</td>
<td>0.1 FTE</td>
</tr>
<tr>
<td>Health Education Specialist</td>
<td>0.25 FTE</td>
<td>0.40 FTE</td>
<td>0.10 FTE</td>
<td>0.25 FTE</td>
<td>-</td>
<td>1.0 FTE</td>
</tr>
<tr>
<td>Health Services Assistant</td>
<td>0.40 FTE</td>
<td>0.25 FTE</td>
<td>0.10 FTE</td>
<td>0.25 FTE</td>
<td>-</td>
<td>1.0 FTE</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0.65 FTE</td>
<td>0.65 FTE</td>
<td>0.2 FTE</td>
<td>0.5 FTE</td>
<td>0.4 FTE</td>
<td>2.3 FTE</td>
</tr>
</tbody>
</table>
3. Education and Training Programs:

The personnel identified to implement the CARE Program are required to meet the specified educational and experience requirements associated with their position in the County. The Health Education Specialist and Program Coordinators must possess, at minimum, a Bachelor’s in their field and have prior work experience in order to be considered for employment. The Health Service Assistant is required to meet minimum health training requirements as well.

Once employed with the County, personnel are required to receive regular training in a variety of areas including HIPAA Rules and Patient Confidentiality, Safety, Ethics, and Program-specific Training. Current CARE Staff received training through the Asthma Education Institute in asthma care coordination and vigorously maintain their level of knowledge in a variety of ways including accessing web resources, subscribing to applicable publications, and consult continuously with Public Health Nursing staff that is collocated with CARE Staff.

To increase Department efficiencies and consequently improve service delivery to the residents of San Bernardino County, the DPH recently reorganized programming. As a result, the Manager (In-kind), who will have oversight of the program, was selected to improve the quality of CARE services and ensure continued compliance with requirements.

4. Firm’s General Qualifications:

As part of its mission, the Department of Public Health:

- Monitors the community’s health status to identify community health problems.
- Informs, educates, and empowers people about health issues.
- Mobilizes community partnerships to identify and solve health problems.
- Enforces laws and regulations that protect health and ensure safety.
- Links people to needed personal health services and assures provisions of health care.
- Assures a competent public health and personal health care work force.
- Evaluates effectiveness, accessibility, and quality of personal and population-based health services.

Per State law and County Code, DPH has the responsibility of protecting the health of San Bernardino County residents. To accomplish this, DPH operates 23 distinct programs that provide services to County residents of all ages, including Health Promotion and Education, Alcohol and Drug Abuse Prevention, Tuberculosis Control, Nutrition, Reproductive Health Services, Child and Family Services, Maternal Health, Environmental Health, and Animal Care and Control. DPH has considerable experience with projects similar to the program being proposed.

Additionally, DPH is continuously assessing the health of the community to determine program needs and to respond accordingly. The array of programming requires a breadth of staffing that is rich with resources that can be tapped to enhance the level and quality of the work proposed. As an example, the CARE Program staff has ready access to consultation with Public Health Nurses, many of whom have provided similar services to the community for many years.
**SUBCONTRACTORS (SECTION F)**

The proposed CARE Program will not require the use of any subcontractors.

**CERTIFICATION REGARDING CONFLICTS (SECTION G)**

Please see Attachment 1.

**PART II: COST PROPOSAL**

The County of San Bernardino DPH is requesting a total of $250,000 to fund the proposed CARE Program operations over the period of October 1, 2010 through September 30, 2011.

Labor, travel, and other direct costs follow in the *Budget Narrative* and *Program Budget*. No profit or fees are included in this proposal. Current actual costs were used as the basis for estimating direct costs. The County requests consideration that the proposed program also be funded for another 12 month period at an amount slightly higher than the previous 12 month period. This is due to the increased cost of staffing and the need to improve service infrastructure, i.e. data collection and analysis. For the term of this proposed CARE Program, no additional funding is being requested from SCAQMD for any Breathmobile® expenses or services as described above.

1. **Budget Narrative**

   **A. Labor (See Program Budget below for breakdown of costs)**

   Point one (0.1) Full Time (FTE) Program Manager: This position is responsible for all aspects of the CARE Program including monitoring quality improvement activities and ensuring compliance with all grant requirements. *(The cost of the CARE Program Manager is an in-kind contribution by the County of San Bernardino to the project).*

   Point two (0.2) FTE Program Coordinator: This position reports to the Program Manager and will be responsible for monitoring progress on benchmarks, supervising line staff, ensuring grant reporting requirements are met, developing and implementing quality management activities, and coordinating Information Technology support.

   Point one (0.1) FTE Information Technology/Database Support: This position coordinates its work with the Program Coordinator and will improve data collection and reporting capabilities.

   One (1.0) FTE Health Education Specialist: This position reports to the Program Coordinator and will provide direct client services including asthma-related services such as environmental home assessments, health education, supplies, and equipment and referrals as needed to identified families of children with asthma.

   One (1.0) FTE Health Services Assistant: This position reports to the Program Coordinator and will be responsible for ordering and maintaining inventories of supplies, preparing charts, providing clerical support to the Health Education Specialist, and organizing calendar of home visitation appointments.

   **Benefits**: Benefits are calculated at a rate of 49% of salaries.
Indirect: Indirect expenses are calculated at 10% of salary & benefits.

B. Subcontractor Costs

The proposed CARE Program will not require the use of any subcontractors.

C. Travel Costs

Travel expenses in the amount of $7,000 will support staff reimbursement for local travel to client homes and health fairs. The current reimbursement rate is $0.50 cents per mile. Travel expenses may also include the use of County owned vehicles, overnight stays, and meals, if necessary to facilitate program operations.

D. Other Direct Costs

Advertising in the amount of $8,500 will support advertising for the Asthma Awareness Campaign and will include radio/cinema advertisements and/or the use of billboards placed in high-traffic areas along the Interstate 10 freeway. It is estimated that 17 ads will be obtained at an average cost of $500 per ad (17x500=8,500).

Media/graphic design expenses in the amount of $8,963 have been included for the design of media materials. It is estimated that 200 hours of media design services will be needed at an average hourly rate of $50 (rounded) per hour.

Printing/Postage/Educational Material in the amount of $5,000 will include the mailing and printing of educational materials. It is estimated that printing charges for high gloss, multifold pamphlets will cost $4,500, while postage will cost $500.

Supplies in the amount of $10,000 will include pillow/mattress covers and cleaning supplies for family participants. It is estimated that 250 families will receive pillow/mattress covers and cleaning supplies at an estimated cost of $40 each (40x250=10,000).

Small equipment/appliances in the amount of $19,824 will be purchased. These items include HEPA filters, home air cleaning systems, peak flow meters, and nebulizers. It is estimated that 250 families will receive such items at an average cost of $80 (rounded) per item.

Health Fair Incentives of $8,500 will be distributed to at-risk clients at regional and community health fairs. These incentives will include thousands of notepads, balls, key chains, and bottles at an estimated cost of less than $1 each.

Conference/Training Participation of $3,500 will include booth space rental and participation fees. Each of 7 health fair booth rentals is estimated to cost $500 per event (7x500=3,500).
### Project Title: Coordinated Asthma Referral and Education Program (CARE) In-Kind

Proposing Agency – County of San Bernardino, Department of Public Health

Proposed Project Duration – October 1, 2010 – September 30, 2011

Proposed Project Funding – $250,000

Target Area – San Bernardino County, West End and Central Valley

<table>
<thead>
<tr>
<th>Personnel</th>
<th>FTE</th>
<th>Billing Rate</th>
<th>10/10-9/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Manager</td>
<td>0.1</td>
<td>$43.59/hr</td>
<td></td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>0.2</td>
<td>$34.97/hr</td>
<td>14,548</td>
</tr>
<tr>
<td>IT/Database Support</td>
<td>0.1</td>
<td>$33.28/hr</td>
<td>6,922</td>
</tr>
<tr>
<td>Health Education Specialist</td>
<td>1.0</td>
<td>$26.08/hr</td>
<td>54,246</td>
</tr>
<tr>
<td>Health Services Assistant</td>
<td>1.0</td>
<td>$16.02/hr</td>
<td>33,322</td>
</tr>
</tbody>
</table>

Subtotal - Salaries = 109,038

Benefits (49%) = 53,429

Total – Salaries & Benefits = 162,466

Indirect (10%) = 16,247

**Total Personnel Costs** = 178,713

### Operating Costs

- Advertising: 8,500
- Media Design: 8,963
- Printing/Postage/Education Materials: 5,000
- Supplies*: 10,000
- Small Equipment/Appliances**: 19,824
- Travel: 7,000
- Health Fair Incentives: 8,500
- Conference/Training Participation: 3,500

**Total – Operating Costs** = 71,287

**Total Project Costs** = $250,000

* Pillow/mattress covers, nebulizers, cleaning supplies, spacers
** HEPA filter air cleaning systems, peak flow meters
RFP # PBOC-4
2009

THE BP/SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
PUBLIC BENEFITS OVERSIGHT COMMITTEE

Certification Regarding
Conflicts of Interest and Other Responsibility Matters

The Proposer certifies to the best of its knowledge and belief that it and the principals:

(a) Have not been sources of income or gifts to any member of the Oversight Committee within the previous 12 months;*

(b) Have not made any campaign contributions to any member of the Oversight Committee in amounts totaling more than $250 within the previous 12 months;*

(c) Have not hired or appointed any member of the Oversight Committee as a current employee or officer of the Proposer;*

(d) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them or 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 statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

(e) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award.

Typed Name & Title of Authorized Representative

________________________________________
Signature of Authorized Representative   Date

☐ I am unable to certify to the one or more of the above statements. My explanation is attached.

* If the Proposer has been a source of income, gifts or campaign contributions to any member of the Oversight Committee, check the box above and provide the Member’s name, date of payment, and amount as part of the explanation. Similarly, if a member of the Oversight Committee is an employee or officer of the Proposer, list the name of the member and the initial start date in the explanation.