

September 2017

# SAN BERNARDINO COUNTY

## Implementation Plan

2017 Addendum to the  
Community Transformation Plan 2015-2020



VERSION 1.0 Adopted July 2017



The 2017 Addendum to the San Bernardino County Community Transformation Plan 2015-2020 was compiled by the Community Vital Signs Program at the San Bernardino County Department of Public Health

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WE ENVISION a *complete county* that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play.

WE ENVISION a *vibrant economy* with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.

WE ENVISION a *sustainable system* of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.

WE ENVISION a *model community* which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach standard goals.

From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

Adopted by the San Bernardino County Board of Supervisors and  
San Bernardino County Transportation Authority –*formerly San Bernardino Associated Governments*  
Board of Directors

June 30, 2011

## Message from the Community Vital Signs Steering Committee Co-chairs

September 19, 2017

Dear Community Vital Signs Partners,

The Community Vital Signs (Vital Signs) Initiative is leading communitywide efforts to improve the health and wellness of all county residents. In June 2015, Vital Signs released the **San Bernardino County Community Transformation Plan 2015-2020** as a roadmap to guide the county into improving wellness and quality of life for San Bernardino County residents.

Transformation requires capitalizing on the opportunities provided by innovative collaboration, diverse partnerships, and the adoption of a Health in All Policies approach to find solutions for obtaining greater health equity and sustainability throughout our county. The **2017 Addendum to the Community Transformation Plan** includes Action Plans with goals, objectives, performance measures and cross cutting strategies for the four priority areas of **Education, Economy, Access to Health and Wellness and Safety**. These Action Plans were developed with community stakeholder input and will serve as a guide for partners to align their work, and leverage resources and efforts to empower the community to make healthy choices.

Since the release of the Community Transformation Plan, Vital Signs has developed an Open Performance Site (open data platform) that houses secondary and primary data to inform key indicators and provide consistency in performance measurement and longitudinal analysis. This platform uses Geographic Information System (GIS) mapping to help stakeholders and residents identify trends, locate resources, evaluate effectiveness of community transformation strategies over time, and identify where improvement efforts are most needed.

We hope that you will find this 2017 Addendum to the Community Transformation Plan to be a useful tool as you work with us to collectively build a culture of health and wellness in our community.



**Maxwell Ohikhuare, Co-Chair**  
San Bernardino County  
Department of Public Health

A handwritten signature in black ink that reads "Ohikhuare MD".



**Barbara Alejandre, Co-Chair**  
San Bernardino County  
Superintendent of Schools

A handwritten signature in black ink that reads "Barbara M. Alejandre".



## VISION

We envision a county where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations and government.

## VALUES

***Community Vital Signs is guided by the following values:***

**Community-Driven:** Shared leadership by and for residents, engaging and empowering all voices

**Cultural Competency:** Respecting and valuing diverse communities and perspectives

**Inclusion:** Actively reaching out, engaging, and sharing power with diverse constituencies

**Equity:** Access to participation, resources and services, addressing historical inequities and disparities

**Integrity and Accountability:** Transparent and cost-effective use of resources

**Collaboration:** Shared ownership and responsibility

**Systemic Change:** Transform structures, processes, and paradigms to promote sustained individual and community health and well-being

## PURPOSE

Community Vital Signs is a community health improvement framework jointly developed by San Bernardino County residents, organizations and government. It builds upon the Countywide Vision by setting evidence-based goals and priorities for action that encompass policy, education, environment, and systems change in addition to quality, affordable, and accessible health care and prevention services. It provides the basis for aligning and leveraging resources and efforts by diverse agencies, organizations, and institutions to empower the community to make healthy choices.

## OUR COMMUNITY VITAL SIGNS COMMUNITY TRANSFORMATION PLAN

Our Community Vital Signs Community Transformation Plan (CTP) 2015-2020 is intended to drive discussion at the community level, and future alignment of strategies and resources in order to achieve wellness in our County.

The information contained in this 2017 Addendum is intended for use by all residents, sectors, networks and partnerships committed to taking action to address the priority health-related issues.

Our **Community Transformation Plan 2015-2020** and **Executive Summary** are available online at: [www.communityvitalsigns.org](http://www.communityvitalsigns.org)

Our **Community Transformation Plan 2017 Addendum** is available online at: [www.communityvitalsigns.org](http://www.communityvitalsigns.org)

Our **Community Vital Signs 2013 Final Report** is available online at: [www.communityvitalsigns.org](http://www.communityvitalsigns.org)

Our **Community Vital Signs Open Performance** Site is available online at: [data.communityvitalsigns.org](http://data.communityvitalsigns.org)

For further information please contact **Community Vital Signs** at: [CommunityVitalsigns@dph.sbcounty.gov](mailto:CommunityVitalsigns@dph.sbcounty.gov)

### Stay Connected



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[youtube.com/watch?v=blBECzyDzDo&feature=youtu.be](https://youtube.com/watch?v=blBECzyDzDo&feature=youtu.be)

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## ACKNOWLEDGMENTS

We would like to thank the members that serve on the Community Vital Signs Steering Committee, subcommittees and Implementation Action Planning Workgroups, and whose commitment of time, resources and expert counsel has guided the implementation of the Community Transformation Plan.

### *Community Vital Signs Steering Committee*

- Barbara Alejandre San Bernardino County Superintendent of Schools
- Dr. Juan Carlos Belliard Loma Linda University Health
- Sarah Eberhardt-Rios County of San Bernardino Department of Behavioral Health
- Dr. Jay Fiene California State University San Bernardino
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- Mike Gallo Kelly Space and Technology
- Peggi Hazlett Ontario Chamber of Commerce
- George Lamb Faith Advisory Council for Community Transformation
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- Dr. Maxwell Ohikhuare San Bernardino County Public Health
- Ron Markegard San Bernardino County Sheriff's Department
- Cid Pinedo National CORE
- Keven Porter Hospital Association of Southern California
- Scott Rigsby San Bernardino County Public Health
- Dr. Deanna Stover Community Health Association Inland Southern Region
- Dr. Monica Wilson San Bernardino County Behavioral Health Commission



## ACKNOWLEDGMENTS

### *Community Vital Signs Joint Committee and Implementation Workgroup Partners*

California State University, San Bernardino  
City of Colton  
City of Ontario  
Community Health Association Inland Southern  
Region  
Dignity Health  
Faith Advisory Council for Community  
Transformation  
First Five San Bernardino  
Hope through Housing  
Hospital Association of Southern California  
Inland Empire Economic Partnership  
Inland Empire Health Plan  
Kelly Space & Technology  
Loma Linda University Health  
Marc Steinorth, Assemblyman, 40th District  
Molina Healthcare  
National CORE  
Ontario Montclair School District - Promotoras  
De Salud Mental  
Ontario Chamber of Commerce  
Partners for Better Health  
Reach Out  
Revive Our Old Town –Victorville

San Bernardino City Unified School District  
San Bernardino County Administrative Office  
San Bernardino County Department of Behavioral  
Health  
San Bernardino County Behavioral Health  
Commission  
San Bernardino County Board of Supervisors  
San Bernardino County Department of Public  
Health  
San Bernardino County District Attorney  
San Bernardino County Economic Development  
Agency  
San Bernardino Council of Governments  
San Bernardino County Preschool Services  
Department  
San Bernardino County Probation Department  
San Bernardino County Public Defender  
San Bernardino County Sheriff's Department  
San Bernardino County Sheriff's-Coroner  
Department  
San Bernardino County Superintendent of Schools  
San Bernardino County Transportation Authority  
San Bernardino County Workforce Development Board  
St. Mary Medical Center  
Transforming Lives Charter School

## COMMUNITY TRANSFORMATION PLAN - PRIORITY AREAS

### PRIORITY AREA 1: EDUCATION

GOALS	OBJECTIVES
1. <b>Increase high school graduation rates</b>	a. Increase high school graduation rates b. Increase the percentage of students who are proficient readers by 3 <sup>rd</sup> grade
2. Increase postsecondary education attainment rates	a. Increase the percentage of adults who have a Bachelor's degree or higher b. Increase the percentage of adults who enter or complete college, and/or workforce training with 21 <sup>st</sup> century skills

### PRIORITY AREA 2: ECONOMY

1. <b>Decrease the percentage of families living in poverty</b>	a. Decrease the percentage of individuals living in poverty b. Decrease the percentage of children (under 18 years) living in poverty c. Increase Industry Employment by Sector
2. Increase access to safe and affordable housing	a. Decrease the number of homeless individuals b. Decrease the percentage of residents who spend more than 30% of their income on housing

### PRIORITY AREA 3: ACCESS TO HEALTH AND WELLNESS

1. <b>Increase the percent of residents who have and regularly access a usual source of care</b>	a. Increase the percentage of residents who have a usual source of care b. Increase the percentage of residents with health insurance coverage c. Decrease the percentage of residents who delayed or did not get medical care in the past year
2. Increase behavioral health awareness	a. Decrease the percentage of 7th graders who reported feeling sad and hopeless every day for two weeks or more that they stopped doing some usual activities
3. Increase access to behavioral health services	a. Increase the rate of residents accessing behavioral health services under the Department of Behavioral Health, safety net systems, Medi-Cal managed care (IEHP, Molina), and commercial insurance

Implementation Action Plans were developed for those Priority Area Goals indicated in bold type.

## COMMUNITY TRANSFORMATION PLAN - PRIORITY AREAS

### PRIORITY AREA 3: ACCESS TO HEALTH AND WELLNESS

GOALS	OBJECTIVES
4. Reduce the misuse and abuse of alcohol, prescription, and other drugs in the community	a. Decrease the percentage of youth (21 and under) who misused alcohol or other drugs in the past year
5. Decrease the prevalence and increase the management of chronic diseases (including diabetes, obesity, and cardiovascular disease)	<ul style="list-style-type: none"> <li>a. Decrease the percentage of the adult population ever diagnosed with diabetes</li> <li>b. Decrease the percentage of adults ever diagnosed with high blood pressure</li> <li>c. Decrease the hospitalization rate for cardiovascular disease (heart disease)</li> <li>d. Decrease the percentage of obese adults</li> <li>e. Decrease the percentage of teens, age 12-17 that are overweight/obese</li> </ul>
6. <b>Increase the number of residents engaged in active living activities</b>	<ul style="list-style-type: none"> <li>a. Increase the percentage of teens (12-17) who met the CDC recommendation of 1 hour or more of daily physical activity</li> <li>b. Increase the number of bike trails</li> </ul>

### PRIORITY AREA 4: SAFETY

1. <b>Reduce the crime rate across San Bernardino County</b>	<ul style="list-style-type: none"> <li>a. Decrease the crime rate per capita</li> <li>b. Decrease the number of gang members</li> <li>c. Increase positive relationships between residents and Police/Fire Departments</li> <li>d. Decrease juvenile crime rate</li> </ul>
2. Improve children's perception of safety at school	a. Increase the percentage of 9 <sup>th</sup> grade students who reported feeling safe or very safe at school

Implementation Action Plans were developed for those Priority Area Goals indicated in bold type.



## Community Vital Signs Community Transformation Plan 2015-2020 2017 Addendum

### INTRODUCTION

In June 2015, the Community Vital Signs (Vital Signs) Initiative released the Community Transformation Plan (CTP) 2015-2020 to serve as a health improvement framework for San Bernardino County. The CTP aligns with the Countywide Vision calling for community collaboration to create a vibrant, physically, and economically healthy county over the next 20 years.

The purpose of the CTP is to describe how partners and the community will work together to create opportunities to transform San Bernardino County into a healthier place to live, work, learn, and play. The CTP is intended to be a long-term systematic effort to address priority issues that affect community health. The Community Transformation Plan includes collective goals, indicators to measure success, and potential crosscutting strategies and policy recommendations for addressing the health priority areas of: **(1) Education; (2) Economy; (3) Access to Health and Wellness (includes: Access to Healthcare, Behavioral Health, and Healthy Behaviors); and (4) Safety (includes: Community Safety and School Safety).**

This 2017 Addendum highlights the work that has been undertaken over the past two years to move from planning to implementation. This complex and transformative effort directly followed the release of the CTP and includes the development of action plans aimed at achieving the objectives and strategies that were identified as being of highest priority across all stakeholder groups. In addition, a process to track actions taken by partners to implement the strategies in the CTP was developed. This action planning process began with the Vital Signs Steering Committee, which is comprised of the 19-member multi-sectorial body responsible for Vital Signs Initiative oversight, strategic direction and evaluation strategies. The Steering Committee oversaw the formation of two subcommittees in August 2015: the Implementation Committee and the Communications Committee.

The Implementation Committee developed the Partner Activation Inventory Survey and distributed it to a number of organizations across San Bernardino County between November 19, 2015 and February 18, 2016. Sixty-one partners responded and identified current work in San Bernardino County that aligns with and/or supports the CTP goals and strategies and indicated which short-term goals they were interested in working on through active participation. Responses were analyzed to identify “quick wins”; 1-2 specific strategies within each priority area that align with existing local health efforts; alignment with system-level and community-level strategies; resources and assets available to mobilize action; and identify interested partners for carrying out and implementing elements of the plan. A summary of the results from the Community Vital Signs Partner Activation Inventory (PAI) Survey Results and list of survey participants is in Appendix A.

The Communications Committee developed the Strategic Communications Plan (January 2016) which yielded six goals to support the San Bernardino County CTP: 1) provide a tactical messaging framework that aligns with the communication needs of the four priority areas; 2) develop a distinct brand for Vital Signs and the CTP along with strategies for consistent brand deployment; 3) activate partner participation to promote understanding, improve stakeholder connectedness and recruit activists and advocates; 4) inform and engage county leaders to drive decision-making and promote system and

policy change; 5) heighten awareness and promote access to resources that support health and wellness and healthy choices; and 6) increase communication effectiveness to improve and coordinate internal and external communications. Each Implementation Action Plan includes activities to support the communication plan goals listed above.

On September 19, 2016, the Implementation Committee and the Communications Committee began to meet as the Community Vital Signs Joint Committee to review the results and analysis of the Community Vital Signs Partner Activation Inventory Survey and the Strategic Communications Plan. From this review, the Joint Committee developed the Community Vital Signs CTP Implementation Timeline. The Implementation Timeline began in October 2016 and included the following milestones:

- Determine strategies for which to advocate
- Develop an Action Planning process and framework for workgroups
- Create four Action Planning Workgroups for each health Priority Area
- Provide bi-monthly Action Planning Workgroup updates to the Vital Signs Steering Committee
- Develop Action Plans for the two first Priority Areas: Access to Health/Wellness, and Education
- Conduct two Vital Signs Outreach and Education Community Events in 2017; and
- Develop a follow-up partner survey to track implementation in 2017/2018.

Suggestions for which Policy Recommendations for Each Priority Area” (Exhibit 6, Community Transformation Plan pages 58-66) system- and community-level strategies to align to the CTP Priority Areas and Goals were developed into the Community Transformation Plan Implementation Strategy Grid and approved by the Vital Signs Steering Committee on October 21, 2016. The Implementation Strategy Grid (Revised December 20, 2016) can be found in Appendix B.

## IMPLEMENTATION ACTION PLANNING PROCESS

### Implementation Action Planning Workgroups

On January 23, 2017, the Vital Signs Steering Committee established four (4) Implementation Action Planning Workgroups to represent each Priority Area: (1) Education, (2) Economy, (3) Access to Health and Wellness, and (4) Safety from the Community Transformation Plan. The San Bernardino County Department of Public Health (SBC DPH) staffs the Vital Signs Initiative and supports Vital Signs activities through convening community partners, facilitating meetings and discussions, and developing planning documents for review and approval by the Vital Signs Steering Committee.

The Implementation Action Planning Workgroup meetings were scheduled from February 14, 2017 through August, 2017, allowing approximately 26 consecutive weeks for planning and development of the **Implementation Action Plans (IAP)**. Each Priority Area Action Planning Workgroup meeting lasted 90 minutes, including 15 minutes for introductions, announcements and review of the meeting agenda; 60 minutes for strategy discussion, review of data and priority area indicators, subject matter expert presentations, and small group work; and 15 minutes to recap, discuss next steps and items/resources needed.

The Access to Health and Wellness, and Education Workgroups met between February-April 2017, and the Economy and Safety Workgroups met between July –August 2017. Eight Vital Signs Steering Committee members, two per workgroup, were selected as Workgroup Champions to facilitate action planning discussions. Not all CTP goals were addressed during this time frame and another set of Workgroup meetings will be scheduled after the first round is completed, providing some time to begin implementation and monitoring.

### Data and Performance Measures Review and Update

The Community Transformation Plan 2015-2020 (CTP) includes a snapshot of key data indicators related to the goals and objectives of the plan from *Our Community Vital Signs 2013 Final Report* (Community Health Assessment). At the first meeting of each Action Planning Workgroup, data indicators and performance measures for the county with state and national comparisons (as available) as well as desired goals for population health as outlined by Healthy People 2020 were reviewed and discussed. Additional data available through other sources and the Community Vital Signs Open Performance Site was also reviewed. Vital Signs and the Action Planning Workgroups will continue to coordinate with the Department of Public Health to provide updated key secondary and primary data indicators as the Action Plans are implemented. An update of data and performance measures can be found in Appendix C: Indicator Data.

## Prioritization of Goals and Strategies

The *Vital Signs Joint Committee* met on January 23, 2017 and participated in an exercise to prioritize the eleven goals from the **CTP Implementation Strategy Grid** (Appendix B) Priority Areas to determine the order in which the goals would be addressed during the Action Planning Workgroup meetings. The Action Planning Workgroups developed Implementation Action Plans (IAP) for the Goals beginning with those receiving the most votes first and then progressing through the list. *(See Priority Area chart below)*

<b>PRIORITIZATION OF GOALS BY JOINT COMMITTEE MEMBERS</b>				
<b>January 23, 2017</b>				
<b>PRIORITY AREA: Access to Health &amp; Wellness (AHW)</b>			<b>Votes Per Goal</b>	<b>Votes Per Area</b>
Priority 1	<b>Goal 6:</b> Increase the number of residents engaged in active living activities	6	12	
Priority 2	<b>Goal 1:</b> Increase the % of residents who have and regularly access a usual source of care	3		
Priority 3	<b>Goal 2:</b> Increase behavioral health awareness	1		
	<b>Goal 3:</b> Increase access to behavioral health services	1		
	<b>Goal 4:</b> Reduce the misuse and abuse of alcohol, prescription, and other drugs in the community	1		
<b>PRIORITY AREA: Education</b>				
Priority 1	<b>Goal 1:</b> Increase high school graduation rates	7	10	
Priority 2	<b>Goal 2:</b> Increase post-secondary educational attainment rates across the county	3		
<b>PRIORITY AREA: Economy</b>				
Priority 1	<b>Goal 1:</b> Decrease the % of families living in poverty across the county	6	8	
Priority 2	<b>Goal 2:</b> Increase access to safe and affordable housing of all residents	2		
<b>PRIORITY AREA: Safety</b>				
Priority 1	<b>Goal 1:</b> Reduce crime rate across San Bernardino County	1	1	
	<b>Goal 2:</b> Improve children’s perception of safety at school	0		

## Selection of Strategies for Implementation Action Plans

The Community Transformation Plan 2015-2020 (CTP) includes forty-seven (47) potential system-level and community-level strategies that were identified by the *Mobilizing for Action through Planning and Partnerships (MAPP)* workgroup utilizing feedback from numerous community forums (CTP Exhibit 6, pages 57-66). Many of the strategies have elements that impact or require the efforts of multiple sectors with the intent to align resources, cultivate partnerships, and motivate action. The Community Transformation Plan Implementation Strategy Grid (Appendix B) was developed by the Vital Signs Joint Committee and includes recommendations on which strategies best align with the CTP Priority Area Goals and Objectives.

The Implementation Action Planning Workgroups reviewed the Implementation Strategy Grid and identified strategies that can be 1) implemented or are already being implemented and expected to achieve some outcomes in the next 6-12 months, and 2) those that would take longer (3-5 years) and would create measurable outputs and outcomes resulting in a change in population-level goals. The Workgroups also heard presentations from subject matter experts who shared the work and activities of their partner organizations, resources and assets that helped mobilize efforts, and success stories and strategies for engaging community members and partners in support of the CTP goals and objectives.

Once the Action Planning Workgroups selected CTP strategies, Implementation Action Plans for each Priority Area were developed.

## IMPLEMENTATION ACTION PLANS (IAP)

The Implementation Action Planning Workgroups developed IAPs for each Priority Area to address selected strategies, and identified activities necessary to achieve the strategies. The following IAPs included:

- CTP Priority Areas and Goals
- Measurable objectives
- Strategies that have a strong foundation in the evidence base
- Specific action steps with target date, resources required, lead person/organization, achievement or result, and progress notes
- Performance measures
- Alignment with the Community Vital Signs Strategic Communications Plan
- Alignment with local, state and national priorities
- Plans for sustaining action
- Policy changes needed to implement the strategies





## Priority Area: EDUCATION

### GOAL 1: Increase high school graduation rates

**STRATEGY 6:** Strengthen the connection between 0-5 and K-12 education

**STRATEGY 33:** Improve information sharing, data collection, and reporting systems to identify, analyze and communicate information across all sectors to improve outcomes for at-risk students, residents, and communities, including:

- a) Enable data sharing across managed care, hospitals, government, and other primary and behavioral health providers;
- b) Create a consumer-focused information web portal for the county that guides users and simplifies resource navigation within the county; and
- c) Include active transportation and nutrition information/resources





# EDUCATION

**GOAL 1:** Increase high school graduation rates

**OBJECTIVE:**

1. By July 2017, the Community Vital Signs Initiative will support the Vision2Read (V2R) Initiative’s launch of the Footsteps2Brilliance Early Literacy Mobile Platform (F2B) through community-wide outreach and awareness, aligning messaging, and increasing the number of adopted V2R resolutions by school districts and municipalities to support early literacy.
2. By March 2018, increase the number of words read by cohort pre-K students from 4.5 million to 10 million.
3. By June 2018, improve the post-score of cohort students on the Desired Results Development Profiles (DRDP) - Domain and Measure Language and Literacy when compared to the pre-score on the DRDP.
4. By June 2020, increase the percentage of students who are proficient readers by 3<sup>rd</sup> grade from 37% to 39%.

**STRATEGY 6:** Strengthen the connection between 0-5 and K-12 education

**PERFORMANCE MEASURES**

Long Term Indicators	Source	Frequency
By January 2020, <b>increase</b> the percentage of students who are proficient readers by 3 <sup>rd</sup> grade from 37% to 39%.	California Department of Education (CDE), English Language Arts/literacy standards on the California Assessment of Student Performance and Progress (CAASPP) test	Annual
By January 2020, <b>increase</b> high school graduation rate from 80.7% to 86.5%.	CAASSP, California Longitudinal Pupil Achievement Data System(CALPADS)/California Educational Dashboard, San Bernardino County Education Data Platform	Annual

## **BACKGROUND ON COUNTYWIDE COLLECTIVE IMPACT MODEL:**

**San Bernardino Countywide Vision:** On June 30, 2011, the County Board of Supervisors and the San Bernardino Associated Governments Board of Directors adopted the Countywide Vision Statement:

“We envision a complete county that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play. We envision a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the county’s unique advantages and provide the jobs that create countywide prosperity. We envision a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment. We envision a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals. From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.”

**Core Vision Elements:** Education, Wellness, Public Safety, Jobs/Economy, Housing, Environment, Water, and Infrastructure, were identified as interrelated systems vital to achieving our collective Countywide Vision. Eight Element Groups, facilitated by a leader(s) from each system, convene stakeholders to support Countywide Regional Implementation Goals.

**Regional Implementation Goals:** On May 2, 2012, the County Board of Supervisors and San Bernardino Associated Governments Board of Directors adopted two initial regional goals to be achieved by the Countywide Vision Implementation effort focusing on supporting the cradle-to-career success of every child and establishing the county as a model of business friendliness.

**BACKGROUND ON STRATEGY:** High school graduates earn higher salaries, have better self-esteem, more personal life satisfaction, fewer health problems, less involvement in criminal activity than a high school drop-out. San Bernardino County’s Community Cradle to Career Roadmap outlines a Collective Impact approach to achieve the Countywide Vision “Where every student has the mindset and disposition for college and career readiness.” This journey to lifelong learning includes the development of self-concept, self-control, motivation to learn, positive interaction and relationships with others, and social problem solving. The ability to read at grade level by 3<sup>rd</sup> grade is a key academic and career readiness success indicator.

**Source:** San Bernardino County Community Cradle to Career Roadmap:

[http://cms.sbcounty.gov/portals/21/pressreleases/cradle\\_to\\_career\\_roadmap.pdf](http://cms.sbcounty.gov/portals/21/pressreleases/cradle_to_career_roadmap.pdf)

Reading at grade level by 3<sup>rd</sup> grade is one of the greatest predictors of children’s success in school, their likelihood of going to college, and their future earning potential. Literacy has a direct and profound impact on several elements of the Countywide Vision, most especially education, wellness, jobs and the economy, and public safety. In support of the San Bernardino Countywide Vision and the Regional Goal of supporting every child from cradle to career, the Vision2Read (V2R) initiative is a campaign designed to:

- Focus attention on the importance of reading;
- Highlight literacy-related programs and services throughout San Bernardino County; and
- Connect people to available literacy resources and/or volunteers.

Footsteps2Brilliance (F2B), launched in April 2017, is a nationally recognized program which provides free access to early literacy activities in both English and Spanish to all families with children birth through pre-K who reside in San Bernardino County. It accelerates early achievement by uniting the power of mobile technology with the latest cognitive research; provides thousands of interactive books, songs, and games; offers learning experiences that digitally link school and home to give students the exposure; and develops competency they need for foundational literacy skills to ensure success from cradle to career.

In addition to offering F2B to county residents, the Vision2Read partnership is evaluating the long-term measurable outcomes of the platform through integrated classroom use. An initial cohort of 1,500 students was launched in February 2017 in both state preschool and Head Start programs. The initial cohort was selected based on the highest literacy needs – preschool and Head Start programs that are feeder schools into elementary schools with less than 20 percent proficiency for the English Language Arts/literacy standards on the 2015 California Assessment of Student Performance and Progress test. Additional services provided to cohort participants include professional development and trainings for teachers to integrate F2B into the classroom, as well as hands-on workshops for cohort families for use outside of the classroom. For cohort students, aggregate and disaggregate data is monitored to help teachers provide standards-aligned instruction tailored to each student’s needs as well as to measure outcomes and overall achievements.

**Source:**

1. “Early Warning! Why Reading by the End of Third Grade Matters,” A KIDS COUNT Special Report from the Annie E. Casey Foundation, 2010. <http://www.aecf.org/resources/early-warning-why-reading-by-the-end-of-third-grade-matters/>
2. [Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation,” A National Study from the Annie E. Casey Foundation, 2017.](#)
3. Campaign for Grade Level Reading: <http://gradelevelreading.net/uncategorized/study-links-3rd-grade-reading-poverty-and-hs-graduation>

**Evidence Base:** <http://www.countyhealthrankings.org/policies/reach-out-and-read>

**Policy Change/Recommendation:** Yes

**Systems Change (Y/N):** Yes – Make F2B available countywide.

**STRATEGIC OBJECTIVE #1:**

By March 2020, **expand** the collective impact relationship with policymakers; government officials; educators, health care, public safety, business and labor professionals; community and faith-based leaders, and parents and families, to **implement** the Footsteps2Brilliance (F2B) Early Literacy Mobile Platform for ages 0-5 years to **increase the** number of children who will be proficient readers by 3<sup>rd</sup> grade.

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Organization	Achievement Result	Progress Notes
1. Support the launch of the Countywide Vision2Read (V2R) literacy initiative as its first public campaign supporting the Cradle to Career Regional Goal	Sept 2015	<ul style="list-style-type: none"> <li>Countywide Vision (CWV) Leadership ; Element Groups</li> <li>Inland Empire United Way and its 211 San Bernardino County HandsON Inland Empire programs</li> </ul>	CWV Leadership T	<ul style="list-style-type: none"> <li>V2R Branding: infographic, bookmarks, website Vision2Read.com (Sept 2015)</li> <li>V2R Kick-off and Book Giveaway (Sept 2015)</li> <li>National Recognitions: Two 2017 Achievement Awards from the National Association of Counties (NACo) in the category of civic education and public information and website (May 2017)</li> </ul>	Completed
2. Purchase F2B Platform	July 2016	<ul style="list-style-type: none"> <li>San Bernardino Superintendent of Schools (SBCSS)</li> <li>San Bernardino County Preschool Services (PSD)</li> <li>First 5 San Bernardino (First 5)</li> <li>Children’s Fund (CF) – referred to as <i>Early Funders</i></li> </ul>	Early Funders	<ul style="list-style-type: none"> <li>Literacy Platform</li> <li>Leveraged resources from partners</li> </ul>	Completed
3. Develop first F2B cohort with state and Head Start preschool programs.	Feb 2017	<ul style="list-style-type: none"> <li>SBCSS and PSD</li> </ul>	SBCSS and PSDs	1,500 cohort participants identified	Completed

<b>ACTION PLAN (Obj. 1 Continued)</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Organization</b>	<b>Achievement Indicator</b>	<b>Progress Notes</b>
4. Develop curriculum and train trainers for summer community activities to keep the reading momentum going	July 2017	<ul style="list-style-type: none"> <li>SBCSS</li> <li>PSD</li> </ul>	SBCSSs	Easy to use, self-guided instruction – printed and online	Completed
5. Identify community locations for outreach activities events and conferences	July 2017	<ul style="list-style-type: none"> <li>CWV Element Groups</li> <li>CVS Steering Committee</li> </ul>	PSD, SBCSS and County Library	<ul style="list-style-type: none"> <li>Listing of community locations for conducting outreach events.</li> <li>Outreach events conducted by SBCSS</li> </ul>	Completed
6. Establish an ongoing schedule for the project period for analysis and review of disaggregate cohort data and countywide aggregate data	Feb 2018	<ul style="list-style-type: none"> <li>SBCSS</li> <li>PSD</li> </ul>	PSD and SBCSS	Ongoing analysis and review of data	Completed
7. Identify and inventory existing evidence-based literacy efforts within the county, develop summary report and distribute to connect to F2B	June 2018	<ul style="list-style-type: none"> <li>CVS Steering Committee,</li> </ul>	PSD, SBCSS, and County Library	Inventory list of literacy efforts	In Progress
8. Align F2B with existing evidence-based literacy efforts to evaluate the efficacy of collective impact efforts and fidelity of the evidence-based strategies implemented	June 2018	<ul style="list-style-type: none"> <li>CWV Leadership Team</li> <li>CVS Steering Committee</li> </ul>	PSD and SBCSS	Completed evaluation	In Progress
9. Distribute F2B interim project to the Countywide Vision Leadership Team, policy makers, and potential funders	June 2018	Education Element Group, CVS Steering Committee	PSD and SBCSS	Interim Project Outcomes Report distribution list	In Progress

**STRATEGIC OBJECTIVE #2:**  
By 2020, Vision2Read community partners will work to highlight literacy-related programs and services, and connect people to available literacy resources and/or volunteer opportunities throughout San Bernardino County to improve literacy attainment and increase the number of children who will be proficient readers by 3<sup>rd</sup> grade.

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Organization	Achievement Result	Progress Notes
1. Identify literacy programs e.g. Reach Out and Read, Little Free Library and establish links on the Vision2Read website	Nov 2017	CWV Leadership Team, Element Groups, CVS Steering Committee, Communications and Community Engagement	CWV Leadership Team Education Liaisons	Increased visibility and knowledge of countywide Literacy program via links on V2R website	Completed

**ALIGNMENT WITH STATE AND NATIONAL PRIORITIES**

Obj #	Let's Get Healthy California	California Department of Education	Healthy People 2020	Federal Education Priorities
1	Increase the proportion of 3 <sup>rd</sup> grade students whose reading skills are at or above proficient level	The Smarter Balanced Summative Assessments Measures English language arts/literacy (ELA) proficiency beginning in 3 <sup>rd</sup> grade.  The Scaling Up Multi-Tiered System of Supports (SUMS) initiative recommends the adoption of an annual universal screener for reading proficiency.	<b>Early and Middle Childhood-2.3</b> Increase the proportion of parents who read to their young child	<b>Every Student Succeeds Act (ESSA)-</b> address early childhood learning needs (cognitive, social, emotional, and physical development) for children ages 0 to 6. Provides opportunities for expansion and alignment to the TK-12 system to ensure that kindergarten and first-grade students receive the supports they need to read at grade level by third grade

<b>COMMUNITY VITAL SIGNS COMMUNICATIONS PLAN ACTIVITIES</b>				
<b>Obj #</b>	<b>Activate Partner Participation and Involvement</b>	<b>Inform and Engage County Leaders to Drive Decision Making</b>	<b>Heighten Awareness and Promote Access to Resources for Healthy Choices</b>	<b>Increase Internal and External Communication Effectiveness</b>
1,2	Partners participate in outreach and awareness activities	V2R resolution is developed and distributed to leaders; Share F2B evaluation report to funders and leaders to expand and sustain the program; identify opportunities for collaboration	Families and young children learn to read through books, songs and games	Add F2B information to CVS Website; Include F2B training and outreach information in partner communication venues
2	Partners identify available literacy programs		Families and young children learn to read	Literacy programs identified on Vision2Read website

<b>PLAN FOR SUSTAINING ACTION</b>
<p>The Community Transformation Plan 2015-2020 created by community members and stakeholders broadens and builds upon successful local initiatives in San Bernardino County. Reading at grade level by 3<sup>rd</sup> grade is one of the greatest predictors of children’s success in school, their likelihood of going to college, and their future earning potential. In support of the Countywide Vision and the Regional Goal of supporting every child from cradle to career, the Vision2Read initiative and Footsteps2Brilliance Early Literacy Mobile Platform (F2B) was launched. The F2B program is funded by a partnership between San Bernardino County Superintendent of Schools, San Bernardino County Preschool Services, First 5 San Bernardino, and the Children’s Fund to make the F2B platform available at no cost to county residents and funding for an initial cohort. Opportunities to expand the number of preschool cohorts throughout San Bernardino County and sustain F2B through collective impact and innovative funding models will be explored.</p>





# EDUCATION

Goal 1  
Strategy 33

**GOAL 1:** Increase high school graduation rates

**STRATEGY 33:** Improve information sharing, data collection, and reporting systems to identify, analyze and communicate information across all sectors to improve outcomes for at-risk students, residents, and communities, including:

- a) Enable data sharing across managed care, hospitals, government, and other primary and behavioral health providers;
- b) Create a consumer-focused information web portal for county that guides users and simplifies resource navigation within the county; and
- c) Include active Transportation and nutrition information/resources

## PERFORMANCE MEASURES

Long Term Indicators	Source	Frequency
Improve the overall economic vitality of the region through data driven decision making across all sectors of our countywide community	• (CAASSP), California Longitudinal Pupil Achievement Data System (CALPADS)/California Education Data Dashboard	Annual
	• San Bernardino Countywide Education Open Data Platform	Monthly
	• CVS Open Performance Platform	Quarterly
	• SBC Transportation Authority Open Data Platform	Annual
	• San Bernardino County Economic Development Agency	Annual
	• Growing Inland Achievement Data	Annual

**BACKGROUND ON STRATEGY:** Access to up-to-date data and information systems and the capability to access and respond to student and client needs is part of the basic infrastructure for education and public health agencies. Data must be accurate, timely and relevant to inform policy, systems and environmental change actions.

**Source:** Healthy People 2020, Public Health Infrastructure. <https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure>

**Evidence Base:** Strong

**Policy Change (Y/N)** – Yes. Have identified funding, selected vendor and working to develop data portal, plans for launch and evaluation methodology

<b>STRATEGIC OBJECTIVE 1:</b> By June 2018, San Bernardino County Superintendent of Schools will fund the development of an Open Data Platform to improve information data sharing and will be linked to every schools district’s data.				
<b>ACTION PLAN</b>				
<b>Activity</b>	<b>Target Date</b>	<b>Lead Organization</b>	<b>Achievement Result</b>	<b>Progress</b>
1. Identify funding, develop scope, and initiative procurement process	December 2016-February 2017	SBCSS	<ul style="list-style-type: none"> <li>SBCSS to fund an Open Data Platform (public and secure portals) for three years.</li> <li>Developed scope of work with legal guidance</li> <li>Contract executed with BrightBytes</li> </ul>	Completed
2. Vendor selection and project kick-off	March –May 2017	SBCSS	Academic, career, personal and social emotional, and technical SBCSS staff and BrightBytes	Completed
3. Engage district superintendents at annual Education Leadership Summit	June 2017	SBCSS	Support from district superintendents to build portal for collective impact.	Completed
4. Initial development of interactive Cradle to Career Roadmap	June 2017-February 2018	SBCSS	For each pillar of support: <ul style="list-style-type: none"> <li>Identified national level evidence-based practices</li> <li>Identified national level resources</li> </ul>	In progress
5. Launch public portal	June 2018	SBCSS	Statewide Assessment Data <ul style="list-style-type: none"> <li>Link to every district’s data</li> <li>Comparative data by national, state, county, district, and school</li> </ul>	In progress
6. Monitor use, determine value, and enhance portal	June 2018-March 2020	SBCSS	<ul style="list-style-type: none"> <li>Local Control Accountability Plan for every district</li> <li>Storytelling and mapping capabilities</li> <li>Public and stakeholder access to information for their utilization</li> </ul>	In progress
7. Solicit phase I districts to develop a secure portal	June – October 2017	SBCSS	10 districts interested	Completed
8. Develop an MOU for PII data	July-October 2017	SBCSS	Legal team to identify safeguarding data sharing guidelines in accordance with HIPPA, FERPA, and COPPA	Completed
9. Implement Early Warning System, Phase I districts	October 2017 – June 2018	SBCSS	<ul style="list-style-type: none"> <li>Obtain PII data from district</li> <li>Through predictive analytics, help identify student-level risks in academics and social/emotional areas</li> </ul>	In progress
10. Develop a web-based Local Control Accountability Plan solution	November 2017 – June 2018	SBCSS		In progress
11. Provide professional development for Phase I districts	January – December 2018	SBCSS		In progress

<b>ALIGNMENT WITH STATE AND NATIONAL PRIORITIES</b>			
<b>Obj #</b>	<b>Healthy People 2020</b>	<b>National Prevention Strategy</b>	<b>California Department of Education</b>
1	<b>Public Health Infrastructure- PHI-7</b> Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups	<b>Healthy and Safe Community Environments</b> Promote the use of interoperable systems to support data-driven prevention decisions and implement evidence-based prevention policies and programs	California Longitudinal Pupil Achievement Data System

<b>COMMUNITY VITAL SIGNS COMMUNICATIONS PLAN ACTIVITIES</b>				
<b>Obj #</b>	<b>Activate Partner Participation and Involvement</b>	<b>Inform and Engage County Leaders to Drive Decision Making</b>	<b>Heighten Awareness and Promote Access to Resources for Healthy Choices</b>	<b>Increase Internal and External Communication Effectiveness</b>
1	Collaborate with stakeholders, community partners and residents to support F2B events and activities.	Present San Bernardino Countywide Education Open Data Platform to CVS Steering Committee	Conduct rallies and promotional events at libraries, schools, and community organizations.	Open Data Platform will be launched to public and schools in June 2018

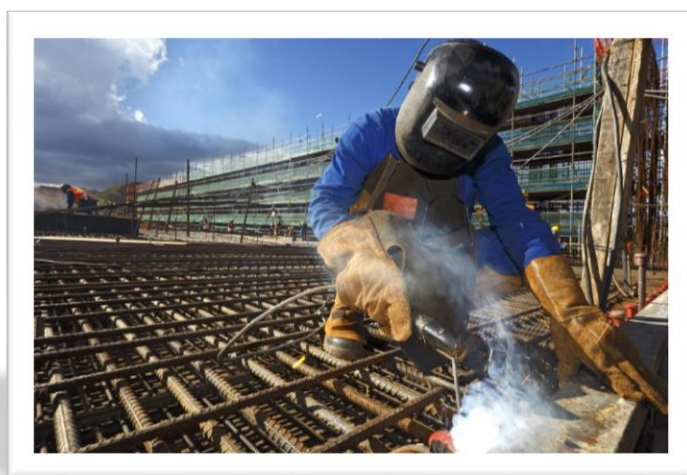
<b>PLAN FOR SUSTAINING ACTION</b>
<p>The Community Transformation Plan 2015-2020 created by community members and stakeholders broadens and builds upon successful local initiatives in San Bernardino County. The San Bernardino County Superintendent of Schools (SBCSS) Countywide Education Open Data Platform will improve the overall vitality of the region through data driven decision-making across all sectors including education and public health. SBCSS has identified funding, selected a vendor and is currently developing the data portal that will be launched in June 2018. Use of the Open Data Platform will be monitored, value determined and enhanced over time.</p>



## Priority Area: Economy

**GOAL 1:** Decrease the percentage of individuals living in poverty across the county

- **STRATEGY 13:** Identify and implement policies that incentivize work and eventually move families off government assistance and support financial independence.
- **STRATEGY 22:** Identify opportunities to prepare students to enter the economic workforce in fields necessary for the economy.
  - a) Increase internships and work-based learning opportunities across health disciplines.
  - b) Identify opportunities to increase the number of health pathways in high schools.
  - c) Consider creation of articulation agreements between health pathways/Regional Occupational Programs and higher education to allow concurrent enrollment in health professions courses





# ECONOMY

## Strategy 13

**GOAL 1:** Decrease the percentage of individuals living in poverty across the county

**STRATEGY 13:**

Identify and implement policies that incentivize work and eventually move families off government assistance and support financial independence, and

- a. Identify opportunities that offer incentives for employment to small businesses offering work readiness and employment opportunities; and
- b. Increase awareness for tax incentives for employers hiring employees with criminal backgrounds and/or receiving government assistance.

**PERFORMANCE MEASURES**

Short Term Indicator	Source	Frequency
By 2018, <b>decrease</b> the percentage of children (under 18 years) living in poverty from 27% to 25%	U.S. Census Bureau, American Community Survey	Annual
Long Term Indicator	Source	Frequency
By 2020, <b>decrease</b> the percentage of individuals living in poverty across the county from 19% to 17%	U.S. Census Bureau, American Community Survey	Annual

**Source:**

- 1. San Bernardino County Workforce Development Board <http://www.wp.sbcounty.gov>
- 2. The Launch Initiative <http://www.ieep.com>

**Evidence Base:** Innovative Practice

**Policy Change (Y/N):** Yes

**Systems Change (Y/N):** Yes

<b>STRATEGIC OBJECTIVE 1:</b>			
By 2018, the Community Vital Signs Initiative will identify opportunities to support the San Bernardino County Workforce Development Board’s regional plan to engage business and education sectors and create a competitive workforce for the targeted industries of manufacturing and healthcare.			
ACTION PLAN			
Activity	Target Date	Lead Organization	Achievement Result
<b>WORK IN PROGRESS</b>			

ALIGNMENT WITH STATE AND NATIONAL PRIORITIES				
			<b>Healthy People 2020</b>	<b>National Prevention Strategy</b>
			<i>*Proportion of persons living in poverty (Social Determinants Of Health-3)</i> <i>*Proportion of children aged 0-17 years living with at least one parent employed year round, full time (Social Determinants Of Health-1)</i> <i>*Proportion of children (age -0-17 years) living in poverty (Social Determinants Of Health-3.2)</i>	<i>Improve education and employment opportunities (#4 Empowered People)</i>

ALIGNMENT WITH CVS STRATEGIC COMMUNICATIONS PLAN				
	<b>Activate Partner Participation and Involvement</b>	<b>Inform and Engage County Leaders to Drive Decision Making</b>	<b>Heighten Awareness and Promote Access to Resources for Healthy Choices</b>	<b>Increase Internal and External Communication Effectiveness</b>

DESCRIBE PLANS FOR SUSTAINING ACTION
<ol style="list-style-type: none"> <li>1. What strategies are a priority to sustain?</li> <li>2. How do we sustain/evolve these strategies?</li> <li>3. What action do we need to take?</li> <li>4. What financial strategies are needed?</li> </ol>



# ECONOMY

## Strategy 22

**GOAL 1:** Decrease the percentage of individuals living in poverty across the county

**STRATEGY 22:**

Identify opportunities to prepare students to enter the economic workforce in fields necessary for the local economy.

- a) Increase internships and work-based learning opportunities across health disciplines.
- b) Identify opportunities to increase the number of health pathways in high schools.
- c) Consider creation of articulation agreements between health pathways/Regional Occupational Programs and higher education to allow concurrent enrollment in health professions courses

**PERFORMANCE MEASURES**

Short Term Indicators	Source	Frequency
By 2018, decrease the percentage of children (under 18 years) living in poverty from 27% to 25%	U.S. Census Bureau American Community Survey	Annual
Long Term Indicators	Source	Frequency
By 2020, decrease the percentage of individuals living in poverty across the county from 19% to 17%	U.S. Census Bureau American Community Survey	Annual

**Background on Source:**

For over a decade, the Inland Empire has grappled with a health workforce shortage and lack of primary care capacity. The Press-Enterprise, The San Bernardino Sun, California Healthline and National Public Radio station KPCC have reported extensively on such issues as the region’s scarcity of specialists, primary care doctors, obstetricians and gynecologists, nursing assistants and residencies for medical students. Meanwhile, the health workforce shortage is only expected to become exacerbated as an aging health workforce retires. The Inland Empire has the most severe doctor shortage in California, an issue which has received much scrutiny in recent years and which resulted in the formation of University of California, Riverside’s School of Medicine. According to the Association of American Medical Colleges, there are on average

90 primary care physicians per 100,000 residents, nationwide. In the Inland Empire, however, there are 34.5 primary care physicians per 100,000 residents, nearly two-thirds less than the national average, according to data provided by the California Health Care Foundation. In addition, Riverside and San Bernardino counties are designated Registered Nurse Shortage Areas.

However, nursing and physician shortages are not the only occupations facing a health workforce shortage in the Inland Empire. In 2007, indications of shortages in other areas, not only in medicine, but in dentistry and behavioral health, spurred educators and employers to come together to develop solutions to this looming problem.

The Inland Empire’s rapidly growing and diverse population, coupled with low educational attainment, the anticipated retirement of experienced healthcare professionals, and new demands created by health care reform all contributed to a growing need for regional planning on the future health workforce.

The Inland Health Professions Coalition (IHPC) was established in March 2007 to launch a coordinated effort to address regional health workforce demands and health workforce diversity. In this capacity over the last 10 years, IHPC has convened education, employer, government, professional organizations, and community stakeholders in San Bernardino and Riverside counties to facilitate the development and implementation of strategies to expand and strengthen the region’s health workforce.

Industry employment increased by almost 20% between 2012 and 2017, confirming the robust growth projected in IHPC’s initial labor market assessment in 2012. When compared to national, state and other regions in California, the projected five-year employment growth in the Inland Empire is the strongest – 17.4%, which is three percentage points higher than the state.

1. Britt, Bill. “The Inland Empire health workforce hits the road to recovery.” October 29, 2015. California Economic Summit. <http://caeconomy.org/reporting/entry/inland-empire-health-care-workforce-hits-the-road-to-recovery>
2. Steinberg, Jim. “Physician shortages continue to plague Inland Empire.” March 14, 2016. The San Bernardino Sun. <http://www.sbsun.com/2016/03/14/physician-shortages-continue-to-plague-inland-empire/>
3. Center for Workforce Studies. “2013 State Physician Workforce Data Book.” November 2013. Association of American Medical Colleges. [https://members.aamc.org/eweb/upload/state%20physician%20workforce%20data%20book%202013%20\(pdf\).pdf](https://members.aamc.org/eweb/upload/state%20physician%20workforce%20data%20book%202013%20(pdf).pdf)
4. Supply of Primary Care Physicians by County, 2015. California Health Care Foundation. <http://www.chcf.org/publications/2017/08/physicians-county-maps>
5. Registered Nurse Shortage Areas (RNSAs) by County.” November 2014. Office of Statewide Health Planning and Development. <http://gis.oshpd.ca.gov/atlas/content/report/shortage/rnsa.pdf>
6. Regional Health Care Industry Employment, 2016-2021. Inland Health Professions Coalition, <http://www.inlandcoalition.org>
7. Registered Nurse Shortage Areas (RNSAs) by County. November 2014. Office of Statewide Health Planning and Development. <http://gis.oshpd.ca.gov/atlas/content/report/shortage/rnsa.pdf>

**Evidence Base:** Some Evidence

**Policy Change (Y/N):** Yes

**Systems Change (Y/N):** Yes



**STRATEGIC OBJECTIVE 1:** By 2020, Inland Health Professions Coalition (IHPC) will increase the number of health pathways in high schools from 2 to 8 to prepare students to enter the workforce in health fields necessary for the local economy.

**ACTION PLAN**

Activity	Target Date	Lead Organization(s)	Achievement Result	Progress Notes
1. Develop and deliver professional development services to teachers: <ul style="list-style-type: none"> <li>a. Trainings (Educator Resource Days, Counselor/Career Advisor trainings)</li> <li>b. Teacher externships</li> <li>c. Conferences</li> </ul>	<ul style="list-style-type: none"> <li>a. June 2016-2020</li> <li>b. January 2015-2020</li> <li>c. Annually, in March 2015-2020</li> </ul>	Inland Health Professions Coalition (IHPC) ROPs School District	<ul style="list-style-type: none"> <li>a. 5 Trainings</li> <li>b. 7 Externships</li> <li>c. 3 Conferences</li> </ul>	Completed: <ul style="list-style-type: none"> <li>a. Teacher Resource Days held each year in August, increasing to 2 days in 2017 to accommodate large attendance – 5 trainings were provided.</li> <li>b. Seven (7) Externships by Teachers</li> <li>c. Three (3) Professions Conference; attendance 2015/521; 2016/546; and 2017/610</li> </ul>
2. Develop and deliver tools and connections for employers: <ul style="list-style-type: none"> <li>a. Health Workforce Intelligence and forecasting</li> <li>b. Alignment of education/training to meet employer needs</li> <li>c. Brokerage of employer resources to schools</li> </ul>	<ul style="list-style-type: none"> <li>a. December 2017</li> <li>b. January 2015 – 2020</li> <li>c. July 2016 - 202</li> </ul>	IHPC Health Industry Employers	<ul style="list-style-type: none"> <li>a. Health workforce studies will be produced</li> <li>b. Employers providing work experiences</li> <li>c. Students in work-based areas with learning opportunities</li> </ul>	Completed: <ul style="list-style-type: none"> <li>a. 2 full health workforce intelligence reports produced by December 2017</li> <li>b. 115 employers provided work experiences</li> <li>c. 102 Students provided work-based learning opportunities.</li> </ul>
3. Provide pathways intermediary services through: <ul style="list-style-type: none"> <li>a. Articulation agreements</li> <li>b. Technical support to K-12 academies</li> <li>c. Coordination of student work experience placements with regional stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>a. June 2017</li> <li>b. June 2015 – 2020</li> <li>c. June 2015-2020</li> </ul>	IHPC School Districts Higher Education Health Industry Employers	<ul style="list-style-type: none"> <li>a. Established articulation agreements</li> <li>b. Provided training technical support for teachers</li> <li>c. Provided students with work experience placements</li> </ul>	Completed: <ul style="list-style-type: none"> <li>a. Articulated College level Anatomy &amp; Physiology with Lab between SBCUSD and SBVC</li> <li>b. Teachers trained through Work Based Learning Institute – 32</li> <li>c. Employers recruited and students placed in health settings - 16</li> </ul>

<p>4. Overarching Activities:</p> <ul style="list-style-type: none"> <li>a. Advocate for changes in policies and practices</li> <li>b. Support and build Nexus Groups in San Bernardino Metro, West End Metro, Morongo Basin, and High Desert sub regions</li> <li>c. Advocate for diversity and for “Serve Here”</li> <li>d. Increase number of health academies and/or pathways in SBC.</li> </ul>	<ul style="list-style-type: none"> <li>a. June 2015-2020</li> <li>b. July 2013 – 2020</li> <li>c. 2015-2020</li> <li>d. 2015-2020</li> </ul>	<p>IHPC School Districts</p>	<ul style="list-style-type: none"> <li>a. Advocate policy/practice changes</li> <li>b. Nexus Groups established and supported</li> <li>c. Number of minority students entering education pathways</li> <li>d. Number of academies/pathways established</li> </ul>	<p>Completed:</p> <ul style="list-style-type: none"> <li>a. Practice change in establishing HOSA and JUMP clubs for more than 300 middle school and 200 high school students</li> <li>b. The 4 Nexus groups are goal based and well-established. 5th Nexus Group in the High Desert is under consideration for 2018</li> <li>c. “Serve Here” - promotional materials developed for videos for dissemination at classrooms in the county.</li> <li>d. 16 Health pathways established.</li> </ul>
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<b>ALIGNMENT WITH STATE AND NATIONAL PRIORITIES</b>			
<b>Obj.</b>	<b>Let's Get Healthy California</b>	<b>Healthy People 2020</b>	<b>National Prevention Strategy</b>
1	<b>Redesigning the Health System</b> Percent of patients who had difficulty finding a provider. It is important for the health system and health professional training programs to think creatively about the way they deliver care to serve all those with coverage.	<b>Access to Health Services AHS-4 (Developmental)</b> Increase the number of practicing primary care providers.	<b>Clinical and Community Preventive Services</b> Recommendation 5. Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.

<b>COMMUNITY VITAL SIGNS COMMUNICATIONS PLAN ACTIVITIES</b>			
<b>Obj.</b>	<b>Activate Partner Participation and Involvement</b>	<b>Inform and Engage County Leaders to Drive Decision Making</b>	<b>Heighten Awareness and Promote Access to Resources for Healthy Choices</b>
1	Collaborate with other Partners that support CVS.	Share information at National Innovative Communities Conference and community-type of forums	Share highlights/progress of IHPC on CVS website

**DESCRIBE PLAN FOR SUSTAINING ACTION**

The Community Transformation Plan 2015-2020 created by community members and stakeholders broadens and builds upon successful local initiatives in San Bernardino County. The Inland Health Professions Coalition (IHPC) has worked since 2007 to launch a coordinated effort to address regional health workforce demands and health workforce diversity. In this capacity, IHPC has convened education, employer, government, professional organizations and community stakeholders in San Bernardino and Riverside counties to facilitate the development and implementation of strategies to expand and strengthen the region's health workforce. The IHPC and Community Vital Signs partnership will lead to sustainability of this strategy.



## Priority Area: ACCESS TO HEALTH AND WELLNESS

**GOAL 1:** Increase the percentage of residents who have and regularly access a usual source of care

- **STRATEGY 32:** Encourage and integrate the use of Community Health Workers (CHWs), health navigators and health educators in public and private settings to:
  - a) Inform and empower residents in their own communities to access care
  - b) Connect residents to medical homes and sign them up for health insurance
  - c) Explore model programs for the use of CHWs and/or student nurses in schools
  - d) Navigate health systems and know who to talk to

**GOAL 6:** Increase the number of residents engaged in active living activities

- **STRATEGY 11:** Promote health in all policies as it relates to the built environment, including
  - a) Promote health elements in city general plans
  - b) Promote environmental justice elements
  - c) Promote Active Transportation Plans (ATPs)
  - d) Promote the Safe Routes to Schools program to ensure students have a safe environment to and from school
  - e) Promote the adoption of Complete Streets Policies in additional cities
  - f) Increase the use and access to farmer's markets
  - g) Promote policies that address zoning for equitable food access and limits on tobacco and alcohol facilities
  - h) Identify model programs that promote designation and awareness of healthy menus in retail food facilities





## ACCESS TO HEALTH AND WELLNESS

**GOAL 1:** Increase the percentage of residents who have and regularly access a usual source of care

**STRATEGY 32:** Encourage and integrate the use of Community Health Workers (CHWs), health navigators and health educators in public and private settings to:

- a) Inform and empower residents in their own communities to access care
- b) Connect residents to medical homes and sign them up for health insurance
- c) Explore model programs for the use of CHWs and/or student nurses in schools
- d) Navigate health systems and know who to talk to

### PERFORMANCE MEASURES

Short Term Indicators	Source	Frequency
By 2018, increase the percentage of residents with health insurance coverage from 81% to 85%	Healthy People 2020	Annual
By 2019, decrease the percentage of residents who delayed or did not get medical care in the past year from 10.6% to 9.5%	Healthy People 2020	Annual
Long Term Indicators	Source	Frequency
By 2019, increase the percentage of residents who have a usual source of care from 84% to 92%	Healthy People 2020	Annual g

**Background on Strategy:**

Community health workers (CHW) serve a variety of functions including providing outreach, education, referral and follow-up, case management, advocacy and home visiting services. CHWs may work autonomously or as part of a multi-disciplinary team in primary or specialty care. Training of CHWs varies widely with intended role and work location. CHW services are provided to individuals at high risk of poor health outcomes, with chronic diseases such as diabetes or cardiovascular disease. They also work with women at high risk for poor birth outcomes, providing pregnant women and new mothers with emotional and practical support and education on topics such as family planning, pregnancy, childbirth, breastfeeding and vaccination.

**Source:** What Works for Health, County Health Rankings and Roadmaps: Community health workers

<http://www.countyhealthrankings.org/policies/community-health-workers>

**Evidence Base:** Some evidence

**Policy Change (Y/N):** Yes –Organizational and systems

<b>STRATEGIC OBJECTIVE 1:</b>					
By October 31, 2017, the Access to Health and Wellness (AHW) Workgroup will identify and interview five (5) <b>hospitals and/or clinics</b> in San Bernardino County who are integrating Community Health Workers (CHWs) into their organizations to improve access to care and assignment to medical homes.					
<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Organization</b>	<b>Achievement Result</b>	<b>Progress Notes</b>
1. Develop questionnaire to assess the organizations, CHW roles, expected outcomes, education & training requirements, funding/reimbursement and Return on Investment (ROI)	December 2017	CVS/DPH Staff AHW Workgroup	Public Health AHW Workgroup Workforce Development Board WDB/SlingShot IHPC	Questionnaire	In Progress
2. Identify five hospitals and/or clinics that have integrated CHW's	October 2017	AHW Workgroup	HASC CHAISR AHW Workgroup	List of hospitals and clinics	Completed. St. Mary's St. Bernadine San Antonio LLU SACH
3. Conduct "key informant interviews" of organizations and CHWs	December 2017	AHW Workgroup	Public Health AHW Workgroup WDB/SlingShot	Key informant interview completed.	In Progress. 13 completed. Additional will be completed.
4. Identify the roles CHWs are performing in the hospitals and clinics	December 2017	AHW Workgroup	HASC CHAISR AHW Workgroup WDB/SlingShot Reach Out	List of CHW roles in hospitals	In Progress
5. Identify expected outcomes for CHWs (e.g., increased patient knowledge, access to care, healthy behaviors, improved mental health, etc.)	December 2017	AHW Workgroup	HASC CHAISR AHW Workgroup WDB/SlingShot Reach Out	List of CHW outcomes when working with hospitals and pts.	In Progress
6. Identify education and training requirements for CHWs in health care setting	December 2017	AHW Workgroup	LLU-Gateway College AHW Workgroup WDB/SlingShot Reach Out/IHPC	List of education and training requirements	In Progress First meeting will be held
7. Identify how CHWs are funded/reimbursed	December 2017	AHW Workgroup	AHW Workgroup Reach Out/IHPC	List of funding sources	In Progress
8. Review literature and identify at least 2 studies/reports that discuss Return on Investment for CHWs working in health care settings	December 2017	AHW Workgroup	LLU-Gateway College AHW Workgroup Reach Out/IHPC	Literature review	In Progress

<b>STRATEGIC OBJECTIVE 2:</b>					
By October 31, 2017, the Access to Health and Wellness Workgroup will identify and interview five (5) <b>organizations</b> (community-based, faith-based, schools, behavioral health, etc.) in San Bernardino County who are integrating Community Health Workers (CHWs) into their organizations to improve access to care and assignment to medical homes.					
<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Organization</b>	<b>Achievement Result</b>	<b>Progress Notes</b>
1. Develop a questionnaire to assess organizations, CHW roles, expected outcomes, education & training requirements, funding/reimbursement and Return on Investment (ROI)	December 2017	CVS/DPH Staff AHW Workgroup	CVS/DPH Staff AHW Workgroup	Questionnaire	Not started
2. Identify five community organizations that have integrated CHW's	October 2017	AHW Workgroup	AHW Workgroup rs	List of organizations	In progress
3. Conduct "key informant interviews" of organizations and CHWs	October 2017	AHW Workgroup	CVS Staff AHW Workgroup	Summary of interview results	Not started
4. Identify the roles CHWs are performing in the community	October 2017	AHW Workgroup	CVS Staff AHW Workgroup	List of roles in community	Not started
5. Identify the expected outcomes for CHWs (e.g., increased patient knowledge, access to care, healthy behaviors, improved mental health, etc.)	October 2017	AHW Workgroup	CVS Staff AHW Workgroup	List of CHW outcomes when working in community settings	Not started
6. Identify the education and training requirements for CHWs	October 2017	AHW Workgroup	LLU/Gateway College AHW Workgroup	List of education and training requirements	Not started
7. Identify how CHWs are funded/reimbursed	October 2017	AHW Workgroup	AHW Workgroup	List of funding sources	Not started
8. Review literature and identify at least 2 studies/reports that discuss the Return on Investment for CHWs working in community settings	September 2017	AHW Workgroup	AHW Workgroup	Literature review	Not started

<b>STRATEGIC OBJECTIVE 3:</b>					
By January 31, 2018, the Access to Health and Wellness Workgroup will develop a report with recommendations on the organizations, roles, expected outcomes, education/training requirements and Return on Investment (ROI) of CHWs in San Bernardino county and distribute the report to the CVS Steering Committee and partners to encourage the use and integration of CHWs in the health care and community settings.					
<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Organization</b>	<b>Achievement Result</b>	<b>Progress Notes</b>
1. Develop report summarizing the information collected from the hospitals, clinics and community-based organizations	December 2017	CVS DPH Staff AHW Workgroup	CVS Public Health AHW Workgroup Reach Out/IHPC	Summary Report	In Progress
2. Develop recommendations for encouraging the integration of CHWs to improve access to care and other outcomes.	December 2017	CVS DPH Staff AHW Workgroup	CVS Public Health AHW Workgroup Reach Out/IHPC	Recommendations	In Progress
3. Present report with recommendations to the CVS Steering Committee	January 2018	AHW Workgroup	CVS Public Health AHW Workgroup	Presentation	Not started
4. Publish report on the CVS website	January 2018	CVS	CVS Public Health	Report on CVS Website	Not started



ALIGNMENT WITH STATE AND NATIONAL PRIORITIES				
Obj #	Let's Get Healthy California	County Health Rankings and Roadmaps	Healthy People 2020	National Prevention Strategy
1-3	<b>27 Redesigning the Health System/ Increasing Timely Care</b> Percent of patients receiving care in a timely manner	What Works for Health? Community Health Workers	<b>Access to Health Service-3</b> Increase the proportion of persons with a usual primary care provider <b>Access to Health Service -1</b> Increase the proportion of persons with health insurance <b>Access to Health Service -6</b> Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines	<b>5 Clinical and Community Preventive Services</b> Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk

COMMUNITY VITAL SIGNS COMMUNICATIONS PLAN ACTIVITIES				
Obj #	Activate Partner Participation and Involvement	Inform and Engage County Leaders to Drive Decision Making	Heighten Awareness and Promote Access to Resources for Healthy Choices	Increase Internal and External Communication Effectiveness
1	Partners help conduct key informant interviews (10/17)			
2	Partners help conduct key informant interviews (10/17)			
3		Present report to CVS Steering Committee, hospital, clinic and community association members (1/18)		Publish report on CVS website (1/18)  Highlight partner participating through data and newsletter (1/18)

DESCRIBE PLANS FOR SUSTAINING ACTION
The Community Transformation Plan 2015-2020 created by community members and stakeholders broadens and builds upon successful local initiatives in San Bernardino County. The Community Health Worker (CHW) strategy has been selected as an evidence-based approach to increase the percentage of residents who have and regularly access a usual source of care. CHWs work in healthcare systems, schools and community-based programs. An assessment of the organizations, CHW roles, expected outcomes, education & training requirements, funding/reimbursement and Return on Investment (ROI) will be conducted and reported on. Recommendations for the use and integration of CHWs will be developed including opportunities for funding and sustainability.



## ACCESS TO HEALTH AND WELLNESS

**GOAL 6:** Increase the number of residents engaged in active living activities

**STRATEGY 11:** Promote health in all policies as it relates to the built environment, including:

- a) Promote health elements in city general plans
- b) Promote environmental justice elements
- c) Promote Active Transportation Plans (ATPs)
- d) Promote the Safe Routes to Schools program to ensure students have a safe environment to and from school
- e) Promote the adoption of Complete Streets Policies in additional cities
- f) Increase the use and access to farmer’s markets
- g) Promote policies that address zoning for equitable food access and limits on tobacco and alcohol facilities
- h) Identify model programs that promote designation and awareness of healthy menus in retail food facilities

### PERFORMANCE MEASURES

Short Term Indicators	Source	Frequency
By 2020, <b>increase</b> the total mileage of Class I, II and III bike trails from 500 miles to 750 miles across the County**	Indicator In Progress	Annual
By 2020, <b>increase</b> by 10% the percentage of teens (12-17) who met the CDC recommendation of 1 hour or more of daily physical activity from 19% to 21%	Healthy People 2020 California Health Interview Survey (CHIS)	Annual

**BACKGROUND ON STRATEGY:** Healthy People 2020 Physical activity objectives support the health benefits of regular physical activity. There are objectives related to increasing the proportion of trips made by walking and bicycling by adults as well as increasing legislative policies for the built environment that enhance access to and availability of physical activity opportunities.

**Source:** <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>

Access and availability of healthy foods can help people follow healthful diets. Two Nutrition and Weight Status objectives relate to food retail outlets: Increase the number of state-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans; and increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans.

**Source:** <https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives>

**Evidence Base:** Some evidence

**Policy Change (Y/N):** Yes. Local and Organizational Policy

\*\* Indicates data and datasets are subject to change

ACTION PLAN					
<b>STRATEGIC OBJECTIVE 1:</b>					
By April 1, 2017, the Access to Health and Wellness (AHW) Workgroup will identify community resources that promote health in all policies as it relates to the built environment.					
Activity	Target Date	Resources Required	Lead Person/ Organization	Achievement Indicator	Progress Notes
1. Identify community resources that promote health in all policies in the built environment	April 2017	AHW Workgroup	Reach Out Public Health SBCTA	List of Community Resources	Completed
<b>STRATEGIC OBJECTIVE 2:</b>					
By May 15, 2017, the AHW Workgroup will develop toolkit(s) to provide guidance to cities on promising practices and approaches for developing health policies as they relate to the built environment.					
Activity	Target Date	Resources Required	Lead Person/ Organization	Achievement Indicator	Progress Notes
1. Develop toolkit with associated links and brief narrative	May 2017	CVS Staff	Public Health CVS	City Built Environment Toolkit	Completed
<b>STRATEGIC OBJECTIVE 3:</b>					
By May 15, 2017, the AHW Workgroup will identify three (3) venues to distribute the Health in All Policies toolkit(s).					
Activity	Target Date	Resources Required	Lead Person/ Organization	Achievement Indicator	Progress Notes
1. Identify three venues for toolkit distribution	May 2017	CVS Staff Healthy Communities (HC) Staff	Reach Out Public Health	Record of Distribution	Completed
2. Post the toolkit on the CVS and DPH Healthy Communities Website	June 2017	CVS Staff	Public Health CVS	Toolkit posted on website	Completed
<b>STRATEGIC OBJECTIVE 4:</b>					
By December 31, 2017, the AHW Workgroup and Department of Public Health Healthy Communities Program will promote the Vision2BActive campaign and website via at least 20 local events throughout the County to encourage residents to be active.					
Activity	Target Date	Resources Required	Lead Person/ Organization	Achievement Indicator	Progress Notes
1. Attend physical fitness focused events to promote the Vision2BActive campaign and website	Dec 2017	HC Staff	Public Health	Event log	Completed
2. Distribute the Vision2BActive infographic to raise awareness of the campaign	Dec 2017	HC Staff	Public Health	Event log	Completed

<b>STRATEGIC OBJECTIVE 5:</b>					
By July 2017, the Department of Public Health Healthy Communities Program will share, review and discuss the Healthy Communities evaluation report and strategic plan with healthy community partners at the Quarterly Healthy Communities Program meeting.					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Achievement Indicator</b>	<b>Progress Notes</b>
1. Complete, dissemination and discuss the Healthy Communities evaluation and strategic plan	July 2017	Public Health HC Staff	Public Health Healthy Communities	Record of distribution and meeting agenda	Completed

<b>ALIGNMENT WITH STATE AND NATIONAL PRIORITIES</b>				
<b>Obj #</b>	<b>Let's Get Healthy California</b>	<b>California Department of Public Health</b>	<b>Healthy People 2020</b>	<b>National Prevention Strategy</b>
1-5	<b>33 Living Well</b> Annual number of walk trips per capita <b>34 Living Well</b> Percentage of children walk/bike/skate to school	Health in All Policies: A Guide for State and Local Government	<b>Physical Activity-13 &amp; 14</b> Increase the proportion of trips made by walking and bicycling <b>Physical Activity-15.3</b> Increase transportation and travel policies for the built environment that enhance access to and availability of physical activity opportunities	<b>Active Living 1</b> Encourage community design and development that supports physical activity <b>Active Living 3</b> Facilitate access to safe, accessible, and affordable places for physical activity

<b>COMMUNITY VITAL SIGNS COMMUNICATIONS PLAN ACTIVITIES</b>				
<b>Obj #</b>	<b>Activate Partner Participation and Involvement</b>	<b>Inform and Engage County Leaders to Drive Decision Making</b>	<b>Heighten Awareness and Promote Access to Resources for Healthy Choices</b>	<b>Increase Internal and External Communication Effectiveness</b>
1	Partners identify community resources			
2	Partners develop toolkit			
3		Toolkit presentation and distribution at 3 meeting venues		-Toolkits distributed at 3 venues and posted on website
4	Promote V2BA campaign at events	Promote V2BA campaign at events		Vision2BA Active Campaign link on CVS website
5	Partners review and discuss evaluation report/strategic plan			

**DESCRIBE PLANS FOR SUSTAINING ACTION**

The Community Transformation Plan 2015-2020 created by community members and stakeholders broadens and builds upon successful local initiatives in San Bernardino County. Promoting health in all policies as it relates to the built environment is a strategy being implemented by the San Bernardino County Transportation Authority (SBCTA), several cities and the Department of Public Health Healthy Communities Program. Funding for programs comes from various sources and grants and some are self-sustaining like the County's Healthy Communities Program.



## Priority Area: SAFETY

### GOAL 1: Reduce crime rate across San Bernardino County

- **STRATEGY 17:**

Explore opportunities to restore services for offenders who have been released through realignment initiatives.



- **STRATEGY 38:**

Promote and increase partnerships between faith-based organizations and other sectors including:

- a) Encourage law enforcement to identify opportunities to actively engage faith-based organizations in key conversations;
- b) Encourage faith-based and community-based organizations to actively work with their congregations to change norms on relationships with law enforcement;
- c) Increase partnerships between faith-based organizations and behavioral health providers; and
- d) Develop programs to increase visibility or collaboration of Police Departments in community and public school settings.



# SAFETY

## Goal 1 Strategy 17

**GOAL 1:** Reduce crime rate across San Bernardino County

**STRATEGY 17:** Explore opportunities to restore services for offenders returning to the county who have been released through realignment initiatives.

### PERFORMANCE MEASURES

Short Term Indicators	Source	Frequency
By December 2018, decrease by 5% the number of gang members from 17,401 to 16,531	State of California, Department of Justice, Office of the Attorney General (2010).	Annual
Long Term Indicators:	Source	Frequency
By December 2020, decrease the crime rate per capita from 31% to 30%.	State of California, Department of Justice, Office of the Attorney General (2010).	Annual
By December 2020, decrease the juvenile crime rate by from 12% to 11%.	National Source: Office of Juvenile Justice and Delinquency Prevent. Juvenile Arrest Rates for All Crimes, 1980-2012.	Annual

**BACKGROUND ON STRATEGY:**

Reentry is the transition from incarceration – life in prison, jail, or juvenile justice facilities – to life in the community. Each year roughly 600,000 individuals return to our neighborhoods after serving time in federal or state prisons and 11.4 million people cycle through local jails. Nearly everyone who goes to jail and approximately 95 percent of persons in state or federal prison will eventually return home. Although returning to the community may be inevitable, successful reentry and reintegration are not. Recidivism studies reveal that two out of every three people released from state prison are rearrested for a new offense and about half return to prison within three years. When reentry fails, the social and economic costs are significant – higher crime, more victims, increased family distress, and greater strain on state and municipal budgets.

The effects of incarceration are felt far beyond prison walls and impact health. In addition to pressing needs upon reentry such as housing, employment, and educational opportunities, justice-involved individuals have disproportionately high rates of chronic health conditions, and mental health issues and substance use disorders are common. Youth typically face a host of challenges to making this transition successfully, including receiving the necessary support from their families, peers, and communities; enrolling in an appropriate educational or vocational setting; maintaining a continuity of treatment for psychiatric disabilities or substance use disorders; and transitioning to adulthood and economic independence. Poorer access to health coverage and health care pose significant challenges for returning citizens, can contribute to a worsening of their health status, and are

associated with higher rates of recidivism. The health sector, therefore, has an important role to play in supporting formerly incarcerated individuals to address their health needs. Access to health care and improved health status may also lead to improved opportunities for employment, housing, and family support. Furthermore, racial and ethnic minorities are disproportionately represented in the correctional system, and such involvement places a disproportionate negative impact on the health and well-being of these groups and their families.

Proposition 47 was a voter-approved initiative on the November 2014 ballot. Its purpose is: The people enact the Safe Neighborhoods and Schools Act to ensure that prison spending is focused on violent and serious offenses, to maximize alternatives for non-serious, nonviolent crime, and to invest the savings generated from this act into prevention and support programs in K–12 schools, victim services, and mental health and drug treatment.

**Source:** U.S. Department of Health and Human Services Office of Minority Health & Proposition 47 Grant Program RFP

U.S. Department of Health and Human Services Office of Minority Health Policy and Data, Reentry Resources

**Evidence Base:** Innovative Practice

**Policy change (Y/N):** Yes, Countywide.

**STRATEGIC OBJECTIVE 1:** By September 30, 2017, Public Health will conduct and release a procurement to solicit contractors for the provision of reentry services to individuals recently released from incarceration.

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Achievement Result	Progress
1. Develop procurement to solicit contractors to provide reentry services to those recently released from incarceration.	September 2017	Public Health Reentry Program	Public Health	Completed Procurement for solicitation	Completed
2. Release procurement to solicit contractors to provide reentry services to those recently released from incarceration.	September 2017	Public Health Reentry Program	Public Health	Contract solicitation opened for public bid and recruitment	Completed
3. Place Prop 47 service contracts on County Board Agenda for Supervisors approval	December 2017	Public Health Reentry Program	Public Health	Approval by County BOS. Minutes/agenda	Not started
4. Insure all contracts are in place with contractors	January 2018	Public Health Reentry Program	Public Health	Approved list of eligible contractors	Not started

**STRATEGIC OBJECTIVE 2** By January 1, 2018, the San Bernardino County Reentry Collaborative and the Community Vital Signs Initiative will establish a collaboration to collectively identify and align existent resources for the reentry population.

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Achievement Result	Progress
1. Coordinate meeting between the SB Reentry Collaborative and Community Vital Signs Steering Committee leaders	September 2017	Public Health Reentry Program CVS Steering Committee	Public Health	Outreach for partnership to support service efforts for reentry population	Completed
2. Schedule and conduct first planning meeting between SB Reentry Collaborative and Community Vital Signs to identify implementation strategies	September 2017	Public Health Reentry Program CVS Steering Committee	Public Health	Partnership between both collaborative will have been established	Complete
3. Develop partner survey tool and implement at the Reentry October meeting.	October 2017	Public Health Reentry Program CVS Steering Committee	Public Health	Survey completed by 45 Reentry Collaborative members. Results will be used to identify resource alignment.	Completed
4. Compile survey results and share prioritized activities with Reentry Collaborative to garner support and commitment.	March 2018	Public Health Reentry Program CVS Steering Committee	Public Health	Established commitment from the Collaborative to align resources to support the reentry population.	Not Started
5. Develop action plan with strategies to support the provision of reentry services	November 2017	Public Health Reentry Program CVS Steering Committee	Public Health	Identified Plan of Action with identified resources and action plans to support services to reentry population.	Not Started



ALIGNMENT WITH STATE AND NATIONAL PRIORITIES		
Obj	Let's Get Healthy California	National Prevention Strategy
1,2	Creating Healthy Communities/Increasing Neighborhood Safety – violence and fear of violence increase the risk for poor health outcomes and undermine community supports and conditions that can promote health and well-being.	Recommendation 5: Strengthen policies and programs to prevent violence. Programs that assist juveniles and adults re-entering the community following incarceration can reduce crime.

ALIGNMENT WITH CVS STRATEGIC COMMUNICATIONS PLAN				
Obj	Activate Partner Participation and Involvement	Inform and Engage County Leaders to Drive Decision Making	Heighten Awareness and Promote Access to Resources for Healthy Choices	Increase Internal and External Communication Effectiveness
1,2	Engage law enforcement, FBOs, and CBOs to develop and support a common approach to address reentry populations' needs when returning to the community.	Encourage organizations to agencies to present information to inform the Reentry and Safety Workgroups.	Inform the community about resources available across the county for reentry population how to access successfully services.	Provide frequent information sharing and updates to Reentry Collaborative and partners on strategies, services to serves the reentry population at meetings and on the Public Health SBCRC website.

DESCRIBE PLANS FOR SUSTAINING ACTION
<p>The Community Transformation Plan 2015-2020 created by community members and stakeholders broadens and builds upon successful local initiatives in San Bernardino County. Supporting and expanding partnerships between law enforcement, faith-based organizations and community groups can reduce crime, reduce the fear of crime and improve neighborhood quality of life. The San Bernardino County Reentry Collaborative (SBCRC) is a partnership of agencies, organizations and individuals committed to making our communities safer through the successful reentry and long-term success of the formerly incarcerated. The Department of Public Health chairs the SBCRC that meets on a monthly basis to discuss the issues and barriers of the formerly incarcerated. The SBCRC's ongoing commitment is to build and provide collaborative, evidenced-based problem solving strategies that address systemic challenges leading to safer communities in San Bernardino County. Funding for programs comes from various sources and grants.</p>



# SAFETY –In Progress

Goal 1  
Strategy 38

**GOAL 1:** Reduce crime rate across San Bernardino County

**STRATEGY 38:** Promote and increase partnerships between faith-based organizations and other sectors including:

- a. Encourage law enforcement to identify opportunities to actively engage faith-based organizations in key conversations;
- b. Encourage faith-based and community-based organizations to actively work with their congregations to change norms on relationships with law enforcement;
- c. Increase partnerships between faith-based organizations and behavioral health providers; and
- d. Develop programs to increase visibility or collaboration of Police Departments in community and public school settings.

## PERFORMANCE MEASURES

<b>Long Term Indicators:</b> <i>Our Community Vital Signs 2013 Final Report</i>	<b>Source</b>	<b>Frequency</b>
By DATE, <b>decrease</b> the crime rate per capita from <b>x to y</b>		

<b>STRATEGY OBJECTIVE 1:</b>			
By 2020, establish at least 10 partnerships between law enforcement and faith-based organizations within San Bernardino County to strengthen capacity and efforts for crime reduction.			
<b>ACTION PLAN</b>			
<b>Activity</b>	<b>Target Date</b>	<b>Lead Organization</b>	<b>Achievement Result</b>
1. Identify model or best practice partnerships between law enforcement and faith-based organizations (FBO) (e.g. US Department of Justice Community Oriented Policing (COP), Cops and Clergy Network)			
2. Identify where “COP” programs are being implemented in police and sheriff’s departments across the county			
3. Review COP programs and identify where and what makes successful partnerships between law enforcement and FBOs)			
4. Summarize findings in a report and present to the CVS Joint Committee and CVS Steering Committee			
5. Convene and engage law enforcement and FBO leaders to learn how local law enforcement agencies work like a “Faith Leaders Ministerial Academy”			
6. Develop a common approach or procedure to address community concerns and issues before there is a crisis			
7. Develop a network of partners and services, e.g. leverage 211, to assist communities in reducing crime, the fear of crime, and improving neighborhoods.			

<b>ACTION PLAN (Continued)</b>			
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/ Organization</b>	<b>Achievement Result</b>
8. Develop a communication strategy and messaging to the community about law enforcement and FBO partnership opportunities, how law enforcement agencies work and how to contact them.			
9. Develop a "San Bernardino County Law Enforcement and FBO Partnerships to Reduce Crime and Improve Neighborhoods Report" including information on successful law enforcement and FBO partnerships, the common approach to addressing community concerns and issues, how to contact the network of partners, and the internal and external communication strategy.			

<b>ALIGNMENT WITH STATE AND NATIONAL PRIORITIES</b>				
<b>Obj #</b>	<b>Let's Get Healthy California</b>	<b>U.S. Department of Justice, Office of Community Policing Services</b>	<b>National Prevention Strategy</b>	
1	Creating Healthy Communities/Increasing Neighborhood Safety – violence and fear of violence increase the risk for poor health outcomes and undermine community supports and conditions that can promote health and well-being.	Law enforcement agencies and Faith Based Organizations have the potential to transform their communities by reducing crime and the fear of crime when they collaborate on community policing	Recommendation 5: Strengthen policies and programs to prevent violence. Community and FBOs can promote safer and more connected communities that prevent injuries and violence (e.g. designing safer environments, fostering partnerships and economic growth)	
<b>ALIGNMENT WITH CVS STRATEGIC COMMUNICATIONS PLAN</b>				
<b>Obj #</b>	<b>Activate Partner Participation and Involvement</b>	<b>Inform and Engage County Leaders to Drive Decision Making</b>	<b>Heighten Awareness and Promote Access to Resources for Healthy Choices</b>	<b>Increase Internal and External Communication Effectiveness</b>
1	Engage law enforcement, faith based organizations (FBOs) and community groups in a forum like a "Faith Leaders Ministerial Academy" and develop a common approach to address community issues and concerns	Present "San Bernardino County Law Enforcement and FBO Partnerships to Reduce Crime and Improve Neighborhoods Report" to the CVS Steering Committee, local law enforcement agencies, cities and FBO leaders	Inform the community about where there are "community oriented policing" programs in the County and how to engage law enforcement and FBOs in successful partnerships	Develop a tool kit for FBOs on how to engage law enforcement in successful partnerships
<b>DESCRIBE PLANS FOR SUSTAINING ACTION</b>				
<p>The Community Transformation Plan 2015-2020 created by community members and stakeholders broadens and builds upon successful local initiatives in San Bernardino County. Supporting and expanding partnerships between law enforcement, faith-based organizations (FBOs) and community groups can reduce crime, reduce the fear of crime and improve neighborhood quality of life. Identifying existing "community oriented policing" programs and opportunities to engage law enforcement and FBO leaders to better understand how law enforcement agencies work and how to contact them with community issues and concerns will improve relationships. Funding for programs comes from various sources and grants.</p>				

## SUMMARY OF IMPLEMENTATION ACTIVITIES

The following table summarizes the various key activities led by Community Vital Signs and the Department of Public Health to implement the Community Transformation Plan (CTP) 2015-2020 below.

<b>Summary of CTP Implementation Activities From 2015 to 2017</b>	
<b>ACTIVITIES</b>	<b>DATES</b>
Community Transformation Plan 2015-2020 Released	June 2015
Vital Signs Steering Committee formed Implementation and Communication Committees	August 2015
Vital Signs Partner Activation Inventory Survey Developed and Distributed	October 2015-February 2016
Strategic Communications Plan Developed	January 2016
Community Vital Signs CTP Implementation Strategy Grid Developed	December 2016
Priority Area –Implementation Action Planning Workgroup Meetings Conducted	February 2017-August 2017
Promoted the Vital Signs Initiative at the San Bernardino City-County Conference through the Vision2BActive campaign	March 2017
Implementation Action Plans Developed: Education and Access to Health & Wellness	May 2017
Launched the Community Vital Signs Open Performance Site (Open Data Platform)	May 2017
Presented the Community Vital Signs Open Performance Site and CTP Access to Health and Wellness strategies (built environment and community health workers) at the National Innovative Communities Conference in Ontario, CA. Aligned all four Priority Areas to conference presentations, including keynote address.	May 2017
Implementation Action Plans Developed: Economy and Safety	July –August 2017
Community Transformation Plan 2017 Addendum with Action Plans approved by the Vital Signs Steering Committee	July 2017

## ONGOING EVALUATION AND TRACKING OF IMPLEMENTATION PROGRESS

Vital Signs is committed to the continued measurement of the implementation of the Community Transformation Plan 2015-2020, as well as the impact of the collective actions in the county.

### Purpose and Focus of Evaluation

The purpose of evaluating the work of the Community Transformation Plan (CTP) is to find out whether the goals and objectives are met and if the implementation went as planned. Using the Community Transformation Plan Implementation Logic Model and the Evaluation Plan as guides, progress toward achieving CTP goals and objectives will be evaluated.

The CTP overarching four priority areas and **goals selected** for developing community-based Implementation Action Plans in 2017 include:

#### EDUCATION

Goal 1: Increase high school graduation rates

#### ECONOMY

Goal 1: Decrease the percentage of families living in poverty across the county

#### ACCESS TO HEALTH AND WELLNESS- ACCESS TO CARE AND HEALTHY BEHAVIORS

Goal 1: Increase the percentage of residents who have and regularly access a usual source of care

Goal 6: Increase the number of residents engaged in active living activities

#### SAFETY

Goal 1: Reduce Crime rates across San Bernardino County

Goal 2: Improve children's perception of safety at school

Vital Signs staff from the San Bernardino County Department of Public Health, Vital Signs Steering Committee, Vital Signs Data Subcommittee and various partners will provide ongoing technical support through data collection, analysis and reporting. The Evaluation Plan will monitor progress toward achieving targets and strategies outlined in the CTP between 2015-2020.

Priority Area Workgroups for Education, Economy, Access to Health and Wellness, and Safety, consisting of key stakeholders and community partners will meet on a bimonthly basis to document progress in implementing CTP strategies. Annual reports will be developed and shared with the Vital Signs Steering Committee and community partners, to highlight progress made. At the end of 2020, Vital Signs will report progress made, differences in target goals and best practice strategies to inform future CTP Implementation Plans.

The Evaluation Plan will be reviewed for approval by the Vital Signs Steering Committee to ensure that stakeholders and community partners are engaged in the process. The evaluation plan is a working document and will be open to revisions as progress is made.

## **Evaluation Questions**

The following process and outcome evaluation questions have been developed to guide priority area workgroups, community members and stakeholders in their evaluation of Community Transformation Plan strategies and outcome measures.

1. Was the Community Transformation Plan implemented as planned according to the Implementation Action Plans?
2. Are Priority Area Workgroups meeting on a bimonthly basis?
3. Is the Community Transformation Plan meeting its stated goals and objectives?
4. Is there an improvement in access to care?
5. Is there an increase in healthy behaviors?
6. Is there an improvement in the built environment and related policies that promote health?
7. Is there an improvement in high school graduation rates?
8. Is there an improvement in access to opportunities for employment and education?
9. Is there an improvement in the perception of safety at school?



## Implementation Logic Model for the Community Transformation Plan 2015-2020

			Short-term 2-3 Years	Mid-term 3-5 Years	Long-term 5+ Years
Resources	Activities Years 1-2	Outputs Years 3-5	Outcomes	Outcomes	Outcomes
<p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>DPH Vital Signs Coordinator</li> <li>Appropriate full- and part-time staff</li> </ul> <p><b>Partners:</b></p> <ul style="list-style-type: none"> <li>Community based organizations</li> <li>Faith based organizations</li> <li>County Departments</li> <li>Cities</li> <li>Schools</li> <li>Nonprofit organizations</li> <li>Hospitals and clinics</li> <li>Private organizations</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>Our Community Vital Signs 2013 Final Report</li> <li>SBC Community Transformation Plan 2015-2020</li> <li>Steering Committee</li> <li>Evidence-based best practices</li> <li>Countywide data</li> </ul>	<ul style="list-style-type: none"> <li>Maintain bimonthly Joint Committee Meetings</li> <li>Maintain bimonthly Steering Committee Meetings</li> <li>Develop and publish Open Performance Site to document progress on population measures</li> <li>Outline evaluation activities for the CTP</li> </ul>	<ul style="list-style-type: none"> <li>Conduct bi-weekly IAP Workgroup meetings (Feb. – Aug. 2017)</li> <li>Annual CTP Report</li> <li>Revisions to strategies, if needed</li> </ul>	<ul style="list-style-type: none"> <li>Increased access to care</li> <li>Increased health insurance coverage</li> <li>Decrease delayed medical care</li> <li>Increased engagement in active living activities</li> <li>Improved built environment planning and policies</li> <li>Increased high school graduation rates</li> <li>Increased 3<sup>rd</sup> grade reading proficiency</li> <li>Increased access to education and employment opportunities</li> <li>Improved perception of safety at school</li> </ul>	<ul style="list-style-type: none"> <li>Increased access to care</li> <li>Increased healthy behaviors</li> <li>Improved built environments that promote health</li> <li>Increased access to opportunities for education and employment</li> <li>Improved perception of safety at school</li> </ul>	<ul style="list-style-type: none"> <li>Increased health equity</li> <li>Improved population health</li> </ul>

**Key:** DPH- Department of Public Health, CVS- Community Vital Signs, CTP- Community Transformation Plan, IAP- Implementation Action Plan, SBC –San Bernardino County

## EVALUATION METHODS AND DATA SOURCES

Progress on meeting the CTP goals and objectives will be tracked using population measures and updates on community based strategies, programs and policies. Population health data measures will be updated via the Community Vital Signs Open Performance Site located at:

<https://data.communityvitalsigns.org>.

Partners will provide system- and community-based strategy updates at the bimonthly CTP Joint Committee meetings in order to identify areas for improvement and best practices.

The CTP outlined 12 goals and 27 objectives, each with indicators to track progress toward meeting the objective. Baseline data was published in the *Community Vital Signs Community Transformation Plan 2015-2020* at the county level with state and city comparisons (as available). Improvement targets were developed to achieve a 5% and 10% rate of improvement by 2020. Data for the 27 indicators represent a wide range of data sources, and updates were obtained through searching the original data source. Indicators will be updated on the Community Vital Signs Open Performance Site (open data portal). An update on the performance indicators for each CTP Priority Area is included in Appendix C.

### Core Performance Measures

CTP Priority Area	Identified Data Sources
Education	<ul style="list-style-type: none"> <li>• American Community Survey, United States Census Bureau</li> <li>• California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS)</li> <li>• California Health Interview Survey, UCLA Center for Health Policy Research</li> <li>• English Language Arts/Literacy Standards on the California Assessment of Student Performance and Progress Test</li> </ul>
Economy	<ul style="list-style-type: none"> <li>• American Community Survey, United States Census Bureau</li> <li>• U.S. Department of Health and Human Services</li> <li>• County of San Bernardino, Office of Homeless Services</li> <li>• State of California, Employment Development Department, Labor Market Information Division</li> <li>• U.S. Department of Housing and Urban Development</li> <li>• Center for Neighborhood Technology, Housing and Transportation Affordability Index</li> </ul>
Access to Health and Wellness	<ul style="list-style-type: none"> <li>• County Health Rankings</li> <li>• California Department of Public Health</li> <li>• California Department of Health Care Services</li> <li>• California Department of Education</li> <li>• California Health Interview Survey, UCLA Center for Health Policy Research</li> <li>• American Community Survey, United States Census Bureau</li> <li>• Office of Statewide Health Planning and Development</li> <li>• State of California, Department of Finance</li> <li>• State of California, Department of Transportation</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• State of California, Department of Justice, Office of the Attorney General</li> <li>• California Department of Education, California Healthy Kids Survey</li> <li>• San Bernardino County Sheriff's Department</li> </ul>

## Evaluation Activities 2015-2020

The following **process indicators** will be used to measure progress toward achieving the CTP goals and objectives:

<b>2015-2020 Process Indicators</b>		<b>2017 Progress Review</b>
<b>2015</b>	1. <b>By August 2015</b> , begin the bimonthly CTP Implementation and Communication Committees	Ongoing; Committees joined in 2016 and meet bi-monthly
<b>2016</b>	2. <b>By February 2016</b> , develop, distribute and analyze CVS Partner Activation Inventory Survey	Completed
	3. <b>By January 2016</b> , develop the CVS Strategic Communications Plan	Completed
	4. <b>By December 2016</b> , discuss CTP goals, objectives and align potential strategies into the CTP Implementation Strategy Grid	Completed
<b>2017</b>	5. <b>By January 2017</b> outline progress tracking and evaluation activities	Completed
	6. <b>By February 2017</b> begin biweekly priority area Implementation Action Planning (IAP) Workgroup meetings	Completed; IAP Workgroup meetings were held from Feb. – Aug. 2017
	7. <b>By March 2017</b> , promote CVS Initiative at the San Bernardino City-County Conference through the Vision2BActive campaign	Completed
	8. <b>By May 2017</b> , present on the CVS Open Performance Site, Access to Health and Wellness Priority Strategies for the built environment and community health workers at the 2017 National Innovative Communities (NIC) Conference in Ontario, CA	Completed
	9. <b>By June 2017</b> integrate the CTP population measures and launch the Community Vital Signs Open Performance Site (open data portal)	Completed; Site launched on May 24, 2017
	10. <b>By July 2017</b> develop and disseminate Community Transformation Plan 2015-2020, 2017 Addendum to Steering Committee Multi-sectoral Partners	Completed; CVS Steering Committee approved CTP 2017 Addendum on Sept 18, 2017
	11. <b>By November 2017</b> create and disseminate the first CTP 2017 Annual Report	November 20, 2017 SC meeting
	12. <b>By July 2017</b> , establish quarterly CTP Implementation Progress Tracking	Ongoing
	13. <b>By November 2017</b> , publish annual CTP Annual Report	Ongoing

## Evaluation Progress, Documentation and Reporting

- Progress toward meeting CTP objectives will be documented by analyzing population measures via the Community Vital Signs Open Performance Site.
- Differences in population health measures will be documented in the **Annual CTP Report**.
- Progress on strategies will be documented in Quarterly Progress Reports, and the Annual CTP Report to the Vital Signs Steering Committee, stakeholders, and community members.

Timeline for Evaluation Activities				
Evaluation Activities	Timing of Activities for 2015-2020			
	July 2015-December 2016	January 2017-July 2020	Quarterly from 2017-2020	Annually 2017-2020
Evaluation Plan Outline		X		
Data Collection		X		
Implementation and Communication/Joint Committee Meetings (bimonthly)	X	X	X	
Analysis and Interpretation			X	X
Report and Dissemination				X

## CTP Progress Tracking Tool

The Priority Area Workgroups for Education, Economy, Access to Health and Wellness, and Safety, consisting of key stakeholders and community partners, will meet on a **bimonthly** basis to report and document progress on implementing the CTP strategies.

Partners responsible for CTP strategies and activities will use the CTP Progress Tracking tool (sample below) to document progress. The tracking tool will record goals, strategies, responsible parties and quarterly status updates, and will also be used as the basis to update the IAPs for each Priority Area, and to develop quarterly and annual reports.

CVS DPH Staff will send quarterly electronic notification/reminders to Partners to complete and return the Progress Tracking tool. Completed progress tools will be compiled into a web-based tracking system which will facilitate tracking and monitoring of the goals, strategies, activities, and outcome indicators. This web-based tracking system will also be interoperable with the CVS Open Performance platform to track and measure key outcomes.

Vital Signs Annual reports will be developed to highlight progress made and reported to the Steering Committee annually each November. At the end of 2020, Vital Signs will report progress made, differences in target goals and best practice strategies to inform future CTP Implementation Plans.

CTP Goals and Strategies	Responsible Parties	2017 Q1 Status	2017 Q2 Status	2017 Q3 Status	2017 Q4 Status

## PLAN REVISION PROCESS

On February 14, 2017 the Community Vital Signs Initiative launched the first series of Implementation Action Planning Workgroup meetings with community stakeholders, partners, and residents. After seven months of reviewing, identifying strategies and activities, Community Vital Signs completed implementation action plans for each of the four Priority Areas of the Community Transformation Plan.

During the Implementation Planning Process, between February 2017 and October 2017, revisions were made to several Priority Area strategies to reflect current community needs, status, and improve language alignment. Revised strategies were reviewed by the Joint Implementation Committee members, who represented each of the four Priority Areas, and provided recommendations to the Community Vital Signs Steering Committee for approval and adoption.

Community Vital Signs will conduct a revision of the Community Transformation Plan on an annual basis. Revisions and updates will be reported in the Annual Report. Community Vital Signs will engage in the following steps to achieve the plan revision process:

1. Vital Signs and DPH staff will utilize a Plan Revision Tracking Tool to inventory changes and revisions as they are identified in the Community Transformation Plan.
2. The Plan Revision Tracking Tool will be assessed every 6 months by DPH staff to determine suitability for adoption into the Community Transformation Plan.
3. Changes and revisions will be presented by the Implementation Committee to the Steering Committee for review and approval.
4. Changes will be made in the Community Transformation Plan and documented in the Tracking Tool.
5. Tracking Tool will be used for the development of the Annual Report, which will be shared annually with the Steering Committee, stakeholders, and community partners.
6. After the presentation to the Steering Committee, the updated Community Transformation Plan will be made available on the CVS public website.

Date	Revision Completed	Description	Page number	Approved by	Updated by
April 15, 2017	Updated language of CTP strategies	Language was modified to better reflect current alignment with resources and events within the County.	58-66	Steering Committee	Dori Baeza
July 2017	Updated the Data Indicators – see Appendix C.	Data indicators for each of the four priority areas were updated and added to the Action Plan Addendum during the course of the implementation planning workgroup meetings.		Steering Committee	Dori Baeza Andrea Rodriguez
November 7, 2017	All Data Indicators reviewed and updated.	All Appendix C. Data Indicators were reviewed and updated by Senior Statistical Analyst. f	78	CVS Staff- Dori Baeza	Andrea Rodrigues

7.

September 2017

# SAN BERNARDINO COUNTY

APPENDICES to the  
Implementation Plan  
Community Transformation Plan 2015-2020

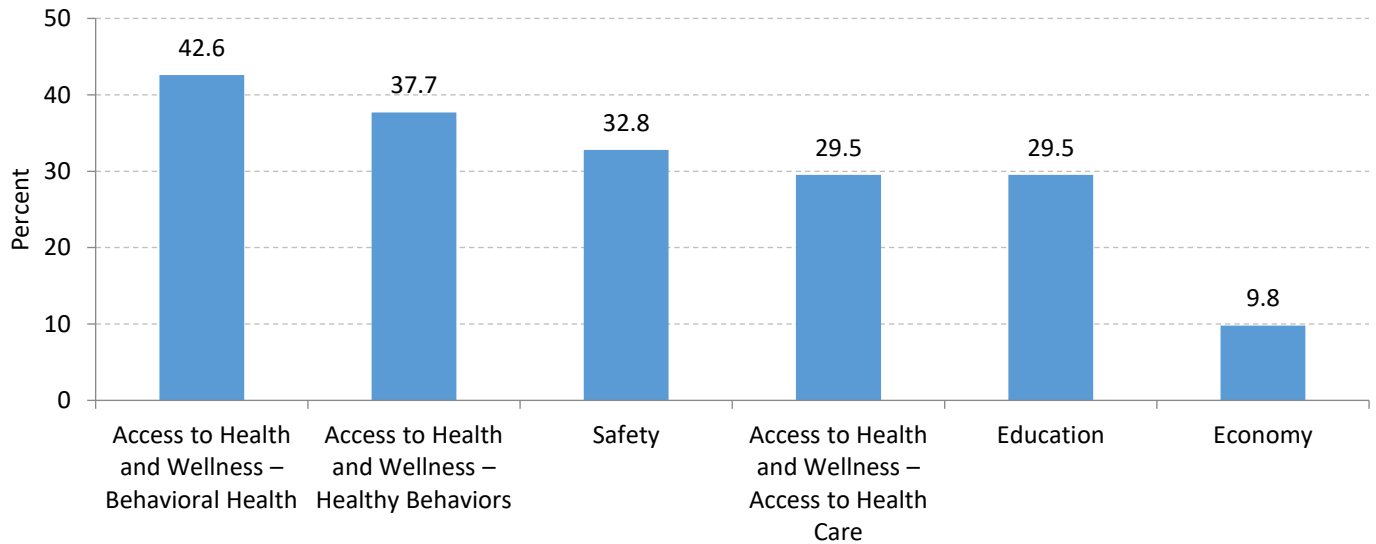


## Appendix A: Partner Activation Inventory Survey Results

Results from the Community Vital Signs Partner Activation Inventory Survey  
November 2015-February 2016

A total of 61 individuals responded to the Community Vital Signs Partner Activation Inventory Survey (two additional responses were collected but were incomplete duplicates of a complete third response from the same agency). More than one-third of the respondents cited the two Priority Areas highlighted in yellow below as being their first or second preference.

Priority Areas	First Preference		Second Preference		First or Second Preference	
	#	%	#	%	#	%
Access to Health and Wellness – Access to Health Care	13	21.3	5	8.2	18	29.5
Access to Health and Wellness – Behavioral Health	10	16.4	16	26.2	26	42.6
Access to Health and Wellness – Healthy Behaviors	11	18.0	12	19.7	23	37.7
Economy	5	8.2	1	1.6	6	9.8
Education	10	16.4	8	13.1	18	29.5
Safety	9	14.8	11	18.0	20	32.8



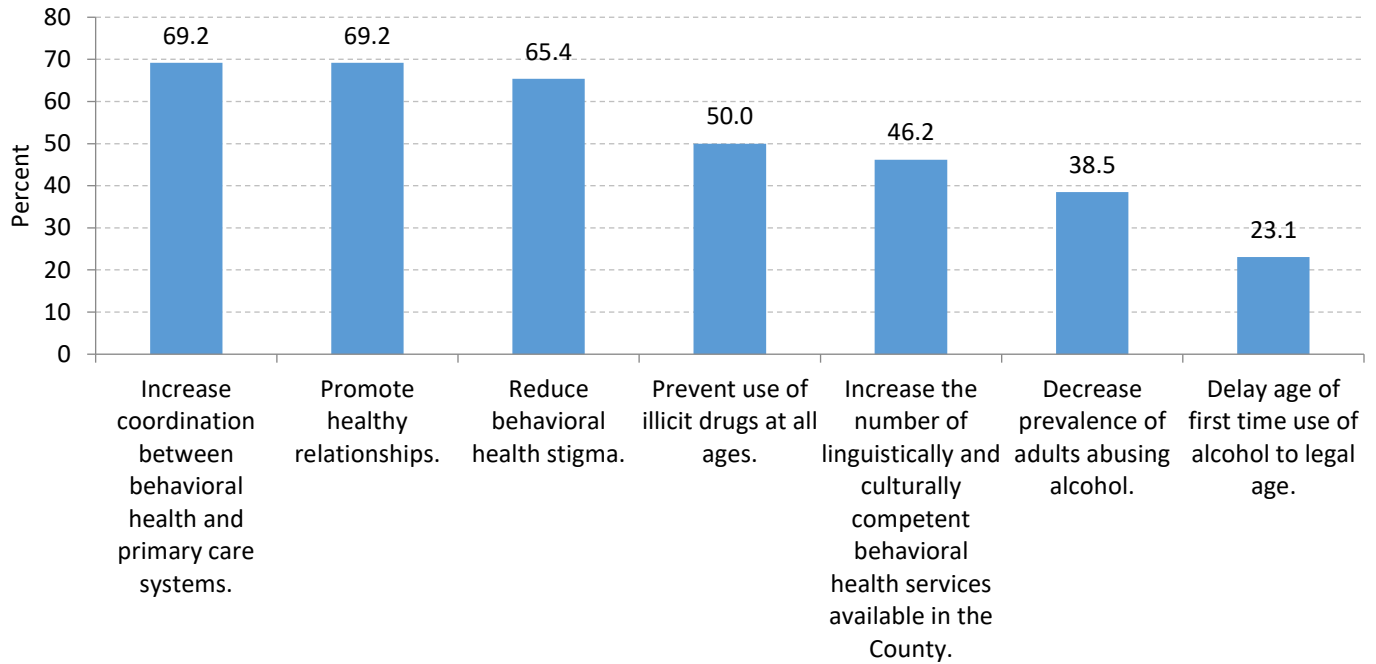
“Access to Health and Wellness - Behavioral Health” was most frequently chosen as the first or second preference for Vital Signs’ Priority Areas (26 respondents, 42.6% of 61 total respondents). Following are the agencies that indicated as such:

- Alpha Connection Youth & Family Services
- Barstow Unified School District
- Behavioral Health Commission
- Capitol Core
- City of Chino Hills
- City of Ontario
- City Of Upland
- CSRI, CSUSB
- EMQ/FamiliesFirst
- Family Assistance Program
- Hearts of Color, Inc.
- Hospital Association of Southern California
- House of Ruth, Inc.
- IEHP
- Inland Valley Recovery Services, Inc.
- Jamboree Housing Corporation
- Point Man International Ministries
- Social Action Community Health System
- San Bernardino County Department of Behavioral Health (2)
- San Bernardino County Sheriff's Department
- San Bernardino County Sheriff's Department/Health Services Division
- San Bernardino County Superintendent of Schools (2)
- Snowline Joint Unified School District
- VA Loma Linda

Following are Vital Signs’ short term goals related to Behavioral Health. More than half of the respondents indicating Behavioral Health as a preferred Priority Area (26) cited the three goals highlighted in yellow below as having current work dedicated to and/or interest in.

Behavioral Health Short Term Goals	Current Work		Interested In		Current Work and/or Interested In	
	#	%	#	%	#	%
Increase coordination between behavioral health and primary care systems.	13	50.0	15	57.7	18	69.2
Reduce behavioral health stigma.	11	42.3	12	46.2	17	65.4
Increase the number of linguistically and culturally competent behavioral health services available in the County.	6	23.1	10	38.5	12	46.2
Promote healthy relationships.	16	61.5	10	38.5	18	69.2
Delay age of first time use of alcohol to legal age.	5	19.2	3	11.5	6	23.1
Decrease prevalence of adults abusing alcohol.	6	23.1	9	34.6	10	38.5
Prevent use of illicit drugs at all ages.	9	34.6	8	30.8	13	50.0



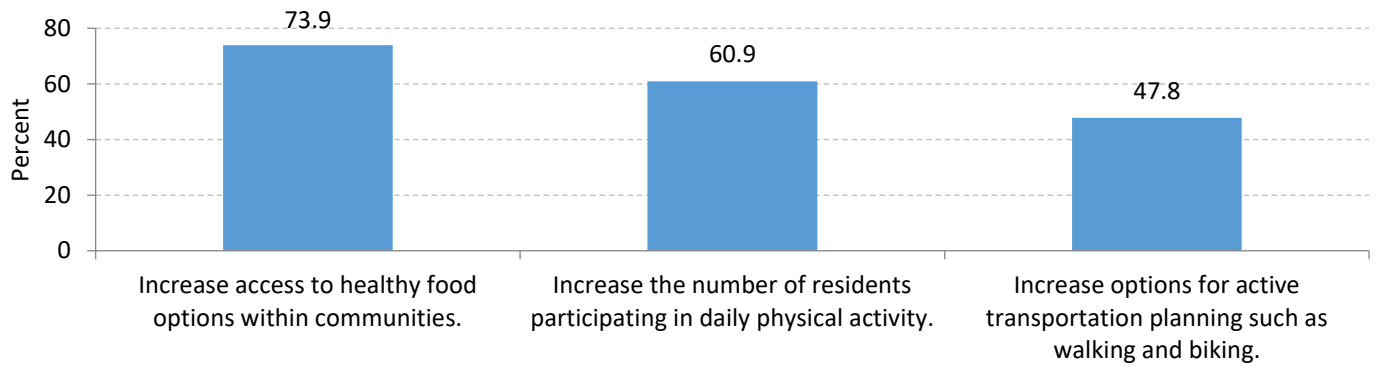


“Access to Health and Wellness – Healthy Behaviors” was the next most frequently chosen as the first or second preference for Vital Signs’ Priority Areas (23 respondents, 37.7% of 61 total respondents). Following are the agencies that indicated as such:

- Alpha Connection Youth & Family Services
- Cal State Reentry Initiative
- Cardenas Markets Inc.
- City of Chino
- City of Chino Hills
- City of Ontario
- City Of Upland
- Community Hospital San Bernardino
- Dignity Health
- El Sol Neighborhood Educational Center
- Faith Advisory Council for Community Transformation
- Gateway Strategies
- HC2 Strategies
- Hearts of Color, Inc
- House of Ruth, Inc.
- Inland Empire Biking Alliance
- Inland Empire United Way
- Loma Linda University Health
- Rim Family Services
- San Bernardino County Department of Public Health
- Siverts Publishing
- Valley Transportation Services, Inc.

Following are Vital Signs’ short term goals related to Healthy Behaviors. More than half of the respondents indicating Healthy Behaviors as a preferred Priority Area (23) cited the two goals highlighted in yellow below as having current work dedicated to and/or interest in.

Healthy Behaviors Short Term Goals	Current Work		Interested In		Current Work and/or Interested In	
	#	%	#	%	#	%
Increase access to healthy food options within communities.	14	60.9	15	65.2	17	73.9
Increase the number of residents participating in daily physical activity.	12	52.2	11	47.8	14	60.9
Increase options for active transportation planning such as walking and biking.	7	30.4	9	39.1	11	47.8



## Appendix B: Community Transformation Plan Implementation Strategy Grid

December 20, 2016



COMMUNITY VITAL SIGNS  
INITIATIVE  
County of San Bernardino



# Community Transformation Plan Implementation Strategy Grid

Analysis & Recommendations for Implementation

for December 6, 2016

Joint Committee Meeting

*Prepared by: Diana Fox*

The recommendations below are based on analysis of the Partner Activation Inventory Survey that was administered between 11/19/2015 and 2/18/16; and upon the analyses that were conducted by Andrea Rodriguez, DPH Statistical Analyst.

Focus area recommendations are built on a combination of the 3 separate analyses provided by Andrea that reveal different aspects of the responses.

Classified based on the **four Areas of Focus**, the Implementation Plan below, and its focus on the listed subset of objectives, was *approved by the CVS Steering Committee on October 21, 2016*.

**As Steering Committee Members, we're providing technical assistance and coordination, not running programs.**

**Think of yourself as an advocate or champion for the CTP Goals and Strategies.**

## ACCESS TO HEALTH & WELLNESS

**Long-Term Goal #1: INCREASE THE PERCENTAGE OF RESIDENTS WHO HAVE AND REGULARLY ACCESS A USUAL AND APPROPRIATE SOURCE OF CARE**

**Objectives:**

- Increase the percentage of residents who have a usual source of care
- Increase the percentage of residents with health insurance coverage
- Decrease the percentage of residents who delayed or did not get medical care in the past year

STRATEGIES		Crossover to Additional Priorities	Possible Primary Partners for Implementation
<b>System-level Strategy</b>	Expand opportunities afforded by the Affordable Care Act: <ul style="list-style-type: none"> <li>• Promote partnerships between hospitals and community health providers to reduce hospital readmissions</li> <li>• Help residents access health services through effective education regarding their own insurance benefits if covered, and if not, about services available under county safety net systems</li> </ul>	Education	HASC, ARMC, IEHP, Molina, LHC, Healthy Communities, Kaiser, Redlands Community Hospital, Dignity Health
<b>Supporting Community-level Strategy</b>	Connect residents to a regular place for healthcare – health home	Economy	IEHP, Molina, CCASBC
	Create a culturally effective countywide awareness campaign, including: <ul style="list-style-type: none"> <li>• Encourage use of non-stigmatizing and accurate language in local marketing and press efforts</li> <li>• Connect employers of health providers to provide regular cultural competency training</li> </ul>		DBH, DPH, AMR, TAD, CSUSB, SB County Sheriff, County Schools, Each Mind Matters
	Encourage and integrate use of Community Health Workers (CHWs) to: <ul style="list-style-type: none"> <li>• Inform and empower residents in their own communities to access care</li> <li>• Navigate health systems and know who to talk to</li> <li>• Connect residents to medical homes and sign them up for insurance</li> <li>• Explore model programs for the use of CHWs and/or student nurses in schools</li> </ul>		LLU, Dignity Health, CSUSB, SARH, El Sol, Vision y Compromise, American Heart Association
	Encourage that physical and behavioral health priorities are reflected in every school districts' Local Control & Accountability Plans (LCAPs)	Education	SBCSS, All Districts

**Long-Term Goal #4: REDUCE THE MISUSE AND ABUSE OF ALCOHOL, PRESCRIPTION, AND OTHER DRUGS IN THE COMMUNITY**

**Objectives:**

- Decrease opioid dependency in adults
- Decrease the percentage of youth (21 and under) who misused alcohol and other drugs in the past year
- Decrease recreational marijuana use for youth and adults

STRATEGIES		Crossover to Additional Priorities	Possible Primary Partners for Implementation
System-level Strategy	Delay first time alcohol use to legal age; decrease prevalence of adult alcohol abuse, over-prescription of opioids	Education Economy Safety	DBH ADS, HASC, Dr. O, SBCMS, RCMS. SB County Sheriff, PDs
Supporting Community-level Strategy	<ul style="list-style-type: none"> <li>• Increase support to countywide and sub-regional initiatives for policy changes at the county and city level that work to limit access to alcohol and other drugs to youth</li> <li>• Explore opportunities to reduce oversaturation of alcohol outlets</li> <li>• Support and replicate the HASC opioid prescription program and the IEHP full pain management program</li> <li>• Build capacity of cities and unincorporated areas to more safely manage the ramifications of marijuana legalization.</li> </ul>	Education Economy Safety	DBH ADS, IEHP, Molina, Kaiser, All Cities

**Long-Term Goal #6: INCREASE THE NUMBER OF RESIDENTS ENGAGED IN ACTIVE LIVING ACTIVITIES**

**Objectives:**

- Increase the percentage of teens (12-17) who met the CDC recommendation of 1 hour or more of daily physical activity
- Increase the number of bike trails
- Decrease traffic collisions for vehicles and bicycles

<b>STRATEGIES</b>		<b>Crossover to Additional Priorities</b>	<b>Possible Primary Partners for Implementation</b>
<b>System-level Strategy</b>	Promote Health Elements in city general plans to improve the built environment, including: <ul style="list-style-type: none"> <li>• Active Transportations Plans</li> <li>• Increased use and access to farmer’s markets</li> <li>• Policies that address zoning for equitable food access and limits on tobacco and alcohol facilities</li> <li>• Promote the Safe Routes to School program</li> <li>• Identify model programs that promote designation and awareness of healthy menus in retail food facilities</li> <li>• Promote adoption of complete streets policies</li> </ul>	Economy  Safety  Education	SANBAG/SBCTA, Safe Route, NSTS
<b>Supporting Community-level Strategy</b>	Increase access to healthy food options	Economy	Healthy City Initiatives – All Cities, DPH NEOP, All Districts
	Promote wellness programs at employer levels that effectively address workplace wellness.	Economy	Chambers of Commerce, DPH, American Heart Association, IEEP, Clinton Foundation
	Encourage cities to infuse health throughout the mandated elements of their general plans. <ul style="list-style-type: none"> <li>• Adopt comprehensive health elements in general plans</li> <li>• Traffic engineering guidance includes complete streets polices that are focused on active transportation</li> </ul>	Education Economy Safety	City Electeds, City Planners, Healthy City Initiatives

# ECONOMY

## Long-Term Goal #1: DECREASE THE PERCENTAGE OF FAMILIES LIVING IN POVERTY ACROSS THE COUNTY

### Objectives:

- Decrease the percentage of individuals living in poverty
- Decrease the percentage of children (under 18 years) living in poverty
- Increase industry Employment by Sector

STRATEGIES		Crossover to Additional Priorities	Possible Primary Partners for Implementation
<b>System-level Strategies</b>	Identify and implement policies that incentivize work and eventually move families to independence: <ul style="list-style-type: none"> <li>• Identify opportunities that offer incentives for employment to small businesses offering work readiness and employment opportunities</li> <li>• Increase awareness for tax incentives for employers hiring employees with criminal backgrounds and/or receiving government assistance</li> </ul>	Health & Wellness  Education	CSRI, Chambers of Commerce, City and County Economic Development Agencies, Reentry Collaborative, TAD, WDB
<b>Community-level Strategies</b>	Identify opportunities to prepare students to enter the economic workforce in fields necessary for the local economy: <ul style="list-style-type: none"> <li>• Increase internships and work-based learning opportunities across health disciplines;</li> <li>• Identify opportunities that could increase the number of health pathways in high schools and consider creation of articulation agreements between pathways/ROPs and higher education to allow concurrent enrollment in health professions courses</li> <li>• Consider expansion of STEM-related ROPs</li> </ul>	Health & Wellness  Education	Inland Health Professions Coalition, IEEP, SB County Linked Learning Hub of Excellence, ROP's, Health Employers, Alliance for Education, Job Corp., Fontana PD, Programming for Inmates, Glen Helen, SB CO Sheriff, SB Community Colleges

**Long-Term Goal #2: INCREASE ACCESS TO SAFE AND AFFORDABLE HOUSING FOR ALL RESIDENTS**

**Objectives:**

- Decrease the number of homeless individuals
- Decrease the percentage of residents who spent more than 30% of their income on housing

STRATEGIES		Crossover to Additional Priorities	Possible Primary Partners for Implementation
System-level Strategies	Identify opportunities to increase available affordable housing; identify opportunities whereby private market housing lender can develop affordable housing opportunities; encourage tax incentives for private market rental providers to provide affordable rent opportunities for targeted populations.	Safety Economy	DBH Housing Policy Council, Community Development Corporations, Apartment Association, CAP
Community-level Strategies	Consider development of a countywide cross-sector Housing Policy Council to focus on affordable housing and community development issues	Safety Economy	DBH Housing Policy Council, Community Development Corporations
	Explore ways to decrease wait times for people to receive housing services or promote more short-term shelters until benefits are available.	Safety Economy	Community Development Corporations, CAP, DBH, ICH, Salvation Army, Office of Veterans Affairs



# EDUCATION

## Long-Term Goal #1: INCREASE HIGH SCHOOL GRADUATION RATES

### Objectives:

- Increase the High School Graduation rate
- Increase the percentage of students who are proficient readers by 3<sup>rd</sup> grade

	STRATEGIES	Crossover to Additional Priorities	Possible Primary Partners for Implementation
System-level Strategies	Link Academic and social policies to address social-emotional needs	Health & Wellness	DBH PEI, SBCSS, All Districts, CBO's, SBCUSD, PIC, ACES
	Increase use of schools as an access point for school-based and community health and social services	Health & Wellness	DBH PEI, SBCSS, All Districts, CBO's
	Increase early identification and services (at all levels) for psychosocial factors impacting students' attendance and functioning in school	Health & Wellness	DBH PEI, SBCSS, All Districts, CBO's, Department of Preschool Services, SARB
Community-level Strategies	Leverage use of Student Assistance Programs to work in conjunction with initiatives such as: <ul style="list-style-type: none"> <li>• Positive Behavioral Interventions &amp; Supports (PBIS)</li> <li>• SART (Screening, Assessment, Referral, and Treatment)</li> </ul>		DBH PEI, SBCSS, All Districts, CBO's
	Expand family engagement and resource center model to address broader needs		DBH PEI, SBCSS, All Districts, CBO's, SBCUSD Family Engagement Center
	Expand opportunities for universal screening for language, developmental and social-emotional delays in young children		DBH PEI, SBCSS, All Districts, CBO's

**Long-Term Goal #2: INCREASE POST-SECONDARY EDUCATIONAL ATTAINMENT RATES ACROSS THE COUNTY**

**Objectives:**

- Increase the percentage of adults who have a Bachelor’s degree or higher
- Increase the percentage of adults who enter or complete college, and/or workforce training with 21<sup>st</sup> century skills

STRATEGIES		Crossover to Additional Priorities	Possible Primary Partners for Implementation
System-level Strategie	Encourage university-level policies to attract and retain students who stay and fill healthcare jobs in the county		Universities, Colleges, Healthcare Employers, Inland Health Professions Coalition
Community-level Strategies	Create training/educational opportunities for the potential workforce to exit with a trade that will result in employment at a prevailing wage	Economy	Inland Health Professions Coalition, Alliance for Education, Workforce Development Board
	Explore ways to increase higher education opportunities: <ul style="list-style-type: none"> <li>• Increase awareness of new policies related to community college attendance; explore models of online education to increase access to advance-level training and education high-demand health professions; identify opportunities for increased collaboration with Alliance and others to provide internships opportunities</li> <li>• Identify and scale programs offered at housing developments that support residents to complete high school and pursue higher education</li> </ul>	Economy	Alliance for Education, Inland Health Professions Coalition, Community Colleges
	Identify opportunities to prepare students to enter the economic workforce in fields necessary for the local economy: <ul style="list-style-type: none"> <li>• Increase internship and work-based learning opportunities across health disciplines</li> <li>• Identify opportunities that could increase the number of health pathways in high schools and consider creation of articulation agreements between pathways/Regional Occupation Programs (ROPs) and higher education to allow concurrent enrollment in health professions courses</li> <li>• Consider expansion of Science, Technology, Engineering, and Math (STEM)-related ROPs and High School Pathways</li> </ul>		Alliance for Education, Inland Health Professions Coalition, Community Colleges, ROP’s, IEEP, Chaffey HSD

# SAFETY

## Long-Term Goal #1: REDUCE THE CRIME RATE ACROSS SAN BERNARDINO COUNTY

### Objectives:

- Decrease the crime rate per capita
- Decrease the number of gang members
- Increase positive relationships between residents and Police/Fire Departments
- Decrease juvenile crime rate

STRATEGIES		Crossover to Additional Priorities	Possible Primary Partners for Implementation
<b>System-level Strategies</b>	Explore opportunities to restore services for offenders returning to the county who have been released through realignment initiatives.	Health & Wellness	CSRI, Probation, Courts
<b>Community-level Strategies</b>	Promote and increase partnership between faith-based organizations and other sectors, including: <ul style="list-style-type: none"> <li>• Encourage law enforcement to identify opportunities to actively engage faith-based organization in key conversations</li> <li>• Encourage faith-based and community-based organization to actively work with their congregations to change norms on relationships with law enforcement</li> <li>• Increase partnerships between faith-based organizations and behavioral health providers</li> <li>• Develop programs to increase visibility or collaboration of law enforcement in community and public school settings</li> </ul>	Health & Wellness	FBO's, CBO's, Law Enforcement, DBH and their contract agencies, SBCSS, Districts

**Long-Term Goal #2: IMPROVE CHILDREN’S PERCEPTION OF SAFETY AT SCHOOL**

**Objectives:**

- Increase the percentage of 9<sup>th</sup> grade students who reported feeling safe or very safe at school

STRATEGIES		Crossover to Additional Priorities	Possible Primary Partners for Implementation
System-level Strategies	Link Academic and social policies to address social-emotional needs	Health & Wellness	
Community-level Strategies	Promote and increase partnership between faith-based organizations and other sectors, including: encourage law enforcement to identify opportunities to actively engage faith-based organizations in key conversations; encourage FBOs to actively work with their congregations to change norms on relationships with law enforcement; increase partnerships between FBO’s, CBO’s, and behavioral health providers; develop programs to increase visibility or collaboration of police departments in community and public school settings	ALL	FBO’s, CBO’s, Law Enforcement/SRO’s, DBH and their contract agencies, SBCSS, Districts
	Identify opportunities to support and engage at-risk youth: increase support for probation youth on school campuses and in the community; provide support to enable expelled students to rejoin the school community.	Health & Wellness Education	Probation, SBCSS, Districts, CBO’s, FBO’s, Public Defender’s Office
	Promote Healthy Relationships: Promote and improve access to positive parenting education (reference First 5 initiative with courts and CFS)	Education	First 5, Family Courts, CFS, Probation, Nurturing Parenting Providers

FOUNDATIONAL/FUNCTIONAL STRATEGIES

STRATEGIES		Crossover to Additional Priorities	Possible Primary Partners for Implementation
System-level	Explore ways to align county and city-level efforts to pursue federal-level and other funding opportunities	ALL	
Community-level Strategies	Improve service coordination and communication between organizations, particularly in shared community facilities to serve economically challenged residents	ALL	
	Improve information sharing, data collections, and reporting systems to identify, analyze and communicate information across all sectors to improve outcomes for at-risk students, residents, and communities, including: enable data sharing across managed care, hospitals, government, and other primary and behavioral health providers; create a consumer-focused information web portal for the county that guides users and simplifies resource navigation within the county; include active transportation and nutrition information/resources (SOCRATA?)	ALL	
	Increase access to and availability of services and resources through innovative methods: Encourage use of technology to enhance availability of interpretation services; develop a mobile app with GIS that provides information regarding parks, trails, community gardens, farmers markets, food banks, etc.; use creative ways of recruiting BH professionals to where services are needed using technology for telehealth; expand awareness and use of 2-1-1 or other “hotlines;” increase capacity to provide conduct warm handoffs to services.	ALL (SOCRATA, 2-1-1, App) (link to entry above)	

## Acronym List

ACES—ACES Home Healthcare Services  
ADS – Dept. of Behavioral Health Alcohol & Drug Services  
AHA – American Heart Association  
ARMC – Arrowhead Regional Medical Center  
ASES -- After School Education and Safety Program  
CAA – CA Apartment Association-Greater Inland Empire  
CAP – Community Action Partnership  
CBO – Community Based Organization  
CDC – Community Development Corporation  
CFS -- Children and Family Services  
CSRI – Cal State Reentry Initiative  
CSUSB-California State University of San Bernardino  
DBH – Department of Behavioral Health  
DPH – Dept. of Public Health  
DPH-NEOP—Department of Public Health National Education of Obesity Prevention  
FBO – Faith Based Organization  
HASC – Hospital Association of Southern California  
HSD—Human Services Department  
ICH – Interagency Council on Homelessness  
IEEP -- Inland Empire Economic Partnership  
IEHP—Inland Empire Health Plan  
IHPC – Inland Health Professions Coalition  
LHC -- Latino Health Collaborative  
NEOP -- Nutrition Education and Obesity Prevention (DPH/USDA Program)  
NICC – National Innovative Communities Conference  
NSRSP -- National Safe Routes to School Partnership  
NSTS—National Safety Training Service  
PEI – Prevention and Early Intervention  
PIC – Partners for Innovative Communities  
RCMS -- Riverside County Medical Society  
ROP -- Regional Occupational Program / Regional Opportunity Program (varies by subregion)  
SBCTA—San Bernardino County Transit Authority  
SBCMS -- San Bernardino County Medical Society  
SBCOG—San Bernardino County of Governments  
SBCSS -- San Bernardino County Superintendent of Schools  
SBCUSD -- San Bernardino City Unified School District  
TAD – Transitional Assistance Department (San Bernardino County Human Services)  
WDB – Workforce Development Board

## Appendix C: Indicator Data

Baseline data year varies by indicator and is referenced in parentheses in the “Countywide Value” column in the tables below. The 2020 target value is what, in the year 2020, we hope to see for the most recent data year available.

### Indicator Data -EDUCATION

Goal	Objective	Indicator (Source)	Baseline Data and Targets (CTP 2015-2020)			Current Data as of 2017 (Data Year)	Notes
			Countywide Value (Data Year)	2018 Target (5% Improve)	2020 Target (10% Improve)		
Increase high school graduation rates	Increase the high school graduation rate	Cohort Graduation Rate (California Department of Education, California Longitudinal Pupil Achievement Data System)	78.6% (2012-13)	82.5%	86.5%	83.0% (2015-16)	For the purpose of target setting, the number of decimal places in the baseline value published in the CTP (79%) has been increased from zero to one. This indicator has surpassed the 2018 target and is moving in the right direction toward the 2020 target.
	Increase the percentage of students who are proficient readers by 3 <sup>rd</sup> grade	Percentage of 3 <sup>rd</sup> grade students who met or exceeded the English language arts/literacy achievement standard (California Department of Education, California Assessment of Student Performance and Progress)	31.0% (2014-15; this indicator was not available at the time the CTP was published)	32.6%	34.1%	37.8% (2016-17)	This indicator has surpassed the 2018 and 2020 targets.
Increase postsecondary educational attainment rates across the County	Increase the percentage of adults who have a Bachelor’s degree or higher	Percent of population age 25 years and over with a bachelor’s, graduate, or professional degree (United States Census Bureau, American Community	19.1% (2013)	20.1%	21.0%	20.0% (2016)	For the purpose of target setting, the number of decimal places in the baseline value published in the CTP (19%) has been increased from zero to one. This indicator is moving in the right direction toward the 2018 and 2020 targets.

		Survey 1-Year Estimates, Table S1501)					
	Increase the percentage of adults who enter or complete college, and/or workforce training with 21 <sup>st</sup> century skills	N/A	N/A	N/A	N/A	N/A	This indicator remains under development. A potential proxy data source for this objective is the California Department of Education, which tracks the total number of high school graduates and the number of high school graduates meeting UC/CSU entrance requirements every year. As of the 2015-16 school year, 37.6% of graduates in San Bernardino County met UC/CSU requirements, compared to 45.4% of graduates statewide.



## Indicator Data -ECONOMY

Goal	Objective	Indicator (Source)	Baseline Data and Targets (CTP 2015-2020)			Current Data as of 2017 (Data Year)	Notes
			Countywide Value (Data Year)	2018 Target (5% Improve)	2020 Target (10% Improve)		
Decrease the percentage of families living in poverty across the County	Decrease the percentage of individuals living in poverty	Percent of population for whom poverty status is determined below poverty level (United States Census Bureau, American Community Survey 1-Year Estimates, Table S1701)	19.1% (2013)	18.1%	17.2%	17.7% (2016)	For the purpose of target setting, the number of decimal places in the baseline value published in the CTP (19%) has been increased from zero to one. This indicator has surpassed the 2018 target and is moving in the right direction toward the 2020 target.
	Decrease the percentage of children (under 18 years) living in poverty	Percent of population under age 18 years for whom poverty status is determined below poverty level (United States Census Bureau, American Community Survey 1-Year Estimates, Table S1701)	26.6% (2013)	25.3%	23.9%	26.0% (2016)	For the purpose of target setting, the number of decimal places in the baseline value published in the CTP (27%) has been increased from zero to one. After peaking one year post-baseline, this indicator is now moving in the right direction toward the 2018 and 2020 targets.
	Increase Industry Employment by Sector	N/A	N/A	N/A	N/A	N/A	This indicator remains under development.
Increase access to safe and affordable housing for all residents	Decrease the number of homeless individuals	Total Point-in-Time Homeless Count (San Bernardino County Homeless Partnership)	2,321 (2013)	2,205	2,089	1,866 (2017)	This indicator has surpassed the 2018 and 2020 targets.

	Decrease the percentage of residents who spent more than 30% of their income on housing	Percent of occupied housing units with gross rent or selected monthly owner costs equal to or greater than 30% of household income (United States Census Bureau, American Community Survey 1-Year Estimates, Table DP04)	59% 44.6% (2013)	42.4%	40.1%	43.6% (2016)	The baseline data presented in the CTP for this indicator (59%) erroneously excluded owner-occupied housing units. This indicator is slowly moving in the right direction toward the 2018 and 2020 targets.
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## Indicator Data -ACCESS TO HEALTH AND WELLNESS

Goal	Objective	Indicator (Source)	Baseline Data and Targets (CTP 2015-2020)			Current Data as of 2017 (Data Year)	Notes
			Countywide Value (Data Year)	2018 Target (5% Improve)	2020 Target (10% Improve)		
Increase the percentage of residents who have and regularly access a usual source of care	Increase the percentage of residents who have a usual source of care	Percent of residents who have a usual place to go when sick or need health advice (UCLA Center for Health Policy Research, California Health Interview Survey)	83.7% (2011)	87.9%	92.1%	87.7% (2016)	For the purpose of target setting, the number of decimal places in the baseline value published in the CTP (84%) has been increased from zero to one. This indicator is moving in the right direction toward the 2018 and 2020 targets.
	Increase the percentage of residents with health insurance coverage	Percent of the civilian noninstitutionalized population with health insurance coverage (United States Census Bureau, American Community Survey 1-Year Estimates, Table DP03)	81.0% (2013)	85.1%	89.1%	91.5% (2016)	This indicator has surpassed the 2018 and 2020 targets.
	Decrease the percentage of residents who delayed or did not get medical care	Percent of residents who delayed or did not get medical care they thought they needed (UCLA Center for Health Policy Research, California Health Interview Survey)	10.6% (2012)	10.1%	9.5%	11.2% (2016)	For the purpose of target setting, the number of decimal places in the baseline value published in the CTP (11%) has been increased from zero to one. After surpassing the 2018 and 2020 targets in data year 2015 (8.9%), this indicator increased the following data year to a value higher than baseline.
Increase behavioral health awareness	Decrease the percentage of 7 <sup>th</sup> graders who reported feeling sad and hopeless	N/A	N/A	N/A	N/A	N/A	This indicator remains under development.
Increase access to behavioral health services	Increase the rate of residents accessing behavioral health services	N/A	N/A	N/A	N/A	N/A	This indicator remains under development.
Reduce the misuse and abuse of alcohol, prescription, and other drugs	Decrease the percentage of youth (21 and under) who misused	N/A	N/A	N/A	N/A	N/A	This indicator remains under development.

	alcohol or other drugs in the past year						
Decrease the prevalence and increase the management of chronic diseases	Decrease the percentage of the adult population ever diagnosed with diabetes	Percent of adults who have ever had a doctor tell them they have diabetes (UCLA Center for Health Policy Research, California Health Interview Survey)	11.1% (2011)	10.5%	10.0%	11.4% (2016)	For the purpose of target setting, the number of decimal places in the baseline value published in the CTP (11%) has been increased from zero to one. After surpassing the 2018 target in data year 2015 (10.1%), this indicator increased the following data year to a value higher than baseline.
	Decrease the percentage of adults ever diagnosed with high blood pressure	Percent of adults who have ever had a doctor tell them they have high blood pressure (UCLA Center for Health Policy Research, California Health Interview Survey)	<del>32%</del> 31.3% (2011)	29.7%	28.2	31.1% (2016)	This indicator is moving very slowly in the right direction toward the 2018 and 2020 targets. The baseline value published in the CTP (32%) appears to have been a rounding or typographical error.
	Decrease the hospitalization rate for cardiovascular disease	Number of hospitalizations with principal diagnosis among ICD-9 codes 390-398, 402, and 404-429 or ICD-10 codes I00-I09, I11, I13, and I20-I51 per 10,000 age-adjusted population (California Office of Statewide Health Planning and Development, AB 2876 Patient Discharge Data Files; United States Census Bureau, American Community Survey 1-Year Estimates, Table B01001)	<del>98.83</del> 92.7 (2012)	88.1	83.4	82.4 (2015)	This indicator has already met and surpassed the 2018 and 2020 targets. The baseline data presented in the CTP for this indicator (98.83) was incorrect and has been updated to the correct value (92.7).
	Decrease the percentage of obese adults	Percent of adults with a Body Mass Index (BMI) equal to or greater than 30 (UCLA Center for Health Policy Research, California Health Interview Survey)	33.5% (2011)	31.8%	30.2%	36.0% (2016)	For the purpose of target setting, the number of decimal places in the baseline value published in the CTP (33%) has been increased from zero to one. After surpassing the 2018 and 2020 targets in data year 2015 (27.5%), this indicator increased the following data

							year to a value higher than baseline.
	Decrease the percentage of teens age 12-17 who are overweight/obese	Percent of teens with a Body Mass Index (BMI) equal to or greater than the 85 <sup>th</sup> percentile (UCLA Center for Health Policy Research, California Health Interview Survey)	34.7% (2012)	N/A	N/A	N/A	This indicator is currently under review, as many flaws have been identified since publication of the CTP (e.g., annual statistical instability due to small sample sizes, baseline value does not match data source, etc.). This indicator will likely be replaced with a similar indicator from the California Department of Education's annual physical fitness testing.
Increase the number of residents engaged in active living activities	Increase the percentage of teens (12-17) who met the CDC recommendation of 1 hour or more of daily physical activity	Percent of teens physically active at least one hour per day every day in a typical week (UCLA Center for Health Policy Research, California Health Interview Survey)	19% (2009)	N/A	N/A	N/A	This indicator is currently under review, as many flaws have been identified since publication of the CTP (e.g., annual statistical instability due to small sample sizes, old baseline data value, etc.). This indicator will likely be replaced with a similar indicator from the California Department of Education's annual physical fitness testing.
	Increase the amount of bike trails (Class I-III)	Total Class I-III bike trail miles (San Bernardino County Transportation Authority, Active Transportation Plan)	504 (2015; this indicator was not available at the time the CTP was published)	529	554	504 (2015)	A baseline data source for this indicator was identified after publication of the CTP. Baseline data will serve as current data until an updated source document is published.

## Indicator Data -SAFETY

Goal	Objective	Indicator (Source)	Baseline Data and Targets Published in 2015 (CTP 2015-2020)			Current Data as of 2017 (Data Year)	Notes
			Countywide Value (Data Year)	2018 Target (5% Improve)	2020 Target (10% Improve)		
Reduce the crime rate across San Bernardino County	Decrease the crime rate	Number of crimes (including violent crime, property crime, and arson) per 1,000 residents (California Department of Justice, Crimes and Clearances Data; U.S. Census Bureau, American Community Survey 1-Year Estimates, Table B01003)	<del>31.0</del> 31.6 (2010)	30.0	28.4	30.7 (2016)	The baseline data presented in the CTP for this indicator (31.0) was calculated using outdated population figures and has been updated to the correct value (31.6). This indicator is moving in the right direction toward the 2018 and 2020 targets.
	Decrease the number of gang members	Number of gang members as identified by law enforcement (San Bernardino County, Community Indicators Report)	17,401 (2011)	16,531	15,661	14,100 (2015)	This indicator has already met and surpassed the 2018 and 2020 targets.
	Increase positive relationships between residents and Police/Fire Departments	N/A	N/A	N/A	N/A	N/A	This indicator remains under development.
	Decrease juvenile crime rate	Number of juvenile felony arrests per 1,000 residents ages 10-17 (Lucile Packard Foundation for Children's Health, kidsdata.org)	12.3 (2010)	11.7	11.1	7.9 (2015)	A baseline data source for this indicator was identified after publication of the CTP. Data year 2010 serves as baseline, consistent with the objective to decrease the overall crime rate. This indicator has already met and surpassed the 2018 and 2020 targets.
Improve children's perception of safety at school	Increase the percentage of 9 <sup>th</sup> grade	Percentage of 9 <sup>th</sup> grade students who reported	50% (2009)	52.5%	55%	N/A	This indicator is currently under review, as the data source has not been

Goal	Objective	Indicator (Source)	Baseline Data and Targets Published in 2015 (CTP 2015-2020)			Current Data as of 2017 (Data Year)	Notes
			Countywide Value (Data Year)	2018 Target (5% Improve)	2020 Target (10% Improve)		
	students who reported feeling safe or very safe at school	feeling safe or very safe while at school (San Bernardino County. <i>California Healthy Kids Survey, 2009-11: Main Report.</i> San Francisco: WestEd Health and Human Development Program for the California Department of Education.)					updated since baseline data was acquired.

## Appendix D: Acronym List

<b>Acronym</b>	<b>Definition</b>	<b>Acronym</b>	<b>Definition</b>
<b>ACES</b>	ACES Home Healthcare Services	<b>HASC</b>	Hospital Association of Southern California
<b>ADS</b>	Alcohol and Drug Services	<b>HC</b>	Healthy Communities
<b>AHA</b>	American Heart Association	<b>HIPPA</b>	Health Insurance Portability and Accountability Act
<b>AHW</b>	Access to Health and Wellness	<b>HSD</b>	Human Services Department
<b>AMR</b>	American Medical Response	<b>IAP</b>	Implementation Action Plan
<b>ARMC</b>	Arrowhead Regional Medical Center	<b>ICH</b>	Interagency Council on Homelessness
<b>ASES</b>	After School Education and Safety Program	<b>IEEP</b>	Inland Empire Economic Partnership
<b>ATPs</b>	Active Transportation Plans	<b>IEHP</b>	Inland Empire Health Plan
<b>BOS</b>	Board of Supervisors	<b>IHPC</b>	Inland Health Professions Coalition
<b>CAA</b>	CA Apartment Association-Greater Inland Empire	<b>LHC</b>	Latino Health Collaborative
<b>CAASPP</b>	CA Assessment of Student Performance and Progress	<b>LLU</b>	Loma Linda University
<b>CALPADS</b>	California Longitudinal Pupil Achievement Data System	<b>MAPP</b>	Mobilizing for Action through Planning and Partnerships
<b>CAP</b>	Community Action Partnerships	<b>MOU</b>	Memorandum of Understanding
<b>CBOs</b>	Community Based Organizations	<b>NACo</b>	National Association of Counties
<b>CCASBC</b>	Community Clinic Association, San Bernardino County	<b>NICC</b>	National Innovative Communities Conference
<b>CDC</b>	Centers for Disease Control	<b>NSRSP</b>	National Safe Routes to School Partnership
<b>CDE</b>	California Department of Education	<b>NSTS</b>	National Safety Training Service
<b>CF</b>	Children's Fund	<b>PEI</b>	Prevention & Early Intervention programs
<b>CFS</b>	Children and Family Services	<b>PIC</b>	Partners for Innovative Communities
<b>CHIS</b>	California Health Interview Survey	<b>PII</b>	Personally Identifiable Information
<b>CHWs</b>	Community Health Workers	<b>PSD</b>	San Bernardino County Preschool Services
<b>COP</b>	Community Oriented Policing	<b>RCMS</b>	Riverside County Medical Society
<b>COPPA</b>	Children's Online Privacy Protection Rule	<b>RNSAs</b>	Registered Nurse Shortage Areas
<b>CSRI</b>	Cal State Reentry Initiative	<b>ROI</b>	Return on Investment
<b>CSUSB</b>	California State University San Bernardino	<b>ROP</b>	Regional Occupational Program
<b>CTP</b>	County Transformation Plan	<b>SARH</b>	San Antonio Regional Hospital
<b>CVS/Vital Signs</b>	Community Vital Signs	<b>SBC</b>	San Bernardino County
<b>CWV</b>	Countywide Vision	<b>SBCMS</b>	San Bernardino County Medical Society
<b>DBH</b>	Department of Behavioral Health	<b>SBCOG</b>	San Bernardino County of Governments
<b>DPH</b>	Department of Public Health	<b>SBCRC</b>	San Bernardino County Reentry Collaborative
<b>DPH-NEOP</b>	DPH National Education of Obesity Prevention	<b>SBCSD</b>	San Bernardino County Sheriff's Department
<b>DRDP</b>	Desired Results Development Profiles	<b>SBCSS</b>	San Bernardino County Superintendent of Schools
<b>ESSA</b>	Every Student Succeeds Act	<b>SBCTA</b>	San Bernardino County Transportation Authority
<b>F2B</b>	Footsteps2Brilliance	<b>SBCUSD</b>	San Bernardino City Unified School District
<b>FBOs</b>	Faith Based Organizations	<b>TAD</b>	Transition Assistance Department
<b>FERPA</b>	Family Educational Rights and Privacy Act	<b>V2BA</b>	Vision 2 Bactive
<b>First 5</b>	First 5 San Bernardino	<b>V2R</b>	Vision2Read
<b>GIS</b>	Geographic Information Systems	<b>WDB</b>	Workforce Development Board