

Project Abstract

Project Title: CY 2021 Part C Early Intervention Services (EIS) Program
Applicant Name: San Bernardino County Department of Public Health (SBCDPH)
Address: 451 E. Vanderbilt Way, San Bernardino, CA 92415
Project Director Name: Morena Garcia, MPA
Contact Phone Numbers: Voice: (760) 956-4457 Fax: 909-381-8455
E-mail Address: Morena.Garcia@dph.sbcounty.gov
Web Site Address: <http://www.sbcounty.gov/dph>
Grant Program Funding Requested: Part C EIS funding amount \$368,243; of which 60% is designated under the Minority AIDS Initiative (MAI)

The San Bernardino County Department of Public Health (SBCDPH) Clinic Operations Section seeks competitive continuation funding in the amount of \$368,243 to provide outpatient HIV primary medical care to low-income persons living with HIV (PLWH) who reside in San Bernardino County. SBCDPH delivers HIV primary care services through three clinic sites located in the cities of San Bernardino, Ontario, and Hesperia. Specific services to be supported through Part C Early Intervention Services (EIS) funds include: comprehensive HIV primary care services with referrals to specialty medical services, medical case management, nutrition services, mental health and substance abuse screening and referral, and referral for oral health care services.

San Bernardino County, California spans 20,164 square miles and is geographically the largest county in California and in the contiguous United States (U.S.). The San Bernardino and Ontario clinic sites target urban areas of the county, while the Hesperia clinic targets a more rural population. All three clinic sites are designated as a Federally Qualified Health Center (FQHC). As of December 31, 2022, San Bernardino County reported a total of 5,474 persons living with HIV and AIDS (PLWHA). This represents a 5.7% overall growth in HIV/AIDS prevalence in the three-year period from 2021 to 2022¹.

Sixty percent (60%) of current Part C funds received by the SBCDPH are designated under the Minority AIDS Initiative (MAI). PLWHA in San Bernardino County are extremely diverse. During the two-year period (2021 and 2022), 71.3% of San Bernardino County's HIV/AIDS prevalence was among communities of color; 20.8% were African American and 50.5% were Latino. HIV incidence data (i.e., newly diagnosed) provides an indication of the emerging populations in which the epidemic is growing. According to California Office of AIDS data, for 2021 and 2022, 61% of the new HIV cases were Latino and 19% were African American. One in five new HIV cases was identified as African American and one in two new HIV cases was identified as Latino.

As with new HIV cases, 79.8% of all new AIDS cases are among communities of color compared to their representing about two-thirds of the general population and total AIDS cases. The number of new AIDS cases among African Americans is disproportionate to their representation in the population (21% compared to 8.5%). They also represent a slightly lower proportion of new AIDS cases (16%) than total AIDS prevalence (21%). The proportion of Latinos being diagnosed as a new AIDS case (60.6%) is greater than their representation in total AIDS prevalence (49.6%), this proportion is higher than their representation in the general population (51.6%).

¹ California Department of Public Health, Office of AIDS, California HIV Surveillance Report - 2022

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When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-25-002
Opportunity Title:	Ryan White HIV/AIDS Program Part C Early Intervention Services Program: Existing Geographic Service Areas
Opportunity Package ID:	PKG00285884
CFDA Number:	93.918
CFDA Description:	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease
Competition ID:	HRSA-25-002
Competition Title:	Ryan White HIV/AIDS Program Part C Early Intervention Services Program: Existing Geographic Service Areas
Opening Date:	04/16/2024
Closing Date:	06/17/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Hanna Endale at (301)443-1326 or email PARTCEIS@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01309045
Application Filing Name:	San Bernardino County Department of Public Health
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO PUBLIC HEALTH
Form Name:	Budget Narrative Attachment Form
Form Version:	1.2
Requirement:	Mandatory
Download Date/Time:	May 07, 2024 08:10:11 PM EDT
Form State:	No Errors

FORM ACTIONS:

Budget Narrative File(s)

* **Mandatory Budget Narrative Filename:**

To add more Budget Narrative attachments, please use the attachment buttons below.

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Workspace ID:	WS01309045
Application Filing Name:	San Bernardino County Department of Public Health
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO PUBLIC HEALTH
Form Name:	Grants.gov Lobbying Form
Form Version:	1.1
Requirement:	Mandatory
Download Date/Time:	May 07, 2024 08:13:24 PM EDT

Form State:

FORM ACTIONS:

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

*** APPLICANT'S ORGANIZATION**

San Bernardino County Department of Public Health

*** PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
* Title:

* SIGNATURE: * DATE:

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APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01309045
Application Filing Name:	San Bernardino County Department of Public Health
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO PUBLIC HEALTH
Form Name:	Key Contacts
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	May 07, 2024 08:12:37 PM EDT
Form State:	No Errors

FORM ACTIONS:

Key Contacts Form

* Applicant Organization Name:

San Bernardino County Department of Public Health

Enter the individual's role on the project (e.g., project manager, fiscal contact).

* Contact 1 Project Role: Project Director

Prefix:

* First Name: Morena

Middle Name: Guadalupe

* Last Name: Garcia

Suffix:

Title: Public Health Program Manager

Organizational Affiliation:

San Bernardino County Department of Public Health

* Street1: 16453 Bear Valley Rd

Street2:

* City: Hesperia

County: California

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 92345-4457

* Telephone Number: 7609564457

Fax:

* Email: Morena.Garcia@dph.sbcounty.gov

Delete Entry

Next Person

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APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01309045
Application Filing Name:	San Bernardino County Department of Public Health
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO PUBLIC HEALTH
Form Name:	Project/Performance Site Location(s)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	May 07, 2024 08:12:13 PM EDT
Form State:	No Errors

FORM ACTIONS:

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 2 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

UEI:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

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Workspace ID:	WS01309045
Application Filing Name:	San Bernardino County Department of Public Health
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO PUBLIC HEALTH
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	May 07, 2024 09:21:07 PM EDT
Form State:	

FORM ACTIONS:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: H76HA00154	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: California	
8. APPLICANT INFORMATION:		
* a. Legal Name: San Bernardino County Department of Public Health		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002748	* c. UEI: PD18A8XKE7B6	
d. Address:		
* Street1: 451 E. Vanderbilt Way	Street2: <input type="text"/>	
* City: San Bernardino	County/Parish: California	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92415-0012	
e. Organizational Unit:		
Department Name: Public Health	Division Name: Clinical Health and Prevention	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs.	* First Name: Morena	
Middle Name: Guadalupe	* Last Name: Garcia	
Suffix: <input type="text"/>	Title: Public Health Program Manager	
Organizational Affiliation: San Bernardino County Department of Public Health		
* Telephone Number: 7609564457	Fax Number: <input type="text"/>	
* Email: Morena.Garcia@dph.sbcounty.gov		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.918

CFDA Title:

Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease

*** 12. Funding Opportunity Number:**

HRSA-25-002

* Title:

Ryan White HIV/AIDS Program Part C Early Intervention Services Program: Existing Geographic Service Areas

13. Competition Identification Number:

HRSA-25-002

Title:

Ryan White HIV/AIDS Program Part C Early Intervention Services Program: Existing Geographic Service Areas

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Ryan White HIV/AIDS Program Part C Early Intervention Services Program: Existing Geographic Service Areas

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="33"/>	* b. Program/Project: <input type="text" value="33"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="01/01/2025"/>	* b. End Date: <input type="text" value="12/31/2027"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="368,423.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="368,423.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value=""/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
<input type="checkbox"/> ** I AGREE	
<small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Dawn"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Rowe"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Chair, Board of Supervisors"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text" value="909-387-9090"/>
* Email: <input type="text"/>	
* Signature of Authorized Representative: <input type="text"/>	* Date Signed: <input type="text"/>

Submit

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name **San Bernardino County**

Remit-To Address (Street or PO Box) **451 E. Vanderbilt Way, Suite #200**

City: **San Bernardino** State: **CA** Zip Code+4: **92408**

Government Type: City County Special District Federal Other (Specify) Federal Employer Identification Number (FEIN) **95-6002748**

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID# <small>(if known)</small>	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# <small>(if known)</small>	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# <small>(if known)</small>	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# <small>(if known)</small>	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person **Eric Patrick** Title **Administrative Manager**
 Phone number **909-387-6630** E-mail address **Eric.Patrick@dph.sbcounty.gov**
 Signature  Date **7/19/2023**

Indirect Cost Rate Proposal
San Bernardino County
Department of Public Health
For Use in Fiscal Year 2024/25
(Using Audited Financials for FY 2021/2022)

Description of Costs	Total Cost Components				Allowable Direct Cost	
	Total Costs (Based on Actual Costs Incurred)	Total Unallowable Excludable Costs	Total Allowable Indirect Costs	Total Allowable Direct Costs	Direct Program Costs	All Other Direct Costs
	a	b	c	d = (a-b-c)	e	f = (d-e)
Salaries & Benefits:						
Salaries/Wages	51,200,322.08	4,745,392.44	2,949,868.71	43,505,060.93	43,505,060.93	-
Overtime/Comp. Time	1,851,058.18	242,843.70	172,562.03	1,435,652.46	1,435,652.46	-
Benefits	25,921,166.02	1,940,541.31	1,540,083.76	22,440,540.96	22,440,540.96	-
Total Salaries & Benefits	78,972,546.29	6,928,777.45	4,662,514.49	67,381,254.35	67,381,254.35	-
Services & Supplies:						
A Clothing & Personal Supplies	59,241.19	25,981.33	489.43	32,770.43	32,770.43	-
B Telecommunication Costs	1,452,040.48	303,069.73	193,858.63	955,112.12	955,112.12	-
C Insurance	2,426,888.00	-	1,761,820.00	665,068.00	665,068.00	-
D Medical, Dental & Lab Supplies	16,586,993.25	15,461,823.06	312.71	1,124,857.48	1,124,857.48	-
E Equipment Maintenance, Operations & Repairs	281,579.16	2,983.92	7,579.81	271,015.43	271,015.43	-
F Office Expense	11,745,724.58	9,709,080.42	395,956.78	1,640,687.38	1,640,687.38	-
G Postage	263,731.83	-	5,651.16	258,080.67	258,080.67	-
H Printing & Courier	347,049.47	66,973.24	11,749.27	268,326.96	268,326.96	-
I Memberships	165,922.73	35,000.00	29,596.06	101,326.67	101,326.67	-
J Training	20,561.79	-	13,417.86	7,143.93	7,143.93	-
K Subscriptions, and Publications	2,628.69	-	398.00	2,230.69	2,230.69	-
L Public Relations/ Advertising	43,825.86	919.07	3,150.00	39,756.79	39,756.79	-
M Utilities	276,744.05	9,890.14	923.97	265,929.94	265,929.94	-
N Professional Services	24,735,406.91	3,098,016.77	281,432.37	21,355,957.77	21,355,957.77	-
O County Svcs (COWCAP)	-	-	-	-	-	-
P Information Technology	2,518,361.33	580,373.12	941,788.61	996,199.60	996,199.60	-
Q Rental Costs of Buildings and Equipment	4,610,398.62	43,808.57	67,482.16	4,499,107.89	4,499,107.89	-
R Facilities Maintenance, Operations & Repairs	763,173.35	19,830.00	389,514.47	353,828.88	353,828.88	-
S Motor Pool	1,556,532.33	306,476.13	10,129.42	1,239,926.78	1,239,926.78	-
T Travel	194,496.94	5,911.50	22,497.33	166,088.11	166,088.11	-
U Audit	20,774.01	11,019.94	-	9,754.07	9,754.07	-
V County Counsel	261,693.50	57,935.50	15,295.00	188,463.00	188,463.00	-
W Other	43,285.16	20,702.95	7,193.00	15,389.21	15,389.21	-
X Human Resources	2,332,765.00	1,987,844.00	333,539.00	11,382.00	11,382.00	-
Z Reimbursements	-	-	-	-	-	-
Revenue	-	-	-	-	-	-
Total Services & Supplies	70,709,818.23	31,747,639.39	4,493,775.04	34,468,403.80	34,468,403.80	-
Capital Expenditures (Improvement)	238,236.28	238,236.28	-	-	0	-
Capital Expenditures (Fixed Assets)	-	-	-	-	-	-
Total Budgetary Expenditures	149,920,600.80	38,914,653.12	9,156,289.53	101,849,658.15	101,849,658.15	-
Cost Plan Costs						
AA Space Use	365,313.00	-	365,313.00	-	-	-
AA Computer Software & Equip Use	386,414.00	3,551.00	382,863.00	-	-	-
M Utilities	266,845.00	-	266,845.00	-	-	-
EE Auditor-Controller	589,890.00	90,280.00	499,610.00	-	-	-
BB County Admin. Office	308,880.00	55,215.00	253,665.00	-	-	-
U County Counsel	2,117.00	51.00	2,066.00	-	-	-
R Facility Management Custodial	12,211.00	-	12,211.00	-	-	-
R Facility Management Grounds	4,984.00	-	4,984.00	-	-	-
R Facility Management Maintenance	(18,905.00)	-	(18,905.00)	-	-	-
W Human Resources	388,624.00	65,182.00	323,442.00	-	-	-
CC Purchasing	55,878.00	1,317.00	54,561.00	-	-	-
Q Real Estate Services	(7,014.00)	-	(7,014.00)	-	-	-
P IS Geographical Info System	98,979.00	17,693.00	81,286.00	-	-	-
DD Cost Estimation	-	-	-	-	-	-
DD Roll Forward	482,219.00	(10,953.00)	493,172.00	-	-	-
Total Cost Plan	2,936,435.00	222,336.00	2,714,099.00	-	-	-
Total Allowable Indirect Costs (AIC)	-	-	11,870,388.53	-	-	-
Dist. Of AIC Based on Salary/Wages	-	-	(11,870,388.53)	-	-	-
Totals	152,857,035.80	39,136,989.12	-	101,849,658.15	101,849,658.15	-

INDIRECT COST RATE (AIC / Total Direct Salaries & Benefits):		
Admin/Department Overhead	9,156,289.53	13.589%
County Overhead	2,714,099.00	4.028%
Allowable Indirect Cost (AIC)	<u>11,870,388.53</u>	<u>17.617%</u>
Total Direct Salaries & Benefits	67,381,254.35	-

BENEFITS RATIO (Benefits / Salary & Wages):	
Benefits	25,921,166.02
Salary & Wages	51,200,322.08
Ratio	<u>50.63%</u>

INDIRECT COST RATE (AIC / Total Allowable Direct Costs)		
Admin/Department Overhead	9,156,289.53	8.990%
County Overhead	2,714,099.00	2.665%
Allowable Indirect Cost (AIC)	<u>11,870,388.53</u>	<u>11.655%</u>
Total Allowable Direct Costs	101,849,658.15	-

Attachment 3 -- Staffing Plan

Title	Name (*=bilingual)	Education	Funding Source	Experience	Medi-Cal/Medicare Provider #
Contract PH Physician Specialty Svcs	Zane, Ryan	MD	0.25 FTE Part C, 0.75 Medi-Cal	Certified HIV Specialist by AAHIVM; 30+ years providing HIV/AIDS medical care	Medi-Cal: ZZT11488F Medicare: 1669534293
Public Health Dentist	Hoang, Christine	DDS	0.05 FTE Part C, 0.95 FTE Medi-Cal	15 years experience providing dental services at a Private Practice, 1 year advanced education in general Dentistry	Medi-Cal: ZZT11488F Medicare: 1245493105
Physician Assistant	Sims, Charles	PA	0.20 FTE Part C, 0.80 FTE Medi-Cal	25+ years experience providing medical care, with 7 years experience in HIV/AIDS	Medi-Cal: ZZT11488F Medicare: 1679503189
Registered Nurse II	Jones, Debbie	RN	0.20 FTE Part C, 0.80 FTE Medi-Cal	25+ years of experience as a Registered Nurse	
Clinical Therapist	Vacant		0.15 FTE Part C, , 0.85 FTE Medi-Cal		
	Vacant		0.10 FTE Part C, , 0.90 FTE Medi-Cal		
Licensed Vocational Nurse II	Alvarado, Cecilia	LVN	0.10 FTE Part C, 0.90 FTE Medi-Cal	9+ years combined in nursing (7 years combined in HIV/AIDS)	
	Lopez, Sonia		0.10 FTE Part C, 0.90 FTE Medi-Cal		

Care Assistant	Reyes, Melissa	MA	0.10 FTE Part C, 0.90 Local cost	10+ combined years in HIV/AIDS care; 3 staff members are trained as HIV test counselors	
	Garcia, Carolina	MA	0.10 FTE Part C, 0.90 Local cost		
	Flores, Joana	MA	0.10 FTE Part C, 0.90 Local cost		
Office Assistants	Acosta, Maria	ADAP Certified	0.10 Part C, 0.90 FTE Local Cost	20+ years of service to county residents	
	Ortiz, Velsy	ADAP Certified	0.05 Part C, 0.95 FTE Local cost		
Clinical Director	Clark, Kelli	RN, PHN, BSN	0.05 Part C, 0.05 Title X, 0.90 Local Cost	20+ combined years in nursing (10+ years in management)	
Nutritionist	Panganiban, Donna	Registered Dietician	0.05 Part C, 0.95 FTE Local cost	7 years of experience	
Public Health Epidemiologist	Vacant		0.05 Part C, 0.95 FTE Local cost		
Radiologic Technician	Snow, Allison	CRT R, Fluoroscopy, and ARRT	0.05 Part C, 0.95 FTE Local cost	30+ years	
Health Education Assistant	Herrera, Claudia	Health Education Assistant	0.10 FTE Part C, 0.05 WVDC, 0.85 Local cost	10 years experience in Health Education	
Public Health Program Manager	Garcia, Morena	MPA	0.05 FTE Part C, 0.95 FTE Local cost	10+ years in program management	

Public Health Program Coordinator	Vacant		0.05 FTE Part C, 0.95 FTE Local cost		
Accountant III	Pinedo, Jonathan	MBA	0.10 FTE Part C, 0.10 Title X, 0.80 FTE Local cost	7 years experience providing administrative support to programs in Public Health	
Total FTE	2.10 FTE Part C				

FUNDING PREFERENCE

The San Bernardino County Department of Public Health is requesting the Funding Preference, qualifying under the Increased Burden criteria, as well as the Rural and Underserved criteria. With Ryan White Part C Early Intervention Services (EIS) funding, DPH will continue to provide HIV services to our existing patients, perform community outreach to encourage community members to take advantage of testing opportunities, and make every effort to ensure those newly diagnosed with HIV are able to obtain the services that they need.

Attachment 1 - CY 2025 Specific Line Item Budget

Line Item	Salary	FTEs	Early Intervention Services	Core Medical Services	Support Services	Clinical Quality Management	Admin	Total
a. Personnel								
Accountant III (J. Pinedo)	86,201	0.1000	-	-	-	-	8,620	8,620
Care Assistant (C. Garcia, M. Reyes, J. Flores)	47,712	0.3000	14,314	14,314	-	-	-	14,314
Clinical Director (K. Clark)	146,751	0.0500	7,338	7,338	-	-	-	7,338
Clinical Therapist (Vacant)	74,518	0.0500	3,726	3,726	-	-	-	3,726
Contract PH Physician Specialty Svcs (R. Zane, MD)	221,900	0.2500	55,475	55,475	-	-	-	55,475
Public Health Dentist (C. Hoang, DDS)	152,517	0.0500	7,626	7,626	-	-	-	7,626
Health Education Specialist (C. Herrera)	60,754	0.1000	6,075	6,075	-	-	-	6,075
Health Informatics Specialist (N. Huerta)	69,937	0.0500	3,497	3,497	-	-	-	3,497
Licensed Vocational Nurse II (C. Alvarado, S. Lopez)	57,788	0.2000	11,558	11,558	-	-	-	11,558
Nurse Informatics Coordinator (J. Molyneux)	119,682	0.0500	5,984	5,984	-	-	-	5,984
Dietitian (K. Greene)	74,095	0.0500	3,705	3,705	-	-	-	3,705
Office Assistant II /HIV Clinic Receptionist (M. Acosta, V. Ortiz)	43,796	0.1000	4,380	4,380	-	-	-	4,380
Physician Assistant (C. Sims)	118,942	0.2000	23,788	23,788	-	-	-	23,788
Public Health Program Coordinator (Vacant)	99,116	0.0500	-	-	-	-	4,956	4,956
Public Health Program Manager (M. Garcia)	130,708	0.0500	-	-	-	-	6,535	6,535
Radiologic Technician (A. Snow)	83,934	0.0500	4,197	4,197	-	-	-	4,197
Registered Nurse II/Clinical Quality Management Lead (D. Jones)	99,621	0.2000	9,962	9,962	-	9,962	-	19,924
Sub-Total Personnel		1.90	161,623	161,623	-	9,962	20,111	191,697
b. Fringe Benefits (48.93%)			79,082	79,082	-	4,874	9,840	93,796
Sub-Total Personnel & Fringe Benefits			240,705	240,705	-	14,836	29,951	285,493
c. Travel								
Local Mileage /Motorpool			-	-	-	4,454	-	4,454
Medical Management of HIV/AIDS (SF)			-	-	-	4,000	-	4,000
RW Part C Annual Conference			-	-	-	-	-	-
Sub-Total Travel			-	-	-	8,454	-	8,454
d. Supplies								
Medical Supplies			4,000	4,000	-	-	-	4,000
Sub-Total Supplies			4,000	4,000	-	-	-	4,000
e. Other								
Laboratory Costs			20,000	20,000	-	-	-	20,000
Sub-Total Other			20,000	20,000	-	-	-	20,000
f. Total Direct Charges (a-e)			264,705	264,705	-	23,290	29,951	317,947
g. Indirect Charges (17.617% of S&B)			42,405	42,405	-	2,614	5,277	50,296
h. TOTALS (f-g)			307,110	307,110	-	25,904	35,228	368,243
% of Request by Category			83.40%	83.40%	0.00%	7.03%	9.57%	100.00%

(368,243.00)

ATTACHMENT 6

Job Descriptions for Key Vacant Positions

Position	Roles and Responsibilities	Required Educational Experience and Qualifications
Clinical Therapist	<ul style="list-style-type: none"> • Conduct assessments. • Prepare diagnostic evaluations to determine appropriateness for program services. • Complete referrals as needed for services determined to be appropriate for patients. • Provide direct treatment services such as individual and group therapy to HIV population. • Provide treatment services to outpatients. 	<ul style="list-style-type: none"> • Licensed in the State of California as a Marriage and Family Therapist. • Six semester units specifically focused in the theory and application of marriage and family therapy or a named specialization or emphasis area on the qualifying degree in marriage and family therapy. • Five hundred hours or more of documented supervised experience working directly with couples, families or children.
Public Health Program Coordinator	<ul style="list-style-type: none"> • Facilitate monthly Team and CQM meetings for all specialty staff. • Lead the CQM team in Quality Improvement/Quality Assurance initiative to improve the delivery and quality of services for all HIV patients. • Assist program manager (project director) in monitoring services progress and creating annual reports and grant application documents. 	<ul style="list-style-type: none"> • Experience in grant writing, program planning development, project or program management, and full-scope supervision. • Bachelor's degree in Public Health, Business Administration, or Public Administration. • Three years full-time professional administrative experience including grant writing and research and data analytics.
Public Health Epidemiologist	<ul style="list-style-type: none"> • Responsible for surveillance, identification and control of communicable diseases hazards, and determination of morbidity levels and patterns of diseases. • Assist with health statistics, demographics data and laboratory reports for HIV/AIDS. 	<ul style="list-style-type: none"> • Bachelor's degree in Epidemiology, Biology, Chemistry, Biochemistry, Microbiology, Physiology, Biostatistics, Nursing, or Public Health. • Six month experience designing, conducting and interpreting epidemiological or demographic data or investigating communicable diseases.

Appendix B: RWHAP Part C EIS Additional Agreements and Assurances

Ryan White HIV/AIDS Treatment Extension Act of 2009, RWHAP Part C EIS

The authorized representative of the applicant must include a signed and scanned original copy of the attached form with the grant application. This form lists the program assurances that must be satisfied to qualify for a RWHAP Part C grant.

NOTE: The text of the assurances has been abbreviated on this form for ease of understanding; however, recipients are required to comply with all aspects of the assurances as they are stated in the Act.

I, the authorized representative of San Bernardino County in applying for a grant under RWHAP Part C of Title XXVI, sections 2651–2667 of the Public Health Service Act, hereby certify that:

I. As required in section 2651:

A. Grant funds will be expended only for providing core medical services as described in subsection (c), support services as described in subsection (d), administrative expenses as described in section 2664(g)(3), and a clinical quality management program under 2664(g)(5).

B. Grant funds will be expended for the purposes of providing, on an outpatient basis, each of the following early intervention required services:

- 1) Counseling individuals with respect to HIV in accordance with section 2662;
- 2) Testing to confirm the presence of HIV; to diagnose the extent of immune deficiency; to provide clinical information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;
- 3) Other clinical preventive and diagnostic services regarding HIV, and periodic medical evaluations of individuals with HIV;
- 4) Providing the therapeutic measures described in 2 above; and
- 5) Referrals described in section 2651(e)(2);

C. Recipient will expend at least 50 percent of grant funds awarded for activities described in 2) – 4) above.

D. After reserving funds for administration and clinical quality management, recipient will use at least 75 percent of the remaining grant funds to provide core medical services that are needed in the area involved for individuals with HIV who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

E. RWHAP Part C services will be available through the applicant entity, either directly or, if the recipient is not a Medicaid provider, through public or nonprofit private entities, or through for-profit entities if such entities are the only available provider of quality HIV care in the area.

F. Grant funds may also be expended to provide the support services that are needed for individuals with HIV to achieve their medical outcomes.

II. As required under section 2652(b), all providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or, for entities providing services under the award on behalf of the recipient, receive a waiver from this requirement.

III. As required under section 2654(a): Provisions of services to persons with hemophilia will be made and/or coordinated with the network of comprehensive hemophilia diagnostic and treatment centers.

IV. As required under section 2661(a): The confidentiality of all information relating to the person(s) receiving services will be maintained in accordance with applicable law.

V. As required under section 2661(b): Informed consent for HIV testing will be obtained.

VI. As required under section 2662: The applicant agrees to provide appropriate counseling services, under conditions appropriate to the needs of individuals.

VII. As required under section 2663: All testing that is conducted with RWHAP funds will be carried out in accordance with sections 2661 and 2662.

VIII. As required under section 2664(a)(1)(C): Information regarding how the expected expenditures under the grant are related to the planning process for localities funded under Part A (including the planning process described in section 2602) and for States funded under Part B (including the planning process described in section 2617(b)) will be submitted.

IX. As required under section 2664(a)(1)(D): A specification of the expected expenditures and how those expenditures will improve overall client outcomes, as described in the State plan under section 2517(b) will be submitted.

X. As required under section 2664(a)(2): A report to the Secretary in the form and on the schedule specified by the Secretary will be submitted.

XI. As required under section 2664(a)(3): Additional documentation to the Secretary regarding the process used to obtain community input into the design and implementation of activities related to the grant will be submitted.

XII. As required under section 2664(a)(4): Audits regarding funds expended under RWHAP Part C will be submitted every 2 years to the lead State agency under section 2617(b)(4) and will include necessary client level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.

XIII. As required under section 2664(b): To the extent permitted under State law, regulation or rule, opportunities for anonymous counseling and testing will be provided.

XIV. As required under section 2664(c): Individuals seeking services will not have to undergo testing as a condition of receiving other health services.

XV. As required under section 2664(d): The level of pre-grant expenditures for early intervention services will be maintained at the level of the year prior to the grant year.

XVI. As required under section 2664(e): A schedule of charges specified in section 2664 (e) will be utilized.

XVII. As required under section 2664(f): Funds will not be expended for services covered, or which could reasonably be expected to be covered, under any State compensation program, insurance policy, or any federal or state health benefits program (except for a program administered by or providing services of the Indian Health Service); or by an entity that provides health services on a prepaid basis.

XVIII. As required under section 2664(g): Funds will be expended only for the purposes awarded, such procedures for fiscal control and fund accounting as may be necessary will be established, and not more than 10 percent of the grant will be expended for administrative expenses, including planning and evaluation, except that the costs of a clinical quality management program may not be considered administrative expenses for the purposes of such limitation.

XIX. As required under section 2667: Agreement that counseling programs shall not be designed to promote, or encourage directly, intravenous drug abuse or sexual activity, homosexual or heterosexual; shall be designed to reduce exposure to and transmission of HIV/AIDS by providing accurate information; shall provide information on the health risks of promiscuous sexual activity and intravenous drug abuse; and shall provide information on the transmission and prevention of hepatitis A, B, and C, including education about the availability of hepatitis A and B vaccines and assisting patients in identifying vaccination sites.

XX. As required under section 2681: Assure that services funded will be integrated with other such services, coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

XXI. As required under section 2684: No funds will be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

Signature: _____
Dawn Rowe
Title: Chair, Board of Supervisors

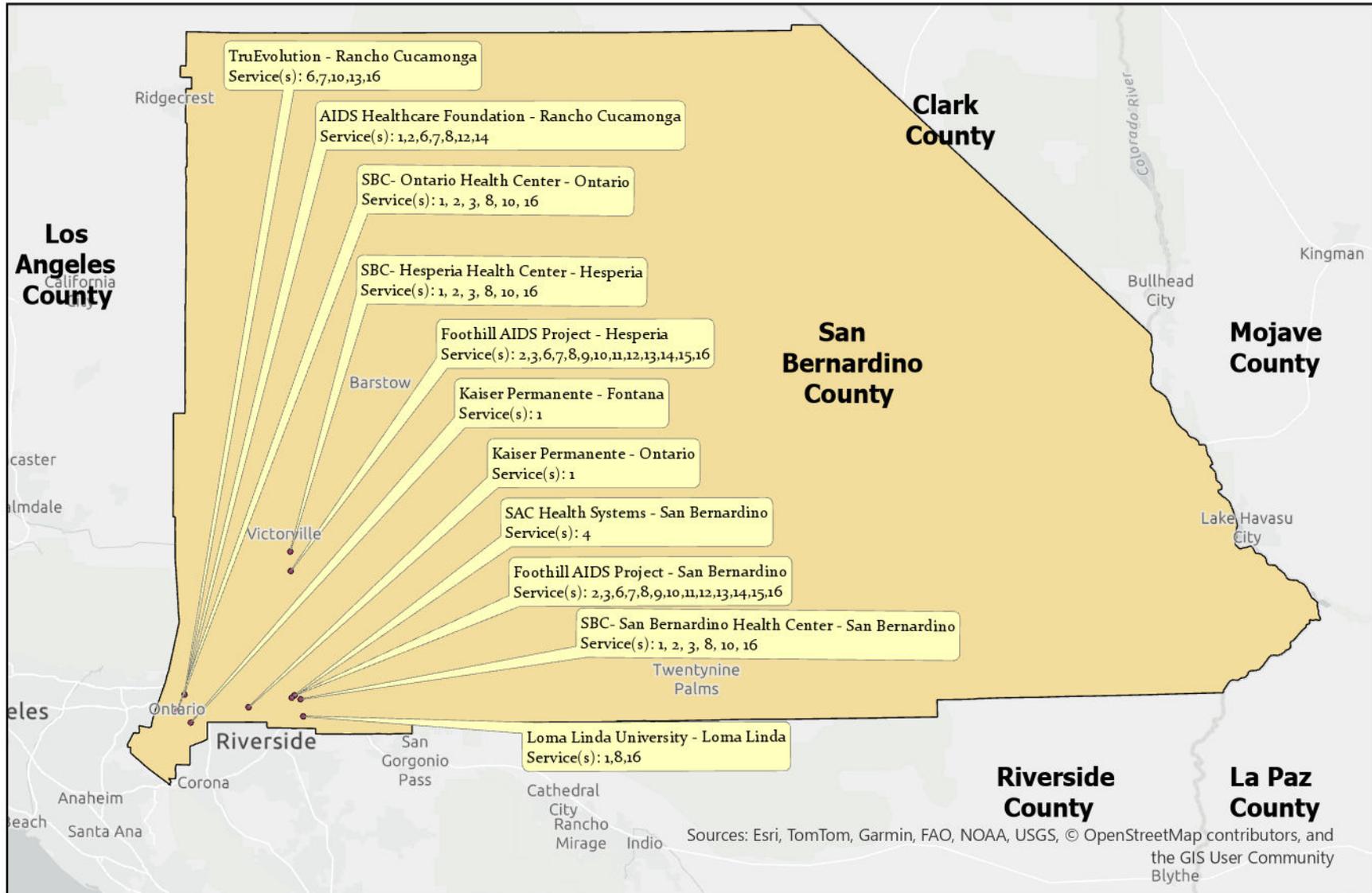
Date: _____

Maintenance of Effort (Attachment 7)

NON-FEDERAL EXPENDITURES

Baseline:	
FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: \$57,824	Amount: \$64,915

Providers Offering HIV/ AIDS Services to San Bernardino County



Services:

- 1- Outpatient/Ambulatory Health
- 2- Mental Health
- 3- Substance Abuse Services
- 4- Dental
- 5- Home Community-Based
- 6- Early Intervention Services

- 7- Case Management
- 8- Medical Case Management
- 9- Emergency Financial Assistance
- 10- MAI EIS
- 11- Psychosocial Support
- 12- Food Bank

- 13- Housing
- 14- Medical Transportation
- 15- Medical Nutrition Therapy
- 16- Outreach



Public Health Administration

Joshua Dugas, MBA, REHS
Director

Jennifer Osorio, REHS
Assistant Director

Janki Patel, MPH
Assistant Director

Michael A. Sequeira, M.D.
Health Officer

April 18, 2024

Melanie Bird-Livingston
Division Chief Clinical Health and Prevention Services
Department of Public Health
451 E. Vanderbilt Way
San Bernardino, CA
92415

Dear Mrs. Bird-Livingston:

The Riverside/San Bernardino TGA Ryan White Part A, Ending the HIV Epidemic (EHE), and the San Bernardino County Ryan White Part B recipient is writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in submitting an application for Ryan White HIV/AIDS Program Part C Early Intervention Services Program: existing Geographic Service Areas Funding to provide comprehensive primary health care and support service in an outpatient setting for low income, uninsured and underserved people with HIV.

I understand that Ryan White Part C funds are needed to continue support and delivery of HIV primary care in SBC to provide: (1) counseling for individuals with respect to HIV; (2) targeted HIV testing; (3) periodic medical evaluation of individuals with HIC and other clinical and diagnostic services regarding HIC; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV; and (5) referrals for people with HIV to appropriate providers of health and support services. These services are to be provided directly or through referrals, contracts, or memorandums of understanding (MOUs) in three SBCPHD Federally Qualified Health Centers (FQHCs): Hesperia, Ontario and San Bernardino.

The DPH received \$8,896,327 in Ryan White Part A funding that is contracted out to community based organizations, and received \$ 665,286 in Part B funding for referral services, support services, access and linkage to care, and outreach services. Part C dollars complement Part B dollars by supporting mental health services, clinic quality management activities, laboratory, and to augment outpatient ambulatory medical care. Routine analysis of service reports and communication with Part A, EHE, and Part B providers ensures that Part C services while complementary, are not duplicative.

BOARD OF SUPERVISORS

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Fifth District

Luther Snoke
Chief Executive Officer

SUBJECT
DATE
PAGE 2 of 2

The FQHCs act as a safety net by providing preventive primary care, dental and integrated behavioral health services in a primary care setting reducing stigma and discrimination to a vulnerable hard to reach population. The collaboration between Ryan White Part A, EHE, Part B and Part C Programs within Public Health continues to be an example of on-going efforts to identify efficient ways to better service the community.

The Riverside/San Bernardino TGA Part A, EHE and San Bernardino County Part B recipient support this application for continued funding.

Please do not hesitate to contact my office at 909-387-6492, if I can be of any assistance in the Department's efforts.

Sincerely,

Shannon Swims

Shannon Swims
Program Coordinator
Ryan White Program
San Bernardino County Department of Public Health



Public Health Health Promotion & Education Services

**Joshua Dugas, MBA,
REHS
Director**

**Jennifer Osorio, REHS
Assistant Director**

**Janki Patel, MPH
Assistant Director**

**Michael A. Sequeira, M.D.
Health Officer**

May 7, 2024

Melanie Bird-Livingston
Division Chief, Community Health Services
Department of Public Health
451 East Vanderbilt Way
San Bernardino, CA 92415

Dear Mrs. Bird-Livingston:

I am writing in support of the San Bernardino County Department of Public Health's (DPH) efforts in applying for continued Ryan White Part C funding through the Health Resources and Services Administration HIV Early Intervention Services Program Existing Geographic Service Areas funding opportunity.

The County population as of the 2021 Census is 2,181,654 with 13.2% people living below 200% of Federal Poverty Guidelines (FPG). The percentage is even more staggering among those living with HIV/AIDS. Of the Ryan White population served by DPH in Calendar Year 2021, 90% were living below 200% of FPL; and 80% were living at or below 100% of FPL.

Public Health Federally Qualified Health Centers (FQHC) serve as a safety net by providing primary medical care services to the uninsured, underinsured, and underserved residents of the County. San Bernardino County DPH has an active caseload of HIV positive patients that exceeds 1,500. In 2023, DPH provided Ryan White funded HIV services to 140 of these patients. Ryan White Part C services are needed to support the delivery of HIV primary care in San Bernardino County because there are insufficient resources to meet the needs of the consumers served by DPH. The continuation of these services is vital to maintaining the continuum of care for those most impacted by HIV.

The Health Promotion & Education Services Section of the San Bernardino County Department of Public Health is committed to continuing its partnership with the DPH FQHCs. Utilizing health educators funded by HIV Prevention and Ending the HIV Epidemic grants to deliver one-on-one, client-centered prevention services, including treatment adherence education, partner services and harm-reduction interventions. The HIV Prevention team will also support the DPH Ryan White Part C program through linkage to care/retention in care efforts, including field-based services designed to re-engage those patients that are marginally in care or lost to follow-up. Further, the HIV Prevention team will participate in on-going collaborative case management efforts with the FQHC medical team. We align with the Department's efforts to identify more efficient and cost-effective mechanisms to deliver quality health services to those living with HIV/AIDS in San Bernardino County.

BOARD OF SUPERVISORS

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Vice Chairman, First District

JESSE ARMENDAREZ
Second District

DAWN ROWE
Chair, Third District

CURT HAGMAN
Fourth District

JOE BACA, JR.
Fifth District

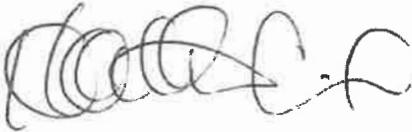
Luther Smoke
Chief Executive Officer

SUBJECT
DATE
PAGE 2 of 2

Please do not hesitate to contact my office at 909-387-4557 if I can be of additional assistance in the Department's efforts.

Thank you for your continued leadership to enhance HIV-related health care services to the residents of San Bernardino County.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heather Cockerill', with a stylized flourish at the end.

Heather Cockerill, MPH, MCHES ®
Public Health Program Manager
Department of Public Health
Health Promotion & Education Section



May 1, 2024

Melanie Bird-Livingston
Division Chief, Community Health Services
Department of Public Health
451 East Vanderbilt Way
San Bernardino, CA 92415

Dear Mrs. Bird-Livingston:

I am writing in support of the San Bernardino County Department of Public Health's (DPH) efforts in submitting an application for continued Ryan White Part C funding through the Health Resources and Services Administration HIV Early Intervention Services Program Existing Geographic Service Areas funding opportunity.

The County population as of the 2021 Census is 2,181,654 with 13.2% people living below 200% of Federal Poverty Guidelines (FPG). The percentage is even more staggering among those living with HIV/AIDS. Of the Ryan White population served by DPH in Calendar Year 2021, 90% were living below 200% of FPL; and 80% were living at or below 100% of FPL.

Public Health Federally Qualified Health Centers serve as a safety net by providing primary medical care services to the uninsured, underinsured, and underserved residents of the County. San Bernardino County DPH has an active caseload of HIV positive patients that exceeds 1,500. In 2023, DPH provided Ryan White funded HIV services to 140 of these patients. Ryan White Part C services are needed to support the delivery of HIV primary care in San Bernardino County because there are insufficient resources to meet the needs of the consumers served by DPH. The continuation of these services is vital to maintaining the continuum of care for those most impacted by HIV.

The Inland Empire HIV Planning Council and the Department of Public Health jointly work to achieve the optimum health outcomes for San Bernardino County residents living with HIV/AIDS. We look forward to continuing our partnership with DPH through an on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality health services to those living with HIV/AIDS in San Bernardino County.

Please do not hesitate to contact my office at 909-519-0362 if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to enhance HIV-related health care services to the residents of San Bernardino County.

Sincerely,

Benita Ramsey

Benita Ramsey
Administrative Support Manager
Inland Empire HIV Planning Council



678 S. INDIAN HILL BLVD.
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RIVERSIDE, CA 92506

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HESPERIA, CA 92345

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SAN BERNARDINO, CA 92401

2555 E. COLORADO ST. SUITE 2020
PASADENA, CA 91107

April 30, 2024

Melanie Bird-Livingston
Division Chief, Community Health Services
Department of Public Health
451 East Vanderbilt Way
San Bernardino, CA 92415

Dear Mrs. Bird-Livingston:

I am writing in support of the San Bernardino County Department of Public Health's (DPH) efforts in submitting an application for continued Ryan White Part C funding through the Health Resources and Services Administration HIV Early Intervention Services Program Existing Geographic Service Areas funding opportunity.

The County population as of the 2021 Census is 2,181,654 with 13.2% people living below 200% of Federal Poverty Guidelines (FPG). The percentage is even more staggering among those living with HIV/AIDS. Of the Ryan White population served by DPH in Calendar Year 2021, 90% were living below 200% of FPL; and 80% were living at or below 100% of FPL.

Public Health Federally Qualified Health Centers serve as a safety net by providing primary medical care services to the uninsured, underinsured, and underserved residents of the County. San Bernardino County DPH has an active caseload of HIV positive patients that exceeds 1,500. In 2023, DPH provided Ryan White funded HIV services to 140 of these patients. Ryan White Part C services are needed to support the delivery of HIV primary care in San Bernardino County because there are insufficient resources to meet the needs of the consumers served by DPH. The continuation of these services is vital to maintaining the continuum of care for those most impacted by HIV.

Foothill AIDS Project looks forward to continue its partnership with DPH through on-going collaboration to identify more efficient and cost effective mechanisms to deliver quality health services to those living with HIV/AIDS in San Bernardino County.

Please do not hesitate to contact my office at 909-482-2066 ext.313, if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to enhance HIV-related health care services to the residents of San Bernardino County.

Sincerely,

A handwritten signature in blue ink, appearing to read 'La Monica Stowers', is written over a faint, light blue circular watermark or background.

La Monica Stowers
Executive Director

ATTACHMENT 14 – Provider Medicaid and Medicare Numbers (NPI) and Clinic License Status

Provider	Medicaid and Medicare number
Dr. Christine Hoang	1245493105
Dr. Ryan Zane	1669534293
Charles Sims P.A.	1679503189

Attachment 12 - List of Provider Organizations with Contracts and/or MOUs

Organization	Services provided
Foothill Aids Project (FAP	Supportive services funded by RW Part A
San Bernardino County Transitional Assistance Department (TAD)	Medi-Cal Eligibility on-site, TANF, CalFresh
Maximus	State vendor providing on-site health care options information and enrollment
San Bernardino County Probation Department	SBCDPH provides continuum of care for inmates being released on probation

Work Plan Progress Summary

HIV Testing and Counseling-HIV Diagnosed Funded By Part C	FY 2025 Objective	FY 2026 Objective	FY 2027 Objective
1. # Target testing and counseling services ¹	0	0	0
2. # Persons with positive confirmatory HIV test results ¹	0	0	0
Access to Care (Linkage to Care)-Funded By Part C	FY 2025 Objective	FY 2026 Objective	FY 2027 Objective
1. # New patients enrolled in care within (3) months of HIV diagnosis	15	15	15
Retention in Care-Core Medical and Support Services Funded by Part C	FY 2025 Objective	FY 2026 Objective	FY 2027 Objective
1. # of patients receiving Medical Services	100	100	100
2. # of patients receiving mental health screening ⁶	100	100	100
3. # of patients receiving substance abuse screening ^{4,6}	100	100	100
4. # of patients screened for Hepatitis B ^{4,6}	75	75	75
5. # of patients screened for Hepatitis C ^{3,6}	70	80	80
6. # of patients receiving medical nutrition assessment and therapy provided by qualified provider (core: dietician, medical provider RX; support service: assessment provided by non-licensed personnel)	45	45	45
7. # of clients receiving treatment adherence services provided by a qualified provider ²	75	75	75
8. # of patients receiving medical case management, including written plan of care	100	100	100
9. # of patients receiving Specialty referrals	5	5	5
Antiretroviral Use and Viral Suppression	FY 2025 Objective	FY 2026 Objective	FY 2027 Objective
1. Total Number of Patients in the SBC HIV Program	800	800	800
2. % of clients (across whole HIV program) (who are prescribed ART in the measurement year ⁵	75% (600/800)	75% (600/800)	75% (600/800)
3. % of clients (across whole HIV program) with a viral load<200 copies/mL at last test in measurement year (Viral Load Suppression) ⁵	75% (600/800)	75% (600/800)	75% (600/800)
4. % of African Americans (2015 and 2016 total) with a viral load<200 copies/mL at last test in measurement year (Viral Load Suppression)	75% (725/967)	75% (725/967)	75% (725/967)
5. % of Latino or Hispanic (2015 and 2016 total) with a viral load<200 copies/mL at last test in measurement year (Viral Load Suppression)	75% (1298/1730)	75% (1298/1730)	75% (1298/1730)

Notes

Number of patients receiving Comprehensive, Coordinated Primary HIV Medical Care funded by Part C is projected to be lower in CY 2018 and subsequent years due in part to full implementation of Affordable Care Act as additional patient's transition from Ryan White funded care to expanded Medicaid or other Marketplace insurance products. This number might increase in the future in the ACA is repealed.

- 1 HIV Counseling and Testing services are supported by CDC Prevention funds
- 2 Targets based on Institute for Healthcare Improvement (IHI) goal of 90%
- 3 Targets based on Institute for Healthcare Improvement (IHI) goal of 95%
- 4 Targets based on Riverside/San Bernardino, CA Transitional Grant Area (TGA) goal of 75%
- 5 HRSA HIV/AIDS BUREAU (HRSA/HAB) Core Performance Measures
- 6 HRSA/HAB Performance Measures Adolescent and Adult Measures

PROJECT NARRATIVE

INTRODUCTION

The San Bernardino County Department of Public Health (SBCDPH) was founded in 1931 and has a long history of providing medical services to the residents of San Bernardino County. The proposed project sites (San Bernardino, Hesperia and Ontario), described in this Part C EIS application. SBCDPH currently provides full scope primary care services for adults and children, tuberculosis screening, mental health services, maternal health services, nutrition services and dental health services. The SBCDPH has extensive experience managing grants, including federal funds. The SBCDPH has provided outpatient HIV medical services since 1990 and received its first Ryan White Part C (formerly Title III) Early Intervention Services (EIS) funding award in 1991 as a Part C Grantee. The target population for this application are HIV positive persons who are low-income, uninsured, underinsured, or underserved living in San Bernardino County. The current Part C EIS project allows the SBCDPH to provide patient-centered comprehensive HIV services to PLWHA who do not have other resources to pay for their care. Collectively, the HIV Program's staff have over 250 combined years of experience in the medical field and over 100 years of experience providing HIV primary medical care to PLWHA. The multi-disciplinary team provides outpatient HIV primary medical care, nutrition, dental, mental health and psychosocial support services, medical case management, health education/risk reduction (including treatment education and partner services) and non-medical case management. For the purpose of this application, People Living with HIV and AIDS (PLWHA) will be referred to as PLWHA. The service area for the proposed project is the entire county of San Bernardino.

San Bernardino County is one of two counties that together form the Ryan White Part A Riverside/San Bernardino Counties Transitional Grant Area (TGA). According to the 2023-2026 Comprehensive HIV Needs Assessment, in 2022, there were an estimated 16,675 PLWHA in the TGA, and more than 500 people were newly diagnosed with HIV. The HIV prevalence rate within the TGA is 353.1 per 100,000 persons compared to California's rate of 348.73 per 100,000. In the three full years of reporting HIV and AIDS cases (2020-2022), 5,474 live in San Bernardino County (Table 1). There is a three-year increase (4.1%) in total of PLWH from 5,180 in 2020 to 5,474 in 2022. This outpaced San Bernardino County's population growth of 1.67% in 2022 and provides evidence of the increasing burden of the epidemic on the County.

Table 1. Selected Characteristics for Persons Living with HIV and AIDS (Prevalence) as of December 31, 2022 in San Bernardino County

Category	San Bernardino County
Persons Living With HIV/AIDS	5,474
White	22.7%
Black or African American	20.8%
Latino or Hispanic	50.5%
Other races (non-White)	5.9%
Male	82.5%
Female	16.6%
Transgender	0.8%
MSM	55.9%
Injection Drug Use	8.1%
MSM & IDU	5.4%
Heterosexual	11.3%
Perinatal	0.8%
Other / Risk not reported/identified	18.5%

(1) Source: CA Office of AIDS eHARS Download; data as of December 31, 2022. May not add due to rounding.

(2) California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, data as of December 31, 2022.

However, the real burden of the HIV/AIDS epidemic in San Bernardino County is more hidden than the numbers of PLWH reported officially in the electronic HIV/AIDS reporting system (eHARS) database to the State of California Office of AIDS (OA). This hidden epidemic includes two critical populations: (1) the number of individuals who are infected and remain unaware of their HIV status, and (2) the real number of PLWH living in the county and receiving HIV services in the county who have moved here from other jurisdictions, and therefore were likely reported in those jurisdictions; notably neighboring Los Angeles County, California, which has the second largest HIV/AIDS epidemic in the United States (U.S.). These individuals who have migrated into San Bernardino County are not included in the eHARS database as they were reported in other counties and states.

The San Bernardino County Department of Public Health is requesting the Funding Preference, qualifying under the Increased Burden criteria, as well as the Rural and Underserved criteria. With Ryan White Part C Early Intervention Services (EIS) funding, SBCDPH will continue to provide HIV services to our existing patients, perform community outreach to encourage community members to take advantage of testing opportunities, and make every effort to ensure those newly diagnosed with HIV are able to obtain the services that they need.

ORGANIZATIONAL INFORMATION

- ***The mission of your organization. How does a Part C EIS project fit within this mission?***

Established in 1931, the San Bernardino County Department of Public Health (SBCDPH) has as its vision: Healthy People in Vibrant Communities. Its mission. Working in partnership to promote and improve health, wellness, safety and quality of life in San Bernardino County. Within the SBCDPH, the essential functions of Clinic Operations Section, program managing the Ryan White Part C funding, are to provide a wide range of low-cost and confidential health services to the community. Our mission is to protect health, prevent disease, and promote health and well-being, patient-centered clinical health care services including reproductive health, maternal health, tuberculosis screening, immunizations, dental health, MAT, and HIV services. The current Part C EIS project allows the SBCDPH to provide patient-centered comprehensive HIV services to PLWH who do not have other resources to pay for their care; thereby fulfilling the DPH's mission and vision.

- ***Your organization's experience in providing HIV primary care services.***

The SBCDPH offered its first, four-hour block of outpatient HIV medical care in the city of San Bernardino on Thursday, March 29, 1990. Since then services have expanded to provide HIV Primary Medical Care in the cities of Hesperia, Ontario, San Bernardino, and the West Valley Detention Center (county jail) in the city of Etiwanda (Note: the Sheriff's Department funds a physician and a Health Educator Specialist to provide examination and treatment once a month at the County jail).

Collectively, the HIV Program's staff have over *250 combined years* of experience in the medical field and *153 years* of experience providing HIV primary medical care to PLWHA. Over 50% of the staff providing HIV services have more than 10 years of experience each. The multi-disciplinary team-comprised of physician, physician assistant, nurses, medical case managers, clinical therapists, care assistants, health education specialists, and office assistants-- delivers outpatient HIV primary medical care, mental health and psychosocial support services, medical case management, health education/risk reduction (including treatment education and partner services) and non-medical case management. Clinic Operations staff also screen for substance abuse issues. Dental referrals are

handled internally to the in-house dentist. Referrals are also made for specialty medical care (provided by the County Hospital), and substance abuse treatment (funded by the San Bernardino County Department of Behavioral Health).

Over 60% of staff are bilingual (Spanish/English) and bicultural. The medical staff includes a physician who is board certified in general preventive medicine and certified as a HIV Specialist by the American Association of HIV Medicine who performs as the HIV Medical Director. A physician assistant who has undergone years of training under the supervision of the HIV Medical Director, to enhance skills and competency in HIV care. All professional staff are encouraged to participate in training opportunities on the care of HIV patients. Medical case management is provided through a team approach, directed by Registered Nurses; this is augmented with Licensed Vocational Nurses for care coordination. Care Assistants, Health Education Specialist and Clinical Therapist also provide support for non-medical case management. Cultural and Linguistic Competency and diversity training courses enhance staff knowledge and skills with an increasingly diverse client population. Outreach efforts further increase understanding of the local community.

Over the years, the SBCDPH has successfully responded to emerging populations. This begins with the analysis of surveillance data and trends in the epidemic. The epidemiology staff assists with these efforts. The results of periodic Needs Assessments conducted with consumers provide feedback regarding emerging needs and populations. As emerging populations are identified, the SBCDPH Clinic Operations Section infrastructure (i.e., policies, Cultural Competency Standards, required training, outreach services, etc.) is designed to ensure that emerging needs are identified and addressed, particularly among communities of color.

- ***Systems ensuring that HHS Guidelines, clinical standards and protocols are followed.***

The Clinic Operations Section implements the standards of care developed by the Inland Empire HIV Planning Council for outpatient medical care. These standards, revised in April 2024, define outpatient medical care as: “primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service’s guidelines.” The following are sample protocols used in Clinic Operations Section: (1) the most recent editions of the United States Public Health Service (USPHS) Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents; (2) Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States; (3) Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents; (4) Guidelines for Incorporating HIV Prevention into the Medical Care of PLWHA; and (5) the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.

To ensure compliance with standards and protocols, the following methods are used: (1) Periodic Provider Peer Review using a standardized review tool; (2) ongoing oversight of peer review process by the Clinic Operations Medical Director; (3) Chart Review by the RNII/QM Lead using a standardized tool; (4) ongoing oversight of Chart Review process by the HIV Medical Director; (5) Work Performance Evaluations of all clinical staff by licensed/credentialed supervisors on at least an annual basis and more frequently if needed; (6) scheduled training of Clinic Operations staff to ensure staff is knowledgeable of current standards and protocols; (7) signed acknowledgement of staff having received trainings to ensure accountability; and (8) the use of Human Resources-approved *progressive disciplinary measures* leading up to and including termination for clinical staff that are continually out of compliance.

To stay apprised of the latest changes in clinical standards and treatment protocols, the medical providers subscribe to a number of electronic health information services, which provide updated information as it becomes available. Further, physician staff attend the National Ryan White HIVCare and Treatment Conference in DC for Medical Management of HIV/AIDS. In addition, select staff attend the annual Medical Management of HIV Conference at the University of California, San Francisco School of Medicine.

- ***Experience with the fiscal management of grants and contracts.***

The San Bernardino County Department of Public Health (DPH) has extensive experience with the fiscal management of grants. The San Bernardino County Department of Public Health Clinic Operations Section, within which HIV services are embedded, is responsible for the administration of Ryan White Part C in San Bernardino County. Along with managing Part C, this Section also manages other funding streams including funds from the California Department of Health Services, Office of AIDS, RW HIV Program Parts B, Minority AIDS Initiative, ADAP and HIV Prevention; Family Planning, Access, Care, and Treatment (Family PACT); and the California Family Health Council (Title X).

San Bernardino County maintains a sophisticated Electronic Cost Accounting System. All expenses are assigned to cost centers for accounting purposes and assigned 4-digit numerical codes. These codes are assigned to specific programs and funding streams. Clinic Operations Section uses several cost center codes; e.g., HIV Prevention (1049); RW Part B (3785), and RW Part C (0843). Along with cost center codes there are specific labor activity codes. Examples of activity codes include clinical activity (500); managerial (600); and clerical (850). To manage payroll, the County utilizes an Electronic Payroll System. Using the cost center codes and labor activity codes, employees enter their time into this payroll system, e.g., a physician would submit the time spent on Part C-funded medical activities using the Part C Program code (0843) and the labor activity code (500-Clinical).

These biweekly electronic time entries are reviewed for accuracy and approved by first line supervisors, e.g., Clinic Supervisors, etc. This system enables Clinic Operations Section to monitor grant expenditures by tracking labor costs by funding stream and by type of work activity. To ensure secondary review of labor expenditures, on a biweekly basis, the County Auditor's Office uses an Electronic Payroll System and the Accounting System to prepare aggregate reports entitled Labor Cost Distribution Reports by program. These reports are routed to the Clinic Operations Section. Select Section staff review these reports for accuracy and resolve discrepancies when they occur.

Services and supplies are reported using the same cost accounting centers, as previously described, with an object code, e.g., office supplies (2305), medical supplies (2840), and mileage (2940). Aggregate reports entitled Detailed Expenditures by Program and Object Code, are prepared by the Auditor's Office on a monthly basis. The Program Manager and Accountant III review these reports for accuracy and resolve discrepancies when they occur. On a quarterly basis, the Program Manager and Accountant III prepare Expenditure Projection Reports to anticipate shortfalls in funding in enough time to request budget adjustments. The Program Manager and Accountant III present these reports to the Department of Public Health Chief Finance Officer for review and approval.

Before any invoices are prepared, all expenditures are reconciled against the labor distribution and cost center reports, compared against grant allowances, and reviewed/approved by the manager/designee, an Accounting supervisor assigned to Clinic Operations Section long with a Division Chief/designee,. Source documents for all these reports are retained on file to validate the accuracy of expenditure reports and to be made available for audit purposes. The SB CDPH is subject to and meets Single Audit requirements on an annual basis.

As described there are various fiscal controls to ensure effective monitoring of grant expenditures; i.e., systems (Electronic Cost Accounting and Payroll systems), established processes (time entry requirements for Program staff and regular fiscal and labor reporting with sufficient specificity to discern discrepancies), oversight (various levels of monitoring of grant expenditures from line level supervisors to mid-level management (Program Manager and Division Chief) to SBDCDPH Executive Management (Chief Finance Officer).

- **Your organization’s participation or intent to participate in the 340B Drug Pricing Program.**

The San Bernardino County DPH currently participates in the 340(B) Drug Discounting Program to purchase medications at a discount price. The specific Ryan White Part C 340 B ID number is HV00154.

NEED

1) Target Populations Currently Being Served by SBDCDPH

As of December 31, 2022, San Bernardino County reported a total of 5,474 persons living with HIV and AIDS (PLWH). This represents an 11.6 % overall growth in HIV/AIDS prevalence in the three-year period from 2019 to 2022. Table 2 presents the County’s reported HIV and AIDS incidence and prevalence data for Calendar Years (CY) 2020 to 2022.⁷

Table 2. HIV (non-AIDS) and AIDS Incidence and Prevalence; and HIV Testing Data, 2020-2022

Category	2020	2021	2022	3-year Increase/Decrease (%)
Newly reported with HIV (incidence)	189	224	195	3.2% (6)
Number living with HIV (prevalence)	2,611	2,751	2,882	10.4% (271)
Newly reported with AIDS (incidence)	59	61	48	-18.6% (-11)
Number living with AIDS (prevalence)	2,569	2,543	2,592	0.9% (23)
Number testing positive in Public Health Setting	120	102	82	-31.7% (38)

Source: CA Office of AIDS eHARS Download 4/8/17 as reported through December 31st of each year.

San Bernardino County experienced level numbers of newly reported HIV cases from 2020 to 2022 and the County added 608 new HIV cases during this three-year period, resulting in a decrease in overall HIV prevalence.

A similar trend is occurring with new AIDS cases. San Bernardino County added 168 new AIDS cases to its total AIDS prevalence between 2020 and 2022, resulting in level reporting for this three-year period. San Bernardino County comprises 32.8% of the TGA’s AIDS prevalence (n=5,474) as of December 31, 2022. Historically in the TGA, the HIV/AIDS epidemic in San Bernardino County has been overshadowed by Riverside County’s epidemic.

When compared to the TGA or even the State of California, San Bernardino County has a very different epidemic pattern. Both the TGA, which includes data from both Riverside and San Bernardino Counties, and California’s epidemic are similar and represent a common pattern; there are more Whites, males, and risk related to men who have sex with men (MSM). In San Bernardino County the epidemic profile reflects more persons of color, a higher proportion of women, heterosexual and

injection drug use (IDU) fueling transmission. Table 3 depicts the demographic and risk exposure profile of these three geographic regions to illustrate these differences.

Table 3. Comparison of Selected Characteristics for Persons Living with HIV and AIDS (Prevalence) as of December 31, 2022, Between San Bernardino County, the Riverside-San Bernardino, California Transitional Grant Area, and the State of California

Category	San Bernardino County (1)	TGA (1)	California (2)
Persons Living With HIV/AIDS	5,474	16,675	142,772
White	22.7%	46.6%	34.1%
Black or African American	20.8%	12.8%	16.4%
Latino or Hispanic	50.5%	35.0%	40.7%
Other races (non-White)	5.9%	5.6%	8.8%
Male	82.5%	88.8%	86.2%
Female	16.6%	10.4%	11.8%
Transgender	0.8%	0.8%	2.0%
MSM	55.9%	70.5%	66.3%
Injection Drug Use	8.1%	4.7%	5.3%
MSM & IDU	5.4%	5.4%	6.0%
Heterosexual	11.3%	7.7%	15.0%
Perinatal	0.8%	0.4%	5.5%
Other / Risk not reported/identified	18.5%	11.2%	N/A

(1) Source: CA Office of AIDS eHARS Download; data as of December 31, 2022. May not add due to rounding.

(2) California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance Section, data as of December 31, 2022.

As seen, three-quarters (77.2%) of San Bernardino County’s HIV/AIDS prevalence is among communities of color; this compares to 53.4% of the TGA overall and 65.9% in California. 16.6% of PLWH in San Bernardino County are female, compared to 10.4% of PLWH in the TGA and only 11.8% in California. Thus, it is not surprising that heterosexual risk accounts for 11.3% of San Bernardino County’s epidemic compared to 7.7% in the TGA and 15% in California. Injection drug use (IDU) also contributes to a larger proportion (8.4%) of the epidemic in San Bernardino County compared to 4.7% in the TGA and 5.3% in California.

HIV and AIDS incidence data (i.e., newly diagnosed) provides an indication of the emerging populations in which the epidemic is growing. Table 4 depicts the racial/ethnic profile of newly diagnosed HIV cases for 2020-2022. When compared to the racial/ethnic profile of San Bernardino County’s general population from the State of California population estimates, an alarming pattern emerges. During this two-year period, HIV and AIDS incidence data (i.e., newly diagnosed) provides an indication of the emerging populations in which the epidemic is growing. This is disproportionate to their representation in the general population. Although Latinos are proportional to their population among newly diagnosed HIV cases during these two years (61%) of new cases compared to 51.6% of the total population, this trend marks a dramatic shifting in the County’s epidemic as Latinos now comprise 50.5% of all people living with HIV (prevalence). African Americans continue to be the most disproportionately impacted racial/ethnic population and are over-represented among new HIV cases and total HIV prevalence. One in five new HIV case is an African American and one in two new cases is Latino.

Table 4. Newly Reported People Living with HIV (Any Stage) (Incidence) by Race/Ethnicity for Two Years (2021 and 2022 total) Compared to Proportion of Racial/Ethnic Group in the General Population in SBC and Total HIV/AIDS Prevalence as of December 31, 2022

Racial/Ethnic Group	General Population (1)	HIV/AIDS Prevalence (2)		Total New HIV Cases (2021 & 2022) (2)	
		Number	Percent	Number	Percent
White	30.7%	1,244	22.7%	63	15%
Black or African American	8.5%	1,141	20.8%	80	19%
Latino or Hispanic	51.6%	2,766	50.5%	255	61%
Other race	9.2%	314	5.7%	21	5%
Unknown race	0%	9	0.2%	0	0%
Total	100%	5,474	100%	419	100%

- (1) State of California, Department of Finance, Report P-2: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060.
 (2) CA Office of AIDS eHARS

A similar pattern is occurring among newly diagnosed AIDS cases (incidence). Table 5 presents the racial/ethnic profile of new AIDS cases for the two-year period that includes 2021 and 2022 data as compared with the current racial/ethnic profile of the general population, as well as total persons living with AIDS (prevalence) in San Bernardino County.

Table 5. Newly Reported People Living with AIDS (Incidence) by Race/Ethnicity for Two Years (2021 and 2022 total) Compared to Proportion of Racial/Ethnic Group in the General Population and Total AIDS Prevalence as of December 31, 2022

Racial/Ethnic Group	General Population (1)	AIDS Prevalence (2)		Total New AIDS Cases (2021 & 2022) (2)	
		Number	Percent	Number	Percent
White	30.7%	608	23.5%	15	13.8%
Black or African American	8.5%	544	21.0%	16	14.7%
Latino or Hispanic	51.6%	1,285	49.6%	66	60.6%
Other race	9.2%	155	6.0%	5	11.0%
Total	100%	2,592	100%	109	100%

- (1) State of California, Department of Finance, Report P-2: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060.
 (2) CA Office of AIDS eHARS Download; data as of December 31, 2022

As with new HIV cases, 79.8% of all new AIDS cases are among communities of color compared to their representing about two-thirds of the general population and total AIDS cases. The number of new AIDS cases among African Americans is disproportionate to their representation in the population (21% compared to 8.5%). They also represent a slightly lower proportion of new AIDS cases (16%) than total AIDS prevalence (21%). The proportion of Latinos being diagnosed as a new AIDS case (60.6%) is greater than their representation in total AIDS prevalence (49.6%), this proportion is higher than their representation in the general population (51.6%).

Table 6 depicts the 3-year change in total HIV/AIDS prevalence by race/ethnicity. Latino HIV/ AIDS cases grew by 12.3% (n=304), followed by African Americans (1.3%; n=15). Whites living with HIV/AIDS decreased by 1.2%. A new PLWH is one and a half as likely to be Latino as White.

Table 6. People Living with HIV/AIDS by Race/Ethnicity for 2020-2022 and 3 Yrs. Percent Change

Racial/Ethnic Group	2020(1)	2021 (1)	2022 (1)	3-year Increase Percent/(Number)
Total Living With HIV/AIDS (prevalence) **	5,180	5,294	5,474	5.7% (294)
White	1,259	1,255	1,244	-1.2% (-15)
Black or African American	1,126	1,138	1,141	1.3% (15)
Latino or Hispanic	2,462	2,603	2,766	12.3% (304)
Other races (non-White)	259	298	314	21.2% (55)

(1) Source: CA Office of AIDS eHARS.

** The total by racial/ethnic group does not add to total prevalence number because they did not include cases with unreported race.

Unmet Need: Per the TGA 2023-2026 Comprehensive HIV Needs Assessment, even though there are effective HIV prevention and treatment services available in the area, there is still a significant amount of unmet need in the Riverside/San Bernardino Counties. It was estimated that in 2022, 2,300 (1 in 7) people living in the TGA were positive with HIV but were not aware of their status. Additionally, in the same year, an estimated 1,000 people in the TGA were living with HIV and not receiving treatment or were in treatment without being virally suppressed.

2) The Local HIV Service Delivery System and any recent changes

- **HIV Service Providers (see Attachment 9: Service Area Map)**

There are seven principal providers of primary medical care for PLWH in San Bernardino County. They are: (1) the San Bernardino County Department of Public Health (SBCDPH), (2) Jerry L Pettis Memorial Veterans' Medical Center, (3) Kaiser Permanente, (4) Loma Linda University Medical Center, (5) AIDS Healthcare Foundation, (6) the County's Arrowhead Regional Medical Center, and (7) the Social Action Community Health System (SACHS) affiliated with the Loma Linda University Medical Center.

SBCDPH Clinic Operations Section provides HIV medical care through clinics at three locations countywide, including the City of San Bernardino (East Valley Health Planning Region), Ontario (West Valley), and Hesperia (Desert). All three clinics are designated Federally Qualified Health Centers (FQHC). AIDS Healthcare Foundation serves the West Valley region and is located near the Los Angeles County border. With these few exceptions, all other primary care resources are located within ten miles of the urban center of the City of San Bernardino.

Table 7 illustrates the services provided by each entity, number of clients served and the regions of San Bernardino County primarily served by each provider. A map of the service area, including

providers of HIV primary health care and a HIV support services, with an accompanying legend, is included as Attachment 9.

Table 7. San Bernardino County HIV Services by Provider, Services, # of Clients, Regions Served

Service Provider	Services Provided	Regions Served
San Bernardino County DPH Clinic Operations/ HIV Program Services	1, 3, 4, 6, 7, 8, 10, 14, 15, 16, 18	East Valley; West Valley; Desert
Jerry L Pettis Memorial Veterans' Medical Center	1, 2, 19	East Valley
AIDS Healthcare Foundation	1, 3, 12, 15	West Valley
Arrowhead Regional Medical Center	1, 2, 4, 11, 14, 19	East Valley
Social Action Community Health System	1, 5	East Valley
Loma Linda University Medical Center	1, 2, 19	East Valley
Kaiser Permanente (private)	1, 2, 6, 8, 9, 11, 18, 19	East Valley
Foothill AIDS Project	4, 7, 9, 12, 13, 14, 15, 17	East Valley; West Valley; Desert

The SBCDPH's Clinic Operations HIV clinical services program is the largest HIV medical clinic in San Bernardino County and provides outpatient HIV primary medical care for PLWHA in this area. The staff is representative of the populations served and the populations served are representative of those groups disproportionately affected by HIV. Clinic Operations Section maintains one HIV medical care clinic in each of its three health planning regions noted above. Clinic Operations Section offers comprehensive, patient-centered care from all three sites. In 2023, the HIV Program provided services for 1,444 unduplicated clients.

Table 8 below depicts the demographic characteristics of the general population in San Bernardino County and compares this to the 2023 reported HIV/AIDS prevalence data and the HIV Program 2023 HIV client population.

Table 8. Demographic Characteristics of 2023 San Bernardino County General Population; 2023 HIV/AIDS Prevalence; and 2023 San Bernardino County Clinic Operations HIV Clients

Characteristic	General Population ^a		HIV/AIDS Prevalence ^b		HIV Program Clients ^{b,c}	
	Number	Percent	Number	Percent	Number	Percent
TOTAL Population	2,181,654	100%	4,589	100%	1,444	100%
White	566,113	25.95%	1,230	26.80%	274	19%
African American/Black	173,322	7.94%	1,096	23.90%	301	21%
Latino/Hispanic	1,170,913	53.67%	2,348	51.20%	754	52%
Asian	176,204	8.08%			22	2%
Other Race (non-White)	26,702	1.22%	124	2.70%	11	1%
Unknown Race	0	0.00%	0	0.00%	48	3%
	68,400	3.14%				0%
Male	1,101,675	50.50%	4,099	89.30%	1,161	80%
Female	1,091,981	50.05%	819	17.80%	283	20%

Transgender	Unknown	N/A	Unknown	N/A	0	0%
0-12 years	(d)		3e	0.06%	1	0%
13-24 years	(d)		172e	3.70%	34	2%
25-44 years	632,957	29.01%	1,942e	42.30%	649	45%
45-64 years	505,258	23.16%	2,379 e	51.80%	590	41%
65 years and older	273,836	12.55%	422 e	9.10%	126	9%
Unknown	0	0.00%	0	0.00%	0	0%
MSM	Unknown		2,690	58.60%	254	18%
IDU	Unknown		467	10.10%	64	4%
MSM/IDU	Unknown		291	6.30%	32	2%
Heterosexual	Unknown		500	10.90%	91	6%
Other/Perinatal	Unknown		37	0.80%	3	0%
No Identified Risk	Unknown		280	6.10%	346	24%

^a Source: State of California, Department of Finance, Report P-2: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060.

^b California Office of AIDS eHARS Download 4/2024.

^c Source: Athena

^d Note: Age categories in the U.S. Census data are not comparable to HIV/AIDS prevalence data and HIV Program client data.

^e Note: Age data reported to the State Office of AIDS represents current age.

Current services include, but are not limited to:

- Adult medical examination, evaluation and treatment;
- Pap smears (anal and cervical); referral to colposcopy and high resolution anoscopy for those with dysplasia;
- Tuberculosis screening and treatment; radiology; laboratory services; screening for hepatitis A, B and C;
- Pharmacy and access to the California AIDS Drug Assistance Program (ADAP);
- Psychosocial evaluation and counseling;
- Mental health services;
- Immunizations;
- Health education, risk reduction and behavior change support, treatment adherence education;
- Medical and non-medical case management including development of individualized care plan;
- Benefits counseling;
- Reproductive health and maternal health services;
- Nutritional assessment and counseling;
- Substance abuse counseling, and treatment;
- Referral for biomedical research; and
- Referral for treatment or procedures, which exceed the clinic's scope of service.

- **Public Funding in Support of HIV Services**

RW Part A: The San Bernardino County DPH administers RW Part A dollars for the Riverside/San Bernardino, CA TGA, but the DPH Clinic Operations Section does not receive Part A funds. DPH

received \$8,896,327 for FY 23/24 and all funding is contracted out to community based organizations. The Desert AIDS Project (DAP) receives funding from RW Part A to provide a myriad of HIV core and support services in the TGA (through its main campus in Palm Springs (Riverside County)). The vast majority of DAP clients reside in Riverside County, though the agency does provide care for some patients who reside in the eastern most section of the San Bernardino County Desert Planning Region. The Social Action Community Health Systems (SACHS) receives RW Part A funding to provide Dental Services to PLWHA. The Foothill AIDS Project receives funding from Part A to provide HIV support services, mental health, substance abuse and early intervention services in the TGA. The AIDS Healthcare Foundation (AHF) receives funding from Part A of the Ryan White Program to provide HIV primary care and medical case management in the West Valley Health Planning Region.

Part B (State Single Allocation): The San Bernardino County DPH receives Part B funding (\$665,286) through a master grant agreement with the California DPH, Office of AIDS (CA OA) to support administrative and Early Intervention Services. A percentage is contracted out to Foothill AIDS Project (FAP) and TruEvolution for support and outreach services.

HIV Prevention (State Single Allocation): Through a master grant agreement with the California DPH, Office of AIDS (CA OA), the DPH also receives Centers for Disease Control (CDC) and Prevention funding to provide HIV targeted testing, Linkage to Care; Hepatitis C screening; and clinic based Prevention with Positives, including treatment education and Partner Counseling and Referral Services (\$987,603). The DPH also received CDC funding through CDPH, Ending the Epidemic funding of \$1,003,464

ADAP: The SBCDPH receives CA AIDS Drug Assistance Program reimbursement funds to administer the enrollment services for ADAP and PrEP Assistance Program (PrEP AP) programs.

Part C (Early Intervention Services-EIS): The San Bernardino County DPH receives funding from Part C (\$388,263 in FY 23/24) of the Ryan White (RW) Program to support HIV clinical services (support for HIV provider salaries), mental health services, clinical quality management and laboratory support.

Medi-Cal (CA Medicaid) and Medicare: The Arrowhead Regional Medical Center (ARMC) is the primary provider of County hospital services within the County. It receives no local funds but rather relies on private insurance, Medi-Cal (CA Medicaid), Medicare, County Medically Indigent Adult (MIA) funds and research grants. ARMC receives no RW Part A funds.

Veterans Administration: The Jerry L Pettis Memorial Veterans' Affairs Medical Center is funded by the United States Veterans' Administration (VA). It receives no Ryan White funds.

- **Gaps in Local Services / Barriers to Care**

Unmet Health Needs and Gaps in Primary Care Services: Understanding that people of color, living with HIV (Latino and African American), delay care and enter the HIV system of care through the portal of Community Based Organizations (CBOs) or Emergency Care Departments due to the documented distrust of government, and stigma associated with the disease. The DPH Clinic Operations sees a clear need for trust-based Medical and non-Medical Case Management. It has become evident, from the HIV staff experience, that PLWHA of color remain in care through their rapport developed with staff. Clients often ask for "their nurse" or "their clerk". There is a vital need for establishing rapport to identify and maintain PLWHA in care.

While the Clinic Operations Section is able to facilitate Benefits Counseling/Health Insurance Premium Counseling, there is little that it can do to help clients meet CA OA CARE HIPP eligibility requirements.

Sadly, Clinic Operations Section has to work with the client through debilitating eligibility denials until they are eligible for ADAP benefits. Because of funding restrictions, the HIV Part C funded Program has re-evaluated its resources to manage this process and has determined that the only way to manage the need is to pre-schedule eligibility reviews to provide the HIV Program sufficient time to prepare the client for the presentation of required documentation.

Nutrition Counseling is a clear need for the PLWHA the HIV Program serves. The HIV Program has been able to access Nutrition Counseling services through partnership with the CDC Prevention staff and the assigned Registered Dietician to the Health Centers. The nutrition services schedules and days that are offered at each health center have been changed to coincide with the days the specialty provider is at each health center.

- **Impact of Service Gaps**

According to the 2023-2026 Comprehensive HIV Needs Assessment for the Riverside/San Bernardino TGA, there are an estimated 1,000 who need HIV Primary Care, but are not receiving it. While the HIV Program has made inroads to identifying those that are HIV+ but are not in care, using strategies such as targeted outreach, it is clear that more has to be done to bring those in need of care into care. For those that are already in care who responded to the 2023-2026 Needs Assessment, the service needs that were identified which indicate service gaps included Dental Care, Nutrition Counseling, and Benefits Counseling/Health Insurance Premium Counseling among others. There is a heightened need for Dental Care for PLWHA in the County, currently there is only one agency receiving RW Part A funds to provide dental services to PLWHA. The expansion of Medi-Cal full scope benefits will benefit patients who did not qualify for benefits in the past and lack the financial ability to pay for health care services out of pocket. The TGA Needs Assessment also lists funding as one of the gaps in service. As funding for OAHS has decreased from 2020 – 2022, usage increased by 41% over that same period. Funding for FY 2024 was increased by 8.5% over 2020 allocations but may not yet be commensurate with the growing population of persons seeking services in the TGA.

As the Healthcare Marketplace continues to change, the benefits systems become even more complex, the need for Benefits Counseling/Health Insurance Premium Counseling continues to increase.

Barriers to Care

Infrastructural issues were listed in the TGA Needs Assessment findings as one of the major barriers to care. According the Assessment, only one Ryan White Part A clinical provider offers clinical services on weekends and only two had after-hours services. This presents a great challenge for PLWHA who work and must take time off their jobs to seek medical assistance/care. The locations of the providers are also concentrated in the western area of the Counties which makes it harder for PLWHA who lack transportation to seek medical care. The one improvement listed as a potential solution to the above concern is that more telehealth services are available and most pharmacies offer prescription mail delivery services. SBDCDPH offers late night hours at each of their health centers: Ontario Health Center– Tuesdays evening to 7pm, San Bernardino Health Center – Mondays evening to 7pm, and Hesperia Health Center – Wednesdays to 8pm.

Substance abuse is a significant barrier to care for PLWHA in the County. 14.5% of all PLWHA responding to the 2023-2026 TGA Needs Assessment reported using an illicit substance in the past month (including marijuana). 71.1% of participants who completed the Needs Assessment survey reported to have used non-prescription drugs in the last six months. Out of those participants, 49.7% of them reported having used non-prescription drugs recently (19% reported using methamphetamines, cocaine, heroin, crack, LSD and mushrooms). Medically Assisted Therapy (MAT) is offered at the health centers operated by SBDCDPH as well as the Department of Behavioral Health (DBH). DBH also

provides treatment for services targeting the most severe cases of substance use, which are typically court ordered, and are not tailored to PLWHA who may have chronic substance abuse issues impacting their ability to adhere to treatment.

Mental health issues are also a barrier to care particularly when coupled with substance abuse. Untreated or unmanaged mental health disorders clearly compromise the ability of PLWHA to enter and remain in care. Further, there is a need for appropriate psychiatric monitoring of medication for those taking psychoactive medication. 57.3% of consumers, who participated in the TGA 2023 Needs Assessment survey, reported at least one mental health condition, with 34% reporting not receiving treatment for their condition. SBCDPH offers mental health screening tool (Patient Health Questionnaire & Generalized Anxiety Disorder Scale 7 -GAD7 & PHQ 9) at the time of registration, which is then reviewed with the patient by the provider to determine if mental health services are needed.

- ***Current Health Care Landscape and Changes in the Health Care Delivery System that Affect the Delivery of Services***

Beginning May 1, 2022, California's new law provided full scope Medi-Cal benefits to individuals 50 years of age and older, regardless of immigration status. As of January 1, 2024, the State of California expanded the scope of benefits again to allow adults ages 26 through 49 to qualify for full scope Medi-Cal, regardless of immigration status. The implementation of both Medi-Cal benefit expansions has allowed more residents of California to qualify for full-scope benefits, including dental. At the end of CY 2023, SBCDPH saw an increase of Part C patients by 44 patients, to a total of 120 as the recertifications of Medi-Cal eligibility that had been suspended due to the COVID-19 epidemic came to an end. Part C recipients who may have qualified for Medi-Cal emergency benefits during the pandemic found themselves without insurance and qualifying for Part C coverage.

The most significant recent change impacting the accessibility of services for PLWHA in San Bernardino County is reduction in funding to provide services. SBCDPH Ryan White Part C EIS program has seen continual decrease in funding , CY 2023 funding \$388,443 is now being reduced to the new ceiling amount of \$368,243.

The reduction in funding to provide services will be more impactful on the sustainability of services as the competitive wages for all health center staff will increase up to 30% due to California Senate Bill 525 (SB 525) being passed in October 2023. This Bill provides increases in hourly wages for health care employees by setting a minimum wage of \$25 per hour.

APPROACH

The San Bernardino County Department of Public Health (SBCDPH) has centralized all medical services, including HIV outpatient/ ambulatory/primary medical care under the Clinic Operations Section. The Clinic Operations Section provides a broad range of HIV related services in three locations throughout the County. The DPH has established agreements with community based organizations and providers for services clients have difficulty accessing, e.g. Mental Health Services and supportive services.

1. HIV Care Continuum Services

A. HIV-Diagnosed

- ***Describe how counseling, testing and referral services are delivered in the service area.***

Ryan White (RW) Part C funds are not used for this service as the California Department of Health Services, Office of AIDS (CA OA) has sufficient preventative funding to meet demand. To cast the greatest "Testing Net" in targeting high risk individuals, the San Bernardino County Department of Public Health (SBCDPH) HIV Prevention Team provides both routine and quick anonymous and confidential HIV antibody testing and counseling to high-risk individuals.

The HIV Prevention Team targets those who are high-risk individuals by providing counseling and testing at specific locations (e.g., adult correctional facilities, day reporting centers, drug abuse treatment centers, gay clubs, and LGBTQ events). In 2023, the HIV Prevention Team implemented the dontthinkknow.org project, which provided free chlamydia and gonorrhea testing delivered to individuals' homes. This project resulted in people being able to test for different sexually transmitted diseases in the privacy and comfort of their own homes. In addition, the HIV Prevention Team provides counseling and testing in the community through street level outreach from a mobile van, which serves hard-to-reach populations who would not otherwise have access to testing and care through the DPH. In the last three years, SBCDPH achieved 100% linkage to care for newly diagnoses HIV patients at the DPH health centers. The number of new diagnoses for patients at the DPH health centers in the last three years were as follows: 7 new diagnoses in 2021; 7 new diagnoses in 2022; and 4 new diagnoses in 2023.

Ensuring the Confidentiality/Anonymity of Clients and Test Results

The confidentiality of clients testing for HIV is preserved in two ways:

- I. For anonymous testing, laboratory slips just include numbers, whereas confidential testing requires the client's name. Informed consent documents include only the most basic information, such as the client's name and a unique laboratory identifier. This reduces the possibility that anyone who does not have access to both the consent form and the laboratory report will be able to identify a client's test result. During transportation between field testing sites and the Public Health Laboratory, all records are maintained in secured cases. In addition, all records (consent forms and test results) are kept in a closed file that only designated staff can access.
- II. Clients who prefer anonymous counseling and testing do not sign written consents, but instead provide verbal consent. Clients testing anonymously are given a slip of paper with their unique laboratory number. The results are only provided if they present a unique laboratory number. The demographic parameters on the counseling form are carefully matched to the client who appears for the test results to guarantee that clients do not receive or have access to someone else's results.

All confidential and anonymous test site personnel have also completed mandatory Health Insurance Portability and Accountability Act (HIPAA) and Ethics training.

B. Linkage To Care

- **How are newly identified individuals with HIV linked into and provided with outpatient primary health care and support services and how are these newly identified**

individuals successfully transitioned into care.

Since 2020, San Bernardino County Department of Public Health (SBCDPH) Federally Qualified Health Centers (FQHCs) have offered fast HIV testing, making it available to all patients during regular scheduled and walk-in primary care appointments. SBCDPH also offers same-day access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) for anyone who has not yet tested positive for HIV but visits a FQHC with a high risk of HIV exposure. Anyone who has positive results from quick testing is counseled and linked to care on the same day, with appointments made immediately and the primary care provider explaining the HIV services. As previously mentioned in the Diagnosis section, SBCDPH achieved 100% linkage to care for all HIV diagnoses within the health centers in the last three years: 7 out of 7 diagnoses in 2021; 7 out of 7 diagnoses in 2022; and 4 out of 4 diagnoses in 2023.

When a client has a positive HIV antibody test result while receiving assistance from the HIV Prevention Team, the HIV test counselor immediately refers them to one of the three SB County Health Centers' HIV Programs. New clients can schedule their initial clinic appointments within 30 days. On-site eligibility workers assist clients in obtaining medical insurance by assessing their income and eligibility for coverage on a timely basis. If clients choose to see their own doctor, a consent to release of information is completed. The test results are subsequently sent to the client's primary care provider. For patients who choose to receive specialty services from DPH FQHCs but continue to see their primary care provider, we obtain authorization from their insurer to continue specialty care. Clients are presented with every option to enroll in care. The San Bernardino County HIV team works diligently to improve services and access on behalf of the program. The Department maintains long-standing partnerships with community providers and services, which enhances its ability to help clients in accessing needed services. Non-medical needs, such as housing, food, or clothing, are referred to community-based AIDS service organizations such as the Foothill AIDS Project (FAP).

- ***Efforts to target subpopulations identified in the needs assessment***

SBCDPH's HIV Prevention Team provides outreach programs tailored to people of color, women, adolescents, MSM (Men Who Have Sex with Men), and IDU (Injection Drug Users). The utilization of a mobile testing van helps to boost these efforts. Providing prevention education, outreach, and testing through a mobile van reduces obstacles for traditionally hard-to-reach populations who may be intimidated by presenting at a formal government organization. Adult prison facilities, day reporting centers, substance use/abuse recovery programs, LGBTQ events, adult bookstores, homeless shelters, and the Rainbow Pride Youth Alliance are among the venues that are being targeted. Interventions include street level, one-on-one outreach, and small and large group preventative education. Partnerships with CBOs are essential for promoting community testing events and achieving the maximum outreach to designated behavioral risk populations. The HIV Prevention Team collaborates with local organizations to offer rapid testing, outreach, and education at community sites during National Black HIV/AIDS Awareness Day, National Women and Girls HIV/AIDS Awareness Day, National STD Awareness Month, National HIV Testing Awareness Day, National Latino HIV/AIDS Awareness Day, and World AIDS Day.

Other strategies for reaching and connecting target populations include developing staff skills in providing culturally/linguistically sensitive services, increasing field visits by the MAI and Retention in Care outreach teams to re-engage people (particularly people of color) in care, maintaining strong relationships with other staff at entry points along the continuum, and promoting rapid HIV testing. The HIV Prevention Team is continuing to make efforts to improve participation in services among those most affected by the epidemic through the establishment of Alternative Test Sites (ATS) for sex industry

workers (SIW) (particularly women of color) and MSM. The ATS for SIW was highly embraced by the target demographic, with staff reporting strong peer-to-peer outreach as an unexpected positive outcome. The prevention team integrates prevention messages into yearly STD Awareness Month media campaigns that aim in increasing testing and linkage to care.

- ***How clients who test HIV-positive receive facilitated/timely referrals to primary care.***

When a client's HIV antibody test results are positive, the HIV test counselor immediately refers them to one of San Bernardino County's three HIV specialty clinics within SBCDPH health centers. New clients can schedule an initial clinic appointment within two weeks after their first contact. On-site eligibility workers help verify income and insurance requirements in a timely manner. Licensed medical providers evaluate each client's needs to schedule an early appointment if necessary. If the client wishes to see their own doctor, a consent to release information is obtained from them, and the test results are provided to the client's primary care provider.

If the client does not wish to enroll in care at one of the San Bernardino County HIV specialty clinic and does not have a primary care physician, they are referred to other local clinics, such as the AIDS Healthcare Foundation Clinic, the Social Action Community Health Services HIV Clinic, and the Loma Linda HIV Prevention and Care Program. Clinic Operations staff working in HIV services have long-standing ties with these care providers and can assist the client in scheduling an appointment. Non-medical referrals, such as housing or food, are made to community-based AIDS assistance organizations like FAP.

- ***How individuals who know they are positive but are not receiving primary medical care will be identified and enrolled in care.***

Early engagement and retention in HIV care has been proven to result in best health outcomes. The HIV Prevention Team uses Data to Care (D2C) system throughout the early intervention phase. D2C is a public health strategy that uses HIV surveillance data, pharmacy fill data, clinic appointment data, and other treatment and care data sources to identify HIV-positive people who are not in care, connect them to medical and social services, and ultimately support the HIV Care Continuum. The HIV Prevention Team utilizes D2C as a management information system, in reconnecting PLWH who know their status but have fallen out of HIV care. Furthermore, the HIV Prevention Team staff collaborate with other CBOs and receivers of Ryan White Part A EIS funds to provide outreach in affected communities.

- ***Describe policies and procedures for partner counseling services.***

The HIV Prevention Team developed an approach for Partner Counseling and Referral Services (PCRS) based on the California Office of AIDS PCRS Protocol Development Guidelines. PCRS aims to minimize HIV transmission by educating sexual and needle-sharing partners about potential exposure and providing risk reduction, HIV counseling, testing, and referral services to both positive and negative partners. The State's PCRS procedure contains:

The HIV Prevention Team developed an approach for Partner Counseling and Referral Services (PCRS) based on the California Office of AIDS PCRS Protocol Development Guidelines. PCRS aims to minimize HIV transmission by educating sexual and needle-sharing partners about potential exposure and providing risk reduction, HIV counseling, testing, and referral services to both positive and negative partners. The State's PCRS procedure contains:

(1) An HIV Prevention Team counselor informs clients of PCRS during the risk assessment (pre-test counseling) portion of the HIV antibody counseling and testing process. (2) Should the client test

positive, they are reminded of the availability of PCRS. (3) Information regarding the availability of PCRS is also provided to HIV-positive clients during the initial intake appointment with Clinic Operations and then twice a year thereafter as part of regular health education/risk reduction services; and (4) clients are assisted with partner notification. The three methods of partner notification include: (1) the client informs their partner(s), (2) the client and an HIV test counselor or other Public Health employee present the positive test results together, and (3) the client requests that a Public Health Communicable Disease Investigator (CDI) notify the partner(s) anonymously. In this third method, the CDI will contact the named partner(s) and provide linkages for testing at a SBCDPH facility or arrange for HIV testing in the field as needed. The SBCDPH makes PCRS available at multiple points of entry into the system of care (e.g., HIV testing sites, EIS, community clinics, CBOs, STD/Reproductive Health clinics).

C. Retention in Care

- **Strategies used to retain people with HIV in medical care, including any related to telehealth.**

SBCDPH's commitment to retaining PLWHA in medical care is critical to ensuring the successful outcome of drug-associated viral suppression, as is ongoing care management, which includes periodic lab work, health checks, and transmission reduction. SBCDPH has assigned staff to work with PLWHA given that creating rapport with patients has been shown to increase patient participation and service continuity. SBCDPH offers a wide range of services at each FQHC to help PLWHA get the treatment they need. These services include case management, more appointment alternatives (telehealth and telephonic), one-stop care for HIV-related services, primary care, reproductive health, dental care, behavioral health services, ADAP services, on-site Medi-Cal application services, and Mpox related services. SBCDPH percentages of retention in care for Part C patients were: 2021 - 92.3% (85 out of 92 patients); 2022 - 91.3% (74 out of 81 patients); and 2023 88.3% (106 out of 120 patients).

SBCDPH has partnered with Gilead Sciences to provide educational/training opportunities to both staff and patients, both in-person and virtually, related to the HIV Continuum including Engagement in Care which provided staff with tools and best practices in addressing and overcoming barriers to engagement in HIV care. SBCDPH also collaborates with the Foothill AIDS Project (FAP) to provide an on-site staff member to assist and coordinate support services for patients attending health-care visits.

D. Antiretroviral Therapy and Viral Suppression

- **Success and challenges of current strategies including any related to telehealth**

SBCDPH provides care management services for PLWHA to ensure adherence to viral suppression treatment through antiretroviral therapy (ART), which improves clinical outcomes, minimizes mortality, improves quality of life, and minimizes HIV transmission. The HIV clinical team continues to educate PLWHA on the benefits of ART in order to improve adherence and continuation of medication. ADAP services are offered in-house in order to assist patients with the associated cost with ART and to assist them navigate the application, approval and renewal process.

SBCDPH has ensured that PLWHA have continuous access to the HIV specialist by either telephonic or telehealth services. Telehealth appointments have provided SBCDPH the opportunity to provide remote medical services to PLWH in order to avoid break in care during the COVID-19 pandemic and beyond. Telehealth services presented some challenges. Some patients, who may have already been

inclined to not follow directions on lab work, adherence to prescription or attendance for appointments, may feel encouraged to not attend in-person, but these same patients may not have access to mobile devices, connectivity services, or computer at home, limiting their willingness or ability to participate in a telehealth appointment. Patient education on privacy and security is also important to ensure the patients' privacy is maintained at all times and not compromised by the possibility of someone in the patient's household overhearing information being shared and discussed with the patient.

Continuous ART adherence education is enforced at every appointment and CD4 cell counts are monitored regularly during refill appointments. Telehealth appointments follow the same established guidelines as in-person appointments with the difference that patients may hesitate going to the assigned labs causing a delay in services. In order to make telehealth appointments successful, SBCDPH applies the same in-person care team approach which includes outreach and referral services being offered and ensuring continuous patient retention in care.

Clinic Operations has also partnered with the Communicable Diseases Section (CDS) to place Communicable Disease Investigators (CDI) in health centers who conduct outreach for scheduled patients who do not show up for their appointments. During these outreach efforts, CDIs provide medication adherence education as well as patient-delivered partner therapy (PDPT). Through educational services people who are aware of their HIV status and treatment are influenced to adherence of antiretroviral therapy. CDIs offer PDPT as an HIV prevention strategy to patient partners. These strategies have been shown to be effective in attaining viral suppression and improving ART. Maintaining successful adherence to antiretroviral therapy benefits the patient by lowering the risk of drug resistance, preventing HIV transmission to others, and achieving and maintaining viral suppression, which encourages them to continue in care. These efforts have allowed SBCDPH to assist a minimum of 90% Part C patients remain in viral suppression (less than 200 copies per millimeter of blood) for the last three funding years. Part C patients in viral suppression in the last three years: 2021 - 90.2% (83 out of 92 patients); 2022 90.1% (73 out 82 patients); and 2023 90% (90 out of 120 patients).

2. Description of Core Medical Services

- ***Core Medical Services Offered By Your Organization***

SBCDPH offers primary care services at the San Bernardino, Ontario, and Hesperia Health Centers which are co-located with HIV services. This model allows the program to provide the medical home model for patients with HIV. Patients are able to access primary care, reproductive health, maternal health, nutrition services, dental services, immunizations, integrated behavioral health services, and in addition to HIV specialty provider services. The ability for patients to access the robust medical services available at each health center allows for a centralized network of services; which contributes to minimizing access barriers and contributes to compliance related to treatment of care in our HIV patients

Patients seeking specialized medical treatment at the three health center locations are connected to a primary healthcare provider through the utilization of HIV Part B funds. HIV Part C personnel collaborate with HIV Part B personnel to identify individuals requiring basic healthcare services and connect them with a suitable healthcare provider.

- ***Strategies used to engage women and minority population in HIV- related clinical trials***

In San Bernardino County, the two largest minority groups impacted are the Latino and African American communities. Additionally, other minority groups served in San Bernardino County include Asian/Pacific Islanders and American Indians/Alaska Natives. Maintaining a strong presence in the local community, especially working with organizations that target African American and Latino

communities is essential for minimizing barriers to care. The SBCDPH maintains strong partnerships with local community-based organizations and conducts outreach efforts, resulting in more minorities accessing comprehensive HIV services, including specialized HIV medical care. These coordinated efforts have involved the following agencies: San Bernardino County Probation Department Day Reporting Center (DRC) we provide community classes to target the post-incarcerated in order offer HIV education with on-site rapid HIV testing; and Foothill AIDS Project targeting African American/Latino people living with HIV/AIDS (PLWH). The program also provides outpatient/ambulatory health services within the County Detention Centers by conducting new-patient visits, medication adjustments, lab orders, patient education and linkage to care upon release.

Clients can be referred internally for certain clinical trials or externally to the University of California Los Angeles Medical Center or the University of California Irvine Medical Center. Both medical centers are within acceptable driving distances or are accessible through public transportation. The SBCDPH has participated in a number of expanded access protocols, which enable clients' access to necessary medications without having to travel long distances.

SBCDPH has also created informational flyers regarding clinical trials available to our patients within a fifty (50) mile radius. These flyers are posted in the lobby area and in examination rooms at all three FQHCs providing HIV services. On a quarterly basis, the Health Educator Specialist (HES) researches current trials in the Southern California area on clinicaltrials.gov and clinicalconnection.com. Once the local trials are identified, the EHS contacts the local institutions and verifies the trials are current and our patients would be able to participate, if desired. Once the information is verified, the information on the flyer is updated.

- ***Availability of AIDS Drug Assistance Program or other local pharmacy program***

ADAP is funded by the Ryan White Program Part B and is administered by the CA Office of AIDS. ADAP is available to qualified clients. The SBCDPH Clerical staff screen all clients for ADAP eligibility, along with screening for other benefits including Medi-Cal (CA Medicaid). Eligibility screening is done annually and clients are contacted prior to their ADAP expiring to make an appointment for re-enrollment. The local RW Part A funded Pharmacy Assistance Program is intended to fill gaps when a client is waiting for eligibility determination from ADAP, Medi-Cal, or other pharmacy insurance. In some cases, if a client needs HIV related medication, but does not have all the necessary paperwork and all local Part A Drug Assistance funds are depleted, a 30-day eligibility period is granted to allow the client access to needed medications and to complete the process.

- ***How consumers are involved in decisions regarding their personal health care regimen.***

Patient self-management is a key element of the *Chronic Care Model*, which has shaped service delivery over the past nine years in the TGA. The DPH provides support for clients to be actively involved in decisions regarding their personal care regimen, utilizing these methods:

HIV Treatment and Individual Care Plan: The HIV Treatment Plan (focusing primarily on medical care) is completed at intake and updated annually thereafter. The client reviews, signs, and receives a copy of their plan. Physicians, together with clients, review treatment options prior to the initiation or adjustment of specific therapies. Clients meet with a nurse at the end of each clinic visit to ensure that the client understands the treatment regimen or any changes to their therapy. Health Education Specialists and nursing staff provide information and strategies to assist the client in making healthy lifestyle decisions as well as offer behavior change support and treatment adherence education. The Medical Case Manager works with clients to help them navigate the care system, such as securing referrals to specialty and subspecialty services and to access community-based support services. The

treatment team holds periodic case conferences to evaluate clients and their treatment plans. Clients can participate in the case conference during the discussion of their plan.

A separate *Individualized Care Plan* (ICP) (focusing on behavioral and support service needs) is developed with each client by the Medical Case Manager, in collaboration with Health Education Specialist as needed, addressing behavioral (risk reduction) goals, and support service needs. The ICP is completed at intake and updated annually thereafter. The ICP is discussed with the client and the client reviews, signs, and receives a copy of their plan. As an example, the ICP may include objectives addressing Housing or Food needs.

- ***After-hours and weekend coverage for urgent or emergency medical and dental care***

Clients requiring after-hours or weekend emergency medical care are advised to access emergency departments of local hospitals. Clients who must access emergency care or are hospitalized during after-hours or on weekends are encouraged to inform the provider of their HIV care at the DPH to facilitate the sharing of critical medical information. All patients can access an after-hours advice line by calling the Clinic Operation patient line. HIV patients with Inland Empire Health Plan (IEHP) managed care plan, can also access the 24-Hour Nurse Advice Line, and the line is open after hours, holidays and weekends. Medical Case Management staff are responsible for follow through with the hospital or after-hours care provider to obtain pertinent information to update the client's medical record and to ensure continuity of care following hospital discharge. DPH provides direct dental services onsite to clients at three Federally Qualified Health Centers.

3) Description of Supportive Services

Part C refers patients to Part B for supportive services, the services are complimentary and consistent with Part B, and are not duplicative.

4) Description of Referral System and Care Coordination

- ***Referrals to specialty and subspecialty medical care and other health and social services***

Referrals for specialized and subspecialty medical care are based on medical screening, testing, evaluation, and physical exams performed by the physician. When a client's demands surpass the area of services provided by the DPH, a recommendation is made to the appropriate service provider(s). Care Assistants (CA) handle all medical referrals (with the exception of outpatient mental health and drug abuse treatment), while Registered Nurses (RN)/Licensed Vocational Nurses (LVN) handle those for social services. Referrals to outside providers are based on the client's eligibility and insurance status. Every effort is made to ensure that the organization to which the client is referred has open appointments, allowing for timely access to care and treatment. For clients without insurance, specialty care is referred to the Arrowhead Regional Medical Center (County hospital) system of care. Currently, only the Hesperia Health Center provides maternal services on-site. The OB provider coordinates services for pregnant HIV-positive women. Infant health services are accessible on-site at the San Bernardino, Ontario and Hesperia Health Centers. The LLU Medical Center coordinates HIV specialized care for children who have been exposed or infected. Referrals can be tracked in the Electronic Medical Record (EMR) ensure that the referral was made on time, that the appointment was attended to, and that the referring physician received the necessary information.

- **How referrals are tracked and followed up, including the result**

The process of facilitating and tracking referrals is handled using Athena, SBCDPH's electronic medical record system. The CA enters every referral for specialty or subspecialty medical services into Athena. Referral reports are generated on a regular basis and evaluated by the Referral Coordinator to identify any outstanding or incomplete recommendations. The Referral Coordinator is responsible for determining and supervising any necessary follow-up on all referrals to guarantee links to care.

- **Coordination with admission/emergency room staff and discharge planners.**

The Clinic Operations RN/LVN coordinates with providers of acute inpatient or emergency services on a case-by- case basis. Emergency department and specialty service physicians (e.g., infectious disease, internal medicine) communicate via fax about patients in emergency care or who have been hospitalized and are ready to be discharged. When a request for medical records is received, along with a signed release of information, the RN/LVN contacts the requestor to verify accurate delivery.

Clients also participate in the admission and discharge processes. Patients should contact their designated Medical Case Manager if they present to an emergency department, are hospitalized, or are about to be discharged from inpatient care. In the latter situation, RN/LVNs work with discharge planners to ensure that clients receive the care, assistance, and durable medical equipment they may require following their release from the hospital. Copies of relevant medical records, discharge summaries, and medical orders are requested from the facility to help guide follow-up care. Follow-up visits with Clinic Operations are scheduled within three (3) days of discharge or the next scheduled specialty service day.

- **Transfer of HIV-positive youth and their medical information into adult care**

Adolescents and children are provided with continuous HIV care and treatment from the time of diagnosis until they reach the age of 21 at the Loma Linda University (LLU) Medical Center. At the age of 21, the LLU Medical Center directs young individuals who are HIV positive to either the DPH's Clinic Operations or other HIV care providers in San Bernardino County, depending on where the client resides. In order to ensure privacy, the LLU Medical Center offers HIV positive young individual's details regarding the adult care HIV services that are accessible within the county. The client subsequently contacts Clinic Operations to schedule an initial visit. The LLU Medical Center conducts follow-ups on referrals to ensure that patients are connected to appropriate medical care. If the young individuals decide to proceed with treatment at one of the County's DPH HIV clinics, they must sign a *release of information*. The Clinic Operations clinical staff then handles the request to transfer their medical records from the LLU Medical Center. Upon reaching the age of 21, a young person who is HIV positive is enrolled in the Clinic Operations HIV system of care. At this point, they are allocated a Medical Home and a Medical Case Manager. The Medical Case Manager will conduct an initial consultation with the HIV positive adolescents to evaluate their need for support services, as well as to furnish the youth client with details regarding the community options that are accessible. The Medical Case Manager offers targeted recommendations for services based on the individual's need and will thereafter contact the young client within a span of 2 weeks after the original referral to assess the results, identify any obstacles, and together devise a strategy to overcome those obstacles. Within the initial year following transferring treatment from the LLU Medical Center, the Medical Case Manager will conduct quarterly follow-ups with young clients to guarantee their active participation and continued presence in the healthcare system.

5) Health Care Coverage, Benefit Coordination and Third-Party Reimbursement

- ***Plans for outreach and enrollment of RWHAP clients into new health coverage options***

SBCDPH maintains partnerships with local agencies to expand enrollment eligibility for Covered California, the state marketplace, and Medi-Cal. Partnerships with the Transitional Assistance Department (TAD) to place Eligibility Workers on-site at the Hesperia, Ontario, and San Bernardino Health Centers ensure that Medi-Cal eligibility is determined efficiently and promptly. Eligibility Workers enroll patients and provide information, resources, and technical assistance to assure state and federal law compliance.

SBCDPH also collaborates with Maximus, a State vendor, to have an on-site Health Care Options staff member at each of the health centers to offer patients educations regarding the benefits for each health care plan and enroll patients into their preferred plan and primary care provider.

The three sites are Federally Qualified Health Centers (FQHC), which receive supplementary Outreach and Enrollment Assistance funds to help patients navigate the State Marketplace's health insurance options and enrollment process. This Outreach and Enrollment Assistance project's activities are two-pronged: 1) "in reach" with existing FQHC patients, and 2) outreach to non-patients in the target service area to make these individuals aware of the options they are eligible for, determine eligibility for individuals, and assist individuals in navigating enrollment processes.

- ***How are your clients educated about out-of-pocket cost?***

Patients who seek care from DPH are advised of the numerous no-cost programs accessible to them, such as applying for Medi-Cal coverage and ADAP. Patients are also told that any applicable fees are determined by income and family size. The Sliding Fee Scale is posted in all lobbies and shown to patients before services are performed. If a patient requires any special treatments or referrals, they are informed of the potential out-of-pocket costs once the referral is completed.

- ***Health Care Coverage, Benefit Coordination and Third-Party Reimbursement***

In each of Clinic Operation's HIV clinics, an on-site Eligibility Worker (non-Part C funded) serves as a Benefits Counselor. Newly enrolled clients meet with the Eligibility Worker to identify whether federal, state, and local support programs are available to them. This is to ensure that Ryan White is the payer of last resort. These Eligibility Workers check each client for Medi-Cal (California Medicaid), private insurance, Veterans Administration, ADAP, and other benefits. As needed, Eligibility Workers can assist clients in completing applications, resource information, and contact information for easy enrollment. If the client is determined to be eligible for a third-party payer source, that source is designated as the payer of services and is billed for services performed. If a client has a pending application with a third-party payer but requires HIV care (for example, while waiting for a Medi-Cal determination), the client receives medical care, and if the client is found to be eligible for Medi-Cal, the DPH Fiscal Services Section bills Medi-Cal for the retro services rendered.

- ***How program income is collected, tracked, and used to support your HIV program.***

The Office Assistant IIs assigned to the registration area collect program revenue daily. Money collected is submitted to SBCDPH's Fiscal and Administrative Services (FAS) for deposit. Fiscal Specialists (FS) allocate HIV program income to cost centers used by Clinic Operations in the cost accounting system, such as \$200 to 0843- RW Part C. The FAS Program Manager has the authority to administer these accounts. On a monthly basis, the FAS creates Program Revenue reports by Program, giving the amounts of program funds and related object codes to determine the source of

money; for example, \$200 to 0843-RW Part C (8860-Medicaid). Clinic Operations uses revenue from Program Income sources to provide extra HIV primary medical care services to qualified clients.

- ***Your organization's participation or intent to participate in the 340B Drug Pricing Program.***

The San Bernardino County DPH currently participates in the 340(B) Drug Discounting Program to purchase medications at a discount price. The specific Ryan White Part C 340 B ID number is HV00154.

6. Coordination and linkages with Other HIV Programs

Part A: The County of San Bernardino is the Part A Grantee for the Riverside/San Bernardino, California Transitional Grant Area (TGA). For FY 23/24 Part A was awarded \$8,896,327 85% of that goes to services and is contracted to 5 agencies: AIDS Healthcare Foundation (AHF), Desert AIDS Project (DAP), Foothill AIDS Project (FAP), Riverside County and SACHS. The San Bernardino County Clinic Operations Section is not a recipient of Part A funding. The services provided by Clinic Operations are consistent with those supported by Part A, but not duplicative of other providers.

Other RWHAP Providers: AIDS Healthcare Foundation (AHF) is the only primary medical care provider funded by Part A in San Bernardino County. AHF is located in the far west end of San Bernardino County near the populous Los Angeles County border (Attachment 9). There is no overlap between the clients of Clinic Operations and AHF. Further, the DPH Clinic Operations Section is the only provider of HIV primary medical care to operate clinics in each of the three health planning regions of San Bernardino County. *A Letter of Support from the Part A Grantee of Record is attached to this application.*

Part B: The SBC Department of Public Health, Clinic Operations Section is not a recipient of Part B funding. The DPH Ryan White Program receives \$665,286 by means of a *master grant agreement* with the CA State Office of AIDS for administration and Early Intervention Services. The funds are contracted out to: Foothill AIDS Project (FAP) for case management, food, transportation, and Outreach) services; TruEvolution for Outreach services; and Borrego Community Health Foundation for Outreach. Part C refers patients to Part B for supportive services, the services are complimentary and consistent with Part B, and are not duplicative. *A Letter of Support from the Part B Grantee of Record is attached to this application.*

Part C EIS: There are no other Part C-funded programs in San Bernardino County.

CDC HIV Prevention Grant: SBC Department of Public Health, Health Education Section receives CDC Prevention funding in the form of a master grant agreement from the CA Office of AIDS. The HIV Prevention Program focuses on identifying persons living with HIV/AIDS and linking them to care. Targeted populations include MSM, IDU and their sex partners, high risk African American and Latina women, and transgendered/at risk youth for primary prevention. Interventions include: HIV prevention education, linkage to care, retention and re-engagement in care, targeted HIV antibody counseling/testing at Alternative Test Sites, enhanced via a mobile van, In-Home HIV test kit. Hepatitis C screening is also offered to eligible target populations.

The HIV Prevention Team has designed and implemented outreach/HIV antibody counseling and testing programs specific to persons/communities of color, women, adolescents, MSM and IDU. Effective and efficient prevention interventions require positive collaboration with CBOs. The HIV Prevention Team maintains strong partnerships with the Foothill AIDS Project and Rainbow Pride Youth Alliance to offer coordinated outreach into San Bernardino County neighborhoods to offer HIV antibody counseling and testing to target populations that might not otherwise access the DPH.

For newly identified persons with HIV infection, referrals for HIV primary care are provided, including linkage to the SBCDPH's Part C EIS clinics, the Desert AIDS Project/H Street Clinic, AIDS Healthcare Foundation and/or their personal physician. The immediate linkage of the newly identified HIV positive client to primary medical care is important to developing a trusting relationship and removing barriers for those clients that may otherwise delay in seeking treatment and support services.

The SBCDPH also provides Sexually Transmitted Infection (STI) screening and treatment services. HIV Prevention Team outreach staff are well-versed in providing at risk individuals with information about sexually transmitted infections (STI), risk reduction strategies and referrals for STI screening and treatment through Clinic Operations. Staff also provide outreach contacts with referrals to DPH Clinic Operations for other needed services such as tuberculosis screening and treatment; to the Department of Behavioral Health for substance abuse counseling and treatment or mental health counseling; and to CBOs for housing and food assistance.

Prevention Education include Pre-Exposure Prophylaxis (PrEP) information and resources, the basics of HIV transmission, risk reduction counseling, treatment adherence support, partner elicitation services (assistance in disclosing HIV status to partners), and referrals to other available resources.

- ***Describe targeted outreach efforts for specific communities and/or emerging target populations you serve.***

Maintaining a strong presence in the local community, especially working with organizations that target African American and Latino communities is essential for minimizing barriers to care. The DPH's *HIV Prevention Team Outreach and Education Staff* (non-Part C funded) collaborate with several providers targeting communities of color in San Bernardino County. These coordinated efforts have involved the following agencies: Bienestar Human Services, Inc. – targeting the Latinos and MSM; California Department of Corrections Day Reporting Center and County Probation Department – targeting the post-incarcerated; Rainbow Pride Youth Alliance – targeting LGBTQ youth and young adults; and Foothill AIDS Project- targeting African American and Latino PLWH, including MSM among others.

- ***How clients will have access to support services to achieve their HIV medical outcomes.***

Clinic Operations employs a RN/LVN/Care Assistants team structure at each HIV service site to provide -Medical Case Management (and non-medical case management) services for clients. Additionally, non-MCM Services are funded by Part A and provided by Desert AIDS Project, and Foothill AIDS Project; Clinic Operations coordinates with outside social service providers as needed so as not to duplicate services.

- **Translation:** Translation is available through current bilingual staff. Literature is translated into Spanish, and cultural competency training is provided to all staff members to sensitize them to cultural concerns, particularly those associated with Hispanic/Latino/a culture.
- **Transportation:** Transportation is coordinated by the case manager or clinic staff using cab vouchers. *Medical Transportation Services* are provided by the Foothill AIDS Project, a Part A provider.
- ***Other federally funded services in San Bernardino County:*** The County of San Bernardino Department of Public Health receives \$1,773,147 from the United States Department of Health and Human Services, Health Resources and Services Administration to operate four Federally Qualified Health Centers (FQHCs) that provide enhanced health care services in the High Desert and Valley communities of the County.