THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract	Number
20-67	9 A-1

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative Telephone Number	William L. Gilbert (909) 580-6150
·	
Contractor	Children and Families Commission
Contractor Representative	Iffat Quazi
Telephone Number	909-252-4275
Contract Term	August 25, 2020 through June 30, 2024
Original Contract Amount	Revenue
Amendment Amount	110101140
Total Contract Amount	Revenue
Cost Center	

Briefly describe the general nature of the contract: Amendment No. 1 to Funding Agreement No. 20-679 with the Children and Families Commission for San Bernardino County, to increase the funding amount by \$549,349 from \$1,086,537 to \$1,635,886, and to extend the term by one year for a total term of August 25, 2020 through June 30, 2024, retroactively effective as of July 1, 2023.

FOR COUNTY USE ONLY		(1.1)
Approved as to legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
Charles Phan, Deputy County Counsel	<u> </u>	Willfarh K. Gilbert, Director
Date 7/12/2023	Date	pate W/8/14/23

* r					$\neg \bigcirc$)		FOR COM	MISSION USI	ONLY
	New	Vendor Code		SC	Dept.	A			t Number	
	X Change	50000558		50	903	M		HW0	59 A1	
	Cancel Organization					+		Contractor's	License No.	
	Children and Famil	ies Commission						Contractor	2.001100 110.	
CHILDREN	Commission Represe		7	elepho	one			Total Cont	ract Amount	
	Cindy Faulkner, As	sistant Director		386-				\$1,63	35,886	
AND FAMILIES COMMISSION	Revenue X E	incumbered Un	Con encumbered	tract T	ype Other	r:				
FOR	If not encumbered o	r revenue contract ty	pe, provide r	eason:					,	
SAN BERNARDINO COUNTY	Commodity Code 95200	Contract Start Date August 25, 2020		ract Er ie 30,	nd Date 2024	9		ginal Amount 1,086,537	Amendment \$549,3	
		Center		L Acco				nal Order No.	Amou	
STANDARD CONTRACT		009900 Center		30033 L Acco		-		1000731 nal Order No.	\$549,3	49
STANDARD CONTRACT	Cost	Center	"	L ACC	Juni		me	nai Oldei No.		
	Cost	Center	G	L Acco	ount		Inter	nal Order No.	Amou	nt
	Abbreviate	ed Use		Est	imated	Payr	nent 7	Total by Fiscal	Year	
	Early Screening		FY		mount		I/D	FY	Amount	I/D
	Asthma Prev Treatment		23-24	_ \$54	49,349					
	Treatment	- Togram								_
THIS CONTRACT is enter Commission for San Berna							n tl	he Childre	n and Fa	milies
Legal Name (hereinafter called the	e Contractor)									
San Bernardino County										
Department/Division										
Arrowhead Regional Medical Cen	nter									
Address			Pr	ogran	n Addr	ress (if diff	ferent from le	gal address)	:
400 North Pepper Avenue										-
Colton, CA 92324			-							
Phone										
909-387-4866										
Federal ID No.			*							
IT IS HEREBY AGREED AS FO	OLLOWS:		-							

1. Paragraph A. Contract Amount of Section V, FISCAL PROVISIONS, is amended to read as follows:

A. Contract Amount

The maximum amount of reimbursement under this Contract shall not exceed \$1,635,886 for the duration of the Contract term subject to the availability of California Children and Families Trust Fund monies. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof. These funds are divided as follows:

□ FAS
Keyed By

Fiscal Year 2020-21	Ų	362,179	August 25, 2020 throus . June 30, 2021
Fiscal Year 2021-22	\$_	362,179	July 1, 2021 through June 30, 2022
Fiscal Year 2022-23	\$_	362,179	July 1, 2022 through June 30, 2023
Fiscal Year 2023-24	\$	549.349	July 1, 2023 through June 30, 2024

Initial Here

- 2. Paragraph A. of Section VIII, TERM, is amended to read as follows:
 - A. This Contract is effective as of August 25, 2020 and expires June 30, 2024, but may be terminated earlier in accordance with provisions of paragraph below or Section VII of this Contract.

Initial Here

XIII. CONCLUSION

3. This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same agreement. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

continued on next page

ATTACHMENTS

Date

Attachment A - Amended Work Plan for FY23-24

Attachment B - Amended Program Budget for FY23-24

All other terms and conditions of this contract remain in full force and effect.

CHILDREN & FAMILIES COMMISS SAN BERNARDINO COUNTY	SAN BERNARD	INO COUNTY
Authorized Signature	Legal Entity Authorized Signa	aunm Rowe_
Elliot Weinstein M.D. Printed Name	Dawn Rowe Printed Name	
Commission Chair Title	Chair, Board of S	supervisors
7/12/23		AUG 2 2 2023
Dated	Dated	
Official Stamp	By	CERTIFIED THAT A COPY OF MELT HAS BEEN DELIVERED BOARD BELL COUNTY BOARD BENNING COUNTY ARDINO COUNT
Reviewed for Processing Cinety 9 Farm	Approved as to Legal Form	Signature
	Dawn Martin	Karen E. Scott
Cindy Faulkner Assistant Director	Commission Counsel	Executive Director
07/07/2023	1/12/23	07/07/2023
Date	Date	Date

Attachment A		
	Child Health	Direct Services; Supportive Strategies
Contract #: HW059 A1	Strategic Priority Area & Goals:	Investment Area:



Agency Name:	Arrowhead Regional Medical Center	Service Area/s:	Countywide
Program Name:	Asthma Prevention & Treatment Program	Period: July 1,	July 1, 2023 - June 30, 2024

Expectations Supp	Support improved health outcomes for children 0-5 assisting parents/caregivers in navigating & receiving appropriate services for asthma	-5 assisting pa	rents/caregiver	s in navigating & receiving appropri-	ate services for asthma
Outcomes depart	Provide a comprehensive service that reduces absenteeism in schools, provides education to families & reduces utilization in the emergency department relating to asthma illnesses for children 0-5	senteeism in een 0-5	schools, provid	es education to families & reduces u	utilization in the emergency
Objective/	AntivitiviDoconinting	Activity December	(Data entr	Persimmony Verification (Data entry/Report /Upload supporting documents via PDF or Excel)	tion uments via PDF or Excel)
Goal/Measure	Activity/Description	Frequency	Submission Time Frame	Quantitative Data	Qualitative Data
Virtual & in-person asthma screenings (n=800 /FY 23-24)	Determine if children are at risk for asthma	Ongoing	Monthly	Submit # children provided with screenings & aggregated demographic data.	N/A
General asthma education to parents/ caregivers	Provide general asthma education & resources to parents/caregivers	Ongoing	Monthly	Submit # of parents/caregivers provided with asthma education & aggregated demographic data.	N/A
Treatment &/or management are provided to children screened with asthma.	Provide treatment &/or management to children diagnosed with asthma through screenings.	Ongoing	Monthly	Submit # of children provided with asthma treatment/ management	N/A
Specific asthma treatment/management education provided to parents/caregivers	Provide education & resources to parents/caregivers for the treatment & management of asthma & its symptoms.	Ongoing	Monthly	Submit # of parents/caregivers provided with specific asthma treatment/ management education.	N/A
Decreased Emergency Room utilization in the last 6 months	Per each screening at intake, determine ER utilization for symptoms of asthma in the last 6 months.	Ongoing	Monthly	Submit # of children who have re-visited the ER since enrollment in the ARMC program.	N/A
Development of a Family asthma management plan	Per each screening, determine if the family has an asthma management plan in place & develop one with the family during the follow-up appointment.	Ongoing	Monthly	Submit # of families with asthma treatment management plan	N/A
Digital marketing & social media campaigns	Conduct a digital marketing campaign focused on geographic areas where asthma is prevalent.	Ongoing	Quarterly	N/A	 Upload samples of digital marketing, social media campaigns, & advertisements. Narrative reports detailing campaign successes & challenges

- Toman	A	Attachment A
Strategic Priority Area & Goals: Child Health		
Investment Area: Direct Service	Direct Services: Supportive Strategies	

Consequence of the Conference		CONTRACTOR OF THE PROPERTY OF				
ARMC Annual Status	Annual report to cover the progress of	December	Annually	N/A	SoldO	pload annual report
Report	stated outcomes:	2023			cover	covering the progress of
	 reducing absenteeism in schools 				state	stated outcomes & the
	 providing education to families 				sncce	success & challenges.
	reducing utilization in the					
	emergency department relating to					
	asthma illnesses					

Agency Rep Name:	Data Type: Quantitative & Qualitative
Agency Signature:	Reporting Period: Monthly, Quarterly & Due: By the 15th of the following month
	Annually
Date Signed	Fiscal Year: 2023-2024



Program Outline Document 2023-2024

		Cont	ract #: HW059 A1				
Legal Entity:	San Bernardino County						
Dept./Division:	Arrowhead Regional Medical Center						
Project Name:	Asthma Prevention and Treatment Prog	Asthma Prevention and Treatment Program					
Program Site	400 North Pepper Avenue	Client	909-498-6277 /				
Address:	Colton, CA 92324	Referral Phone #	909-213-3341				
CONTACT INFO	ENLANTA CONTROL OF A CONTROL OF THE STATE OF						
	ORITY/ CONTRACT REPRESENTATIVE						
Name:	Dawn Rowe	Title:	Chair, Board of Supervisors				
Address:	385 North Arrowhead Avenue, 5th	Direct	909-387-4855				
	Floor	Phone					
	San Bernardino, CA 92415-0130	_ #:					
E- Mail:	Dawn.Rowe@bos.sbcounty.gov	Fax #:	909-387-3018				
CONTRACT REP	RESENTATIVE						
Name:	Brandy Arthur	Title:	Associate Hospital Administrator- Ambulatory Care				
Address:	400 North Pepper Avenue Colton, CA 92324	Direct Phone	909-580-6145				
		#:					
E- Mail:	arthurb@armc.svbcounty.gov	Fax #:	909-580-6196				
PROGRAM CON	TACT						
Vame:	Mark MacNeill	Title:	Clinical Director				
Address:	400 North Pepper Avenue	Direct	909-219-2209				
	Colton, CA 92324	Phone #:					
E- Mail:	macneillm@armc.sbcounty.gov	Fax #:	909-580-6196				
ISCAL CONTAC							
Vame:	Cecilia Morales	Title:	Accountant				
Address:	400 North Pepper Avenue	Direct	909-580-1190				
	Colton, CA 92324	Phone					
		#:					
-Mail:	MoralesCe@armc.sbcounty.gov	Fax #:	909-580-1190				
ADDITIONAL CO	NTACT (Describe): Choose an item.						
Name:	John Cadavona	Title:	Mobile Clinic Manager				
Address:	400 North Pepper Avenue	Direct	909-580-3202				
	Colton, CA 92324	Phone					
		_ #:					
-Mail	cadavonaj@armc.sbcounty.gov	Fax #:	909-580-3220				

7/6/2023	9:03	AM

TYPE OF AGENCY

Government Agency

Describe:

County

PROGRAM DESCRIPTION

ARMC's Asthma Prevention and Treatment Program conducts asthma screenings to children 0-5 by distributing questionnaires to ARMC Family Health Center, surrounding Federally Qualified Health Centers, the ARMC Pediatric clinic and others across San Bernardino County. Completed questionnaires are reviewed weekly. Positive results prompt phone calls to parents to schedule appointments for further evaluation and treatment. The program also focuses on educating parents and caretakers through general asthma information and personalized education for those with positive screenings.

REGION Countywide

ET Approval: 9/9/2020

STRATI	EGIC	PRIOF	RITY AF	REA &	GOAL

□ Child Health

☐ Quality Early Learning

☐ Family Support

INVESTMENT AREA

□ Direct Services

Systems Level Efforts
Choose an item.

Expectations(s):

Support improved health outcomes for children 0-5 by supporting not only direct treatment services and expansion in capacity, but by also assisting parents/caregivers in navigating and receiving appropriate services.

ASSIGNED ANALYST:

Iffat Quazi

ASSIGNED ACCOUNTANT:

Hope Lowenstein

ASSIGNED EVALUATOR:

Ray Salamat

PROCUREMENT TYPE:

□ Competitive

Sole Source

Fiscal Year	Original Amount	Amendment Amount	Total
2020-2021	\$362,179	\$0	\$362,179
2021-2022	\$362,179	\$0	\$362,179
2022-2023	\$362,179	\$0	\$362,179
2023-2024	\$0	\$549,349	\$549,349
Total			\$1,635,886