

Reminder for FORHP State Offices of Rural Health (SORH), RCORP Behavioral Healthcare Support, and RCORP Medication-Assisted Treatment Access (MAT Access) grantees: Effective September 1, 2023, performance reports (i.e. PIMS) will be submitted in the new Data Collection Platform instead of the EHBs. You will receive an email with a link to the new system before the submission period start date. All other program grantees will continue to submit performance reports in the EHBs.

Application for Federal Assistance SF-424		OMB Approval No. 4040-0004 Expiration Date 11/30/2025
* 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"/> Competing Continuation
* 3. Date Received: 8/10/2023	4. Applicant Identifier: H80CS00657	
* 5.a Federal Entity Identifier: Application #: 220079 Grants.Gov #: GRANT13956841	5.b Federal Award Identifier: H80CS00657	
* 6. Date Received by State:	7. State Application Identifier:	
8. Applicant Information:		
* a. Legal Name * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002748	SAN BERNARDINO, COUNTY OF * c. Organizational UEI: PD18A8XKE7B6	
d. Address:		
* Street1: Street2: * City: County: * State: Province: * Country: * Zip / Postal Code:	351 N. Mountain View, 3rd Floor San Bernardino San Bernardino CA US: United States 92415-0010	
a. Organization 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: Middle Name: Middle Name: Last Name: Suffix: Title: Organizational Affiliation: * Telephone Number: * Email:	Ms. Winfred Kimani Program Manager (909) 458-9461 wkimani@dph.sbcounty.gov	
9. Type of Applicant 1: B: County Government		
Type of Applicant 2:		
Type of Applicant 3:		
* Other (specify):		
* 10. Name of Federal Agency: N/A		
11. Catalog of Federal Domestic Assistance Number: 93,224 CFDA Title: Community Health Centers		
* 12. Funding Opportunity Number: HRSA-24-068 * Title: Service Area Competition		
13. Competition Identification Number: 9195 Title: Service Area Competition		
Areas Affected by Project (Cities, Counties, States, etc.): See Document Attachments		
* 15. Descriptive Title of Applicant's Project: Service Area Competition		
Project Description: See Attachment		
16. Congressional Districts Of:		

Application (Continuation Sheet)

* a. Applicant: CA-33	* b. Program/Project: CA-33
Additional Program/Project Congressional Districts: See Attachment	
17. Proposed Project:	
* a. Start Date: 3/1/2024	* b. End Date: 2/28/2027
18. Estimated Funding (\$):	
* a. Federal	\$2,291,840.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$9,667,030.00
* g. TOTAL	\$11,958,870.00
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 7/7/2023	
<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 Of Any Federal Debt? (If "Yes", provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 218, Section 1001)	
<input checked="" type="checkbox"/> I Agree	
** 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.	
Authorized Representative:	
Prefix:	
Middle Name:	
* Last Name:	Rowe
Suffix:	
* Title:	Chair, Board of Supervisors
* Telephone Number:	909-387-4855
* Email:	Dawn.Rowe@bos.sbcounty.gov
* Signature of Authorized Representative:	
* First Name:	Dawn
Fax Number:	
* Date Signed:	

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-24-068

CFDA(s)

93.224

Applicant Name

SAN BERNARDINO, COUNTY OF

Descriptive Title of Applicant's Project

Service Area Competition

Project Abstract

San Bernardino County (SBC) is the largest county in the State of CA and the contiguous United States, covering over 20,000 square miles. There are 24 cities/towns in SBC and multiple unincorporated communities. Eighty-one percent of the land is outside SBC's jurisdiction; the majority of the non-jurisdiction land is owned/managed by federal agencies. SBC is commonly divided into three distinct areas, including the Valley Region (sometimes divided into East and West Valley), Mountain Region, and Desert Region. The Valley Region contains the majority of SBC's incorporated areas and is the most populous. The Mountain region is primarily comprised of public lands owned and managed by federal and state agencies. The Desert Region is the largest (over 93% of SBC's land area) and includes parts of the Mojave Desert. SBC's population as of the 2020 Census Population Estimates is 2,162,532. The SBC Public Health Department (PHD) operates four Federally Qualified Health Centers (FQHCs) and two School Based Health Centers (SBHCs), with two FQHCs and one SBHC in the Desert and Valley Regions respectively. The first FQHC is located in the city of Adelanto and has been funded since 1994; the second FQHC is located in the city of Hesperia and was added to the Scope of the Project in September 2011. Ontario and San Bernardino FQHCs were added to the Scope of the Project in August 2015 with the New Access Point funding. Apple Valley and Ontario Maple SBHCs were added to the Scope of Project with the 2021 Health Center Program Service Expansion-School-Based Service Sites funding. This application proposes continued access to comprehensive, culturally competent, high quality primary health care services with the Service Area Competition funding. The target population for this application is 743,956 residents living at or below 200% of the Federal Poverty Level (FPL); emphasis is placed on serving the underserved/vulnerable populations of the service area. Major health issue and barriers in the proposed service area include a higher poverty rate than state and national averages; limited access to health care and health insurance coverage; a high prevalence rate of chronic diseases, mental health, substance use disorders; and environmental health issues. This project requests \$2,291,840 in funding to maintain continuity of care to patients already served by the Health Center Program. This includes a collaborative and coordinated delivery system to increase access to preventative and primary care services for underserved/vulnerable populations in the service area. SBPHD has provided quality medical care since 1987 and has the ability to implement the project within 120 days of award to 13,075 unduplicated patients. Funding will also support outreach and enabling services to the target population.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: San Bernardino County Public Health Department

* Street1: 351 N, Mountain View, 3rd floor

Street2:

* City: San Bernardino

County:

* State: California Province:

* Country: United States * ZIP / Postal Code: 92415-0010

UEI: *

Project/ Performance Site Congressional District: 33

Project/Performance Site Location

Organization Name: San Bernardino County Public Health Department

* Street1: 11336 Bartlett Avenue Suite 11

Street2:

* City: Adelanto County:

* State: California Province:

* Country: United States * ZIP / Postal Code: 92301-2025

UEI: *

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: San Bernardino County Public Health Department

* Street1: 16453 Bear Valley Road

Street2:

* City: Hesperia County:

* State: California Province:

* Country: United States * ZIP / Postal Code: 92345-1752

UEI: *

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: San Bernardino County Public Health Department

* Street1: 150 E. Holt Blvd

Street2:

* City: Ontario County:

* State: California Province:

* Country: United States * ZIP / Postal Code: 91761-2107

UEI: *

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: San Bernardino County Public Health Department

* Street1: 606 E. Mill Street

Street2:

* City: San Bernardino County:

* State: California Province:

* Country: United States * ZIP / Postal Code: 92415-0011

UEI: *

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: San Bernardino County Public Health Department

* Street1: 13589 Navajo Road

Street2:

* City: Apple Valley County:

* State: California Province:

* Country: United States * ZIP / Postal Code: 92308-5727

UEI: *

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: San Bernardino County Public Health Department

* Street1: 555 West Maple Street

Street2:

* City: Ontario County:

* State: California Province:

* Country: United States * ZIP / Postal Code: 91762-5734

UEI: *

Project/ Performance Site Congressional District:

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93,224	\$0,00	\$0,00	\$2,291,840,00	\$9,667,030,00	\$11,958,870,00
Total		\$0,00	\$0,00	\$2,291,840,00	\$9,667,030,00	\$11,958,870,00

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$948124,00	\$3514274,00	\$4462398,00
b. Fringe Benefits	\$533225,00	\$1977482,00	\$2510707,00
c. Travel	\$48100,00	\$0,00	\$48100,00
d. Equipment	\$0,00	\$0,00	\$0,00
e. Supplies	\$92937,00	\$41274,00	\$134211,00
f. Contractual	\$244000,00	\$4134000,00	\$4378000,00
g. Construction	\$0,00	\$0,00	\$0,00
h. Other	\$168440,00	\$0,00	\$168440,00
i. Total Direct Charges (sum of a-h)	\$2034826,00	\$9667030,00	\$11701856,00
j. Indirect Charges	\$257014,00	\$0,00	\$257014,00
k. TOTALS (sum of i and j)	\$2291840,00	\$9667030,00	\$11958870,00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Community Health Centers	\$0,00	\$0,00	\$9,667,030,00	\$9,667,030,00
Total	\$0,00	\$0,00	\$9,667,030,00	\$9,667,030,00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$2,291,840,00	\$572,960,00	\$572,960,00	\$572,960,00	\$572,960,00
Non-Federal	\$0,00	\$0,00	\$0,00	\$0,00	\$0,00
Total	\$2,291,840,00	\$572,960,00	\$572,960,00	\$572,960,00	\$572,960,00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Community Health Centers	\$2,291,840,00	\$2,291,840,00	\$0,00	\$0,00
TOTAL	\$2,291,840,00	\$2,291,840,00	\$0,00	\$0,00

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	17,35% applicable to personnel cost (salaries and fringe benefits) The indirect costs include department management, facilities, information technology, fiscal and administrative services.
Remarks	No information added.

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0348-0046
Expiration Date 12/31/2013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1.* Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2.* Status of Federal Action:

- a. bid/offer/application
- b. initial award
- c. post-award

3.* Report Type:

- a. initial filing
- b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known: _____

*Name SAN BERNARDINO, COUNTY OF

*Street 1 351 N. Mountain View, 3rd Floor

Street 2 _____

* City San Bernardino State CA

* Zip 92415-0010 Congressional District, if known: _____

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6.* Federal Department/Agency: <u>U.S Department of Health and Human Services, HRSA</u>	7.* Federal Program Name/Description: <u>Health Center Program</u>
	CFDA Number, if applicable: <u>93.224</u>
8. Federal Action Number, if known: <u>HRSA-24-068</u>	9. Award Amount, if known: <u>\$2,291,840.00</u>

10. a. Name and Address of Lobbying Registrant:

Prefix: _____ * First Name Potomac Partners Middle Name _____

* Last Name Potomac Partners Suffix _____

* Street 1 210 D, Street, SE * Street 2 _____

* City Washington State DC * Zip 20003-1921

b. Individual Performing Services (including address if different from No. 10a)

Prefix: Mr. * First Name Richard Middle Name _____

* Last Name Acalde Suffix _____

* Street 1 210 D St SE Street 2 _____

* City Washington State District of Columbia * Zip 20003-1921

11. Information requested through this form is authorized by title 31 U.S.C., section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature: _____

* Name Prefix: _____ * First Name Dawn Middle Name _____

* Last Name Rowe Suffix _____

Title: Chair, Board of Supervisors Telephone No.: 909-387-4855 Date: _____

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL

Program Specific Form(s) - Review

00220079: SAN BERNARDINO, COUNTY OF		Due Date: 09/20/2023 (Due In: 27 Days)
Announcement Number: HRSA-24-068	Announcement Name: Service Area Competition	Application Type: Competing Continuation
Grant Number: H80CS00657	Target Population: Community Health Centers	

Resources

[View](#)

[FY 2024 SAC User Guide](#) | [Funding Opportunity Announcement](#) | [SAC TA](#)

Form 1A - General Information Worksheet

As of 08/23/2023 06:57:57 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

1. Applicant Information

Applicant Name	SAN BERNARDINO, COUNTY OF
Fiscal Year End Date	February 28/29
Application Type	Competing Continuation
Grant Number	H80CS00657
Business Entity	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input checked="" type="checkbox"/> Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input checked="" type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other If 'Other' please specify:

2. Proposed Service Area

2a. Service Area Designation

Select MUA/MUP (Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces)

[Find an MUA/MUP](#)

Medically Underserved Area (MUA) ID # 07936, 1063153316, 00271, 00344, 00373, 00375, 00393, 00400, 00401, 04010

Medically Underserved Population (MUP) ID # 00316

Medically Underserved Area Application Pending ID #

Medically Underserved Population Application Pending ID #

2b. Service Area Type

Choose Service Area Type

Urban

Rural

Sparsely Populated - Specify population density by providing the number of people per square mile: 0.00

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

How many unduplicated patients are projected to be served by December 31, 2025? (This projection is for calendar year 2025.) 13075

Population Type	UDS / Baseline Value		Projected by December 31, 2025 (January 1 - December 31, 2025)	
	Patients	Visits	Patients	Visits
Total	N/A	N/A	13075	28765
General Underserved Community (Include all patients/visits not reported in the rows below)	N/A	N/A	13075	28765
Migratory and Seasonal Agricultural Workers and Families	N/A	N/A	0	0
Public Housing Residents	N/A	N/A	0	0

People Experiencing Homelessness	N/A	N/A	0	0
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Patients and Visits by Service Type				
Service Type	UDS / Baseline Value		Projected by December 31, 2025 (January 1 - December 31, 2025)	
	Patients	Visits	Patients	Visits
Total Medical Services	N/A	N/A	13075	28765
Total Dental Services	N/A	N/A	800	1545
Behavioral Health Services				
Total Mental Health Services	N/A	N/A	200	300
Total Substance Use Disorder Services	N/A	N/A	100	150
Total Vision Services	N/A	N/A	0	0
Total Enabling Services	N/A	N/A	100	100

Form 1C - Documents On File

As of 08/23/2023 06:57:57 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	05/07/2019	
Procurement procedures.	12/22/2022	
Standards of Conduct/Conflict of Interest policies/procedures.	01/22/2020	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	07/07/2023	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. ¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A.)		[X]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. ² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A.)		[X]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	04/22/2022	

Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	03/28/2022	
Coverage for Medical Emergencies During and After Hours operating procedures.	04/08/2022	
Continuity of Care/Hospital Admitting operating procedures.	03/07/2022	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	02/14/2023	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	03/19/2022	

Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	03/29/2022	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	04/30/2019	[_]
Evidence of Nonprofit or Public Center Status	01/24/2002	

Form 4 - Community Characteristics

As of 08/23/2023 06:57:57 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Race	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Asian	159,917	7.39%	17,161	3.03%
Native Hawaiian	1,549	0.07%	1,138	0.2%
Other Pacific Islander	5,239	0.24%	1,138	0.2%
Black/African American	176,523	8.16%	37,804	6.67%
American Indian/Alaska Native	18,369	0.85%	3,228	0.57%
White	1,212,480	56.07%	227,369	40.14%
More than One Race	202,057	9.34%	91,462	16.15%
Unreported/Chose Not To Disclose Race (if applicable)	386,398	17.87%	187,185	33.04%
Total	2,162,532	100%	566,485	100%

Hispanic or Latino/a Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Hispanic or Latino/a	1,163,038	53.78%	187,185	33.04%
Non-Hispanic or Latino/a	999,494	46.22%	379,300	66.96%
Unreported/Chose Not To Disclose Race (if applicable)	0	0%	0	0%
Total	2,162,532	100%	566,485	100%

Income as a Percent of Poverty Guideline	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
100% and below	315,656	14.6%	315,656	55.72%
101-200%	483,774	22.37%	250,829	44.28%
Over 200%	1,363,102	63.03%	0	0%
Total	2,162,532	100%	566,485	100%

Principal Third Party Medical Insurance	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Medicaid	689,262	31.87%	285,986	50.48%
Medicare	291,627	13.49%	26,247	4.63%
Other Public Insurance	143,921	6.66%	5,996	1.06%
Private Insurance	862,537	39.89%	73,071	12.9%
None/Uninsured	175,185	8.1%	175,185	30.92%
Total	2,162,532	100%	566,485	100%

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Migratory/Seasonal Agricultural Workers and Families	0	0%	0	0%
People Experiencing Homelessness	3,125	0.14%	3,125	0.55%
Residents of Public Housing	24,762	1.15%	0	0%
School Age Children	569,950	26.36%	296,821	52.4%
Veterans	79,714	3.69%	7,173	1.27%
Lesbian, Gay, Bisexual and Transgender	109,000	5.04%	6,540	1.15%
People Living with HIV	4,845	0.22%	1,863	0.33%
Individuals Best Served in a Language Other Than English	545,030	25.2%	258,202	45.58%

Other

0

0%

0

0%

Form 2 - Staffing Profile

As of 08/23/2023 06:57:57 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

▼ Management and Support Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)	0.50	N/A
Finance Director/Chief Financial Officer (CFO)	0.05	NO
Chief Operations Officer (COO)	1.00	NO
Chief Information Officer (CIO)	0.00	NO
Clinical Director/Chief Medical Officer (CMO)	0.20	NO
Other Management and Support Personnel	26.70	NO
▼ Facility and Non-Clinical Support Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Fiscal and Billing Personnel	12.30	NO
IT Personnel	5.10	NO
Facility Personnel	0.00	NO
Patient Support Personnel	43.00	NO
▼ Physicians		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Family Physicians	0.00	NO
General Practitioners	0.00	YES
Internists	0.00	NO
Obstetrician/Gynecologists	0.00	YES
Pediatricians	0.00	YES
Other Specialty Physicians	0.70	NO
▼ Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurse Practitioners	3.40	NO
Physician Assistants	0.80	NO
Certified Nurse Midwives	0.00	NO
▼ Medical Care Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurses	21.60	NO
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides) - Care Assistants	29.70	NO
Laboratory Personnel	1.00	NO
X-Ray Personnel	0.80	NO
▼ Dental		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	2.00	NO
Dental Hygienists	0.00	NO

Dental Therapists	0,00	NO
Other Dental Personnel - Registered Dental Assistants	5,00	NO
▼ Behavioral Health (Mental Health and Substance Use Disorder Services)		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0,00	YES
Licensed Clinical Psychologists	0,00	NO
Licensed Clinical Social Workers	0,00	NO
Other Licensed Mental Health Providers - Clinical Therapists	3.70	NO
Other Mental Health Personnel	0,00	NO
Substance Use Disorder Providers	1,00	NO
▼ Professional Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services Personnel - Nutritionist / Registered Dietitian	1,40	NO
▼ Vision Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0,00	NO
Optometrists	0,00	NO
Other Vision Care Personnel	0,00	NO
▼ Pharmacy Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	0,00	YES
▼ Enabling Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	2,00	NO
Patient and Community Education Specialists	1,90	NO
Outreach Workers	0,00	NO
Transportation Workers	0,00	NO
Eligibility Assistance Workers	1,00	NO
Interpretation Personnel	0,00	YES
Community Health Workers	0,00	NO
Other Enabling Services Personnel	0,00	NO
▼ Other Programs and Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Personnel	2,00	NO
Other Programs and Services Personnel	0,00	NO
▼ Total FTEs		
Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	166,85	N/A

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	6,500	20,471	\$443.00	\$9,068,653.00	\$8,951,684.00
2. Medicare	400	1,008	\$80.00	\$80,640.00	\$76,069.00
3. Other Public	2,700	2,999	\$91.00	\$272,909.00	\$273,718.00
4. Private	175	205	\$99.00	\$20,295.00	\$131,567.00
5. Self Pay	3,300	8,316	\$27.00	\$224,532.00	\$233,992.00
6. Total (Lines 1 to 5)	13075	32999	N/A	\$9,667,029.00	\$9,667,030.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$0.00	\$0.00
9. Local Government	N/A	N/A	N/A	\$0.00	\$0.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$0.00
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$0.00	\$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$0.00	\$0.00
Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	\$9,667,029.00	\$9,667,030.00

Comments/Explanatory Notes (if applicable)

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Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[X]	[X]	[_]
Diagnostic Laboratory	[X]	[X]	[X]
Diagnostic Radiology	[X]	[X]	[X]
Screenings	[X]	[X]	[X]
Coverage for Emergencies During and After Hours	[X]	[X]	[_]
Voluntary Family Planning	[X]	[_]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[X]	[_]
Gynecological Care	[X]	[_]	[_]
Obstetrical Care			
Prenatal Care	[X]	[X]	[_]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[X]
Postpartum Care	[X]	[X]	[_]
Preventive Dental	[X]	[_]	[_]
Pharmaceutical Services	[X]	[X]	[_]
HCH Required Substance Use Disorder Services	[_]	[_]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Case Management	[X]	[_]	[_]
Eligibility Assistance	[X]	[_]	[X]
Health Education	[X]	[_]	[_]
Outreach	[X]	[_]	[_]
Transportation	[_]	[X]	[X]
Translation	[X]	[X]	[X]

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Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	[X]	[_]	[_]
Behavioral Health Services			
Mental Health Services	[X]	[_]	[X]
Substance Use Disorder Services	[X]	[_]	[X]
Optometry	[_]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[_]
Occupational Therapy	[_]	[_]	[_]
Physical Therapy	[_]	[_]	[_]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[X]	[_]	[_]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[X]	[_]	[_]

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Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[_]	[_]	[_]
Psychiatry	[X]	[_]	[X]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[_]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Advanced Diagnostic Radiology	[_]	[_]	[_]

Form 5B - Service Sites

As of 08/23/2023 06:57:57 PM
 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

San Bernardino Health Center (BPS-H80-015568)		Action Status: Picked from Scope	
Site Name	San Bernardino Health Center	Physical Site Address	606 E MILL ST, SAN BERNARDINO, CA 92408-1603
Site Type	Service Delivery Site	Site Phone Number	(909) 383-3001
Web URL	http://www.sbcounty.gov/DPH/PublicHealth/ph_divisions/public_health_clinics/public_health_clinics.asp		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/11/2015	Site Operational By	12/1/2015
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	157853845
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	92374, 92324, 92376, 92335, 92408, 92411, 92410, 92346, 92404, 92313, 92337, 92405, 92354, 92336, 92316, 92373, 92401, 92377, 92359, 92407, 92399
------------------------	---

Hesperia Health Center (BPS-H80-010872)		Action Status: Picked from Scope	
Site Name	Hesperia Health Center	Physical Site Address	16453 Bear Valley Rd, Hesperia, CA 92345-1752
Site Type	Service Delivery Site	Site Phone Number	(800) 722-4777
Web URL	http://www.sbcounty.gov/pubhth/ph_divisions/public_health_clinics/public_health_clinics_victor_valley.htm		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/6/2011	Site Operational By	1/3/2012
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	551129
FQHC Site National Provider Identification (NPI) Number	1861662025	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	92301, 92392, 92345, 92308, 92394, 92344, 92307
------------------------	---

San Bernardino County Department of Public Health – Administration (BPS-H80-014398)		Action Status: Picked from Scope	
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Site Name	San Bernardino County Department of Public Health – Administration	Physical Site Address	351 N MOUNTAIN VIEW AVE, SAN BERNARDINO, CA 92415-0010
Site Type	Administrative	Site Phone Number	(909) 387-9176
Web URL			
Location Type	Permanent	Site Setting	
Date Site was Added to Scope	11/14/2014	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	0
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes

Adelanto Community Health Center - County of San Bernardino (BPS-H80-013438) Action Status: Picked from Scope

Site Name	Adelanto Community Health Center - County of San Bernardino	Physical Site Address	11336 Bartlett Ave, Adelanto, CA 92301-1948
Site Type	Service Delivery Site	Site Phone Number	(760) 956-4422
Web URL	http://www.sbcounty.gov/pubhlth/ph_divisions/public_health_clinics/public_health_clinics.htm		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	11/25/2013	Site Operational By	4/1/2014
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	551157
FQHC Site National Provider Identification (NPI) Number	1285870469	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes 92392, 92301, 92394, 92307, 92308, 92395

Ontario Health Center (BPS-H80-015557) Action Status: Picked from Scope

Site Name	Ontario Health Center	Physical Site Address	150 E. Holt Blvd., Ontario, CA 91762-3822
Site Type	Service Delivery Site	Site Phone Number	(909) 458-9447
Web URL	http://www.sbcounty.gov/DPH/PublicHealth/ph_divisions/public_health_clinics/public_health_clinics.asp		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/11/2015	Site Operational By	12/1/2015
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	1588834451

FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	91737, 91763, 91708, 91786, 91766, 91784, 91709, 91710, 91764, 91762, 92335, 92337, 92336, 91730, 91701, 91761, 91739
------------------------	---

Ontario Maple Head Start (BPS-H80-034980)		Action Status: Picked from Scope	
Site Name	Ontario Maple Head Start	Physical Site Address	555 W Maple St, Ontario, CA 91762-5734
Site Type	Service Delivery Site	Site Phone Number	(909) 984-4117
Web URL	hs.sbcounty.gov/psd		
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	5/1/2022	Site Operational By	7/12/2022
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	8
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	91710, 91764, 91761, 91762
------------------------	----------------------------

Apple Valley Head Start (BPS-H80-035761)		Action Status: Picked from Scope	
Site Name	Apple Valley Head Start	Physical Site Address	13589 Navajo Rd., Apple Valley, CA 92308-5727
Site Type	Service Delivery Site	Site Phone Number	(760) 247-6955
Web URL			
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	10/13/2022	Site Operational By	10/18/2022
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	4
Months of Operation	August, July, June, May, December, November, October, September, April, March, January, February		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes

92308, 92345, 92392, 92301, 92395

Form 5C - Other Activities/Locations

As of 08/23/2023 06:57:57 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Activity/Location Information	
Type of Activity	Other - Other Treatment Referrals
Frequency of Activity	As needed
Description of Activity	Referrals are provided for specialty services such as Nutrition, Medication Assisted Treatment (MAT) and Hepatitis C treatment as needed.
Type of Location(s) where Activity is Conducted	Referrals are issued on site at the San Bernardino County Public Health Department (SBCPHD) Health Centers.
Activity/Location Information	
Type of Activity	Other - Refugee Clinic
Frequency of Activity	Varies
Description of Activity	The San Bernardino County Public Health Department (SBCPHD) Health Centers are working with the State of California, Office of Refugee Health to provide culturally and linguistically-appropriate comprehensive health assessments to newly arrived refugees.
Type of Location(s) where Activity is Conducted	Occurs on site at the San Bernardino County Public Health Department (SBCPHD) Health Centers.
Activity/Location Information	
Type of Activity	Other - Probation Day Reporting Centers
Frequency of Activity	Three days a week
Description of Activity	The Clinic Operations Section that operates four SBCPHD Health Centers updated its Memorandum Of Understanding (MOU) with the San Bernardino County Probation Department Day Reporting Centers (DRCs) to provide access to health care services for post release community supervision population. A health educator is assigned one day a week to the Victorville, Fontana and San Bernardino DRC's to provide one-on-one education and groups sessions to clients post release with the goal of linking them to care for emergent or ongoing health care needs.
Type of Location(s) where Activity is Conducted	Occurs on site at the Victorville, Fontana and San Bernardino Day Reporting Centers
Activity/Location Information	
Type of Activity	Health Fairs
Frequency of Activity	As needed
Description of Activity	Health education staff participate in local health fairs in the community as requested by various organizations.
Type of Location(s) where Activity is Conducted	Varies-Community groups, schools, colleges, universities, and social services agencies
Activity/Location Information	
Type of Activity	Other - Domestic Violence Collaboration
Frequency of Activity	As needed
Description of Activity	The San Bernardino County Public Health Department (SBCPHD) Health Centers collaborate with the Family Assistance Program (FAP) to provide a warm hand-off of patients identified at risk of domestic violence. FAP provides shelter and needed services to help patients transition from an unhealthy environment.
Type of Location(s) where Activity is Conducted	Occurs on site at the San Bernardino County Public Health Department (SBCPHD) Health Centers and Family Assistance Program.
Activity/Location Information	
Type of Activity	Other - Enabling Services

Frequency of Activity	Monday - Friday
Description of Activity	Health center staff provide other enabling services as needed by patients, such as assistance with translation services, transportation, domestic violence referrals, eligibility assistance and where to obtain pertinent documents such as birth certificates.
Type of Location(s) where Activity is Conducted	Occurs on site at the San Bernardino County Public Health Department (SBCPHD) Health Centers.
Activity/Location Information	
Type of Activity	Other - WIC Referrals
Frequency of Activity	As needed
Description of Activity	Some of the San Bernardino County Public Health Department (SBCPHD) Health Centers co-locate with WIC. Both entities coordinate to provide health center services and medical homes to WIC participants.
Type of Location(s) where Activity is Conducted	Occurs on site at the San Bernardino County Public Health Department (SBCPHD) Health Centers
Activity/Location Information	
Type of Activity	Immunizations
Frequency of Activity	Monday – Friday
Description of Activity	Immunizations as required and recommended by the American Academy of Pediatrics and as required for school entry.
Type of Location(s) where Activity is Conducted	Occurs on site at the San Bernardino County Public Health Department (SBCPHD) Health Centers.
Activity/Location Information	
Type of Activity	Other - Reach Out and Read
Frequency of Activity	At every well child visit
Description of Activity	The San Bernardino County Public Health Department Health Centers entered into an agreement with First 5 of San Bernardino to distribute books through the Reach Out and Read (ROAR) program. The program provides books and education about reading at well-child visits to children six (6) months to five (5) years of age. The goal is to promote the benefits of reading and increase literacy in children within the age group of six (6) months to five (5) years.
Type of Location(s) where Activity is Conducted	Occurs on site at the San Bernardino County Public Health Department (SBCPHD) Health Centers
Activity/Location Information	
Type of Activity	Health Education
Frequency of Activity	As needed
Description of Activity	The CHCs will offer health education classes as needed to patients of the CHC. Health topics (ie, diabetes, hypertension, smoking cessation) will be relevant to patient need and interest. Patient data will be evaluated on a quarterly basis to inform selection of the pertinent health topics).
Type of Location(s) where Activity is Conducted	Occurs on site at the San Bernardino County Public Health Department (SBCPHD) Health Centers.
Activity/Location Information	
Type of Activity	Non-Clinical Outreach
Frequency of Activity	Varies
Description of Activity	A health center staff is assigned to engage in outreach and enrollment activities. The O/E worker determines eligibility determination for the Marketplace or Medicaid and provides assistance as needed.
Type of Location(s) where Activity is Conducted	Varies

Form 6A - Current Board Member Characteristics

As of 08/23/2023 06:57:57 PM
 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

List of All Board Member(s)

Name	Current Board Office Position Held	Area of Expertise	10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative
Martha Arguello	Board Member	Consumer of FQHC	No	Yes	Live	No
Beverly Jones Wright	Board Member	Community and Religious affairs	No	No	Live	No
Richel Strydom	Chair	Medical Field Representative	Yes	No	Live, Work	No
LaTonya Carr	Secretary	Consumer of FQHC	No	Yes	Live, Work	No
Jobi Wood	Board Member	Community affairs and Social Services	No	No	Live, Work	No
Lee Do	Board Member	Consumer of FQHC	No	Yes	Live	No
Sergio Flores	Board Member	Consumer of FQHC	No	Yes	Live	No
Marisa Benavidez	Vice Chair	SBC Human Services Representative	No	No	Live, Work	No
Kelly Welty	Treasurer	Local Government and Finance	No	No	Live, Work	No

Patient Board Member(s) Classification

Gender	Number of Patient Board Members
Male	2
Female	7
Unreported/Refused to Report	0
Ethnicity	Number of Patient Board Members
Hispanic or Latino/a	4
Non-Hispanic or Latino/a	5
Unreported/Declined to Report	0
Race	Number of Patient Board Members
Native Hawaiian	0
Other Pacific Islander	0
Asian	1
Black/African American	2
American Indian/Alaska Native	0
White	2
More Than One Race	4
Unreported/Declined to Report	0

If you are a public organization/center, do the board members listed above represent a co-applicant board?

YES NO N/A

Form 6B - Request for Waiver of Board Member Requirements

As of 08/23/2023 06:57:57 PM

Alert:

This form is not applicable to you, since you are currently receiving or applying to receive **Community Health Centers (CHC)** funding and/or you have selected **'Tribal'** or **'Urban Indian'** as the Business Entity in [Form 1A](#).

Form 8 - Health Center Agreements

As of 08/23/2023 06:57:57 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

PART I: Health Center Agreements

1. Does your organization have a parent, affiliate, or subsidiary organization? If Yes , indicate the number of each agreement by type in 1a, 1b, or 1c below and complete Part II. If No, Part II is Not Applicable.	[] Yes [X] No
1a. Number of Parent Organizations	
1b. Number of Affiliate Organizations	
1c. Number of Subsidiary Organizations	
Total Number of Parent, Affiliate, or Subsidiary Organizations	0
2. Do you currently have, or plan to utilize: a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? <i>For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.</i> Or b) Subawards to carry out a portion of the proposed scope of project. <i>The purpose of a subaward is to carry out a portion of the Federal award and creates a Federal assistance relationship with the subrecipient.</i>	[] Yes [X] No
<p>Note(s):</p> <ul style="list-style-type: none"> Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be identified and addressed in this form. The acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work. 	
If Yes , indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If No, Part II is Not Applicable.	
2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project.	_____
2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project.	_____
2c. Total number of contracts for substantive programmatic work and/or subawards.	0

Part II: Attachments
All parent, affiliate or subsidiary agreements, as well as contracts for substantive programmatic work and subawards, including contracts or subawards which involve a parent, affiliate, or subsidiary organization referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit.

Form 12 - Organization Contacts

As of 08/23/2023 06:57:57 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Contact Information

Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Mrs. Melanie Bird Livingston	BS	Melanie.Bird-Livingston@dph.sbcounty.gov	(909) 387-6461
Contact Person	Name	Highest Degree	Email	Phone Number

Program Manager	Ms. Winfred Kimani	MPH	wkimani@dph.sbcounty.gov	(909) 458-9461
Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Dr. Aileen Lo	M.D.	Aileen.Lo@dph.sbcounty.gov	(909) 387-6462
Dental Director	Name	Highest Degree	Email	Phone Number
Dental Director	Dr. Christine Hoang	DDS	Christine.Hoang@dph.sbcounty.gov	(909) 458-9442
Behavioral Health Director	Name	Highest Degree	Email	Phone Number
Behavioral Health Director	Dr. Neal Christopher	M.D.	Neal.Christopher@dph.sbcounty.gov	(909) 458-9465

Summary Page

As of 08/23/2023 06:57:57 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Service Area	
1. What is the Service Area Announcement Table (SAAT) identifying information for the service area that you are proposing to serve?	Service Area ID #: 152
	Service Area City: San Bernardino
	State: California (CA)

Patient Projection	
2. What is the total unduplicated patient projection for calendar year 2025? Note: If changes are required, revisit Form 1A	13075
3. What is the Patient Target from the Service Area Announcement Table (SAAT) for the proposed service area?	13075
4. Percent of the service area Patient Target proposed to be served in calendar year 2025. Note: This value must be at least 75 percent for the application to be considered eligible for funding.	100.00%
5. <input checked="" type="checkbox"/> By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A (see item 2 above), HRSA will track progress made toward the additional patient projections for any other funding awarded within my period of performance that can be monitored by December 31, 2025 (i.e., patient commitments from awarded applications, if any).	

Federal Request for Health Center Program Funding

6. I am requesting the following types of Health Center funding:

Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	\$2,291,840.00
Health Care for the Homeless – HCH-330(h)	\$0.00
Migrant Health Centers – MHC-330(g)	\$0.00
Public Housing Primary Care – PHPC-330(i)	\$0.00
Total	\$2,291,840.00

Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table (SAAT) for the service area. If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent in item 4 above), this figure should be lower than the value in the SAAT. See the Summary of Funding section of the NOFO for details.

Scope of Project: Sites and Services

7. I am proposing the following site(s): (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

8. Sites Certification (New and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one option below

By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.

By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one option below

By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it accurately reflects all sites included in my current approved scope of project.
 By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it requires changes that I have submitted through the change in scope process.

11. 120 Day Compliance Achievement Plan Certification

By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and by the due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.

12. Uniform Data System (UDS) Report Certification

By checking this box, I certify that I have reviewed the [UDS Resources](#), including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.

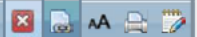
13. Applicants for HCH and PHPC Funding: Supplement and Not Supplant Certification (New and competing supplement applicants only)

Not Applicable. My organization is submitting a competing continuation application, or submitting a new or competing supplement application, but the organization is NOT requesting HCH and/or PHPC funding on the SF-424A.

By checking this box, I certify that my organization will utilize HCH and/or PHPC grant funding to supplement and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.

Describe, with specific examples, how you will utilize the requested federal funds to add new or expand existing services to individuals experiencing homelessness and/or residents of public housing within your service area, as well as how this is an increase or expansion of the services your organization was providing previously for these populations. (maximum 1,000 characters)

Close Window



INTRODUCTION

This application for Service Area Competition (SAC) funding for the San Bernardino County Public Health Department (SBCPHD) is being submitted for its four Federally Qualified Health Centers (FQHCs) and two School Based Health Centers (SBHCs) in the cities of Adelanto, Apple Valley, and Hesperia (Desert Region) and San Bernardino and Ontario (East and West Valley Regions) of San Bernardino County. Since 1994, the SBCPHD has long operated the Westside Park School Based Health Center as a Section 330 Grantee. In April 2014, the health center relocated from Westside Park Elementary School to a larger, more accessible facility on Bartlett Avenue in Adelanto. The Hesperia Health Center, which opened as a SBCPHD clinic in 1992, was added to the grant's scope in July 2011 (approved September 2011). The Ontario and San Bernardino Health Center were added to the grant's scope in August 2015 through a New Access Point (NAP) application. Apple Valley and Ontario Maple SBHCs were added to the Scope of Project with the 2021 Health Center Program Service Expansion-School-Based Service Sites funding. The four FQHCs and two SBHCs have expanded access to comprehensive, culturally competent, quality primary health care services for communities and vulnerable populations currently served by the Health Center Program. This SAC application is a request for federal financial assistance to continue support of comprehensive primary health care services in a service area currently served by a Health Center Program grantee whose project period is ending February 29, 2024.

NEED

*1) Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including: a) the service area boundaries. b) If it is located in an Opportunity Zone (if applicable). c) If you are a **competing continuation applicant**: How you annually review and, if necessary, update your service area based on where patients reside. Such updates should be consistent with data reported in the Uniform Data System (UDS) (e.g., service area zip codes listed on Form 5B: Service Sites represent those where 75 percent of current patients reside).*

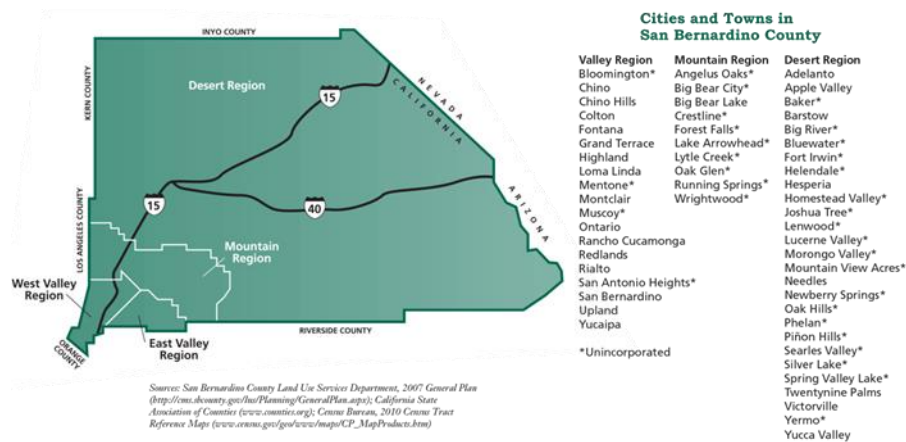
The target population for this Service Area Competition application is the medically underserved, under and uninsured persons living at or below 200% federal poverty level within the HRSA-identified service area map. The County has designated census tracts that have been identified as Opportunity Zones.¹ An Opportunity Zone is an economically distressed community where new investments, under certain conditions, may be eligible for preferential tax treatment. Localities qualify as Opportunity Zones if they have been nominated for that designation by the state and that nomination has been certified by the Secretary of the U.S. Treasury via his delegation of authority to the Internal Revenue Service. The County population as of the 2020 Census was 2,162,532 with 743, 956 people living at or below 200% of Federal Poverty Guidelines (FPG), the target population for this application.

San Bernardino County is located in southeastern California, with Inyo and Tulare Counties to the north, Kern and Los Angeles Counties to the west, and Orange and Riverside Counties to the south. The county is bordered on the east by the states of Nevada and Arizona. (Figure 1) The county's diverse geography and extensive natural resources as well as its proximity to major economic and population centers provides unique opportunities for varied industry sectors; including commerce, education, tourism and recreation. Eighty-one percent of the land is outside the governing control of the County Board of Supervisors or local jurisdictions; the majority of the non-jurisdictional land is owned and managed by federal agencies. The

¹ Opportunity Zones (<https://www.irs.gov/newsroom/opportunity-zones-frequently-asked-questions>) accessed 6/29/23.

county is commonly divided into three distinct areas, including the Valley Region (sometimes divided into East and West Valley), Mountain Region, and Desert Region. The Valley Region contains the majority of the county’s incorporated areas and is the most populous region. The Mountain Region is primarily comprised of public lands owned and managed by federal and state agencies. The Desert Region is the largest region (over 93% of the County’s land area) and includes parts of the Mojave Desert.

Figure 1



The local population is ethnically diverse and cultural competency is critical to reducing health disparities and improving access to high-quality health care. The service area’s racial and ethnic makeup largely includes White, Hispanic/Latino, African American, and Multiracial individuals. The largest ethnic group reported is Hispanic: fifty-four percent (54%) of service area residents are Hispanic/Latino (of any race). Among the remaining non-Hispanic/Latino residents, 28% are White, 8% are Black or African American, 7% are Asian, and 3% report two or more races. Less than one percent of residents are American Indian/Alaska Native (0.3%), Native Hawaiian/Pacific Islander (0.3%) and some other race (0.2%).²

Across San Bernardino County as a whole, the population currently maintains a noteworthy burden of chronic disease. The adult age adjusted diabetes prevalence is 11.2%, proportion of adults reporting a diagnosis of high blood pressure is 29.0%, and the death rate due to heart disease was 65.2 age adjusted deaths per 100,000 residents. The statistics are alarming for those in need of mental health services as 26,506 low-income residents of San Bernardino County were estimated to have a serious mental illness and needed mental health services in 2019/20.³ Premature death is a measure of healthiness of a community. For individuals under the age of 75, San Bernardino County’s rate of premature death is 7,724 per 100,000 compared to California’s rate of 5,679 per 100,000.⁴

As a competing continuation applicant, SBCPHD updates the service area zip codes during the annual completion of the UDS Report. The zip codes supported in this application are identified in the FY 2024

² US Census Bureau, American Community Survey 5-Year Estimates Data Profiles 2020, Table DP05

³ California Health Interview Survey 2021

⁴ County Rankings Roadmap 2023

SAC Service Area Announcement Tables (SAAT) and are defined from the delivery of service at the identified Service Sites (Form 5B).

2) Describe your process for assessing the needs of the service area/target population need, including a) how often you conduct or update the needs assessment. b) How you use the results to inform and improve service delivery.

Wellness is a key element of the San Bernardino Countywide Vision⁵ because it directly links to the quality of life, productivity, and prosperity of its communities. Wellness begins from the start when mothers receive prenatal care and have positive birth outcomes. It then transitions as children enter school healthy, learn about and practice healthy lifestyles, and are ready for successful careers. Wellness ensures a thriving workforce for healthier businesses, a reduction in health care costs, increased productivity, and a stronger economy. In 2013, the County's Department of Public Health (DPH) developed the Community Vital Signs Report⁶ to drive discussions at the community level, and future alignment of strategies and resources in order to achieve Wellness in San Bernardino County. Achieving this Vision required all sectors to understand that they are both interrelated and interdependent and call for innovative ways of thinking in order to achieve wellness in various communities. DPH engaged more than 1,000 stakeholders, including business professionals, healthcare workers, educators, public safety officers, nonprofit leaders, and others, to come together to analyze the county's health trends and to establish priority targets that needed to be taken to achieve shared wellness goals. In 2015, DPH published the Community Transformation Plan⁷ as a continuation of the San Bernardino County's Community Vital Signs Initiative. The plan offered a common understanding of key health issues SBC residents faced and how factors like the economy, education, safety, and health issues affect one another. The Community Transformation Plan included collective goals, indicators to measure success, and potential cross-cutting strategies and policy recommendations for addressing the health priority areas of: (1) Education, (2) Economy, (3) Access to Health and Wellness (includes: Access to Healthcare, Behavioral Health, and Healthy Behaviors), and (4) Safety (includes: Community Safety and School Safety) in a strategic manner. The DPH Community Vital Signs 2013 Final Report and the Community Transformation Plan, both assisted to drive the creation of the SBCDPH Strategic Plan 2015-2022.⁸ The Strategic Plan lays out the goals and objectives for the department for the next seven years. This plan provides a roadmap for the future and is intended to be a living document to spur innovation and drive alignment. In 2023, DPH initiated the process of engaging residents, stakeholders, and organizations to create the Community Health Improvement Plan (CHIP). CHIP will be used to drive the DPH strategic plan and efforts to improve health outcomes in the County. The Community Health Center Governing Board (CHCGB) uses the Strategic Plan to align with the County efforts to improve health outcomes, as a guide to increase quality service delivery and transform the County as a healthier place to live, work, learn and play.

c) Using the most recently available data (cite data sources where applicable), for the service area and, if applicable:

- *Factors associated with access to care and health care utilization (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment).*

⁵ San Bernardino Countywide vision (<http://cms.sbcounty.gov/cao-vision/Home.aspx>) assessed 6/29/23.

⁶ San Bernardino County: Our Community Vital Signs 2013 final report

⁷ San Bernardino County Community Transformation Plan 2015-2020

⁸ San Bernardino County Department of Public Health Strategic Plan 2015-2022

An effective public transit system is essential for individuals who cannot afford, are unable, or choose not to drive a car. Having both rail and bus service is important for meeting diverse transit needs, with rail serving mostly longer-distance commuters and buses serving mostly local commuters. San Bernardino County has five bus transit providers: San Bernardino Valley (Omnitrans), Victor Valley (Victor Valley date Transit Authority), and rural areas (City of Needles Area Transit, Morongo Basin Transit Authority, and Mountain Areas Regional Transit Authority), that all offer bus service coverage to over 90% of the county's population. In 2019/20, there were 11,364,228 bus passenger boarding's, a one-year decrease of 16%. The sharp decline of bus passenger boarding was primarily due to the pandemic. Transit use is significantly impacted by the sheer size of the county and the distance between destinations within the county, which may result in lengthy transit trips. In 2019/20, ridership on all Metrolink lines having at least one station serving San Bernardino County totaled 2.4 million riders, a 21% decline from the previous year. This was largely impacted by commuters transitioning to working at home due to the pandemic. Prior to the pandemic, commuter rail system and bus transit were steadily increasing in ridership, but growth was halted by the pandemic.⁹ Taxi service is available to patients, but it is cost prohibitive. The health centers collaborate with Van-Connect, a local transportation program, that provides services to older adults and disabled individuals who cannot easily use other methods of transportation in the high desert region. Private auto remains the most frequent method of travel, which requires patients without cars to depend on neighbors, friends, and relatives to transport them.

Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide.¹⁰ The unemployment rate is calculated as the percentage of population ages 16 and older who are unemployed but are seeking work. The unemployment rate for San Bernardino in 2020 is nearly half compared to the rate in 2010 (16.2% vs. 7.3%). Although the unemployment rate for San Bernardino has been its lowest since 2010, it is still significantly higher compared to the California (6.2%) and US (5.4%) rates. Although unemployment has decreased, the individual person income in San Bernardino County is \$38,919 dollars compared to California's individual income median of \$50,894 dollars.¹¹

Poverty can result in negative health consequences for all ages, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. While negative health effects resulting from poverty are present at all ages, children in poverty experience greater morbidity and mortality due to an increased risk of accidental injury and lack of health care access. Children's risk of poor health outcomes and premature mortality may also be increased due to poor educational achievement which is also associated with poverty. Tracking the poverty rate assists communities with targeting interventions such as health insurance and supplemental food programs, which can lessen the negative impact of poverty.

Of the greater than 2 million residents in San Bernardino County, 13.2% of the population are living below 200% of Federal Poverty Guidelines in 2020. Census poverty data indicates that in 2020, 16.9% of children in San Bernardino County under the age of 18 were living in poverty; 11.7% adults were living in poverty

⁹ San Bernardino County Transportation Authority

¹⁰ County health rankings and roadmaps 2023

¹¹U.S. Census Bureau, American Community Survey 5-Year Estimates 2020

in the same period; and among seniors ages 65 and older poverty increased, from 8.7% in 2008 to 12.6% in 2020. Within the service area, residents in the cities of San Bernardino and Hesperia had the highest rate of families living in poverty (18.8%), while Rancho Cucamonga in 2017 had reported the lowest rate (5.3%), the rate since then doubled in 2020 (12.1%). The city of Chino Hills reported the lowest rate of families living in poverty (7.2%) which is still higher than lowest rate reported in 2017.¹²

The relationship between educational attainment and health outcomes has been well documented. Children's health is also related to educational attainment; children who are in poor health have a harder time focusing in class and miss more school days. They are more likely to fall behind in their studies, have lower test scores, and lower educational attainment. Beyond the personal benefits of increased educational attainment, the education level of residents is evidence of the quality and diversity of the labor pool – an important factor for businesses looking to locate or expand in the region. Educational attainment is measured by tracking the high school graduation rate and the proportion of residents over age 25 with a high school diploma or bachelor's degree. In 2021, the San Bernardino County high school graduation rate was 82%, which falls below the statewide rate of 84% and respectively 89% nationwide. Chronic absenteeism has increased in San Bernardino County from 12.1% in 2016/17 to 13.3% in 2018/19, surpassing the statewide rate of 12.0%. Absenteeism has significant implications in the student's educational growth, physical, mental, and oral health. While the county is known for its large number of colleges and universities, and in fact as a destination for higher education, only a small percentage of local residents go on for a Bachelor's degree or higher, 23% of the County achieved this level of education compared to 36% in the State and 35% of the population in U.S.¹³

Additional types of health factors that influence the health of the county are health behaviors; clinical care; physical environment; and social and economic factors. The county ranks 40 out of 58 counties in health factors in the 2023 County Health Rankings. According to the data, 9% of San Bernardino County residents were uninsured compared to United States (10%) and California (8%). Other health indicators that represent health disparities include lack of access to primary care providers (1,680:1 in SBC vs. 1,230:1 in CA) and dental providers (1330:1 in SBC vs 1,100: 1 in CA); food insecurity, obesity, smoking, and late entry into prenatal care. Furthermore, this population accessed less prevention and screening services including mammography (24% San Bernardino County compared to 30% in CA and 37% in the US) and flu vaccination (31% San Bernardino County compared to 46% in CA and 51% in the US). These rates are below the State of California and the National rates.¹⁴

• *Most significant causes of morbidity and mortality (e.g., diabetes, cardiovascular disease, cancer, low birth weight, substance use disorder) as well as any associated health disparities.*

The target population currently maintains a noteworthy burden of chronic disease. The adult age adjusted diabetes prevalence is 11.2% vs. 10.8% in CA, the proportion of adults reporting a diagnosis of high blood pressure is 29.0% vs. 26.8% in CA, and 35.8% of adults have been told they are obese, which in turn can contribute to the alarming rates of diabetes and high blood pressure diagnosis.¹⁵ The statistics are alarming for those in need of mental health services, documenting 26,506 low-income adults who have a mental

¹² U.S. Census Bureau, American Community Survey, 1-Year Estimates (<http://factfinder2.census.gov>)

¹³ San Bernardino County Community Indicators Report 2020

¹⁴ 2023 County Health Rankings

¹⁵ California Health Interview Survey 2021

health condition are not receiving treatment.¹⁶ Chronic disease patients make up a majority of healthcare utilization and drive the cost per patient higher for unmanaged chronic disease and unintended hospitalizations. Premature death is a similar measure of healthiness of a community. For individuals under the age of 75, San Bernardino County's rate of premature death is 7,724 per 100,000 compared to 7,282 nationally and 5,679 in California. Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, reflects the County Health Rankings' intent to focus attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. In San Bernardino County, African Americans have the highest rate of premature death (12,400 per 100,000 population) compared to Whites (9,000) and Hispanic (6,700). This mortality rate could be as a result of decreased educational levels and a decrease in personal resources, the awareness of health problems, knowledge of causes and risk factors, and capacity to access medical care may greatly decrease these levels. African Americans and Hispanics are less likely to practice preventive health behaviors such as obtaining mammograms (26% White; 23% Black and 19% Hispanic) or flu vaccinations (35% White; 25% Hispanic and 21% Black).

Low birthweight (LBW) is defined as the percentage of live births with a birthweight <2500 grams. This represents multiple factors: infant current and future morbidity, as well as premature mortality risk, and maternal exposure to health risks. The health consequences of low birthweight are numerous. California's rate of LBW infants is 7% according to the 2023 County Health Rankings. The National Benchmark for this socioeconomic determinant is 6%. San Bernardino County ranks at 8% with African Americans/Blacks having the highest LBW rate at 12%; Whites (7%) and Hispanic (7%) respectively.¹⁷ In San Bernardino County, 12.0% of all births entered prenatal care after the first trimester. Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. In San Bernardino County, 1 in 9 infants were born to a woman receiving inadequate prenatal care. Out of those mothers who do access early prenatal care, Asian mothers have the highest rate of access to care (85.3%), followed by White mothers (84.4%), Hispanic mothers (81.9%) and African American mothers (77.4%). A distinct disparity occurs in this area considering that the majority of births are to Hispanic mothers.¹⁸

A broad spectrum of public health and safety problems are directly linked to substance use disorder (SUD) this includes addiction, traffic accidents, domestic violence, crime, unintended pregnancy, and serious conditions such as cancer, liver disease, HIV/AIDS, and birth defects. Youth who engage in drinking and substance use early are more likely to develop alcohol dependence later in life and are more likely to experience changes in brain development that may have life-long effects, such as problems with memory and normal growth and development. In 2019/20, there was a 103% increase in opiate admissions and 18% increase in alcohol within one year. SUD-related hospital admissions for methamphetamines (1,816), opiates (2,987), alcohol (1,116), cannabis (591), cocaine (84) and other drugs (42) were reported for the same year.¹⁹

¹⁶ San Bernardino County Community Indicators Report 2020

¹⁷ 2023 County Health Rankings

¹⁸ March of Dimes Peristats 2021

¹⁹ County of San Bernardino, Department of Behavioral Health, CalOMS Dataset

According to the San Bernardino Opioid Snapshot: 2019-Q1 to 2022-Q3, there were 354 deaths due to all opioid-related overdoses in 2021, this is the most recent calendar year of data available. African Americans have the highest rate of all opioid age-adjusted death rates by race/ethnicity. There were 966,931 prescriptions for opioids in San Bernardino in 2021, excluding buprenorphine. The annual prescribing rate during that period was 439.5 per 1,000 residents. This represents a 17% decrease in prescribing from 2017. Buprenorphine prescriptions in the county are used to gauge the expansion of medication-assisted treatment (MAT). The annual buprenorphine prescribing rate in 2021 increased from 2017 from 7.1 to 10.74 per 1,000 residents. This represents a 62% increase in buprenorphine prescribing from 2019²⁰

• *Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (e.g., social risk factors, the physical environment, cultural/ethnic factors, language needs, housing status).*

Cultural competency is critical to reducing health disparities and improving access to high-quality health care; health care that is respectful of and responsive to the needs of diverse patients. When developed and implemented as a framework, cultural competence enables systems, agencies, and groups of professionals to function effectively to understand the needs of groups accessing health information and health care.²¹

The local population is ethnically diverse, with higher proportions of African Americans and Hispanic/Latinos than California as a whole, and has comparable levels of household income, poverty, and high school educational attainment. San Bernardino's racial and ethnic makeup largely includes White, Hispanic/Latino, African American/Black, and Multiracial individuals. Approximately 56.5% of the service area population reported being of Hispanic ethnicity (of any race).²² This diversity provides a wide background of native language, cultural beliefs, and attitudes toward healthcare.

African Americans have usually been found to rate their health less positively than other Americans and have more functional disabilities. Morbidity and mortality rates are higher among African American elders than in the general population because of decreased educational levels, decreases in personal resources, the awareness of health problems, little to no knowledge of causes and risk factors, and the capacity to access medical care. Cultural differences regarding diet and exercise may combine to predispose individuals to some of these conditions. For African Americans, these conditions include hypertension, coronary artery disease, stroke, end stage renal disease, dementia, diabetes, and certain cancers. African American elders are less likely to practice preventive health behaviors such as obtaining breast or prostate cancer screening. On the other hand, health providers are less likely to offer some of these services to African American elders than they are to their Caucasian counterparts. Religion plays a major role in determining the health beliefs and behaviors of African American elders. Quality of life and life satisfaction are enriched by increased frequency of contact with friends and the availability of family help.²³

The increase in San Bernardino's Hispanic/Latino population is of particular importance. Health care providers may encounter cultural and language barriers, especially with newly immigrated Hispanic/Latino residents in areas where there have previously been fewer Hispanic/Latinos. There are few bilingual health professionals and even fewer resources in some communities that are experiencing this type of growth. Research consistently finds that patients treated by a physician of similar culture and ethnicity have better

²⁰ California Department of Public Health: Overdose Surveillance Dashboard

²¹ National Institutes of Health statement on the importance of cultural competency in health care

²² Form 4

²³ Information on African American cultural beliefs and practices from <http://www.stanford.edu/group/ethnoger/african.html>

clinical outcomes and greater satisfaction but in California just 3% of physicians are African American and only 4% are Hispanic/Latino.

San Bernardino County residents face barriers due to linguistic isolation. Forty-four percent of the population speaks a language other than English at home.²⁴ This is almost double the U.S. rate of 22%. Thirty-six percent (36%) or one-third of the population speaks Spanish at home. Limited English proficiency often leads to lower socio-economic status, lower education levels, and disparities in health status. Spanish only speakers may feel uncomfortable or be unable to share their specific concerns with a non-Spanish speaking staff person. Parents often use their children who speak English to translate for them, this jeopardizes their willingness to talk about health issues that they may find embarrassing. Trust and satisfaction in health care experiences decreases for individuals who do not speak the language of non-physician staff.²⁵

Housing insecurity in San Bernardino County is tracked by the demand for rental assistance and public housing; the number of public-school students who are homeless or have insecure housing arrangements; and the point-in-time homeless count.²⁶ Due to high demand and low supply, most residents seeking a rent subsidy from their local Housing Authority can expect wait many years before the opportunity arises. In 2020, approximately 9,466 households were receiving a rental voucher with over 57,141 households waiting for rental assistance.²⁷ This deficient is as a result of higher need for affordable housing than available supply. In the 2019/20 school year, 30,270 San Bernardino County K-12 students were identified as homeless or lacking secure housing, representing 7.0% of total enrollment. Among homeless and housing insecure students, 91% (27,643) were living doubled- or tripled-up in a home due to economic hardship, 4% (1,300) living in motels, 2% (719) living in shelters, and 2% (608) living unsheltered in cars, parks, or campgrounds.²⁸

3) Describe how the COVID-19 public health emergency impacted service area/target population need.

It is clear that San Bernardino County residents, employees and service providers were tested in new ways and learned to adapt in extraordinary circumstances. Since the onset of the novel coronavirus disease 2019 (COVID-19) in March 2020, the county provided updated guidance on self-isolation, facial coverings, testing, vaccines, and treatment. This allowed distribution of information and resources to reduce morbidity and mortality of COVID-19 in the service area. Several lessons were learnt along the way to build an infrastructure of resilience to respond to the next global pandemic. As on July 31, 2023 710,387 COVID cases were reported in SBC and of those 15,532 were health care workers. The reported ethnicity breakdown is as follows: Hispanic/Latino (24.5%); Non-Hispanic/Latino (38.2%) and Unknown (37.3%). At present, 8,174 deaths have been reported including 37 deaths among health care workers. In comparison, the state of California reported 102,977 deaths for the same reporting period.²⁹ Staying up to date on COVID-19 vaccination and boosters remains the most important strategy to prevent serious illness and death. To date,

²⁴ U.S. Census Bureau, 2021 American Community Survey, 1-Year Estimates, S1601

²⁵ Barr, D. and Wanat, S. Listening to Patients: Cultural and linguistic barriers to care. Stanford Family Physicians' Clinical Research and Methods. Vol. 37, No.3 pg. 199

²⁶ Community Indicator Report, 2020

²⁷ Housing Authority of the County of San Bernardino and Needles Housing Authority.

²⁸ California Department of Education, according to information provided by school districts on their Local Education Agency Reporting Form Title 1, Part A and Homeless Education Consolidated Application (2009/10-2015/16); San Bernardino County Superintendent of Schools (2016/17-2019/20)

²⁹ [SBC CDS COVID-19 SitRep 2023JUL26.pdf](#) (8/21/2023)

1,119,670 of residents are reported as fully vaccinated, 207,971 partially vaccinated and 179, 640 not vaccinated. Though the local county emergency was lifted on March 1st, 2023 the county continues the California’s SMARTER plan that focuses on individual, smarter actions that will collectively yield better outcomes for communities throughout the state.

The response of San Bernardino County Public Health Department (SBCPHD) Health Centers to the COVID-19 pandemic was rooted in resiliency and perseverance. The health centers never closed even though they experienced significant changes related to their operations in providing comprehensive primary care, while keeping patients and staff healthy. For the period between March 18, 2020 to June 8, 2020 the health centers offered essential services only. This included primary care services, some pediatric services, and maternal health/obstetric services. Medically Assisted Treatment (MAT) and Behavioral Health patients, including clinical therapy visits, were reviewed, and managed by phone, unless the provider determined that a face-to-face meeting was needed. This also applied to primary care/pediatric patients and HIV/TB patients. In addition, most reproductive health services were suspended at that time. Providing essential services only, allowed the health centers to repurpose clinical space and reassign personnel for COVID-19 testing, limiting exposure of health center patients. The Chief Medical Officer (CMO) and Clinical Director (CD) developed workflows following Centers for Disease Control and Prevention (CDC), state and local recommendations for screening, testing and infection control. Staff were trained and provided weekly updates to ensure readiness with responding to the pandemic. The SBCPHD health centers expanded their operations to seventy-five (75) percent on June 8, 2020 to increase access to health center services. Patients had the option of receiving services through face to face, telehealth, and telephonic visits. The SBCPHD Health Centers resumed full scope services (100%) as of October 1, 2020.

RESPONSE

1) Describe how you will provide access to all required and additional services (consistent with Form 5A: Services Provided), including how you address health care access and utilization barriers (e.g., geography, transportation, unemployment, income level, educational attainment) and other factors that impact health status (e.g., language barriers, food insecurity, housing insecurity, financial strain, lack of transportation, neighborhood and the built environment, environmental issues/changes, intimate partner violence, human trafficking).

The San Bernardino County Public Health Department (SBCPHD) will provide comprehensive primary care services consistent with Form 5A at the following existing single free standing site locations (Form 5B): Adelanto Health Center at 11336 Bartlett Avenue Suite 11, Adelanto, CA 92301; Hesperia Health Center at 16453 Bear Valley Road, Hesperia, CA 92345; San Bernardino Health Center at 606 E. Mill Street, San Bernardino, CA 92415; Ontario Health Center at 150 E. Holt Blvd, Ontario, CA 91761; Apple Valley School Based Health Center at 13589 Navajo Road, Apple Valley, CA 92308; and Ontario Maple School Based Health Center at 555 W. Maple Street, Ontario, CA 91762. Required and additional services will be provided through Column I: Direct Services; Column III: Formal Written Agreements and Column III: Formal Written Referral Arrangement. Patients will access services via self-referral, managed care, and referral from other local providers. SBCPHD arranges for a full complement of Form 5A services as follows:

General primary medical care services provided at the SBCPHD health centers are comprehensive and address prevention as well as acute and chronic conditions. Services are provided through Column I and Column II. Formal written arrangements are through the California University of Science and Medicine

(Attachment 7). Services include assessment, diagnosis, screening, education and treatment, referrals, and follow-up.

Diagnostic laboratory services are screening and diagnostic tests ordered by health center providers to provide information for the assessment of health center patients. They include specimen collection, processing, and interpretation of results. Most Clinical Laboratory Improvement Amendments (CLIA) waived tests are conducted on-site (Column I) with the balance of lab tests referred to either Quest or Public Health Laboratory (Column II) and Lab Corp (Column III).

Diagnostic radiology services are the processing and interpreting of radiologic images to guide the health center provider's subsequent care and/or treatment of a patient. These includes x-rays ordered and taken on site (Column I) and sent for reading and interpretation to Arrowhead Radiology Medical Group (Column II). All other types of advanced diagnostic radiology (e.g., CT, MRI, diagnostic mammogram, advanced ultrasound, advanced imaging or nuclear medicine) are provided through Column III.

Screenings are services performed based on identified risk factors in the patient population and/or communities to evaluate, treat, and educate a health center patient. These services include all of the following: cancer (breast, cervix and colorectal); communicable diseases (TB, HIV, Hepatitis B and C), cholesterol and blood lead at the Health Centers (Column I and II), and all other advanced screenings, mammography, fecal occult blood testing, sigmoidoscopy, and colonoscopy are provided off site through (Column III).

Coverage for Emergencies During and After Hours: The SBCPHD health center patients have access to 24 hour, seven days a week medical services through the health centers. The health center provides services during regular business hours (Column I) that meet the needs of the target population. Professional coverage when the Health Centers are closed, on weekends and holidays, is managed by Carenet, an after-hours nurse advice line (Column II).

Voluntary Family Planning services include counseling on available reproductive options consistent with federal, state, local laws, and regulations. This consists of management/treatment and procedures for a patient's chosen method, e.g., placement of long-acting reversible contraception (LARC). Services are provided through Column I at the health centers. All four FQHCs are Family Planning, Access, Care, and Treatment (FPACT) Providers and assist men and women with family planning services that include: all FDA approved contraceptive methods and supplies, family planning counseling and education, sexually transmitted infection (STIs) testing & treatment, HIV screening, cervical cancer screening, male and female permanent contraception, and limited infertility services. FPACT is an income eligible program.

Immunizations services provided through Column I, are the provision of age-appropriate preventive vaccines, travel vaccines, and any other immunizations recommended by federal, state or local authorities to address an outbreak. SBCPHD is part of a statewide, internet-based system to track immunization records of California's children and adults. The California Immunization Registry (CAIR) database consolidates immunization records from multiple providers into one comprehensive record system to avoid duplication of services.

Well-Child Services are age-appropriate preventive care and treatment for newborns through adolescents. SBCPHD performs these services on-site through SBCPHD providers (Column I) and Loma Linda University Faculty Medical Group (Column II). Services include regular/periodic physical exams and

measurements; appropriate screenings and tests to assess vision, hearing, oral health, growth and development, and immunization status; and health education and counseling.

Gynecological Care services are the regular preventive assessment and appropriate treatment of conditions or disorders of the female reproductive system (with the exception of obstetrical services). These services are provided on-site through SBCPHD providers (Column I). They include pelvic and breast exams, cervical cancer screening, and the review of menstrual and reproductive history and gynecological symptoms. At the four FQHCs, the Cancer Detection Program/Every Woman Counts (EWC) program, provides free clinical breast exams, mammograms, pelvic exams, and pap tests to California's underserved women.

Obstetrical Care services are the clinical assessment, management/treatment and coordination of services and referrals for the mother and fetus to maximize the outcome of the pregnancy. Such services extend from the mother's diagnosis of pregnancy through the approximately six-week period following the delivery and can be divided into three components: Prenatal; Intrapartum (labor & delivery); and Postpartum. SBCPHD provides prenatal and postpartum services through Column I and Column II (Desert Valley Medical Group) at the Hesperia Health Center. Intrapartum care is provided through Column III for all service sites.

Preventive Dental services prevent diseases of the oral cavity and related structures. These services include: basic dental screenings and recommendations for preventive intervention; oral hygiene instruction and related oral health education; oral prophylaxis and topical application of fluoride varnish; application of sealants, and diagnostic screening for caries and periodontal disease through the use of dental x-rays. Services are currently provided at three FQHCs by the staff dentist and dental assistants (Column I). SBCPHD is in the process of establishing a service contract with The Friendly Flosser, a Registered Dental Hygienist in Alternative Practice (RDHAP), to render preventative oral health services at the SBHCs.

Pharmaceutical services provide access to prescribed medications. SBCPHD dispenses and tracks disease prevention and treatment medications on-site (Column I). As a 340B entity, SBCPHD is able to purchase medications at a reduced cost. To ensure compliance with the 340B program, SBCPHD has contracted pharmacy services from Comprehensive Pharmacy Services (Column II) for the management of the health center's pharmacy program. Access to the Pharmacy Assistance Program (PAP) is available to patients who are referred to pharmacies with low-cost prescription plans like Walmart, Target, Rite Aid and CVS.

Case Management services are the coordination of support and enabling services to meet the ongoing needs of a patient. Nursing and support staff conduct assessments of factors affecting the patient's health (e.g., medical, social, housing, or educational) and apply the needed counseling and referrals to address identified needs and periodic follow-up of services.

Eligibility Assistance services are support to health center patients to establish eligibility for and gain access to appropriate federal, state, and local programs that provide or financially support the provision of medical, social, educational, housing, or other related services. The health center registration staff evaluate patients for eligibility of services (Column I), in addition SBCPHD has established partnerships with the Transitional Assistance Department (TAD) to place Eligibility Workers on-site at the Hesperia, Ontario and San Bernardino Health Centers to ensure Medi-Cal eligibility is determined accurately and timely.

Health Education services are designed to help individuals improve their health. SBCPHD provides primary prevention and/or targeted education on self-managed care and other health promoting behaviors for patients with identified risk factors or conditions (e.g., tobacco cessation, diabetes, hypertension etc.).

Services provided also include education with high-risk HIV patients on risk reduction; prevention with positives, including treatment education and partner counseling; and referral services.

Outreach services are a broad range of culturally and linguistically appropriate activities focused on recruiting and retaining patients from the target population/service area. SBCPHD staff collaborate with local agencies to promote awareness of the health center’s services and support entry into care.

Transportation services enable patients to have access to health center services when transportation would otherwise be a barrier to care. To reduce geographical/transportation barriers, SBCPHD staff will make arrangements for taxi services (Column I), but this is cost prohibitive. The health centers collaborate with Van-Connect, a local transportation program, which provides services to older adults and disabled individuals who cannot easily use other methods of transportation in the high desert region. In addition, SBCPHD will coordinate transportation provided by health plans to their assigned managed care patients (Column III).

Translation services make care linguistically accessible and culturally responsive for individuals with limited English proficiency and/or a disability impacting communication. SBCPHD has at least one bilingual/multilingual staff member on duty during all hours of clinic operation. As with all of SBCPHD’s service delivery locations, literature and signage are translated into Spanish, and cultural competency training is provided to all staff members to sensitize them to cultural concerns of Hispanic patients. SBCPHD also contracts with the Asian American Educational and Cultural Resource Center (Column II) for oral, written, and sign-language services. These services are coordinated by the health center staff as the patient’s needs arise. SBCPHD will coordinate translations services provided by health plans to their assigned managed care patients (Column III).

Behavioral health services encompass a wide array of services that address mental health, substance abuse and opioid use. SBCPHD uses the collaborative care model to coordinate behavioral health services for health center patients. This includes Screening, Brief Intervention, and Referral to Treatment (SBIRT) to support universal screening of all patients. Patients who test positive for the screening tools will be evaluated by their Primary Care Provider (PCP) for treatment, and an ongoing care plan that will address the patient’s comorbid physical, mental health and/or substance use/abuse disorders. The PCP will consult with the Psychiatrist as needed to support the treatment plan. Patients in need of counseling services will be referred to the Clinical Therapist. Patients are referred to the County’s Department of Behavioral Health for substance abuse treatment, specialty care, after hours and involuntary/emergency psychiatric services. Patients needing immediate treatment are referred to the Community Crisis Response Team, which provides both mental health and substance abuse services.

Nutrition services prevent and treat diseases and conditions through nutritional assessment, diagnosis, and treatment. SBCPHD has hired a Registered Nutritionist to provide medical nutrition therapy, nutrition education and counseling, and other interventions to enhance knowledge and impact behaviors related to healthy eating, nutrition, and health. WIC-clinics are co-located at the Hesperia, Ontario and San Bernardino Health Centers to help coordinate food and community resources for families, pregnant women, new mothers, infants and young children which allows access to healthy foods, nutrition education and community resources at no cost, to stay well and active.

2) Describe how the proposed service delivery sites on Form 5B: Service Sites assure the availability and accessibility of services (consistent with Form 5A: Services Provided) within the proposed service area relative to where the target population lives and works and address any access barriers.

The SBCPHD health center patients have access to 24 hour, seven days a week medical services through the health centers. The health center providers provide services during regular business hours that meet the needs of the target population. The Adelanto Health Center is open Monday through Friday, and the hours of operation are from: 8:00AM – 5:00PM. The Hesperia Health Center is open Monday through Friday, and the hours of operation are from: 8:00AM – 5:00PM with extended hours of operation for primary care on Wednesdays until 8:00PM. The Ontario Health Center is open Monday through Friday, and the hours of operation are from 8:00AM – 5:00PM. The San Bernardino Health Center is open Monday through Friday, and the hours of operation are from 8:00AM –5:00PM, with extended hours for HIV primary care on Mondays until 7:00PM. Apple Valley is open every Tuesday from 8AM-12PM and Ontario Maple is open every Thursday from 8AM-12PM. Apple Valey and Ontario Maple school based service sites are both located a few miles from the Hesperia and Ontario health centers respectively, to ensure access of care when the sites are closed.

Professional coverage when the Health Centers are closed, on weekends and holidays, is managed by Carenet, an after-hours Nurse Advice Line. The toll-free phone line, 1-(800)-722-4777 provides patients with direct access to a licensed triage person including RNs, NPs, and PAs. By calling the Nurse Advice Line, patients are able to receive assistance with access to urgent or emergency services from the assigned Primary Care Physician (PCP), an on-call physician, or licensed triage personnel. Licensed triage personnel use appropriate protocols and sound medical judgment in determining the disposition of the patient (e.g., refer to Urgent Care or the Emergency Department). When a patient accesses service through the Nurse Advice Line, the patient's Provider Office will receive a emailed copy of the encounter including the patient's medical situation and the disposition of the call. Patients who are assigned to a Managed Care Agency; Inland Empire Health Plan (IEHP) and HealthNet also have access to a toll-free 24-hour nurse advice line phone number listed on the patient's ID card.

SBCPHD has entered into formal arrangements with five hospitals: Arrowhead Regional Medical Center (ARMC); Pomona Valley Hospital Medical Center; Desert Valley Hospital; St. Mary's Medical Center and San Antonio Regional Hospital in order to coordinate care for health center patients who receive treatment at the hospitals.

3) Describe how you will educate patients on insurance, inform them of third-party coverage options available to them, and provide enrollment assistance.

The main goal of the Affordable Care Act (ACA) was to extend health coverage to many of the 42 million nonelderly uninsured individuals across the country, including many of the 5.8 million who lived in California. The ACA was to accomplish this through insurance market reforms and by establishing new coverage pathways, including expanding Medicaid and providing premium subsidies to most individuals with incomes from 100 to 400% FPL to purchase coverage on the Health Insurance Marketplace. California expanded Medi-Cal to cover nearly all nonelderly adults with incomes at or below 138% FPL (\$16,242 per year for an individual and \$27,724 for a family of three in 2015) and established its own marketplace, called Covered California.

Under federal law, undocumented immigrants remain ineligible to enroll in federally funded full Medi-Cal coverage. However, California has taken several actions to expand eligibility for immigrants. Senate Bill 75 "Medi-Cal Expansion for Undocumented Children" was enacted in May 2016. This bill expanded full-

scope Medi-Cal benefits to children under 19 years of age regardless of immigration status. Starting January 1, 2024 a new California law will allow adults 26-49 to qualify for full-scope Medi-Cal regardless of immigration status. Following the Older Adult expansion in 2019 to adults of 50 years or older regardless of immigration status. California estimates 235,000 low-income undocumented Californians will become eligible under the new policy.³⁰ Depending on your employer's insurance coverage, income, family size and the amount you'd have to spend for out of pocket for coverage allows you to qualify for subsidies under Covered California.

SBCPHD has established partnerships with local agencies to increase enrollment eligibility through 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 assures Medi-Cal eligibility is determined accurately and timely. The Eligibility Workers enroll patients, provide guidance and technical assistance to ensure compliance with state and federal laws. Partnerships with Health Care Option and Community Health Association Inland Southern Region allow health center/clinics in the service area outreach, education and share resources and provide support especially during Covered CA open enrollment period.

The Community Health Centers (CHC) have supplemental Outreach and Enrollment Assistance funds to assist individuals to understand the new health insurance option available through the Marketplaces and to assist with the enrollment process to ensure optimal penetration into the target service area. Activities under this Outreach and Enrollment Assistance project is two-pronged: 1) "in reach" with existing CHC patients and 2) outreach to non-patients in the target service area to make these individuals aware of options they are eligible for, determine eligibility for individuals, and provide assistance to individuals in navigating the enrollment processes.

4) Describe how you address continuity of care, including: a) Hospital admitting privileges. b) Health center receipt, follow-up, and recording of medical information from non-health center providers/entities. c) Health center staff follow-up for patients who are hospitalized or visit a hospital's emergency department. SBCPHD Health Centers have entered into formal agreements with five local hospitals: Arrowhead Regional Medical Center (ARMC); Pomona Valley Hospital Medical Center; Desert Valley Hospital; St. Mary's Medical Center and San Antonio Regional Hospital in the service area for the purposes of inpatient hospital admissions and/or hospital emergency department (ED) visits for Health Center patients. Each Institution agrees on the terms and conditions of their Memorandum of Understanding (MOU) to collaborate and cooperate with the respective Federally Qualified Health Center (FQHC) in order to coordinate care for FQHC patients who receive evaluation and treatment at the respective hospital.

When an FQHC patient is admitted to one of the five local hospitals. The hospitals are required to notify the respective Health Center (Adelanto, Hesperia, Ontario, and San Bernardino) of such admission in writing and no later than 48 business hours after admission. Each Admission Notice must include date of admission, diagnosis (es) and location of patient. Each Institution agrees to use good faith efforts to collaborate with the other by exchanging information about the FQHC patient for the purpose of providing a smooth transition following the patient's discharge from the Hospital. The Health Centers will contact the

³⁰ California Department of Health Care Services "Age 26-49 Adult Full Scope Medi-Cal Expansion" and "Older Adult Expansion"

patient for follow-up care within 24 business hours of receiving the hospital discharge summary or the Emergency Department (ED) visit notes.

Managed care health center patients receive continuous and comprehensive services within their respective health plans. When a health center assigned patient is admitted/discharged to/from the hospital, the managed care plan notifies the health center of such admission/discharge. This includes any follow-up information that is needed. The health centers will then notify patients, obtain any necessary medical records, and arrange for any needed follow-up care within 72 hours.

The SBCPHD health centers are in the process of entering an agreement with Manifest MedEx, an electronic exchange network that allows exchange of patient health records throughout the State of California. The platform removes silos within the healthcare systems allowing secure exchange of real-time information between hospitals, health plans and physicians reducing costs, providing better patient experience and improving health outcomes.

5) Describe how the sliding fee discount program (SFDP) policies a) apply uniformly to all patients and address. b) Definitions of income and family. c) They align with the current Federal Poverty Guidelines (FPG). d) Assessment of all patients for sliding fee discount eligibility based only on income and family size, including methods for making such assessments. e) Manner in which the sliding fee discount schedule is structured in order to ensure that patient charges are adjusted based on ability to pay (consistent with Attachment 10: Sliding Fee Discount Schedule). f) If you have a nominal charge for patients with incomes at or below 100 percent of the Federal Poverty Guidelines whether the nominal charge: (1) is flat, (2) is set at a level that is nominal from the perspective of the patient, and (3) does not reflect the actual cost of the service being provided. State if you do not have nominal charges.

SBCPHD health centers adhere to the Federal Poverty Level (FPL) Guidelines Family Size by Monthly Income Schedule of Discounts (SOD) when determining if patients receive a discount based on the FPL. Patient discounts are based on family income and household size. Individuals who are uninsured or underinsured, and whose family size and income qualify under the FPL guidelines, as defined by the U.S. Department of Health and Human Services, are eligible for sliding fee discounts for services provided by the San Bernardino County Federally Qualified Health Centers (FQHCs), School Based Health Centers (SBHCs) and Health Clinics.

This policy also covers third-party insurance who are underinsured or have a high deductible to ensure that patients who are eligible for sliding fee discounts and who have third-party coverage are charged no more for any out-of-pocket costs (e.g., deductibles, co-pays, and services not covered by the plan) than they would have paid under the applicable SFDS discount pay class.

All patients presenting in the DPH FQHCs, SBHCs and clinics for care will be assessed for a discounted fee per visit. (*Attachment 10: Sliding Fee Discount Schedule*). The sliding fee scale is updated annually to reflect any changes in the Federal Poverty Level guidelines. The policies and procedures are in place to assist staff in using the sliding fee discount schedule(s)

SBCPHD patients assessed with incomes at or below 100 percent (0%-100%) of the Federal Poverty Guidelines are charged a nominal fee of \$10.00. This is a flat rate, approved by the Community Health Center Governing Board in June 2016. The fee was established from the perspective of the patient and does not reflect the actual cost of the services being provided. Nominal fee is only charged when patients are not

responsible for a percentile (10%-100%) to pay. Policies/procedures are in place to support the patient's inability and refusal to pay. SBCPHD patients are not denied services based on their ability to pay.

6) Describe how the number of unduplicated patients projected to be served in calendar year 2025, as documented on Form 1A: General Information Worksheet. b) patients that you project for each service type and documented in Form 1A in alignment with the services currently provided in the service area. Include how these projections took into consideration recent or potential changes in the local health care landscape and resulting impacts to patient health (e.g., after-effects of the COVID-19 public health emergency, potential changes in insurance coverage), organizational structure, and/or workforce. SBCPHD Health Centers propose to serve 13075 unduplicated patients identified in the Patient Target in the Service Area Announcement Table (SAAT). The health centers will provide medical, dental, enabling, mental health and substance abuse services to Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP) identified in the service area (Attachment 1: Service Area Map and Table).

San Bernardino County is a large and diverse county, which affects the local health care landscape. As the population grows different trends are identified about the well-being and quality of life in the County. In terms of relative growth, the proportion of the San Bernardino County population made up of residents ages 65 and older is projected to grow from 12% of the population in 2020 to 18% by 2045. In addition, Latino residents are projected to increase to 58% of the total population by 2045. The growth has come from a combination of natural increase and migration. Health insurance coverage is primarily from Medi-Cal, a health care program for certain low-income populations, has seen significant increases in San Bernardino County since the roll out of the Affordable Care Act, but is currently experiencing decreased the number of uninsured residents from 20.6 % in 2010 to 9.1% in 2019³¹ Beginning January 1, 2024 a new law in California will allow adults ages 26 through 49 to qualify for full-scope Medi-Cal regardless of immigration status. All other Medi-Cal eligibility rules, including income limits, will still apply. This latest expansion modelled after the Young Adult expansion (2016) and the Older Adult expansion (2019) brings California closer to a Health California for All.

The mission of SBCPHD is to provide quality primary health care to the uninsured, the underinsured, and to all those in need of services. Serving the target population in the San Bernardino service area since 1987, SBCPHD has demonstrated high quality, effective and efficient care for the underserved. SBCPHD operates four Federally Qualified Health Centers (FQHCs) and two School Based Health Centers (SBHCs), two FQHCs and one SBHC in the Desert Region and the Valley Region, respectively. To meet the patient targets identified in the SAAT, SBCPHD has implemented strategies to withstand potential changes in the health care landscape, including future public health emergencies and workforce shortages. In CY 2023, the Hesperia Health Center retrofitted some of the clinic workspace to create three negative pressure rooms. The negative pressure rooms will allow patients with airborne infectious diseases such as COVID-19 or Tuberculosis (TB) to be isolated and treated to reduce communal spread of disease. In CY 2024 and 2025, SBCPHD will move San Bernardino Health Center and Adelanto Health Center respectively to new locations to accommodate patient increase and expand services. Health centers, especially public entities, have always been challenged with hiring and retaining clinical support staff and this was exacerbated by the COVID-19 pandemic. Workforce challenges are constantly reviewed by key management staff to ensure adequate support of the organizational structure. Temporary staff are used to augment the staffing shortages,

³¹ San Bernardino County Community Indicators Report 2020

to avoid a reduction in services. SBCPHD is exploring strategies such as clinical ladders, creating a pathway to grow our own health center leaders, and partnerships with training programs to create a sustainable pipeline of clinical staff.

COLLABORATION

1) Describe efforts to collaborate with other providers or programs in the service area (consistent with Attachment 1: Service Area Map and Table), including local hospitals, specialty providers, and social service organizations (including those that serve special populations) to provide access to services not available through the health center, to support: a) Continuity of care across community providers. b) Access to other health or community services that impact the patient population. c) A reduction in the non-urgent use of hospital emergency departments

SBCPHD health centers have Memorandums of Understanding (MOUs) or Business Associate Agreements with five local hospitals: Arrowhead Regional Medical Center (ARMC); Pomona Valley Hospital Medical Center; Desert Valley Hospital; St. Mary's Medical Center and San Antonio Regional Hospital in the service area for the purposes of inpatient hospital admissions and/or hospital emergency department (ED) visits for health center patients.

ARMC, the County only public hospital, provides 60 different specialty services and an array of preventive programs designed to ensure optimum health for children and adults. SBCPHD health centers have a contract with Desert Valley Medical Group to provide Obstetrics/Gynecological Physician Services on site at the Hesperia Health Center 16 hours per week for prenatal, intrapartum, and postpartum services.

SBCPHD health centers collaborate with other county departments/programs to ensure coordination of services not available through the health center. Transitional Assistance Department (TAD) provides onsite eligibility workers at three health center locations to provide guidance, technical assistance and enroll patients in Medi-Cal services. Women, Infant and Children (WIC)-clinics are co-located at the Ontario and San Bernardino Health Centers assist pregnant women, new mothers, infants and young children access nutrition education and food supplement. The Children and Families Commission for San Bernardino County (First 5) pays for books to be distributed during well-child visits to promote early literacy and school readiness in pediatric exam rooms. Ryan White Part B program provides linkage to care and support services to HIV positive persons not in care or marginally in care. The HIV Prevention Program provides outreach, education, and rapid testing to hard-to-reach population. The Communicable Disease Section provides Communicable Disease Investigators embedded at the health centers to manage patient referrals and follow-up for certain communicable diseases. The Department of Behavioral Health (DPH) provides Tier I & II (mild & moderate) and Tier III (specialty) mental health services; substance abuse treatment and care; and crisis intervention services 24/7. Partnership with the County of San Bernardino Probation Department allows new parolees to be enrolled timely in health care in an effort to provide continuity of care.

SBCPHD health centers have formed multi-disciplinary partnerships with public, private, and nonprofit organizations working to increase prevention and wellness among individuals and families who face a variety of economic, social, and language barriers in the service area. The health centers collaborated with the Ontario City Library and American Heart Association to increase community awareness about Healthy Heart. Teamed up with the Family Assistance Program (local non-profit) to create policies and procedures to incorporate a trauma informed, culturally appropriate response to domestic violence within the health

centers. Foothill AIDS Project provides HIV support services to HIV+ patients who reside in San Bernardino County.

2) Describe and document in Attachment 9: Collaboration Documentation efforts to coordinate and integrate your activities with other federally funded, as well as state and local health services delivery projects and programs serving similar patient populations in the service area (consistent with Attachment 1: Service Area Map and Table)

SBCPHD requested Letters of Support (Attachment 9) from Health Center Program (HCP) grantees that service clients in the San Bernardino service area which include Pomona Community Health Center dba ParkTree Community Health Center; Social Action Community (SAC) Health Systems; Health Services Alliance; Unicare Community Health Center; and Community Health Systems with just 16.57% penetration into the low-income populace in the service area, there is a need for a joined effort to serve this at-risk population. Not all CEOs of the Health Center Program (HCP) grantees have responded at the time of submission of this Service Area Completion application on behalf of SBCPHD to HRSA. SBCPHD will continue its ongoing collaboration to identify more efficient and cost-effective mechanisms to deliver quality care. All of the aforementioned health center CEOs are board members of the Community Health Association, Inland Southern Region (CHAISR) as is SBCPHD. This association provides an arena for open dialogue and planning related to health services in the area.

Letters of support were also requested from local hospitals: Arrowhead Regional Medical Center (ARMC) and Desert Valley; community-based organizations (Foothill AIDS Project and Family Assistance Program); county departments (Public Health, Behavioral Health, Preschool Services, Superintendent of Schools, and First 5).

3) Describe your efforts to collaborate and ensure that health center services are coordinated with, and complement, any services provided by each of the following entities that provide services in the area: a) Social service agencies. b) Critical Access Hospitals. c) Rural Health Clinics. d) Health Departments. e) Home Visiting Programs. f) State and Local Tuberculosis Programs. g) Clinics supported by the Indian Health Service. h) Community-based organizations (organizations funded under the Ryan White HIV/AIDS Program, Aging and Disability Resource Centers).

SBCPHD health centers collaborates with several social service agencies such as the Ontario Access Center to provide services such as bus passes, housing resources, and how to apply for vital documents such as birth certificates, social security cards, California ID, and public benefits. Chino Neighborhood House provides food, clothing, baby supplies, hygiene products and household supplies to needy families and individuals in the services area. Family Assistance Program provides shelter services and transitional housing for victims of domestic violence, a youth drop-in center and an anti-human trafficking program.

Critical Access Hospitals (CAHs) are hospitals with a maximum of 25 beds that are located in a rural area over 35 miles from another hospital. Bear Valley Community Hospital in Big Bear Lake and Colorado River Medical Center in Needles complement the services offered at the Big Bear and Needles Clinic respectively.

To qualify to be as a Rural Health Clinic (RHC), a clinic must be located in a non-urban rural area that has been identified as having a health care shortage. Provide outpatient primary care and lab services and employ at least one mid-level provider (nurse practitioner, physician assistant or certified nurse midwife) to see patients at least 50% of the time when the clinic is open. Running Springs Rural Health Clinic in

Running Springs operates a primary care clinic that supplements the reproductive health services provided at the SBCPHD operated Big Bear Clinic.

San Bernardino County Public Health Department (SBCPHD) is the current grantee and only public health department serving the service area.

The Childhood Lead Poisoning Prevention Program (CLPPP) provides community education to increase awareness of the potential danger of children's exposure to lead, along with home environmental screenings, public health nurse case management and monitoring child health providers to ensure lead testing in high-risk children. The CLPPP program provides the health centers with patient education materials and patients tested and identified with high lead levels are referred to the program for case management services.

SBCPHD runs the local Tuberculosis (TB) Control Program in the service area. The program performs disease detection, surveillance, case management, and investigatory activities designed to control the incidence of TB in the County. In addition, they provide TB information and educational resources to the medical community and general public. The TB control program in collaboration with the San Bernardino Health Center ran a TB clinic every Tuesday.

The Riverside-San Bernardino Indian Health Organization advocates on behalf of American Indians through the delivery of quality health care services, which honor spiritual and cultural values. San Manuel Indian Health Clinic is located in Grand Terrace is in close proximity to the San Bernardino Health Center which offers an opportunity for coordination and collaboration of services.

The San Bernardino County Department of Public Health administers Ryan White (RW) Part A dollars for the Riverside/San Bernardino, CA Transitional Grant Area (TGA), but the SBCPHD health centers do not receive Part A funds. The San Bernardino County DPH receives RW Part B funding 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 community-based organizations such as Foothill AIDS Project (FAP) for support and outreach services. Ontario, Hesperia, and San Bernardino health centers receive funding from RW Part C to support HIV clinical services. SBCPHD health centers participate in the Inland Empire HIV Planning Council to support implementation of HIV services in the service area.

EVALUATIVE MEASURES

1) Describe how the health center's QI/QA program addresses: a) Adherence to current clinical guidelines and standards of care in the provision of services. b) Identification and analysis of patient safety and adverse events, including implementation of follow-up actions, as necessary. c) Assessment of patient satisfaction. d) Completion of QI/QA assessments using data from patient records to inform modifications to the provision of services. e) Oversight of and decision-making regarding the provision of services by key management staff and the governing board.

SBCPHD health centers have an established Quality Improvement/Quality Assurance (QI/QA) Program to improve clinical performance and patient safety/satisfaction; maintain/monitor the confidentiality, privacy, and security of patient records, and be in compliance with State and Federal regulations. The Chief Medical Officer (CMO) oversees the QI/QA program ensuring the implementation of board-approved QI/QA operating policies and procedures; monitoring outcomes and updating operating procedures as needed. SBCPHD health centers ensure that physicians and other licensed health care professionals will provide patients seen in the health centers with health care that meets current clinical guidelines and standards of

care/practice. Licensed staff are required to obtain and maintain their credentials and privileges with the specialty board and follow current, applicable evidence-based clinical standards of care, and standards of practice as outlined by their professional society/organization and national clinical guidelines. The health centers participate in both internal and external QI/QA assessments/ audits to ensure compliance with State and Federal regulations; identify patient safety and adverse events; and the implementation of related follow-up action.

To ensure the quality of the patient's experience, SBCPHD health centers developed a patient visit survey for patients to rate their experience. A complaint and grievance policy and procedure is also in place to address and mitigate any customer service concerns. Patients can file a written or verbal complaint regarding the quality of care received. Health center staff use active listening and are responsive to customer concerns and medical care needs of its patients. Annually the health centers conduct a patient satisfaction survey to evaluate the quality of care provided; assess patterns of health service quality and utilization; evaluate availability, accessibility, and acceptability of health center services; and calculate costs for health center operations. The outcomes inform and support internal decision-making and oversight by the health centers key management staff and by the Community Health Center Governing Board (CHCGB).

2) Describe how your electronic health record (EHR) system will a) Protect the confidentiality of patient information and safeguard it, consistent with federal and state requirements. b) Facilitate the monitoring of program performance and improvement of patient outcomes. c) Track social risk factors that impact patient and population health.

SBCPHD health centers use Athena Health as its Electronic Medical Record (EMR) and Practice Management (PM) system. Athena Health has a fully integrated EMR and PM system designed to help SBCPHD enhance clinical and financial productivity of its ambulatory practice. The system previously known as Centricity Practice Solution merged with Athena Health in 2019. The health centers also use Dentrix Practice Management system to track and manage dental services.

The certified E.H.R systems have a built-in reporting system that enable more accurate reporting on the Uniform Data Systems (UDS) and other Health Center Program reporting requirements. This assists key management staff and the Community Health Center Governing Board (CHCGB) make decisions related to clinical and financial quality improvement issues. Both the QI/QA Committee and the CHCGB meet monthly for the purpose of improving health center services. The QI/QA committee members identify clinical/financial performance measures for quality improvement and assurance. The responsible parties create Charters with achievable objectives to address the clinical/financial performance. The Charters report monthly to the QI/QA committee regarding progress of their Charters. The Chief Medical Officer (CMO) provides QI/QA Charter updates to the CHCGB quarterly. At the end of each calendar year, the CMO creates the QI/QA Annual Charter Report addressing the outcomes, contributing factors, and restricting factors of the Charters. The report is presented to the CHCGB with recommendation for new and continuing Charters. The Safety and Grievance Report and the Peer Review Report are also presented quarterly and annually to the QI/QA committee and CHCGB.

To protect the confidentiality of patient information and safeguard the information against loss destruction, or unauthorized use, consistent with Federal and State requirements. The health centers ensure its staff are trained in confidentiality, privacy, and security. Staff have access to standard operating procedure such as Access to Protected Health Information Policy; Device and Media Control Policy; HIPAA Policy; HIPAA

Training Standard Practice; Systems Access Control Policy; Transmission Security Standard Practice; and Use and Disclosure of Protected Health Information.

3) Describe how you will focus efforts to improve clinical quality and/or health outcomes, and reduce health disparities within your patient population, including within the following specified areas: hypertension, diabetes, mental health, substance use disorder, improving maternal and child health, and ending the HIV epidemic.

The key management staff and the Community Health Center Governing Board (CHCGB) review the UDS clinical performance measures quarterly to review trends and health outcomes. Measures that are lagging are recommended to the Quality Improvement/Quality Assurance (QI/QA) Committee to be further studied. In 2023, a Diabetes Management Charter was initiated to improve the operational process for HbA1c POC testing for asymptomatic, nonpregnant patients aged 35 to 70 years who are overweight or obese (BMI \geq 25), with a medical visit during the measurement period and referring them to the Public Health Nutritionist for dietary lifestyle interventions, including weight loss strategies. Other open charters include depression screening and follow-up for patients \geq 12 years of age, HIV testing and linkage to care, and perinatal cases and birth outcomes.

RESOURCES/CAPABILITIES

1) Describe your organizational structure, including a) how any sub recipients/contractors will assist in carrying out the proposed project (consistent with Attachments 2: Bylaws and 3: Project Organizational Chart, and, as applicable, Attachments 6: Co-Applicant Agreement and 7: Summary of Contracts and Agreements). b) Whether your organization is part of a parent, affiliate, or subsidiary organization (consistent with Form 8: Health Center Agreements). c) How your organization will play a substantive role in the implementation of the health center project.

The attached organizational chart in Attachment 3 identifies the lines of authority for SBCPHD. As illustrated in the attached organizational chart, SBCPHD has the appropriate structure and management system in place, and is the appropriate size for the organization, to successfully carry out the goals and objectives outlined in this grant application. There are clear and proper lines of authority. As a public entity FQHC (Attachment 6), SBCPHD operates as a department of the County of San Bernardino. The Chief Executive Officer (CEO) reports directly to the Community Health Center Governing Board (CHCGB), which is responsible for evaluating the CEO annually and has full and sole power to replace or retain this individual; in the case of a public entity, the CHCGB recommends replacement to the public entity (San Bernardino County). The CEO is replaced but may remain as an employee elsewhere in the county system. The CEO has direct control over the Chief Operating Officers (COOs), who are responsible for the operational management of the Health Centers. Financial services are provided through the Chief Financial Officer (CFO) of the SBCPHD, and clinical services oversight is provided by the Chief Medical Officer (CMO) through the management structure. SBCPHD health centers are not part of a parent, affiliate, or subsidiary organization (consistent with Form 8: Health Center Agreements).

2) Describe the key management team (e.g., project director (PD)/chief executive officer (CEO), clinical director (CD), chief financial officer (CFO), chief information officer (CIO), chief operating officer (COO)), including: a) How the makeup and distribution of functions among key management staff, along with their qualifications (consistent with Attachments 4: Position Descriptions for Key Management Staff and Attachment 5: Biographical Sketches for Key Management Staff) supports the operation and oversight of

the proposed project, consistent with scope and complexity. b) Responsibilities of the CEO for reporting to the governing board and overseeing other key management staff in carrying out the day-to-day activities of the proposed project.

All members of the management team are full time employees of the SBCPHD, including the Chief Executive Officer (CEO), Project Director (PD), Chief Operating Officers (COOs), Chief Financial Officer (CFO), and Chief Medical Officer (CMO). As described in Attachment 4, which contains the Position Descriptions of Key Management persons, the management team has appropriately defined roles. Each description includes job title, reporting responsibility, job functions, qualifications, and environmental conditions. Attachment 5 demonstrates that the management staff has the necessary skills and experience to match their position descriptions in Attachment 4.

3) Describe the following related to the staffing plan (consistent with Form 2: Staffing Profile): a) How it ensures that clinical staff, contracts, and/or formal referral arrangements with other providers/provider organizations, will carry out all required and additional services (consistent with Form 5A: Services and Attachment 12: Operational Plan). b) How the size, demographics, and health care needs of the service area/patient population were considered when determining the number and mix of clinical support staff. c) How you maintain documentation of licensure, credentialing verification, and applicable privileges for clinical staff (e.g., employees, individual contractors, volunteers).

SBCPHD health centers have the staffing mix needed to provide the required primary and approved additional services. The health centers hire staff directly using the county personnel recruitment systems or uses the county procurement process to contract with other provider organizations such as, Loma Linda Faculty, and Comprehensive Pharmacy Services to meet their staffing needs. Staff recruitment is a community-wide effort, tapping into all available resources, including local residency programs, local, state, and nationwide media. Recruitment and retention efforts are supported by a wage and benefit package, including pay increases in conjunction with performance evaluations, merit, and cost of living. The health centers use the Annual, Summary and Trend UDS Reports; the San Bernardino County Department of Public Health Strategic Plan; and the County's Community Indicators Report to evaluate the size, demographics, and health needs of its patient population in determining the number and mix of clinical staff necessary to ensure reasonable patient access to the health centers.

SBCPHD projects 28,765 encounters to 13,075 patients at the end of the project period. In year one, the Section staffing plan will have a total of 166.85 FTE which include administrative, medical, dental, pharmacy, behavioral health, enabling and patient support staff. SBCPHD's staffing plan includes both direct hire and contract staff with the skills and expertise to support this applicant's operations. Support staff and clinicians are recruited to include Spanish speaking skills so that each site has at least one person on duty at all times who can translate. SBCPHD health centers have the staffing composition and levels that fall within the health center program requirements (staffing details are presented in Form 2).

SBCPHD health centers has operating procedures for the initial and recurring review of credentials for all clinical staff members (licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. The credentialing and privileging process is tracked by the Health Center's credentialing coordinator. This process is intended to protect patients by ensuring that all clinical staff possess requisite training, experience, and competency.

Primary source documentation includes license to practice, diploma from an appropriate school/program, board certification(s), current competence and health fitness or the ability to perform requested privileges. The San Bernardino County Health Center Governing Board (CHCGB) delegate's authority to the Chief Executive Officer (CEO) of the FQHC's to determine if a licensed or certified health care practitioner meets credentialing requirements.

4) Describe your financial accounting and internal control systems and how they will: a) Account for all federal award(s) in order to identify the source (receipt) and application (expenditure) of funds for federally funded activities in whole or in part, including maintaining related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest under the federal award(s). b) Assure that expenditures of the federal award funds will be allowable in accordance with the terms and conditions of the Federal award and Federal Cost Principles (e.g., 45 CFR Part 75 Subpart E: Cost Principles).

The CHCGB reviews financial policies annually and makes revisions as needed. These policies specifically require the use of generally accepted accounting principles (GAAP). An independent audit of SBCPHD's financial position is conducted annually to confirm conformance with GAAP. As a governmental unit, SBCPHD does not use full accrual accounting but uses a modified cash system instead. Under this system, certain expenses are not recognized until paid.

SBCPHD has sound internal controls with appropriate safeguards and separation of duties. No findings regarding separation of duties have been noted on the annual audit. Different staff are utilized for the collection of fees and third-party payers; reconciliation of bank accounts; disbursement of checks; submittal of deposits; and review of payables. The County Board of Supervisors' finance committee oversees and approves the payment of payables on a monthly basis.

SPCPHD uses the Systems Application Products (SAP), the Employee Management and Compensation System (EMACS), and Athena Health Practice Management systems to monitor and manage the federal awards. The level of budgetary control is maintained at the appropriation unit level. According to the County of San Bernardino, 2016 Accounting Code Book, expenditure object codes, revenue source codes, department codes, and fund by department codes are used to separate receipts and disbursements of funds by each grant or funding source within the Fiscal Administrative Service (FAS).

SBCPHD has documented procurement procedures which reflect applicable federal, state, and local laws and regulations. The health center conducts all procurement transactions paid for in whole or in part by the Federal award, in a manner that provides full and open competition consistent with the standards of 45 CFR 75.328. SBCPHD retains financial records, supporting documents, and all other records pertinent to the Health Center Program in a manner that meets retention requirements.

5) Describe how you conduct billing and collections, including: a) how board-approved policies and operating procedures include specific circumstances for when you will waive or reduce fees or payments required due to a patient's inability to pay. b) Participating in Medicare, Medicaid, Children's Health Insurance Program (CHIP), and, as appropriate, other public and private assistance programs or insurance, as applicable (consistent with Form 3: Income Analysis)

SBCPHD health centers have board approved schedule of fees, policies and operating procedures for the billing and collections. The County prepares annually a schedule of fees for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation.

Patients presenting at the health centers expressing an inability to pay will be evaluated on a case-to-case basis. This will assure that any fees or payments required by the health center for services provided will be reduced, or waived in order to assure that no patient will be denied services due to their inability to pay. Although SBCPHD health centers offer all FQHC in-scope services to patients without regard to ability to pay, availability of these services is subject to budget restrictions. The health centers will educate patients on options available to them such as establishing a payment plan, offering a grace period, exploring their eligibility for insurance or other third-party coverage, to secure payment for services rendered.

The Department of Public Health (DPH) Fiscal and Administrative Services (FAS) billing staff follow billing procedures for 3rd party payers and comply with contract requirements and Federal or State billing guidelines/ requirements located on the Medi-Cal, Noridian, and other insurance websites. SBCPHD health center staff assist patients in determining if they are eligible for a variety of health benefits coverage options. These options may include sliding fee scale discounts, Medi-Cal, Medicare, and Family Planning, Access, Care, and Treatment (FPACT). In many cases, staff can assist qualifying patients in enrollment. SBCPHD requires that all prospective patients provide evidence of residency, income, and family composition. Eligibility for services is determined during the registration process and entered into the Athena Health Practice Management system.

6) Describe how you use or plan to use telehealth to a) Provide in-scope services (list all services that are or will be provided via telehealth). b) Communicate with providers and staff at other clinical locations. c) Receive or perform clinical consultations. d) Send and receive health care information from mobile devices to remotely monitor patients.

Due to the scarcity of medical, mental health and other specialty professionals in rural and urban underserved areas, telehealth services have been shown to be an effective mechanism to assist patients in getting timely services. SBCPHD health centers use health IT to coordinate medical (primary care, pediatric, maternal health, nutrition), specialty services (HIV and TB), mental health (behavioral health, clinical therapy, MAT) and dental services. The health centers have equipment and infrastructure needed for the provision of telehealth services. SBCPHD health centers provide telehealth services to patients when equivalent in-person services are not available, or it is the preference for the patient. All visits are held to the same standard whether face to face or via electronic communication devices, and include assessment, diagnosis, screening, education, treatment, referrals, and follow-up. All privacy laws, rules, and regulations are followed during the process of providing telehealth services. Consent for these services are obtained and documented. Any consent required for treatment and other procedures applicable to face-to-face visits will also be obtained for telehealth visits. The telehealth provider will update the EHR with visit notes, obtained in connection with the telehealth visit. As deemed necessary by the telehealth provider, the originating site (location of the patient when the telehealth visit occurs) must have a clinician available at the site to: help assess the presence of an emergency, call 911 in the event of an emergency, or refer the patient to the nearest emergency room.

Patients have access to the patient portal where they can access their past and upcoming appointments, review medical records including labs, and send a message to their provider. Patients can access the portal through their mobile device.

7) Describe your current capability and/or plans for maintaining continuity of services and responding to urgent primary health care needs during disasters and emergencies, including a) Preparation, response, and recovery plans. b) Backup systems to facilitate communications. c) Patient records access. d)

Integration into state and local preparedness plans. e) Provision of status updates to HRSA-supported Primary Care Associations (PCAs)

The SBCPHD health centers are part of the Department Emergency Operations Plan (DEOP). The plan provides planning and program guidance for implementing the elements of continuity planning and programs to ensure all County Departments/Agencies are capable of conducting their respective essential missions and functions under all threats and conditions. While the severity and consequences of an emergency cannot be predicted, effective contingency planning can minimize the impact on County Department/Agency missions, personnel, and facilities.

The overall purpose of continuity planning is to ensure the continuity of the essential functions under all conditions. The current changing threat environment and recent emergencies, including acts of nature, public health, accidents, technological emergencies, and military or terrorist attack-related incidents, have increased the need for viable continuity capabilities and plans that enable organizations to continue their essential functions in an all-hazards environment and across a spectrum of emergencies.

The DEOP is consistent with the requirements of the Standardized Emergency Management System (SEMS) as defined in Government Code Section 8607(a), the National Incident Management System (NIMS) as defined by Presidential Executive Orders for managing response to multi-agency and multi-jurisdictional emergencies, and Federal Emergency Management Agency (FEMA) National Continuity Programs. As such, the plan is flexible enough to use in all emergencies and will facilitate response and short-term recovery activities. The County Emergency Operations Plan (EOP) incorporates the use of the Incident Command System (ICS), mutual aid, the operational area concept, and multi/interagency coordination. This DEOP is an annex to the San Bernardino County EOP.³²

Policies are in place to establish access control to prevent unauthorized users from accessing patient records. The Department of Public Health has established procedures to ensure prompt recovery of informational technology systems following a distribution or outage at the health centers.³³ In the event the E.H.R is inaccessible staff are trained to initiate the downtime practices, manually document all patient activity on physical forms, for the amount of time the system is not available. Records are backed-up offline in cases of emergencies.

8) If you do not have plans to seek Federal Tort Claims Act (FTCA) coverage (see Section VIII for details), describe plans for maintaining or obtaining private malpractice insurance.

San Bernardino County Public Health Department (SBCPHD) health centers are self-insured and do not apply for protection under the Federally Supported Health Centers Assistance Acts of 1992 and 1995 (42 U.S.C. 233(g)-(n)) (FSHCAA). The insurance is renewed annually.

9) Competing continuation applicants: Citing the number of unduplicated patients you served in 2022 (aligned with your 2022 UDS report) and your previous patient target, describe factors that restricted and contributed to your ability to achieve your patient target.

SBCPHD health centers reported 10,164 unique patients in the 2022 UDS report. The target number of patients was 13,075. In comparison to 2020 UDS (8379) and 2021 UDS (8443) there was a positive trend in the number of unduplicated patients served. The novel coronavirus disease 2019 (COVID-19) pandemic

³² SBDCPH Department Emergency Operations Plan, 11/19

³³ Information Services Contingency Plan 05/08/2023

affected the confidence of patients accessing health care services. In addition, there was an attrition of clinical staff due to burnout, a competitive market with limited resources, and a high demand for telework. With the development of mitigating resources such as testing, vaccines and therapeutics patients have slowly started to reconnect with their medical homes. Telehealth services have been shown to be an effective mechanism to assist patients in getting timely services to ensure continuity of care.

GOVERNANCE

1) Describe where in Attachment 2: Bylaws and, if applicable, Attachment 6: Co-Applicant Agreement you document the following board composition requirements:

a) Board size is at least 9 and no more than 25 members, with either a specific number or range of board members prescribed.

The San Bernardino County Health Center Governing Board (CHCGB) is a co-applicant board organized under the San Bernardino County Board of Supervisors and governed by the San Bernardino County Charter and County Code. This is a requirement of Article III – Membership, Section I of the By-Laws for the CHCGB (Attachment 2). The CHCGB’s By-Laws has 17 member seats assigned, but currently has 9 active members as documented in Form 6A.

b) At least 51 percent of voting board members are patients served by the health center.

This is a requirement of Article III – Membership, Section I of the By-Laws for the San Bernardino County Health Center Governing Board (CHCGB) (Attachment 2). Presently, forty-four percent (44%) of CHCGB members are individuals who are patients of the health center as documented in Form 6A. SBCPHD is working to recruit and onboard new patient members to meet the 51% compliance.

c) Patient members of the board, as a group, represent the individuals served by the health center in terms of demographic factors (e.g., gender, race, and ethnicity).

As described in Article III-Membership, Section I-Member of the Bylaws, the patient CHCGB members reasonably represent the individuals served by the CHCs in terms of race, ethnicity, and gender.

d) Non-patient members are representative of the community served by the health center or the health center’s service area.

As described in Article III-Membership, Section I-Member of the Bylaws, the non-patient CHCGB members reasonably represent the individuals served by the CHCs in terms of race, ethnicity, and gender.

e) Non-patient members are selected to provide relevant expertise and skills (e.g., community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services).

Article III-Membership, Section I-Member of the Bylaws, the current non-patient CHCGB members comprise a reasonable representation of the service area and are selected for their expertise in the medical field, faith-based community, community affairs, and local government.

f) No more than one-half of non-patient board members may earn more than 10 percent of their annual income from the health care industry

This is a requirement of Article III – Membership, Section I of the By-Laws for the CHCGB (Attachment 2). Presently, CHCGB has one non-patient board member who derives more than 10% of annual income from the health care industry.

g) Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members

No CHCGB member is an employee or an immediate family member of an employee, either by blood or marriage. This requirement is further guaranteed by This is a requirement of Article III – Membership, Section I of the By-Laws for the CHCGB (Attachment 2) which states, “No member of the CHCGB shall be an employee or an immediate family member of an employee of the County FQHCs.”

2) Describe where in Attachment 2: Bylaws and, if applicable, Attachment 6: Co-Applicant Agreement you document the following board authority requirements:

a) Holding monthly meetings.

Article IV-Meetings, Section II- Regular Meetings of the Bylaws (Attachment 2), explains that the CHCGB will hold at minimum monthly meetings.

b) Approving the selection (and dismissal or termination) of the project director/CEO.

Article IX-Selection and Dismissal of Chief Executive Officer of the Bylaws (Attachment 2), addresses this authority where the CHCGB recommends the selection and dismissal of the CEO of the San Bernardino County FQHCs, subject to approval by the County Board of Supervisors.

Article V-Limitations of Authority of the CHCGB By-Laws state that “the Board of Supervisors shall maintain the authority to set general policy of fiscal and personnel matters at the San Bernardino County FQHCs, including those matters in County Code, policies related to fiscal management practices, labor relations and conditions of employment. The CHCGB may not adopt any policy or practice, or take any action, which is inconsistent with the County Code or which alters the scope of any policy set by the Board of Supervisors on fiscal and personnel issues. (Policy Information Notice 98-23).”

c) Approving the annual Health Center Program project budget and applications.

Article VI-Duties of the CHCGB, Section I of the Bylaws (Attachment 2), delineates the authority of the CHCGB to approve the FQHC budget within appropriations available for that purpose and all grant applications.

d) Approving proposed services, sites, and hours of operation.

Article VI-Duties of the CHCGB, Section I of the Bylaws (Attachment 2), outlines the CHCGB authority to approve policies identifying the services to be delivered at the FQHC locations and the hours which services are to be provided, except in instances conflicting with provisions in Article V-Limitations of Authority.

e) Evaluating the performance of the health center.

Article VI-Duties of the CHCGB, Section I of the Bylaws (Attachment 2), describes that annually the CHCGB will evaluate the effectiveness of the County FQHCs. Such evaluations shall include but not be

limited to, utilization patterns, productivity, strategic planning, patient satisfaction, and achievement of program objectives.

f) Establishing or adopting policy related to the operations of the health center.

Article VI-Duties of the CHCGB, Section I of the Bylaws (Attachment 2), defines the CHCGB authority to approve policies necessary for the efficient and effective operation of the health centers.

g) Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations

Article VI-Duties of the CHCGB, Section I of the Bylaws (Attachment 2), identifies the role of the CHCGB in ensuring that the FQHC's are operating in compliance with Federal, State, and local laws and regulations.

3) Referencing specific sections in Attachments 2: Bylaws, 6: Co-Applicant Agreement, 8: Articles of Incorporation (new applicants only), and Form 8: Health Center Agreements, describe how your governing board maintains authority and oversight over the proposed project. Specifically address the following:

a) No individual, entity, or committee (including, but not limited to, an executive committee authorized by the board and consistent with Attachment 3: Project Organizational Chart) reserves or has approval/veto power over the board with regard to the required authorities and functions.

Article IV-Meetings, Section I- Quorum and Voting Requirements of the CHCGB Bylaws (Attachment 2), require that a quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a simple majority (51%) of the membership. A majority vote of those present is required to take any action, with the exception of the specific voting requirements described in Article IX-Selection and Dismissal of Chief Executive Officer.

As a public entity, the CHCGB is a co-applicant board, the San Bernardino County Health Center Governing Board, and the San Bernardino County Board of Supervisors act in conjunction in order to comply with the requirements of the Public Health Services Act and the grant funding requirements. Each entity has required authorities and functions as defined in Attachment 6.

b) Collaboration or agreements with other entities do not restrict or infringe upon the board's required authorities and functions.

SBCPHD health centers do not have a parent, affiliate, or subsidiary organization. They're no current sub awardees and SBCPHD will not contract with another organization to carry out any portion of the proposed scope of project. All Form 5A services will be provided by SBCPHD through Column I, II, or III. The CEO of the health centers and other key management staff are employees of SBCPHD. (Form 8)

c) Public agency applicants with a co-applicant board: Attachment 6: Co-Applicant Agreement delegates the required authorities and functions to the co-applicant board and delineates the respective roles and responsibilities of the public agency and the co-applicant in carrying out the project.

As a public entity, the CHCGB is a co-applicant board, the San Bernardino County Health Center Governing Board, and the San Bernardino County Board of Supervisors act in conjunction in order to comply with the requirements of the Public Health Services Act and the grant funding requirements. Each entity has required authorities and functions as defined in Attachment 6.

4. Describe how the voting members of the governing board leverage their areas of expertise (consistent with Form 6A: Current Board Member Characteristics) to actualize patient-centered care for the service area.

Patient members provide valuable feedback on their experience while accessing health center services and provide recommendations on how to improve operational practices. The current chair of the CHCGB is also the medical representative. She is part of the QI/QA committee and provides valuable feedback as a practicing physician in the service area. The faith-based community and community affairs representative members provide the health centers with opportunities to outreach to hard-to-reach populations. The finance and local government representatives provide support on fiscal and legal oversight.

SUPPORT REQUESTED

1) Describe how you have considered and planned for mitigating the adverse impacts of financial or workforce-related challenges (e.g., payer mix changes, temporary site closures, workforce recruitment or retention challenges).

Please refer to SF-424A, Budget Justification, Form 2, Form 3, and the Federal Object Class Category form submitted with this application.

The proportion of requested Federal grant funds for this project make up 19.16% of the total project budget. Nonfederal dollars leverage the federal dollar requested to ensure continued access to comprehensive, culturally competent, quality primary health care services for communities and vulnerable populations currently served by the Health Center Program. In addition to aggressive third-party collections, SBCPHD will pursue other funding when available such as State and local grant funding.

The budget has been presented in full detail for three years. Patient Service Revenue (Program Income) is fully calculated on Form 3 which reflects expected payor mix and current reimbursement rates by payor for the market. Total budgeted revenue will cover all projected expenditures for each year. All expenses are identified and explained by line item in the Budget Justification.

In addition, employee staffing is detailed in Form 2. Total requested CHC federal dollars = \$2,291,840 for each year for three years.

The proposed budget is reasonable based upon the needs of the target population and the staff and services necessary to meet those needs. The budget includes expenses necessary to provide the full range of required services. Adequate staffing is included to offer the full spectrum of services. Patient services revenue has been conservatively estimated using current per-encounter rates and average reimbursement by payor.

Patient volumes are projected consistent with current SBCPHD productivity. The continuous funding for the three years will increase access to patients and permit SBCPHD to maximize the clinical facility. The provider mix matches the projected patient panel with a mix of Family Practice, OB/GYN, Pediatrics, Behavioral Health, and Dental services. All providers have support staffing which allows them to see the targeted number of patients.

SBCPHD management uses the county's purchasing and personnel recruitment systems. Recruiting for staff is done via local newspapers, the county's website, and job listing sites.

Provider/staffing recruitment is a community-wide effort, tapping into all available resources, including local residency programs, internship programs; local, state, and nationwide media. Recruitment and retention efforts are supported by a wage and benefit package, including pay increases in conjunction with performance evaluations, merit, and cost of living. Four key strategies in SBCPHD's recruitment and retention efforts are:

- Focus on retention: SBCPHD is committed to promotions from within for all staff.
- Build a reputation for being diversity-friendly: SBCPHD strives to offer opportunities to diverse individuals at all levels and provides an environment in which all employees are treated with respect.
- Build and expand an informal network: SBCPHD has developed relationships throughout the community, and these relationships assist tremendously in recruitment efforts, particularly for building a diverse staff.
- Pay competitive wages and offer attractive benefits: Wage scales and benefit packages in the community are reviewed to ensure that all staff compensation levels reflect prevailing rates for their position. In the current primary care provider shortage market, the county's wage and benefit package have made physician recruitment a challenge. Due to the difficulty of modifying the county's personnel system, SBCPHD has pursued contract arrangements as an option to offer a higher wage and benefit scale.

2) If the patient projection on Form 1A: General Information Worksheet reflects an increase in patients compared to the current number of patients served, describe how you will accomplish this increase with the given funding level for the service area.

The total number of patients that were served by the SBCPHD health center and reported in the 2022 UDS report was 10,164. There is a significant increase (13,075) in the number of patients projected to be served in Form 1A at the end of the project period. To accomplish this endeavor, SBCPHD proposes to:

- Relocate Adelanto and San Bernardino Health Centers to new services sites.
- Expand dental services at the Adelanto and San Bernardino Health Centers.
- Implement Manifest MedEx to enhance continuity of care.
- Targeted outreach efforts to Medically Underserved Areas (MUA) and Medically Underserved Population (MUP) of the County.
- Increase collaboration efforts with community partners to educate patients on insurance, inform them of third-party coverage options available to them, and provide enrollment assistance.
- Improve clinical efficiency through the UDS and Pay for Performance (P4P).
- Engage in collaborative community interventions to increase access of health center services by utilizing clinical community health workers.
- Enhancing the Electronic Health Record (EHR) system so that patients have access to just-in-time information through the patient portal.

BUDGET JUSTIFICATION

San Bernardino County Department of Public Health
For Period 3/1/2024 through 2/28/2025

Budget Justification	Federal	Non-Federal
PROGRAM INCOME (fees, premiums, 3rd party reimbursements, and payments generated from the projected delivery of services) <i>from Form 3, cell 6d</i>		9,667,030
LOCAL & STATE FUNDS (including local, foundation, and state grants) <i>from Form 3 sum of cells 8d & 9d</i>		
OTHER SUPPORT (private grants/contracts, contributions, incidental income not reported elsewhere, and retained earnings) <i>from Form 3, sum of cells 10d, 11d, 12d, and 13d</i>		
FEDERAL 330 GRANT <i>from the SF-424A</i>	2,291,840	
OTHER FEDERAL FUNDING (break out by source — e.g., HUD, CDC) <i>from Form 3, cell 7d</i>		
TOTAL REVENUE <i>from Form 3, cell 15d</i>	2,291,840	9,667,030
ADMINISTRATION	431,436	
MEDICAL STAFF	192,538	2,949,815
DENTAL STAFF		564,459
BEHAVIORAL HEALTH STAFF	72,305	
ENABLING STAFF	163,913	
PROFESSIONAL SERVICE STAFF	87,932	
TOTAL PERSONNEL	948,124	3,514,274
FICA @ 1.49%		
Medical @ 12.63%		
Retirement @ 34.80%		
Dental @ 0.28%		
Vision @ 0.10%		
Workers Compensation @ 4.46%		
Disability @ 1.16%		
Survivor's Benefits @ 0.04%		
Life Insurance @ 0.94%		
Cafeteria Plan @ 0.34%		
TOTAL FRINGE @ 56.24%	533,225	1,977,482

Budget Justification	Federal	Non-Federal
Administrative & Outreach: Administrative & Outreach staff and Governing Board members travel reimbursement for vehicle charges (motorpool or daily rental) and private mileage reimbursement at the County negotiated rate of \$0.625 per mile (Federal share: approximately 533 miles per month X \$0.625 per mile X 12 months)	4,000	
NACHC P&I Annual Conference: 2 persons (\$1,800 registration, \$800 hotel, \$1000 airfare, \$300 meal, & \$100 other expenses)	4,000	
FOMIT Conference: 4 persons (\$3,000 registration, \$2,400 hotel, \$2,000 airfare, \$1000 meal reimbursements, \$400 other)	8,800	
CPCA Conference (2 persons \$1000 registration, \$500 hotel, \$200 meal, \$100 other)	2,000	
UDS Training (6 persons x \$300 registration per person)	1,800	
Oral Health Dental conference NNOHA (4 persons \$3,000 registration, \$3200 Hotel, \$800 Meal, \$2,400 Airfare, \$600 Other)	10,000	
CPCA Clinical Excellence Conference (2 persons \$2000 registration, \$1200 Hotel, \$400 Meal, \$200 Mileage, \$200 Other)	4,000	
Community Health Institute & Expo for Board Members (2 persons \$1500 registration, \$800 Hotel, \$300 Meal, \$1200 Airfare, \$200 Other)	4,000	
Visualutions User Group Conference (3 person \$3000 registration, \$2,100 Hotel, \$300 Meal, \$1800 Airfare, \$300 Other)	7,500	
Directors of Public Health Nursing (DPHN) Conference (1 person \$500 registration, \$750 Hotel, \$150 Meal, \$500 Airfare, \$100 Other)	2,000	
TOTAL TRAVEL	\$48,100	
TOTAL EQUIPMENT	0	0
Office Supplies – Paper, folders, stationary material, ink, etc (\$550 per month x 12 months x 4 sites)	26,400	41,274
Health Education Supplies – Printed materials and incentives (\$416.67 per month X 12 months)	5,000	
Dental Supplies – Gloves, face shields, masks, filters, fillings (approx. \$5,128 per month x 12 months)	61,537	

Budget Justification	Federal	Non-Federal
TOTAL SUPPLIES	92,937	41,274
Carenet – Health Center’s after-hours nurse advice line (\$7,000 per month x 12 months)	84,000	
Accuvax - Health Center’s vaccine management system (\$5,000 per month x 12 months)	60,000	
Temporary Personnel: Health Info. Coder (approx. \$50 / hour x 1000 hours) Care/Office Assistant (approx. \$50 / hour x 1000 hours)	100,000	
Primary Care Providers: MD @ Desert FQHCs 3120 hours X \$279 per hour = \$870,480 Mid-Level @ Desert FQHCs 2080 hours X \$164 = \$341,120 MD @ Valley FQHCs 4160 hours X \$245 = \$1,019,200 Mid-Level @ Valley FQHCs 4160 hours X \$162 = \$673,920		2,904,720
Psychiatrist 1040 hours X \$307 per hour		319,280
Pediatrician @ Desert FQHCs 2080 X \$250 per hour = \$520,000 @ Valley FQHCs 2080 X \$187.50 per hour = \$390,000		\$910,000
TOTAL CONTRACTUAL	244,000	4,134,000
Governing Board Meeting supplies & expenses (\$250 x 12 months)	3,000	
Professional Memberships (NACHC, CPCA, CHA, DPHN)	45,000	
Laboratory Services – In house/Outside Vendor	10,000	
Printing Services	4,000	
County Counsel Services	10,000	
County Dept of Human Services – Contracts Review	20,000	
Communications – landlines, cell, internet, email, voice mail (Federal per month: \$110/email, \$40/phone x month x 10 FTEs)	18,000	
Dentrix Annual Licenses and Support	20,460	
QRC Biomedical Services – Annual Equipment Evaluation	5,800	

Budget Justification	Federal	Non-Federal
Fuji Medical Systems – Annual Oracle License	10,410	
GE Healthcare Annual Imaging Service Contract	21,770	
TOTAL OTHER	168,440	
TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses rows above)	2,010,826	9,667,030
17.35% indirect rate (includes administration, departmental, and county overheads)	257,014	0
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	2,291,840	9,667,030

Federally Supported Personnel Justification Table

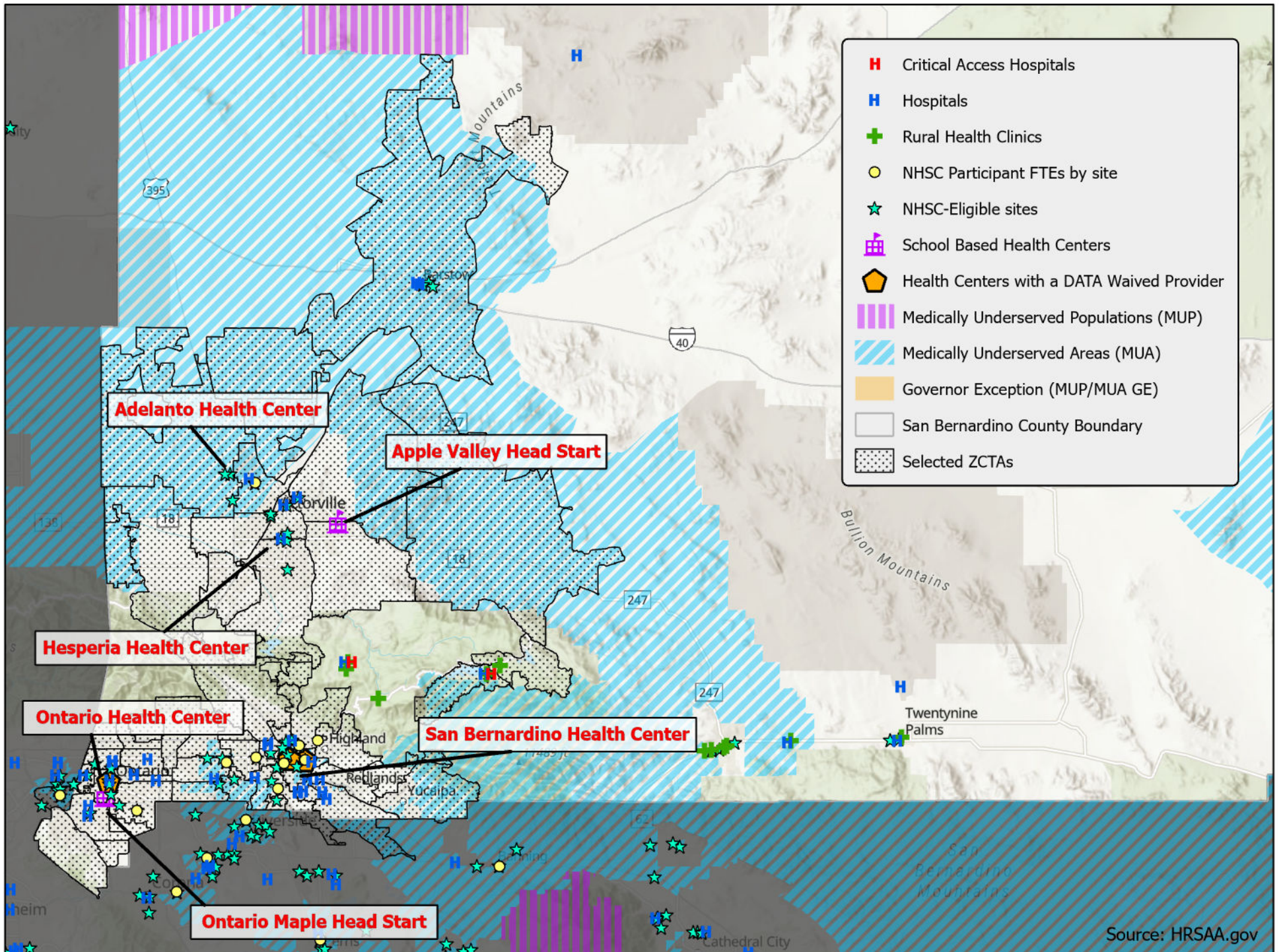
Name	Position Title	Total FTE	Base Salary	Adjusted Annual Salary	Federal %	Federal Amount Requested
M. Bird-Livingston	Chief of Community Health Services (CEO)	0.5	145,613	No adjustment needed	50%	72,806
A. Lo	Chief Medical Officer (CMO)	0.1	247,520	\$212,100	10%	21,210
K. Clark	Clinical Director (CD)	0.1	121,210	No adjustment needed	10%	12,121
P. Chapman	Public Health Chief Financial Officer (CFO)	0.05	159,245	No adjustment needed	5%	7,962
W. Kimani / M Garcia	Public Health Program Manager (PD/COO)	1.0	117,849	No adjustment needed	100%	117,849
C. Quintana	Public Health Program Coordinator	0.3	92,144	No adjustment needed	30%	27,643
F. Cabrera	Care Assistant	1.0	42,385	No adjustment needed	100%	42,385
R. Melgar/Vacant/Vacant	Health Education Specialist I	2.75	55,170	No adjustment needed	100%	151,718
C. Herrera	Health Education Specialist II	0.2	60,975	No adjustment needed	20%	12,195
D. Panganiban/ L. Quezada	Nutritionist	1.4	62,808	No adjustment needed	100%	87,932
Vacant	Clinical Therapist I	1.0	72,305	No adjustment needed	100%	72,305

Name	Position Title	Total FTE	Base Salary	Adjusted Annual Salary	Federal %	Federal Amount Requested
J. Pinedo	Accountant III	0.3	77,846	No adjustment needed	30%	23,354
D. Chaffin / Vacant	Registered Nurse II	1.2	85,789	No adjustment needed	100%	102,947
S. Lopez	Licensed Vocational Nurse II	1.0	47,206	No adjustment needed	100%	47,206
Vacant	Quality Improvement Coordinator	0.8	105,607	No adjustment needed	60%	84,485
Vacant	Deputy Chief	0.5	128,008	No adjustment needed	50%	64,006
Total Federal Amount Requested						\$948,124

Personnel Justification Table for Temporary Personnel

Name	Position	Hourly rate	# of Hours	Total	Federal Amount
Various	Health Information Coder	\$50/hr	1000 hours	\$50,000	\$50,000
Various	Care/Office Assistant	\$50/hr	1000 hours	\$50,000	\$50,000
TOTAL					\$100,000

Service Area Map and Table



ZCTA	Post Office Name	State	HCP: Health Center Count (Combined) 2021	HCP: Dominant Health Center 2021	Pop: Total (#) 2016-2020	Pop: Low-Income (#) 2016-2020	HCP: Total Patients (#) 2021	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
Summary:			610		2,110,335	723,493	119,857	16.57%	5.68%
91701	Rancho Cucamonga	CA	10	HEALTH SERVICE ALLIANCE	39,954	4,833	452	9.35%	1.13%
91708	Chino	CA	9	HEALTH SERVICE ALLIANCE	4,880	101	240	237.62%	4.92%
91709	Chino Hills	CA	18	HEALTH SERVICE ALLIANCE	82,800	15,113	1,238	8.19%	1.50%
91710	Chino	CA	18	HEALTH SERVICE ALLIANCE	90,481	19,612	3,336	17.01%	3.69%
91730	Rancho Cucamonga	CA	16	HEALTH SERVICE ALLIANCE	74,843	19,510	1,499	7.68%	2.00%
91737	Rancho Cucamonga	CA	7	HEALTH SERVICE ALLIANCE	24,064	4,275	232	5.43%	0.96%
91739	Rancho Cucamonga	CA	12	SAC HEALTH SYSTEM	39,355	4,786	485	10.13%	1.23%
91761	Ontario	CA	16	POMONA COMMUNITY HEALTH CENTER DBA	60,827	17,557	4,448	25.33%	7.31%
91762	Ontario	CA	15	UNICARE COMMUNITY HEALTH CENTER	63,819	22,412	4,274	19.07%	6.70%
91763	Montclair	CA	12	HEALTH SERVICE ALLIANCE	39,557	15,019	2,315	15.41%	5.85%
91764	Ontario	CA	15	UNICARE COMMUNITY HEALTH CENTER	57,265	22,943	3,686	16.07%	6.44%
91766	Pomona	CA	32	EAST VALLEY COMMUNITY HEALTH CENTER INC	71,189	31,225	10,090	32.31%	14.17%
91784	Upland	CA	10	HEALTH SERVICE ALLIANCE	26,296	2,842	275	9.68%	1.05%
91786	Upland	CA	15	HEALTH SERVICE ALLIANCE	54,165	16,766	2,085	12.44%	3.85%
92371	Phelan	CA	6	SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT	20,881	9,663	445	4.61%	2.13%
92372	Pinon Hills	CA	3	SAC HEALTH SYSTEM	5,796	1,995	82	4.11%	1.41%
92373	Redlands	CA	13	SAC HEALTH SYSTEM	32,433	6,405	969	15.13%	2.99%
92374	Redlands	CA	10	SAC HEALTH SYSTEM	44,131	12,202	1,558	12.77%	3.53%
92376	Rialto	CA	15	SAC HEALTH SYSTEM	86,719	36,880	4,230	11.47%	4.88%
92377	Rialto	CA	11	SAC HEALTH SYSTEM	20,606	4,757	601	12.63%	2.92%

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined) 2021	HCP: Dominant Health Center 2021	Pop: Total (#) 2016-2020	Pop: Low-Income (#) 2016-2020	HCP: Total Patients (#) 2021	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
92392	Victorville	CA	15	SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT	56,938	22,105	1,982	8.97%	3.48%
92394	Victorville	CA	13	SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT	34,836	12,753	1,393	10.92%	4.00%
92395	Victorville	CA	12	SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT	45,692	19,491	1,593	8.17%	3.49%
92399	Yucaipa	CA	12	SAC HEALTH SYSTEM	55,070	12,567	1,743	13.87%	3.17%
92401	San Bernardino	CA	8	INLAND BEHAVIORAL & HEALTH SERVICES, INC.	1,971	1,458	943	64.68%	47.84%
92404	San Bernardino	CA	14	SAC HEALTH SYSTEM	63,261	29,322	6,338	21.62%	10.02%
92405	San Bernardino	CA	13	SAC HEALTH SYSTEM	30,782	18,445	3,676	19.93%	11.94%
92407	San Bernardino	CA	14	SAC HEALTH SYSTEM	67,866	23,739	4,501	18.96%	6.63%
92408	San Bernardino	CA	10	SAC HEALTH SYSTEM	14,312	5,426	2,152	39.66%	15.04%
92410	San Bernardino	CA	16	SAC HEALTH SYSTEM	44,685	26,989	7,309	27.08%	16.36%
92411	San Bernardino	CA	12	SAC HEALTH SYSTEM	26,361	15,234	3,094	20.31%	11.74%
92301	Adelanto	CA	13	TRI-STATE COMMUNITY HEALTHCARE CENTER	34,791	17,907	3,266	18.24%	9.39%
92307	Apple Valley	CA	12	BORREGO COMMUNITY HEALTH FOUNDATION	38,848	13,713	1,268	9.25%	3.26%
92308	Apple Valley	CA	9	BORREGO COMMUNITY HEALTH FOUNDATION	42,375	16,625	1,178	7.09%	2.78%
92311	Barstow	CA	9	BORREGO COMMUNITY HEALTH FOUNDATION	32,619	14,675	6,240	42.52%	19.13%
92313	Grand Terrace	CA	9	SAC HEALTH SYSTEM	12,559	3,462	638	18.43%	5.08%
92314	Big Bear City	CA	2	SAC HEALTH SYSTEM	10,684	4,076	164	4.02%	1.54%
92315	Big Bear Lake	CA	2	SAC HEALTH SYSTEM	5,307	1,837	133	7.24%	2.51%
92316	Bloomington	CA	14	COMMUNITY HEALTH SYSTEMS, INC.	29,176	11,311	3,701	32.72%	12.69%
92324	Colton	CA	14	SAC HEALTH SYSTEM	59,628	24,448	5,386	22.03%	9.03%
92325	Crestline	CA	8	SAC HEALTH SYSTEM	8,647	2,857	480	16.80%	5.55%

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined) 2021	HCP: Dominant Health Center 2021	Pop: Total (#) 2016-2020	Pop: Low-Income (#) 2016-2020	HCP: Total Patients (#) 2021	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
92335	Fontana	CA	19	UNICARE COMMUNITY HEALTH CENTER	99,242	45,617	6,288	13.78%	6.34%
92336	Fontana	CA	18	UNICARE COMMUNITY HEALTH CENTER	98,731	22,396	3,370	15.05%	3.41%
92337	Fontana	CA	14	RIVERSIDE COUNTY HEALTH SYSTEM	39,600	9,096	1,590	17.48%	4.02%
92342	Helendale	CA	4	BORREGO COMMUNITY HEALTH FOUNDATION	6,725	1,758	298	16.95%	4.43%
92344	Hesperia	CA	8	SAC HEALTH SYSTEM	22,415	5,347	360	6.73%	1.61%
92345	Hesperia	CA	18	SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT	83,731	38,417	2,517	6.55%	3.01%
92346	Highland	CA	12	SAC HEALTH SYSTEM	63,395	19,458	3,638	18.70%	5.74%
92354	Loma Linda	CA	10	SAC HEALTH SYSTEM	22,991	7,027	1,510	21.49%	6.57%
92356	Lucerne Valley	CA	4	SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT	6,199	3,262	149	4.57%	2.40%
92359	Mentone	CA	6	SAC HEALTH SYSTEM	9,779	3,187	329	10.32%	3.36%
92368	Oro Grande	CA	3	TRI-STATE COMMUNITY HEALTHCARE CENTER	1,058	592	90	15.20%	8.51%

Bylaws for the San Bernardino County Health Center Governing Board

Article I – Name

The name of the board shall be the San Bernardino County Health Center Governing Board, herein known as the “CHCGB”. CHCGB is organized under the San Bernardino County Board of Supervisors (“Board of Supervisors”) and governed by the San Bernardino County Charter and County Code.

Article II – Purpose and Objectives

The purpose of the CHCGB is to act in conjunction with the Board of Supervisors as the governing board of those health care clinics operated by the County of San Bernardino Department of Public Health (Public Health) which are designated as Federally Qualified Health Centers pursuant to 42 U.S.C §1395x (aa) (3) and/or 42 U.S.C §1396(e) (2) (B) (“San Bernardino County FQHCs”).

Article III – Membership

Section I – Member

- A. The CHCGB shall consist of at least nine and not more than 17 voting members. The Chief Executive Officer and Chief Financial Officer or designee of the San Bernardino County FQHCs shall attend all meetings of the CHCGB as *ex officio* members.
- B. The members shall be composed of two categories of members:
 - 1. At least 51% of the members shall be Consumers of Primary Care at a County FQHC (“Consumer Members”);
 - 2. The remaining members shall be from differing segments of the community at large (“Non-Consumer Members”).
- C. All members are appointed by the Board of Supervisors in accordance with the following requirements:
 - 1. In making all Consumer Member appointments, the Board of Supervisors will assure that such members, as a group, are representative of the user population of the San Bernardino County FQHCs in term of factors such as ethnicity, geography, race, gender, age and economic status.
 - 2. The Non-Consumer member group shall include members possessing

expertise in the medical field, mental health services, the faith-based community, community affairs, finance and banking, legal affairs, trade unions, or other commercial and industrial concerns, and who has provided leadership in the community. In addition, a Transitional Assistance Department (TAD) District Manager shall represent San Bernardino County Human Services Administration.

3. No more than 50% of Non-Consumer members can earn ten percent (10%) of their annual income from the healthcare industry.

D. All Consumer members must be residents of San Bernardino County. No member of the CHCGB shall be an employee of the San Bernardino County Department of Public Health or an immediate family member of an employee of the San Bernardino County Department of Public Health.

Section II – Responsibilities and Rights of Members

A. All members must:

1. Attend a minimum of ten (10) face to face and/or electronic meetings annually with the allowance of two (2) excused absences; the ten (10) required meetings are to consist of six (6) or more face to face and four (4) electronic meetings; special reasons preventing a member from attending, including emergency situations, will be considered by the CHCGB.
2. Members who have 3 unexcused absences in one calendar year or fail to meet the responsibility of the membership, will receive communication as follows: a) 1st absence: member will receive a registered letter plus an email; b) 2nd absence: member will receive a registered letter plus an email; c) 3rd absence: member will receive a registered letter and this will be considered an automatic resignation from the CHCGB. Member will be required to respond to each communication within 15 calendar days. Non-response will require the active members to make a motion and vote to remove member from the board. This should align with Section IV: Vacancies.
2. Serve without compensation. Travel and meal expenses shall be allowable in accordance with the reimbursement policies of the County of San Bernardino.
3. Be subject to the County's Conflict of Interest Code, Code of Ethics, background check process, and any other rules applicable to the members of Boards and Commissions in the State of California and San Bernardino County.

B. Only members who are in good standing, meaning they comply with the meeting attendance and participation requirements, shall be entitled to receive agendas, minutes, and other material related to the CHCGB, may vote at meetings of the CHCGB, may hold office and may serve as the chairperson of a CHCGB committee. Candidates, who have been approved by the Council Development

Committee, have passed a background check, and are awaiting approval by the Board of Supervisors will be given temporary voting privileges.

Section III – Terms

Members of the CHCGB shall serve two-year terms and may not serve for more than four (4) consecutive terms.

Section IV – Vacancies

Removal of a member may be recommended by the CHCGB and declared by the Board of Supervisors when a voting member has an unexcused absence from three (3) meetings in a one calendar year period, or when a member fails to meet responsibilities of membership, as specified in Section II, for a three (3) month period, unless the Executive Committee excuses such absences or failure is based on extenuating circumstances.

- A. A member may resign at any time provided the resignation shall be in writing and filed with the Clerk of the Board of Supervisors.
- B. All vacancies and appointments shall be filled utilizing the following process:

Upon vacancy of a Board Member, however created, the Council Development Committee shall seek community assistance in identifying persons interested and qualified for the vacant position, including contacting local civic, religious and community organizations, as appropriate. At a minimum, they shall follow provisions within the Maddy Act (Govt. Code §54970 et seq.) by posting notices of the vacancy at the San Bernardino County Clerk of the Board of Supervisors and FQHCs as well as take such other steps as deemed proper. After review of the possible candidates, the Council Development Committee shall make recommendations of candidates for open positions to the full CHCGB, and forward application(s) to the Board of Supervisors for approval. The CHCGB shall assure that the composition of the CHCGB, as set forth in Article III, Section I, is maintained.

Article IV – Meetings

Section I – Quorum and Voting Requirements

- A. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a simple majority (51%) of the active membership.
- B. Any candidate the Council Development Committee brings forward for recommendation for appointment to the CHCGB will be given temporary voting privileges, after passing a background check, while waiting for the co-applicant County Board of Supervisors to approve the applicant for full appointment.

Temporary voting privileges shall include formation of quorum, participation in discussions and voting on motions. The candidate shall not have any privileges to make a motion or participate in any CHCGB committees.

- C. A majority vote of those present is required to take any action, with the exception of the specific voting requirements described in Article IX.
- D. Voting must be in open forum and cannot be by secret ballot. In some instances, email vote may be allowed, if approved by the CHCGB.
- E. Each member shall be entitled to one vote. Voting must be made by the member in person, or via email; no proxy votes are allowed.
- F. Attendance at all meetings is recorded on a sign-in sheet. The names of the members attending are recorded in the official minutes. Members are responsible for signing the attendance sheet. For members attending virtually, their names will be recorded in the official minutes via roll call.
- G. The Chief Executive Officer and Chief Financial Officer, or designee, of the San Bernardino County FQHCs shall attend all meetings of the CHCGB but shall not be entitled to a vote.

Section II – Regular Meetings

The CHCGB shall meet a minimum of monthly. The schedule of meetings and locations shall be set at the first meeting of the calendar year.

Section III – Conduct of Meeting

The meeting shall be conducted in accordance with the Parliamentary Procedure adopted by the CHCGB. Standing and subcommittee as well as ad hoc committees do not need to follow strict parliamentary procedure and may simply discuss items, but any action must be taken by a motion.

Section IV – Open and Public Meetings

All meetings of the CHCGB and all standing committees that have continuing subject matter jurisdiction shall be conducted in accordance with the Ralph M. Brown Act, if required.

Section V – Notice Agenda and Supportive Materials

- A. Written notice of each regular meeting of the CHCGB, specifying the time, place, and agenda items, shall be sent to each member not less than seven (7) calendar days before the meeting.

- B. The agenda shall be posted in a public notice area that is open to the public twenty-four (24) hours a day, not less than seventy-two (72) hours prior to the meeting.
- C. Supporting materials for the policy decisions to be voted upon shall be mailed with the meeting notice. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a CHCGB vote is established by the Chairperson, an item may be placed on the agenda although supporting materials are not available in time to be mailed; however, such material shall be available at the meeting.
- D. Items which qualify as an urgency item in accordance with the Ralph M. Brown Act, can be added to the agenda at the meeting by two-thirds (2/3) vote.

Article V – Limitations of Authority

The Board of Supervisors shall maintain the authority to set general policy of fiscal and personnel matters at the San Bernardino County FQHCs, including those matters in County Code, policies related to fiscal management practices, labor relations and conditions of employment. The CHCGB may not adopt any policy or practice, or take any action, which is inconsistent with the County Code or which alters the scope of any policy set by the Board of Supervisors on fiscal and personnel issues. (Policy Information Notice 98-23)

Article VI – Duties of the CHCGB

Section I

Subject to the limitations imposed in Article V, the duties of the CHCGB shall be as follows:

- A. As further described in Article IX approve the selection and dismissal of the Chief Executive Officer of the San Bernardino County FQHCs, subject to ratification by the Board of Supervisors, if necessary;
- B. Approve policies identifying the services to be delivered at the FQHC locations and the hours which services are to be provided, except in instances conflicting with provisions in Article V;
- C. Develop and approve, within appropriation available for such purpose, the budget for County FQHC operations and forward the budget to the Board of Supervisors for approval. Any changes made by the Board of Supervisors will be returned to the CHCGB for final approval. Such budget shall be initially prepared by the Chief Financial Officer, or designee;
- D. Develop financial priorities and strategies for major resource utilization, subject to

approval by the Board of Supervisors;

- E. Evaluate, at least annually, the effectiveness of the County FQHCs. Such evaluations shall include but not be limited to, utilization patterns, productivity, strategic planning, patient satisfaction, and achievement of program objectives;
- F. Review all audit results;
- G. Develop and approve a strategic plan and conduct long-term planning;
- H. Approve all grant applications and submit to the Board of Supervisors for acceptance and submission;
- I. Approve and implement a procedure for hearing and resolving patient grievances;
- J. Approve quality of care audit procedures;
- K. Assure the FQHC's are operating in compliance with Federal, State and local laws and regulations;
- L. Periodically report to the Board of Supervisors regarding the County FQHCs' utilization, productivity, patient satisfaction and achievement of project objectives;
- M. Approve such other policies as are necessary and proper for the efficient and effective operation of the health centers; and,
- N. Evaluate the performance of the Chief Executive Officer annually.

Section II – Provider Credentialing

The CHCGB delegates its authority to the Chief Executive Officer of San Bernardino County FQHCs to determine if a licensed or certified health care practitioner meets credentialing requirements based on approved policies and procedures, except in instances conflicting with provisions in Article V. The Chief Executive Officer shall review policies and procedures annually to ensure compliance with Health Resources and Services Administration Primary Care regulations.

Article VII – Officers

Section I-- Designation

There shall be a Chairperson, Vice Chairperson, Treasurer and Secretary of the CHCGB. All officers shall be elected from the voting membership of the CHCGB. A County employee who is not a member of the CHCGB shall prepare meeting minutes and agenda for approval by the Secretary.

Section II – Powers and Officers

A. Chairperson

1. Shall preside at all meetings of the CHCGB.
2. Shall plan and carry out the agenda for each monthly meeting.
3. Shall facilitate the purposes of the CHCGB by having such powers and duties as may be prescribed from time to time by majority vote of the membership.
4. May delegate a reasonable portion of his or her duties to the Vice Chairperson.
5. Shall follow Robert's Rules of Order to ensure that meetings are fair, efficient, democratic and orderly.

B. Vice Chairperson

1. Shall assist the Chairperson in his or her duties as needed.
2. Shall perform the duties of the Chairperson in the event of his or her absence, resignation, or inability to perform his or her duties, until such time as the Chairperson returns or a new chairperson assumes office under the provisions in these Bylaws.

C. Secretary

1. Shall sign agendas and meeting minutes, and submit to committee for approval.
2. Shall send out new member welcoming packets.
3. Shall tally results for the election of Officers.

D. Treasurer

1. Shall report financial status at monthly meetings when appropriate.
2. Shall act as Chair of the Finance Committee.

Section III – Nominations and Elections

A. Nominations

1. At the regular January meeting the Chairperson shall designate three (3) CHCGB members as the Nominating Committee to nominate the proposed candidates for the Chairperson, Vice Chairperson, Secretary, and Treasurer positions. In the event of a catastrophic event, the elections will be postponed

and the new officers will be serve 12 months or more to return the cycle to March. Not to exceed 18 months.

2. The Nominating Committee shall contact proposed candidates to determine their willingness to run for office, and nominate additional candidates if necessary to complete a ballot of nominees for each office.
3. The Nominating Committee shall transmit its nominations to each member of the CHCGB not less than seven (7) calendar days prior to the February meeting. Nominations may be made from the floor at the February meeting.
4. The Nominating Committee may not nominate any of its members for any office, although they may be nominated from the floor.

B. Elections

1. Elections of officers shall typically be held at the February meeting. An officer is elected by receiving a simple majority vote (51%) of those members present and in good standing. If no candidate for an office obtains fifty one percent (51%) of the vote, a run-off between the two candidates with the most votes shall be held immediately following the vote. If only one candidate is nominated, and fails to receive a simple majority vote (51%), nominations shall be reopened to allow for additional candidates. Once all nominations are received, voting shall resume in conformity with the process indicated above. Members with temporary voting privileges can vote for officers but cannot make nominations or be nominated.
2. The Secretary shall prepare and count the votes. Once the votes have been counted, the Secretary shall declare that an election has occurred or that no election has occurred at which time voting will resume as indicated in Subsection 1 above.
3. In the event that elections cannot be held as scheduled due to catastrophic events beyond the reasonable control of the CHCGB (including riots, wars, sabotage, acts of terrorism, civil disturbances, insurrection, explosion, pandemics, quarantines, acts of God, acts of government or governmental restraint, and natural disasters), elections shall be held at a regularly scheduled Board meeting as soon as practicable. Officers elected after the month of March, shall serve a minimum of twelve months, but not more than an 18-month period.

Section IV – Term

The term of each office shall be one (1) year, commencing in March of each year.

Section V – Resignation

Any officer may resign by a filing written resignation with the Executive Committee.

Section VI – Vacancies

Upon a vacancy in the office of Chairperson, Vice Chairperson, Secretary, and/or Treasurer, nominations shall be accepted at the meeting in which the vacancy is announced. The vote on such nominees shall be taken at the next monthly meeting and the election shall proceed as under Section III. If the office of the Chairperson is vacated after the tenth month of any term, then the Vice Chairperson shall assume office for the remaining months of the term. In this event, at the meeting at which the vacancy is announced, nominations shall be received for the position of Vice Chair. The vote on such nominees shall take place at the next monthly meeting.

Article VIII – Committees

Section I – Composition of Committees

Standing committees except for the Executive Committee shall consist of no less than (3) members. The committee members will be determined by a majority vote of the CHCGB during the meeting held in April following the election of officers, or as needed upon the vacancy of a member. Candidates with temporary voting privileges shall not serve on a committee until they serve their first year.

Section II – Standing Committees

A. Executive Committee

Shall consist of the Chairperson, Vice Chairperson, Treasurer, and Secretary of the CHCGB. The Chief Executive Officer shall be an ex officio non-voting member of the Executive Committee. The Chairperson of the CHCGB shall facilitate meetings of the Executive Committee.

1. The purpose of the Executive Committee shall include:
 - a. Advising and assisting the membership in attaining the purpose and objectives set forth in Article VI of these Bylaws;
 - b. Authority to act on behalf of the CHCGB on all matters deemed by the Executive Committee to require action prior to the next regularly scheduled CHCGB meeting; and
 - c. Other governance matters.
2. Actions of the Executive Committee acting on behalf of the CHCGB shall be ratified by a majority of the CHCGB at the next regularly scheduled meeting.

B. Finance Committee

1. The purpose of the Finance Committee shall include:
 - a. Assisting with the preparation and review of the annual budget;
 - b. Development, in conjunction with the FQHCs' professional staff, monthly reports regarding financial status of the CHCGB(s), including expenditure and revenue status;
 - c. Determine major resources use and allocation strategies and priorities.

C. Council Development Committee

1. The purpose of the Council Development Committee shall include:
 - a. Development and implementation of ongoing recruitment and screening of applicants, using an open nomination process approved by the CHCGB;
 - b. Recommendation of candidates for appointment to the CHCGB and the Board of Supervisors, both annually as terms end, and throughout the year, whenever a vacancy occurs;
 - c. Orientation, training and mentoring of CHCGB members;
 - d. One member of the Council Development Committee will serve as a mentor for new members. The job duties of the mentor are described in Appendix B.
 - e. Monitoring of member participation, including attendance at CHCGB and committee meetings.

D. Outreach and Patient Education Committee

1. The purpose of the Outreach and Patient Education Committee shall include:
 - a. Promoting consumer education about services available through the FQHCs;
 - b. Providing recommendations to the CHCGB for achieving equitable delivery of high quality, culturally competent services to all patients;
 - c. Improving outreach and services to underserved populations;
 - d. Fostering awareness of the mission and goals of the CHCGB in the communities; and

- e. Reviewing annual patient satisfaction surveys and preparing a report for the CHCGB to review and provide input to improve patient services.

E. Credentialing and Privileging Committee

1. The purpose of the Credentialing and Privileging Committee shall include:
 - a. An overview of the credentialing process and to ensure all service providers affiliated with Federally Qualified Health Centers are qualified to provide care consistent with Federal Tort Claims Act (FTCA) standards for credentialing and privileging.
 - b. The initial granting of privileges to Licensed Independent Practitioners (LIPs), Other Licensed Certified Practitioners (OLCPs), and other health professionals is performed by the Federally Qualified Health Center with final approval authority by the CHCGB which may review recommendations from either the CMO, Clinical Director, or a joint recommendation of the medical staff, including the Health Officer (or designee).
 - c. The standard for Licensed Independent Practitioners (LIPs), Other Licensed Certified Practitioners (OLCPs), and other health professionals for recredentialing is every two years.

Section III – Task Forces and Committees

- A. Any member may suggest the creation of a committee or task force when it appears necessary, and such committee or task force may be established upon majority vote of the CHCGB.
- B. Standing committees shall be defined as on-going committees and task forces shall be defined as time-limited (*ad hoc*) committees with designated purposes.
- C. Committee and Taskforce Chairpersons shall be elected by the committee or taskforce members.
- D. Any committee or task force may be disbanded upon an affirmative majority vote to do so by the CHCGB.
- E. Committee meetings shall be called by the Chairperson of the committee, or the Chairperson of the CHCGB.
- F. A representative of the Community Health Center Governing Board will attend the Health Center's Quality Improvement/Quality Assurance Committee.

Article IX – Selection and Dismissal of Chief Executive Officer

The CHCGB shall approve the selection and dismissal of the Chief Executive Officer for the FQHCs, in accordance with the following provisions:

- A. The Chief Executive Officer may only be dismissed for cause. Notice must be provided to the Chief Executive Officer prior to dismissal. Such notice must indicate the basis for the proposed dismissal and provide the Chief Executive Officer the opportunity to respond to the allegations forming the basis of the proposed dismissal and a time period to correct any deficiencies.
- B. An action by the CHCGB to terminate the Chief Executive Officer must occur at a regularly scheduled meeting of the CHCGB and upon a vote of two-thirds (2/3) of the voting CHCGB members.
- C. In the event of a vacancy in the Chief Executive Officer position, the Chief Operations Officer shall serve as the Chief Executive Officer on an interim basis. If a Chief Executive Officer is dismissed, the appointment of a replacement Chief Executive Officer must be conducted in compliance with the County of San Bernardino Personnel Rules and the County recruitment process, including but not limited to, all required background checks and licensing requirements.
- D. The recruitment and selection process for a replacement Chief Executive Officer shall be conducted by an ad-hoc committee established for the sole purpose of selecting such replacement.

Article X - Adoption and Amendments

These Bylaws shall be adopted and may be amended by a majority vote of the CHCGB at any regular meeting. The CHCGB shall review the Bylaws annually. In the case of amendment, written notice of the amendment shall be submitted to each member at least seven (7) days prior to the meeting at which adoption is scheduled. Subsequent to CHCGB action, said amendments shall be approved by the Board of Supervisors. Bylaws must fit the policies established by the County of San Bernardino for Boards and Commissions, as well as meeting FQHC legislative requirements.

Appendix A: Key Terms Related to the By-Laws and Governance:

- Applicant—a person who has completed the County of San Bernardino Application for Appointment to County Board, Commission or Committee.
- Candidate---a person whose application has been received by the health center staff; scheduled for an interview with the Council Development Committee; their application presented and voted upon by the active members of the CHCGB; and passed a background check while awaiting appointment from the Board of Supervisors. Candidates will have temporary voting privileges while awaiting full appointment. They will be able to vote but cannot make a motion or join a sub-

committee.

- Member—a person whose application has been accepted by the coapplicant board which includes the Community Health Center Governing Board and the County Board of Supervisors.
- Active Members—these are members who are in good standing and not on leave.
- Mentorship—a process of acclimating new board members to the process and functioning of the CHCGB

Appendix B: Mentorship

- CHCGB Membership Mentor Introduction Letter
- CHCGB Membership Mentor Expectations
- CHCGB Membership Mentee Expectations
- CHCGB Membership Mentee Expectation Signature



Public Health Community Health Center

Joshua Dugas, MBA, REHS
Director

Michael A. Sequeira, M.D.
Health Officer

Date:

Name:

Address:

Re: Board Mentorship:

Dear New/Return Member,

I want to welcome you to the San Bernardino County Community Health Center Governing Board (CHCGB). My name is George A. Richardson, I will be your Mentor for the next three months for new members and one month for returning members. I am here to help you with Learning Key Elements, The Bylaws, Board Policies and Procedures.

I will also assist you with the understanding of The National Association of Community Health Center (NACHC) Governance Manuals. I am here to assist you, for you to become a SKILLED, STRONG and SUCCESSFUL BOARD MEMBER.

Again I welcome you to the San Bernardino County Community Health Center Governing Board. Thank you for your desire to serve on this Board. I look forward to working with you!

Sincerely,

George A. Richardson,

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
First District

JANICE RUTHERFORD
Second District

DAWN ROWE
Vice Chair, Third District

CURT HAGMAN
Chairman, Fourth District

JOE BACA, JR.
Fifth District

Leonard X. Hernandez
Chief Executive Officer



San Bernardino County Health Center Governing Board Council Development Committee Mentor Expectations

The primary role of the Council Development Committee Mentor is to work with new San Bernardino County Health Center Board members to assist them in understanding their role and responsibilities on the Board, to the Executive Committee and to the Health Centers. The Mentor is responsible for assisting new board members with learning the key elements of being a member of the Community Governing Board. This includes assisting with providing some of the overarching context for board discussions, providing support and assisting the Mentee to set expectations. The Mentor's role is to keep the Mentee organized, to assist the Mentee in understanding board processes in order for the Mentee to progress ahead in applying policies and procedures in accordance to Robert's Rules of Order and the Brown Act. Ultimately, it is the role of the Mentor to assist the Mentee in voting and making sound Board decisions as a board member. The Council Development Committee Mentor's job is defined in the Health Center's Bylaws. This can be found in **Article 8, Section II-c, Council Development Committee**.

The Council Development Committee Mentor is responsible for the following:

- **Commitment:** It is the Council Development Committee Mentor's role to develop a relationship with the Mentee, in doing so the Mentor ensures consistency and exhibits commitment to the process. This includes making themselves available to the Mentee for the duration of the mentorship period. The Mentor **must be available** to meet with the Mentee regularly to ensure a greater chance of the Mentee's overall success which includes gaining a better understanding of the board's role and responsibilities to the Health Resources & Services Administration (HRSA) Health Center Program and an understanding of the history of the health center movement and the local activists who fought to improve the lives of Americans living in poverty and in need of health care.
- **Knowledge and Skills:** The Council Development Committee Mentor is the initial link between the Board and Mentee. Although the skill requirement is important, the Mentor needs to be **motivated** and self-assured when working with others. An effective Mentor **has good communication** skills and exhibits good listening skills. The Mentor must also have an understanding of the National Association of Community Health Centers (NACHC) Governance Guide for Health Center Boards as well as an understanding of parliamentary procedures. The Mentor must exhibit a professional demeanor and the ability to work well with others.
- **Good Qualities:** The Council Development Committee Mentor must be a good listener, trustworthy, responsible, fair and positive. The Mentor functions in a lead capacity to assist the Mentee in understanding the Health Center Program, e.g., patient challenges with accessing care, such as lack of transportation, literacy issues, and working to eliminate barriers associated with accessing health services. The Mentor must assist the Mentee in achieving the level of knowledge necessary to positively make a vote on the Program's Health Center business and in



San Bernardino County Health Center Governing Board Council Development Committee Mentor Expectations

understanding the program's long range goals. The Mentor must review the board handbook, Robert Rules of Order and other policies and procedures to prepare themselves and new members with the necessary knowledge and skills that are exercised in board meeting processes.

- **A Facilitator:** The Council Development Committee Mentor must maintain regular communication with new board members to ensure proper participation and meeting attendance. The Mentor shall act as cheerleader, a facilitator in addressing issues, and a coach and advocate in assisting the Mentee with success. This includes explaining agenda items, reviewing board policies and procedures, explaining and answering questions, and engaging in follow-up on discussions.



San Bernardino County Health Center Governing Board Council Development Committee Mentee Expectations

The Council Development Committee Mentorship is defined in the Health Center's Bylaws. This can be found in **Article 8, Section II-c, Council Development Committee**. The primary role of the Council Development Committee Mentee is to be mentored by a Mentor. A Mentor is the main person you rely on to give you advice and guidance, especially in your progress towards understanding the Community Governing Board By-laws and expectations. The Mentee participates in training based on active communication with to a Mentor.

MENTEE ROLES AND RESPONSIBILITIES:

To be involved in a mentoring relationship is a privilege for both participants, and as a result it is important to be gracious and thoughtful towards each other. When unclear about what to do or how to act, please seek guidance from the Mentor. The gesture of asking the Mentor conveys respect for what the two of you are working to accomplish.

Some basic premises of what makes the ideal mentee are:

1. Eagerness to learn
2. Ability and willingness to work as a team player
3. Patience
4. Be a risk taker
5. Have a positive attitude

MENTEE ROLES:

Mentoring is a partnership between two individuals, the Mentor and the Mentee. In considering the roles of the Mentor, he or she must wear many hats throughout the process. A Mentee must also perform several roles.

The Mentee is the student who needs to absorb the Mentor's knowledge and have the ambition and desire to know what to do with this knowledge. As a student, the Mentee needs to practice and demonstrate what has been learned.

A Mentee is the "gauge" to measure how interactive the connection between the Mentor and Mentee will be. This means that the Mentee determines the capacity of the mentoring connection. The Mentee decides upon the amount of help and guidance he/she needs. As well, the Mentee should take the initiative to ask for help or advice and to tackle more challenging assignments.



San Bernardino County Health Center Governing Board Council Development Committee Mentee Expectations

RECOMMENDATIONS/GUIDELINES FOR MENTEES:

1. Allow your Mentor to take the lead in the relationship. Listen and respect the opportunities, limitations and format of the relationship he or she is able to provide for you. Always act with courtesy and respect towards your mentor.
2. Use active listening skills during discussions with your Mentor. Take notes when appropriate, ask good questions and have a purpose for your questions.
3. Take the initiative to ask for feedback. Get feedback on specific issues, for example, how you come across to others. Ask for specific details to ensure you understand specific board behaviors.
4. Tell your Mentor how you prefer to get feedback (for example, direct, with humor, softened). Honest feedback gives you an opportunity to improve yourself and help you to move towards fulfilling your potential.
5. Always be considerate and respect your Mentor's time as you do your own.
6. Return phone calls promptly and be on time with commitments or meetings.
7. Demonstrate that you have followed advice or commitments for action at every opportunity, even if you have modified your plan. Pointing out that you used your Mentor's help and sharing outcomes is important.
8. Express your appreciation for every form of assistance you get.
9. Respect your mentor's confidence and trust.
10. Prepare yourself to move beyond your mentoring connection, once it has served its purpose.



San Bernardino County Health Center Governing Board Council Development Committee Mentee Signature Page

Board Agreement: Community Governing Board Council Development Committee Mentee

The following San Bernardino County Health Center Governing Board (CHCGB) Council Development Committee Mentee Expectations are presented to you to clarify the board expectations regarding the role of mentee:

1. The Mentee is expected to attend regular meetings in-person or via Zoom, as designated by the San Bernardino County Health Center Governing Board Bylaws.
2. Keep abreast of reading materials and changes with the National Association of Community Health Centers (NACHC) recommendations and changes. In addition to other pertinent HRSA Board require reading materials, i.e., National Association of Community Health Center (NACHC) Governance Manuals.
3. Cooperate and collaborate with the Mentor, Executive Committee and general board to ensure the successful on-boarding, as a Mentee.
4. Collaborate and coordinate with the assigned San Bernardino County Health Center Governing Board, Council Development Committee assigned staff.
5. Engage in participation as a Board Member in a professional manner and maintain open communication with the Mentor, all board members and Health Center staff.
6. The Mentee shall **not** participate in any established CHCGB committees until the completion of the initial mentorship period, approx. three months.

I acknowledge that I have read and understand and I am in receipt of the attached San Bernardino County Health Center Governing Board Council Development Committee Mentor Expectation Requirements.

Mentee Print/ Sign Name

Date

Mentor Print/ Sign Name

Date

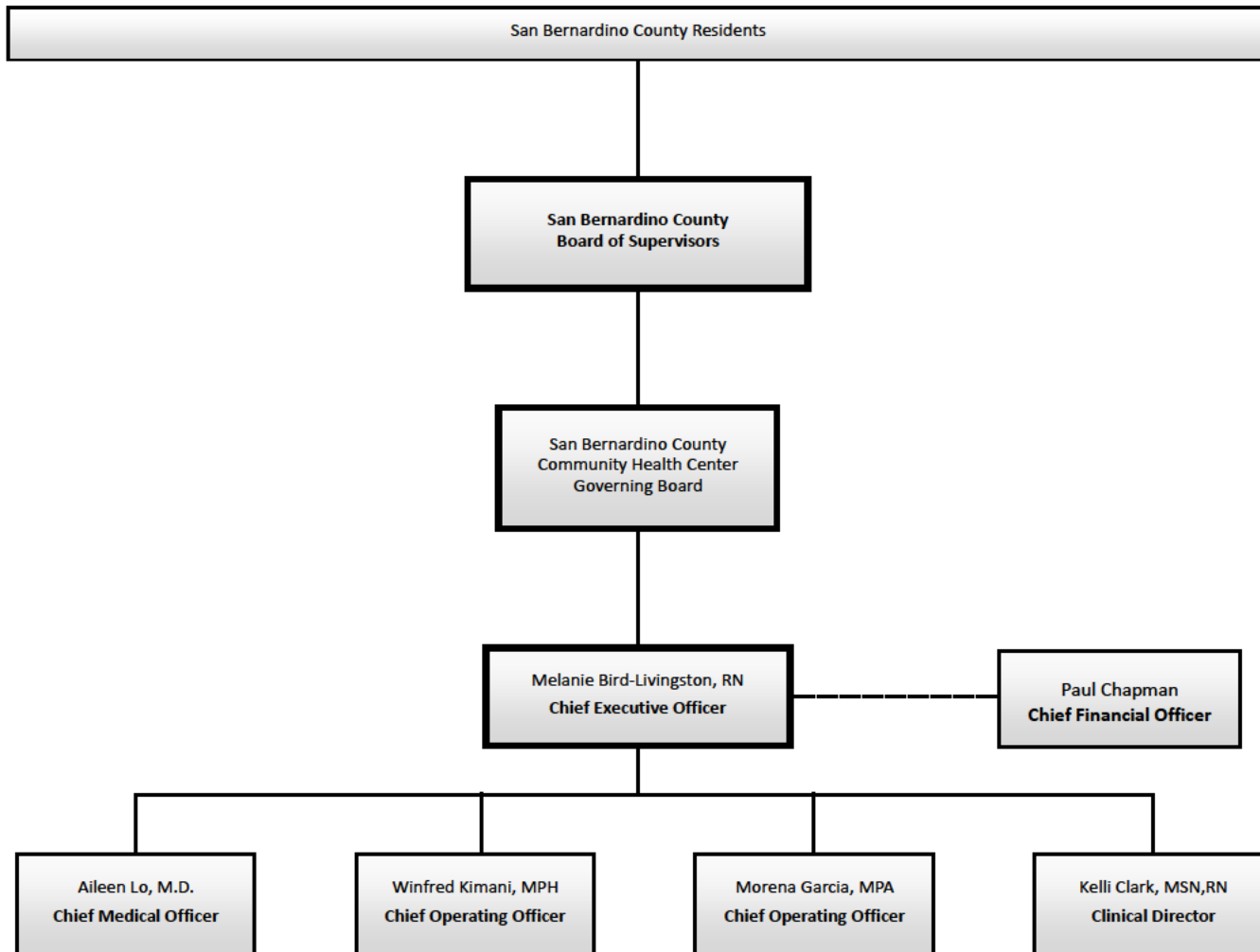
Chief Executive Officer Name and Signature

Date

Chairperson Name and Signature

Date

San Bernardino County Public Health Department (SBCPHD) HEALTH CENTER KEY MANAGEMENT STAFF





Public Health

Chief Executive Officer (CEO) / Public Health Division

Chief Position Standards

PURPOSE: To clearly outline the primary functions and expectations required of the Community Health Center Chief Executive Officer (CEO)/Public Health Division Chief job classification assigned to the Clinic Operations Section (Clinic Ops) within the Department of Public Health (DPH).

REQUIREMENTS: The CEO/Division Chief is required to have both of the following education and experience requirements:

- **Education:** Bachelor's degree (or higher) in Public Health, Public/Business Administration, Health Administration, Health Science, or closely related field of study.
- **Experience:** Four years of full-time equivalent experience managing a Public Health program, which must include full-scope supervisory experience and oversight of program budget, policies, and procedures.

CEO DUTIES: To ensure smooth and efficient administrative operations of the Clinic Ops, the CEO will be a senior level executive that administers, implements, and directs all aspects of the Community Health Clinic in accordance with the policies and procedures of the local Health Center Community Governing Board (CHCGB), San Bernardino County Board of Supervisors (BoS), and funding agencies. In accordance with the Health Resources and Services Administration (HRSA), the CEO will:

- Coordinate and integrate the administrative management aspects of the Federally Qualified Health Center's (FQHC's) overall programs and present information to the Governing Board as a basis for sound decision-making when rendering policy and program directives.
- Exhibit a high degree of health administration knowledge, initiative, originality, diplomacy, visibility and exercise sound and responsible judgment in performing daily assignments. This includes having thorough knowledge of the problems and techniques of health care delivery (urban/rural area).
- Be capable of dealing with people of diverse educational and cultural backgrounds.
- Develop and maintain effective public relations with the community, other health care institutions, providers, civic organizations, national, state, and local groups.
- Perform in numerous administrative capacities to ensure staff compliance with established federal, county, DPH and Clinic Ops policies and procedures.
- Ability to identify gaps in service delivery, make appropriate recommendations, apply interventions to address compliance, and monitor FQHC funding requirements.
- Implement, direct and evaluate the effectiveness of administrative management necessary to carry out the Health Center program(s) as described in HRSA Practice Guidelines and the grant funding proposal.
- Assist the CHCGB in formulating and revising the strategic plan for the FQHCs.
- Develop and formalize program plans/policy changes in accordance with the governance decisions of the CHCGB, funding agencies, and the San Bernardino County BoS.
- Interpret policy and make administrative decisions, soliciting the input of the department, CHCGB, and the San Bernardino County BoS.
- Demonstrate a thorough working knowledge of federal, state, and local regulations governing the operation of a Community Health Center facility.
- Make necessary changes/improvements in the existing administrative procedures/practices and provide recommendations to the CHCGB, as needed.
- Present/maintain personnel policies and procedures for the FQHCs in accordance with established San Bernardino County policies and procedures, which are subject to the approval of the CHCGB, San Bernardino County Human Resources Department, and San Bernardino County BoS.
- Ensure that personnel management contributes to the maximum utilization of required productivity standard and toward efficient implementation of the FQHC program(s).
- Direct the development of standards and methods used to assess the activities of the FQHC's with respect to the feasibility, quality, productivity costs/other aspects of the administration.
- Implement an effective system of financial management and control to ensure that quality healthcare services are being rendered, in a cost-effective manner.
- Ensure that funds, personnel equipment/supplies are utilized effectively in carrying out the policies/procedures and program plans in conjunction with Chief Financial Officer (CFO), CHCGB, and Finance Committee.
- Formulate and justify the fiscal budget in accordance with any limitations prescribed by the CHCGB and the San Bernardino County BoS.
- Interpret and report annual data to CHCGB and the San Bernardino County BoS.
- Analyze patient data for reimbursement, facility planning, and quality of patient care, risk management, and utilization management.
- Keep abreast of current trends and innovative programs, which relate to Health Care administration and clinical management.
- Performs other duties, which may be assigned by the CHCGB of the San Bernardino County BoS



Public Health

Public Health Chief Financial Officer (CFO)

Position Standards

PURPOSE: To clearly outline the primary functions and expectations required of each job classification assigned to the Clinic Operations Section (Clinic Ops) within the Department of Public Health (DPH).

SCOPE: To oversee the financial operations of the San Bernardino County Federally Qualified Health Centers' (FQHC's) billing, collections and revenues functions and compliance with applicable federal statutes, regulations, and the terms and conditions of the federal law.

REQUIREMENTS: The Public Health Chief Financial Officer is required to have both of the following education and experience requirements:

- **Education:** A bachelor's degree (or higher) in finance/accounting, public/business administration, management, public health, or a closely related field. Master of Business Administration (MBA) preferred. Licensures and/or Certifications: Certified Public Accountant preferred but not required.
- **Experience:** Three years of full-time highly responsible management or administrative experience within a governmental agency with primary responsibility for:
 - Overseeing program planning, development, and evaluation.
 - Developing and implementing policies and procedures.
 - Ensuring contract/grant compliance.
 - Maintaining personnel administration, program/business operations, and budget/fiscal administration and oversight.

DUTIES: The duties of the Public Health Chief Financial Officer may include, but are not limited to, the following:

- Oversee, direct, and manage the Public Health Department's fiscal system.
- Responsible for the supervision, training and evaluation of the Finance Department staff which also includes the billing department.
- Provides overall supervision of general accounting functions of the finance/billing departments, including payroll, purchasing, accounts receivables, accounts payable, MIS, and general account functions of the Finance Department.
- Develops, recommends, and implements accounting and operational policies, procedures and processes that assure organized, efficient, and compliant management systems for appropriate changes to the Director/Assistant Director of Public Health.
- Participates in and provides input into management decisions with respect to financial and operational matters.
- Provides overall fiscal management of all city, state, and federal grants.
- Manage and coordinate fiscal operations of the department, which include, but are not limited to, the functions of budgeting, fiscal control, accounting, purchasing, and contract administration.
- In consultation with the Chief Nursing Officer and Chief Operating Officer, develops, supervises, and coordinates all efforts to attain maximum third-party reimbursements including capitated arrangements.
- Supervises the preparation of all regulatory reports (i.e. FSR, UDS, Medicare Medicaid, IRS Form 990, state tax returns, etc.)
- Supervise the preparation of the departmental budget.
- Attends the finance committee meeting of the health center's Board of Directors and presents the current fiscal situation.
- Attends the meetings of and reports to Board of Directors at the request of the Chief Nursing Officer and Chief Operating Officer.
- Review, analyze, and prioritize internal budget requests.
- Prepares annual organization budget and grant budgets as well as individual grant budgets; coordinates all department budgets; works with all department heads throughout the year to ensure expenditures adhere to legal and budgetary requirements.
- Provide justifications and prepare the final budget package.
- Performs all other duties as assigned.



Public Health

Chief Medical Officer (CMO) / Public Health Medical Director

Position Standards

PURPOSE: To clearly outline the primary functions and expectations required of the Chief Medical Officer (CMO)/Public Health Medical Director assigned to the Clinic Operations Section (Clinic Ops) within the Department of Public Health (DPH).

REQUIREMENTS: The CMO/Public Health Medical Director must be a licensed physician in the State of California and be Board Certified or Board Eligible in family practice, primary care, internal medicine, or public health or general preventive medicine.

The CMO/Medical Director must have the ability to:

- Manage, supervise, and train the providers' medical staff. Plan and direct medical programs for implementation in the San Bernardino County Federally Qualified Health Center (FQHCs) and Public Health Clinics (Clinics), and develop and implement quality assurance, quality improvement, and assure quality patient care to meet best practice standards.

DUTIES: The CMO/Medical Director must be able to perform in numerous medical and administrative capacities to ensure staff compliance with established federal, county, department and section policies and procedures. This expectation includes identification of gaps in medical service delivery, making appropriate recommendations, applying interventions to address medical compliance, and monitoring related to the FQHC funding requirements. Therefore, the CMO/Medical Director duties related to the Clinic Ops, FQHC are as follows:

- Oversee the delivery of medical care to all patients, including appropriate evaluation, diagnosis, treatment, medical screening, and administration of medications.
- Provide medical guidance to professional staff and may provide direct medical services as needed within a community clinic setting. Provide technical advice to the CEO and Clinical Director on matters of medical judgement.
- Supervise, evaluate, and determine competency of medical staff, including contract physicians. Coordinate staffing and personnel decisions. This includes functioning as a supervising physician to mid-level providers.
- Provide orientation, in-service training for clinic medical staff new and existing providers, review credentials, handle disciplinary actions, including termination, and approve continuing medical education requests.
- Develop, implement, review, and evaluate administrative and patient care policies and procedures for quality improvement of medical care.
- Develop relationships with hospitals and clinics within and outside the county that provide care to public health patients, urgent care, and triage.
- Act as a liaison with hospitals regarding specialty care referrals and clinic follow-up after patient discharge.
- Preserve the confidentiality and dignity of all patients, staff, and community members accessing the Section.
- Conduct self in a professional manner and contribute to a supportive work environment by sharing knowledge and experience. Model thoughtful communication during assigned Standard Tour of Duty.
- Exhibit critical thinking in exercising good judgment in accordance with best practice medical standards and adhering to job requirements. Demonstrate the ability to problem solve and render medical and non-medical decisions.
- Assist staff in the provision of quality medical and dental services to agency customers.
- Work in collaboration with Division Chief (CEO), Clinical Director, Program Managers/Chief Operating Officers, and Program Coordinators to ensure medical staff is knowledgeable about FQHC program goals/objectives, application of policies and procedures as implemented per the Clinic Ops requirements. Assist medical staff in understanding these requirements to enhance FQHC and Clinic medical service delivery and outcomes. This includes the county, state and FQHC funding requirements.
- Assist the Health Officer, CEO and/or Clinical Director in the selection and evaluation of provider staff.
- Provide consultation and peer review for all medical providers in the FQHC's and Clinics.
- Ensure that provider(s) and dental staff comply with state rules, regulations and recommendations related to best practice standards.
- Provide medical coverage in the FQHCs or Clinics in the absence of non-contracted medical providers. This may include temporary vacation coverage.
- Review and oversee the Quality Assurance/Quality Improvement (QA/QI) Committee and Uniform Data System (UDS) Core Measure requirements to ensure appropriate levels of quality care by medical staff. This includes performing as chairperson, development and maintenance of detailed policies and procedures required in the performance of all activities related to the QI/QA process.
- Maintain an effective QI/QA program to assist in moving the FQHC's to the next level. This includes having the ability to anticipate and forecast future program needs.
- Perform as major contributor to educate the Community Health Center Governing Board (CHCGB) regarding medical services and quality improvement efforts. This includes providing quarterly updates, as needed.
- Review and assist in the development of clinical competencies and procedures. This may include continuing education opportunities for medical staff in accordance with available allocated training funds and county training requirements.
- Work with the Health Officer, CEO, Clinical Director, and Program Managers/Chief Operating Officers to identify gaps in FQHC and Clinic service delivery and recommend appropriate interventions, as needed. This may include responsibility for oversight related to specialty programs (e.g., hepatitis C).
- Meet with regulatory agencies as necessary to address the organization's medical practice needs and review medical competencies with mid-levels, at least annually.
- Provide medical input in the submission of Health Resources & Services Administrations (HRSA) required reports.
- Demonstrate the ability to compose oral and written communication to convey clear and concise messages to address staffing and medical compliance needs. This includes the ability to communicate effectively with internal and external customers (e.g., patients, agency officials, staff, etc.).
- Ensure staff are knowledgeable about FQHC requirements and deliverables in consultation with the Health Officer, CEO, Clinical Director, and Program Managers/Chief Operating Officers. This includes application of electronic health record (EHR) policies and procedures and other reporting requirements.
- Comply with monitoring and follow-up activities in consultation with the Clinical Director to ensure all FQHCs and Clinics (e.g., sexually transmitted infections [STI], mammograms, etc.). This includes working with assigned staff to run special queries and reports.
- Work with the Health Officer, CEO, Clinical Director, Program Managers/Chief Operating Officers, Program Coordinators, and medical personnel (Doctor of Medicine [MD], Nurse Practitioner [NP], Physician Assistant [PA], etc.) to understand Clinic Ops policies/procedures to ensure these policies are applied to enhance FQHC and clinic medical service delivery outcome



Public Health

Public Health Chief Operating Officer (COO)

Position Standards

PURPOSE: To clearly outline the primary functions and expectations required of each job classification assigned to the Clinic Operations Section (Clinic Ops) within the Department of Public Health (DPH).

SCOPE: To ensure smooth and efficient administrative operations of the Clinic Operations Section, Chief Operating Officer (COO) shall be a mid-level executive to assist in planning, organizing, and directing the daily operations of Public Health, Federally Qualified Health Centers, and Clinics throughout the County, including administrative oversight of clinical and non-clinical activities, program budgets and expenditure levels related to community health services.

REQUIREMENTS: The Public Health Chief Operating Officer is required to have both of the following education and experience requirements:

- **Education:** A bachelor's degree in public, business, or health administration; health sciences; nursing; or a closely related field. A master's degree in any of the above areas is desirable.
- **Experience:** Three (3) years of experience in a Public Health program or in an Emergency Services department, one (1) year of which includes full-time supervision involving hiring, evaluations, and discipline.

DUTIES: The Chief Operating Officer administers, implements, and directs all aspects of the Community Health Center Program in accordance with the policies and procedures of the County of San Bernardino Board of Supervisors, local Health Center Community Governing Board, and funding agencies. The COO shall under general direction, plan, organize, and direct the daily operations of Public Health, health facilities throughout the County, including interacting with internal and external agencies and community partners to increase and improve community health services in compliance with the Health Resources and Services Administration (HRSA) requirements to improve access to health care services for people who are uninsured, isolated, or medically vulnerable. Therefore, the job expectation of the Chief Operating Officer for the Federally Qualified Health Centers (FQHC) are as follows:

- Plan, organize and direct the daily operations of all Public Health clinics and related community health programs; develop and implement policies, procedures, protocols, and guidelines that comply with initiatives of County, State and Federal agencies to ensure the efficient delivery of services.
- Work with the Health Officer, Medical Director, CEO, and Director of Nursing to identify gaps in Health Center and Clinic service delivery and recommend appropriate interventions, as needed. This may include responsibility for oversight related to specialty programs, e.g., Hep-C, HIV and Maternal Health.
- Analyze correspondence, records and other information, review materials, prepare reports and make recommendations to improve efficiency of clinic operations and the provision of community health services.
- In consultation with the Health Officer, Medical Director, CEO, and Director of Nursing ensure staff are knowledgeable about Federally Qualified Health Center (FQHC) requirements and deliverables. This includes application of Electronic Health Record policies and procedures and HRSA reporting requirements.
- Oversee and assist with the preparation of the annual Section budget by providing statistical information and expenditure justification; identify staffing, equipment, and space needs; monitor budgets and expenditures within area of responsibility.
- Oversee and evaluate management personnel (Public Health Program Managers and all supervisory level staff in the absence of the region manager); organize and direct the Clinic Operations Section through subordinate supervisory staff; determine staff training needs; participate in strategic planning and development of long-range department goals related to health care delivery.
- Participate in human resource management and development activities; prepare and sign work performance evaluations; participate in hiring and disciplinary decisions; serve as a resource for subordinate staff.
- Direct the research of methods, technologies, and systems to support and improve community health services programs; conduct studies of patient care and fiscal systems/programs and procedures and policies; analyze research data output and makes appropriate recommendations for improvements.
- Perform as contributor to educate the Community Health Center Governing Board (CHCGB) regarding medical services and quality improvement efforts. This includes providing quarterly updates, as needed.
- Demonstrate the ability to problem solve and engage in sound decision-making on behalf of the Section.
- Engage in and demonstrate the ability to compose oral and written communication to convey clear and concise messages to address staffing and medical compliance needs on behalf of the Federal Qualified Health Centers and Clinics.
- Engage in Quality Assurance/Quality Improvement activities to maintain an effective quality improvement program to assist in moving the FQHC's to the next level. This includes forecasting and anticipating program needs and services.
- Represent the Department of Public Health in various community, county, state and professional venues; act on behalf of the Chief of Community Health during absences.
- Administer a quality management program with the objective of identifying service delivery gaps, developing resolutions and monitoring compliance; direct staff in utilizing quality management results for continuous improvement of systems, performance and services provided.
- Provide vacation and temporary relief as required.



Public Health

Public Health Clinic Director (CD)

PURPOSE: To clearly outline the primary functions and expectations required of the Clinical Director job classification assigned to the Clinic Operations Sections (Clinic Ops) within the Department of Public Health (DPH).

REQUIREMENTS: Clinical Directors are required to have the following:

- **Education:** A Bachelor's degree in Nursing.
- **License:** Must possess and maintain a current license as a Registered Nurse (RN) in the State of California.
- **Certifications:** Must possess and maintain:
 - Valid California Public Health Nursing Certificate, and
 - Healthcare Provider Level Basic Life Support (BLS) certification.
- **Experience:**
 - Three years of experience as a Public Health Nurse, of which one year must have been in a public health community setting/home visiting setting, and
 - One year of experience as a full-scope supervisor over a public health nursing staff.

DUTIES: The Clinical Director develops, plans, organizes, evaluates, and coordinates the clinical and operational services, systems, and staff through subordinate supervisors in a major service line involving multiple areas such as Primary Specialty Care and other medical areas. Positions report to a Division Chief and/or designee. The duties of the Clinical Director may include, but are not limited to the following:

- Plan, manage, direct and evaluate the activities and delivery of services for a service line.
- Oversee coordination of services within and between service lines.
- Collaborate with physicians and other departments to ensure quality and continuity of patient care.
- Supervise and direct the work of others, select, train, and evaluate subordinates.
- Prepare and sign work performance evaluations.
- Perform disciplinary and hiring and firing actions.
- Serve as a resource and mentor for subordinate staff.
- Provide leadership and direction for the development of effective recruitment, retention, and recognition in support of excellence in Nursing.
- Formulate and oversee the development and implementation of nursing policies, procedures, protocol, and guidelines initiated by county, state, and federal agencies and survey readiness.
- Recommend the development of new policies and procedures and maintain standards of excellence in nursing practice and ensure compliance.
- Develop goals and objectives for performance improvement and quality management activities and initiatives in support of Public Health and the Clinic Ops' vision and strategic plan.
- Monitor outcomes, interpret, and analyze policies and legal requirements and ensure the patient care/nursing services are operating within established guidelines.
- Attend meetings, chair committees, guide and oversee progress toward goals and objectives.
- Develop studies, participate in special projects, oversee grant programs and other quality improvement initiative programs/efforts, including development, implementation, and overseeing staff.
- Prepare and direct the creation of nursing operating and capital budgets and financials.
- May set budget parameters and complete justification.
- Monitor achievement of the budgets and financials.
- Demonstrate cost consciousness by organizing and directing work processes within established deadlines and timeframes.
- Assess nurse training, competency and educational needs of subordinates and staff.
- Oversee the development, coordination, and implementation of training for nursing staff for improved services and processes.



Contract Number

19-276

SAP Number

N/A

Department of Public Health

Department Contract Representative Winfred Kimani
Telephone Number (909) 383-3013

Contractor San Bernardino County Health Center Governing Board

Contractor Representative Telephone Number _____

Contract Term Effective April 30, 2019

Original Contract Amount Non-financial

Amendment Amount _____

Total Contract Amount _____

Cost Center _____

Briefly describe the general nature of the contract:

Co-Applicant Agreement between the San Bernardino County Health Center Governing Board and the County of San Bernardino Board of Supervisors delineating the roles and responsibilities in the administration and operation of the department of Public Health's Federally Qualified Health Centers.

FOR COUNTY USE ONLY

Approved as to Legal Form
[Signature]
Adam Ebright, Deputy County Counsel

Date 4-16-19

Reviewed for Contract Compliance

Date _____

Date _____

Reviewed/Approved by Department
[Signature]
Trudy Raymundo, Director

Date 4/17/19

CO-APPLICANT AGREEMENT
Between
COUNTY OF SAN BERNARDINO BOARD OF SUPERVISORS
and
SAN BERNARDINO COUNTY HEALTH CENTER GOVERNING BOARD
for
Federally Qualified Health Centers

WHEREAS, Section 330 of the Public Health Services Act (42 U.S.C. § 254b) requires Federally Qualified Health Centers to establish a governing board composed of individuals of whom a majority are being served by the Federally Qualified Health Centers and who, as a group, represent the individuals being served by the Federally Qualified Health Centers; and

WHEREAS, the purpose of the San Bernardino County Health Center Governing Board is to act in conjunction with the County of San Bernardino Board of Supervisors, pursuant to 42 U.S.C. §1395x(aa)(3) and/or 42 U.S.C. §1396(e)(2)(B); and

WHEREAS, the County of San Bernardino Board of Supervisors and the San Bernardino County Health Center Governing Board desire to enter into a Co-applicant Agreement in order to comply with the requirements of the Public Health Services Act and the grant funding requirements established thereto;

NOW THEREFORE, County of San Bernardino Board of Supervisors and San Bernardino County Health Center Governing Board mutually agree to the following terms and conditions:

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VII. GENERAL PROVISIONS4

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ATTACHMENT – Resolution
ATTACHMENT – Bylaws

I. DEFINITIONS

- A. County of San Bernardino – The largest county in the state and contiguous United States, covering over 20,000 square miles. There are 24 cities and towns in the county and multiple unincorporated communities.
- B. Department of Public Health (DPH) - The Department of Public Health works to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services throughout the county. To achieve this goal, the department places a high value on strong working alliances with local community groups representing the diverse populations who live in all areas of our large county.
- C. Federally Qualified Health Center (FQHC) – Health care clinics operated by the County of San Bernardino DPH which are designated as FQHCs pursuant to 42 U.S.C. §1395x(aa)(3) and/or 42 U.S.C. §1396(e)(2)(B). The FQHC's receive a reimbursement designation from the Bureau of Primary Health Care and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services. This designation is significant for several health programs funded under the Health Center Consolidation Act (Section 330 of the Public Health Service Act).
- D. County of San Bernardino Board of Supervisors (Board of Supervisors) – The Board of Supervisors establishes local advisory and regulatory boards, commissions and committees for the purpose of assisting in the effectiveness of county government and services.
- E. San Bernardino County Health Center Governing Board (Governing Board) – Acts in conjunction with the Board of Supervisors as the governing board of the FQHCs pursuant to 42 U.S.C. §254b.

II. GOVERNING BOARD RESPONSIBILITIES

- A. The CHCGB shall approve the selection and dismissal of the Chief Executive Officer for the FQHC's in accordance with Article IX – Selection and Dismissal of the Chief Executive Officer of the CHCGB Bylaws.
- B. The Governing Board shall meet a minimum of monthly. The schedule of meetings and locations shall be set at the first meeting of the calendar.
- C. Approve policies identifying the services to be delivered at the FQHC locations and the hours which services are to be provided.
- D. Approve, within appropriations available for such purpose, the budget for the County FQHC's operations, and forward the budget to the Board of Supervisors for acceptance. Any changes made by the Board of Supervisors will be returned to the Governing Board for final approval. Such budget shall be initially prepared by the Chief Executive Officer or designee.
- E. Develop financial priorities and strategies for major resource utilization, subject to approval by the Board of Supervisors.
- F. Evaluate, at least annually, the effectiveness of the County FQHCs. Such evaluations shall include but not be limited to, utilization patterns, productivity, strategic planning, patient satisfaction, and achievement of program objectives.
- G. Review all audit results.
- H. Develop and approve a strategic plan and conduct long-term planning.

- I. Approve all grant applications and submit to the Board of Supervisors for acceptance and submission.
- J. Approve and implement a procedure for hearing and resolving patient grievances.
- K. Approve quality of care audit procedures.
- L. Assure the FQHC's are operating in compliance with Federal, State and local laws and regulations.
- M. Periodically report to the Board of Supervisors regarding the County FQHCs' utilization, productivity, patient satisfaction and achievement of project objectives.
- N. Approve such other policies as are necessary and proper for the efficient and effective operation of the health centers.
- O. Evaluate annually the performance of the Chief Executive Officer.
- P. All other responsibilities indicated in the Resolutions and the Governing Board Bylaws, attached hereto and incorporated fully herein.

III. BOARD OF SUPERVISORS RESPONSIBILITIES

- A. The Board of Supervisors shall maintain the authority to set general policy of fiscal and personnel matters at the San Bernardino County FQHCs, including those matters in County Code, policies related to fiscal management practices, charging and rate setting, labor relations and conditions of employment. The Governing Board may not adopt any policy or practice, or take any action, which is inconsistent with the County Code or which alters the scope of any policy set by the Board of Supervisors on fiscal and personnel issues. (Policy Information Notice 98-23)
- B. The Board of Supervisors shall fulfill all other responsibilities as indicated in the current Governing Board Resolution and Governing Board Bylaws approved by the Board of Supervisors.

IV. FISCAL PROVISIONS

This is a non – financial agreement.

V. TERM

This Co-Applicant Agreement is effective April 30, 2019, and shall continue from year to year, unless otherwise terminated earlier in accordance with provisions of Section VI of this CO-APPLICANT AGREEMENT.

VI. EARLY TERMINATION

This CO-APPLICANT AGREEMENT may be terminated without cause should the Health Centers designated as FQHCs lose such designation or such funding be eliminated. This CO-APPLICANT AGREEMENT may also be terminated without cause upon thirty (30) days written notice by the Board of Supervisors.

VII. GENERAL PROVISIONS

- A. No waiver of any of the provisions of the CO-APPLICANT AGREEMENT shall be effective unless it is made in a writing which refers to provisions so waived and which is executed by the Parties. No course of dealing and no delay or failure of a Party in exercising any right under any CO-


APPLICANT AGREEMENT shall affect any other or future exercise of that right or any exercise of any other right. A Party shall not be precluded from exercising a right by its having partially exercised that right or its having previously abandoned or discontinued steps to enforce that right.

- B. Any alterations, variations, modifications, or waivers of provisions of the COAPPLICANT AGREEMENT, unless specifically allowed in the CO-APPLICANT AGREEMENT, shall be valid only when they have been reduced to writing, duly signed and approved by the Authorized Representatives of both parties as an amendment to this CO-APPLICANT AGREEMENT. No oral understanding or agreement not incorporated herein shall be binding on any of the Parties hereto.
- C. The Board of Supervisors and Governing Board shall observe all federal, state and county requirements, and applicable law concerning the confidentiality of health records.

VIII. CONCLUSION


- A. This CO-APPLICANT AGREEMENT, consisting of five (5) pages and Attachments, is the full and complete document describing responsibilities to be rendered by Board of Supervisors to Governing Board including all covenants, conditions and benefits.
- B. The signatures of the Parties affixed to this COAPPLICANT AGREEMENT affirm that they are duly authorized to commit and bind their respective departments to the terms and conditions set forth in this document.

BOARD OF SUPERVISORS

▶ 
Curt Hagman, Chairman, Board of Supervisors

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD



By 
Laura H. Welch
Clerk of the Board of Supervisors
of the County of San Bernardino
Deputy

San Bernardino County Health Center Governing Board

(Print or type name of corporation, company, contractor, etc.)

By 
(Authorized signature - sign in blue ink)

Name Anthony Kastel
(Print or type name of person signing contract)

Title Governing Board Chairperson
(Print or Type)

Dated: 4/15/19

Address 16453 Bear Valley Rd.
Hesperia, CA 92345

BOS approved Resolution
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BOS approved Bylaws

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List of Contracts
HRSA Site Visit 2022

Federal Award Funds?	Contract No./ SAP No.	Contractor	Contract Amount	Description	Contract Start Date	Contract End Date
Yes	4400010121 A1-3	CareNet	\$688,000	After-hours, weekends, and holidays Nurse Advice line to support all four FQHCs	1/1/2019	12/31/2023
No	Inter-departmental MOU	Arrowhead Regional Medical Center	\$0	Agreement to Collaborate and cooperate to provide continuity of care of FQHC patients who receive treatment at hospital	11/15/2017	11/14/2023
No	22-1073	Desert Valley Hospital	\$0	Agreement to Collaborate and cooperate to provide Continuity of Care of FQHC patients who receive treatment at hospital	11/1/2022	10/31/2025
No	18-672 A1-6	CPS Solutions	\$3,759,932	Provide pharmacy services. Management of 340B Program's compliance	9/1/2018	8/31/2023
No	4400014171	Desert Valley Medical Group, Inc	\$316,965	Provide comprehensive obstetric services in the Desert Region	7/1/2020	6/30/2023
No	19-577	Hanna Interpreting Services, LLC	\$3,750,000	Provide translation services to FQHC patients	9/1/2019	8/31/2025
No	19-574	Asian American Educational & Cultural Resources Center, Inc.	\$3,750,000	Provide translation services to FQHC patients	9/1/2019	8/31/2025
No	20-173 A-1	Loma Linda University Faculty Medical Group	\$3,616,920	Pediatrics Services to FQHC patients	7/1/2020	6/30/2024
No	19-398 A-2	California University of Science and Medicine	\$14,665,887	Primary Care Services to FQHC patients	7/1/2019	6/30/2024
No	Inter-departmental MOU	DPH and Probation Department	\$254,380	Provide health awareness sessions, and assist in a comprehensive treatment referral program to probation population	7/1/2018	6/30/2024
No	21-686 A-6	Arrowhead Radiology Medical Group, Inc.	\$300,000	Provide radiology services to referred FQHC patients	8/28/2018	7/31/2024
Yes	23-133 / 4400006855	JM Staffing	Fee Schedule	Temporary Staff Services	3/1/2023	2/28/2028
Yes	22-875	Quest Diagnostics	Fee Schedule	Provide Lab Services to FQHC patients	10/1/2023	9/30/2027
Yes	4400018351	Cardinal Health	\$640,000	Vendor utilized to purchase medications and supplies via the 340B program	11/12/2021	6/30/2023

Family Assistance Program

15075 7th Street, Victorville, CA 92395
Outreach (760) 843-0701 Fax (760) 843-9551 Hotline (760) 949-4357



July 21, 2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
CEO, Federally Qualified Health Centers
San Bernardino County
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition (SAC) grant to maintain continuity of care to patients already served by the Health Centers Program in the four Federally Qualified Health Centers (FQHCs) located in the cities of Adelanto, Hesperia, Ontario, and San Bernardino; and two School Based Health Centers located in the cities of Apple Valley and Ontario. The grant will help increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

Across San Bernardino County as a whole, the population currently maintains a noteworthy burden of chronic disease. In 2019, 7.6% of adults in San Bernardino County had been diagnosed with cardiovascular disease, 13.9% with diabetes, and 29.5% with high blood pressure; these rates are higher than California and other neighboring counties by comparison particularly in diabetes and cardiovascular disease. Over the past 10 years there has been an increased need for mental health care, with children ages 0-5 displaying the largest growth; followed by seniors ages 65 and older; and children ages 12-17.

Community Health Centers act as safety net providers, supporting access to preventive primary care services to the uninsured, underinsured, and underserved residents of the County. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting, reducing stigma and discrimination.

Family Assistance Program conducts health assessments for victims of domestic violence and human trafficking at 8 shelters across San Bernardino County. During these assessments, access to health care is frequently a barrier. We look forward to continuing its partnership with the Department of Public Health through on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities.

Family Assistance Program empowers all individuals and families, regardless of age or gender, by providing knowledge and skills to live a healthy, safe, fulfilled life.

Family Assistance Program

15075 7th Street, Victorville, CA 92395

Outreach (760) 843-0701 Fax (760) 843-9551 Hotline (760) 949-4357



Please do not hesitate to contact my office at 760-985-0726 if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Evey", with a long horizontal flourish extending to the right.

Darryl Evey
CEO

Family Assistance Program empowers all individuals and families, regardless of age or gender, by providing knowledge and skills to live a healthy, safe, fulfilled life.

July 21, 2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

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Across San Bernardino County as a whole, the population currently maintains a noteworthy burden of chronic disease. In 2019, 7.6% of adults in San Bernardino County had been diagnosed with cardiovascular disease, 13.9% with diabetes, and 29.5% with high blood pressure; these rates are higher than California and other neighboring counties by comparison particularly in diabetes and cardiovascular disease. Over the past 10 years there has been an increased need for mental health care, with children ages 0-5 displaying the largest growth; followed by seniors ages 65 and older; and children ages 12-17.

Community Health Centers act as a safety net by providing preventive primary care services to the uninsured, underinsured, and underserved residents of the County. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting reducing stigma and discrimination.

Community Health Association Inland Southern Region (CHAISR) looks forward to continuing its partnership with the Department of Public Health through on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities. As members they are active in CHAISR's peer networks and collaborative where the goal is to support each other to ensure the health of our communities.

Please do not hesitate to contact my office at (909) 566-2555, if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,



Jodell Wingo, MHA
President and CEO
Community Health Association Inland Southern Region



July 25, 2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition grant to maintain continuity of care to patients already served by the Health Centers Program in the four Federally Qualified Health Centers (FQHCs) located in the cities of Adelanto, Hesperia, Ontario, and San Bernardino; and two School Based Health Centers located in the cities of Ontario and Apple Valley. The proposed project will also increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

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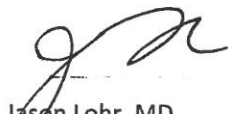
Community Health Centers act as a safety net by providing preventive primary care services to the uninsured, underinsured, and underserved residents of the County. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting reducing stigma and discrimination.

SAC Health works closely with San Bernardino County Health Clinics in serving our shared communities looks forward to continuing its partnership with the Department of Public Health through on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities.

Please do not hesitate to contact my office at 909-259-9113, if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,



Jason Lohr, MD
Chief Executive Officer/President

SAC Health with 11 locations serving you in San Bernardino and Riverside Counties.

SAC Health complies with applicable Federal and State civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender.



Community Health Center
July 26, 2023

1450 E. Holt Avenue, Pomona, CA 91767 | (909) 630-7927 | parktreechc.org

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition grant to maintain continuity of care to patients already served by the Health Centers Program in the four Federally Qualified Health Centers (FQHCs) located in the cities of Adelanto, Hesperia, Ontario, and San Bernardino; and two School Based Health Centers located in the cities of Ontario and Apple Valley. The proposed project will also increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

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Community Health Centers act as a safety net by providing preventive primary care services to the uninsured, underinsured, and underserved residents of the County. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting reducing stigma and discrimination.

Pomona Community Health Center dba ParkTree Community Health Center, who has a long history of collaboration with SBCPHD to serve the needs of the community, looks forward to continuing its partnership with the Department of Public Health through on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities.

Please do not hesitate to contact my office at 909-630-7939 if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Kadar", is written over a white rectangular background.

David M. Kadar DDS
Chief Executive Officer
Pomona Community Health Center dba ParkTree Community Health Center

Where good health grows.



*The Heart of a
Healthy Community™*

www.arrowheadregional.org

July 26, 2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
CEO, Federally Qualified Health Centers
San Bernardino County
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition (SAC) grant to maintain continuity of care to patients already served by the Health Centers Program in the four Federally Qualified Health Centers (FQHCs) located in the cities of Adelanto, Hesperia, Ontario, and San Bernardino; and two School Based Health Centers located in the cities of Apple Valley and Ontario. The grant will help increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

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Community Health Centers act as safety net providers, supporting access to preventive primary care services to the uninsured, underinsured, and underserved residents of the County. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting, reducing stigma and discrimination.

Arrowhead Regional Medical Center works closely with SBCPHD on a regular basis, and we look forward to continuing to partner with the Department of Public Health through on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities.

Please do not hesitate to contact my office at (909) 580-6150, if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,

A handwritten signature in blue ink, appearing to read "William L. Gilbert", is written over a faint, larger version of the same signature.

William L. Gilbert
Hospital Director
Arrowhead Regional Medical Center

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
Vice Chair, First District

JESSE ARMENDAREZ
Second District

DAWN ROWE
Chair, Third District

CURT HAGMAN
Fourth District

JOE BACA, JR.
Fifth District

LEONARD X. HERNANDEZ
Chief Executive Officer



Behavioral Health Administration

Dr. Georgina Yoshioka,
DSW, MBA, LCSW
Director

8/2/2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
CEO, Federally Qualified Health Centers
San Bernardino County
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition (SAC) grant to maintain continuity of care to patients already served by the Health Centers Program in the four Federally Qualified Health Centers (FQHCs) located in the cities of Adelanto, Hesperia, Ontario, and San Bernardino; and two School Based Health Centers located in the cities of Apple Valley and Ontario. The grant will help increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

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Community Health Centers act as safety net providers, supporting access to preventive primary care services to the uninsured, underinsured, and underserved residents of the County. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting, reducing stigma and discrimination.

The County of San Bernardino, Department of Behavioral Health looks forward to continuing its partnership with the Department of Public Health through on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities.

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
Vice Chairman, First District

JESSE ARMENDAREZ
Second District

DAWN ROWE
Chair, Third District

CURT HAGMAN
Fourth District

JOE BACA, JR.
Fifth District

Leonard X. Hernandez
Chief Executive Officer



Behavioral Health Administration

Dr. Georgina Yoshioka,
DSW, MBA, LCSW
Director

Please do not hesitate to contact my office at (909) 252-5142, if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,

A handwritten signature in blue ink, appearing to read "Georgina Yoshioka".

Dr. Georgina Yoshioka, DSW, LCSW, MBA
Director
County of San Bernardino, Department of Behavioral Health

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
Vice Chairman, First District

JESSE ARMENDAREZ
Second District

DAWN ROWE
Chair, Third District

CURT HAGMAN
Fourth District

JOE BACA, JR.
Fifth District

Leonard X. Hernandez
Chief Executive Officer



August 2, 2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
CEO, Federally Qualified Health Centers
San Bernardino County
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Commissioners

Elliot Weinstein,
M.D.
Chair

Diana Alexander
Vice-Chair

Ted Alejandre
Commissioner

Joe Baca, Jr.
Commissioner

Dr. Gwen Dowdy-
Rodgers
Commissioner

Joshua Dugas
Commissioner

Gary Ovitt
Commissioner

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition (SAC) grant to maintain continuity of care to patients already served by the Health Centers Program in the four Federally Qualified Health Centers (FQHCs) located in the cities of Adelanto, Hesperia, Ontario, and San Bernardino; and two School Based Health Centers located in the cities of Apple Valley and Ontario. The grant will help increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

Across San Bernardino County as a whole, the population currently maintains a noteworthy burden of chronic disease. In 2019, 7.6% of adults in San Bernardino County had been diagnosed with cardiovascular disease, 13.9% with diabetes, and 29.5% with high blood pressure; these rates are higher than California and other neighboring counties by comparison particularly in diabetes and cardiovascular disease. Over the past 10 years there has been an increased need for mental health care, with children ages 0-5 displaying the largest growth; followed by seniors ages 65 and older; and children ages 12-17.

Community Health Centers act as safety net providers, supporting access to preventive primary care services to the uninsured, underinsured, and underserved residents of the County. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting, reducing stigma and discrimination.

First 5 San Bernardino (F5SB) is a systems funder, collaborator, and convener of critical service providers that support optimal health outcomes and well-being for our County's youngest children and their families. Access to quality health care that is

CHILDREN AND FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY

735 EAST CARNEGIE DRIVE, SUITE 150, SAN BERNARDINO, CALIFORNIA 92408

909.386.7706 FAX 909.386.7703 WWW.FIRST5SANBERNARDINO.ORG

aligned with the American Academy of Pediatrics' Bright Futures anticipatory guidance, is a priority objective within our strategic plan. F5SB and SBCPHD have maintained a fruitful partnership over two decades, successfully addressing social/public health needs in our communities. F5SB looks forward to continuing its partnership with SBCPHD through on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities.

Please do not hesitate to contact my office at (909) 252-4252, if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,



Karen E. Scott
Executive Director
First 5 San Bernardino

August 7, 2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
CEO, Federally Qualified Health Centers
San Bernardino County Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition (SAC) grant to maintain continuity of care to patients already served by the Health Centers Program in the four Federally Qualified Health Centers (FQHCs). These FQHCs serve the cities of Adelanto, Hesperia, Ontario, and San Bernardino, along with two School-Based Health Centers in Apple Valley and Ontario. This grant will help increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

Across San Bernardino County, the population currently maintains a noteworthy burden of chronic diseases compared to the state's overall average. In 2019, statistics showed the following chronic diseases San Bernardino County faces:

- 7.6 percent of adults were diagnosed with cardiovascular disease;
- 13.9 percent have diabetes; and
- 29.5 percent have high blood pressure.

These rates are higher than in neighboring counties, particularly in diabetes and cardiovascular disease. Over the past ten years, there has been a dire need for mental health care, with children ages 0-5 displaying the most significant growth, followed by seniors ages 65 and older; and children ages 12-17.

Community Health Centers act as safety net providers, supporting access to preventative primary care services to the County's uninsured, underinsured, and underserved residents. In addition, Health Centers provide essential services to preventative dental health and integrated behavioral health in a primary care setting, reducing stigma and discrimination.

While this work is a positive move in helping the whole community thrive, more action is needed. As an example, San Bernardino County Superintendent of Schools and SBCPHD partnered to provide students free access to healthy meals using a geographic information system interactive map where users can browse over 90 district meal distribution sites. We look forward to continuing

Office of the Superintendent

Melanie Bird-Livingston, BSN, RN, PHN

August 7, 2023

Page 2

our partnership with the SBCPHD through ongoing collaboration to identify more efficient and cost-effective mechanisms to deliver quality services to the high desert and valley region communities-all to ensure healthy students, families and communities.

If I can assist the Department's efforts to narrow the gap and reduce stigma, please do not hesitate to contact my office at 909.386.2404.

Your continued leadership in increasing access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Ted Alejandre".

Ted Alejandre
County Superintendent



Preschool Services

Jacquelyn Greene
Director

Arlene Molina
Assistant Director

August 9, 2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
CEO, Federally Qualified Health Centers
San Bernardino County
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition (SAC) grant to maintain continuity of care to patients already served by the Health Center's Program in the four Federally Qualified Health Centers (FQHCs) located in the cities of Adelanto, Hesperia, Ontario, and San Bernardino; and two School Based Health Centers located in the cities of Apple Valley and Ontario. The grant will help increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

Across San Bernardino County as a whole, the population currently maintains a noteworthy burden of chronic disease. In 2019, 7.6% of adults in San Bernardino County had been diagnosed with cardiovascular disease, 13.9% with diabetes, and 29.5% with high blood pressure; these rates are higher than California and other neighboring counties by comparison particularly in diabetes and cardiovascular disease. Over the past 10 years there has been an increased need for mental health care, with children ages 0-5 displaying the largest growth; followed by seniors ages 65 and older; and children ages 12-17.

Community Health Centers act as safety net providers, supporting access to preventive primary care services to the uninsured, underinsured, and underserved residents of the County. SBCPHD continues to play a pivotal role in the delivery of services in areas where private health care facilities have closed their doors. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting, reducing stigma and discrimination.

San Bernardino County Preschool Services Department (PSD) looks forward to continuing its partnership with the Department of Public Health through on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities. We are especially proud to continue our work in delivering school-based site services to the most vulnerable of our county residents' children from 0-17 years of age and their families. The school-based site services provide PSD children and their siblings up to age 17 with a convenient and efficient option to receive medical and dental

BOARD OF SUPERVISORS

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Fourth District

JOE BACA, JR.
Fifth District

Leonard X. Hernandez
Chief Executive Officer

SUBJECT
DATE
PAGE 2 of 2

services at the school site their children attend. Immunizations, physical exams, well baby checks, and dental exams and other services can be scheduled with the SBCPHD providers at their respective sites.

Please do not hesitate to contact my office at (909) 383-2078, if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jacquelyn Greene".

Jacquelyn Greene
Director
San Bernardino County Preschool Services Department



UNICARE COMMUNITY HEALTH CENTER

August 14, 2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health and Prevention Services
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition grant to maintain continuity of care to patients already served by the Health Centers Program in the four Federally Qualified Health Centers (FQHCs) located in the cities of Adelanto, Hesperia, Ontario, and San Bernardino; and two School Based Health Centers located in the cities of Ontario and Apple Valley. The proposed project will also increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

Across San Bernardino County as a whole, the population currently maintains a noteworthy burden of chronic disease. In 2019, 7.6% of adults in San Bernardino County had been diagnosed with cardiovascular disease, 13.9% with diabetes, and 29.5% with high blood pressure; these rates are higher than California and other neighboring counties by comparison particularly in diabetes and cardiovascular disease. Over the past 10 years there has been an increased need for mental health care, with children ages 0-5 displaying the largest growth; followed by seniors ages 65 and older; and children ages 12-17.

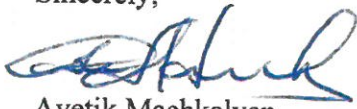
Community Health Centers act as a safety net by providing preventive primary care services to the uninsured, underinsured, and underserved residents of the County. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting reducing stigma and discrimination.

As members of the Community Health Association Inland Southern Region (CHAISR) and an FQHC also serving the population Unicare Community Health Center UHC and San Bernardino County Department of Public Health work in collaboration to address the many health care needs of the community, and looks forward to continuing its partnership to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities.

Please do not hesitate to contact my office at 909-988-2555 if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Avetik Machkalyan', written in a cursive style.

Avetik Machkalyan
Chief Executive Officer



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

August 22, 2023

Melanie Bird-Livingston, BSN, RN, PHN
Division Chief, Clinical Health, and Prevention Services
CEO, Federally Qualified Health Centers
San Bernardino County
Department of Public Health
351 North Mountain View
San Bernardino, CA 92415-0010

Dear Ms. Bird-Livingston:

I am writing in support of the San Bernardino County Public Health Department's (SBCPHD) efforts in applying for a Service Area Competition (SAC) grant to maintain continuity of care to patients already served by the Health Centers Program in the four Federally Qualified Health Centers (FQHCs) located in the cities of Adelanto, Hesperia, Ontario, and San Bernardino; and two School Based Health Centers located in the cities of Apple Valley and Ontario. The grant will help increase access to preventative and primary care services for underserved/vulnerable populations in the desert and valley regions of the County.

Across San Bernardino County as a whole, the population currently maintains a noteworthy burden of chronic disease. In 2019, 7.6% of adults in San Bernardino County had been diagnosed with cardiovascular disease, 13.9% with diabetes, and 29.5% with high blood pressure; these rates are higher than California and other neighboring counties by comparison particularly in diabetes and cardiovascular disease. Over the past 10 years there has been an increased need for mental health care, with children ages 0-5 displaying the largest growth; followed by seniors ages 65 and older; and children ages 12-17.

Community Health Centers act as safety net providers, supporting access to preventive primary care services to the uninsured, underinsured, and underserved residents of the County. In addition, Health Centers provide access to preventative dental health and integrated behavioral health services in a primary care setting, reducing stigma and discrimination.

The Department of Public Health supports partnership with the health looks forward to continuing its partnership with the Department of Public Health through on-going collaboration to identify more efficient and cost-effective mechanisms to deliver quality primary care/dental/behavioral services to the high desert and valley region communities.

Please do not hesitate to contact my office at (909)387-9146 if I can be of any assistance in the Department's efforts.

Thank you for your continued leadership to increase access to comprehensive, culturally competent, collaborative, and integrated primary care, dental, and behavioral health care services.

Sincerely,

A handwritten signature in black ink, appearing to read "Josh Dugas".

Josh Dugas
Director
Department of Public Health

BOARD OF SUPERVISORS

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Leonard X. Hernandez
Chief Executive Officer

**CY 2023 Federal Poverty Guidelines
Family Size by Monthly Income
Schedule of Discounts
CHCGB Approved February 14, 2023**

Family Size	0% - 100.999% Federal Poverty Level	101% - 125.999% Federal Poverty Level	126% - 150.999% Federal Poverty Level	151% - 175.999% Federal Poverty Level	176% - 200.999% Federal Poverty Level	201% - 225.999% Federal Poverty Level	226% - 250.999% Federal Poverty Level	251% - 300.999% Federal Poverty Level	301% and greater Federal Poverty Level
RHS	Nominal Fee	FPACT No Charge		FPACT No Charge		Partial Patient Fee/ Title X		RHS Patient Full Pay	RHS Patient Full Pay
HCP	Nominal Fee	Federal Poverty Level		Federal Poverty Level		HCP Patient Full Pay		HCP Patient Full Pay	HCP Patient Full Pay
DEN	Nominal Fee	Federal Poverty Level		Federal Poverty Level		DEN Patient Full Pay		DEN Patient Full Pay	DEN Patient Full Pay
HIV	Nominal Fee	Patient Fees Apply		Patient Fees Apply		Patient Fees Apply		Patient Fees Apply	Patient Fees Apply
	Patient Pays 0%	Patient Pays 10%	Patient Pays 25%	Patient Pays 40%	Patient Pays 55%	Patient Pays 70%	Patient Pays 85%	HIV Patient Pays 85%	HIV Patient Pays 100%
1	\$0 - \$1,228	\$1,229 - \$1,531	\$1,532 - \$1,835	\$1,836 - \$2,139	\$2,140 - \$2,443	\$2,444 - \$2,746	\$2,747 - \$3,050	\$3,051 - \$3,658	\$3,659 & up
2	\$0 - \$1,660	\$1,661 - \$2,071	\$2,072 - \$2,482	\$2,483 - \$2,893	\$2,894 - \$3,304	\$3,305 - \$3,714	\$3,715 - \$4,125	\$4,126 - \$4,947	\$4,948 & up
3	\$0 - \$2,093	\$2,094 - \$2,611	\$2,612 - \$3,129	\$3,130 - \$3,647	\$3,648 - \$4,165	\$4,166 - \$4,682	\$4,683 - \$5,200	\$5,201 - \$6,236	\$6,237 & up
4	\$0 - \$2,525	\$2,526 - \$3,150	\$3,151 - \$3,775	\$3,776 - \$4,400	\$4,401 - \$5,025	\$5,026 - \$5,650	\$5,651 - \$6,275	\$6,276 - \$7,525	\$7,526 & up
5	\$0 - \$2,958	\$2,959 - \$3,690	\$3,691 - \$4,422	\$4,423 - \$5,154	\$5,155 - \$5,886	\$5,887 - \$6,619	\$6,620 - \$7,351	\$7,352 - \$8,815	\$8,816 & up
6	\$0 - \$3,391	\$3,392 - \$4,230	\$4,231 - \$5,069	\$5,070 - \$5,908	\$5,909 - \$6,747	\$6,748 - \$7,587	\$7,588 - \$8,426	\$8,427 - \$10,104	\$10,105 & up
7	\$0 - \$3,823	\$3,824 - \$4,770	\$4,771 - \$5,716	\$5,717 - \$6,662	\$6,663 - \$7,608	\$7,609 - \$8,555	\$8,556 - \$9,501	\$9,502 - \$11,393	\$11,394 & up
8	\$0 - \$4,256	\$4,257 - \$5,309	\$5,310 - \$6,363	\$6,364 - \$7,416	\$7,417 - \$8,469	\$8,470 - \$9,523	\$9,524 - \$10,576	\$10,577 - \$12,683	\$12,684 & up
9	\$0 - \$4,689	\$4,690 - \$5,849	\$5,850 - \$7,009	\$7,010 - \$8,170	\$8,171 - \$9,330	\$9,331 - \$10,491	\$10,492 - \$11,651	\$11,652 - \$13,972	\$13,973 & up
10	\$0 - \$5,121	\$5,122 - \$6,389	\$6,390 - \$7,656	\$7,657 - \$8,924	\$8,925 - \$10,191	\$10,192 - \$11,459	\$11,460 - \$12,726	\$12,727 - \$15,261	\$15,262 & up
11	\$0 - \$5,554	\$5,555 - \$6,928	\$6,929 - \$8,303	\$8,304 - \$9,678	\$9,679 - \$11,052	\$11,053 - \$12,427	\$12,428 - \$13,801	\$13,802 - \$16,550	\$16,551 & up
12*	\$0 - \$5,986	\$5,987 - \$7,468	\$7,469 - \$8,950	\$8,951 - \$10,431	\$10,432 - \$11,913	\$11,914 - \$13,395	\$13,396 - \$14,876	\$14,877 - \$17,840	\$17,841 & up

* For family units with more than 12 members, add 5,140 for each additional member

Key:

For HIV Services

Below or equal to 100.999% of poverty level, client must not be charged for services per Ryan White legislation
 Between 101 - 200.999% of poverty level, an annual cap on HIV-related charges is set at 5% of gross annual income. Charges must be tracked in order not to exceed the cap for each client.
 Between 201 - 300.999% of poverty level, an annual cap on HIV-related charges is set at 7% of gross annual income. Charges must be tracked in order not to exceed the cap for each client.
 Over 301% of poverty level, an annual cap on HIV-related charges is set at 10% of gross annual income. Charges must be tracked in order not to exceed the cap for each client.

For Reproductive Health Services (RHS)

Below 100.999% of poverty level, RH patient must not be charged for services per Title X regulations
 Below 200.999% of poverty level, no payment is required if FPACT or MediCal patient, FPACT/MediCal pays full fee
 Between 201% and 250.999% poverty level, RH patient pays partial and Title X pays difference
 Above 251% poverty level, patient pays full fee

For Federally Qualified Health Center Services (HCP) and Dental (DEN)

The Health Center Program: Section 330 of the Public Health Services Act (42 USCS §254b)

- Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient ability to pay.
- This system must provide a full discount to individuals and families with annual incomes at or below 100.999% of the poverty guidelines - A Nominal fee of \$10.00 for medical visits and \$40.00 for dental visits will be collected from each patient that meets the 0% pay category
- Individuals and families with incomes between 101% and 200.999% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.*
- No discounts may be provided to patients with incomes over 201% of the Federal poverty level.*

Revised February 2023

Remember: The schedule must be proportional through all levels, even if those levels under 200.999% FPL are not used due to Medi-Cal and Family PACT.
The percentage discount must be applied to labs, supplies and medications along with the visit cost.

San Bernardino County
DEPARTMENT OF PUBLIC HEALTH
FY 2023-24 BUDGET CALL

II. BUDGET SUMMARY, BF SCHEDULE A

This schedule summarizes the program's projections for FY 2022-23, and the request for FY 2023-24.

A. Prior Fiscal Year Budget – Fiscal Year 2021-22

This prior fiscal year budget was carried forward in the DPH Budget Database.

B. Projected Expenditures & Revenues – Fiscal Year 2022-23

Based on the current fiscal year budget for Salaries and Benefits, Fixed Assets and Indirect Overhead and actual year-to-date for all line items, calculate the projection for the total fiscal year for Salaries and Benefits, Fixed Assets and Indirect Overhead. All other data will be automatically generated from BF Schedule C, D, and H. The projection should match the February 2023 projection submitted containing actuals through January 2023.

C. Budget Request – Fiscal Year 2023-24

The budget request shall be the summary of all the line item details provided in BF Schedule C, D, G, H, and I. The Indirect Overhead shall be entered separately.

The Indirect Overhead represents the cost of department support services and support from other County departments allocable to the program based on the department's Indirect Cost Rate Proposal (ICRP) prepared in conformance with the Office of Management and Budget Super Circular. The amount of Indirect Overhead to be budgeted depends on the program's ability to charge grants or revenue contracts. **The FY 23-24 Indirect Overhead rate is 17.350% for PHL and 10.783% for CCS.**

Contact: Eric Patrick, 387-6630

D. Net County Cost

The resulting Net County Cost (NCC) amount shall not in any way exceed the target assigned to the program.

Contact: Paul Chapman, 387-6637