

COVID-19 Telehealth Application



Applicants should submit their completed application form and all supporting documentation to TelehealthApplicationSupport@fcc.gov

Applicant Information [all fields mandatory unless otherwise marked]

Applicant Name	Applicant FCC Registration Number (FRN)	Applicant National Provider Identifier (Optional)
<input type="text" value="County of San Bernardino"/>	<input type="text" value="0028239929"/>	<input type="text"/>
Federal Employer Identification Number (EIN or Tax ID Number)	Data Universal Numbering System (DUNS) Number	
<input type="text" value="956002748"/>	<input type="text" value="075100599"/>	

DATA Act Business Types (choose Three)

- A - State Government
- B - County Government
- C - City or Township Government
- D - Special District Government
- E - Regional Organization
- F - U.S. Territory or Possession
- G - Independent School District
- H - Public/State Controlled Institution of Higher Education
- I - Indian/Native American Tribal Government (Federally-Recognized)
- J - Indian/Native American Tribal Government (Other than Federally-Recognized)
- K - Indian/Native American Tribal Designated Organization
- L - Public/Indian Housing Authority
- M - Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
- N - Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
- O - Private Institution of Higher Education
- P - Individual
- Q - For-Profit Organization (Other than Small Business)
- R - Small Business
- S - Hispanic-serving Institution
- T - Historically Black College or University (HBCU)
- U - Tribally Controlled College or University (TCCU)
- V - Alaska Native and Native Hawaiian Serving Institutions
- W - Non-domestic (non-U.S.) Entity
- X - Other

Narratives for Additional Information that did not display due to the size of the boxes follows application document.

Service Area

California

Contact Information [all fields mandatory]

First Name

Gregory

Last Name

Young

Position Title, Company Name

Staff Analyst II, County of San Bernardino

Mailing Address

Street

400 N. Pepper Ave

City

Colton

State

California

Zip

92324

Phone Number

9095806157

E-mail Address

younggr@armc.sbcounty.gov

Health Care Provider(s) (HCP) Information [lead fields mandatory unless otherwise noted]

Lead HCP

County of San Bernardino

Facility Name

Arrowhead Regional Medical Center

Is the Facility a Hospital?

Yes

No

Street

400 N. Pepper Ave

City

Colton

State

California

Zip

92324

County in which address is located

San Bernardino

FCC Registration Number
(FRN)

0028239929

HCP Number (Optional)

Eligibility Type

(1) Post-secondary educational institutions offering health care instruction, teaching hospitals, a

NPI (Optional)

Total Patient Population

158,614

Estimated Number of Patients to be
Served by Funding Request

40,611

Additional Information on Patient Estimate (Optional)

As three separate and distinct departments of the County of San Bernardino (Arrowhead Regional Medical Center, San Bernardino County Department of Behavioral Health and the San Bernardino County Department of Public Health), the San Bernardino County Healthcare Expansion Through

Health Care Provider(s) (HCP) Information [HCP Two- Optional fields]

Secondary HCP

N/A

Facility Name

N/A

Is the Facility a Hospital?

Yes

No

Street

City

State

Zip

County in which address is located

FCC Registration Number
(FRN)

HCP Number (Optional)

Eligibility Type

NPI (Optional)

Total Patient Population

Estimated Number of Patients to be Served by Funding Request

Additional Information on Patient Estimate (Optional)

Medical Services To Be Provided with COVID-19 Telehealth Funding (check all that apply)

- Patient-Based Internet-Connected Remote Monitoring
- Other Monitoring
- Video Consults
- Voice Consults
- Imaging Diagnostics
- Other Diagnostics
- Remote Treatment
- Other services

Additional Information on Medical Services to be Provided:

The San Bernardino County HETT will provide telemedicine support in family medicine, obstetrics/gynecology, psychiatry, and surgery at ARMC.

Conditions To Be Treated with COVID-19 Telehealth Funding (answer all that apply)

Would you treat COVID-19 patients directly?

- Yes
- No

Would you treat patients without COVID-19 symptoms or conditions?

- Yes
- No

If you answered "Yes" to the above question, please check at least one box below

- Other infectious diseases
- Emergency / Urgent Care
- Routine, Non-Urgent Care
- Mental Health Services (non-emergency)
- Other conditions

Additional Information on Specific Conditions to be Treated:[Required if other conditions is selected]

Through the San Bernardino County HETT, ARMC will use telehealth/telepsychiatry to treat patients with the following conditions:
- Elective Services: Will be reviewed to determine the need for in-person treatment, all services that

If yes, please explain how using COVID-19 Telehealth Program funding to treat patients without COVID-19 symptoms or conditions would free up resources that will be used to treat COVID-19. (Required if yes)

Through the purchase of a bi-directional video conferencing platform, ARMC will extend its

Additional Information Concerning Requested Services and Devices

What are your goals and objectives for use of the COVID-19 Telehealth Program Funding?

Goal 1) Departments will utilize HIPAA compliant telehealth/telepsychiatry to best serve our patients during the COVID-19 pandemic and any future crises.

Objective 1: Departments will obtain the equipment and infrastructure to allow us to institute a

What is your timeline for deployment of the proposed service(s) or devices funded by the COVID-19 Telehealth Program?

ARMC anticipates to purchase and receive equipment within three weeks of the award, and be able to prepare and deploy the devices within four weeks after that. In preparation for the award, ARMC has already reached out to a vendor which can provide the services within a short period of time.

What factors/metrics will you use to help measure the impact of the services and devices funded by the COVID-19 Telehealth Program?

ARMC has the infrastructure that results in strong assessments of safety, access to care, and exposure limitations. An Information Management Department is staffed by the director, four health informatics specialists, two Licensed Vocational Nurses, and one care assistant. These staff members have been intimately involved in the planning and implementation of Meditech and

How has COVID-19 affected health care in your geographic area (e.g, county)?

As of April 17, 2020, with 21,374 cases, California has the fourth-highest number of individuals testing positive for COVID-19. Of the top ten states with the highest number of COVID-19 positive individuals, California ranks as the sixth-highest in the percentage of deaths with a total of 1,166

Please provide additional information about the geographic area and population you serve. Does it have large underserved or low-income patient population? Have there been recent health care provider closures or other health care deficiencies? If so, please describe such factors (Optional)

At 20,105 square miles, San Bernardino County is the largest county in the contiguous United States, making it comparable to the states of Rhode Island, Delaware, Connecticut, Hawaii, and New Jersey combined. With 3,500 employees, 400 physicians, and 182 resident physicians, ARMC is a 456-bed university-affiliated teaching hospital licensed by the State of California

Do you plan to target the funding to high-risk and vulnerable patients?

- Yes
- No

If so, please describe how.

San Bernardino County is a county located in the southern portion of the U.S. state of California and is part of the Inland Empire area. As of the 2010 U.S. Census, the population was 2,035,210, making it the fifth-most populous county in California and the 14th-most populous in the United

Please provide any additional information to support your application and request for funding (Optional)

As the largest county in the contiguous United States, with rates higher than the neighboring counties and national averages in unemployment, poverty, homelessness, diabetes, cardiovascular disease, ARMC, Public Health, and Behavioral Health face many challenges in the delivery of non-urgent healthcare services. The San Bernardino HETT program will be utilized to help

Requested Funding Items

Total Amount of Funding Requested

\$542,379.65

Are you requesting funding for devices?

- Yes
- No

How are the devices integral to patient care?

ARMC is requesting funding for the purchase of providing equipment for a bidirectional video conferencing platform to serve patients from Arrowhead Regional Medical Center (the county

Are the devices for patient use?

- Yes
- No

Are the devices for the health care provider's use?

- Yes
- No

Category (Optional)

Devices

Description of Service(s) and/or Device(s)(Optional)

The HETT Program will provide ARMC with equipment for a bidirectional video conferencing

Quantity (for Devices)(Optional)

Total One-Time Expense(Optional)

Date [Purchased or] To Be Purchased(Optional)

05/15/2020

Total Monthly Expense(Optional)

Number of Months for Recurring Monthly Expenses(Optional)

Supporting Cost and Estimated Patient Documentation

An applicant should provide supporting documentation for the costs indicated in its application. Such supporting documentation should summarize the expected costs of the eligible services and devices requested and may include documentation such as an invoice or quote from a vendor or service provider (or similar information). Such information should be specific enough to identify line-items to facilitate swift review of the application, and we encourage applicants to include information such as a description of the service or device, its eligibility category, the quantity ordered, the upfront and monthly expenses, and the service dates for recurring services. Additionally, applicants may provide supporting document for the estimated number of patients to be served by the funding request.

Request for confidential treatment of supporting documentation?

Yes No

Applicant requests Confidential treatment for supporting documents and information. By designating supporting documents and information as "Confidential," the applicant is deemed to have submitted a request that the material be withheld from public inspection pursuant to 47 CFR § 0.459. Applicants designating supporting documents as "Confidential" should not submit those documents in the Commission's Electronic Comment Filing System (ECFS). Email Confidential materials to TelehealthApplicationSupport@fcc.gov

Certifications

[Applicant must check all boxes and sign]

- I certify under penalty of perjury that I am authorized to submit this application on behalf of the health care provider(s) listed in the application.
- I certify under penalty of perjury that to the best of my knowledge, information, and belief, all information contained in this application, and in any attachments, is true and correct.
- I understand that, if selected, the health care provider(s) in the application must comply with all applicable program requirements and procedures, and all applicable federal and state laws, including the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law, as waived or modified in connection with the COVID-19 pandemic, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
- I understand that, if selected, the health care providers in the application must comply with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws, as waived or modified in connection with the COVID-19 pandemic.
- I understand that all documentation associated with this application must be retained for a period of at least three years after the last date of delivery of the supported-services provided through the COVID-19 Telehealth Program to demonstrate compliance with COVID-19 Telehealth Program rules and requirements, subject to audit.
- I certify under penalty of perjury that the health care provider(s) listed in the application, to the best of my knowledge, is not already receiving or expecting to receive other funding (from any source, private, state, or federal) for the exact same services or devices eligible for support under the COVID-19 Telehealth Program.
- I understand that all requested goods and services funded under the COVID-19 Telehealth Program must be used for their intended purposes.

Contact Name

Date

Gregory Young

04/29/2020

If you have an issue with this form and/or need assistance please contact: TelehealthApplicationSupport@fcc.gov.

Narratives for Additional Information that did not display due to the size of the boxes.

TOTAL REQUEST \$542,379.65

TOTAL PATIENTS PER YEAR 65, 596 (ARMC), 72,000 (DBH), 21,018 (DPH), total 158,614

PATIENT ESTIMATE: 22,000 (ARMC), 6,000 (DBH), 12,611 (DPH), total 40,611

Additional Information on Patient Estimate (Optional)

As three separate and distinct departments of the County of San Bernardino (Arrowhead Regional Medical Center, San Bernardino County Department of Behavioral Health and the San Bernardino County Department of Public Health), the San Bernardino County Healthcare Expansion Through Telemedicine (HETT) program has based the patient estimates using various methodologies.

With an annual patient count of 65,596, based on the current trend, the Arrowhead Regional Medical Center (ARMC) has provided services to approximately 17,000 patients from March 15, 2020, through April 15, 2020. Of the 17,000, 60% of the appointments were made over the phone and were considered non-urgent. During the same period, last year, the hospital saw approximately 22,000 patients. The 22,000 anticipated patients will be evaluated through the addition of telehealth/telepsychiatry during the COVID-19 pandemic. After the pandemic, ARMC is anticipating that half of the visits that were handled through telephone visits will be directed to telehealth/telepsychiatry. This would result in a 26% decrease in non-urgent visits and an increase of 13% of visits for patients in urgent need.

In 2019, the San Bernardino County Department of Public Health (Public Health) saw 21,018 patients. Public Health is basing its methodology on the estimate that 60% of their current patients will utilize the new telehealth technology.

The San Bernardino County Department of Behavioral Health (Behavioral Health) saw 72,000 patients in 2019. Based on medical billing data, each Behavioral Health psychiatrist averages ten patient encounters per day. Behavioral Health needs thirty psychiatrists. The psychiatrist at ten patient encounters per day equals 300 patient encounters per day or 1,500 patient encounters per week. Accounting for employee leave time and county holidays, Behavioral Health estimates each psychiatrist averages 48 weeks of work per year. One thousand five hundred patient encounters per week times 48 weeks equals, an estimated 72,000 patient encounters per year served by the thirty psychiatrists. For a seriously mentally ill population, the average caseload for one psychiatrist is two hundred patients. This totals 6,000 patients served by the thirty psychiatrists. Seventy-two thousand annual patient encounters divided by the estimated 6,000 patients, results in each patient having twelve service encounters, or one service encounter a month, with their psychiatrist.

ARMC, Public Health, and Behavioral Health, combined are estimating 40,611 patients being served as a result of the HETT program.

Additional Information on Medical Services to be Provided:

The San Bernardino County HETT will provide telemedicine support in family medicine, obstetrics/gynecology, psychiatry, and surgery at ARMC.

Public Health will use telehealth to deliver comprehensive medical care, and to assess, diagnose, and treat patients. This includes enhancing patient access without requiring both the provider and patient being physically co-located, thus engaging in early intervention to improve clinical outcomes, provider efficiency, care and focus to reduce hospitalizations.

Behavioral Health will utilize telehealth for psychiatric evaluations, crisis intervention, medication evaluation, medication monitoring, medication support services, treatment planning, and psychiatric consultation with patient's primary care providers.

Additional Information on Specific Conditions to be Treated:[Required if other conditions is selected]

Through the San Bernardino County HETT, ARMC will use telehealth/telepsychiatry to treat patients with the following conditions:

- Elective Services: Will be reviewed to determine the need for in-person treatment, all services that are considered to meet the criteria for low and intermediate acuity treatment or service will be considered for telehealth evaluation.
- Family medicine: Any chronic condition without complications.
- Obstetrics/Gynecology: Pre- and post-delivery visits will utilize telehealth to treat populations that meet the criteria for Tier I and Tier II based on CDC non-emergent treatment recommendations.
- Post-surgical visits.
- Psychiatry: A wide array of psychiatric conditions that do not need inpatient hospitalization.
- Primary Care will utilize telehealth to treat Tier 1 and Tier II populations based on CDC non-emergent treatment recommendations. Telehealth program will treat patients without COVID-19, patients with COVID-19, and patients presumed positive for COVID-19.

Public Health will utilize opportunities to serve patients who are stable and do not require a physical examination. This includes those follow-up patients needing or requiring a refill, etc. This can be diabetes, hypertension, HIV, etc. Any/all conditions where the patient is not stable, this will require a decision from a provider on the best course of treatment. Telehealth program will treat patients without COVID-19, patients with COVID-19, and patients presumed positive for COVID-19.

Conditions to be treated by Behavioral Health will include, but are not limited to: psychotic disorders, mood disorders, eating disorders, anxiety disorders, substance use disorders, and post-traumatic stress disorders. The conditions treated will be across all ages of adults, older adults, and children. Telehealth program will treat patients without COVID-19, patients with COVID-19, and patients presumed positive for COVID-19.

If yes, please explain how using COVID-19 Telehealth Program funding to treat patients without COVID-19 symptoms or conditions would free up resources that will be used to treat COVID-19. (Required if yes)

Through the purchase of a bi-directional video conferencing platform, ARMC will extend its resources for patients who are asymptomatic and/or who are COVID-19 negative by providing a safe environment. Additionally, it will allow providers to remotely treat patients with other conditions who could otherwise be at risk of contracting COVID-19 by visiting ARMC, and reduce providers' unnecessary exposure to COVID-19. Thus, better utilizing space and resources for patients who are COVID-19 positive.

Public Health will utilize opportunities to serve patients to avoid an increase in the demand for primary care office visits and to reduce the spread of disease. The HETT program offers the opportunity to rapidly respond to changes in treatment. It also provides for mobile access to health care and health-related information, specifically increasing access to hard to reach populations. Telehealth can also assist with disease diagnosis through video consultations with health professionals. It offers an expansion of access to medical education, patient data, and training for health care workers, as well.

Behavioral Health will utilize telehealth to treat seriously mentally ill (SMI) patients without COVID-19 with a goal to keep these patients stable and reduce incidents of psychiatric emergencies. By reducing psychiatric emergencies, the HETT program will keep patients out of hospital emergency departments (ED). The HETT program will allow for psychiatric consultation and evaluation as an alternative to ED visits of hospitalization for the patient's psychiatric condition. Due to state-mandated stay at home orders, Behavioral Health has reduced in-clinic services. Behavioral Health will have a psychiatrist working from home, providing services to the location or residence where the patient lives resulting in reduced exposure for both the patient and psychiatrist.

On April 3, 2020, Governor Gavin Newsom announced that California had become the first state in the nation to secure FEMA approval to provide safe isolation capacity for tens of thousands of people experiencing homelessness in California in order to protect them and the state from COVID-19. The state's effort, Project Roomkey, has set an initial goal of securing up to 15,000 rooms for this purpose, and county partners have moved 869 homeless individuals most vulnerable to COVID-19 off the street, out of shelters, and into isolation. San Bernardino County's Project Roomkey will have 275 hotel rooms and twenty trailers for individuals who have COVID-19, are presumed positive for COVID-19, or are in one of the high-risk groups. These individuals are homeless or cannot self-isolate. Behavioral Health is providing case management services to these individuals. The HETT program will include ten mobile devices to provide telehealth services to these individuals who are in isolation. Many have mental health needs and substance use disorders that need treatment. Behavioral Health will also provide services in alternative care sites as needed. Behavioral Health will provide psychiatric

consultation via telepsychiatry to Public Health's seven Federally Qualified Health Center clinics in all regions of the county.

What are your goals and objectives for use of the COVID-19 Telehealth Program Funding?

Goal 1) Departments will utilize HIPAA compliant telehealth/telepsychiatry to best serve our patients during the COVID-19 pandemic and any future crises.

Objective 1: Departments will obtain the equipment and infrastructure to allow us to institute a certified and HIPPA compliant telehealth service.

Objective 2: Departments will commence serving patients who are not exhibiting signs of COVID-19 utilizing telehealth/telepsychiatry within two months post-award.

Goal 2) Departments will provide high quality, in-person care for the most serious of patients.

Objective 1: Departments will reduce in-person non-urgent appointments of patients by 60%.

Objective 2: Departments will increase in-person appointments for the most serious of patients by 40%.

Goal 3) Departments will increase access to care to remote regions of San Bernardino County.

Objective 1: Departments will increase the number of patients seen via telehealth/telepsychiatry from the rural regions of San Bernardino County by 100%.

Objective 2: Departments will increase the number of patients residing in the rural regions of San Bernardino County receiving routine, preventive, and health education services by 33%.

What is your timeline for deployment of the proposed service(s) or devices funded by the COVID-19 Telehealth Program?

ARMC anticipates to purchase and receive equipment within three weeks of the award, and be able to prepare and deploy the devices within four weeks after that. In preparation for the award, ARMC has already reached out to a vendor which can provide the services within a short period of time.

Public Health will be implementing a telemedicine system by May 15, 2020. Any funds received from the FCC COVID-19 Telehealth award will be used to purchase additional equipment which will be used to complement our telemedicine technology deployment strategy implemented by Public Health to better serve patient/customer needs. Public Health anticipates being able to

purchase and receive the devices within three weeks of award. Public Health will be able to prepare and deploy the devices within four weeks of award.

Behavioral Health anticipates a twelve-week roll out with two weeks for procurement through the San Bernardino County Purchasing Department, six weeks order fulfillment by the vendor, two weeks programming and setup, and two weeks of deployment.

What factors/metrics will you use to help measure the impact of the services and devices funded by the COVID-19 Telehealth Program?

ARMC has the infrastructure that results in strong assessments of safety, access to care, and exposure limitations. An Information Management Department is staffed by the director, four health informatics specialists, two Licensed Vocational Nurses, and one care assistant. These staff members have been intimately involved in the planning and implementation of Meditech and Population Health Plat that allows regular reports that assess these areas. ARMC utilizes Meditech and Population Health Platform to track clinical performance measures. The clinical performance measures and results of the patient satisfaction surveys are presented to department chairs, administration, and clinical director on a monthly basis. The patient satisfaction surveys will address the patient's satisfaction with the availability and use of telehealth. For clinical guidelines and quality of care activities, a monthly provider peer review process assesses the completeness of documentation and the thoroughness of clinical care.

Public Health will develop and maintain written telehealth policies and procedures that are compliant with industry standards HIPPA/Security, telehealth service funding, and technology best practice.

Behavioral Health will use claims data. Behavioral Health measures patient encounters, hospitalization rates, rural caseload, and access to care as part of its contract with The Department of Health Care Services. Behavioral Health will use prior counts and date to measure access in rural regions of the county, and increases in clients from rural areas. Behavioral Health codes each service by location, including telehealth. Behavioral Health can also code the patient location where they received the service.

How has COVID-19 affected health care in your geographic area (e.g, county)?

As of April 17, 2020, with 21,374 cases, California has the fourth-highest number of individuals testing positive for COVID-19. Of the top ten states with the highest number of COVID-19 positive individuals, California ranks as the sixth-highest in the percentage of deaths with a total of 1,166 deaths. Projections as to the peak for death attributed to COVID-19 vary. California Governor Gavin Newsom has stated a mid-May projection for when the COVID-19 outbreak will reach its peak in California. Projections assume "full social distancing" through May.

While the Inland Empire region of Southern California has seen fewer COVID-19 positive cases, it has a higher percentage of deaths resulting from COVID-19 than all surrounding counties excluding Los Angeles County at 4.78%. As of 4/16/20, San Bernardino County had 1,219 (up

from 810 on 4/11/20) COVID-19 positive individuals, fifty-seven deaths (up from twenty-five deaths on 4/11/20) resulting in 4.67% fatality rate (up from a 3.086% fatality rate on 4/11/20). As of 6/16/20, neighboring Riverside County had a 2.84% fatality rate and California had a fatality rate of 3.75%. COVID-19 positive cases are not isolated to the central San Bernardino region. There have been positive cases throughout the very remote and rural Mojave Desert region.

Since mid-March, ARMC has seen a 23% reduction in patient visits, resulting in a significant loss of revenue. Thus, ARMC is only serving approximately 77% of patients seen before the Governor's Stay at Home Order. The patients that are coming to ARMC have a significant severity of illness, including preterm pregnancy complications (severe preeclampsia and preterm births) and patients coming to ARMC in a psychiatric crisis. There has been a delay in non-emergent but indicated surgery. ARMC is expecting this delay to result in advanced pathology and surgical complications in the future.

Only time will tell of the long-term consequences of patients scheduled for visits addressing their treatment plans who have been unable to visit ARMC. While expending approximately \$6 million in personal protective equipment, and overtime, ARMC has seen a reduction in patient revenue, yet continue to provide critical services to the community in addressing COVID-19. Should the crisis remain, ARMC anticipates a net loss of approximately \$40 million in the next three months.

According to Public Health, COVID-19 has decreased the opportunity for patients to come to their locations for face to face visits. More providers are needed to host/participate relative to offering telehealth visits, additionally many of the patients are immune-compromised so Public Health can't risk COVID-19 exposure. COVID-19 has created stagnation in the healthcare process because all previous medical activities have been halted due to responding to COVID19 and associated events. The Public Health clinics are currently facing a 55% decline in collections compared to the previous period. As of April 23rd, 2020, Public Health has spent approximately \$3.8 million dollars in response to COVID-19 and anticipates spending an additional \$3.2 million dollars through the end of the fiscal year 2019-2020.

According to Behavioral Health, the Safe at Home Order has reduced patients services at Behavioral Health clinics, as the clinics had to take steps to reduce gathering in lobbies and the number of patients and providers in the clinic. Behavioral Health has had to cancel all group therapy sessions, family sessions, and collateral treatment services as these services involve multiple individuals at one time and are often done face to face. Behavioral Health has had to purchase various equipment including personal protective equipment (PPE) and has had an increase in client support costs totaling upwards \$806,430. This figure does not include staffing costs (as yet to be determined) for the response to services to homeless and early release justice-involved clients. Behavioral Health has experienced a 15% reduction in revenue in March/April 2020 when compared to March/April 2019, due to the difficulty in delivering services through stay-in-place orders.

Please provide additional information about the geographic area and population you serve. Does it have large underserved or low-income patient population? Have there been recent health care provider closures or other health care deficiencies? If so, please describe such factors (Optional)

If so, please describe how.

At 20,105 square miles, San Bernardino County is the largest county in the contiguous United States, making it comparable to the states of Rhode Island, Delaware, Connecticut, Hawaii, and New Jersey combined. With 3,500 employees, 400 physicians, and 182 resident physicians, ARMC, is a 456-bed university-affiliated teaching hospital licensed by the State of California Department of Public Health, operated by the County of San Bernardino, and governed by the Board of Supervisors. The hospital, and adjacent medical school, are located on a 100-acre campus in Colton, California. ARMC operates a regional burn center, a primary stroke center, a level II trauma center, a stand-alone behavioral health center, five primary care centers, including four off-site family health centers, and more than 40 outpatient specialty care services. In the most recent year with available data, ARMC had 24,441 admissions, performed 6,483 inpatient and 5,367 outpatient surgeries, and 254,000 outpatient visits. ARMC's residency programs are accredited by the Association for Graduate Medical Education (ACGME) and the hospital is accredited by the Joint Commission. ARMC is certified by the American College of Surgeons as a level II trauma center.

ARMC has been serving the low-income residents of San Bernardino for over seven decades. Understanding the changing demographics of San Bernardino County, ARMC has experience with the vast cultural, linguistic, economic, and overall diversity of the residents of San Bernardino County.

Behavioral Health is the Mental Health Plan for San Bernardino County, contracted with the California Department of Health Care Services to provide specialty mental health services to the county's SMI population. Behavioral Health is also an organized delivery system for San Bernardino County to provide substance use disorder services to Medi-Cal beneficiaries.

Public Health works throughout San Bernardino County to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote healthy behaviors, respond to disasters, and deliver equitable, quality health services.

The County consists of three-four geographic areas: the Inland Valley, the San Bernardino Mountains, the High Desert, and the Morongo Basin. While the Inland Valley has access to high-quality healthcare, the other regions of the San Bernardino County remain unserved. The High Desert, the San Bernardino Mountains, outlying the Mojave Desert and the Morongo Basin regions have limited to no access to primary, specialty, emergency, and preventive care. The other regions in San Bernardino County are geographically isolated from the Inland Valley. Residents living in the High Desert region can travel between 45 miles to well over 100 miles to receive care. There is a single highway that crosses the San Gabriel and San Bernardino Mountains at the Cajon Pass, leading from Victorville down to San Bernardino. This major

transportation artery crosses the mountains at a peak elevation of over 4,000 feet, making it subject to weather events on a frequent basis. When the snow in the winter and wildfires in the summer make the Cajon Pass impassible. The High Desert region has an estimated population of 390,000. The densest population is within a 10 miles radius surrounding Victorville. The total population of the High Desert is similar to the City of Oakland in northern California. The Morongo Basin is approximately 70 to 100 miles from any inpatient child and adolescent psychiatric beds in San Bernardino County; however, it only has about 120,000 residents. The residents of the Morongo Basin often travel the shorter distance to the Coachella Valley; however, the Coachella Valley is in Riverside County.

At 11.7%, San Bernardino County's rate of family poverty is significantly higher than the state (9.1%), the national average (9.3%), and that of neighboring Los Angeles (10.5%) and Riverside (9.4%) Counties (U.S. Census Bureau, 2018). Among San Bernardino County cities with 65,000 or more residents, the highest rate of family poverty was in the City of San Bernardino (20.1%). At 14.9%, San Bernardino County far exceeds the percentage of individuals living in poverty in Riverside County (12.7%), California (12.8%), and that of the United States at 13.1%.

As the county hospital, ARMC's patient population consists of 70% Medi-Cal (California's version of Medicare). ARMC's patients are living at or below the Federal Poverty Line. The economic engine of the region consists largely of low-paying logistics and transportation.

In addition to poverty, San Bernardino County is challenged by a lack of health care providers. The County of San Bernardino has a Health Professions Shortage Area (HPSA) score of 19 (nineteen) for primary care, 25 (twenty-five) for dental health, and 17 (seventeen) for mental health.

Do you plan to target the funding to high-risk and vulnerable patients?

San Bernardino County is a county located in the southern portion of the U.S. state of California and is part of the Inland Empire area. As of the 2010 U.S. Census, the population was 2,035,210, making it the fifth-most populous county in California and the 14th-most populous in the United States.

With an area of 20,105 square miles (52,070 km²), San Bernardino County is the largest county in the contiguous United States by area.

The median income for a household in the county was \$42,066, and the median income for a family was \$46,574. The per capita income for the county was \$16,856. About 12.6% of families and 15.80% of the population were below the Federal Poverty Line, including 20.6% of those under age 18 and 8.4% of those age 65 or over. ARMC is the leading hospital serving the individuals living at, below, or far below the Federal Poverty Line.

The population of the region faces many challenges. The region exhibits some of the worst health indicators by county for the State of California. The medically underserved population is often unable to access care, lacks the resources to purchase medications, laboratory tests, and nutritious foods. They can often have less than a high-school education and have limited English proficiency. This can complicate care and lead to a lack of education about how and when to care for illnesses and chronic medical conditions.

According to the Centers for Disease Control and Prevention (CDC), older adults and individuals with underlying medical conditions might be at higher risk for severe complications from COVID-19. People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma: According to the California Health Information Survey (CHIS), 2.8% of individuals in the Inland Empire have/had been told they have lung disease, whereas only 2.0% of individuals throughout California have/had been told they have lung disease.
- People who have serious heart conditions: According to the CHIS, 29.8% of individuals in California have/had high blood pressure, while 33.5% of the population of the Inland Empire have/had high blood pressure. Just over 6% of Californians have/had heart disease and at 7.8%, residents of the Inland Empire have a much higher rate of heart disease.
- People who are immunocompromised: The Inland Empire is home to a large HIV population. Of the fifty-eight counties statewide, San Bernardino County has the fourth-highest incidence of newly diagnosed HIV infection rates by population followed by Riverside County. San Bernardino County has seen a steady increase in newly diagnosed HIV infections since 2014 from 4.2% in 2014 to 5.9% in 2018 with the largest jump between 2015 (3.8%) and 2018 (5.9%). Additionally, at 9.9%, the rate of cancer in the Inland Empire surpasses that of California at 8.7%.
- People with severe obesity (body mass index [BMI] of 40 or higher): Over 27% of Californians are considered obese, according to the CHIS; whereas, 30.3% of adult residents in the Inland Empire are considered obese.
- People with diabetes: Diabetes prevalence and deaths are on the rise in San Bernardino County. More than half of adults in the Inland Empire have diabetes or are on the path of developing it, according to a 2016 study by the UCLA Center for Health Policy Research. According to the CHIS, 12.1% of the population of San Bernardino have ever been diagnosed with diabetes. At 10.1%, the state of California has a much lower percentage of the population who have ever been diagnosed with diabetes. Over 18% of the population of the Inland Empire has ever told they are pre- or borderline diabetes. This surpasses that of California at 15.8%.

Homelessness: According to the CDC, "People experiencing unsheltered homelessness (those sleeping outside or in places not meant for human habitation) may be at risk for infection when there is community spread of COVID-19." Despite multiple efforts to reduce it, homelessness

remains a serious problem in the Inland Empire, one that appears to be getting worse instead of better. Homelessness in San Bernardino County grew by 23% year-over-year. There were 2,607 people who had no permanent place to live found in the 2019 Point-In-Time Count.

The San Bernardino County volunteers also found that the number of homeless people in that jurisdiction 55 years old and older rose 71% between January 2018 and January 2019, and that nearly 19 percent of the adults surveyed this year were homeless for the first time.

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How are the devices integral to patient care?

ARMC is requesting funding for the purchase of providing equipment for a bidirectional video conferencing platform to serve patients from Arrowhead Regional Medical Center (the county hospital), Department of Public Health, and the Department of Behavioral Health. A total of \$542,379.65 is being requested to increase the number telehealth/telepsychiatry units with connected care services via video to increase in access to care for high-risk and vulnerable patients for a large underserved, low-income patient population in a large geographic area in an effort to prevent, prepare for, and respond to the COVID-19 pandemic.

Description of devices (optional)

The HETT Program will provide ARMC with equipment for a bidirectional video conferencing platform for 120 providers. A \$250,000 request is being made to address licensing for providers and administrators, Meditech integration, and iPads with cases. ARMC is attaching one quote and is expecting two other quotes within the next two weeks. ARMC is confident that the requested amount will adequately cover the full implementation of telehealth/telepsychiatry to 120 healthcare providers at ARMC.

Public Health is requesting \$173,879.65 to fund the purchase of equipment to remotely monitor vitals, as well as the bidirectional video conferencing platform and equipment for telehealth application throughout the remote regions of San Bernardino County.

Behavioral Health is requesting \$118,500 for thirty telepsychiatry platforms including endpoint device equipment, video conferencing licenses, cellular coverage, and VPN.

Additional Information:

As the largest county in the contiguous United States, with rates higher than the neighboring counties and national averages in unemployment, poverty, homelessness, diabetes, cardiovascular disease, ARMC, Public Health, and Behavioral Health face many challenges in the delivery of non-urgent healthcare services. The San Bernardino HETT program will be utilized to help healthcare providers provide connected care services to patients at their homes thus reducing the need for patients to travel from remote regions to county offices and/or increase the risk of transmitting COVID-19 to other and/or contracting COVID-19 by presenting at these facilities. Through the three participating San Bernardino County Departments, the HETT will serve 25.6% of the total patient population served by all organizations at a cost of \$13.35 per person.

DPH: \$173,879.65

DBH: \$118,500

ARMC: \$250,000

TOTAL: \$542,379.65

25.6%

\$13.35 per person

