

APPENDIX A: NHSC Site Agreement



National Health Service Corps

SITE AGREEMENT

National Health Service Corps (NHSC) approved sites must meet all requirements stated below at the time of application and must continue to meet the requirements in order to maintain status as an NHSC-approved site.

1. Is an eligible site type for NHSC approval, and is located in and treats patients from a federally designated [Health Professional Shortage Area \(HPSA\)](#).
2. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. *[May or may not be applicable to Indian Health Service, Tribal or Urban Indian Health Clinics (ITUs), free clinics, or correctional facilities].*
 - a. Uses a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
 - b. Uses a [discounted/sliding fee schedule](#) to ensure that no one who is unable to pay will be denied access to services, and the discount must be applicable to all individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines (FPG). The sliding fee schedule must also provide a full discount for individuals and families with annual incomes at or below 100 percent of the FPG, with allowance for a nominal charge only, consistent with site's policy; Must adjust fees (partial sliding fee discount), reflecting nominal charges, based solely on family size and income and no other factors for individuals and families with incomes above 100 percent and at or below 200 percent of the FPG. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
 - c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*



- d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
 - e. Prominently displays a statement in common areas and on site's official website and social media platforms (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available based on family size and income. When applicable, this statement should be translated into the appropriate language/dialect. *(May or may not be applicable to free clinics, or correctional facilities.)*
3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral), which correspond to the designated HPSA type. For a detailed description of culturally and linguistically appropriate services in health, visit the [Office of Minority Health](#) website.
 4. Uses a credentialing process that, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank \(NPDB\)](#) of those clinicians for whom the NPDB maintains data.
 5. Functions as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.
 6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
 7. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan on-site for review, and adopts recruitment policies to maintain appropriate clinical staffing levels needed to serve the community.
 8. Does not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.
 9. Allows NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC and described in part below. **The site administrator must review and know the clinician's specific NHSC service requirements.** Time spent on call will not count toward a clinician's NHSC work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians must apply for a suspension of their service obligation if their absences per year are greater than those allowed by NHSC. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in CAHs and IHS Hospitals, refer to the [NHSC website](#) and review the respective NHSC Loan Repayment Programs (LRP, SUD Workforce LRP, Rural Community LRP), Students to Service Loan Repayment Program and/or Scholarship Program Application and Program Guidance.
 10. Communicates to the NHSC any change in site or clinician employment status for full-time and half-time, including moving an NHSC clinician to a satellite site for any or all of their hour work week, termination, etc.
 11. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC-sponsored meetings, webinars, and other continuing education programs.



- 12. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
- 13. Completes and submits [NHSC Site Data Tables](#) (requires up-to-date data for the preceding six months) to NHSC at the time of the site application, recertification, and NHSC site visits. The following eligible Auto-Approved NHSC Sites ARE NOT required to submit the NHSC Site Data Tables: 1) Federally Qualified Health Centers, and 2) Federally Qualified Health Center Look-Alikes. The standard Health Resources and Services Administration/Bureau of Primary Health Care Uniform Data System (UDS) report will be reviewed in place of the data tables. The following eligible NHSC sites must provide NHSC Site Data Tables upon request if HRSA needs them to determine NHSC site eligibility: 1) ITUs, 2) Federal Prisons, 3) State Prisons, and 4) Immigration and Customs Enforcement Health Service Corps sites. All other eligible NHSC site types must submit NHSC Site Data Tables at the time of site application, recertification, and NHSC Site Visit.
- 14. Complies with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.

By signing below, you hereby affirm your compliance with the NHSC Site Agreement, and that the information submitted is true and accurate. You further understand that this information is subject to verification by the NHSC.

Name of Site (Print): Apple Valley Clinic

Site Official's Name (Print): Georgina Yoshioka, DSW, MBA, LCSW

Site Official's Name (Signature): *Georgina Yoshioka*

Site Official's Title: Director

Date: 6/25/2024



APPENDIX E: NATIONAL HEALTH SERVICE CORPS COMPREHENSIVE BEHAVIORAL HEALTH SERVICES CHECKLIST

****Only National Health Service Corps Site Administrators are permitted
 to submit certification documents****

Site Name Apple Valley Clinic

Address 18818 Outer Highway 18, Apple Valley, CA, 92307

Section I. Core Comprehensive Behavioral Health Service Elements

National Health Service Corps-approved Comprehensive Primary Behavioral Health Service sites must upload documentation demonstrating that Core Comprehensive Behavioral Health Services are provided on-site. Core service elements *must* be provided on-site; these services cannot be offered in-network, through referral, affiliation, or contract.

Service	Check the box and upload supporting documentation for each Core service provided on-site
<p>1. Screening and Assessment: <i>Screening</i> is the practice of determining the presence of risk factors, early behaviors, and biomarkers which enables early identification of behavioral health disorders (e.g., warning signs for suicide, substance abuse, depression) and early access to care. <i>Assessment</i> is a structured clinical examination that analyzes patient bio-psych-social information to evaluate a behavioral health complaint.</p>	<input checked="" type="checkbox"/>
<p>2. Treatment Plan: A <i>Treatment Plan</i> is a formalized, written document that details a patient's current clinical symptoms, diagnosis, and outlines the therapeutic strategies and goals that will assist the patient in reducing clinical symptoms and overcoming his or her behavioral health issues. The plan also identifies, where indicated, clinical care needs and treatment(s) to be provided by affiliated health and behavioral health care providers and settings.</p>	<input checked="" type="checkbox"/>
<p>3. Care Coordination: <i>Care Coordination</i> is the practice of navigating and integrating the efforts primary care, specialty health care and social service providers to support a patient's health, wellness, and independence.</p>	<input checked="" type="checkbox"/>

Section II. Additional Comprehensive Behavioral Health Service Elements (Non-Core Elements)

National Health Service Corps-approved Comprehensive Primary Behavioral/Mental Health Service sites must upload documentation demonstrating patient access to non-core service elements, which may be provided on-site, in-network, through referral, affiliation, or contract. Acceptable documentation includes: affiliation agreements; memorandums of understanding/agreement; contracts; letters of referral; letters of support/commitment; or referral and follow-up policy.

Public Burden Statement: The purpose of this information collection is to obtain information through the National Health Service Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program, or for NHSC Site Application and Recertification purposes. Clinicians interested in participating in the National Health Service Corps Loan Repayment Program must submit an application to the National Health Service Corps. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until 03/31/2026. This information collection is required to obtain or retain a benefit (Section 333 [254f] (a)(1) of the Public Health Service Act). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

Service	Select On-site or Off-site and upload supporting documentation	
	Provided On-site	Provided Off-site
<p>1. Diagnosis: The practice of determining a patient's emotional, socio-emotional, behavioral, or mental symptoms as a diagnosable disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM; most current edition) and International Classification of Disease (ICD; most current edition).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>2. Therapeutic Services (including, but not limited to, psychiatric medication prescribing and management, chronic disease management, and substance use disorder treatment): Broad range of evidence-based or promising behavioral health practice(s) with the primary goal of reducing or ameliorating behavioral health symptoms, improve functioning, and restore/maintain a patient's health (e.g., individual, family, and group psychotherapy/ counseling; psychopharmacology; and short/long-term hospitalization).</p> <p>a. Psychiatric Medication Prescribing and Management</p> <p>b. Substance Use Disorder (SUD) Treatment</p> <p>c. Short/long-term hospitalization</p> <p>d. Other (Please list) _____</p> <p>e. Other (Please list) _____</p>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>3. Crisis/Emergency Services (including, but not limited to, 24-hour crisis call access): The method(s) used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems. In some instances, a crisis may constitute an imminent threat or danger to self, to others, or grave disability. (Note: generic hotline, hospital emergency room referral, or 911 is not sufficient.)</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>4. Consultative Services: The practice of collaborating with health care and other social service providers (e.g., education, child welfare, and housing) to identify the biological, psychological, medical, and social causes of behavioral health distress, to determine treatment approach(es), and to improve patient functioning.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>5. Case Management: The practice of assisting and supporting patients in developing their skills to gain access to needed health care, housing, employment, social, educational, and other services essential to meeting basic human needs and consistent with their health care treatment, symptom management, recovery, and independent functioning.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Section III. Off-Site Behavioral Health Service Details

Under this section, the National Health Service Corps-approved site must provide basic information for each entity that supports access to non-core behavioral health services.

Provider	Arrowhead Regional Medical Center	Provider	
Address	400 N. Pepper Ave., Colton, CA 92324	Address	
Services Offered		Services Offered	
Acute Psychiatric Inpatient & Emergency SD/MC Services			

Provider		Provider	
Address		Address	
Services Offered		Services Offered	

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Section IV. Certification of Compliance with Behavioral Health Clinical Practice Requirements

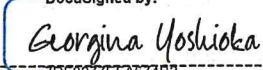
Certify that the behavioral health site adheres to the clinical practice requirements for behavioral health providers under the National Health Service Corps (NHSC) and supports NHSC participants in meeting their obligation related to the clinical practice requirements. Refer to the appropriate NHSC Application and Program Guidance for a detailed definition of Full-Time or Half-Time Clinical Practice.

	Provided On-site	Not Provided On-site
Full-time: The site offers employment opportunities that adhere to the National Health Service Corps definition of full-time clinical practice.	<input checked="" type="radio"/>	<input type="radio"/>
Half-time: The site offers employment opportunities that adhere to the National Health Service Corps definition of half-time clinical practice.	<input checked="" type="radio"/>	<input type="radio"/>

Section V. Site Certification:

By signing below, you (the National Health Service Corps-approved Site Administrator) are affirming the truthfulness and accuracy of the information in this document.

I, Georgina Yoshioka, DSW, MBA, LCSW, hereby certify that the information provided above, and all supporting information, is true and accurate. I understand that this information is subject to verification by the National Health Service Corps.

DocuSigned by:
 6/25/2024

 Signature Date

OFFICIAL NATIONAL HEALTH SERVICE CORPS USE ONLY

Recommended By: _____

Certified	Not Certified
<input type="radio"/>	<input type="radio"/>

COMMENTS

Public Burden Statement: The purpose of this information collection is to obtain information through the National Health Service Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program, or for NHSC Site Application and Recertification purposes. Clinicians interested in participating in the National Health Service Corps Loan Repayment Program must submit an application to the National Health Service Corps. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until 03/31/2026. This information collection is required to obtain or retain a benefit (Section 333 [254f] (a)(1) of the Public Health Service Act). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

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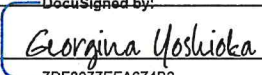


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By signing below, you hereby affirm your compliance with the NHSC Site Agreement, and that the information submitted is true and accurate. You further understand that this information is subject to verification by the NHSC.

Name of Site (Print): Juvenile Justice

Site Official's Name (Print): Georgina Yoshioka, DSW, MBA, LCSW

Site Official's Name (Signature): 
DocuSigned by:
7DF8077EFA674B2...

Site Official's Title: Director

Date: 6/25/2024



APPENDIX E: NATIONAL HEALTH SERVICE CORPS COMPREHENSIVE BEHAVIORAL HEALTH SERVICES CHECKLIST

****Only National Health Service Corps Site Administrators are permitted
 to submit certification documents****

Site Name Juvenile Justice

Address 755 E Gilbert St San Bernardino, CA 92415

Section I. Core Comprehensive Behavioral Health Service Elements

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<p>2. Treatment Plan: A <i>Treatment Plan</i> is a formalized, written document that details a patient's current clinical symptoms, diagnosis, and outlines the therapeutic strategies and goals that will assist the patient in reducing clinical symptoms and overcoming his or her behavioral health issues. The plan also identifies, where indicated, clinical care needs and treatment(s) to be provided by affiliated health and behavioral health care providers and settings.</p>	<input checked="" type="checkbox"/>
<p>3. Care Coordination: <i>Care Coordination</i> is the practice of navigating and integrating the efforts primary care, specialty health care and social service providers to support a patient's health, wellness, and independence.</p>	<input checked="" type="checkbox"/>

Section II. Additional Comprehensive Behavioral Health Service Elements (Non-Core Elements)

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Service	Select On-site or Off-site and upload supporting documentation	
	Provided On-site	Provided Off-site
<p>1. Diagnosis: The practice of determining a patient's emotional, socio-emotional, behavioral, or mental symptoms as a diagnosable disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM; most current edition) and International Classification of Disease (ICD; most current edition).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>2. Therapeutic Services (Including, but not limited to, psychiatric medication prescribing and management, chronic disease management, and substance use disorder treatment): Broad range of evidence-based or promising behavioral health practice(s) with the primary goal of reducing or ameliorating behavioral health symptoms, improve functioning, and restore/maintain a patient's health (e.g., individual, family, and group psychotherapy/ counseling; psychopharmacology; and short/long-term hospitalization).</p> <p>a. Psychiatric Medication Prescribing and Management</p> <p>b. Substance Use Disorder (SUD) Treatment</p> <p>c. Short/long-term hospitalization</p> <p>d. Other (Please list) _____</p> <p>e. Other (Please list) _____</p>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<p>4. Consultative Services: The practice of collaborating with health care and other social service providers (e.g., education, child welfare, and housing) to identify the biological, psychological, medical, and social causes of behavioral health distress, to determine treatment approach(es), and to improve patient functioning.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>5. Case Management: The practice of assisting and supporting patients in developing their skills to gain access to needed health care, housing, employment, social, educational, and other services essential to meeting basic human needs and consistent with their health care treatment, symptom management, recovery, and independent functioning.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Public Burden Statement: The purpose of this information collection is to obtain information through the National Health Service Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program, or for NHSC Site Application and Recertification purposes. Clinicians interested in participating in the National Health Service Corps Loan Repayment Program must submit an application to the National Health Service Corps. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until 03/31/2026. This information collection is required to obtain or retain a benefit (Section 333 [254f] (a)(1) of the Privacy Act). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

Section III. Off-Site Behavioral Health Service Details

Under this section, the National Health Service Corps-approved site must provide basic information for each entity that supports access to non-core behavioral health services.

Provider	Arrowhead Regional Medical Center	Provider	Dept. of Behavioral Health
Address	400 N. Pepper Ave., Colton, CA 92324	Address	303 E. Vanderbilt Way, San Bernardino
Services Offered		Services Offered	
Acute Psychiatric Inpatient & Emergency SD/MC Services		N/A - Services are provided with the department via referral.	

Provider		Provider	
Address		Address	
Services Offered		Services Offered	

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Section IV. Certification of Compliance with Behavioral Health Clinical Practice Requirements

Certify that the behavioral health site adheres to the clinical practice requirements for behavioral health providers under the National Health Service Corps (NHSC) and supports NHSC participants in meeting their obligation related to the clinical practice requirements. Refer to the appropriate NHSC Application and Program Guidance for a detailed definition of Full-Time or Half-Time Clinical Practice.

	Provided On-site	Not Provided On-site
Full-time: The site offers employment opportunities that adhere to the National Health Service Corps definition of full-time clinical practice.	<input checked="" type="radio"/>	<input type="radio"/>
Half-time: The site offers employment opportunities that adhere to the National Health Service Corps definition of half-time clinical practice.	<input checked="" type="radio"/>	<input type="radio"/>

Section V. Site Certification:

By signing below, you (the National Health Service Corps-approved Site Administrator) are affirming the truthfulness and accuracy of the information in this document.

I, Georgina Yoshioka, DSW, MBA, LCSW, hereby certify that the information provided above, and all supporting information, is true and accurate. I understand that this information is subject to verification by the National Health Service Corps.

DocuSigned by:
 6/25/2024

 Signature Date

OFFICIAL NATIONAL HEALTH SERVICE CORPS USE ONLY

Recommended By: _____

Certified	Not Certified
<input type="radio"/>	<input type="radio"/>

COMMENTS

Public Burden Statement: The purpose of this information collection is to obtain information through the National Health Service Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program, or for NHSC Site Application and Recertification purposes. Clinicians interested in participating in the National Health Service Corps Loan Repayment Program must submit an application to the National Health Service Corps. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until 03/31/2026. This information collection is required to obtain or retain a benefit (Section 333 [254f] (a)(1) of the Public Health Service Act). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.



CLERK OF THE
BOARD OF SUPERVISORS
2024 NOV -8 PM 12:28
SAN BERNARDINO COUNTY

County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Behavioral Health

Contact Name: Rebecca Lombard Telephone: (909) 383-3978

Agreement No.: _____ Amendment No.: _____ Date of Board Item 06/25/2024 Board Item No.: 42

Name of Contract Entity/Project Name: National Health Services Corps on-line applications - DBH sites: Apple Valley Clinic and Juvenile Justice

Explanation of request/Special Instructions:

Behavioral Health is requesting the Director of the Department of Behavioral Health's signature on the National Health Services Corps on-line applications which is inclusive of the site agreements and the comprehensive behavioral health services checklists and submission of these documents to the Health Resources and Services Administration Bureau of Health Workforce as requested for Board approval on June 25, 2024, Recommendation No. 2.

The on-line applications and supporting documents via the National Health Services Corps Health Resources and Services Administration Bureau of Health Workforce are required to become a certified site, making it eligible for licensed professionals to qualify and apply for a variety of National Health Services Corps Programs.

Insert check mark that the following required documents are attached to this request:

- Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- Board Agenda item that delegated the authority

CLERK OF THE BOARD OF SUPERVISORS
SAN BERNARDINO COUNTY
2024 NOV -8 PM 12:28

Department Routed to County Counsel	County Counsel Name: <u>Dawn Martin</u>	Date Sent: <u>06/18/2024</u>
Reviewing County Counsel Use Only	Review Date <u>6/20/24</u> <u>[Signature]</u> Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>6/25/24</u> <u>[Signature]</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: <input type="checkbox"/> Chair <input type="checkbox"/> CEO <input checked="" type="checkbox"/> Department <input type="checkbox"/> Return to Department for preparation of agenda item