

**CHILDREN  
AND FAMILIES  
COMMISSION  
FOR  
SAN BERNARDINO COUNTY**

**STANDARD CONTRACT**

| FOR COMMISSION USE ONLY                                                                                                                                                |                                     |                                    |                                          |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Change<br><input type="checkbox"/> Cancel                                                          | Vendor Code<br>50000558             | SC                                 | Dept.<br>903                             | A                                                             |
| Contract Number<br>HW056 A2                                                                                                                                            |                                     |                                    |                                          |                                                               |
| Organization<br>Children and Families Commission                                                                                                                       |                                     |                                    |                                          | Contractor's License No.                                      |
| Commission Representative<br>Cindy Faulkner, Assistant Director                                                                                                        |                                     | Telephone<br>909-386-7706          |                                          | Total Contract Amount<br>\$666,114                            |
| Contract Type<br><input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other: |                                     |                                    |                                          |                                                               |
| If not encumbered or revenue contract type, provide reason:                                                                                                            |                                     |                                    |                                          |                                                               |
| Commodity Code<br>95200                                                                                                                                                | Contract Start Date<br>July 1, 2017 | Contract End Date<br>June 30, 2020 | Original Amount<br>\$222,038             | Amendment Amount<br>\$222,038                                 |
| Cost Center<br>9033009900                                                                                                                                              |                                     | GL Account<br>53003357             | Internal Order No.<br>1000731            | Amount<br>\$222,038                                           |
| Cost Center                                                                                                                                                            |                                     | GL Account                         | Internal Order No.                       |                                                               |
| Cost Center                                                                                                                                                            |                                     | GL Account                         | Internal Order No.                       | Amount                                                        |
| Abbreviated Use<br>Early Screening & Intervention-<br>Asthma- Breathmobile                                                                                             |                                     | FY<br>19-20                        | Estimated Payment<br>Amount<br>\$222,038 | Total by Fiscal Year<br>FY   Amount   I/D<br>____   _____   I |
|                                                                                                                                                                        |                                     |                                    |                                          | ____   _____   ____                                           |
|                                                                                                                                                                        |                                     |                                    |                                          | ____   _____   ____                                           |

THIS CONTRACT is entered into in the State of California by and between the Children and Families Commission for San Bernardino County, hereinafter called the Commission, and

Legal Name (hereinafter called the Contractor)

County of San Bernardino

Department/Division

Arrowhead Regional Medical Center

Address

400 North Pepper Avenue

Colton, CA 92324

Phone

(909) 580-1000

Federal ID No.

95-6002748

Program Address (if different from legal address):

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 2**

1. Paragraph N. of Section III, CONTRACTOR'S GENERAL RESPONSIBILITIES is amended to read as follows:

N. Confidentiality

- Contractor shall ensure that all staff, volunteers and/or Subcontractors performing Services under this Contract comply with the Commission's Policy 18-01 Non-public Personally Identifiable Information specified at <http://first5sanbernardino.org/CommissionPolicies.aspx> prior to providing any Services. Contractor shall immediately notify the Commission of any suspected or actual breach of confidential

**Auditor-Controller/Treasurer Tax Collector Use Only**

|                                            |                              |
|--------------------------------------------|------------------------------|
| <input type="checkbox"/> Contract Database | <input type="checkbox"/> FAS |
| Input Date                                 | Keyed By                     |

information as further detailed in the requirements. These requirements specified at <http://first5sanbernardino.org/CommissionPolicies.aspx> are hereby incorporated by this reference.

- Contractor shall protect from unauthorized use or disclosure names and other identifying information concerning persons receiving Services pursuant to this Contract, except for statistical information not identifying any participant. Contractor shall not use or disclose any identifying information for any other purpose other than carrying out the Contractor's obligations under this Contract, except as may be otherwise required by law. This provision will remain in force even after the termination of the Contract.
- Contractor shall comply with all applicable provisions of the [Health Insurance Portability and Accountability Act of 1996](#) (HIPAA), as applicable.

Initial Here

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

A. Contract Amount

The maximum amount of reimbursement under this Contract shall not exceed \$ 666,114 for the duration of the Contract term subject to the availability of California Children and Families Trust Fund monies. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof. These funds are divided as follows:

|                     |                   |                                    |
|---------------------|-------------------|------------------------------------|
| Fiscal Year 2017-18 | \$ <u>222,038</u> | July 1, 2017 through June 30, 2018 |
| Fiscal Year 2018-19 | \$ <u>222,038</u> | July 1, 2018 through June 30, 2019 |
| Fiscal Year 2019-20 | \$ <u>222,038</u> | July 1, 2019 through June 30, 2020 |

Initial Here

3. Paragraph A. of Section VIII, TERM, is amended to read as follows:

- A. This Contract is effective commencing July 1, 2017 and expires June 30, 2020, but may be terminated earlier in accordance with provisions of paragraph below or Section VII of this Contract.

Initial Here

4. Paragraph G. of Section IX, GENERAL PROVISIONS is amended to read as follows:

- G. The parties acknowledge and agree that this Contract was entered into and intended to be performed in San Bernardino County, California. The parties agree that the venue of any action or claim brought by any party to this Contract will be the Superior Court of California, County of San Bernardino, San Bernardino District. Each party hereby waives any law or rule of the court, which would allow them to request or demand a change of venue. If any action or claim concerning this Contract is brought by any third party and filed in another venue, the parties hereto agree to use their best efforts to obtain a change of venue to the Superior Court of California, County of San Bernardino, San Bernardino District.

*continued on next page*

## ATTACHMENTS

Attachment A – Amended Work Plan for FY 2019-2020

Attachment B – Amended Program Budget for FY 2019-2020

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

### CHILDREN & FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY

### COUNTY OF SAN BERNARDINO

Legal Entity

► 

Authorized Signature

Maxwell Ohikhuare, M.D.

Printed Name

Commission Chair

Title

Dated

7/10/2019

►

Authorized Signature

Curt Hagman

Printed Name

Chairman, Board of Supervisors

Title

Dated

Official Stamp

Reviewed for Processing

► 

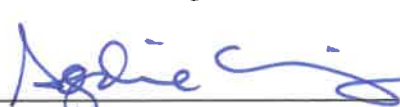
Cindy Faulkner

Assistant Director

Date

7/8/19

Approved as to Legal Form

► 

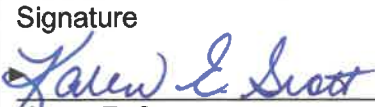
Sophie Akins

Commission Counsel

Date

7/10/19

Presented to Commission for  
Signature

► 

Karen E. Scott

Executive Director

Date

07/10/2019

SPA 1: Children and Families  
Goal 1.1: Child Health  
Objective 1.1.a: Families have access to resources and environments that support the total wellness of the child  
Objective 1.1.b: Families are knowledgeable of and utilize available resources to manage their health



Agency Name: Arrowhead Regional Medical Center  
Contract #: HW056 A2  
Program Name: Breathmobile  
Period: July 2019 – June 2020  
Service Area: Countywide

| <b>Expectation</b>                                         | Support improved health outcomes for children 0-5 by supporting not only direct treatment services and expansion in capacity, but by also assisting parents/caregivers in navigating and receiving appropriate services. |                                                                                                                |                                                                                                                      |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Outcome</b>                                             | 150 children will receive Care Coordination and Developmental Screenings (Core)                                                                                                                                          | 400 children will receive Asthma Screenings and 240 parents will receive Asthma Education services (Aggregate) |                                                                                                                      |
| Objective                                                  | Activity                                                                                                                                                                                                                 | Dosage                                                                                                         | Verification                                                                                                         |
| Children will be healthy well-nourished and physically fit | Care Coordination                                                                                                                                                                                                        | Varies                                                                                                         | Asthma Assessments<br>- 1 Pre (At program enrollment)<br>- 1 Post (At program completion)<br>Family Demographic      |
|                                                            | Asthma Screening                                                                                                                                                                                                         | 1 per child                                                                                                    | Screening Packet                                                                                                     |
|                                                            | Developmental Screening                                                                                                                                                                                                  | 1 per child                                                                                                    | ASQ-3 Completed within 30-45 calendar days of enrollment<br>Developmental Referral Assessment <i>when applicable</i> |
| Early screening and intervention for special needs         | Asthma Education                                                                                                                                                                                                         | 1 per family                                                                                                   | Education Packet                                                                                                     |
| Increased parent knowledge of asthma effects               |                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                      |

**Program Description:**

Breathmobile travels to participating sites to treat children with asthma, including the 0-5 population. Visits include complete evaluation, examination, care plan and extensive patient-family education sessions.

Agency Rep Name: \_\_\_\_\_

Agency Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Data Type: Core and Aggregate

Reporting Period: Monthly and Quarterly

Period: July 2019 – June 2020

Due: On the 15<sup>th</sup> of the following month



**FIRST 5 SAN BERNARDINO  
PROGRAM BUDGET  
FISCAL YEAR: FY 2019-2020**

| ORGANIZATION:  |                     | DIRECTOR:         |          |            |              | PROGRAM YEAR:    |               |             |              |                           |                                                                                                                                                                                                                       |
|----------------|---------------------|-------------------|----------|------------|--------------|------------------|---------------|-------------|--------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROGRAM TITLE: |                     | PROGRAM DIRECTOR: |          |            |              | TOTAL BUDGET: \$ |               |             |              |                           |                                                                                                                                                                                                                       |
| INITIATIVE:    |                     | FINANCE OFFICER:  |          |            |              | RFP/CONTRACT #:  |               |             |              |                           |                                                                                                                                                                                                                       |
|                |                     |                   |          |            |              |                  |               |             |              |                           |                                                                                                                                                                                                                       |
| LINE           | BUDGET CATEGORY     | FTE               | PAY RATE | # OF HOURS | BENEFIT RATE | FSSB SALARY      | FSSB BENEFITS | FSSB BUDGET | TOTAL SALARY | First 5 % of TOTAL SALARY | DESCRIPTION/ JUSTIFICATION                                                                                                                                                                                            |
| I.             | SALARIES & BENEFITS | A                 | B        | C          | D            | E                | F             | G           | H            | I                         | J                                                                                                                                                                                                                     |
|                | Name:               |                   |          |            |              |                  |               |             |              |                           |                                                                                                                                                                                                                       |
|                | Position:           |                   |          |            |              |                  |               |             |              |                           |                                                                                                                                                                                                                       |
| 1              | Mark Connolly       | 0.25              | 48.48    | 520.00     | 0.40         | 25,209.91        | 10,083.96     | 35,293.88   | 141,175.51   | 25%                       | Represents, organizes and directs all clinical and administrative aspects of the Breathmobile. Oversees all regulatory and compliance matters.                                                                        |
| 2              | John Cadavona       | 0.25              | 34.39    | 520.00     | 0.40         | 17,885.09        | 7,154.04      | 25,039.12   | 100,156.49   | 25%                       | Oversee daily operations, staffing, staff development and evaluation of all patient care activities to include clinic schedules.                                                                                      |
| 3              | Karl Peterson       | 0.25              | 33.56    | 520.00     | 0.40         | 17,450.16        | 6,980.06      | 24,430.22   | 97,720.90    | 25%                       | Assess each patient's physical condition and evaluate all pertinent testing results in order to evaluate outcomes and adjust respiratory care to achieve patient care goals by providing treatment focused education. |
| 4              | Josie Mancillas     | 0.25              | 31.95    | 520.00     | 0.40         | 16,612.13        | 6,644.85      | 23,256.98   | 93,027.92    | 25%                       | Assess each patient's physical condition and evaluate all pertinent testing results in order to evaluate outcomes and adjust respiratory care to achieve patient care goals by providing treatment focused education. |

## FY 2019-2020

| ORGANIZATION:             |                 | Arrowhead Regional Medical Center |          | DIRECTOR:         |              | Mark Connolly                       |               | PROGRAM YEAR:   |              | 2019-2020                 |                                                                                                                                                                                                                       |
|---------------------------|-----------------|-----------------------------------|----------|-------------------|--------------|-------------------------------------|---------------|-----------------|--------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROGRAM TITLE:            |                 | Respiratory Care                  |          | PROGRAM DIRECTOR: |              | Webster Wong, MD (Program Director) |               | TOTAL BUDGET:   |              | \$ 222,038                |                                                                                                                                                                                                                       |
| INITIATIVE:               |                 | Investing in Children Health      |          | FINANCE OFFICER:  |              | Arvind Oswal                        |               | RFP/CONTRACT #: |              | HW056 A2                  |                                                                                                                                                                                                                       |
| LINE                      | BUDGET CATEGORY | FTE                               | PAY RATE | # OF HOURS        | BENEFIT RATE | F5SB SALARY                         | F5SB BENEFITS | F5SB BUDGET     | TOTAL SALARY | First 5 % of TOTAL SALARY | DESCRIPTION/ JUSTIFICATION                                                                                                                                                                                            |
|                           |                 | A                                 | B        | C                 | D            | E                                   | F             | G               | H            | I                         | J                                                                                                                                                                                                                     |
| 5                         | Nancy Glaab     | 0.25                              | 23.18    | 520.00            | 0.40         | 12,055.99                           | 4,822.40      | 16,878.39       | 67,513.56    | 25%                       | Assess each patient's physical condition and evaluate all pertinent testing results in order to evaluate outcomes and adjust respiratory care to achieve patient care goals by providing treatment focused education. |
| 6                         | Mike Acevedo    | 0.25                              | 18.62    | 520.00            | 0.40         | 9,679.80                            | 3,871.92      | 13,551.72       | 54,206.88    | 25%                       | Establish and promote positive interpersonal relations, greet, interact, offer assistance, answer questions. Register patients, update Asmatrax system.                                                               |
| Total Salaries & Benefits |                 |                                   |          |                   |              | \$ 98,893                           | \$ 39,557     | \$ 138,450      | \$ 553,801   |                           |                                                                                                                                                                                                                       |



**FIRST 5 SAN BERNARDINO  
PROGRAM BUDGET**

**FISCAL YEAR: FY 2019-2020**

| ORGANIZATION: Arrowhead Regional Medical Center |  | DIRECTOR: Mark Connolly                               |  | PROGRAM YEAR: 2019-2020    |  |
|-------------------------------------------------|--|-------------------------------------------------------|--|----------------------------|--|
| PROGRAM TITLE: Respiratory Care                 |  | PROGRAM DIRECTOR: Webster Wong, MD (Program Director) |  | TOTAL BUDGET: \$ 222,038   |  |
| INITIATIVE: Investing in Children Health        |  | FINANCE OFFICER: Arvind Oswal                         |  | RFP/CONTRACT #:            |  |
| II. SERVICES & SUPPLIES                         |  |                                                       |  |                            |  |
| Expense:                                        |  |                                                       |  | Description/Justification: |  |
| 1 PROGRAM MATERIALS / SUPPLIES                  |  | 0%                                                    |  | 1,000.00                   |  |
| 2 PRINTING                                      |  | 0%                                                    |  | -                          |  |
| 3 OFFICE SUPPLIES                               |  | 0%                                                    |  | 200.00                     |  |
| 4 BUILDING/EQUIPMENT MAINTENANCE                |  | 3%                                                    |  | 7,238.00                   |  |
| 5 UTILITIES                                     |  | 0%                                                    |  | 500.00                     |  |
| 6 PROFESSIONAL SERVICES / CONSULTANTS           |  | 31%                                                   |  | 69,650.00                  |  |



**FIRST 5 SAN BERNARDINO  
PROGRAM BUDGET**

**FISCAL YEAR:** FY 2019-2020

|                                                        |  |                                                              |  |                                                                                                                                                 |  |
|--------------------------------------------------------|--|--------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>ORGANIZATION:</b> Arrowhead Regional Medical Center |  | <b>DIRECTOR:</b> Mark Connolly                               |  | <b>PROGRAM YEAR:</b> 2019-2020                                                                                                                  |  |
| <b>PROGRAM TITLE:</b> Respiratory Care                 |  | <b>PROGRAM DIRECTOR:</b> Webster Wong, MD (Program Director) |  | <b>TOTAL BUDGET:</b> \$ 222,038                                                                                                                 |  |
| <b>INITIATIVE:</b> Investing in Children Health        |  | <b>FINANCE OFFICER:</b> Arvind Oswal                         |  | <b>REP/CONTRACT #:</b> HW056 A2                                                                                                                 |  |
| 7 INDIRECT COSTS                                       |  | 2%                                                           |  | Fiscal services, grant oversight, grant reporting, and administrative functions which accounts for approximate 2.5% of the total grant funding. |  |
| Total Services & Supplies                              |  | \$ 83,588.00                                                 |  |                                                                                                                                                 |  |
| III. FOOD                                              |  |                                                              |  |                                                                                                                                                 |  |
| Event(s):                                              |  | <b>TOTAL FSSB BUDGET</b>                                     |  | Description/Justification:                                                                                                                      |  |
| 1 N/A                                                  |  |                                                              |  |                                                                                                                                                 |  |
| Total Food                                             |  | \$ -                                                         |  |                                                                                                                                                 |  |
| IV. TRAVEL                                             |  |                                                              |  |                                                                                                                                                 |  |
| Destination:                                           |  | <b>TOTAL FSSB BUDGET</b>                                     |  | Description/Justification:                                                                                                                      |  |
| 1 N/A                                                  |  |                                                              |  |                                                                                                                                                 |  |
| Total Travel                                           |  | -                                                            |  |                                                                                                                                                 |  |
| V. SUBCONTRACTORS                                      |  |                                                              |  |                                                                                                                                                 |  |
| Organization Name:                                     |  | <b>TOTAL FSSB BUDGET</b>                                     |  | Description/Justification:                                                                                                                      |  |
| 1 N/A                                                  |  |                                                              |  |                                                                                                                                                 |  |
| Total Subcontractors                                   |  | -                                                            |  |                                                                                                                                                 |  |
| VI. INDIRECT COSTS                                     |  |                                                              |  |                                                                                                                                                 |  |
| Percent: N/A                                           |  |                                                              |  |                                                                                                                                                 |  |
| Basis: N/A                                             |  |                                                              |  |                                                                                                                                                 |  |
| Total Indirect Costs                                   |  | \$ -                                                         |  |                                                                                                                                                 |  |



**FIRST 5 SAN BERNARDINO  
PROGRAM BUDGET**

**FISCAL YEAR:** FY 2019-2020

|                                                        |                                                              |                                 |
|--------------------------------------------------------|--------------------------------------------------------------|---------------------------------|
| <b>ORGANIZATION:</b> Arrowhead Regional Medical Center | <b>DIRECTOR:</b> Mark Connolly                               | <b>PROGRAM YEAR:</b> 2019-2020  |
| <b>PROGRAM TITLE:</b> Respiratory Care                 | <b>PROGRAM DIRECTOR:</b> Webster Wong, MD (Program Director) | <b>TOTAL BUDGET:</b> \$ 222,038 |
| <b>INITIATIVE:</b> Investing in Children Health        | <b>FINANCE OFFICER:</b> Arvind Oswal                         | <b>RFP/CONTRACT #:</b> HW056 A2 |
| <b>TOTAL FIRST 5 BUDGET</b>                            |                                                              |                                 |



## Program Outline Document 2019-2020

### AGENCY INFORMATION

|                              |                                                                                                             |                                |                     |
|------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
|                              |                                                                                                             | <b>Contract #:</b>             | <u>HW056 A2</u>     |
| <b>Legal Entity:</b>         | <u>County of San Bernardino</u>                                                                             |                                |                     |
| <b>Dept./Division:</b>       | <u>Arrowhead Regional Medical Center</u>                                                                    |                                |                     |
| <b>Project Name:</b>         | <u>ARMC Breathmobile</u>                                                                                    |                                |                     |
| <b>Address:</b>              | <u>400 North Pepper Avenue</u><br><u>Colton, CA 92324</u>                                                   | <b>Phone #:</b>                | <u>909-580-1000</u> |
| <b>Website:</b>              | <u>www.arrowheadmedcenter.org</u>                                                                           | <b>Fax #:</b>                  | <u></u>             |
| <b>Program Site Address:</b> | <u>Mobile program with schedule varying monthly, see website or contact via phone for more information.</u> | <b>Client Referral Phone #</b> | <u>909-498-6277</u> |

### CONTACT INFORMATION

#### CONTRACT REPRESENTATIVE/SIGNING AUTHORITY

|                 |                                                                                                                                                         |                        |                                                                            |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------|
| <b>Name:</b>    | <u>Curt Hagman</u>                                                                                                                                      | <b>Title:</b>          | <u>Fourth District Supervisor and Chairman of the Board of Supervisors</u> |
| <b>Address:</b> | <u>County of San Bernardino Board of Supervisors</u><br><u>385 North Arrowhead Avenue, 5<sup>th</sup> Floor</u><br><u>San Bernardino, CA 92415-0130</u> | <b>Direct Phone #:</b> | <u>(909) 387-4866</u>                                                      |
| <b>E-Mail:</b>  | <u><a href="mailto:Curt.Hagman@bos.sbcounty.gov">Curt.Hagman@bos.sbcounty.gov</a></u>                                                                   | <b>Fax #:</b>          | <u>(909) 387-3018</u>                                                      |

#### PROGRAM CONTACT

|                 |                                                                                     |                        |                                           |
|-----------------|-------------------------------------------------------------------------------------|------------------------|-------------------------------------------|
| <b>Name:</b>    | <u>Mark Connolly</u>                                                                | <b>Title:</b>          | <u>Respiratory Care Services Director</u> |
| <b>Address:</b> | <u>400 North Pepper Avenue</u><br><u>Colton, CA 92324</u>                           | <b>Direct Phone #:</b> | <u>909-580-3236</u>                       |
| <b>E-Mail:</b>  | <u><a href="mailto:connollym@armc.sbcounty.gov">connollym@armc.sbcounty.gov</a></u> | <b>Fax #:</b>          | <u>909-580-3235</u>                       |

#### FISCAL CONTACT

|                 |                                                                                 |                        |                      |
|-----------------|---------------------------------------------------------------------------------|------------------------|----------------------|
| <b>Name:</b>    | <u>Clara Li</u>                                                                 | <b>Title:</b>          | <u>Accountant II</u> |
| <b>Address:</b> | <u>400 North Pepper Avenue</u><br><u>Colton, CA 92324</u>                       | <b>Direct Phone #:</b> | <u>909-580-1212</u>  |
| <b>E-Mail:</b>  | <u><a href="mailto:LiClara@armc.sbcounty.gov">LiClara@armc.sbcounty.gov</a></u> | <b>Fax #:</b>          | <u>909-580-1190</u>  |

**ADDITIONAL CONTACT (Describe):** Program**Name:** John Cadavona**Title:** Mobile Clinic Manager**Address:** 400 North Pepper Avenue  
Colton, CA 92324**Direct Phone #:** 909-580-3202**Fax #:** 909-580-3235**E-Mail:** [cadavonai@armc.sbcounty.gov](mailto:cadavonai@armc.sbcounty.gov)**PROGRAM INFORMATION****TYPE OF AGENCY**☐ **Educational Institution** **Describe:** Choose an item.☒ **Government Agency** **Describe:** County☐ **Private Entity/Institution** **Describe:** Choose an item.☐ **Community-Based** **Describe:** Choose an item.**FIRST 5 FOCUS AREA****STRATEGY**☒ **Health**☐ **Early Screening and Intervention**☐ **Health Care Access**☐ **Oral Health**☐ **Health & Safety Education**☒ **Other:**

Asthma

☐ **Education**☐ **Early Education Programs**☐ **Access to Quality Child Care**☐ **Quality Provider Programs**☐ **Other:**☐ **Family**☐ **Parent Education**☐ **Resource Center & Case  
Management**☐ **Other:**☐ **Systems**☐ **Integrated Systems Planning &  
Implementation**☐ **Countywide Information  
Referral Systems**☐ **Organizational Capacity Building**☐ **Community Outreach**☐ **Other:****PROGRAM DESCRIPTION**

ARMC's Breathmobile® travels to participating sites to treat children with asthma, including the 0-5 population, covered by this contract. A complete evaluation, examination, care plan and extensive patient-family education session are complete on the initial visit. Follow-up visits take place to ensure that the treatment plan is effective.

**SERVICE AREA (LOCATIONS)**

Countywide

**COMMISSION LEVEL OUTCOMES**

**SPA 1: Children and Families**

**Goal 1.1 Child Health**

**Objective 1.1a: Families have access to resources and environments that support the total wellness of the child**

**Objective 1.1b: Families are knowledgeable of and utilize available resources to manage their health**

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

**Outcome(s):**150 children will receive Care Coordination and Developmental Screenings (core).

400 children will receive asthma screenings and 240 parents will receive Asthma Education services (aggregate).

**ASSIGNED ANALYST:** Renee Jones

---

**CONTRACT AMOUNT**

| <b>Fiscal Year</b> | <b>Amount</b>     |
|--------------------|-------------------|
| 2017-2018          | \$ 222,038        |
| 2018-2019          | \$ 222,038        |
| 2019-2020          | \$ 222,038        |
| <b>Total</b>       | <b>\$ 666,114</b> |



**Agency Name:** Arrowhead Regional Medical Center  
**Program Name:** Breathmobile  
**Contract #:** HW056 A1  
**Fiscal Year:** 2018-2019

| NAME OF SITE AND SITE ADDRESS                                                           |                                                                                  |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Alice Birney Elementary School<br>1050 E. Olive Street<br>Colton, CA 92324              | Hesperia Head Start<br>9352 East E Street<br>Hesperia, CA 92345                  |
| 6th Street Prep Elementary School<br>5476 6th Street<br>Victorville, CA 92395           | Lewis Center<br>17500 Mana Road<br>Apple Valley, CA 92307                        |
| Adelanto Head Start<br>11497 Bartlett Road<br>Adelanto, CA 92301                        | Lincoln Elementary School<br>444 East Olive<br>Colton, CA 92376                  |
| Apple Valley Head Start<br>13589 Navajo Road<br>Apple Valley, CA 92308                  | Mariposa Elementary School<br>1605 East D Street<br>Ontario, CA 91764            |
| Crestline Elementary<br>2020 Monterey Avenue<br>Barstow, CA 92311                       | Marshall Elementary School<br>3288 North G Street<br>San Bernardino, CA 92405    |
| Bing Wong Elementary School<br>1250 East 9th Street<br>San Bernardino, CA 92401         | Mesquite Trails Elementary School<br>13884 Mesquite Street<br>Hesperia, CA 92344 |
| Cooley Ranch Elementary School<br>1000 S Cooley Drive<br>Colton, CA 92324               | Mentone Elementary School<br>1320 Crafton Avenue<br>Mentone, CA 92359            |
| Elderberry Elementary School<br>950 N Elderberry Avenue<br>Ontario, CA 91762            | Morgan Kincaid Elementary<br>13257 Mesa Linda Ave<br>Victorville, CA 92392       |
| Emmertson Elementary School<br>1888 Arden Avenue<br>San Bernardino, CA 92404            | Morgan Elementary School<br>1571 N Sycamore Avenue<br>Rialto, CA 92376           |
| H. Frank Dominguez Elementary School<br>135 S. Allen Street<br>San Bernardino, CA 92411 | Muscoy Elementary School<br>2119 Blake Street<br>San Bernardino, CA 92407        |
| Henry Elementary School<br>470 East Etiwanda Avenue<br>Rialto, CA 92376                 | Oleander Elementary School<br>8650 Oleander Avenue<br>Fontana, 92335             |
| Hollyvale Elementary School<br>11645 Hollyvale Avenue<br>Victorville, CA 92356          | Phoenix Academy<br>15552 Wichita Road<br>Apple Valley, CA 92307                  |

|                                                                               |                                                                                 |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Phelan Head Start<br>4112 Neilson Road<br>Phelan, CA 92371                    | Valley View High School<br>1801 E. 6th Street<br>Ontario, CA 91764              |
| Palmetto Elementary School<br>9325 Palmetto Avenue<br>Fontana, CA 92335       | Victorville Head Start<br>14029 Amargosa Road #C<br>Phelan, CA 92392            |
| Family Resource Center<br>1525 W. Highland Avenue<br>San Bernardino, CA 92411 | Yucca Loma Elementary School<br>21351 Yucca Loma Road<br>Apple Valley, CA 92307 |
| Preston Elementary School<br>1750 N Willow Avenue<br>Rialto, CA 92376         |                                                                                 |
| Quail Valley Middle School<br>10058 Arrowhead Road<br>Phelan, CA 92371        |                                                                                 |
| Ramona Alesandro Elementary<br>670 Ramona Avenue<br>San Bernardino, CA 92411  |                                                                                 |
| Roosevelt Elementary School<br>1554 Garner Avenue<br>San Bernardino, CA 92411 |                                                                                 |
| Serrano Middle School<br>4725 San Jose Street<br>Montclair, CA 91763          |                                                                                 |
| Simpson Elementary School<br>1050 S Lilac Avenue<br>Rialto, CA 92376          |                                                                                 |
| Smith Elementary School<br>9551 Linden Avenue<br>Bloomington, CA 92316        |                                                                                 |
| Sultana Elementary School<br>1845 S Sultana Avenue<br>Ontario, CA 91761       |                                                                                 |
| Tokay Elementary School<br>7846 Tokay Avenue<br>Fontana, CA 92336             |                                                                                 |
| Trona Elementary School<br>83600 Trona Road<br>Trona, CA 92562                |                                                                                 |
|                                                                               |                                                                                 |