



IE-CHI Rural Health Report 2025

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Inland Empire Community Health Initiative



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August, 2025 RURAL HEALTH STUDY REPORT Conducted by the Inland Empire Coverage and Health Initiative Rural Task Force

Executive Summary

The Inland Empire Community Healthcare Initiative (IE-CHI) Rural Health Study Report aims to highlight the disparities in healthcare coverage as well as barriers to accessing healthcare within the six rural regions of both Riverside County and San Bernardino County. The IE-CHI is a non-profit that partners with different organizations including healthcare districts, faith-based partners, region serving managed care plans, physician membership groups, and healthcare facilities.

Eighteen different indicators were assessed in this report. Refer to pages 8-9.

Notable Data (several measures remain unchanged since 2018 reporting period)

- ~ 55% of rural areas where poverty data was available in this report have populations at or above the national poverty level of 12.9% (Inland Empire Community Healthcare Initiative, 2026; US Census Bureau, 2024).
- ~ All regions have school dropout rates above the federal rate of **5.3%** and four of the six regions have dropout rates above **25%** (National Center for Education Statistics, 2024)
- All six regions currently experience higher rates of unemployment than the national unemployment rate which sits at **4.3%** while the Low Desert to Blythe region currently has more than triple the federal rate of unemployment at **15.3%** of the population experiencing unemployment (United States Bureau of Labor Statistics, 2026)
- Transportation services are still not addressed in the Low Desert region, High desert region, and the Mountains where the regions respectively have four, three, and two transportation systems
- The Yucaipa/Calimesa/Devore and Low Desert to Blythe regions both have limited access to telehealth services while also having no school-based mental health services

Barriers to Access

- Lack of providers across fields including dental, healthcare, and behavioral health
- Lack of transportation services sometimes with no public transit options
- Long travel distances for care are seen in many regions
- Distinct lack of behavioral health services in communities east of Coachella and those providers that offer telehealth contest with broadband gaps
- Lack of stable and affordable housing

Recommendations

- Expand broadband access to all regions to encourage telehealth utilization

- Secure reliable transportation partners such as mobile care partners, establish rideshare subsidies, and develop county run shuttle systems to address individuals who must travel 30- miles or more for care
- Increase access and education surrounding healthy, affordable foods by expanding community food banks and mobile grocery units
- Increase mental health providers available at schools for children to address mental health challenges early in the lifespan
- Expand mobile behavioral health units and mobile crisis response teams



Introduction

The Children's Health Initiative for San Bernardino County (SB-CHI) was formed in the fall of 2005

by five (5) agencies who shared a concern for the children in the county who did not enjoy the benefits of having health insurance. The mission was to ensure all children aged 0 - 17 living in San Bernardino County had health coverage. The SB-CHI, with grants from the Kaiser Foundation and First 5-SB, provided several services which supported enrollment and utilization of health coverage for children. The Steering Committee, in the spring of 2011, decided to expand the scope to include children/families living in Riverside County. At that time the collaborative name was changed to: Inland Empire Children's Health Initiative (IE-CHI) to encompass the broader region and membership outreach to agencies serving Riverside County was initiated. The Board and members, as part of the development of the Strategic Plan for 2014-17, officially changed the name to Inland Empire Coverage and Health Initiative (IE-CHI) and set about to define the vision and mission of the Inland Empire Regional Network 'collaborative'.

Vision Statement: IE-CHI is a leader in health advocacy for children and families and is recognized as the 'collaborator' of community organizations that champions and actively ensures that all children and families are enrolled in health coverage and have access to regular care and necessary health related services.

Mission Statement : IE-CHI's mission is to ensure that all children, families, and seniors in Riverside and San Bernardino counties have access to affordable, quality, and culturally sensitive healthcare.

State Collaborative: The IE-CHI is one of 27 regional Coverage and Health Initiatives statewide in California. California Coverage & Health Initiatives (CCHI) is a statewide, nonprofit association is comprised of 30 member organizations throughout California.

CCHI Vision: Since 2007, CCHI has been a leader in health advocacy for all Californians and is recognized as a statewide network of community organizations that specialize in advancing health coverage and equitable health access for our state's most vulnerable populations.

CCHI Mission: CCHI's mission is to improve the health and well-being of California children and families by supporting its members in meeting the needs of their communities. The IE-CHI leadership board developed "task force" groups to address specific issues and interests of collaborative member agencies.

The IE-CHI task force groups include:

Advocacy Task Force - Focus: To provide education on health issues to the public, professionals and legislators at the local, county, regional and State levels in alignment with



CCHI initiatives and platforms. Activities/Accomplishments include: Development of Advocacy Guidelines/Policies, Sponsor of the Annual Legislative Forum, Participate in CCHI annual Capitol Day, Establish/maintain relationships with IE Legislators, Track health legislation (Federal/state) impacting children famioies and enors, Guide IE-CHI membership on legislation action

Rural Health Task Force - The Task Force was convened by the IE-CHI Board leadership in January of 2017. **Focus:** The Rural Health Task Force was created because there was growing concern for the health of children and families in the more remote areas of the two counties. Community agencies, school districts and health facilities were finding challenges in early health interventions, the management of chronic illnesses, such as asthma, specialty care access, transportation to health providers, etc. Discussion arose regarding the impact of social determinants on health in rural areas of the Inland Empire and statistics found in studies such as The California Endowment report “Where You Live Matters”.

While concern for children living in poverty in rural areas was considered part of the study, the discussion was not limited to just children/families living in poverty in rural areas. Families choose to live in rural regions for a variety of reasons including affordable housing, reduced congestion/pollution and lifestyle choices. The choice to live in a rural region should not require a tradeoff between affordable housing and access to quality healthcare or other quality of life components. Members of the Rural Task Force strived to use a rural “lens” in researching and accessing findings in the study to better understand the health and quality of life issues for residents in the rural regions.

Rural Health Task Force History: The board invited IE-CHI member agencies and partners, especially those providing services in “rural” areas, to form a task force.

The following agencies and representatives comprised the 2025 Task Force:

Name	Organization
April Early, BSN, RN	Bear Valley Community Healthcare District
Sendy Sanchez	Community Health Association of the Inland Southern Region (CHAISR)
Damaris De la Torres	Neighborhood Clinic
Kevin Mahany	The Symba Center
Soteria Cobbs	San Bernardino County Medical Society (SBCMS)
Alejandro Espinoza	Desert Healthcare District (DHCD)
Jezabel Urbina	Inland Empire health Plan (IEHP)
Alexandra Bravo	Molina Healthcare

First Rural Health Report -2018:

The original members were asked to research the following: **Task Force Focus:** “To research and identify the challenges and gaps in health coverage/ services in the rural areas of Riverside and San Bernardino Counties with the goal of developing recommendations for potential solutions. The Task Force will complete a report after a one-year study period to be shared with appropriate Inland Empire and other area stakeholders.”

Research Study: After several discussion meetings the members found that the first challenge was to determine a definition of “rural” that adequately described the unique and varied regions of the two counties of Riverside and San Bernardino. The group reviewed definitions utilized by HUD, the Census Bureau, and other Inland Region agencies and reports. It was decided that no one definition adequately defined the geographic and population differences of the “High Desert”, “Low Desert”, “Mountain regions” and various pockets in between. Thus, the group created a definition to be used initially for this report:

Definition: Rural areas in the counties of Riverside and San Bernardino (the Inland Empire) are defined as non-urban communities with populations between 2,500-50,000 and lacking sufficient core resources including but not limited to: all basic need services, transportation, health services, reliable internet, adequate employment/ job training opportunities and comprehensive social services. After determining a definition, the members needed to identify the rural regions in the two counties. By “overlaying” the definition of various regions in the two counties, the group defined these communities and regions meeting the rural definition components. They were then defined and color coded. They included:

Yucaipa/Calimesa/Devore	BLUE
High Desert to Stateline	RED
Mountains (2 areas-Big Bear and Idyllwild)	GREEN
Morongo Basin/Yucca Valley/Joshua Tree	ORANGE
Low Desert to Blythe	PURPLE
South/Mid Riverside County	YELLOW

Tribal regions were not included in this study although many of them reflect the rural definition utilized.

Community Resources- Because the two counties encompass such a vast geographic area, the group determined that they would need two groupings of resources for assistance: The first resource consisted of additional agencies and groups to participate in “research teams” in each rural region. The second set of resources were indicators and data in a variety of areas impacting child and family health including but not limited to direct health services.

Community Partners: In addition to the Task Force member agencies, the group identified community agencies serving the identified rural regions as resources in gathering information. The Task Force members invited them to help in developing “research” teams to identify needs in the defined rural regions.

Community partners for the 2018 report included:

El Sol agency, Reach out West End (Youth Action group), Randall Lewis Interns, United Ways/211s, Boards of Supervisors, School Districts, Community Action Agencies, Catholic Charities, Chambers and MACs, First 5s Riverside and San Bernardino, Covered California, COPE/ICUC/TURN/Faith groups, Catholic Diocese, Health Providers

The 2018 Report identified 16 social determinants of health tracking resources and data in the six rural IE regions. To read the 2018 rural Health report please visit the website: ieruralhealth.org

Current 2025 Rural Health Report:

In 2024, the rural health task force members determined it was appropriate to update the 2018 report with a “post-pandemic” lens. The Task Force members included the following agencies: San Bernardino County Medical Society, The Symba Center, IEHP, CHAIRS, Bear Valley Community Health District, Neighborhood Clinics, 211, Molina and Desert Healthcare District (DHCD). ***Please see the last page of the report for more information on each of these supporting agencies.*** Partnering community agencies provided needs assessments, local statistics, demographics, health enrollment, and other data pertinent to the study.

Indicators/Data: After the Task force members’ discussions, communications with other community partners and reviewing community reports, the group identified two additional indicators: Mental Health and Telehealth. These brought the total number of indicators in the 2025 report to eighteen. The indicators included both health and social determinants, which have an impact on child/family health directly or indirectly. The total eighteen indicators researched for the 2025 report included:

- 1) Number/location of hospitals: access to hospitals for both emergency and planned care.
- 2) Number/location/type of clinics: access to clinics as medical homes for both preventative care and chronic condition management.
- 3) Medi-Cal providers serving the rural regions.
- 4) Other insurance providers serving the regions.
- 5) Number of primary care physicians, outside of clinics, in the regions.
- 6) Number of specialty care physicians, outside of clinics, serving the regions.
- 7) Methods of transportation to clinics/hospitals/doctors serving the rural regions.
- 8) Preventative services provided and by whom: (examples: well-baby checks, mammograms, colonoscopies, screenings (diabetes, asthma-))
- 9) Vision/Dental services available (how many locations/convenience) Adequate and local vision/dental services for all ages accepting a variety of payment options.
- 10) Role of school district/Head Start in supporting preventative care and screenings. School districts and facilities role in supporting child/family health services through housing sites, supporting through transportation, and linking through resources.
- 11) Percentage of people/families with “medical”/” dental” homes.
- 12) Primary employers in the area and type of health coverage provided.
- 13) Percentage of Medi-Cal eligible/persons and percentage enrolled in Medi-Cal.
- 14) Percentage of people enrolled through Covered California.
- 15) Percentage of unemployment rates.
- 16) Percentage of school dropout rates.
- *17) Telehealth services serving rural regions.
- *18) Mental Health services serving rural regions.

* - *new indicators post-pandemic*

Each rural region “research team” collected the information for as many indicators as possible utilizing city, regional, county and state data. 7 Regional Rural Teams included “lead” agency committed to each rural region:

Mountains – Bear Valley Community Health District

South/ Mid Riverside County - Neighborhood Clinic

Low Desert- Desert Community Health District

High Desert- Symba Center

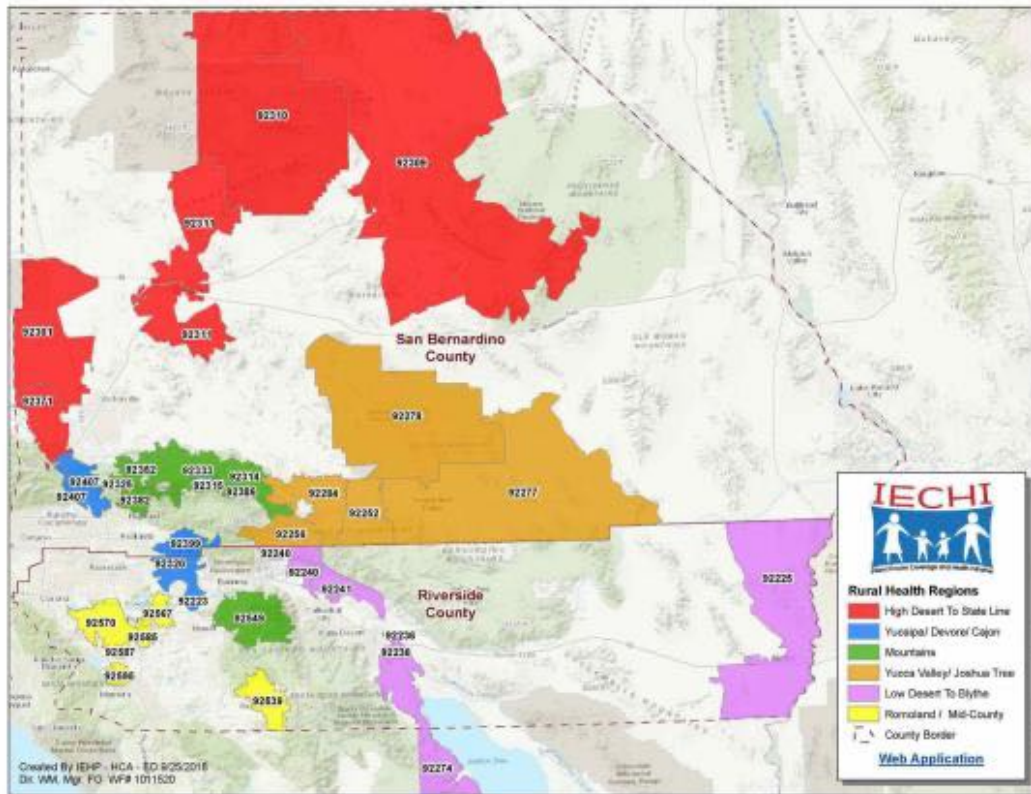
Morongo/ Joshua Tree/Yucca Valleys – Task Force collaboration

Yucaipa/ Devore/ Cajon Regions – Task Force collaboration

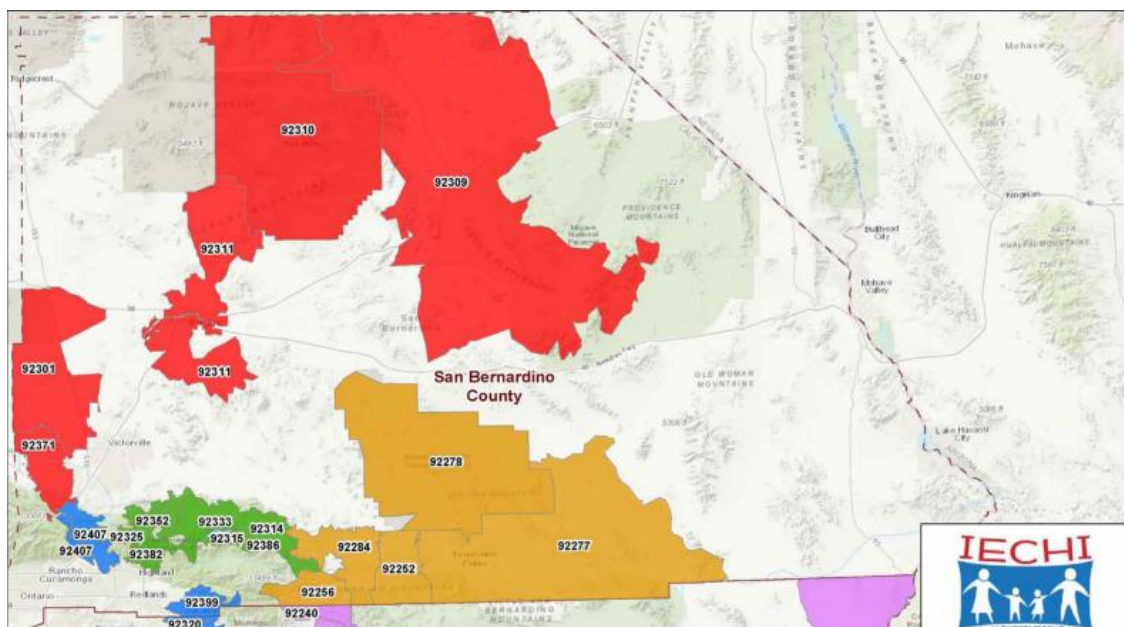
All Regions: Community Health Association Inland Southern Region, 211, Inland Empire Health Plan, Molina Healthcare, San Bernardino County Medical Society



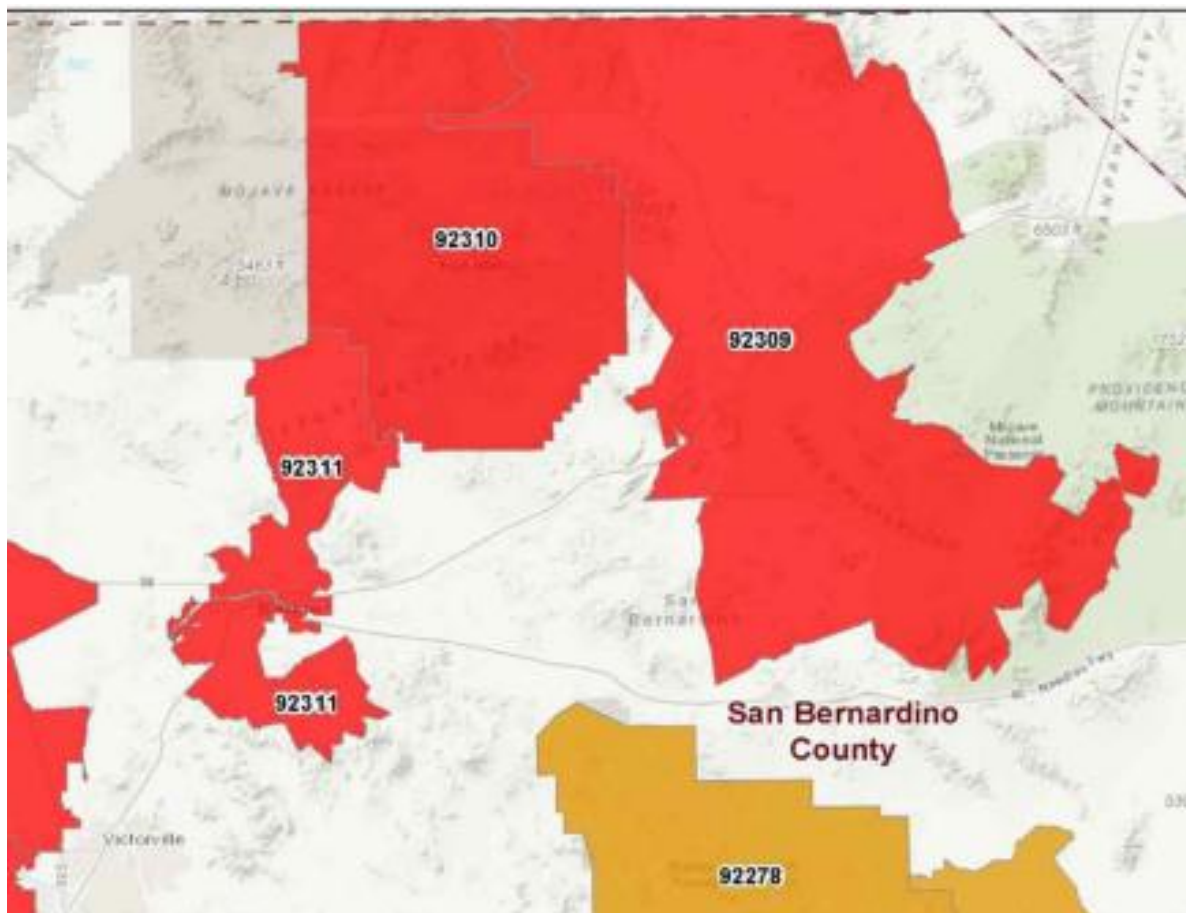
Rural Regional Information



The Inland Empire has 6 designated rural regions. Below regions are discussed by their corresponding county.



San Bernardino County, California had a population of 2,181,654 at the 2020 U.S. Census (U.S. Census Bureau, 2021). As of July 1, 2023, the Bureau estimated 2,214,281 residents. The county spans 20,057 square miles, making it the largest in the contiguous U.S. by land area. According to county data, about 89 percent of residents live in the San Bernardino Valley, the densely populated area south of the San Bernardino Mountains. Roughly 390,000 people live in the Victor Valley / High Desert region, while another 70,000 reside in the Morongo Basin and Joshua Tree area, and about 20,000 in the mountain communities such as Big Bear. The remainder are distributed among small rural and unincorporated areas across the county's 20 thousand square miles.



High Desert

High Desert is a name used to define geographic areas of Southern California deserts that are between 2,000 and 4,000 ft (609.9 and 1219.2 m) in elevation. The term is used commonly to refer to Joshua Tree National Park, Twentynine Palms, and the Morongo Basin. The High

Desert may be used to describe the area extending as far north as Victorville, and the Barstow desert. The High Desert is often divided into the following regions:

A) The Los Angeles County portion, containing the Antelope Valley, part of the Palmdale-Lancaster Urbanized Area

B) The San Bernardino County portion, containing Victor Valley, which is part of the Inland Empire area of Southern California, along with the Antelope Valley and the Morongo Basin, where Yucca Valley and the Twentynine Palms Marine Base are located, are all considered to be part of the Greater Los Angeles Area. Other parts of the San Bernardino County portion include the northeastern reaches of the High Desert, where the Fort Irwin National Training Center and the Searles Valley are located, and the far eastern edge of the state where places like Needles and Earp are located along the Colorado River. San Bernardino County's portion of the High Desert region contains the most land mass of the four involved counties, making up approximately 90% of the total county's area. (Los Angeles, Kern, Inyo and San Bernardino). The Victor Valley area, which includes such areas as Victorville, Hesperia, Adelanto, Apple Valley, and Lucerne Valley, boasts a population of around 335,000. The Barstow area, to the north of Victor Valley, and the Morongo Basin near the Joshua Tree National Park each have populations of around 60,000.

*For the purpose of this study, the “High Desert” regions were divided into two rural areas. The “High Desert” was defined as the region north of the Cajon pass, along the 15 Fwy to the California State line. This region encompasses both the “Urban” areas of Victorville, Apple Valley and Hesperia and the vaster “Rural” areas including smaller cities of Phelan, Adelanto, Barstow, Baker and Needles to the east, as well as the extensive regions between these smaller cities. For identification purposes on charts and maps it is marked in **RED**.*

Adelanto (92301) is a city in San Bernardino County, California, located about nine miles northwest of Victorville in the Victor Valley area of the Mojave Desert, often considered part of the northern Inland Empire. According to the U.S. Census Bureau (n.d.-a, n.d.-b), Adelanto had a population of 38,912 in 2020, reflecting steady growth from 32,725 in 2010. The median household income as of the 2024 American Community Survey is approximately \$68,676, while 17.3% of residents live below the federal poverty line (U.S. Census Bureau, n.d.-be). Adelanto is served by the Adelanto Elementary School District (AESD) for preschool through middle school, and by the Victor Valley Union High School District for secondary education.

Phelan (92371) is an unincorporated community and census-designated place in San Bernardino County, California, located in the Victor Valley region of the Mojave Desert, north of the San Gabriel Mountains. According to the 2020 U.S. Census, Phelan had a population of 15,123 (U.S. Census Bureau, n.d.-bp). The median household income is \$78,986, with approximately 12.3% of residents living below the federal poverty line (U.S. Census Bureau, n.d.-bp). Phelan is served by the Snowline Joint Unified School District, which also includes the communities of Wrightwood, Piñon Hills, Baldy Mesa, Oak Hills, and West Cajon Valley

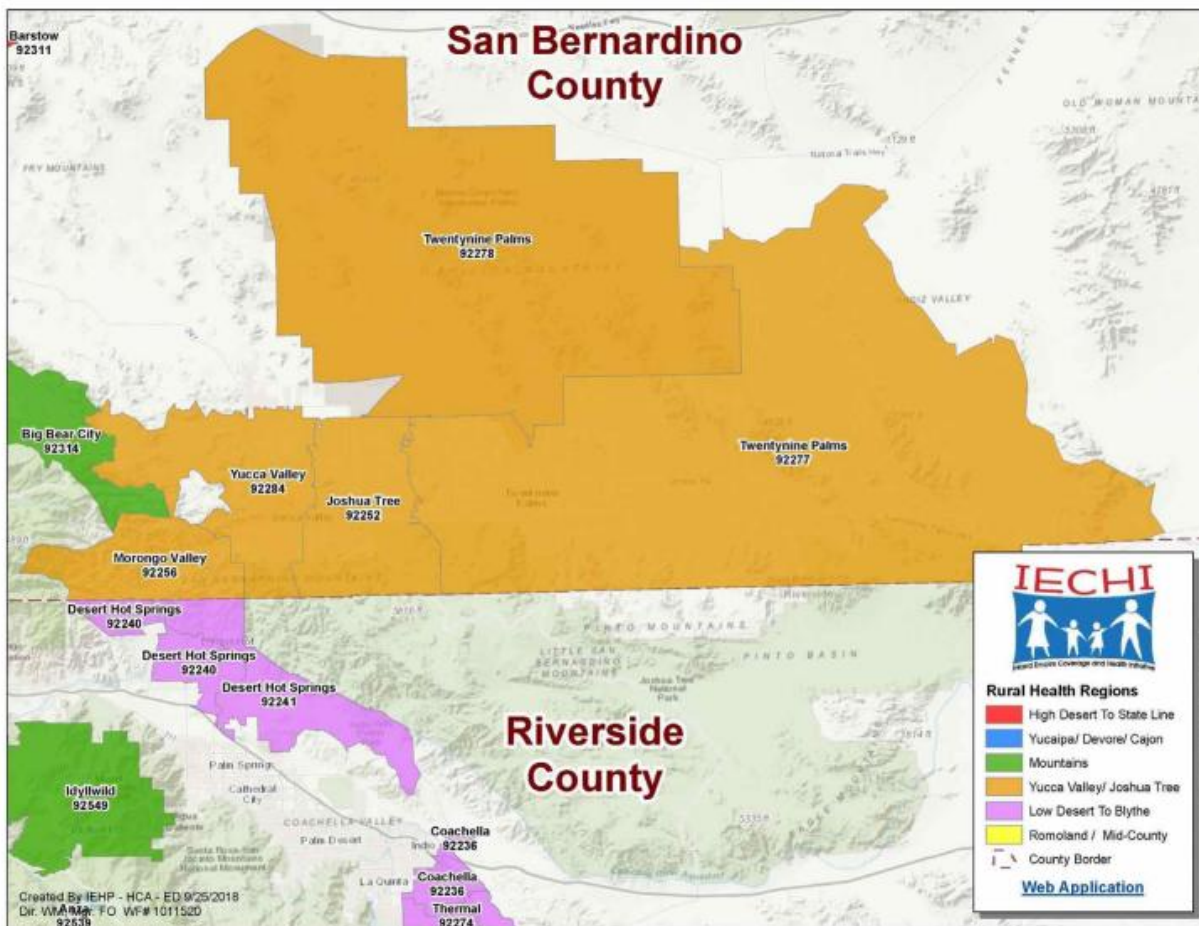
Barstow (92311) is a city in San Bernardino County, California, located about 67 miles north of San Bernardino in the High Desert region. The 2020 U.S. Census reported a population of 34,524, up from 31,894 in 2010 (U.S. Census Bureau, n.d.-f, n.d.-bh). The median household income is \$61, 862 and about 20.1% of residents live below the federal poverty line (U.S. Census Bureau, n.d.-bh). Barstow serves as a major transportation hub, where Interstate 15, Interstate 40, State Route 58, and Historic U.S. Route 66 converge. It is also home to a BNSF Railway classification yard, Barstow Unified School District, Barstow Community College, and Barstow Community Hospital, a 56-bed facility serving the surrounding area.

Baker (92309) is a census-designated place in San Bernardino County, California, located in the Mojave Desert at the junction of Interstate 15 and State Route 127 (Death Valley Road). According to the 2020 U.S. Census, Baker had a population of 452, down from 763 in 2010 (U.S. Census Bureau, n.d.-g, n.d.-bf). The median household income is not listed in 2020 US Census data nor in the 2024 ACS data and approximately 28.1% of residents live below the federal poverty line (U.S. Census Bureau, n.d.-bf). The community is served by the Baker Valley Unified School District, which enrolls about 125 students in grades K–12.

Needles (Mojave: Aha Kuloh) is a city in San Bernardino County, California, situated along the Colorado River in the Mohave Valley near the borders of Arizona and Nevada. The 2020 U.S. Census recorded a population of 4,931, an increase from 4,844 in 2010 (U.S. Census Bureau, n.d.-h, n.d.-c). The median household income is \$38,243 and about 29.7 percent of residents live below the poverty line (U.S. Census Bureau, n.d.-c). The Needles Unified School District covers nearly 6,000 square miles, making it one of the largest districts in the United States by area. Colorado River Medical Center provides hospitals and 24-hour emergency services to the community.

Fort Irwin (92310) has a population of 8,102 according to the 2020 U.S. census compared to 8,845 in 2010 (U.S. Census Bureau, n.d.-i, n.d.-bg). The median household income is \$76, 107 and about 8.7% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-bg).

Lucerne Valley (92356) has a population of 6,050 as of the 2020 census compared to 6,455 in 2010 (U.S. Census Bureau, n.d.-j, n.d.-bo). The median household income is \$54,923 while about 21.8% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-bo).



Morongo Valley/Yucca Valley/Joshua Tree

The other section also identified as “High Desert” in many descriptions of the Inland Empire and San Bernardino County was classified as Morongo/Joshua Tree for the purpose of this study and identified as **ORANGE** on maps and charts. This region includes the areas and smaller cities identified as Morongo Basin, Joshua Tree, Twentynine Palms, etc. Some of these regions are adjacent to Riverside County. The Morongo Basin is located centrally in the southern portion of the state of California in the United States. The Morongo basin is part of the third largest metropolitan area in California (only after Los Angeles and San Francisco) and the 14th largest in the United States, the Inland Empire. Joshua Tree National Park lies in the basin, as well as the following communities: Morongo Valley, Landers, Pioneertown, Joshua Tree, Twentynine Palms, Marine Corps Air Ground Combat Center Twentynine Palms, Wonder Valley and Yucca Valley. The basin stretches approximately from the Interstate 10 in the south to the Interstate 40 in the north. It lies within the High Desert region and the Mojave Desert. The Morongo Basin is directly east of the metropolitan’s principal city, San Bernardino.

Morongo Valley (92256) is an unincorporated community in San Bernardino County, California, located just north of the Riverside County line in the Morongo Basin region of the

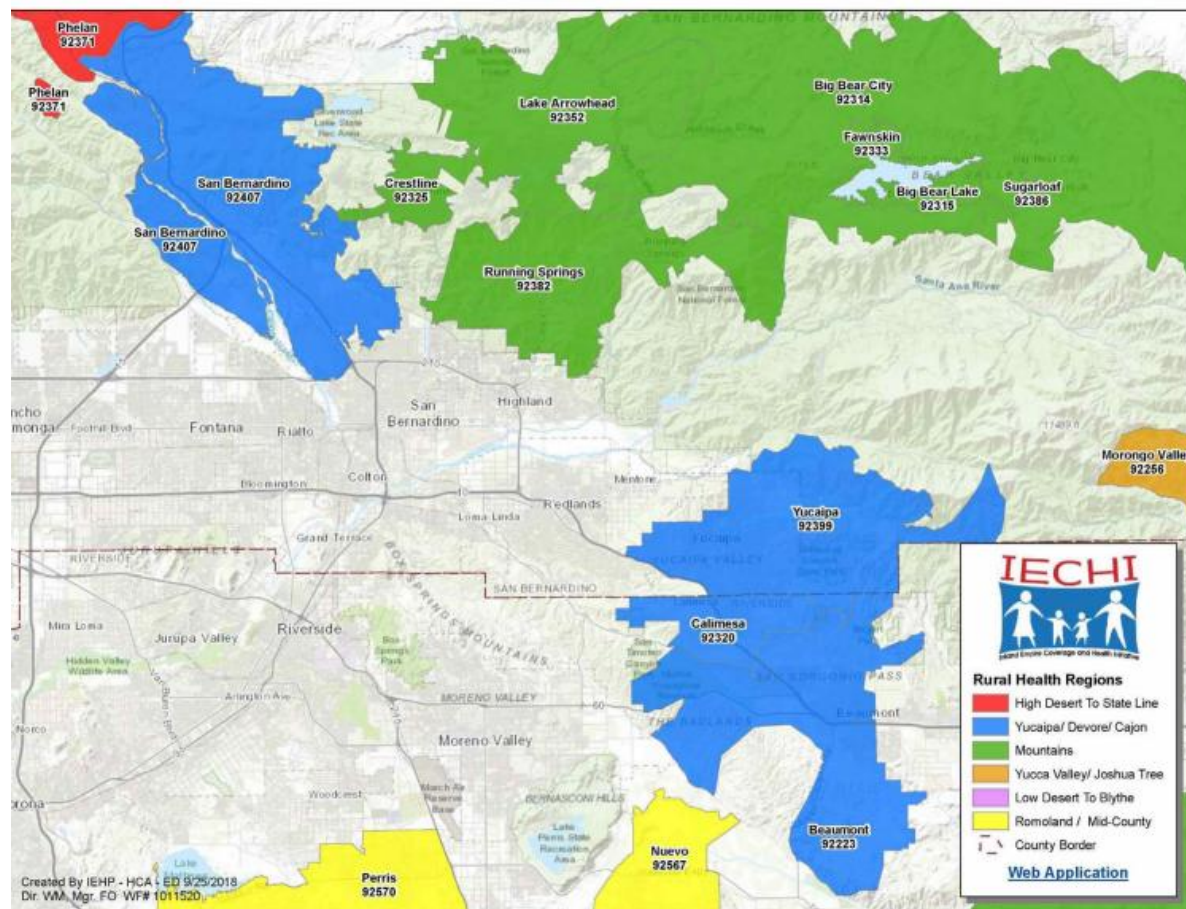
Mojave Desert. According to the 2020 U.S. Census, Morongo Valley had a population of 3517, a slight decrease from 3,588 in 2010 (U.S. Census Bureau, n.d.-k, n.d.-ba). The median household income is \$51,949, with approximately 24.9% percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-ba). The community is served by the Morongo Unified School District, with Morongo Valley Elementary School (MVES) providing K–6 education to local students.

Joshua Tree (92252) is a census-designated place in San Bernardino County, California, situated at about 2,700 feet above sea level in the High Desert region. The 2020 U.S. Census reported a population of 8463, down from 9,647 in 2010 (U.S. Census Bureau, n.d.-l, n.d.-az). The median household income is \$66,598, with approximately 22.2 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-az). Joshua Tree’s main commercial area lies along California State Route 62, and it borders Twentynine Palms to the east, Yucca Valley to the west, Landers to the northwest, and the Coachella Valley to the south.

Twentynine Palms (92278) is a region near the city of Twenty Nine Palms in San Bernardino County, California, known as the location of the Joshua Tree National Park Headquarters and North Entrance, as well as the Marine Corps Air Ground Combat Center, the world’s largest Marine Corps training base. According to the 2020 U.S. Census, this area had a population of 6,371, an increase from 3,846 in 2010 (U.S. Census Bureau, n.d.-m, n.d.-bd). The median household income and proportion of the population living below the federal poverty line were not able to be determined due to a small sample size (U.S. Census Bureau, n.d.-bd). Public education is provided by the Morongo Unified School District, and higher education is available locally through Copper Mountain College, which serves the entire Morongo Basin.

Yucca Valley (92284) is a region near Joshua tree in San Bernardino County, California. According to the 2020 U.S. Census the area had a population of 25,931 up from 25,095 in 2010 (U.S. Census Bureau, n.d.-n, n.d.-bd). The median Income is \$58,373 while approximately 16.6% of the residents live below the federal poverty line (U.S. Census Bureau, n.d.-bd).

Twentynine Palms (92277) is an area near Joshua tree in San Bernardino County, California with a population of 23,988 from the 2020 census which is up from 23,911 in 2010 (U.S. Census Bureau, n.d.-bc, n.d.-o). The median household income is \$60,901 and approximately 15.6% of people live below the federal poverty line (U.S. Census Bureau, n.d.-bc).



Yucaipa/Devore/Cajon:

*Yucaipa/Calimesa/Devore region encompasses several small towns bridging the pass between San Bernardino and Riverside Counties along the Interstate 10 Freeway. These areas are labelled **BLUE** for the purposes of this study.*

Yucaipa (92399) is a city in San Bernardino County, California, located about 10 miles east of San Bernardino near the foothills of the San Bernardino Mountains. The 2020 U.S. Census recorded a population of 55,794, up from 52,606 in 2010 (U.S. Census Bureau, n.d.-p, n.d.-bs). The median household income is \$92,440, with about 9.0 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-bs). Yucaipa is part of the Yucaipa-Calimesa Joint Unified School District and is included in the broader Yucaipa/Calimesa/Devore region, which connects San Bernardino and Riverside Counties along Interstate 10.

Calimesa (92320) is a city located in Riverside County, California, near the San Bernardino County line where Interstate 10 climbs the San Geronimo Pass. Incorporated on December 1, 1990, Calimesa was formerly an unincorporated census-designated community shared by both counties. According to the 2020 U.S. Census, Calimesa had a population of 10,036, up from

7,788 in 2010 (U.S. Census Bureau, n.d.-q, n.d.-bk). The median household income is \$87,181, with approximately 5.3 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-bk).

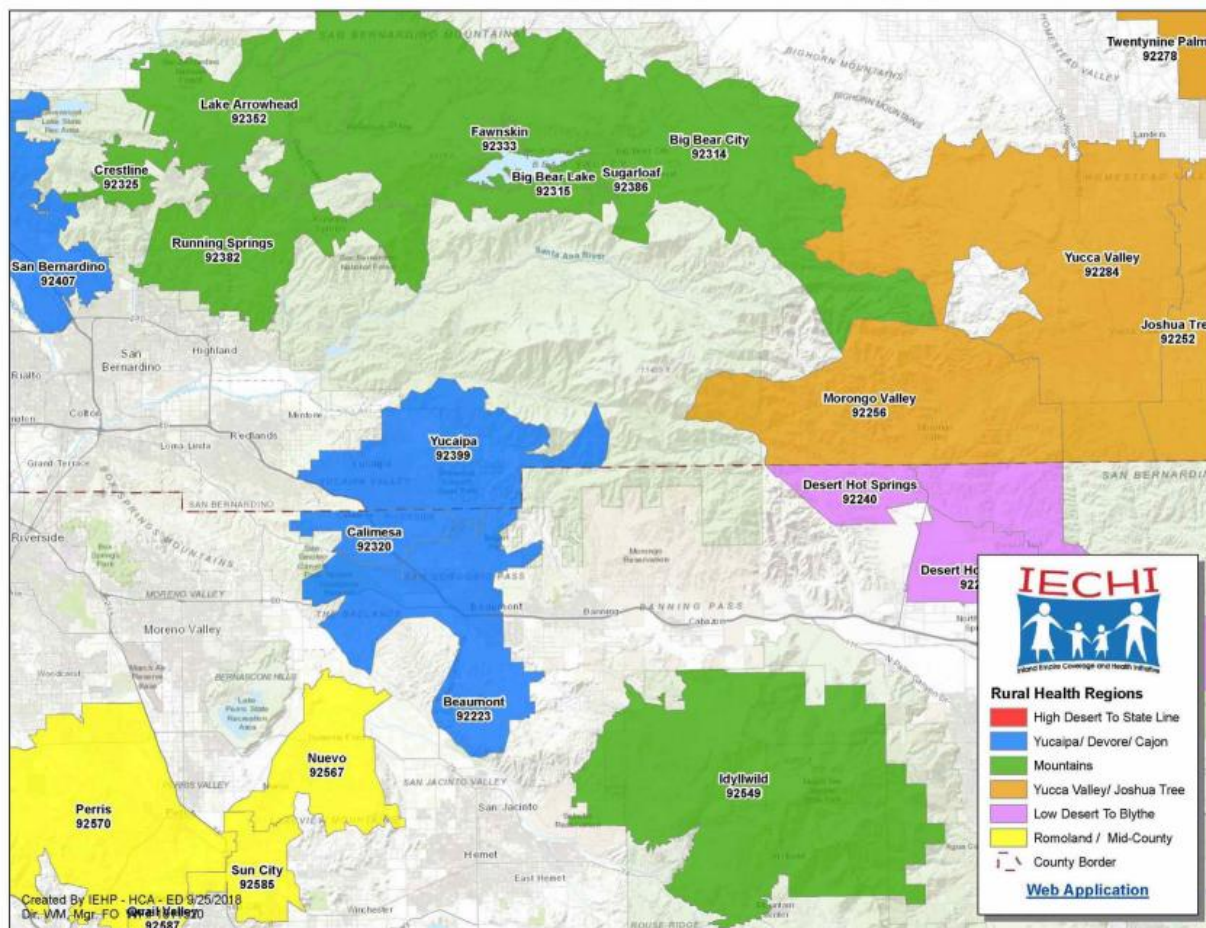
Beaumont (92223) is an area of Riverside County just south of the 10 freeway. The community has a population of 59,924 as of the 2020 census which compares to the 2010 census population of 43,605 (U.S. Census Bureau, n.d.-r, n.d.-au). The median household income is \$102,761 and about 10.4% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-au).

Oak Glen is a census-designated place in San Bernardino County, California, situated about 15 miles east of San Bernardino between the San Bernardino Mountains and the Little San Bernardino Mountains. The community lies at an elevation of approximately 4,734 feet (1,443 m). According to the 2020 U.S. Census, Oak Glen had a population of 602, a decline from 638 in 2010 (U.S. Census Bureau, n.d.-d, n.d.-s). The median household income is \$85,682 and 2.5% of the population lives below the federal poverty line (U.S. Census Bureau, n.d.-d).

Devore Heights (92407), or **Devore**, is a rural and mountainous neighborhood in San Bernardino, California. It is located just north of the junction of Interstate 15 and Interstate 215, about 12 miles north-west of 14 downtown San Bernardino. It is also the last town to pass through before taking the Cajon Pass to reach the “High Desert”. The population is 67,914 as of the 2020 census which compares to the 2010 population of 56,689 (U.S. Census Bureau, n.d.-bt,

n.d.-t). The median household income is \$94,032 and 12.7% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-bt).





The Mountains:

*The Mountains communities in both San Bernardino and Riverside were included as a “rural region” and researched together. They comprised the communities in the San Bernardino Mountain range including Big Bear, Running Springs, Lake Arrowhead and the communities in the San Jacinto Mountain range including Idyllwild. These areas are labeled **GREEN** for the purpose of this study.*

Big Bear Lake (92315) is a city in San Bernardino County, California, located in the San Bernardino Mountains along the southern shore of Big Bear Lake, and surrounded by the San Bernardino National Forest. It lies about 25 miles northeast of the City of San Bernardino, adjacent to the unincorporated community of Big Bear City. According to the 2020 U.S. Census, Big Bear Lake had a population of 5,148, a slight increase from 5,094 in 2010 (U.S. Census Bureau, n.d.-u, n.d.-bj). The median household income is \$77,436 while 6.0% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-bj).

Big Bear City (92314) is located in San Bernardino County, California in the San Bernardino mountains with a 2020 census population of 10,411 compared to a 2010 population of 10,162

(U.S. Census Bureau, n.d.-v, n.d.-bi). The median household income is \$74,910 and 14.4% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-bi).

Crestline (92325) is located in San Bernardino County, California in the San Bernardino mountains with a 2020 census population of 9,892 compared to a 2010 population of 9391 (U.S. Census Bureau, n.d.-w, n.d.-bl). The median household income is \$70,563 and 12.2% of the population are living below the federal poverty line (U.S. Census Bureau, n.d.-bl).

Fawnskin (92333) is in San Bernardino County, California in the San Bernardino mountains with a 2020 census population of 510 people compared to the 2010 census which counted 472 people (U.S. Census Bureau, n.d.-x, n.d.-bm). Due to a small sample size, income and poverty data are not available for this area (U.S. Census Bureau, n.d.-bm).

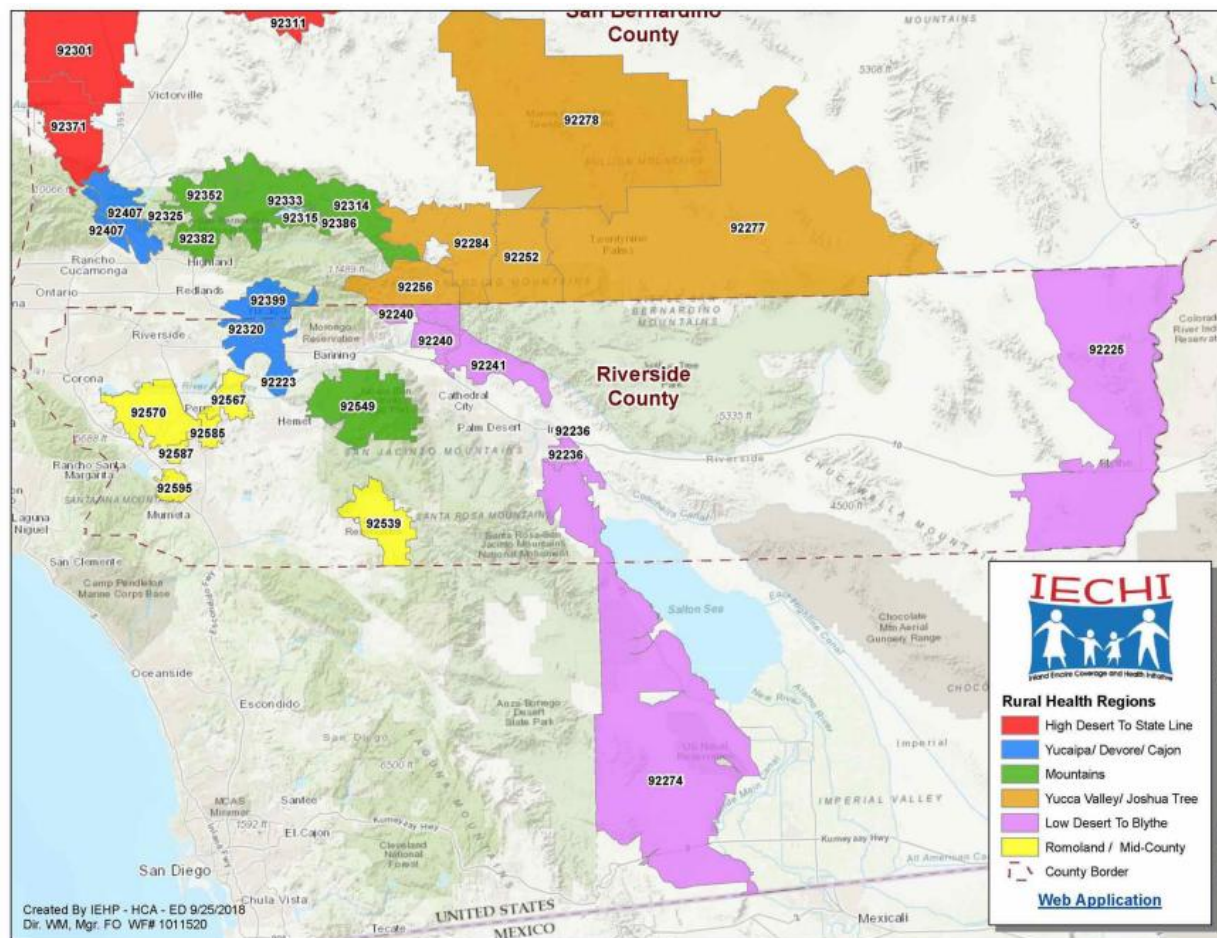
Sugarloaf (92386) is in San Bernardino County, California in the San Bernardino mountains with a 2020 census population of 2,477 compared to a 2010 population of 2,270 (U.S. Census Bureau, n.d.-br, n.d.-y). The median household income is \$50,694 and 24.6% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-br).

Running Springs (92382) is a census-designated place in San Bernardino County, California, located within the San Bernardino National Forest as part of the Rim of the World communities in the San Bernardino Mountains. According to the 2020 U.S. Census, Running Springs had a population of 5,721, up from 5,268 in 2010 (U.S. Census Bureau, n.d.-z, n.d.-bq). The median household income is \$81,493, with approximately 14.6 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-bq). The community is served by Rim of the World High School and Mary Putnam Henck Intermediate School in nearby Lake Arrowhead.

Lake Arrowhead (92352) is an unincorporated community and census-designated place in the San Bernardino Mountains of San Bernardino County, California, surrounding the Lake Arrowhead Reservoir within the San Bernardino National Forest. It includes six localities: Lake Arrowhead, Twin Peaks, Blue Jay, Cedar Glen, Sky Forest, and Rim Forest. The 2020 U.S. Census recorded a population of 7,038, a decrease from 8,004 in 2010 (U.S. Census Bureau, n.d.-aa, n.d.-bn) . The median household income is \$105,753, with about 10.1 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-bn). The area is served by three elementary schools, one middle school, and one high school operated under the Rim of the World Unified School District.

Idyllwild–Pine Cove (92549) is a census-designated place in Riverside County, California, encompassing the unincorporated mountain communities of Idyllwild, Pine Cove, and Fern Valley, located in the San Jacinto Mountains. According to the 2020 U.S. Census, the CDP had a population of 4,234, slightly down from 3,926 in 2010 and the median household income is \$73,750, with approximately 12.2 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-ac, n.d.-bv). The area is served by Idyllwild School (K–8) and the Hemet

Unified School District, with most high school students attending Hemet High School in the nearby city of Hemet.



Map of Riverside County I (pictured above)

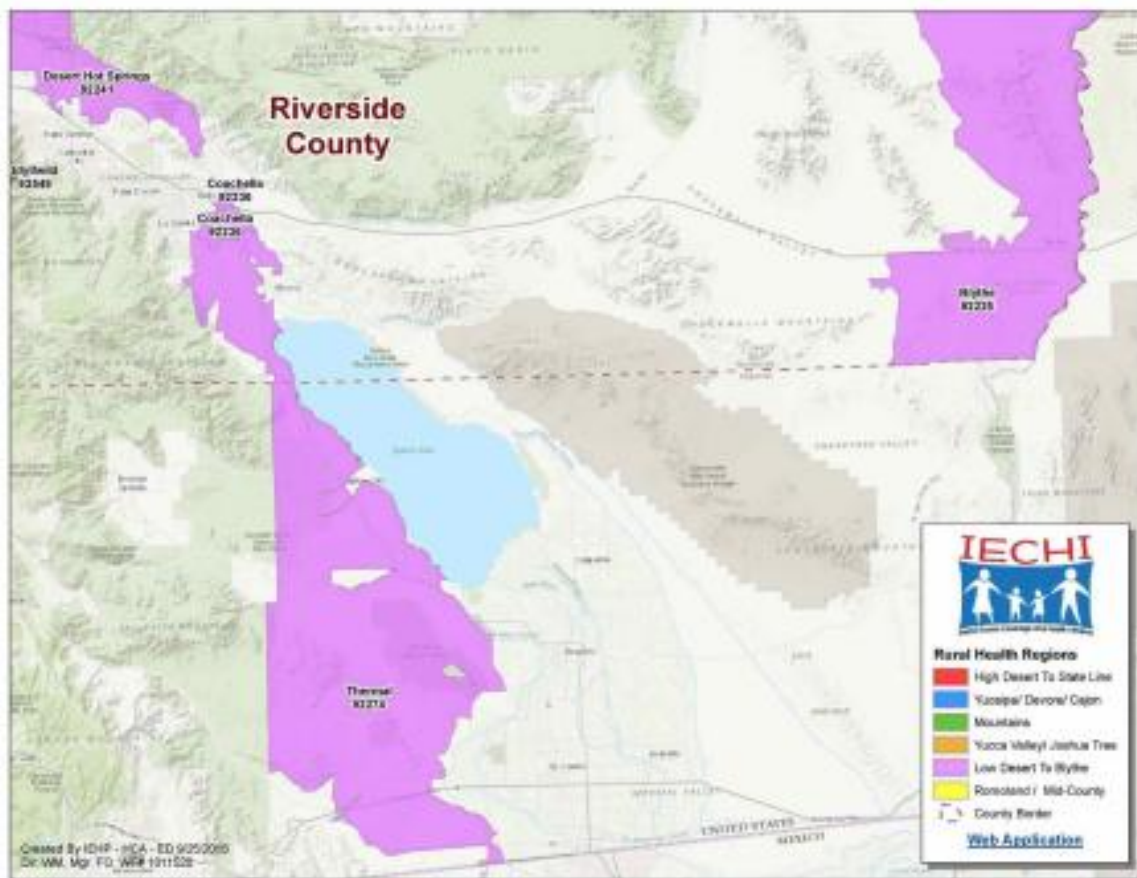
Riverside County, California is one of 58 counties in the state of California, located in Southern California and spanning from the Greater Los Angeles area to the Arizona border. According to the 2020 U.S. Census, the county had a population of 2,418,185, up from 2,189,641 in 2010, making it the 4th most populous county in California and the 10th most populous in the United States. The county seat is the City of Riverside, which serves as the administrative center of county government, housing the main offices of the Board of Supervisors, courts, and other key county departments. Covering approximately 7,208 square miles, Riverside County is geographically diverse, featuring Mediterranean climate zones in the west and desert landscapes in the central and eastern regions, including parts of the Coachella Valley and Colorado Desert. This area contains most of the Joshua Tree National Park, which spans the eastern portion of the county into the Mojave and Colorado Deserts. According to the 2020 U.S. Census and accompanying American Community Survey (ACS) data, the median household income in

Riverside County is \$93,172, and the median family income is \$104,129 while approximately 10.6 percent of families and 9.6 percent of the total population live below the federal poverty line, including 10.7 percent of those under age 18 and 11.5 percent of those age 65 or older (U.S. Census Bureau, n.d.-ar).

*For the purpose of the study, the designated regions meeting the Rural definition were divided into two primary regions in Riverside County: The Low Desert represented in **PURPLE** and Mid/South County represented in **YELLOW**. The Yucca Valley/Joshua Tree region covers parts of both counties.*

The term “Low Desert” refers to any desert region in California located below 2,000 feet (609.6 m) in elevation. This includes, though, is not limited to, the Colorado Desert and the Yuha Desert, both part of the Southern California section of the Sonoran Desert. In Riverside County, the “Low Desert” describes the main desert corridor running along Interstates 10 and 60, stretching from the foothill passes of San Bernardino and Riverside Counties eastward to the California–Arizona border at Blythe. The Coachella Valley is the most populated area within this region, home to seven cities and several unincorporated communities. Beyond these well-known population centers, the Low Desert spans vast areas of open landscape, agricultural corridors, and small rural settlements, many of which face unique challenges related to access, infrastructure, and environmental conditions.





Map of Riverside County-II (above)

Desert Hot Springs (92240) is a city in Riverside County, California, located in the Coachella Valley region, also known as the Desert Empire. According to the 2020 U.S. Census, the area had a population of 40,920, up from 34,722 in 2010 (U.S. Census Bureau, n.d.-ad, n.d.-ax). The median household income is \$54,023, with approximately 16.8 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-ax). Public education in Desert Hot Springs is provided by both the Palm Springs Unified School District and the Desert Sands Unified School District.

Desert Hot Springs (92241) is a city in Riverside County, California, located in the Coachella Valley region, also known as the Desert Empire. According to the 2020 U.S. Census the area had a population of 9,270 up from 8,803 in 2010 (U.S. Census Bureau, n.d.-ae, n.d.-ay). The median household income is \$46,888 while 17.2% of the population lives below the federal poverty line (U.S. Census Bureau, n.d.-ay).

Thousand Palms is a census-designated place in Riverside County, California, situated in the Coachella Valley and bordering the cities of Rancho Mirage and Palm Desert. According to the 2020 U.S. Census, Thousand Palms had a population of 7967, a slight decline from 7,715 in 2010 (U.S. Census Bureau, n.d.-af, n.d.-as). The median household income is \$77,000, and about

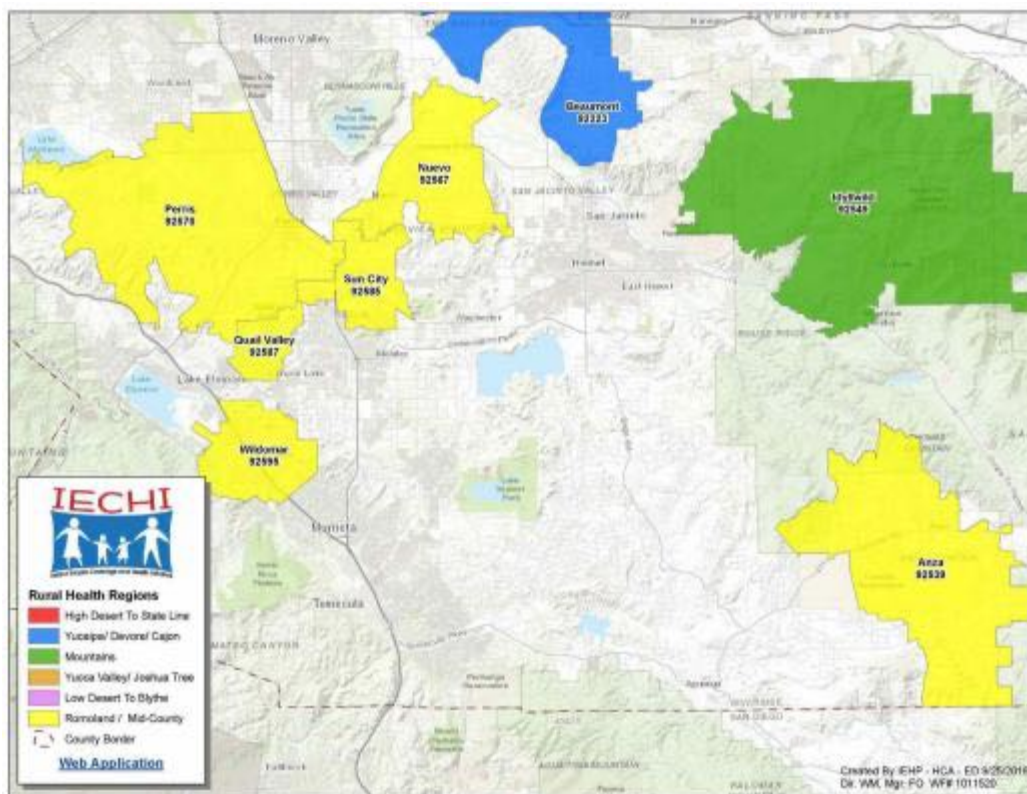
9.2 percent of residents live below the federal poverty line (U.S. Census Bureau, n.d.-as). Public education for the community is provided by the Palm Springs Unified School District.

Coachella (92236) is a city in Riverside County, California, located in the Coachella Valley region. Historically, a rural and agricultural community, Coachella experienced significant population growth in the late 20th century. According to the 2020 U.S. Census, the city had a population of 42,220 up from 41,083 in 2010 (U.S. Census Bureau, n.d.-ag, n.d.-aw). The median household income is \$68,393, with approximately 10.2 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-aw). Public education is provided by the Coachella Valley Unified School District, headquartered in nearby Thermal, California.

Thermal (92274) is an unincorporated community in Riverside County, California, situated within the Coachella Valley, about 25 miles southeast of Palm Springs and 9.5 miles north of the Salton Sea. The community lies at an elevation of approximately 138 feet below sea level. According to the 2020 U.S. Census, the 92274 zip code had a population 19,251, down from 19,801 in 2010 (U.S. Census Bureau, n.d.-ah, n.d.-bb). The area has a median household income of \$38,654 and 20.1% of the population are below the federal poverty line (U.S. Census Bureau, n.d.-bb). The area is served by the Coachella Valley Unified School District and is home to the College of the Desert East Valley Campus, located in the community's Education and Business Park.

Blythe (92225) is a city in Riverside County, California, located in the Palo Verde Valley along the Colorado River within the Lower Colorado River Valley and Colorado Desert regions. According to the 2020 U.S. Census, the Blythe had a population of 21,104, a decrease from 24,310 in 2010 (U.S. Census Bureau, n.d.-ai, n.d.-av). The median household income is \$55,725, with approximately 20.2 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-av). The community is served by the Palo Verde Unified School District, and local healthcare services are provided by Palo Verde Hospital, a general acute care facility serving Blythe and the surrounding area.

Mid/South Riverside County expands east of Interstate 15 to the 74 highway and south to the junction of Interstate 15 and 215. Since there has been and continues to be significant growth in this region, many prior "rural areas" are no longer designated as such utilizing the description determined for this report. Several of the significant rural regions are in and around these defined locations.



Map of Riverside County-III (Above)

Anza (92539) is a census-designated place in southern Riverside County, California, situated in the Anza Valley, a semi-arid region at an elevation of approximately 3,921 feet (1,195 meters) above sea level. The community lies along State Route 371, about 13 miles south of Idyllwild, 32 miles east of Temecula, 40 miles southwest of Palm Springs, and 90 miles northeast of San Diego. According to the 2020 U.S. Census, the Anza area had a population of 4,966, a slight increase from 4,734 in 2010 (U.S. Census Bureau, n.d.-aj, n.d.-bu). The median household income is \$90,394, with approximately 9.5 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-bu). Public education in Anza is provided by the Hemet Unified School District.

French Valley is a census-designated place in Riverside County, California, located at an elevation of approximately 1,368 feet (417 meters) in the French Valley region of southwestern Riverside County. According to the 2020 U.S. Census, French Valley had a population of 35,280, up from 23,067 in 2010, reflecting substantial residential growth (U.S. Census Bureau, n.d.-ak, n.d.-a). The median household income is \$148,520, with about 4.9 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-a).

Winchester is a census-designated place in Riverside County, California, located northeast of Murrieta and Temecula. The 2020 U.S. Census reported a population of 3,068, an increase from

2,534 in 2010 (U.S. Census Bureau, n.d.-al, n.d.-at). The median household income is \$79,250 with approximately 10.3 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-at).

Wildomar (92595) is in Riverside County, California, located southeast of Lake Elsinore. The 2020 census counted a population of 34,405 compared to 29,851 in 2010 (U.S. Census Bureau, n.d.-am, n.d.-ca). The median income is \$106,047 and 10.2% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-ca).

Nuevo (92567) is a rural census-designated place in Riverside County, California, located east of Lake Perris and the City of Perris. According to the 2020 U.S. Census, the Nuevo area had a population of 9,729 compared to 9,459 in 2010 (U.S. Census Bureau, n.d.-an, n.d.-bw). The median household income is \$107,610, with 13.0 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-bw). The community is served by the Nuvew Union School District, which operates two K–6 schools, one middle school, and one charter high school.

Perris/Mead Valley (92570) is a census-designated place in Riverside County, California, located at an elevation of approximately 1,663 feet (507 meters). According to the 2020 U.S. Census, the area had a population of 59,015, an increase from 53,697 in 2010 (U.S. Census Bureau, n.d.-ao, n.d.-bx). The median household income is \$79,393 with 14.3 percent of residents living below the federal poverty line (U.S. Census Bureau, n.d.-bx). Public education in the area is provided by the Val Verde Unified School District.

Quail Valley (92587) is an area in Riverside County northeast of Lake Elsinore. According to the 2020 census the population is 17,529 compared to 16,675 in 2010 (U.S. Census Bureau, n.d.-ap, n.d.-bz). The median household income is \$104,290 and 13.4% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-bz).

Sun City (92585) is an area in Riverside County northeast of Lake Elsinore. The population recorded in the 2020 census is 24,887 compared to 17,797 in 2010 (U.S. Census Bureau, n.d.-aq, n.d.-by). The median household income is \$106,667 and 9.1% of the population live below the federal poverty line (U.S. Census Bureau, n.d.-by).



Understanding the Health and Social Indicators

Understanding the Health and Social Indicators

In reviewing and correlating data, the 18 indicators were grouped into **11 categories**, both within each region and between regions, for comparison purposes. These included: Hospitals, Clinics, Medi-Cal Primary Care Providers (IEHP), Transportation systems, Medical and Dental homes, Vision providers, Dental providers, Unemployment rates, school dropout rates, Medi-Cal enrollment and Employer insured.

Comparisons by category (please see the map at <https://www.ieruralhealth.org/rural-health-data/> for more detailed information provided by IEHP)

Hospitals: The Mid and South Riverside County region (Riverside, Corona, Moreno Valley, Hemet, Menifee, Murrieta) has seven licensed general acute care hospitals. The Low Desert (Palm Springs, Rancho Mirage, Indio) has three hospitals: Desert Regional Medical Center, Eisenhower Health, and John F. Kennedy Memorial Hospital. Rural regions each having one hospital: Palo Verde Hospital in Blythe, Hi-Desert Medical Center in Joshua Tree, and Mountains Community Hospital in Lake Arrowhead.

Clinics: The Bear Valley Community Healthcare District in Big Bear Lake operates a Family Health Center, Rural Health Clinic, Dental Clinic, and telehealth services. Urban and valley regions have the highest number of Federally Qualified Health Centers (FQHCs) and primary care providers, while mountain and desert areas have fewer facilities.

Transportation systems: The Mid and South Riverside County region has the most transportation options, including public bus routes, paratransit services for individuals with disabilities, medical transportation programs, and local transit systems. The Mountain region has the fewest services, and rural areas face limited coverage due to long distances, weather conditions, and difficult terrain.

Vision Services: The Low Desert had the highest number of vision service options, and the Mountains had the lowest number of options. However, more research needs to be completed to define the various types of vision services which are available and not available.

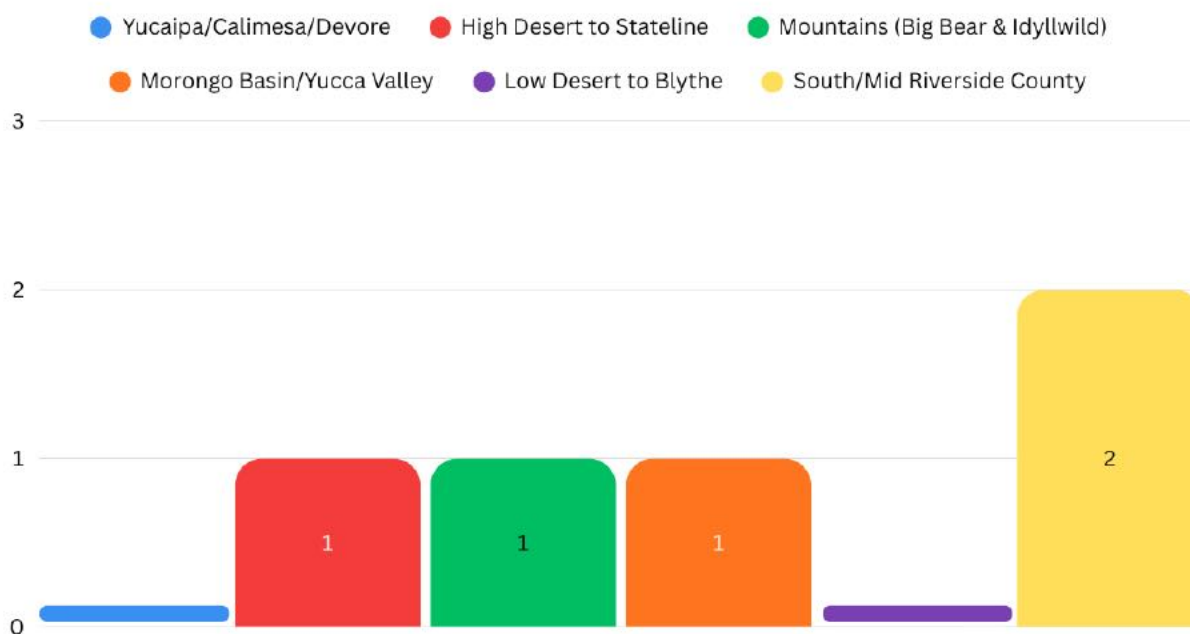
Dental Services: Using the current DHCS Medi-Cal Dental provider directory, dental services are most numerous in the urban/valley regions (Riverside-Corona, Moreno Valley, Coachella Valley), with fewer providers in Yucaipa/Calimesa/Devore. The mountain and remote desert regions have the least dental access, with many designated dental “Health Professional Shortage Areas” (HPSAs).

Employer insured: The Yucaipa/Calimesa/Devore region indicated the highest Employer insured population with the Morongo Basin/Joshua Tree region showing the lowest. This might be due to the proximity of the Yucaipa region to larger cities such as San Bernardino, Redlands,

etc. The Morongo Basin is more isolated and more likely to have less employment options. About 45-50% of residents in the Inland Empire have health coverage through their employer. For example, in San Bernardino County, around 47% of people with insurance receive it through work (based on population health surveys).



Availability for School Based Mental Health Services by Rural Region - Inland Empire (IE) 2025



Ordinal Scoring Guide:

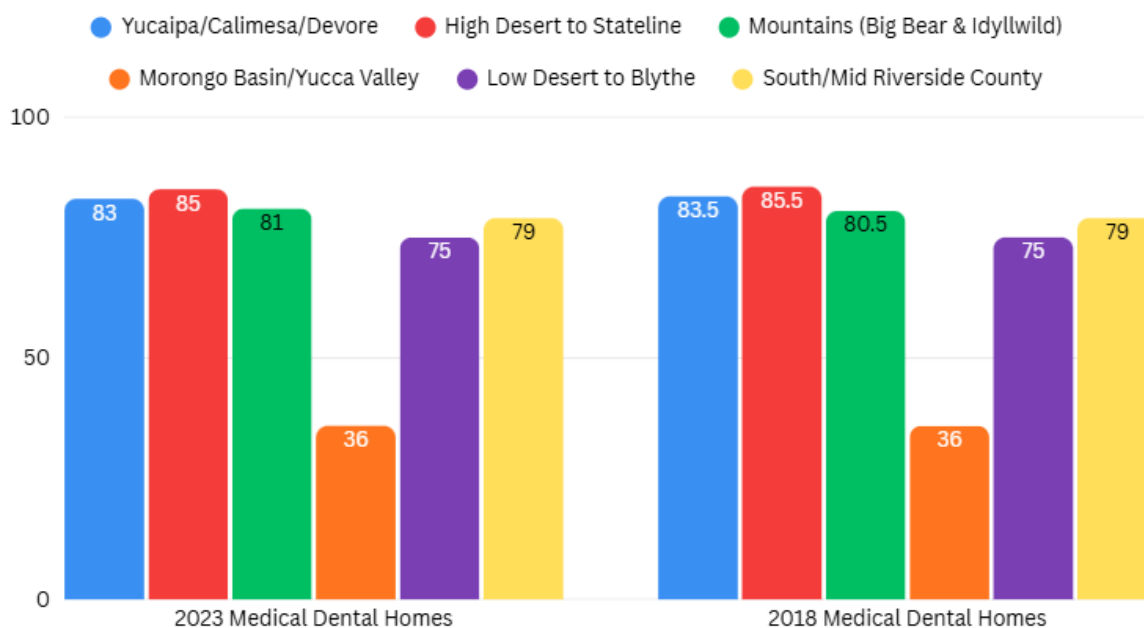
- 0= No access or data — The indicator is either completely lacking (for ex., school or district resource) or not applicable
- 1= Limited access — Services exist but are minimal or hard to reach; infrastructure may be weak, or only partial data is available
- 2= Moderate access — Services are available and somewhat accessible, but with noticeable gaps in consistency, outreach, or quality
- 3= High access — Strong infrastructure, consistent availability, and appropriate utilization of services

School-based mental health services: School-based mental health support is uneven across the regions. Several areas fall into the limited range, including Yucaipa/Calimesa/Devore, High Desert State Line, and the Mountains. Morongo Basin/Yucca Valley shows moderate availability. South/Mid Riverside County stands out with high access to school-based services, indicating stronger school district or county-level investment.

Mobile crisis unit prevalence: Mobile crisis support is very limited overall. Only High Desert to State Line and South/Mid Riverside County show the presence of a mobile crisis unit, and even then, only at a limited level. All other regions have no mobile crisis services at all. This highlights a major service gap across most rural regions in the area.



Comparison of the Percentage of Residents with a Medical and Dental Home between 2023 and 2018

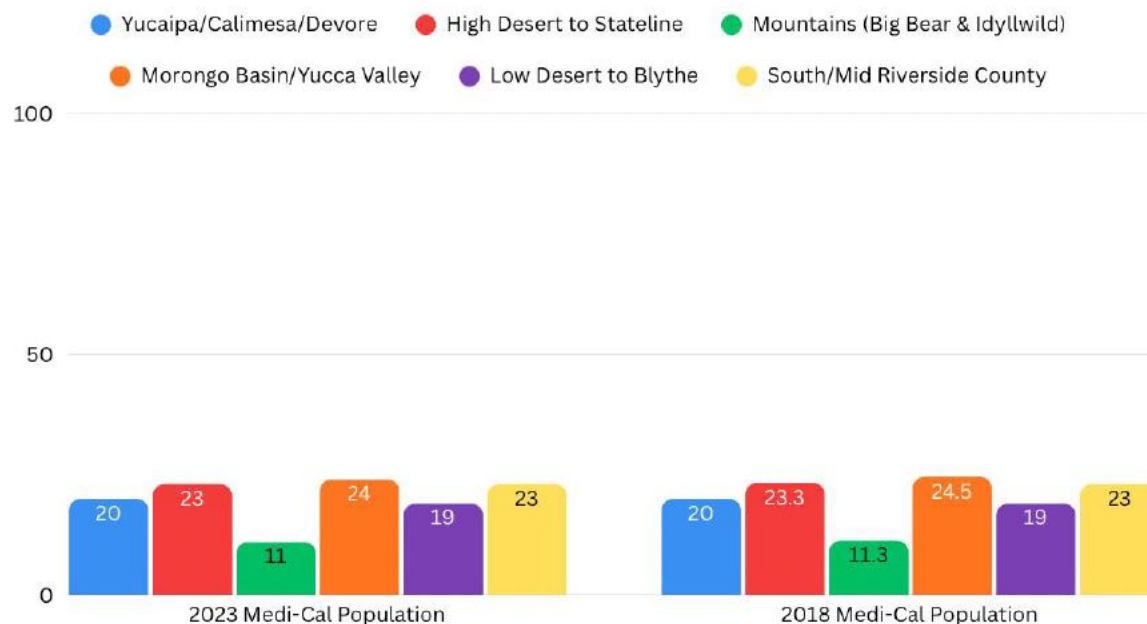


Medical and Dental Homes: While five of the six regions indicated that over 75% of the population identified Medical and Dental homes, the Morongo Basin/Joshua Tree region indicated only half the number (36%). Further research needs to be completed to determine the reason for the significant difference. In addition, having a Medical and/ or Dental “home” identified does not necessarily indicate accessibility to the medical/ dental home. (Example: Kaiser Permanente might be the identified medical/dental home through employer sponsored insurance; however, if the person resides in the Mountains, there are no Kaiser medical centers in that rural region. Thus, accessibility to the medical home becomes a challenge.)

Medi-Cal enrollment: The Morongo Basin/Joshua Tree indicated the highest Medi-Cal enrollment percentage with the Mountains regions showing the lowest percentage. This may



Comparison of the Percentage of the Population on Medi-Cal between 2023 and 2018

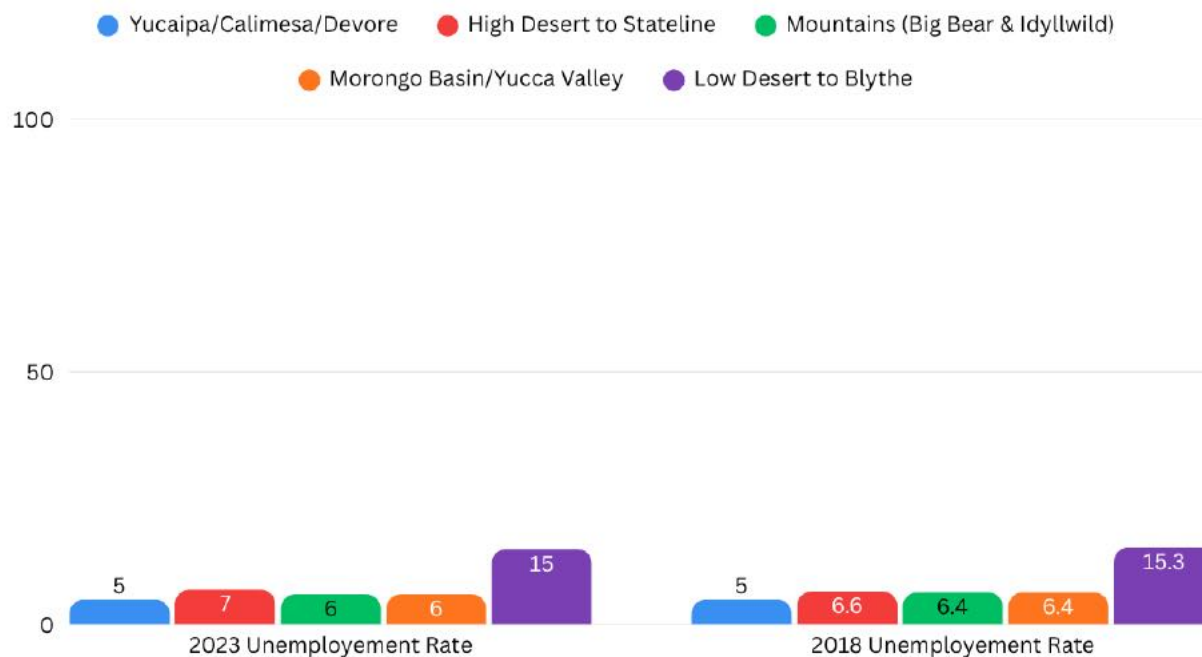


align more with the type of employment and wages provided in the Morongo Basin/Joshua Tree region rather than the unemployment and school drop-out rates since the unemployment and school drop-out rates do not correspond.

Unemployment rates: The Low Desert regions indicated the highest unemployment rate with the Yucaipa/Calimesa/Devore region indicated the lowest rate. This ties into the Employer sponsored insured data for the Yucaipa rural region and the proximity to larger cities with employment opportunities. The Low Desert also showed the highest school drop-out rate, which might indicate a correlation between education level and employment opportunities. The Low



Comparison of the Percentage of Unemployment Rates between 2023 and 2018

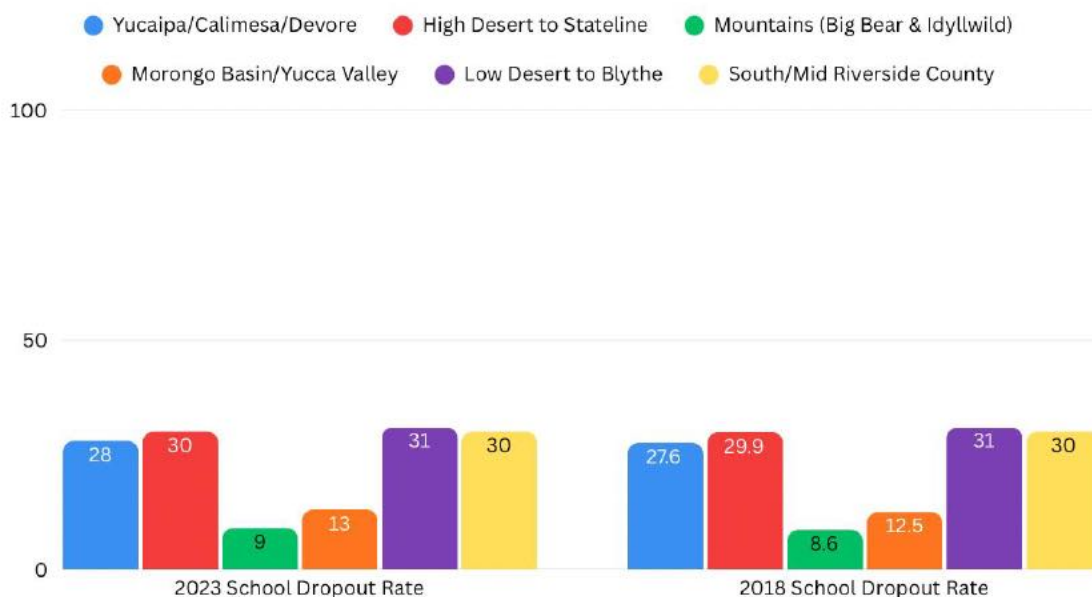


*No Data for South/Mid Riverside County

Desert did not indicate the highest Medi-Cal enrollment, which might indicate a larger uninsured population in this rural region.



Comparison of the Percentage of School Drop Out Rate between 2023 and 2018



School drop-out rates: The Low Desert had the highest school drop-out rate but only by 1% over the Mid/South Riverside County region. The Mountains had the lowest school drop-out rate.

Service availability: High Desert to State Line shows the strongest access with a high score, while areas like Yucaipa/Calimesa/Devore and Morongo Basin/Yucca Valley have only limited services. Mountains and Low Desert to Blythe fall in the middle with moderate or limited access. South/Mid Riverside County consistently has the highest access, making it the most resourced region in this comparison.

Telehealth access: High Desert to State Line rates are among the highest, showing strong use of telehealth services. Yucaipa/Calimesa/Devore and Morongo Basin/Yucca Valley report more limited access, suggesting gaps in broadband or provider capacity. Mountains and Low Desert to Blythe sit in the moderate range. South/Mid Riverside County maintains the strongest telehealth access across the regions.



Exploring New Indicators

New Indicator: Telehealth Services— 2025

Overview

Telehealth emerged as a lifeline during the COVID-19 pandemic, offering critical continuity of care when in-person services were suspended. However, in rural regions of San Bernardino and Riverside County, systemic inequities have limited telehealth's long-term effectiveness.

Key Challenges

- **Broadband Gaps:** Many rural communities—including parts of the Morongo Basin, Devore, and the Mountain Region—lack reliable internet or cellular infrastructure to support video-based healthcare.
- **Digital Literacy Barriers:** Even where internet is available, low digital literacy among older adults and low-income families hinders access to care.
- **Device Access:** A significant portion of rural residents do not have smartphones, tablets, or computers suitable for telehealth. Shared devices in multigenerational households also present privacy concerns.
- **Limited Platform Options:** Clinics often rely on platforms that are not user-friendly for patients with disabilities, limited English proficiency, or sensory impairments.

Promising Developments

- **Hybrid Models:** Some clinics now offer "telehealth hubs" or in-clinic telehealth access with on-site support.
- **Mobile Hotspots:** Pilot programs offering loaner devices and mobile hotspots have increased rural utilization rates slightly.
- **Policy Shifts:** Expanded Medi-Cal reimbursement for audio-only visits has improved access for residents with limited connectivity.

Advocacy Recommendations

- Invest in **broadband expansion** through state and federal infrastructure grants.
- Support **digital literacy training** and navigation support embedded in community health programs.
- Fund **device distribution programs** for low-income rural patients.
- Standardize **telehealth platforms** to ensure accessibility for individuals with disabilities, IDD, and language barriers.

New Indicator: Availability of Mental Health Services in Rural Regions – 2025

Overview

Mental health access remains one of the most pressing, and least addressed, health issues across rural Inland Empire. The burden is particularly high in isolated regions where specialist shortages, stigma, and service deserts converge.

Regional Gaps

- **Provider Shortages:** Some rural regions have no in-county licensed psychiatrists or behavioral health therapists.
- **Long Wait Times:** For those covered under Medi-Cal, the typical wait time for mental health services is 30–60 days or longer, even for high-risk populations.
- **Lack of Crisis Response:** Crisis stabilization units or mobile crisis teams are largely absent in rural areas, leaving law enforcement as default responders.
- **Youth Mental Health:** School-based behavioral health programs are either underfunded or nonexistent in many districts, worsening generational cycles of unmet need.

Barriers to Care

- **Transportation & Isolation:** Patients must travel long distances for services, often with no public transit.
- **Stigma:** Mental health stigma remains a major barrier in certain rural cultures, particularly for men, veterans, and immigrant families.
- **Cultural and Linguistic Gaps:** Few providers speak Spanish or understand Indigenous or immigrant mental health frameworks.

Advocacy Recommendations

- Expand **mobile mental health units** for rural outreach and follow-up care.
- Create **bilingual peer support networks** and **community mental health worker pipelines**.
- Fund **rural tele-behavioral health infrastructure**, including phone-based therapy and after-hours care.
- Integrate **school-based services** and trauma-informed care in rural education policy.



Access to Care in San Bernardino County's Rural Regions

Access to Care in San Bernardino County's Rural Regions

Access to timely and comprehensive healthcare remains a significant challenge across San Bernardino County's rural regions—including the High Desert, Devore, Morongo Basin, and Mountain communities. Our updated findings show that while some infrastructure exists, it is fragmented, inconsistently distributed, and insufficient to meet the evolving needs of these geographically isolated areas.

● High Desert Region (Red)

- **Hospitals:** 4 hospitals serve the region — Desert Valley, St. Mary Medical Center, Barstow Community Hospital, and Victor Valley Global Medical Center. While this number appears sufficient on paper, their geographic spread and service limitations mean many residents still travel 30–60 miles for specialty care.
- **Clinics:** Unicare Community Health Center Hesperia, Hesperia Public Health Clinic, Adelanto Tri-State Community Healthcare Center, Adelanto Community Health Center, Victorville Mission City Community Network, Victorville Unicare Community Health Center, Needles Tri-State Community Healthcare Center, SAC Health Barstow, Barstow Mission City Community Network, Barstow Riverside San Bernardino County Indian Health provide basic services, but wait times and limited specialty services availability remain
- **Insurance Access:** IEHP, Molina, and Kaiser Permanente remain the primary Medi-Cal providers. However, few alternatives exist, leaving patients with limited options and extended delays for appointments.
- **Key Concern:** Residents frequently substitute urgent care for primary care, leading to fragmented services and higher long-term costs. Telehealth access is unreliable due to internet and digital literacy gaps.

● Devore Region (Blue)

- **Hospitals:** 5 nearby hospitals, including Community Hospital of San Bernardino and Arrowhead Regional Medical Center, serve the area, but no hospital is located directly within the Devore community.
- **Clinics:** Two nearby clinics (Neighborhood Healthcare Beaumont, MD Point Community Clinic) offer limited services, forcing residents to travel to neighboring cities for routine and specialized care.
- **Provider Availability:** IEHP and Molina serve Medi-Cal patients, but the provider-to-patient ratio remains well above recommended levels.
- **Key Concern:** Devore lacks public transportation options entirely, making access nearly impossible for residents without personal vehicles or mobility support.

● Morongo Basin Region (Orange)

- **Hospitals:** 2 hospitals—Morongo Basin Community Health Center of Yucca Valley and Hi-Desert Medical Center—serve this region.
- **Clinics:** High Desert Family Health Clinic, Family Health Center of Joshua Tree, Yucca Family Medical Care, Yucca Valley Community Health Center, American Desert Medical Clinic, and Twentynine Palms Community Health Center at Split Rock provide primary care though specialty care is scarce.
- **Insurance Providers:** IEHP, Molina, and the Morongo Basin Community Health Center support Medi-Cal coverage, but waitlists are common.
- **Key Concern:** Telehealth has helped during the pandemic, but connectivity remains spotty, and digital literacy challenges limit long-term effectiveness.

● Mountain Region (Green)

- **Hospitals:** Mountains Community Hospital and Bear Valley Community Healthcare District are the providers in this region.
- **Clinics:** One primary care clinic and a rural health satellite sites (Running Springs Rural Health Clinic, Bear Valley Community Healthcare District Family Health Center, Bear Valley Rural Health Clinic, Lake Arrowhead Rural Health Clinic) serve multiple dispersed communities.
- **Insurance Providers:** IEHP, Molina, and Kaiser offer Medi-Cal options, but some local providers do not accept them

- **Key Concern:** Mountain communities face extreme geographic barriers, compounded by seasonal weather impacts and minimal transportation services. The digital divide here significantly reduces access to telehealth and education programs.





Access to Care in Riverside County's Rural Regions

Access to Care in Riverside County's Rural Regions

Access to timely and comprehensive healthcare remains a major challenge across Riverside County's rural regions: the Low Desert, Mountain and Mid-County communities. While some healthcare infrastructure exists, it is unevenly distributed, often far from rural populations, and insufficient to meet the growing needs of geographically isolated residents. Persistent provider shortages, transportation barriers, and limited digital connectivity continue to widen disparities in preventive and specialty care access.

● Low Desert to Blythe Region (Purple)

- **Hospitals:** Palo Verde Hospital in Blythe is the only full-service hospital serving the far eastern region of Riverside County. Residents in surrounding unincorporated areas often travel over 60 miles to reach alternative hospitals in Indio or Palm Springs.
- **Clinics:** Desert Hot Springs Community Health Center, Desert Hot Springs Specialty Care Center, Coachella Valley Community Health Center, Innercare – Coachella, Centro Medico Coachella, Torres Martinez Indian Health Clinic, Centro Medico Oasis, Innercare Blythe, SAC Health Blythe. Federally Qualified Health Centers (FQHCs) provide primary care and behavioral health services, but access to dental and specialty care remains limited
- **Insurance Access:** IEHP, Molina, and California Health & Wellness provide Medi-Cal coverage in this region. However, the small number of contracted providers leads to long waits for appointments and limited specialist availability.
- **Key Concern:** Residents rely heavily on the single hospital and limited FQHC network, creating a fragile safety net. Broadband and cell service limitations further reduce the effectiveness of telehealth programs.

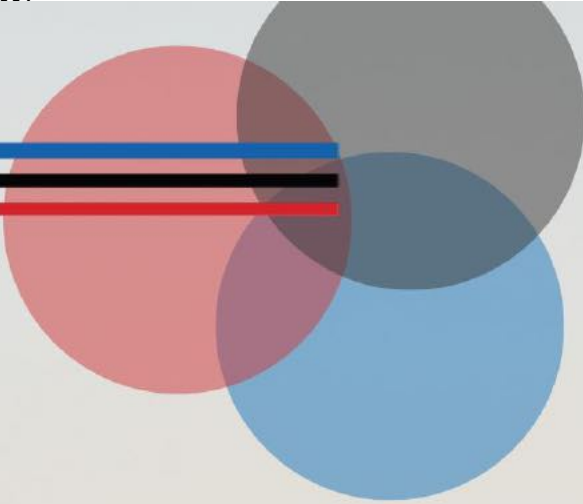
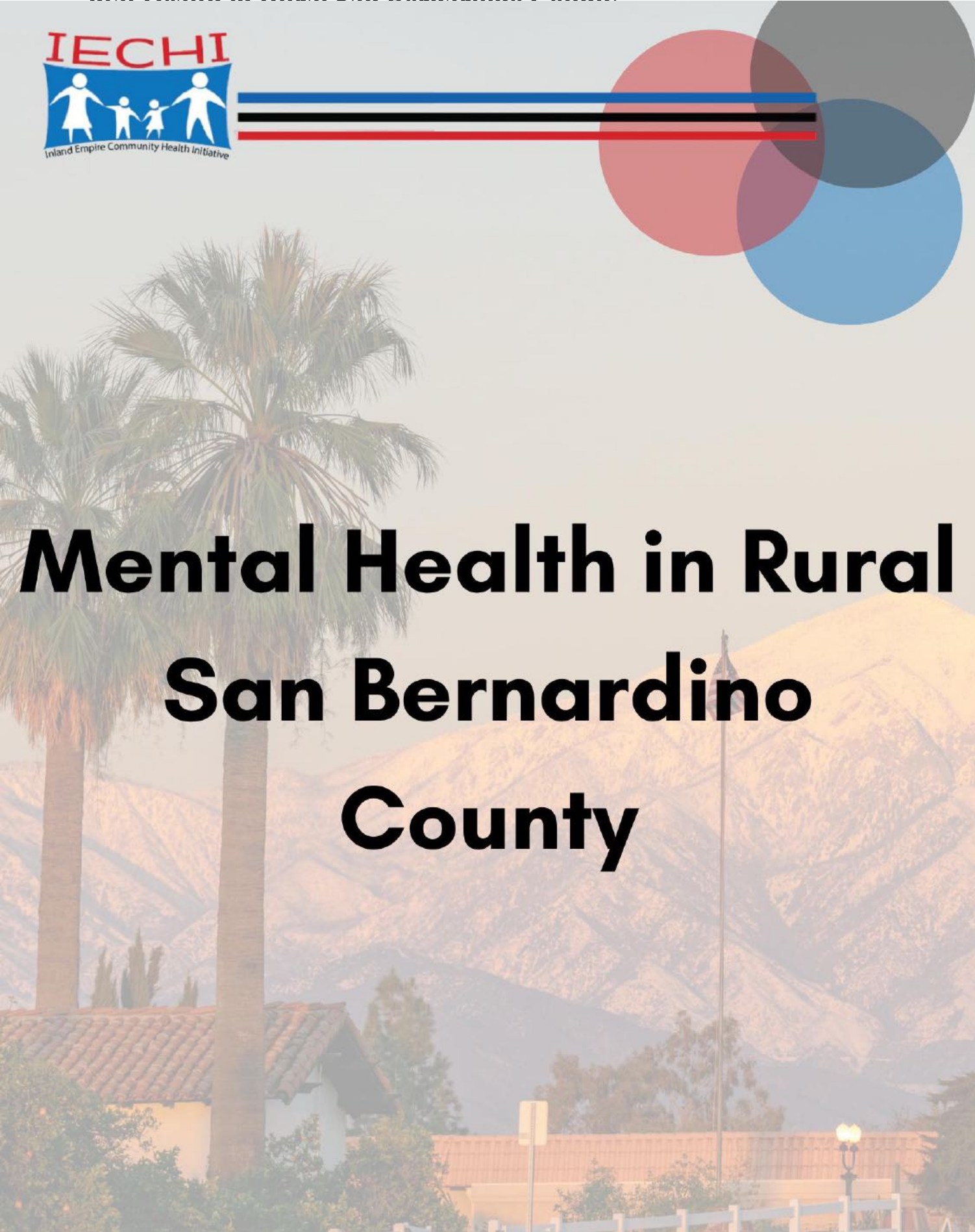
● Mountain Region (Green)

- **Hospitals:** Hemet Global Medical Center and San Geronio Memorial Hospital serve as the nearest inpatient facilities for most mountain residents. However, long travel times through steep, winding roads make emergency access difficult, particularly during winter or wildfire closures.
- **Clinics:** Rural Health Clinics (RHCs) such as the Sodoba Indian Health Clinic, satellite sites of Borrego Health and Riverside University Health System (RUHS) provide some primary care access, though specialty and maternity services are minimal.
- **Insurance Access:** IEHP and RUHS-Community Health Centers provide Medi-Cal coverage options, but few local practitioners accept new patients.
- **Key Concern:** Geographic isolation and unpredictable road conditions delay both routine and emergency care. Telehealth expansion remains limited by inconsistent internet access and low technology adoption rates among older adults.

● **Romoland / Mid-County Region (Yellow)**

- **Hospitals:** Inland Valley Medical Center and Menifee Global Medical Center serve most of the Mid-County area. Proximity to larger cities helps some residents, but many unincorporated neighborhoods fall outside hospital service zones.
- **Clinics:** RUHS-Public Health Clinics and community sites such as the Hemet Community Health Center, Anza Community Health Center, Cahuilla Clinic Indian Health Center, and Perris Community Health Center offer primary care, but behavioral health and women's health services remain under-resourced.
- **Insurance Access:** IEHP, Molina, and Kaiser Permanente cover most Medi-Cal enrollees in this region. Despite high enrollment, a shortage of local providers leads to appointment backlogs and long drive times.
- **Key Concern:** Rapid population growth in areas has outpaced healthcare infrastructure. Many residents rely on urgent care centers as their primary care source, increasing long-term costs and reducing care continuity.

ental Health in Rural San Bernardino County



Mental Health in Rural San Bernardino County

Behavioral health care access continues to lag significantly in rural San Bernardino County. While telehealth expansion during the COVID-19 pandemic offered a temporary solution, ongoing barriers—including limited internet access, provider shortages, and inadequate community-specific services—have prevented long-term equity.

● **High Desert Region (Red)**

- **Provider Gaps:** There are extremely limited behavioral health clinics or specialists across the High Desert. Residents often rely on emergency departments or delay care altogether.
- **Crisis Services:** Crisis response infrastructure is underdeveloped. Mobile behavioral health units and 24/7 urgent mental health services are nearly nonexistent.
- **Digital Divide:** Although some clinics offer telehealth, access is hampered by unreliable broadband and a lack of private, connected spaces for residents.
- **IDD Populations:** There are limited specialized providers for individuals with intellectual and developmental disabilities (IDD), leading to unmet long-term behavioral health needs.

● **Devore Region (Blue)**

- **Centralization of Services:** Behavioral health services are largely centralized in San Bernardino proper, creating a serious geographic barrier for Devore residents.
- **Transportation:** With no public transit options, behavioral health visits are often postponed or skipped entirely.
- **Stigma & Cultural Barriers:** Community members face cultural stigma around mental health, and culturally responsive care remains underfunded.

● **Morongo Basin (Orange)**

- **Sparse Resources:** There are only a handful of licensed professionals serving the entire Morongo region. Many residents face 30–60 days waiting for Medi-Cal-covered behavioral health care.
- **School-Based Services:** Limited school-based mental health infrastructure results in generational gaps in early intervention and prevention.
- **Telehealth Dependency:** Providers increasingly rely on virtual visits, but connectivity issues continue to limit effectiveness in isolated areas.



Mental Health in Rural Riverside County

Mental Health in Rural Riverside County

● Mountain Region (Green)

- **Workforce Shortage:** There are too few behavioral health professionals practicing in mountain communities. Waitlists are long, and residents often must travel 1–2 hours for services.
- **Access Disruption:** Seasonal weather and road closures compound delays for behavioral health appointments, especially during winter.
- **Culturally Relevant Gaps:** Indigenous and immigrant families face additional linguistic and cultural barriers when seeking behavioral or trauma-informed care.

● Low Desert to Blythe (Purple Region)

- Mental Health Service Availability is **minimal to nonexistent** across many communities east of Coachella.
- Blythe has **limited access to psychiatric providers**, often relying on visiting clinicians or emergency care.
- Long **wait times** and **high emigration** to other counties for mental health services
- Some clinics offer **tele-mental health**, but **broadband gaps** in remote areas of eastern Riverside County limit access.
- Older adults and migrant workers often face **language, trust, and device barriers**.
- Public schools in the region are **underfunded** and may have **no on-site mental health personnel**.
- Rural school districts often share a single counselor across multiple campuses.
- **No consistent mobile crisis coverage** in Blythe or surrounding desert towns.
- Very limited presence of **peer navigators** or trauma-informed community health workers

● Romoland / Mid-County Region (Yellow)

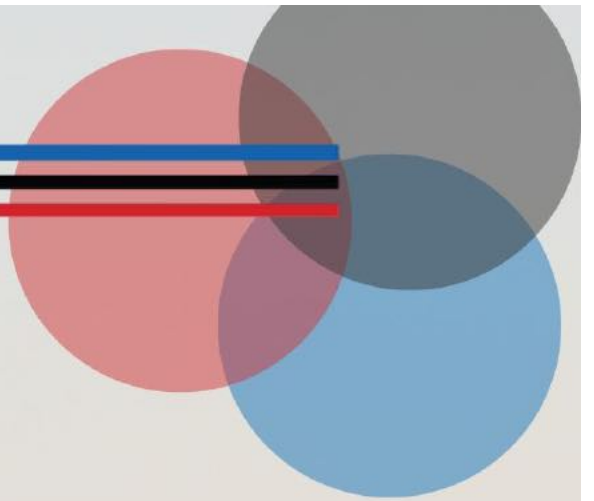
Summary Observations (Across all regions)

- **Workforce Shortages:** Every region reports a shortage of behavioral health providers—especially those who serve Medi-Cal or are culturally trained.
- **Long Wait Times:** 30–60 day delays for services are common, especially for psychiatric evaluations and therapy.
- **Crisis Infrastructure Deficiencies:** Mobile crisis teams, walk-in urgent care, and peer support networks are either underfunded or nonexistent in rural areas.
- **Equity Gaps:** IDD populations, immigrant communities, and youth are often excluded from timely, culturally relevant behavioral health care.

Advocacy Recommendations

- Expand **mobile behavioral health units** and rural **crisis response teams**.
- Fund **community-based peer support networks** and **school-based mental health programs**.
- Provide **incentives for rural behavioral health workforce recruitment**, including student loan forgiveness, relocation stipends, and bilingual pay differentials.
- Integrate **cultural competency training** and translation services into all mental health programs across the Inland Empire.





Transportation & Infrastructure in Rural San Bernardino County

Transportation & Infrastructure in Rural San Bernardino County

Reliable transportation is a critical determinant of healthcare access, and its absence continues to be a major barrier across rural San Bernardino County. While some regions have limited public transit or paratransit options, many areas—including Devore, the High Desert, and the Mountains—lack any meaningful transportation systems altogether.

● High Desert Region (Red)

- **Long Travel Times:** Routine medical appointments often require residents to travel 30–60 miles. For specialty care, travel distances can be even greater.
- **No Alternatives for Non-Drivers:** Residents without a personal vehicle face significant delays or outright loss of care due to lack of viable options.
- **Urgent Need:** Expansion of non-emergency medical transportation (NEMT), rideshare subsidies, and mobile care units is urgently needed.

● Devore Region (Blue)

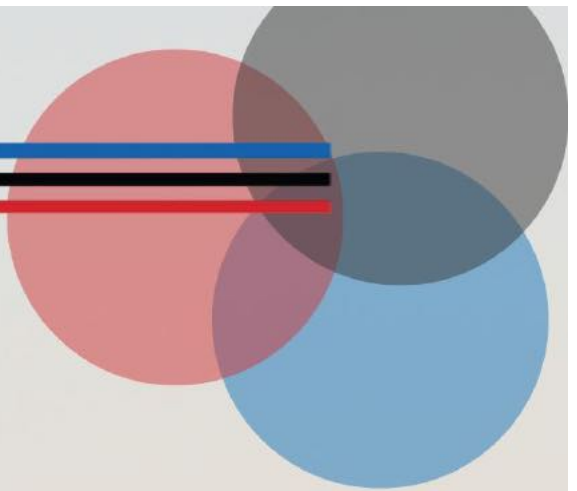
- **No Public Transit:** Devore has no existing bus routes or transit options. This isolates residents from hospitals and clinics located in neighboring cities.
- **Mobility Challenges:** Seniors, individuals with disabilities, and those without cars are particularly impacted, often missing preventive and urgent care appointments.
- **Recommendation:** Paratransit and county-run shuttle systems should prioritize expansion into this high-need zone.

● Morongo Basin (Orange)

- **Patchy Access:** Some transportation services exist but do not reach many smaller towns like Landers or Wonder Valley.
- **Climate Impact:** Desert heat increases health risks and makes walking or waiting for transit difficult, especially for vulnerable populations.
- **Barriers to Consistency:** Many services are “on demand” with long wait times, discouraging usage and trust in the system.

● Mountain Region (Green)

- **Geographic Isolation:** Winding mountain roads and snow-related closures make travel difficult year-round.
- **Access Delays:** Emergency care access is delayed during storms or fire events, with no backup infrastructure in place.
- **Infrastructure Priority:** Improving year-round road safety and rural NEMT service must be part of any regional transportation equity strategy.



Transportation & Infrastructure in Rural Riverside County



Transportation & Infrastructure in Rural Riverside County

Reliable transportation remains a key determinant of healthcare access, and many rural regions across Riverside County continue to face major challenges. While some areas have partial or limited public transit coverage, large sections (particularly those in the Low Desert, Mountains, and Mid-County rural zones) lack consistent or accessible transportation systems. These gaps lead to missed appointments, increased emergency care reliance, and greater inequities in health outcomes.

● Low Desert to Blythe Region (Purple)

- **Long Travel Distances:** Residents in the eastern Low Desert and Blythe areas often travel more than 50 miles to reach hospitals or specialty clinics.
- **Limited Public Options:** Fixed-route bus services are minimal, and paratransit coverage remains inconsistent in unincorporated desert communities.
- **High Heat Risks:** Extreme desert temperatures make long walks or wait for transit unsafe, especially for older adults and those with chronic illnesses.
- **Recommendation:** Expansion of non-emergency medical transportation (NEMT) programs, mobile health units, and rideshare subsidies should be prioritized to reduce travel barriers and ensure timely care.

● Mountain Region (Green)

- **Challenging Terrain:** Steep and winding roads in the San Jacinto Mountains cause travel delays and create hazardous conditions, particularly during snow or wildfire events.
- **Limited Access Routes:** Many small mountain communities have only one or two main roads in and out, increasing vulnerability during closures or disasters.
- **Service Gaps:** Fixed-route public transit is sparse, and paratransit services are often limited to scheduled trips with long wait times.
- **Recommendation:** Improve year-round road maintenance, establish backup access routes for emergency situations, and expand county paratransit or on-demand shuttle services for isolated households.

● Romoland / Mid-County Region (Yellow)

- **Partial Coverage:** While areas like Romoland, Hemet outskirts, and Winchester have some access to bus or shuttle routes, frequency and coverage drop sharply outside city limits.
- **Car Dependency:** Many households rely on private vehicles, leaving residents without cars, especially seniors and low-income families, unable to access regular care.
- **Evening and Weekend Gaps:** Few routes operate after hours or on weekends, making it difficult for workers and families to attend appointments outside standard hours.

- **Recommendation:** Increase coordination between public and human-service transportation programs, extend evening and weekend service hours, and pilot voucher-based rideshare programs for rural medical trips.

● Western Rural Fringe (Blue)

- **No Fixed Transit:** Rural pockets near the western edge of Riverside County, including unincorporated areas adjacent to the mountains and desert boundaries, lack any fixed-route transit options.
- **Mobility Barriers:** Residents without personal vehicles face long travel times to reach clinics in neighboring urban centers like Riverside or Moreno Valley.
- **High Need Populations:** Seniors and individuals with disabilities are especially impacted, often missing follow-up or preventive care appointments.
- **Recommendation:** Implement paratransit or county-run shuttles to serve these disconnected zones and invest in rural road upgrades to improve safety for emergency and medical transport vehicles.





Social Determinants of Health (SDoH) in Rural Regions

Social Determinants of Health (SDoH) in Rural Regions

Health outcomes are deeply influenced by non-clinical factors such as housing, food access, employment, internet connectivity, and environmental conditions. Our updated data show that rural San Bernardino communities continue to experience elevated rates of food insecurity, housing instability, unemployment, and digital exclusion.

Cross-Region “SDoH” Insights

- **Food Deserts:** Access to healthy, affordable groceries remains a problem in most rural zones—especially in Morongo and the High Desert.
- **Housing Instability:** Mountain and High Desert communities report increasing rates of displacement and lack of affordable rental units with heating/cooling.
- **Employment & Income:** Devore and Morongo show persistently high unemployment, exacerbated by limited job training or accessible employers.
- **Digital Divide:** Internet access remains limited or unreliable, with major gaps in broadband infrastructure in the Mountains and Morongo Basin.

Environmental Health Factors

- **Climate Risks:** Extreme heat, poor air quality, and wildfires now routinely affect outdoor activity and health—especially for those with asthma, cardiovascular conditions, or no in-home cooling.
- **Housing Quality:** Many rural residents live in mobile homes or aging structures lacking insulation, reliable electricity, or pest protection.

Advocacy Recommendations

- Expand funding for **community food banks, mobile grocery units, and nutrition education.** Invest in **climate-resilient housing upgrades** and
- **rural rental assistance.**
- Develop **local job training pipelines** and incentivize employers to operate in rural communities.
- Prioritize **broadband infrastructure grants** and **device distribution** in state digital equity plans.

From the 2018 Rural Health Report, updates to be made:

Results in General:

In analyzing the results, several interesting pieces of information are evident, leading to the need for further investigation and data collection:

- 1) Four (4) of the regions have a school dropout rate of over 20%.

- 2) Only one (1) school district offers comprehensive health services. Partnership with school districts might be an avenue to explore for prevention and intervention services.
- 3) Other than IEHP data it was difficult to determine the number of primary and specialty care physicians in any of the regions.
- 4) The number of Medi-Cal enrollees was able to be determined but Covered California enrollees were not.
- 5) Over 75% of residents in five (5) of the regions indicated they had a Medical/Dental home. The question of utilization of those “Homes” might need to be explored.

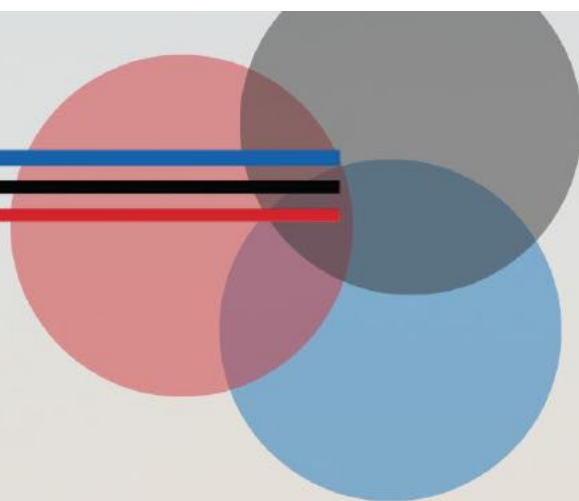
Major concerns identified in community assessment reports included:

- a) Transportation resources including number/types of services, service routes in relation to residential locations, frequency of routes and weather (especially in the Mountain regions).
- b) Drug addiction challenges including level of addiction, age of those addicted, type of addiction, recovery resources and prevention/early intervention services.
- c) Mental health services including prevention/early intervention, assessments, access to services (both in patient and out -patient) follow up services and a variety of age and issue related treatment modalities.

A more comprehensive list of local programs, for each rural area identified, will allow follow-up field research. This research will assess gaps in local services and areas for innovation including: use of mobile and school-based clinics, development of additional children’s programs including pre-school and afterschool care; use of tele-health care and community health workers or health and social coaches and the ability of expanding college education services. A matrix of priorities

could be compiled for all rural areas across the two counties. Mapping these needs can also provide grant funders with a focus on future placed based investments.





Recommended Next Steps

Recommended Next Steps:

The Rural Health Task Force recommends the following “Next Steps”:

- Develop rural region community focus groups (6) to explore the health and social indicators in more detail to define resources and challenges. Ideally, each of the focus groups would represent a “listening” opportunity for health plans, hospitals, clinics, both First 5 Commissions, educators and policy makers to facilitate a consensus on what social, health and community systems need improving. Each focus group might develop a matrix of community needs and gaps in services for each rural area to speed up the rate of problem solving, innovation and resources.
- Develop a collaboration of health and community entities, based on the focus group results, to prioritize and develop solutions to the issues identified in each of the six (6) rural regions. Identify County and Inland Empire Region wide issues for cross region solutions including funding, innovative programs/services and expansion of services. Input might be sought from First 5 Commissions on data related to school readiness of children living in rural areas, from mobile and fixed health providers, serving these rural communities, on how they are attempting to improve care thru added staff, services innovation and what partners are needed to help them address social needs of their patients.
- Advocate for additional legislation, funding and resources in the Inland Empire to address key region wide health and social challenges. Public Health Departments in both counties might consider developing a working group with other advocacy groups to address the health of rural communities, particularly children. This workgroup might look at public policy and spending addressing the social, economic, and community infrastructure. The working group would include the First 5 Commissions, Education leaders and child and local community advocates. The workgroup could model its discussions based on the findings from “The Health of the States – How US States Compare in Health Status and the Factors that Shape Health” (published by Virginia Commonwealth University (VCU) and the Urban Institute). This research, coupled with county-wide plans developed by both counties, enables rural communities to more readily participate in health and social innovation.
- Continue to utilize the Rural health website as a vehicle for communication, collaboration, education and information sharing regarding rural health and social related issues in the Inland Empire and statewide.

The background of the slide is a photograph of a rural landscape. In the foreground, there are several tall palm trees. Behind them, a house with a red-tiled roof is visible. In the distance, there are large, hazy mountains. The sky is a light, hazy blue. In the top right corner, there are three overlapping circles: a large red one, a medium blue one, and a small grey one. The text '2025 Rural Health Report Team Members Agencies' is centered over the image in a large, bold, black, sans-serif font.

2025 Rural Health Report Team Members Agencies

2025 Rural Health Report Team Members Agencies:

Symba is a faith-based nonprofit, formed in 2019, to provide healthcare to homeless persons using clinicians and medical students from Loma Linda Medical Center and Western University of Health Sciences. In 2023 the City of Victorville contracted Symba to provide healthcare including recuperative care from the City's 170 bed low barrier Wellness Center using street medicine and a health clinic that reduced the city's unhoused population by 57% between 2024-2025. Today Symba's recuperative care program serves hospitals in the Barstow and Victor Valleys. Symba is currently contracted by the City of Fontana and the City of Ontario providing homeless services like what is being provided in Victorville. For more about Symba visit: <https://www.symbacenter.org/>

The **Community Health Association Inland Southern Region (CHAISR)** serves as a champion and leading advocate for community-based health centers and clinics across Riverside and San Bernardino Counties. Established in 2009 and designated as a 501(c)(3) nonprofit organization in 2011, CHAISR supports a diverse network of members dedicated to delivering accessible, high-quality healthcare to the region's safety net populations. Through advocacy, public policy engagement, technical assistance, quality initiatives, workforce development, and healthcare education, CHAISR strengthens the capacity of its member organizations to continue their mission of serving as a vital safety net for individuals and families throughout the region. Today, CHAISR represents 25 member organizations operating 128 community health centers and clinics across the Inland Southern Region. In 2024, these health centers and clinics reported over 1.6M annual patient visits, serving almost 600K unduplicated patients in Riverside and San Bernardino Counties.

Molina Healthcare of California is a managed care health plan providing government-funded, quality health care to its members through Medi-Cal, Medicare, and Marketplace (Covered California) programs. Molina partners with a network of doctors, hospitals, and other health care providers to ensure members receive high-quality care within their service areas. Dedicated to advancing the health and well-being of its members, Molina not only offers access to preventative and routine care, but also services that can impact social determinants of health such as transportation, doula, behavioral health support, smoking cessation, housing referral and more. Molina provides many local services to families throughout San Bernardino and Riverside Counties. Activities include hosting events like annual holiday meal giveaways in partnership with community partners, supporting local school districts and their literacy, health education and wellness centers, donating to local diaper banks, and holding one the largest bra drives to benefit sexual violence survivors in Riverside County, in partnership with Riverside University Health System. Molina's One Stop Help Center in Indio provides a multitude of local services to underserved communities. It's all part of Molina's commitment to improving health outcomes and connecting members to the resources and services they need to thrive.

Bear Valley Community Health District is a comprehensive healthcare facility dedicated to providing high-quality, patient-centered care to the surrounding community. The 30-bed facility includes 21 Skilled Nursing Facility (SNF) beds and 9 Medical/Surgical Acute (Swing) beds, offering both long-term and short-term care services. Designated as a Critical Access Hospital, the district features a fully equipped Emergency Department, the Family Health Center, the Rural Health Clinic, and a Mobile Health Clinic that extends care to underserved areas. The two operating rooms support a range of specialties, including Orthopedics, General Surgery, Podiatry, Ophthalmology, and Pain Management procedures. Additional on-site services include Radiology, Laboratory, Physical Therapy, Cardiopulmonary Care, IV Therapy, and a Medical Stabilization Program. Convenient Urgent Care services ensure access to timely and compassionate medical attention close to home.

211: Operated in partnership between Inland SoCal 211+ and Inland SoCal United Way, the 3-digit number 211 connects over 200,000 community callers annually to expert, caring help for health and human services in Riverside and San Bernardino counties. 211 is the most comprehensive source of information about local resources and services. We are the boots on the ground, the local experts who make finding help easier, 24 hours a day, 7 days a week, 365 days a year.

The **Desert Healthcare District & Foundation (DHCD)** is a public agency and community-based nonprofit dedicated to improving the health and well-being of residents across the Coachella Valley. Established in 1948, the DHCD invests in programs, services, and strategic partnerships that expand access to healthcare, promote prevention and wellness, and address social determinants of health. The district provides grant funding, operates community health initiatives, and collaborates with local organizations, healthcare providers, and public agencies to respond to the region's most pressing health needs. Its priorities include primary and preventive care, behavioral health, chronic disease management, health equity, and supporting underserved and vulnerable populations. Through its commitment to community engagement, data-driven decision-making, and long-term impact, the Desert Healthcare District & Foundation works to build a healthier, more equitable Coachella Valley for all residents.

The **San Bernardino County Medical Society (SBCMS)** serves as the professional organization representing physicians throughout the county, advocating for the practice of quality medicine, promoting the physician-patient relationship, and supporting public health. As one of the oldest medical societies in California, SBCMS plays a key role in connecting physicians with resources, professional development, and advocacy at the local, state, and national levels. SBCMS collaborates with the California Medical Association (CMA) to influence health policy, protect the integrity of the medical profession, and ensure that physicians have a voice in legislative matters affecting healthcare delivery. In the context of rural health, SBCMS recognizes the unique challenges faced by medically underserved and geographically isolated communities throughout San Bernardino County. These areas often struggle with physician shortages, limited access to specialty care, transportation barriers, and higher rates of

chronic illness. SBCMS actively works to address these disparities by supporting initiatives that increase healthcare access in rural regions, such as promoting physician recruitment and retention, advocating for telehealth expansion, and partnering with health systems, community clinics, and public agencies to bridge service gaps. SBCMS also engages in education and outreach efforts aimed at improving the health of rural populations. Through community engagement, continuing medical education, and support of public health campaigns, the Society helps ensure that rural residents receive timely, high-quality care. By amplifying the voices of rural healthcare providers and promoting collaboration among stakeholders, SBCMS helps advance equitable healthcare solutions for all residents of San Bernardino County, regardless of geography.

Inland Empire Health Plan (IEHP) provides low-income and working-class individuals and families with access to health services through the Medi-Cal program. IEHP is among the largest Medicaid health plans. As the largest non-profit Medicare-Medicaid plan in the country, IEHP also provides coverage to Dual-Eligible (Medicare/Medi-Cal) populations through the Dual Choice (DSNP) plan. IEHP also provides low-cost health coverage to San Bernardino and Riverside County residents in need of affordable healthcare through California's Health Benefit Exchange (Covered California) with the IEHP Covered plan.

Neighborhood Clinics: Neighborhood Healthcare offers care for more than 100,000 patients—each with their unique needs, challenges, and aspirations. We've been able to offer compassionate, high-quality healthcare to individuals and families, regardless of their circumstances. Whether in rural areas or urban centers, we remain steadfast in our mission to ensure that healthcare is not a privilege, but a right for all. At Neighborhood Healthcare, we understand that health is influenced by more than medical care alone. Environmental factors, social circumstances, and community support all play critical roles in shaping health outcomes. That's why we offer a broad range of services to include not only primary and behavioral health care, but also dental services, pediatric care, addiction treatment, street medicine, women's health, chiropractic services, and more. By providing comprehensive services, we address the full spectrum of our patients' needs and helping them achieve better health in all aspects of their lives. We also made significant strides in expanding access to care. In addition to our ongoing efforts to provide services across Riverside and San Diego Counties, we launched a school-based health center in Perris, California. The facility provides vital medical care to students and their families in a supportive, convenient, and safe environment. By eliminating barriers like transportation, insurance, and time limitations, we are making healthcare more accessible and convenient for those who need it most.



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