

**HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting**

San Mateo Medical Center| Board Room San Mateo
July 12, 2018, 8:30 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER	Brian Greenberg	8:30 AM
B. CHANGES TO ORDER OF AGENDA		8:35 AM
C. PUBLIC COMMENT		8:37 AM
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.		
D. CLOSED SESSION		8:39 AM
1. Closed Session this meeting		
<i>i. Action Item- Request to Approve Credentialing/Privileging list of LIPs</i>		
<i>ii. Program Director evaluation</i>		
E. MEETING MINUTES	Linda Nguyen	TAB 1 9:10 AM
1. Meeting minutes from June 14, 2018		
F. BOARD ORIENTATION		
<i>i. Board Orientation on OSV and Board Evaluations</i>	Linda Nguyen	TAB 2 9:12 AM
<i>ii. LifeMoves staff presentation on services</i>		
G. BUSINESS AGENDA:		
Docs for the following item will be available for review at meeting w/ time for review prior to consideration/action by Board.		
1. Funding Opportunity SUD-MH	Jim Beaumont	9:30 AM
<i>i. Action Item- Request to Approve Application to submit for Funding</i>		
2. Ravenswood Contract Amendments		TAB 3 9:50 AM
<i>i. Action Item- Request to Amend contracts</i>	Jim Beaumont	
3. Sonrsias Contract Amendments	Jim Beaumont	TAB 4 9:55 AM
<i>i. Action Item- Request to Amend contracts</i>		
Docs for the following item will be available for review at meeting w/ time for review prior to consideration/action by Board.		
4. Forms 5A, 5B and 5C	Jim Beaumont	TAB 5 10:00 AM
<i>i. Action Item- Request to Amend forms</i>		
H. REPORTING AGENDA:		
1. Consumer Input/Report back from NHCHC	Linda/Elli	TAB 6 10:05 AM
2. Board sub-committee reports	Linda/Jim	TAB 7 10:20 AM
<i>i. Discussion on meeting time change</i>		
<i>ii. Discussion on members interested in serving on a sub-committee</i>		
3. HCH/FH Program QI Report	Frank Trinh	TAB 8 10:30 AM
4. HCH/FH Program Director's Report	Jim Beaumont	TAB 9 10:40 AM
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 10 10:45 AM
6. Contractors report- First quarter report	Elli/Jim/Linda	TAB 11 10:50 AM
BOARD COMMUNICATIONS AND ANNOUNCEMENTS		
Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.		
OTHER ITEMS		
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)		
<i>Next Regular Meeting August 9, 2018; 9:00 A.M. – 11:00 A.M. Lifemoves shelter</i>		
H. ADJOURNMENT	Brian Greenberg	11:00 AM

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2966 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.smchealth.org/smmc-hfhfh-board>.

TAB 1
Meeting Minutes

Request to Approve

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (June 14, 2018)
SMMC**

Co-Applicant Board Members Present

Brian Greenberg
Dwight Wilson
Kathryn Barrientos
Robert Anderson- Vice Chair
Steven Kraft
Mother Champion
Tayischa Deldridge
Steve Carey
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator
Elli Lo, Management Analyst
Frank Trinh, Medical Director
Sandra Nierenberg, County Counsel

Members of the Public

Madeline Kane - Puente

Absent: Gary Campanile, Adonica Shaw

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9:05</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session Request to Approve C&P list Director's Evaluation	Action item: <i>Request to Approve Credentialing and Privileging List</i>	Motion to Approve C&P list <u>MOVED</u> by Steve K <u>SECONDED</u> by Tay, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from May 10, 2018) were approved. Please refer to TAB 1	Consent Agenda was <u>MOVED</u> by Steve K <u>SECONDED</u> by Kat, and APPROVED by all Board members present.
Board orientation/Evaluation	Discussion : <ul style="list-style-type: none"> • Suggestion to have quick presentations (5-10 minutes) on service provided for homeless , work with Brian on July presentation for Consumer Input • Analysis of Board self-evaluations from consultant • Preparing for site visit and how to prepare 	
BHRS- Request to Amend BHRS contract	BHRS has requested an amendment to the MOU to the contract due to 1) the increasing intensive engagement and subsequent contacts the clients require given their mental health needs over the last few years, and 2) staff changes from community mental health worker retirement, new hire and maternity leave.	Request to Approve AIMS contract <u>MOVED</u> by Kat <u>SECONDED</u> by Mother Champion, and APPROVED by all

	<p>Action item: Request to Amend BHRS contract <i>Please refer to TAB 2 on the Board meeting packet</i></p>	Board members present
<p>Audit - Request to Approve SMMC Audit</p>	<p>Program received notification from the San Mateo County Controller's Office of the issuance of the 2017 Single Audit Report. Per the report, there are no findings. As part of a government entity, an HCH/FH Program is included as a part of San Mateo County's overall Federal Single Audit. In accordance with HRSA requirements, the Co-Applicant Agreement and the Board's Bylaws, the Board has the responsibility and authority to review and accept the audit. The Board may also take action as it deems appropriate to address any concerns raised in the audit.</p> <p>Action item: Request to Approve SMMC Audit <i>Please refer to TAB 3 on the Board meeting packet</i></p>	<p>Request to Approve Change of Scope <u>MOVED</u> by Kat <u>SECONDED</u> by Steve C., and APPROVED by all Board members present</p>
<p>Business Agenda: Strategic plan discussion</p>	<p>Staffing update- working with HR to get the 2 new positions starting soon.</p>	
<p>Reporting Agenda: Consumer Input- NHCHC Report back</p>	<p>Table for next meeting <i>Please refer to TAB 4 on the Board meeting packet</i></p>	
<p>Discussion on NHCHC Opioid letter to Congress</p>	<p>Discussion of Opioid letter that NHCHC drafted for Congress, also asking members to support letter. Discussion on getting the Health system support on letter before acting.</p>	
<p>Board recruitment report Discussion on change of time</p>	<p>Staff shared results of online poll regarding evening time availability of Board members. Discussion about moving Board meeting to alternative times including earlier in the morning as well as lunch meetings. Some Board members were hesitant to move Board meetings to accommodate new Board members, if we don't have anyone who has committed yet.</p>	<p>Staff will send out new poll with more alternative hours</p>
<p>Regular Agenda: HCH/FH Program QI Report</p>	<p>The San Mateo County HCH/FH Program QI Committee met on May 24, 2018. The Patient Satisfaction Surveys for this year were finalized and will be distributed to all contracted agencies in August 2018 after they are translated into Spanish and Tongan. One focus of the upcoming HRSA Operational Site Visit will be establishment of a Diabetes Action Plan with the goal of improving Diabetes management in the Homeless and Farmworker communities. The QI Committee discussed potential elements for San Mateo County's Plan. One proposed element would be expansion of Point-of-Care Hemoglobin A1c testing, which currently is being utilized by the PHPP Mobile Health Clinic. Second, a Nutrition component to the Plan including implementation of the CalFresh Restaurant Program and coordination with the Maple Street Shelter Dietician to target Diabetic shelter residents. Finally, special attention will be paid to the Shelter</p>	

	<p>Homeless and Farmworker populations, which have been identified as disparity groups with regard to Diabetic control. The QI Committee will be tracking referrals to Primary Care from contracted Enabling Services Agencies for the Non-Medical outcome measure.</p> <p><i>Please refer to TAB 5 on the Board meeting packet</i></p>	
<p>Regular Agenda: HCH/FH Program Directors report</p>	<p><u>Staffing</u>- Program has offered the Planning & Implementation Coordinator position and she has accepted. Her current planned start date is July 30, 2018. We are looking at one possible candidate for the Clinical Coordinator position, but are also still soliciting applications. <u>OSV</u>- We have received the official notice for our OSV, including the members of the review team. It is still scheduled for July 24-26th We have arranged through our consultant contract with J Snow to have two (2) experienced consultants perform a partial “mock” OSV in the coming weeks to help us prepare. That may also be followed by some Technical Assistance (TA) provided by HRSA through our Project Officer to further help us prepare. <u>Upcoming Funding Opp</u>- HRSA typically has a funding opportunity announced during the late spring/early summer. Based on information we have received, we expect it to be announced within the next few weeks, with a focus on Substance Abuse and Mental Health, however, we do not have any further specifics. 7 day update- Provided verbal update on hiring Danielle Hull as our Clinical Services Coordinator</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>Preliminary grant expenditures through May 31, 2018, total an estimated \$1,020,304. This will increase slightly as the County processes month-end transactions, but we have included known contractual expenditures (even if they are not yet reflected as an expenditure by the county), and an estimate of routine county monthly charges. Currently, our contracts and MOUs appear to be expending at a rate to reach the mid-to-high 90% utilization. At present, we project to expend 95% of our total grant, with unexpended funds projected to be around \$166,407. Much of this is from the delays in the AIMS effort. This does provide for the possibility of some additional adds for new efforts, adds to contracts, etc., as we get into mid-year.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p>First Quarter- Contractors Report</p>	<p>Table for next meeting</p>	
<p>Adjournment</p>	<p>Time <u>11:05 am</u></p>	<p>Brian Greenberg</p>

TAB 2

**Board
orientation**

**San Mateo County Health Care for the Homeless/Farmworker Health Program
Governing Board Self-Assessment: 2018**

Summary of Responses: N=11

Health Center Governing Boards are an essential part of ensuring excellent health center services. Boards function as a team to represent the community and bring a range of expertise to the governance of the health center. Boards are responsible for establishing the health center mission, guiding strategy, evaluating achievements, ensuring compliance with laws and regulations, setting key policies and hiring evaluating and (if necessary) dismissing the Executive Director. This self-assessment is designed to assist the Governing Board determine areas where it is operating effectively as well as areas needing improvement. The results of the assessment can be used to change Board operations and/or plan for Board education.

Please read the following questions and indicate whether you feel the Board adequately functions in each of these areas. For areas you feel need improvement, please provide recommendations.

Questions	Yes	Needs Improvement	Don't Know	Comments/ Recommendations/ Questions
A. Mission/Purpose				
1.) Board members can articulate and understand the health center's mission?	6	5	0	a. Primary goals of the program have been discussed, but further discussing mission and the future thereof could be useful. b. This is something that should be reviewed.
B. Board Composition				
2.) Board membership is in compliance with the bylaws and section 330 regulations?	7	2	2	a. Education on Section 330 regs would be helpful.
3.) Expertise on the Board is diverse and adequate to carry out responsibilities?	4	7	0	a. Need more input from Farmworkers. Otherwise we are definitely able to carry out responsibilities b. Additional finance and farmworker expertise would be useful.
4.) No Board member is an employee or family member of an employee of the Homeless and Farmworker Health Program or SMMC?	8	0	3	a. I have no way of knowing. I am not an employee and have no family working there.
5.) The Board receives sufficient input from patients?	0	10	1	a) We have consumer advocates and their input is helpful but we have little to no input from patients besides those from Lifemoves. b) Not sure how we gather patient feedback.
C. Board Meetings and Structure				
6.) Board meetings monthly				

with a quorum at each meeting?	10	1	0	No Comments
7.) Appropriate committees are in place and functioning effectively?	8	3	0	a. Committees are functioning but the processes for change are unbearably slow.
8.) Board members evidence commitment by regularly attending Board and committee meetings?	10	1	0	a. This apparently has been an ongoing topic. Meeting time does present its challenges. b. I have difficulty due to my work schedule and could benefit from an alternate meeting schedule/options.
9.) Board meetings start and end on time?	11	0	0	No Comments
10.) Board meetings follow the agenda and are operated under agreed upon rules?	11	0	0	No Comments
11.) Adequate material/information is distributed in advance of meetings and members come prepared to discuss issues?	11	0	0	a. Staff does a great job on this!
12.) Key management staff are present and report at meetings and act as resources for Board decisions?	11	0	0	No Comments
13.) Minutes are recorded and distributed for all Board meetings?	10	1	0	a. Minutes are lacking detail.
Board Development				
14.) The Board has a good process, following the bylaws, for identifying and recruiting new board members?	5	6	0	a. The director of the program and individual board members could be more active in this process.
15.) There is a comprehensive orientation package and process for integrating new members?	9	2	0	a. Given the make-up of the board I believe the process in place is adequate.
16) The Board retains members for their elected term?	7	2	1	One blank response. No Comments
17) Annual training and development opportunities are provided for all Board members?	10	1	0	No Comments
18) The Board conducts a self-assessment at least annually?	7	3	1	a. It is my understanding this is the first self-assessment done by the board.
Board Authority				
19) The Board reviews and				

approves as needed key policies (at least every 3 years): a) Siding fee discount program including any nominal fee (s) b) Billing and collections (fee reduction/waiver and refusal to pay) c) Quality Improvement?	9	1	1	No Comments
20) The Board approves: a) The annual health center program budget b) Grant applications and changes in the Scope of Project c) Services, locations, hours of operation, including decisions to sub-award or contract for services?	9	0	1	One person answered separately for each item as follows: a) Approves Budget – Yes b) Approves Grants and Changes – Yes c) Approves services, locations hours and contracting decisions – No No Comments
21) The Board selects evaluates (and if necessary) dismisses the CEO/Project Director. All other staff are hired by the CEO or her/his delegate?	8	2	1	No Comments
22) The Board evaluates the performance of the health center and ensures appropriate follow-up action related to: a) Project objectives b) Service utilization c) Quality of care d) Efficiency and effectiveness e) Patient satisfaction including patient grievances?	3	5	3	a. The board seems to approve and evaluate programs at the time of the renewal of their grants. I haven't seen a consistent process for program performance.
23) The Board ensures strategic planning is conducted (at least every 3 years) and monitors progress?	8	0	3	No Comments
24) The Board monitors the financial status of the health center?	2	7	2	a. I have heard nothing about this. I am not sure the board is equipped to perform this function.
25) The Board has written policies regarding conflict of interest?	11	0	0	No Comments

Questions for individual Board members

1) Do you feel you have adequate understanding of your obligations, responsibilities and opportunities for growth as a Board member?

Yes 9 No 1 Blank 1 *If no*, What additional information/training would help you to better function as a Board member?

No comments

2) Do you feel you have adequate understanding of the goals of the federal Community Health Center Program and of the health center's mission and long term plans?

Yes 9 No 1 Blank 1

If no, What additional information would help you improve your understanding?

a. Attention on long-term planning would be helpful.

3) What do you feel are **your strongest areas** of expertise based on your background and experience?

Note: Ten (10) board members completed this section.

Budget/Finance 1	Legal Affairs 1	Health (medical/Dental) 4
Community Needs/Affairs 5	Planning 3	Marketing/Public Relations 1
Government Relations 4	Social Services 9	Homelessness 7
Farmworkers 0	Business 2	Managed Care 2
Human Resources& Labor Relations 2	Public Relations 0	Social Media 1
Law Enforcement 4	Fundraising 4	
Other (specify) None specified		

4) What area of skill/expertise and background do you think the Board could use most?

Note: Ten (10) board members completed this section.

Budget/Finance 8	Legal Affairs 2	Health (medical/Dental) 2
Community Needs/Affairs 3	Planning 2	Marketing/Public Relations
Government Relations 4	Social Services 3	Homelessness 3
Farmworkers 6	Business 1	Managed Care 2
Human Resources& Labor Relations 1	Public Relations 0	Social Media 5
Law Enforcement 0	Fundraising 2	
Other (specify) None specified		

**San Mateo County Health Care for the Homeless/Farmworker Health Program
(HCH/FH Program)
2018 Governing Board Self-Assessment**

**Observations and Recommendations
Prepared by: Patricia Fairchild, John Snow Inc.**

General Observations:

1. All board members (N=11) completed the self-assessment, although a few answers were left blank.
2. Question 4 in the second section of the assessment asks “What area of skill/expertise and background do you think the Board could use most?” It was unclear from the answers whether people were answering this question to note the expertise they felt was currently missing from the board or what the board needs overall and may currently have in place. For future assessments, the question could be clarified to be “What area of skill/expertise do you think are missing from current board membership?”
3. Also in the second section of the assessment, questions 3 and 4 list both Public Relations and Marketing/Public Relations as areas of expertise. One should be removed.

Assessed Strengths:

Board meetings and structure (e.g. material provided, attendance, following the agenda etc.) were rated very highly with 10-11 members responding “yes” to most questions in this section (Q. 6-13). The only area for possible improvement may be in how committees are functioning.

Assessed as Needing Improvement:

Two key areas needing improvement were cited by most members.

1. Board member expertise. Farmworker expertise was noted as a significant gap both in the section on board composition (Q.3) as well as the section asking board members what expertise the board needed. No members responded that they currently have expertise related to farmworkers. To a lesser extent, budgeting and finance expertise were cited as gaps, although some members responded that they have this expertise.

Comment/recommendation: As a recipient of funding to serve farmworkers, HCH/FH Program is required to have at least one board member who represents the farmworker population. The person may be a farmworker, retired farmworker, farmworker family member or a person who provides services and/or advocates for farmworkers. The board understands and agrees with this requirement but has had difficulty identifying and recruiting members with knowledge and/or experience related to farmworkers. Some possible strategies for recruiting someone with this expertise include:

- Talk to health centers in neighboring counties that serve farmworkers about their successful recruitment strategies. Salud Para La Gente in Watsonville, CA has a large farmworker population and several board members from the farmworker community.
- Identify other San Mateo County agencies (public and private) that may work with farmworkers such as agricultural, labor, education, and legal service units. Have staff contact them about staff or clients who maybe interested in serving on the board.
- Examine course offerings at local colleges to see if any faculty or instructors have knowledge about farmworker communities.

- Discuss with agencies or potential members the best times for them to attend Board meetings. Even though difficult under the Brown Act, explore ways to enable people to participate by phone if located at a distance from meeting locations.
- As a last resort, consider requiring any agency that receives funding from the program to serve farmworkers to identify potential board members.

Recruiting members with budgeting/finance expertise is an on-going consideration. However, because the HCH/FH Program currently has this expertise, recruiting additional members does not have the same priority as recruitment for farmworker expertise. Most health center boards typically have 2-3 members with financial expertise.

2. Patient input. Ten (10) members indicated that they do not feel the board gets sufficient input from patients (Q.10). The other member was unsure.

Comment/recommendation: While board members universally perceive this as an area needing improvement, the HCH/FH Program does currently receive input from patients and is in compliance with the HRSA waiver for having a patient majority on the board.. However, the board clearly wants to hear more from patients. Two additional approaches are recommended to augment information currently provided.

- Conduct focus group or individual in-depth interviews with patients to augment the needs assessment that is already conducted. This could be done either by program staff or, if resources permit, by consultants experienced in interviewing diverse populations.
- Consider establishing patient advisory board(s): Advisory boards have some advantages such as: they can be scheduled less frequently and at different times than the governing board to encourage participation; if allowed by the County, they could potentially include people living outside San Mateo County to expand the pool of potential members; they can focus on very specific issues of interest to members (i.e. they do not have to fulfill the same required functions that the governing board must address); they can serve as a recruitment pool for governing board members. Challenges related to advisory boards include: to succeed, they require staff support almost at the same level as a governing board (e.g.for maintaining membership, organizing, preparing and recording meetings); members may lose interest if they do not see their input directly impacting the program or policies

A few other areas were assessed as needing improvement by several members but were not universally rated as needing improvement. These issues could be further discussed in board meetings to determine the needs for additional action.

- Mission/purpose of the program
- Board member recruitment
- Evaluating the program on an on-going basis including financial status.

BOARD PURPOSE

The Board is the consumer- and community-oriented board whose role it is under regulations applicable to these grants from HRSA to provide guidance and oversight of the Program funded by these grants. As outlined in these Bylaws and in the County of San Mateo Ordinance creating the Board, the Board shall set priorities for the Program, assist and advise the Program in promoting its goals, provide input and feedback to generally advise the development, implementation, and evaluation of the Program, and act as the governing board of the Program (in coordination with the Board of Supervisors of the County of San Mateo and the SMMC Board of Directors).

HCH/FH MISSION:

The mission of the HCH/FH Program is to serve homeless and farmworker individuals and families by providing access to comprehensive health care, in particular, primary health care, dental health care, and behavior health services in a supportive, welcoming, and accessible environment

To prepare for upcoming site visit (July 24-26th), be familiar with the following documents:

- Co-applicant Agreement: established the Co-applicant Board, shared responsibility between BOS
- Bylaws: describes Boards purpose and responsibilities, including membership, office etc.
- Compliance manual link (new)- formerly 19 program requirements
<https://bphc.hrsa.gov/programrequirements/compliancemanual/introduction.html>
- Site visit protocol (new) - <https://bphc.hrsa.gov/programrequirements/svprotocol.html>

Board Approve/review:

- Forms 5A and 5B- description of scope of services, sites and hours of operation approve annually
- Sliding fee discount policy: to ensure that there are no barriers to care, updated annually to reflect FPL
- Billing and collections policy: specifically waiving/reducing fees and, if applicable, limiting/denying service for refusal to pay.
- QI process- evaluate the performance of the health center based on QI and other information to assess; conducted by quarterly reports of contractors. Approving annual QI plan from committee.
- Board Director evaluation- Evaluate the performance of Board Director annually
- Budget and grant applications- Review and approve annually
- Strategic Plan – method for Board to provide direction for long range planning

Filling vacancies- selecting voting members by majority vote, and removing voting members pursuant to the ordinance of the County of San Mateo Board of Supervisors that established the Board and as permitted by these Bylaws.

TAB 3
Request to
Amend
Ravenswood
contracts

DATE: July 12, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT AMENDMENTS FOR RAVENSWOOD FAMILY HEALTH CENTER

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

Program currently has two (2) contracts with Ravenswood Family Health Center (RFHC) for Primary Care and Dental Services for the Homeless in East Palo Alto.

The proposed administrative amendment clarifies that RFHC (1) agrees to provide evidence that its Credentialing and Privileging policies and procedures are in accordance to Bureau of Primary Health Care (BPHC) requirements and (2) agrees to provide evidence that demonstrate compliance with the statutory and regulatory requirements of the Health Center Program. This change was recommended by our mock site visit consultant, who has reviewed the clinical service contracts and provided suggestions.

Included with this request are the Exhibit A & Exhibit B documents with proposed administrative amendments for both Primary Care and Dental Services.

This request is for the Board to approve the proposed Exhibit A & Exhibit B for the contract with RFHC. It requires a majority vote of the Board members present to approve this action.

Attachments:

- Exhibit A & B for RFHC Primary Care Services Amendment
- Exhibit A & B for RFHC Dental Services Amendment



Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless (HCH) Program is contracting with Ravenswood Family Health Center (RFHC) to provide primary health care services to individuals who are homeless in San Mateo County.

Ravenswood Family Health Center will provide primary health care services to a minimum of **700 unduplicated homeless individuals** for a total of at least **2,100 visits**. At least 75% of the homeless individuals served each contract year will be living in shelters, transitional housing or on the street.

The primary health care services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

OBJECTIVE 1: Provide access to primary health care services to at least 700 individuals each contract year who qualify as homeless in San Mateo County for a total of 2,100 visits.

Outcome Measure 1.A: 100% of the homeless adults served each contract year will receive a comprehensive health screening for chronic diseases and other health conditions including hypertension, tobacco, drugs and alcohol, diabetes, obesity, STI, TB and, in those patients who provide consent, HIV. All women will be offered gynecological screenings and referred as age and/or risk appropriate for a mammogram.

Outcome Measure 1.B: At least 300 homeless individuals served within each contract year will receive behavioral health screenings using a behavioral health assessment tool as a guide and will receive continued counseling with the behavioral health professional based on their assessment and identified concerns that the client would like to address.

OBJECTIVE 2: Provide prenatal care for homeless women.

Outcome 2.A: At least 70% of pregnant homeless patients will receive their prenatal care during their first trimester.

OBJECTIVE 3: Provide ongoing primary health care to homeless individuals diagnosed with hypertension.

Outcome 3.A.: At least 65% of homeless patients with diagnosed hypertension will have most recent blood pressure levels less than 140/90.

OBJECTIVE 4: Provide ongoing primary health care services to homeless individuals diagnosed with either Type I or Type II diabetes.

Outcome 4.A: At least 60% of homeless patients diagnosed with Type I or Type II diabetes will have HbA1c levels less than 9%.

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from RFHC during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. **This may include data for homeless individuals for whom the Contractor is not reimbursed.** The contractor will also assess and report each individual's farmworker status as defined by BPHC.

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported on a quarterly basis.

RFHC must provide services listed under RFHC's HRSA Form 5A Scope of Services.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice do not match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc., the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

On execution of contract, provide a copy of RFHC's Form 5a Scope of Services. Provide written updates within 30 days of any changes of services listed in Form 5A.

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Contractor agrees to provide evidence that its Credentialing and Privileging policies and procedures are in accordance to Bureau of Primary Health Care (BPHC) requirements.

Contractor agrees to provide evidence that demonstrate compliance with the statutory and regulatory requirements of the Health Center Program.

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

The following are the contracted reporting requirements that **the HCH/FH Program** must fulfill:

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

- A. County shall pay Contractor at a rate of \$153.00 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum per contract year of 700 individuals, and limited as defined in Exhibit A.
- B. Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Program Director.

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Ravenswood Family Health Center to provide dental services for homeless individuals.

Ravenswood Family Health Center will provide preventive and restorative dental services including examinations, prophylaxis, fillings, crowns, prosthetics, x-rays, and other general dental services to at least **275 unduplicated homeless individuals** for a total of **780 dental visits**. A minimum of 100 of the homeless individuals are to be adults (over the age of 18 at the time services are initiated). A minimum of 20 homeless individuals will be provided with Major Restorative services as defined below. Referrals for patients requiring more specialized care such as oral surgery, periodontal services, and endodontic care will be coordinated by Ravenswood staff to either private offices or San Francisco dental schools. Coordination may include scheduling, transportation, and translation services as needed.

Treatment Plan Priorities:

- Alleviate pain
- Restore function
- Prevent further disease
- Consider esthetic results

Diagnostic and Preventive:

- Exam and evaluation
- Routine Cleaning
- Digital imaging (FMX on all new patients)
- Digital imaging of problematic area
- Fluoride treatment (as recommended)
- Dental Education
- Sealants (for children)
- Palliative treatment for dental pain

Basic Services:

- Composite and amalgam fillings
- Extractions
- Temporary crowns
- Stainless steel crowns

Major Restorative:

Qualification for removal prosthetics: 1) no teeth, 2) no posterior occlusion, 3) missing front teeth.

Full Dentures – If the arch is edentulous or teeth needing extraction will cause the arch to become edentulous

Partial Dentures with Metal Framework – If three (3) or more teeth are missing in the same posterior quadrant and limited occlusion on the opposing bi-lateral quadrant

Acrylic-Base Stay plate (Flipper) – If one (1) to four (4) teeth are missing or if the needing of an extraction will cause them to be missing

The dental services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

OBJECTIVE 1: Provide access to dental health services to at least 275 individuals who qualify as homeless in San Mateo County for a total of 780 dental visits.

Outcome Measure 1.A: Each patient will be scheduled for a series of appointment to complete their treatment plan. Support completion of treatment plans through clear explanations of time and appointments required for completion, quadrant by quadrant treatment and enabling services.

Outcome Measure 1.B: Each patient's progress on their dental plan will be tracked, with a goal to make significant progress in their treatment plans. At least 50% of homeless dental patients will complete their treatment plans, determined from patient's initial oral assessment, within the grant year.

OBJECTIVE 2: Provide comprehensive dental health screenings for each homeless individual in order to establish an individualized dental treatment plan for each patient.

Outcome 2.A: At least of 80% of the patients will receive comprehensive oral health screenings and have documented treatment plans.

OBJECTIVE 3: Provide dentures for homeless patients who need them to improve eating and speaking abilities and appearances.

Outcome 3.A: Provide treatment in preparation for dentures, take impression, provide fittings, and educate patients on denture care. Explain the three to four step denture process and provide enabling services and standby appointment access to support completion of the process.

Outcome 3.B: Of the homeless patients who need dentures, at least 50% will complete their denture treatment plan and have dentures delivered within the grant year.

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from RFHC during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. **This may include data for homeless individuals for whom the Contractor is not reimbursed.** The contractor will also assess and report each individual's farmworker status as defined by BPHC.

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported on a quarterly basis.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly

- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice do not match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc., the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Contractor agrees to provide evidence that its Credentialing and Privileging policies and procedures are in accordance to Bureau of Primary Health Care (BPHC) requirements.

Contractor agrees to provide evidence that demonstrate compliance with the statutory and regulatory requirements of the Health Center Program.

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

The following are the contracted reporting requirements that **the HCH/FH Program** must fulfill:

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.

4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

- A. County shall pay Contractor at a rate of \$199.00 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum per contract year of 275 individuals, and limited as defined in Exhibit A.
- B. Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Program Director.

TAB 4
Request to
Amend
Sonrisas
contract

COUNTY OF SAN MATEO
HEALTH SYSTEM

DATE: July 12, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT AMENDMENT FOR SONRISAS DENTAL HEALTH INC.

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

Program currently has a contract with Sonrisas Dental Health Inc. (Sonrisas) for Dental Services for the Farmworkers and their family in Pescadero.

The proposed administrative amendment clarifies that Sonrisas agrees to provide evidence that its Credentialing and Privileging policies and procedures are in accordance to Bureau of Primary Health Care (BPHC) requirements. This change was recommended by our mock site visit consultant, who has reviewed the clinical service contracts and provided suggestions.

Included with this request are the Exhibit A & Exhibit B documents with proposed administrative amendments for Sonrisa's Dental Services.

This request is for the Board to approve the proposed Exhibit A & Exhibit B for the contract with Sonrisas. It requires a majority vote of the Board members present to approve this action.

Attachments:

- Exhibit A & B for Sonrisas Dental Services Amendment



Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Sonrisas Dental Health Inc. (Sonrisas) will provide dental services for farmworkers and farmworker family members. Sonrisas will provide preventive and restorative dental services, including examinations, prophies, fillings, crowns, prosthetics, x-rays, periodontal deep cleanings and other general dental services as described in Diagnostic and Preventative, and Basic Services below, to at least **115 unduplicated farmworkers or farmworker family members** for a total of **460 dental visits** during the term of the Agreement. A minimum of 15 farmworkers or farmworker family members will be provided with Major Restorative Services as defined below. Referrals for patients requiring more specialized care such as oral surgery, periodontal services, and endodontic care will be coordinated by Sonrisas staff to either private offices or San Francisco dental schools. Coordination may include scheduling, transportation, and translation services as needed.

A minimum of **98** of the farmworkers or farmworker family members are to be adults (over the age of 18 at the time services are initiated). A minimum of **104** farmworker or farmworker family members will be from the Pescadero, California area.

Treatment Plan Priorities:

*Alleviate pain
Restore function
Prevent further disease
Consider esthetic results*

Diagnostic and Preventative:

*Exam and evaluation
Routine cleaning
Digital imaging
Dental education
Palliative treatment for dental pain
Periodontal deep cleaning*

Basic Services:

*Composite and amalgam fillings
Extractions
Temporary Crowns
Stainless steel crowns*

Major Restorative:

Qualification for removal prosthetics: 1) no teeth, 2) no posterior occlusion, 3) missing front teeth

Full Dentures – *If the arch is edentulous or teeth needing extraction will cause the arch to become edentulous*

Partial Dentures with metal framework – *If three or more teeth are missing in the same posterior quadrant and limited occlusion on the opposing bi-lateral quadrant*

Acrylic-Base stay plate (Flipper) – *If one to four anterior teeth are missing in the same arch, or if the needing of an extraction will cause them to be missing*

Sonrisas will coordinate their effort under this Agreement with Puente de la Costa Sur, the core service agency in Pescadero, California, to outreach and identify farmworkers primarily from the Pescadero area for potential services under this Agreement.

The dental services to be provided by Sonrisas will be implemented as measured by the following objectives and outcome measures.

Objective 1: *Provide access to dental health services to a minimum of 115 individuals who qualify as farmworkers or farmworker family members in San Mateo County for a minimum total of 460 visits during the term of this Agreement.*

Outcome Measure 1.A: Each patient receiving services under this contract will receive a full dental examination, cleaning and a written dental treatment plan.

Outcome Measure 1.B: Each patient will be scheduled for a series of appointments to complete their treatment plan. Sonrisas will schedule patients for services.

Outcome Measure 1.C: Each patient's progress on their dental plan will be tracked, with the goal to make significant progress in their treatment plans. At least 50% of dental patients will complete their treatment plans within the twelve-month period.

Objective 2: *Provide routine and comprehensive dental services (diagnostic and preventive, and basic services as outlined above), to at least 115 individual farmworkers or farmworker family members resulting in improved overall health status.*

Outcome Measure 2.A: At least 85% of patients will attend their scheduled treatment plan appointments.

Outcome Measure 2.B: At least 85% of patients will have improved oral health

Objective 3: *Provide major restorative (as previously outlined). Replace missing teeth with dentures to restore full function and improve self-esteem for a minimum of 15 farmworkers or farmworker family members.*

Outcome Measure 3.A: All extractions necessary before denture treatment can begin will occur within three months of the initial visit.

Outcome Measure 3.B: At least 75% of the individuals will complete their denture treatment plan and have dentures delivered within the contract period.

Objective 4: To ensure continuity of care and, if needed, referrals to other health services.

Outcome Measure 4.A: Identify each patient's medical primary care provider during dental evaluations.

Outcome Measure 4.B: Provide referrals to Primary Care services to 95% of patients who do not have a medical primary care provider.

Objective 5: Provide deep cleaning to patients in need.

Outcome Measure 5.A. Document the number of patients receiving deep cleaning with the number of quadrants.

RESPONSIBILITIES:

Data Reporting

All demographic information as defined by the HCH/FH Program will be obtained from each farmworker or farmworker family member individual receiving dental services from Sonrisas during the reporting period. All encounter information as defined by the HCH/FH Program will be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH

Program with a monthly invoice. **This may include data for farmworker or farmworker family members for whom the Contractor is not reimbursed.** The Contractor will also assess and report each individual's homeless status as defined by Bureau of Primary Health Care.

Reporting requirements: Monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

- A **monthly invoice** detailing the contract services delivered in the previous month will be submitted to the HCH/FH Program by the 10th day of the following month. Invoices shall be sufficiently detailed to allow for tracking as maybe necessary.
- **Quarterly reports** providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th day of the month following the completion of each calendar quarter throughout the contract.
- If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, Contractor shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.
- Any **revenue** received from services provided under any HCH/FH contract must be reported.

Site visits will occur at least annually, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- a. Lack of timely reporting, especially repeatedly
- b. Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- c. Ongoing difficulties in scheduling routine site visits
- d. Complaints or reports that raise concerning issues; etc;

The HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Meetings/activities:

- Participate in planning and quality assurance activities/meetings related to the HCH/FH Program.
- Participate in HCH/FH Provider Collaborative Meetings and other workgroups.
- Participate in County and community activities that address farmworker issues.
- Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

All HRSA/ BPHC reporting requirements as may be designated. If Contractor charges patients for contract services, a **sliding fee scale policy** must be in place, and must be submitted to the HCH/FH Program for review.

[Contractor agrees to provide evidence that its Credentialing and Privileging policies and procedures are in accordance to Bureau of Primary Health Care \(BPHC\) requirements.](#)

The following are the contracted reporting requirements that **the HCH/FH Program** must fulfill:

1. Monitor Sonrisas's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Perform at least one (1) site visit during the contract year to assess program operations, review data collection and case files, and validate program submissions.
5. Provide technical assistance to Contractor on the HCH/FH Program, or in support of this contract, as needed.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor at a rate of \$1,145.00 for each unduplicated farmworker or farmworker family member invoiced for contract services during the term of this Agreement, up to the maximum of 115 unduplicated individuals, and limited as defined in Exhibit A for "unique unduplicated," age, location and service level.

Contractor will invoice the HCH/FH Program by the 10th day of the month after rendered services with the number of farmworker individuals and encounters for the previous month.

TAB 5
Request to
Amend
Forms 5A,
5B & 5C

DATE: July 12, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE HCH/FH PROGRAM FOR FORMS 5A – SERVICES, FORM 5B – SITES, & FORM 5C – OTHER ACTIVITIES & LOCATIONS

Under the Bylaws Article 3.E, the Board has the authority and responsibility to set the scope and availability of services to be delivered by and the location and hours of operation of the Program. This responsibility is also represented by HRSA Program Requirements #2 – Required and Additional Services, and Requirement #16 – Scope of Project.

Based on discussions with consultants and HRSA TA representatives, we are proposing a modification to Form 5A and FORM 5C. Based on the upcoming change of address for the Daly City Youth Health Center, we are proposing a modification to Form 5B.

On Form 5A, we are recommending the removal of all indicators under Service Delivery Methods in Column III. Formal Written Referral Arrangement (Health Center DOES NOT Pay). All of the items currently checked in Column III under Required Services are provided under Columns I & II. They have been marked in Column III since at least 2009 and there is no certainty that there still is such a written agreement. Since they are otherwise provided for in Columns I & II, there is no need to check them in Column III and try and find and track on an ongoing basis any such arrangements.

After discussion with various consultants, we have determined that the Street Medicine Program should be called out specifically on Form 5C, as it is not routinely delivered at a fixed site (which location would then appear on Form 5B).

Daly City Youth Health Center is moving to a new, larger address in Daly City, a few blocks from its current site. Appropriate documents have been filed with HRSA for the change in address on Form 5B. We are requesting the Board's approval of the change of address.

Attached are the updated Form 5A – Services, Form 5B – Sites, and Form 5C – Other Activities and Locations.

This request is for the Board to review and accept the updated Forms. Approval of this item requires a majority vote of the Board members present.

Attachments:

- HCH/FH Form 5A (revised and current from 2017)
- HCH/FH Form 5B



Self Updates: Services details

▼ H80CS00051: SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA

Grant Number: H80CS00051

BHCMS ID: 091140

Project Period: 11/1/2001 - 12/31/2019

Budget Period: 1/1/2017 - 12/31/2017

Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	
Diagnostic Radiology	X	X	
Screenings	X	X	
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning	X	X	
Immunizations	X	X	
Well Child Services	X	X	
Gynecological Care	X	X	
Obstetrical Care			
Prenatal Care	X	X	
Intrapartum Care (Labor & Delivery)	X	X	
Postpartum Care	X	X	
Preventive Dental	X	X	
Pharmaceutical Services	X	X	
HCH Required Substance Abuse Services	X	X	
Case Management	X	X	
Eligibility Assistance	X	X	
Health Education	X	X	
Outreach	X	X	
Transportation	X	X	
Translation	X	X	

Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X	X	
Behavioral Health Services			
Mental Health Services	X	X	
Optometry	X		
Environmental Health Services	X		
Occupational Therapy	X		
Physical Therapy	X		
Nutrition	X		
Additional Enabling/Supportive Services			

Speciality Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Podiatry	X		
Psychiatry	X		
Ophthalmology	X		
Cardiology	X	X	
Dermatology	X	X	
Gastroenterology	X		
Other - Orthopedics	X		
Other - Hepatology	X		
Other - Neurology	X		

Close Window

 **Self Updates: Services details**

▼ **H80CS00051: SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA**

Grant Number: H80CS00051

BHCMS ID: 091140

Project Period: 11/1/2001 - 12/31/2019

Budget Period: 1/1/2017 - 12/31/2017

Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	
Diagnostic Radiology	X	X	
Screenings	X	X	
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning	X	X	
Immunizations	X	X	
Well Child Services	X	X	
Gynecological Care	X	X	
Obstetrical Care			
Prenatal Care	X	X	
Intrapartum Care (Labor & Delivery)	X	X	
Postpartum Care	X	X	
Preventive Dental	X	X	
Pharmaceutical Services	X	X	
HCH Required Substance Abuse Services	X	X	X
Case Management	X	X	X
Eligibility Assistance	X	X	
Health Education	X	X	
Outreach	X	X	
Transportation	X	X	
Translation	X	X	

Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X	X	
Behavioral Health Services			
Mental Health Services	X	X	
Optometry	X		
Environmental Health Services	X		
Occupational Therapy	X		
Physical Therapy	X		
Nutrition	X		
Additional Enabling/Supportive Services			X

Specialty Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Podiatry	X		
Psychiatry	X		
Ophthalmology	X		
Cardiology	X	X	
Dermatology	X	X	
Gastroenterology	X		
Other - Orthopedics	X		
Other - Hepatology	X		
Other - Neurology	X		

[Close Window](#)

 **Self Updates: Site details**

▼ **H80CS00051: SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA**

Grant Number: H80CS00051

BHCMS ID: 091140

Project Period: 11/1/2001 - 12/31/2019

Budget Period: 1/1/2017 - 12/31/2017

Site Id: BPS-H80-001373

Site Information			
Site Name	SOUTH SAN FRANCISCO CLINIC	Physical Site Address	306 SPRUCE STREET, SOUTH SAN FRANCISCO, CA 94080-2741
Site Type	Service Delivery Site	Site Phone Number	(650) 877-7070
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	11/01/1999	Site Operational Date	01/10/1999
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)	94080
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Site Id: BPS-H80-000552

Site Information			
Site Name	COASTSIDE MENTAL HEALTH CENTER	Physical Site Address	225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019-8200
Site Type	Service Delivery Site	Site Phone Number	(650) 726-6369
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	05/01/1998	Site Operational Date	05/01/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site	

		Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94019		

Site Id: BPS-H80-000785

Site Information			
Site Name	CENTRAL COUNTY MENTAL HEALTH CTR	Physical Site Address	1950 Alameda de las Pulgas, San Mateo, CA 94403
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3571
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	07/31/2004	Site Operational Date	07/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94403, 94402, 94401		

Site Id: BPS-H80-006870

Site Information			
Site Name	Coastside Health Center	Physical Site Address	225 Cabrillo Hwy, Suite 100A, HALF MOON BAY, CA 94019
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3941
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1998	Site Operational Date	01/05/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94019		

Site Information			
Site Name	NORTH COUNTY MENTAL HEALTH	Physical Site Address	375 89th St, Daly City, CA 94015-1802
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8650
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	07/31/2004	Site Operational Date	07/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	

Site Id: BPS-H80-005206

Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94015		

Site Id: BPS-H80-009159			
Site Information			
Site Name	sequoia teen wellness center	Physical Site Address	200 JAMES AVE, REDWOOD CITY, CA 94062-5123
Site Type	Service Delivery Site	Site Phone Number	(650) 261-3710
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	11/05/2009	Site Operational Date	04/01/2009
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94062		

Site Id: BPS-H80-004460			
Site Information			
Site Name	DALY CITY YOUTH HEALTH CENTER	Physical Site Address	2780 Junipero Serra Blvd, Daly City, CA 94015-1634
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1992	Site Operational Date	01/01/1990

FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 94015

Site Id: BPS-H80-000595

Site Information

Site Name	39th Avenue Campus - Outpatient Clinics	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2222
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1994	Site Operational Date	01/01/1970
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)

Site Id: BPS-H80-002922

Site Information			
Site Name	MAPLE STREET SHELTER	Physical Site Address	1580 A MAPLE STREET, REDWOOD CITY, CA 94603-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 364-4664
Web URL	www.shelternetwork.com		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/07/2006	Site Operational Date	01/07/2006
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Contractor		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
Shelter Network of San Mateo County	1450 Chapin Ave, Burlingame, CA 94010-4044	77-0160469	
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94063		

Site Id: BPS-H80-001005

Site Information			
Site Name	HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION	Physical Site Address	225 37th Ave Mental Health Services-3rd Floor, San Mateo, CA 94403-4324
Site Type	Administrative	Site Phone Number	(650) 573-2541
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/03/2001	Site Operational Date	01/03/2001
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40

Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94403		

Site Id: BPS-H80-005448

Site Information			
Site Name	Fair Oaks Health Center	Physical Site Address	2710 Middlefield Rd, Redwood City, CA 94063-3404
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4602
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1988	Site Operational Date	01/01/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94063		

Site Id: BPS-H80-005524

Site Information			
Site Name	DALY CITY CLINIC	Physical Site Address	380 90th St, Daly City, CA 94015-1807
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8600

Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1996	Site Operational Date	01/05/1996
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94015		

Site Id: BPS-H80-003064

Site Information			
Site Name	RON ROBINSON SENIOR CARE CENTER	Physical Site Address	222 W. 39TH AVE, S-131, SAN MATEO, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2426
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/03/2004	Site Operational Date	01/03/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	

No Subrecipient or Contractor information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-005388

Site Information

Site Name	SOUTH COUNTY MENTAL HEALTH	Physical Site Address	802 BREWSTER AVE, REDWOOD CITY, CA 94063-1510
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4111
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1992	Site Operational Date	01/01/1992
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 94063, 94061

Site Id: BPS-H80-008946

Site Information

Site Name	HCH Mobile Dental Clinic	Physical Site Address	795 Willow Rd, Menlo Park, CA 94025-2539
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2651
Web URL	www.co.sanmateo.ca.us		
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	06/29/2009	Site Operational Date	07/01/2010
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	

FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	16
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 94025

Site Id: BPS-H80-011967

Site Information

Site Name	HCH Mobile Dental Van	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2561
Web URL			
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	08/15/2012	Site Operational Date	08/15/2012
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	20
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 94061, 94080, 94063, 94401, 94019, 94403

Site Id: BPS-H80-004798

Site Information

Site Name		Physical Site Address	
Site Type		Site Phone Number	
Web URL			
Location Type		Site Setting	
Date Site was Added to Scope		Site Operational Date	
FQHC Site Medicare Billing Number Status		Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	
Saved Months of Operation			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by			

Site Name	EDISON CLINIC	Physical Site Address	222 W 39th Ave, S-130, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2358
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1987	Site Operational Date	01/01/1987
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-005603

Site Information

Site Name	South County Community Health Center (Db; Ravenswood Family Health Center)	Physical Site Address	1798 BAY RD, EAST PALO ALTO, CA 94303-1611
Site Type	Service Delivery Site	Site Phone Number	(650) 330-7400
Web URL	www.ravenswoodfhc.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/01/2003	Site Operational Date	12/01/2003
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	551946
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	62
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	

Site Operated by	Contractor		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
South County Community Health Center (Dbas; Ravensw	1798 Bay Rd, Palo Alto, CA 94303-1611	94-3372130	
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94303, 94025		

Site Id: BPS-H80-003782

Site Information			
Site Name	MOBILE HEALTH CLINIC	Physical Site Address	225 37th Ave, San Mateo, CA 94403-4324
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2786
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1996	Site Operational Date	07/01/1994
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
Service Area Zip Code (Include only those from which the majority of the patient population will come)			
Saved Service Area Zip Code(s)	94061, 94098, 94065, 94019, 94401, 94063, 94066, 94060, 94096, 94064, 94067, 94402, 94403, 94083		

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TAB 6
Consumer
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DATE: June 14, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Linda Nguyen, HCH/FH Program Coordinator and Elli Lo, Management Analyst

SUBJECT: 2018 National Health Care for the Homeless Conference & Policy Symposium attendance in Minneapolis, Minnesota

Attendance at this year's National Health Care for the Homeless Conference & Policy Symposium was well attended by Program staff (Linda and Elli), Board members (Kat and Tay) as well as Denise Chun, social worker from San Mateo Medical Center.

In an effort to formalize the sharing of Conference knowledge, staff, Board members and non-staff that were approved for conference will share their experience during this meeting and July/August.

Some of the workshops attended by Linda and Elli:

- Demonstrating the Value and Impact of Health Care for the Homeless through Data Trends
- Best Practices for Shelter Based Care
- Health Resources & Services Administration Update
- Partnership between Health Plan, Hospitals and Homeless Service Agency to House the Most Vulnerable
- **Milieu Mastery at Medical Respite—Strategies to Maximize Patient Success**
- What's new in homeless health care? A no-jargon summary of the latest research
- What's Trending: A Space for Administrators to Vent about HCH Issues
- Beyond the Emergency of Homelessness: Planning and Responding Strategically to Disasters & Emergencies
- What is an Ideal Health System Partner? A Health System's Journey to Create and Implement a Healthcare for the Homeless Scorecard
- Slowing the Revolving Door: Hospitals and Homeless Services Collaboration to Disrupt the Hospital-Homeless Cycle
- **Beyond the Medical Model: Managing Diabetes and Chronic Disease through a Social Determinants Lens**
- They work for US! – Congressional Advocacy 101 for the HCH Community
- The Road to Meeting the National Medical Respite Standards
- Point of Care Ultrasound in Homeless Medicine: A Practice Changing, Patient Centered Tool

Link to archived materials: <https://www.nhchc.org/hch2018-archived-session-materials/>

Attached- report back on conference by Staff Linda Nguyen and Elli Lo, and SMMC social worker Denise Chun



2018 National Health Care for Homeless Conference- MN 2018

Write up by Linda Nguyen

Workshop:

Beyond the Medical Model: Managing Diabetes and Chronic Disease through a Social Determinants Lens

a. Who were the speakers of interest, their backgrounds & expertise?

- Lauryn Berner, MSW, MPH (Project Manager, NHCHC)
- Darlene M. Jenkins, DrPH (Senior Director of Programs, National Health Care for the Homeless Council)
- Lawanda Williams (Director of Housing Services, Health Care for the Homeless)
- Eowyn Rieke, MD, MPH (Associate Medical Director of Primary Care, Central City Concern)
- Derek A Winbush, n/a (NCAB Co-Chair, Boston Health Care for the Homeless)
- Pascale L Leone (Associate Director, CSH)

b. What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?

Individuals experiencing homelessness have a high burden of chronic diseases, including diabetes. Social and environmental factors influence the management of chronic conditions as individuals may not have access to nutritious foods, appropriate medication, and transportation to a health care provider. Additionally, individuals who are homeless may lack a safe, sanitary place to use and store their medication. Health Care for the Homeless providers are in the unique position to address these social and environmental factors to help their consumers manage their own health. This session will highlight lessons learned from health centers who are emphasizing diabetes self-management among their patients.

c. How does this connect to your work with the homeless and/or farmworker populations, and with the HCH/FH Program?

The work I conduct related to UDS reporting as well as to the QI Committee ensuring that our clinical measures are meeting national standards and improving.

d. What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicant Board and Program Staff?

Examples of recommendations we can use to add to our Diabetes plan required for upcoming site visit, such as:

- Trainings -DEEP (Diabetes empowerment education program) programs- is a diabetes self-management curriculum that has been shown to be successful in helping participants take control of their disease and reduce the risk of complications. DEEP™ was developed for use in low-income, racial and ethnic minority populations. It includes a training-of-trainers curriculum designed to engage community residents.
<https://mwlatino.uic.edu/program-description-2/>
- Medication management/adherence
- Exploring nutrition and the food that is available to patients, pantries, shelters and food centers
- Motivational talking- what matters to patients, identify with them on what is important and tie to adhering to their care plan, get on clients agenda to understand priorities, figure out top 5 priorities

Powerpoint copy: https://www.nhchc.org/wp-content/uploads/2018/05/beyond-the-medical-model_csh-5-16.pdf

2018 National Health Care for the Homeless Conference & Policy Symposium
Write up by Elli Lo

Milieu Mastery at Medical Respite—Strategies to Maximize Patient Success

a. Who were the speakers of interest, their backgrounds & expertise?

- Leslie Enzian, MD (Medical Director, Edward Thomas House Medical Respite Program, Harborview Medical Center and Attending Physician, Pioneer Square Clinic, Harborview Medical Center)
- Sarah W Ciambrone, MS (Director of Clinical Innovations, Boston Health Care for the Homeless Program)

b. What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?

- Factors influencing the social environment at medical respite center: organization, environment, practices and individual
- Active substance use disorders, uncompensated mental health symptoms, patient conflicts and the possession of weapons are commonly encountered concerns in medical respite settings. These issues can compromise patient retention and present safety risks. Administrative discharges can result in medical complications and hospital readmissions.
- Example of space planning: a respite center has installed a motion sensor in the bathroom. The sensor is triggered once the bathroom door is closed. If sensor detects no motion in two minutes after the door is closed, alarm will be triggered. This is to prevent patient overdose in the bathroom.

c. How does this connect to your work with the homeless and/or farmworker populations, and with the HCH/FH Program?

- Learned about the potential risks that front line staff faces at medical respite centers in preparation for our future respite programs
- Better understanding of the support respite programs need in enhancing safety and optimizing medical respite patients' completion of needed medical care

d. What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicant Board and Program Staff?

- Weapon Management
 - Searching belongings
 - What to do with found weapons
 - Role of security in respite
 - Weapons Management Policy
- Addressing Patient's characteristics
 - Screen for risks and behavioral appropriateness, formal/accessible behavioral plans
 - Pre-admin/admin education: no weapons, admission agreements to set expectations, readmission criteria lists, pre-admit screening/agreements
 - Be on alert on altered mental status
 - Data gathering about behavior on unit, documentation & effective communication about problematic behavior

Powerpoint: <https://www.nhchc.org/wp-content/uploads/2018/05/milieu-mastery-at-medical-respite-strategies-to-maximize-patient-success.pdf>

2018 NATIONAL HEALTH CARE FOR THE HOMELESS, CONFERENCE & SYMPOSIUM

SUMMARY

Speakers of interest: Dr. Howard Pinderhughes made interesting connections to violence and health care challenges; and Phillip W. Brickner, lawyer for Social Justice – the number of housing units beginning with 2 to involving multiple states and thousands of units and in different states.

Key Points of the Training: my interest was medical respite models. I have been developing a model based on my experience as a SW III, Discharge Planner/Cs Mgr for the San Mateo Medical Center, Med Surg unit, where my primary responsibility was the safe and timely discharge of patients to an appropriate level of care; the removal of barriers and social barriers to discharge including the reticence of providers to take the homeless, to take medi-cal; and how that necessitated creative problem solving involving clinical participation on a case by case basis with payers or agencies to create an income stream, to pay for housing and care; and the creation of secondary discharge plans, to longer term housing for handoff to CBOs who handle housing. Two primary models were proffered in the training (Tuesday) and throughout the training (Wed/Thurs). Two primary models are Shelter based with patients coming from hospitals (advantages and disadvantages), and what appears to be the development of hospital initiated and sponsored medical respite programs, e.g., SF General Respite Program, a free standing residential program.

I opened a 3rd type in 2002, Medical Respite combination long term psychiatric care Adult Residential Facility (an RCFE), with contracts through the City but funding at the Federal level to State and from State to Local (San Francisco), with multiple social access points for psychiatric patients but only SF General for homeless HIV, for medical respite.

ACOs the new kids on the block: this is a cost savings arm under contract to the state that coordinates insurers and providers alike for cost effective services, right type, right place and right time. ACOs are focused on medi-cal. California is currently not a participant of ACOs, but any incentive for cost savings is great since we are a medical expansion state with a very expensive real estate and large medi-cal populations.

How does this connect to my work with the homeless, farmworkers and HCH/FH Program? My work experience with the homeless began in 2002, when as a Start Up Administrator, I opened an RCFE (free standing residential program), 35 bed facility for medical respite for homeless HIV patients; combined with a program for long term psychiatric care. I opened this facility, developed and implemented the administrative infrastructure, operations and workflow according to licensing provisions, with a medical respite program headed by a physician and medical support staff; and a psychiatric care program headed by a psychiatrist with clinical support staff. Medical respite patients were admitted for conditions that were expected to resolve within 60 days or less. We accepted patients from SF General.

In 2008-20012, I was a clinician with Ravenswood FHC, providing MH and recovery services. My primary patient profile was low/fixed income; homeless or marginally housed; patients were mild to moderate for MH, AOD, and chronic medical conditions; with correctional background and unemployed and without benefits. What I gained (informally) was knowledge and skills working with homeless with comorbidities and recognizing that housing (even temporary AOD residential) had a stabilizing influence and these patients did much better than street homeless with same problems.

In 2014 to present, I am employed as a SWKR III, with the San Mateo Health System. On a case-by-case basis I have collaborated, coordinated with providers, insurers and agencies to create "medical respite" for homeless patients to improve their health outcomes and prevent readmission. This means I have resolved social and other barriers to a safe and timely discharge to an appropriate level of care based on the prescriptive discharge and post discharge treatment plan based on a multi-disciplinary input (hospital rounds).

What is the technical knowledge you gained? An understanding of the structural (systemic) problems across the country in major and not so major US cities; the proffered solutions (delivery of service system of health care to the homeless), each models advantages and disadvantages; and medical respite improving the health outcomes of homeless patients, especially when paired long term housing, as part of the discharge plan from medical respite. How to manage the milieu of respite and the possibility of ACOs being employed in California and what impacts that may have on the quality and delivery of services system.

List of workshops you attended:

1. Tuesday, May 15: Medical Respite

2. Wednesday, May 16:

- Expanding Medical Respite Services, Program Development & Implementation
- Building Hospital & Supporting Housing Partnerships
- Beyond the Medical Model: Managing Diabetes and Chronic Disease through a Social Determinants Lens
- Hep C: Working Towards a Cure as a Community

Thursday, May 17:

- Medicaid Accountable Care Organizations: A Fancy New Care Model Tries to Improve Health
- Milieu Mastery at Medical Respite: Strategies to Maximize Patient Success
- The Road to Meeting the National Medical Respite Standards
- If you are not at the Table, You're on the Menu – Voter Registration and Engagement for People Experiencing Homelessness

By, Denise M. Chun, MACP MFT, MPA
Social Worker III, San Mateo Health System

TAB 7
Discussion on
sub-committees

DISCUSSION ON COMMITTEES AND MEMBERSHIP

Article 14: Committees

The Board may designate one or more committees as the Board sees as appropriate to address specific issues or duties as they arise. Any such committee is limited to a membership of fewer than half the members of the Board. Only Board members can be part of the Board committees. Committees may invite persons from the community, who are not members of the Board and chosen for their knowledge and concern about a specific issue or field or endeavor, to provide feedback and other relevant information during committee meetings.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Committees shall not have power to bind the Board, and any recommendations of a committee must be approved by the Board.

Committees shall operate pursuant to the Brown Act and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action.

June 2015

Board Membership, STANDING committee (Brian- lead, Steve, Christian, Robert)

- To review and make recommendations on board composition, recruitment, and selection, and other areas that may impact these activities

July 2017

Finance Committee. STANDING committee- Robert, Christian

- The committee is charged with the task of budgeting and financial planning, financial reporting, and the creation and monitoring of internal controls and accountability policies.

TAB 8
QI Report

DATE: July 12, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI COMMITTEE REPORT

There are no new updates from the San Mateo County HCH/FH Program QI Committee at this time.
The next QI Committee meeting will be in August 2018.

TAB 9
Director's
Report

DATE: July 12, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the June 14, 2018 Co-Applicant Board meeting:

1. Staffing

We are in the process of bringing our new staff onboard. As reported at the last Board meeting, Danielle Hull was offered and accepted the Clinical Services Coordinator position and she started on Monday of this week.

Irene Seliverstov, our new Planning & Implementation Coordinator will be starting around the beginning of August.

We are thrilled to have our new staff coming onboard, but also recognize that there will be a steep learning curve as neither of them have experience in the public sector, nor with a 330 Program. We will also be looking at ways for the Board to get to know them better.

2. Operational Site Visit (OSV)

As everyone should be aware, our Operational Site Visit will be Tuesday through Thursday, July 24-26. We will have had our pre-visit conference call with the site visit team on Tuesday, July 10th, and will update the Board as part of this report.

We have also completed a partial "mock" OSV for our Clinical requirements, and received Technical Assistance arranged by HRSA, also on our Clinical requirements.

3. Upcoming Funding Opportunity

As anticipated, HRSA released a service expansion funding opportunity on June 15th. This year's opportunity is designated as Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH). It is focused on increasing substance abuse and mental health services using evidence-based strategies in an integrated care environment. We have access to a potential award of \$270,250 composed of \$100,000 in ongoing funding, \$20,250 in potential Medication Assisted Treatment (MAT) funding, and \$150,000 in one-time funding. Deadline for submission is Monday, July 16th. There is a more complete discussion on this elsewhere on today's agenda.



4. Non-Competing Continuation/Budget Period Renewal (NCC/BPR)

On June 24th we were notified that our NCC/BPR Progress Report was available for completion and submission. This process equates to a renewal of our grant application for the coming year (2019). The effort required is analogous to doing the grant application and it has a submission deadline of August 17th.

5. Automation

The Case Management/Care Coordination System has moved closer to reality. We have been informed that the elevated vendor and the project management staff have agreed on the contract language. It now goes to Health IT leadership for approval, to County Counsel for review and approval, and then to the Board of Supervisors for final contract approval.

6. Seven Day Update

ATTACHED:

- Program Calendar

Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2018 Calendar (Revised July 2018)

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (July 12, 2018 from 9:00 a.m. to 11:00 a.m.) SUD-MH submission deadline July 16th Site visit with HRSA July 24-26th QI Committee meeting Provider Collaborative meeting 	July	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (August 9, 2018 from 9:00 a.m. to 11:00 a.m.) NCC/BPR submission deadline Patient Satisfaction Surveys administered Site visit with contractors 	August	@LifeMoves
<ul style="list-style-type: none"> Board Meeting (September 13, 2018 from 9:00 a.m. to 11:00 a.m.) QI Committee meeting 	September	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (October 11, 2018 from 9:00 a.m. to 11:00 a.m.) Amend contracts Medical Respite training symposium (NHCHC) Oct. 1-2 in Phoenix, AZ Provider Collaborative meeting 	October	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (November 8, 2018 from 9:00 a.m. to 11:00 a.m.) Board Chair/Vice Chair Nominations/Elections 	November	@Coastside Clinic in HMB

BOARD ANNUAL CALENDAR	
Project	Deadline
UDS submission- Review	April
SMMC annual audit- approve	April/May
Forms 5A and 5B -Review	June/July
Strategic Plan/Tactical Plan-Review	June/July
Budget renewal-Approve	August/sept- Dec/Jan
BPR/SAC-Approve	August
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Board review annual HR report on OLCs	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

TAB 10
Budget &
Finance Report

DATE: July 12, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary grant expenditures through June 30, 2018, total an estimated \$1,202,091. This will increase slightly as the County processes month-end transactions, but we have included known contractual expenditures (even if they are not yet reflected as an expenditure by the county), and an estimate of routine county monthly charges.

As we progress farther into the grant year, we are able to make better annual estimates for some of the expenditure categories. Currently, our contracts and MOUs appear to be expending at a rate to reach the low-to-mid 90% utilization. Delays in the hiring process has reduced the expected staff expenditures slightly. At present, we project to expend 95% of our total grant, with unexpended funds projected to be around \$170,975. Much of this is from the delays in the AIMS effort. This does provide for the possibility of some additional adds for new efforts, adds to contracts, etc., as we get into mid-year.

Attachment:

- Preliminary GY 2018 Summary Report
- Full Program Expenditures through April 2018 (Form 8A)
- Full Program Revenues through April 2018 (Form 9D)

GRANT YEAR 2018

Details for budget estimates	Budget [SF-424]	To Date (06/30/18)	Projection for GY (+~26 wks)	Projected for GY 2019
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>540,000</u>	<u>206,670</u>	<u>500,000</u>	<u>590,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>200,000</u>	<u>85,378</u>	<u>203,000</u>	<u>250,000</u>
<u>Travel</u>				
National Conferences (2500*4)		5,213	7,500	20,000
Regional Conferences (1000*5)		2,340	5,000	5,000
Local Travel			1,500	2,000
Taxis		1,076	5,000	5,000
Van & vehicle usage		<u>1,050</u>	<u>1,500</u>	<u>1,000</u>
	<u>25,000</u>	<u>9,679</u>	<u>20,500</u>	<u>33,000</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	1,748	4,500	12,500
Small Funding Requests		<u>25,370</u>	<u>50,000</u>	<u>50,000</u>
	<u>10,500</u>	<u>27,118</u>	<u>54,500</u>	<u>62,500</u>
<u>Contractual</u>				
2017 Contracts		34,825	34,825	
2017 MOUs		14,900	14,900	
Current 2018 contracts	967,030	428,542	900,000	900,000
Current 2018 MOUs	872,000	387,760	832,000	825,000
---unallocated---/other contracts	118,073			
	<u>1,957,103</u>	<u>866,027</u>	<u>1,781,725</u>	<u>1,725,000</u>
<u>Other</u>				
Consultants/grant writer	31,667		30,000	45,000
IT/Telcom	5,930	3,884	6,250	6,000
New Automation			0	-
Memberships	4,000	2,000	4,000	4,000
Training			3,250	4,000
Misc (food, etc.)	5,500	1,335	5,500	5,500
	<u>47,097</u>	<u>7,219</u>	<u>49,000</u>	<u>64,500</u>
TOTALS - Base Grant	<u>2,779,700</u>	<u>1,202,091</u>	<u>2,608,725</u>	<u>2,725,000</u>
HCH/FH PROGRAM TOTAL	<u>2,779,700</u>	<u>1,202,091</u>	<u>2,608,725</u>	<u>2,725,000</u>
PROJECTED AVAILABLE	BASE GRANT		170,975	25,004
				based on est. grant of \$2,750,004

reporting_year	line_no	line_desc	accrued_cost	allocation_of_fac_cost	accrued_and_allocated_fac_cost	allocation_non_clin_supp_serv	allocation_fac_and_non_clin_supp_serv
2018	01	Medical Staff	\$ 2,511,666.90	\$ 109,188.31	\$ 2,620,855.21	\$ 1,628,380.34	\$ 4,249,235.55
2018	02	Lab and X-ray	\$ 341,552.18	\$ 29,045.21	\$ 370,597.39	\$ 230,258.24	\$ 600,855.63
2018	03	Medical/Other Direct	\$ 807,968.76		\$ 807,968.76	\$ 502,004.25	\$ 1,309,973.01
2018	05	Dental	\$ 142,355.52		\$ 142,355.52	\$ 88,447.82	\$ 230,803.34
2018	06	Mental Health	\$ 944,587.42		\$ 944,587.42	\$ 586,887.66	\$ 1,531,475.08
2018	07	Sustance Abuse			\$ -	\$ -	\$ -
2018	08a	Pharmacy not including pharmaceuticals	\$ 328,694.08	\$ 10,009.42	\$ 338,703.50	\$ 210,442.04	\$ 549,145.54
2018	08b	Pharmaceuticals	\$ 50,728.72		\$ 50,728.72	\$ 31,518.59	\$ 82,247.31
2018	09	Other Professional	\$ 28,778.86	\$ 15,341.64	\$ 44,120.50	\$ 27,412.79	\$ 71,533.29
2018	09a	Vision	\$ 43,168.29		\$ 43,168.29	\$ 26,821.17	\$ 69,989.46
2018	11a	Case Management					
2018	11b	Transportation					
2018	11c	Outreach					
2018	11d	Patient and Community Education					
2018	11e	Eligibility Assistance					
2018	11f	Interpretation Services					
2018	11g	Other Enabling Services					
2018	12	Other Related Services					
2018	14	Facility	\$ 529,095.17				
2018	15	Non Clinical Support Services	\$ 3,332,172.90				
2018	18	Value of Donated Facilities, Services, and Supplies					

\$ 9,060,768.80

Year	Line	Payor_Category	Allowance	Amount Collected	Bad Debt Write Off	Collection of Reconciliation/Wrap Around Current Year	Full Charges
2018							136.02
2018	01	Medicaid Non-Managed Care	\$ 363,716.94	\$ 443,238.59		\$ 403,815.05	\$ 817,662.02
2018	02a	Medicaid Managed Care (capitated)	\$ 2,715,423.60	\$ 954,544.53	\$ 427.00	\$ 445,420.34	\$ 3,365,001.47
2018	04	Medicare Non-Managed Care	\$ 360,017.78	\$ 374,210.73	\$ 767.28	\$ 66,727.97	\$ 753,303.10
2018	05b	Medicare Managed Care (fee-for-service)	\$ 337,879.04	\$ 445,895.62		\$ 86,940.87	\$ 792,311.72
2018	07	Other Public including Non-Medicaid CHIP (Non Managed Care)	\$ 83,610.36	\$ 10,769.69			\$ 118,621.38
2018	10	Private Non-Managed Care	\$ 2,952.45	\$ 2,893.32		\$ (1.28)	\$ 1,178.00
2018	11a	Private Managed Care (capitated)	\$ 752.21	\$ 345.79			\$ 359.00
2018	13	Self Pay	\$ 1,102,650.36	\$ 16,072.03	\$ 2,661.34	\$ 750.96	\$ 1,177,477.96

\$ 4,967,002.74 \$ 2,247,970.30 \$ 3,855.62 \$ 1,003,653.91 \$ 7,026,050.67

TAB 11
Contractors
1st Quarter
Report

DATE: July 12, 2018

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Linda Nguyen, HCH/FH Program Coordinator and Elli Lo, Management Analyst

SUBJECT: Quarter 1 Report (January 1, 2018 through March 31, 2018)

Program Performance

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with five community-based providers, plus two County-based programs for the 2018 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance. The following data table includes performance for the first quarter:

HCH/FH Performance <i>01/01/2018 – 03/31/2018</i>	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svs	300	43	14%	900	112	12%
LifeMoves (care coord)	550	63	11%	1,375	137	10%
LifeMoves (SSI/SSDI)	75	8	11%			
LifeMoves (eligibility)	30	6	20%			
LifeMoves (Street Medicine)	140	37	26%	300	145	48%
LifeMoves (Transportation)	N/A	N/A	N/A	344 rides	79 rides	23%
Public Health Mobile Van & Expanded Services	1,210	394	33%	2,420	492	20%
Public Health- Street Medicine	135	39	29%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	200	115	58%	590	284	48%
Puente (O/E)	170	63	37%			
Ravenswood (Primary Care)	700	240	34%	2100	428	20%
Ravenswood (Dental)	275	92	33%	780	178	23%
Ravenswood (Care Coordination)	500	152	30%	1200	254	21%
Samaritan House	210	92	44%	360	158	44%
Sonrisas Dental	115	43	37%	460	72	16%
Total HCH/FH Contracts	4,440	1,387	31%	10,485	2,260	22%



HCH/FH Performance 01/01/2018 – 3/31/2018	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svcs	Care Coordination	\$300/patient	300	43	\$ 13,500	\$90,000	15%
Legal Aid Society of San Mateo County	Provider Outreach	\$ 1,100	NA		\$ 1,100	\$14,000	43%
	Farmworker Outreach	\$ 4,900	NA		\$ 4,900		
	Experience Study	\$ 8,000	NA		\$ -		
LifeMoves (care coord, SSI/SSDI, eligibility, Transportation)	Care Coordination	\$275/patient	500	39	\$ 10,725	\$298,030	18%
	Intensive Care Coordination	\$525/patient	50	24	\$ 12,600		
	SSI/SSDI Eligibility Assistance	\$420/patient	75	8	\$ 3,360		
	Health Coverage Eligibility Assistance	\$110/patient	30	6	\$ 660		
	Transportation	\$45/ride	344 rides	79 rides	\$ 3,555		
LifeMoves (Street Medicine)	Intensive Care Coordination	\$600/patient	140	37	\$ 22,200		
Public Health Mobile Van & Expanded Services	Primary Care Services	\$330/patient	1,000	324	\$ 106,920	\$532,250	30%
	Primary Care Services to formerly incarcerated & homeless	\$725/patient	210	70	\$ 50,750		
Public Health (Street Medicine)	Primary Care Services	\$1,850/patient	135	39	\$ 72,150	\$249,750	29%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	\$500/patient	180	104	\$ 52,000	\$183,500	49%
	Intensive Care Coordination	\$850/patient	20	11	\$ 9,350		
Puente (O/E)	Health Coverage Eligibility Assistance	\$450/patient	170	63	\$ 28,350		
Ravenswood (Primary Care)	Primary Care Services	\$153/patient	700	240	\$ 36,720	\$107,100	34%
Ravenswood (Dental)	Dental Services	\$199/patient	275	92	\$ 18,308	\$54,725	33%
Ravenswood (Care Coordination)	Care Coordination	\$194/patient	500	152	\$ 29,488	\$97,000	30%
Samaritan House	Care Coordination	\$380/patient	200	92	\$ 34,960	\$81,000	43%
	Intensive Care Coordination	\$500/patient	10	0	\$ -		
Total HCH/FH Contracts			4,100	1,387	\$ 560,831	\$1,839,030	30%

Health Care for the Homeless/Farmworker Health Program

Selected Outcome Measure Review (Contracts); First Quarter (Jan 2018 through March 2018)

Agency	Outcome Measure	1st -Quarter Progress
Behavioral Health & Recovery Services	<ul style="list-style-type: none"> • At least 100% screened will have a behavioral health screening. • At least 70% will receive individualized care plan. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100% clients had a behavioral health screening • 100% received individualized care plan
LifeMoves/CHOW (street med)	<ul style="list-style-type: none"> • Minimum of 50% (250) will establish a medical home. • At least 90% of homeless individuals served for CC services will have documented care plan. • At least 30 will complete submission for health coverage. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100% established a medical home • 47% of individuals served for CC services will have documented care plan. • 14 complete submission for health coverage.
Public Health Mobile Van/expanded services	<ul style="list-style-type: none"> • At least 80 % will receive a comprehensive health screening for chronic disease and other health conditions. • At least 20% of patient encounters will be related to a chronic disease. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100 % served received a comprehensive health screening for chronic disease and other health conditions. • 22% individuals with a chronic health condition
PH- Mobile Van-Street/Field Medicine	<ul style="list-style-type: none"> • At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100% of street homeless/farmworkers seen will have a formal Depression Screen performed • 0% of street homeless/farmworkers seen will be referred to Primary Care
Puente de la Costa Sur	<ul style="list-style-type: none"> • At least 90% served care coordination services will receive individualized care plan. • At least 25 served will be provided transportation and translation services. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 35% farmworkers served cc services received care plan. • 81 were provided transportation and translation services.
RFHC – Primary Health Care	<ul style="list-style-type: none"> • 100% will receive a comprehensive health screening. • At least 300 will receive a behavioral health screening. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 96 % received a comprehensive health screening. • 11 received a behavioral health screening.

<p>RFHC – Dental Care</p>	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 80% will receive comprehensive oral health screenings. • At least 50% will complete their denture treatment plan. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 16% completed their treatment plans. • 79% attended their scheduled treatment plan appointments. • 50% completed their denture treatment plan.
<p>RFHC – Enabling services</p>	<ul style="list-style-type: none"> • At least 85% will receive care coordination services and will create health care case plans • 65% of homeless diabetic patients will have hbA1c levels below 9. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 38 % received care coordination services and will create health care case plans • 68% of diabetic patients have hbA1c levels below 9.
<p>Samaritan House- Safe Harbor</p>	<ul style="list-style-type: none"> •At least 95% of patients will receive individualized health care case plan. •At least 70% will complete their health care plan. •At least 70% will schedule primary care appointments and attend at least one. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 54% received individualized health care case plan • 76%complete their health care plan. • 30% will schedule primary care appointments and attend at least one.
<p>Sonrisas Dental</p>	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 40 % completed their treatment plans. • 0%completed their denture treatment plan.

¹ Medical home -defined as a minimum of (2) attended primary care appointments;

² Chronic health conditions- including but not limited to obesity, hypertension, and asthma.

Contractor successes & emerging trends:

- **BHRS** states that County mental health services continue to be more easily accessible for those referred by the ARM Outreach and Support Team.
 - Staff also reports that some clients are having difficulty with finding affordable housing in SMC and long wait times for primary care at County facilities.
- According to **LifeMoves** reports lots of success in keeping clients engaged and connected to medical services with relationship with Street Medicine Team and WPC. Transportation is also better with revisions to taxi voucher policy to refer patients outside of SMMC.
 - Obtaining PC appointments through New Patient services line (4 months) and Dental van has long wait times.
- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
 - Seeing more patients with cancer and elderly homeless clients over 62.
 - Lack of a medical nurse/case management for service coordination.
- **Puente** states that they have been able to schedule renewals in a timely manner and their access to Health Plan of San Mateo Provider Portal has been helpful showing the if clients have an active status.
 - Patients wish there was more availability in the dental clinic, discussing long wait times.
 - Difficulty of explaining how the family size and FPL determines eligibility.
- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments and start of Street/Shelter medicine program on Wednesdays has been successful. Opening of pharmacy on site has helped with clients not needing to pick up at various pharmacies. .
 - Trends include requests from patients for resources to help them manage their diabetes. Patients losing their medications and the homeless demographic changing to all ages/genders/ethnicities as well as seniors.
- **Ravenswood Dental Care** experiences success through their “Access Dentist”, providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
 - Trends include request for dentures and education that is needed to provide. Hearing that other dental providers extract teeth rather than try to preserve. Would like to see more healthy food alternatives.
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
 - Increased requests to seek employment assistance and supplies for babies to distribute to at risk families with children. Patients struggle with transportation to specialty clinics in San Mateo.
- **Samaritan House/Safe Harbor** states that response times for SSI referrals are improving.
 - Long wait for dental clinic, primary care access. Trying to trouble shoot how to transport non HPSM clients to their appointments.
- **Sonrisas Dental** states that relationship with Puente is working well.
 - No shows can be difficult to deal with due to work schedules; means another patient cannot be seen.