

# HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)

## Co-Applicant Board Meeting Agenda

San Mateo Medical Center | 222 W. 39<sup>th</sup> Ave. 2<sup>nd</sup> Floor (Classroom 1) San Mateo

August 8 2019; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
<b>A. CALL TO ORDER</b>	Brian Greenberg		9:00am
<b>B. CHANGES TO ORDER OF AGENDA</b>			9:02am
<b>C. PUBLIC COMMENT</b>			9:05am
<p>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.</p>			
<b>D. CONSUMER INPUT</b>			
<b>a. Update on local policies and other advocacy items</b>	Suzanne Moore		9:07am
<b>E. CLOSED SESSION</b>	Brian/Robert		9:17am
<b>a. Director's Evaluation</b>			
<b>F. MEETING MINUTES</b>			
1. Meeting minutes from July 11. 2019	Linda Nguyen	<b>Tab 1</b>	9:45am
<b>G. BOARD PRESENTATIONS AND DISCUSSIONS</b>			
<b>a. Board Self-Assessment</b>	Linda/Irene	<b>Tab 2</b>	9:47am
<b>b. Strategic Plan Exercise</b>			
<b>H. BUSINESS AGENDA</b>			
1. Services and Sites- Form 5A/5B	Jim Beaumont	<b>Tab 3</b>	10:10am
<b>a. Action item Request to amend forms</b>			
2. Board membership renewal	Linda/Robert	<b>Tab 4</b>	10:15am
<b>a. Action item Request to re-elect Board members</b>			
3. Conference requests	Jim/Sofia	<b>Tab 5</b>	10:20am
<b>a. Action item Request to Approve requests</b>			
4. Annual Budget	Jim Beaumont	<b>Tab 6</b>	10:25am
<b>a. Action item Request Approve Program Budget</b>			
<b>b. Action item Request Approve Grant Budget</b>			
<b>The following item will be available for review at meeting prior to consideration/action by Board.</b>	Jim Beaumont		10:30am
5. Service Area Competition (SAC) Preliminary Approval			
<b>a. Action item Request Approve SAC</b>			
<b>I. REPORTING AGENDA</b>			
1. Sub-committee reports	Steve C./Brian/Linda		10:40am
2. QI report	Frank/Danielle	<b>Tab 7</b>	10:45am
3. HCH/FH Program Director's Report	Jim Beaumont	<b>Tab 8</b>	10:50am
4. HCH/FH Program Budget/Finance Report	Robert/Jim	<b>Tab 9</b>	10:55am
<b>J. BOARD COMMUNICATIONS AND ANNOUNCEMENTS</b>			
<p>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.</p>			
1. Future meetings – every 2 <sup>nd</sup> Thursday of the month (unless otherwise stated)			
a. Next Regular Meeting September 12, 2019; 9:00AM – 11:00AM at SMMC  San Mateo			
<b>K. ADJOURNMENT</b>			11:00am

# **TAB 1**

## **Meeting Minutes**

### **Request to Approve**

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (July 11, 2019)  
Coastside Clinic - HMB**

Co-Applicant Board Members Present

Brian Greenberg  
Tayischa Deldridge  
Christian Hansen  
Eric DeBode  
Robert Anderson  
Steven Kraft  
Steve Carey  
Suzanne Moore  
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Sofia Recalde, Management Analyst  
Linda Nguyen, Program Coordinator  
Melissa Rombaoa, PCMH Manager  
Danielle Hull, Clinical Coordinator  
Andrea Donahue, County Counsel's Office  
Irene Pasma, Program Implementation Coordinator

Members of the Public

Diane Gillen, Mission Hospice  
Tricia O'Hara, Puente

Absent-Mother Champion, Victoria Sanchez De Alba, Shanna Hughes

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9:00</u> A.M. Everyone present introduced themselves.	
<u>Regular Agenda</u> Public Comment	No Public Comment at this meeting.	
<u>Consumer Input</u>  Pacifica safe car parking- Suzanne Moore	Unhoused in Pacifica Task Force conducted outreach to city councils and spoke about concerns of the unhoused to Board members. There will be a prevention of homeless forum in October by Health Leadership Council (HLC). There was a discussion on upcoming event in Redwood City, "Fair Rents for Redwood City."  Staff spoke about emailing Board members on federal policy changes (proposed rules) with a chance for the public to give input and submit a "public comment" online.	
No Closed session		
<u>Regular Agenda</u> Meeting Minutes	All items on Consent Agenda (meeting minutes from June 13, 2019) were approved.  Please refer to TAB 1	Consent Agenda was <u>MOVED</u> by Steve C. <u>SECONDED</u> by Tay, and <u>APPROVED</u> by all Board members present.
<u>Board Orientation</u>  National Health Care for the Homeless Council Conference- report back	Robert discussed a Diabetes workshop he attended that focused on nutrition and the housing first model. There was a discussion on how many residents get evicted.  Staff discussed and summarized a meeting that was held with SMMC staff that attended the conference and shared some of the themes and potential action steps.  Please refer to TAB 2	
<u>Board Orientation</u> Strategic Plan update	Staff updated Board on the Strategic Plan process and what to expect next, including a Needs Assessment effort that will feed into the strategic plan. A summary and update on progress from the last Strategic Plan goals was provided, as well as a timeline of what activities to expect. There was a	

	discussion on how the Needs Assessment report will feed into the Strategic Plan and ultimately affect the next Request for Proposal (RFP) effort in 2020, as the majority of contracts will be ending December 31, 2020 and we are required by the County process to conduct a competitive process/bid for contracts/services at least every three years as an RFP.	
<u>Board Orientation</u>  Homeless One Day Count report 2019	San Mateo's Homeless One Day Count 2019 report was released in early July and there was a discussion of the results which included an increase in those living in vehicles and RVs. Neighboring Bay Area counties also saw an overall increase in their homeless population according to their reports as well. There was a discussion on those "vehicularly" housed, living in cars and RVs and how best to serve that population's health care needs.  Please refer to TAB 2	
<u>Board Orientation</u>  Service Area Competition- grant application discussion	The grant application process known as Service Area Competition (SAC) is due this year on August 14 <sup>th</sup> , 2019 and staff discussed the process as well as a decrease in our budget. Program Director discussed a decrease of 2% in our base grant, as a result of not meeting our target goals on the numbers served over the years. The target goal was determined by Health Resource Administration (HRSA)	
<u>Business Agenda</u> Services and Sites  <b>Action Item- Request to approve Services and Sites 5A/5B/5C</b>	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 articulated in the HRSA Health Center Program Compliance Manual, Chapter 4 Required and Additional Health Services, Chapter 6 Accessible Hours and Locations and Chapter 19 Board Authority. The Co-Applicant Board reviews and approves the Program's Scope of Project as represented by Forms 5A, 5B & 5C on an annual basis. Based on the findings from the Operational Site Visit (OSV) in July 2018 and the resulting grant conditions, the Program was found to have incorrect Form 5A – Services & Form 5B – Sites. Specifically, that a number of the services identified in Column II of Form 5A – Formal Written Contract/Agreement (Health Center Pays) should not be so included as the underlying Primary Care agreement with Ravenswood Family Health Center (RFHC) was not acceptable to represent such services. In addition, based on that conclusion concerning the RFHC Primary Care agreement, that RFHC was not an appropriate location to be listed on our Form 5B – Sites. Attached are the fully updated Form 5A – Services, Form 5B – Sites, and Form 5C – Other Activities & Locations for Board approval. The changes necessary based on the discussion above have been addressed on the updated Forms. There are no changes recommended or needed for Form 5C – Other Activities & Locations.  <b>Action item: Request to approve SMMC Audit</b> Please refer to TAB 3	<b>Request to approve Services and Sites 5A/5B/5C</b> <u>MOVED</u> by, <u>SECONDED</u> by, and APPROVED by all Board members present

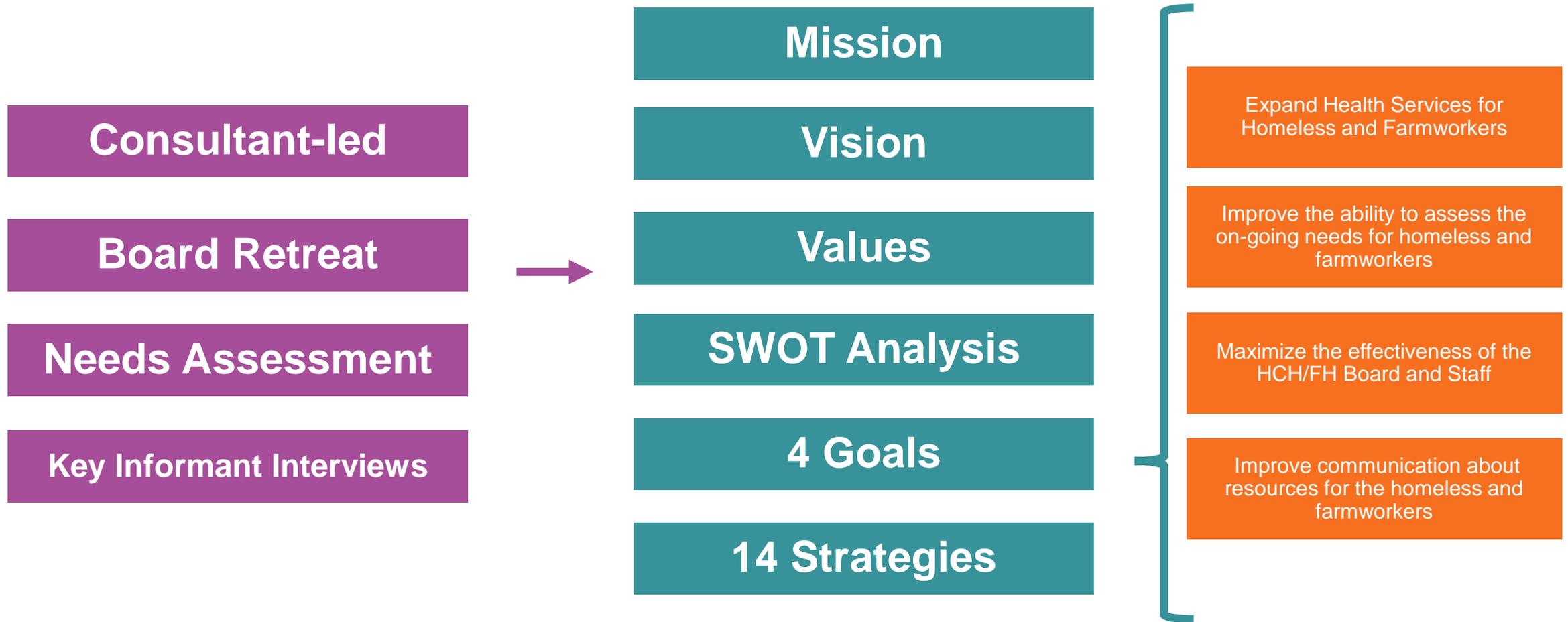
<p><u>Consumer Input</u> Guest speaker- Wilfredo Cerrato, Coastside clinic manager</p>	<p>Wilfredo manages Coastside Clinic as well as Mental Health Primary Clinic at Daly City, San Mateo and Redwood City. The Pescadero clinic, based out of Puente, sees 80% of their clientele farmworkers. There was a discussion on what are the unmet needs of farmworkers, including outreach to provide information on services that the County provides especially what benefits they qualify for (medical insurance/coverage). Wilfredo also mentioned the need to work closer with Street Medicine team to connect patients to establish a Primary Care provider. Puente staff was present to discuss what they felt were some unmet needs of the farmworkers, such as case management, a back-up Provider at Pescadero when the main Provider is on vacation, as well as AA services along the coast.</p>	
<p><u>Reporting Agenda:</u> Needs Assessment</p>	<p>Staff discussed what to expect in this year' Needs Assessment (NA) effort and how it will differ from past efforts, as it will be a much more robust effort. A comprehensive NA effort will be conducted that will include surveys for both our target populations of homeless and farmworkers as well as a review of existing data and reports on the health care needs of our populations. Staff is working closely with our epidemiology division and consultants to produce the NA report that should provide Board members more data going into the Strategic Plan to prioritize activities and funding.</p>	
<p><u>Reporting Agenda:</u> Sub-committee reports</p>	<p>Robert- from finance sub-committee discussed the status of the budget for this year, details are included in the Director's Finance report.</p>	
<p><u>Reporting Agenda:</u> QI Committee Report</p>	<p>The San Mateo County HCH/FH Program QI Committee met on June 27th. The following was discussed: <u>SMMC QI Debrief:</u> Frank Trinh will be taking over the SMMC Hospital QI Committee as Vice Chief of Staff. He will present once every six months for the HCH/FH Program. He provided an overview of the slides presented on Tuesday, June 25th. <u>Diabetes Action Plan Update:</u> The HCH/FH Program has partnered with Whole Person Care in their effort to outreach to patients who need A1c tests. The pilot will occur at Fair Oaks clinic. We are currently establishing the current condition as part of the LEAN process. The QI Committee discussed the possibility of a Point-of-Care A1c machine at clinic. <u>2018 UDS Patient Profile:</u> The HCH/FH Program provided an overview of the 2018 UDS Patient Profile which includes data on when visits were (time, day, month), where visits were (#patients per clinic, # visits per clinic, #visits/patient/clinic), and analysis of current efforts for the selected QI clinical measures.  <i>Please refer to TAB 4 on the Board meeting packet.</i></p>	
<p><u>Reporting Agenda:</u> HCH/FH Program Directors report</p>	<p><u>Grant Conditions/Operational Site Visit (OSV) Report</u> A review of the instructions received for submission of the Program's Service Area Competition (SAC) award indicate that having <b>any</b> grant conditions at the time of award would create a <b>one-year</b> award (during which we would automatically receive another Operational Site Visit (OSV)). To avoid</p>	

	<p>this real possibility, Program has moved forward with the Board’s underlying instructions to address the Ravenswood Family Health Center (RFHC) contracts and adjust the Program’s Forms 5A &amp; 5B as necessary.</p> <p>In line with this, Program submitted request to change Form 5B – Sites to remove RFHC as a program site, and a corresponding submission on the Accessible Hours &amp; Locations 60-day grant condition showing the removal of RFHC as a site. On July 2, 2019, we received Notice of Award 17-16 lifting the grant condition.</p> <p>Similarly, Program has submitted a request to change Form 5A Services to remove the Primary Care Services that were solely being provided under the agreement with RFHC from the form and submitted a response to the 120-day Required &amp; Additional Services grant condition showing this requested change for Form 5A.</p> <p><u>Service Area Competition</u></p> <p>On May 17, 2019, HRSA announced the opening of our Service Area Competition (SAC). This is the actual application for our base grant funding and it is an open, competitive application. If approved, we would expect a grant period of three years – calendar years 2020, 2021 and 2022. The Grants.gov portion of the application (July 15, 2019 deadline) has already been submitted and Program is fully engaged with our consultant partners in completing the HRSA specific Electronic Handbook (EHB) portion of the application prior to the final deadline of August 14, 2019.</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
<p><u>Reporting Agenda:</u></p> <p><b>HCH/FH Program Budget &amp; Financial Report</b></p>	<p>Estimated grant expenditures to-date are \$1,389,4668. In addition, we have an estimated \$29,930 in expenditures for items not claimable on the grant, for total Program estimated expenditures of \$1,418,398.</p> <p>Current projections for year-end are beginning to be somewhat more certain, although there is still a fairly wide error margin. Nonetheless, our current projection is that total base grant expenditures will be \$2,622,217 by the end of the year, which would create an <i>unexpended fund balance of \$26,219</i>. Including expenditures for the Expanded Services Awards (SUD-MH), the total Program grant expenditures would be \$2,802,217. That leaves approximately \$151,469 total in unexpended funding from the designated grants.</p> <p>Based on expenditures to date, we anticipate the overall expenditure rate on base grant contracts and MOUs to be around 88% for allocation during the current Grant Year (and at 94.5% overall). Based on the current numbers, we would suggest that the Board may begin to consider some possible one-time expenditures to be made toward the end of the year, such as small funding requests that have been made available in past years. Any ongoing expenditure decisions by the Board would still necessitate making adjustments in the current ongoing commitments (contracts &amp; MOUs) in order to best assure the available of funds to be committed.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time <u>  10:58 am  </u></p>	<p>Brian Greenberg</p>

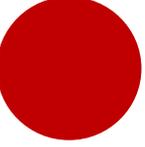
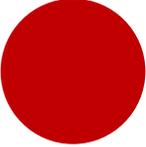
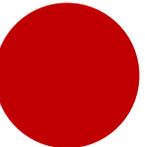


**HCH/FH Strategic Plan Update Kick Off  
2020-2023**

# 2016-2019 Strategic Process and Goals



# Progress on Goal 1: Expand Health Services for Homeless and Farmworkers

Strategy	Work Done	Work Planned
1. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.		
2. Increase available respite care with wrap-around services for homeless		
3. Provide wrap-around services for medically fragile, homeless seniors staying at shelters		
4. Increase dental services for adult farmworkers		
5. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.		
6. Increase drug and alcohol support for farmworkers		
7. Promote preventive dental care for homeless and farmworkers		

# Progress on Goal 2: Improve the ability to assess the on-going needs for homeless individuals and farmworkers

Strategy	Work Done	Work Planned
1. Integration and alignment of additional measurable outcomes for homeless and farmworker population with SMMC		
2. Work with Partners to increase data collection capacity		
3. Strengthen collaboration with San Mateo Medical Center		

# Progress on Goal 3: Maximize the effectiveness of the HCH/FH Board and Staff

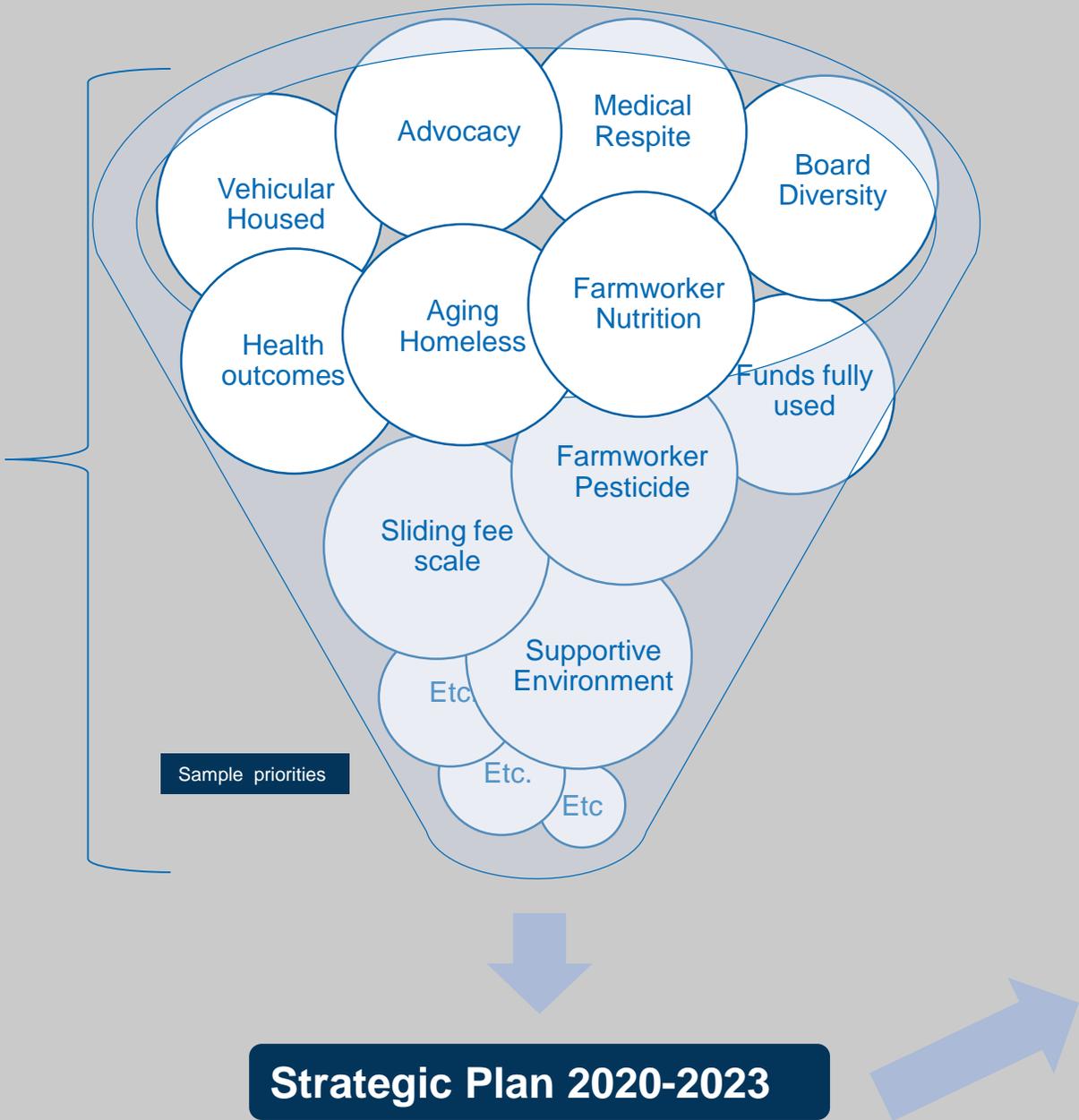
Strategy	Work Done	Work Planned
1. Increase the diversity of expertise on the Board		
2. Determine whether additional staff and/or consultants would be hired to complete strategies and on-going efforts		

# Progress on Goal 4: Improve communication about resources for homeless individuals and farmworkers

Strategy	Work Done	Work Planned
1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers		
2. Develop easy to use material for homeless and farmworker providers with information about resources available.		

**Strategic Plan 2020-2023:  
What's next for this program?**

- Needs Assessment
- Key Informant Interviews
- Board Retreat
- Stakeholder buy-in
- Evaluation Metrics



**Services Provided 2021**

1. Project X
2. Project Y
3. Project Z
4. Project etc.



**RFPs 2020**

1. RFP Design
2. RFP Advertisement
3. RFP Evaluation
4. Contract Negotiation



# Key informant interviews

## Homeless Focus

1. Samaritan House (CORE)
2. Center on Homelessness
3. Hospital Consortium of SMC
4. Street Medicine
5. Whole Person Care
6. Project WeHope
7. Mental Health Association
8. St. Vincent DePaul
9. HealthRight360
10. SMC Corrections
11. Housing Leadership Council
12. Department of Housing
13. CORE Service Agencies

1. Board of Supervisors
2. BHRS
3. PHPP
4. Mobile Clinic
5. Get Healthy San Mateo
6. **HCH/FH Board Members**
7. SMC Dept. on housing
8. Louise Rogers
9. AAS
10. Oral Health Coalition
11. SMMC ODE
12. City Councils
13. Legal Aid
14. Clinic Managers

## Farmworker Focus

1. Field Medicine
2. Sonrisas
3. Puente
4. SMC Department of Agriculture, Weights & Measures
5. SMC Agricultural Advisory Committee
6. Coastside Hope
7. California Rural Legal Assistance
8. Farmworker Justice
9. Latino Advisory Council
10. Food System Alliance
11. Pie Ranch
12. Cabrillo Unified School District

# Timeline

2019

July	August	September	October	November	December
Strategic Plan Update					
Key Informant Interviews		Staff Designs Metrics for Priority Areas		Present to Leadership/Stakeholders	
Board Mtg. Conv.	Board Mtg. Conv.	<b>Board Retreat</b>	Board Mtg. Conv.	Board Mtg. Conv.	Board Approves Final Strategic Plan
Program Needs Assessment					
Finalize and Administer Surveys		JSI Review/Finalize Report			
SAC Application due Aug 14th					

2020

January	February	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.
RFP Process								Contract Negotiation & Finalization				New Contracts Begin

# Coming up next:

- Email to schedule a 1:1 key informant interview with each board member
- Email with link to survey about the September retreat
- Send Irene ideas/articles/other strategic plans you like, etc.

# **TAB 2**

**Board Presentations:**

**Board Self Assessment  
Strategic Plan Exercise**

### Health Questions for Vehicular Survey:

1. What is your health insurance? ← we anticipate a larger percentage of vehicularly housed have private health insurance through their employer
2. Where are you currently going to get health care services?
  - a. Primary Care
  - b. Dentist
  - c. Therapist
  - d. Specialty Care (i.e. women's health, cardiologist,etc)
3. Do you have problems accessing health care services you need? ← anticipate one potential barrier is those living in RVs who do not also have a car are not able to get to the doctor's office
4. Do you consider yourself homeless? ← anticipate the answer to be no for people living in RVs, we are not capturing these folks if they come into a clinic
5. Are you working/employed?
6. Are you a student?

# **TAB 3**

## **Request to Amend Services/Sites of Forms 5A/5B**

DATE: August 08, 2019

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 UPDATED HCH/FH PROGRAM FORMS 5A – SERVICES, FORM 5B – SITES

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 articulated in the HRSA Health Center Program Compliance Manual, Chapter 4 Required and Additional Health Services, Chapter 6 Accessible Hours and Locations and Chapter 19 Board Authority. The Co-Applicant Board reviews and approves the Program's Scope of Project as represented by Forms 5A, 5B & 5C on an annual basis.

At the Board's July 11, 2019 meeting, modified Form 5A – Services and Form 5B – Sites were presented and approved by the Board. At that time the forms were prepared to reflect the actions taken by Program to request Changes in Scope (CIS) to address grant conditions placed following last summer's Operational Site Visit.

Since that time, in consultation with the Health Resources & Services Administration (HRSA), we have been informed that HRSA will not be taking any action on our CIS requests until after the delivery of Technical Assistance (TA) around the scope & contracting issues raised in the OSV Report. Based on this decision by HRSA, our current Form 5A and Form 5B will stay as currently configured until appropriate determinations are made following the delivery of the TA.

Because Form 5A and Form 5B are integral to our Service Area Competition (SAC) application, the Board needs to approve revising the Forms back to their current status. This will allow us to submit our SAC application consistent with the status of the current HRSA approved scope of project.

Attached are the updated Form 5A – Services and Form 5B – Sites for Board approval. These changes return the Forms to their previous version as is currently approved by HRSA.

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 (revision 2 2019)
- HCH/FH Form 5B (revision 2 2019)

 **Self Updates: Services details**
**▼ H80CS00051: SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA**

Grant Number: H80CS00051

BHCMS ID: 091140

Project Period: 11/01/2001 - 12/31/2019

Budget Period: 01/01/2019 - 12/31/2019

<b>Required Services</b>			
<b>Service Type</b>	<b>Service Delivery Methods</b>		
	<b>Column I. Direct (Health Center Pays)</b>	<b>Column II. Formal Written Contract/Agreement (Health Center Pays)</b>	<b>Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)</b>
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	
<b>Obstetrical Care</b>			
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 Use Disorder Services	X	X	
Case Management	X	X	
Eligibility Assistance	X	X	
Health Education	X	X	
Outreach	X	X	
Transportation	X	X	
Translation	X	X	

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

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: Site details

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

Grant Number: H80CS00051

BHCMS ID: 091140

Project Period: 11/01/2001 - 12/31/2019

Budget Period: 01/01/2019 - 12/31/2019

Site Id: BPS-H80-001373		Site Status: Active	
<b>Site Information</b>			
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)	40.00
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		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
Saved Service Area Zip Code(s)	94080		

Site Id: BPS-H80-005206		Site Status: Active	
<b>Site Information</b>			
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.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94015		

<b>Site Id: BPS-H80-001005</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION	<b>Physical Site Address</b>	225 37th Ave Mental Health Services-3rd Floor, San Mateo, CA 94403-4324
<b>Site Type</b>	Administrative	<b>Site Phone Number</b>	(650) 573-2541
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	01/03/2001	<b>Site Operational Date</b>	01/03/2001
<b>FQHC Site Medicare Billing Number Status</b>	Health center does not/will not bill under the FQHC Medicare system at this site	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94403		

<b>Site Id: BPS-H80-005448</b>	<b>Site Status: Active</b>
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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)	40.00
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		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization	Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
Saved Service Area Zip Code(s)	94063		

Site Id: BPS-H80-005524		Site Status: Active	
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)	40.00
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)	

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

<b>Site Id: BPS-H80-003064</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	RON ROBINSON SENIOR CARE CENTER	<b>Physical Site Address</b>	222 W. 39TH AVE, S-131, SAN MATEO, CA 94403-4364
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2426
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	01/03/2004	<b>Site Operational Date</b>	01/03/2004
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94403		

<b>Site Id: BPS-H80-005388</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	SOUTH COUNTY MENTAL HEALTH	<b>Physical Site Address</b>	802 BREWSTER AVE, REDWOOD CITY, CA 94063-1510
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 363-4111
<b>Web URL</b>			
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	01/01/1992	<b>Site Operational Date</b>	01/01/1992

<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	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-H80-000785

Site Status: Active

Site Information			
<b>Site Name</b>	CENTRAL COUNTY MENTAL HEALTH CTR	<b>Physical Site Address</b>	1950 Alameda de las Pulgas, San Mateo, CA 94403
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-3571
<b>Web URL</b>			
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	07/31/2004	<b>Site Operational Date</b>	07/31/2004
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	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 Status: Active

Site Information			
Site Name	Coastside Health Center	Physical Site Address	225 Cabrillo Hwy S Ste 100A, Half Moon Bay, CA 94019-1738
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)	40.00
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		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
Saved Service Area Zip Code(s)	94019		

Site Id: BPS-H80-003782

Site Status: Active

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)	40.00

<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> <small>(Required only for 'Migrant Voucher Screening' Site Type)</small>		<b>Number of Intermittent Sites</b> <small>(Required only for 'Intermittent' Site Type)</small>	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94061, 94098, 94065, 94019, 94401, 94063, 94066, 94060, 94096, 94064, 94067, 94402, 94403, 94083		

<b>Site Id: BPS-H80-008946</b>		<b>Site Status: Pending Verification</b>	
<b>Site Information</b>			
<b>Site Name</b>	HCH Mobile Dental Clinic	<b>Physical Site Address</b>	795 Willow Rd, Menlo Park, CA 94025-2539
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2651
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Mobile Van	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	06/29/2009	<b>Site Operational Date</b>	07/01/2010
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> <small>(Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)</small>	
<b>FQHC Site National Provider Identification (NPI) Number</b> <small>(Optional field)</small>		<b>Total Hours of Operation</b> <small>(when Patients will be Served per Week)</small>	16.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> <small>(Required only for 'Migrant Voucher Screening' Site Type)</small>		<b>Number of Intermittent Sites</b> <small>(Required only for 'Intermittent' Site Type)</small>	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94025		

<b>Site Id: BPS-H80-011967</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	HCH Mobile Dental Van	<b>Physical Site Address</b>	222 W 39th Ave, San Mateo, CA 94403-4364
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2561

<b>Web URL</b>			
<b>Location Type</b>	Mobile Van	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	08/15/2012	<b>Site Operational Date</b>	08/15/2012
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	20.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94061, 94080, 94063, 94401, 94019, 94403		

<b>Site Id: BPS-H80-004798</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	EDISON CLINIC	<b>Physical Site Address</b>	222 W 39th Ave, S-130, San Mateo, CA 94403-4364
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2358
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	01/01/1987	<b>Site Operational Date</b>	01/01/1987
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	

No Subrecipient or Contractor information to be displayed	
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>	
Saved Service Area Zip Code(s)	94403

**Site Id: BPS-H80-005603** **Site Status: Active**

Site Information			
<b>Site Name</b>	South County Community Health Center (Db; Ravenswood Family Health Center)	<b>Physical Site Address</b>	1798 BAY RD, EAST PALO ALTO, CA 94303-1611
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 330-7400
<b>Web URL</b>	www.ravenswoodfhc.org		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	12/01/2003	<b>Site Operational Date</b>	12/01/2003
<b>FQHC Site Medicare Billing Number Status</b>	This site has a Medicare billing number	<b>Medicare Billing Number</b> <small>(Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)</small>	551946
<b>FQHC Site National Provider Identification (NPI) Number</b> <small>(Optional field)</small>		<b>Total Hours of Operation</b> <small>(when Patients will be Served per Week)</small>	62.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> <small>(Required only for 'Migrant Voucher Screening' Site Type)</small>		<b>Number of Intermittent Sites</b> <small>(Required only for 'Intermittent' Site Type)</small>	
<b>Site Operated by</b>	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 (Db; Ravensw	1798 Bay Rd, Palo Alto, CA 94303-1611	94-3372130	

<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>	
Saved Service Area Zip Code(s)	94303, 94025

**Site Id: BPS-H80-009159** **Site Status: Active**

Site Information			
<b>Site Name</b>	sequoia teen wellness center	<b>Physical Site Address</b>	200 JAMES AVE, REDWOOD CITY, CA 94062-5123
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 261-3710
<b>Web URL</b>	www.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	School
<b>Date Site was Added to Scope</b>	11/05/2009	<b>Site Operational Date</b>	04/01/2009
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> <small>(Required if "This site has a Medicare billing number" is</small>	

		selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	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)**

<b>Saved Service Area Zip Code(s)</b>	94062
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Site Id: BPS-H80-004460

Site Status: Active

Site Information			
<b>Site Name</b>	DALY CITY YOUTH HEALTH CENTER	<b>Physical Site Address</b>	2780 Junipero Serra Blvd, Daly City, CA 94015-1634
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 991-2240
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	01/01/1992	<b>Site Operational Date</b>	01/01/1990
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	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)**

<b>Saved Service Area Zip Code(s)</b>	94015
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Site Id: BPS-H80-000595		Site Status: Active	
<b>Site Information</b>			
<b>Site Name</b>	39th Avenue Campus - Outpatient Clinics	<b>Physical Site Address</b>	222 W 39th Ave, San Mateo, CA 94403-4364
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2222
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	01/01/1994	<b>Site Operational Date</b>	01/01/1970
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94403		

Site Id: BPS-H80-002922		Site Status: Active	
<b>Site Information</b>			
<b>Site Name</b>	MAPLE STREET SHELTER	<b>Physical Site Address</b>	1580 A MAPLE STREET, REDWOOD CITY, CA 94603-4364
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 364-4664
<b>Web URL</b>	www.shelternetwork.com		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	01/07/2006	<b>Site Operational Date</b>	01/07/2006
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery</b>		<b>Number of Intermittent</b>	

<b>Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Contractor		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
Shelter Network of San Mateo County	1450 Chapin Ave, Burlingame, CA 94010-4044	77-0160469	
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94063		

<b>Site Id: BPS-H80-000552</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	COASTSIDE MENTAL HEALTH CENTER	<b>Physical Site Address</b>	225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019-8200
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 726-6369
<b>Web URL</b>			
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	05/01/1998	<b>Site Operational Date</b>	05/01/1998
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94019		

<b>Site Id: BPS-H80-022195</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	Daly City Youth Health Center	<b>Physical Site Address</b>	350 90th St., 3rd Floor, Daly City, CA 94015-1880
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 991-2240
<b>Web URL</b>			

<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	05/22/2018	<b>Site Operational Date</b>	09/27/2018
<b>FQHC Site Medicare Billing Number Status</b>		<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	94015		

Close Window

**TAB 4**

**Request to re-elect  
Board Members**



San Mateo Medical Center  
222 W 39th Avenue  
San Mateo, CA 94403  
650-573-2222 T  
[smchealth.org/smmc](http://smchealth.org/smmc)

DATE: August 8, 2019

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

FROM: Linda Nguyen, HCH/FH Program Coordinator & Jim Beaumont, HCH/FH Program Director

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO RE-APPOINT BOARD MEMBERS TO FOUR-YEAR TERMS

To help prevent a complete point-in-time turnover of the Board, under the Bylaws, the original eleven membership positions on the Board were divided into five (5) two-year terms and six (6) four-year terms.

The Board has the authority and responsibility to fill vacant positions on the Board, as well as to set the number of Board members between nine (9) and twenty-five (25). The current membership has been set at fourteen (14) by the Board.

The Board Recruitment/Membership Committee members as an effort to improve Member Relations was tasked with interviewing board members with expiring membership to discuss their interest in continuing to serve as well as their overall experience serving on the Board.

For consideration at this meeting, the Board is being presented with the proposal to re-appoint Christian Hansen and Tay Deldridge to another four-year terms.

A majority vote of the Board members present is required for approval of this request.

ATTACHMENT:

- Board Roster



**HEALTH CARE FOR THE HOMELESS/FARMWROKERS**  
**GOVERNING BOARD ROSTER 2019**

	Term Expires	<u>Board Members</u>	Sub-committees	Notes
<b>13-06(4)</b>	Sep-2021	Steve Carey	Recruitment	Contractor
<b>13-02</b>	Sep-2019	Tay Deldridge		Contractor
<b>13-07(4)</b>	Sep-2021	Brian Greenberg	Recruitment	Chair, Contractor
<b>13-04(4)</b>	Sep-2019	Christian Hansen	Finance	
<b>13-03(4)</b>	Sep-2019	Mother Champion	Finance	
<b>13-09(4)</b>	Sep-2021	Robert Anderson	Finance, Recruitment	Vice Chair
<b>13-11(4)</b>	Sep-2021	Steven Kraft		Consumer
<b>13-10(4)</b>	Sep-2021	Eric DeBode	Finance	
<b>14-03</b>	Sep-2022	Victoria		
<b>14-02</b>	Jun-2022	Suzanne Moore		
<b>14-01</b>	Jun-2022	Shanna Hughes		

**TAB 5**

**Request to Approve  
Conference request**



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

DATE: August 8, 2019

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: TRAVEL REQUESTS FOR INTERNATIONAL STREET MEDICINE SYMPOSIUM

The HCH/FH Program (Program) Co-Applicant Board (Board) approved policy regarding **travel reimbursement for Non-Board members** requesting funds to travel for conferences (March 10, 2016) and according to the policy:

*It is understood that enhancing the knowledge and skills of those working with the homeless and farmworkers, and their families, for the maintenance and improvement of their health is a beneficial activity for the HCH/FH Program and the populations that it serves. Further, it is understood that the HCH/FH Program has a limited budget, and for training and skills development, the primary focus is on doing so for the Co-Applicant Board members, to enhance their capabilities in Board decision-making, and Program Staff, in enhancing their capabilities in program operations:*

- *For national or regional events outside of California, the Board may choose to consider the equivalent of full travel reimbursement of up to one (1) individual.*

The program has received 3 requests from Non-Board members for the upcoming International Street Medicine Symposium in Pittsburgh, PA (October 21-23, 2019): Chris King, Kapil Chopra and Isamar Segundo from the Public Health Policy & Planning Street & Field Medicine team.

Name	Title/Entity	Reg. fee	Flight	Hotel	Meals/ Per diem	Total
Chris King	NP, PHPP Street and Field Medicine	\$360	\$600	\$600	\$253	<b>\$1,813</b>

Our Street Medicine program has come a long way since my attendance to the symposium in the fall of 2015 when we were trying to figure out how to actually do street medicine. There are more people experiencing homelessness in the bay area, the US, and worldwide, and this field is rapidly evolving. So, it would be great to experience and share the conference with a "lived experience" perspective, and also bring back some fresh ideas for our program.





<b>Name</b>	<b>Title/Entity</b>	<b>Reg. fee</b>	<b>Flight</b>	<b>Hotel</b>	<b>Meals/ Per diem</b>	<b>Total</b>
Kapil Chopra	MD, PHPP Street and Field Medicine	\$460	\$600	\$600	\$253	\$1,913

I have been part of Street Medicine team for over 1.5 years providing psychiatric services to homeless clients. Client's background, history, needs and current situation varies greatly and so does their willingness to accept the help, acknowledge that there is problem and the acceptance and commitment to change. Homelessness problem is getting worse not just in this county, but entire country and we see people of all different age group, gender and ethnicities dealing with homelessness. Attending this symposium will provide an insight into how other programs not just in this country but also internationally providing care and services to our fellow human beings who are dealing with homelessness and trying to improve their quality of life, self-respect and dignity. Also, it will give an opportunity to discuss the problems we face as care providers and to possibly look for solutions.

<b>Name</b>	<b>Title/Entity</b>	<b>Reg. fee</b>	<b>Flight</b>	<b>Hotel</b>	<b>Meals/ Per diem</b>	<b>Total</b>
Isamar Segundo	MSA, PHPP Street and Field Medicine	\$210	\$600	\$600	\$253	\$1,663

I have been working as the full-time medical assistant on the street and field medicine team since April 2018. In this role, I have learned so much and grown tremendously. The providers I work with tell me I have a natural ability to connect with the homeless population we serve. I am committed to serving this population and the work I do on the team. Attending the street medicine symposium will help me learn how other programs work and help me to grow more in my current role.

**TAB 6**

**Request to Approve  
Annual Budget**

DATE: August 08, 2019

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 APPROVE THE CALENDAR YEAR 2020 PROGRAM BUDGET

In accordance with the Health Resources & Services Administration's (HRSA) Health Center Compliance Manual Chapter 19 – Board Authority, the Co-Applicant Board is required to approve the Program Budget. This budget reflects the entirety of the Program's operational effort for the coming year. This also represents the budget as submitted as part of the Program's Service Area Competition (SAC) application.

The budget as presented is similar to the total expenditures as reported for 2018 on the Uniform Data System Report to HRSA, updated for expected patient/visit volumes for 2020. It includes the expected expenditures related to all identified San Mateo Medical Center (SMMC) services for the homeless and farmworker populations.

The draft budget includes the anticipated HRSA grant of \$2, 625,049, plus the additional expenditure of \$15,346,753 of other funds, for a total Program expenditure of \$17,971,802.

Attached is the 2020 draft Program Budget as also represented in the Program's SAC application.

This request is for the Board to review and approve the 2020 Program budget. Approval of this item requires a majority vote of the Board members present.

Attachments:

- HCH/FH 2020 Program Budget

REVENUE	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
SAC GRANT REQUEST (FROM SAAT)	\$2,625,049	\$0	\$2,625,049
APPLICANT ORGANIZATION	\$0	\$0	\$0
STATE FUNDS	\$0	\$0	\$0
LOCAL FUNDS	\$0	\$0	\$0
OTHER FEDERAL FUNDING (break out by source — e.g., HUD, CDC )	\$0	\$0	\$0
OTHER SUPPORT	\$0	\$0	\$0
PROGRAM INCOME - from Form 3 (fees, third party reimbursements, and payments generated from the projected delivery of services)	\$0	\$15,346,753	\$15,346,753
<b>TOTAL REVENUE</b>	<b>\$2,625,049</b>	<b>\$15,346,753</b>	<b>\$17,971,802</b>
EXPENSES	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total
<b>PERSONNEL</b>			
ADMINISTRATION	\$617,870	\$15,235	\$633,105
MEDICAL STAFF	\$0	\$2,868,337	\$2,868,337
DENTAL STAFF	\$0	\$272,345	\$272,345
BEHAVIORAL HEALTH STAFF	\$0	\$427,128	\$427,128
MENTAL HEALTH SERVICES	\$0	\$0	\$0
SUBSTANCE USE DISORDER SERVICES	\$0	\$0	\$0
ENABLING STAFF	\$0	\$1,221,872	\$1,221,872
OTHER STAFF	\$0	\$0	\$0
<b>TOTAL PERSONNEL</b>	<b>\$617,870</b>	<b>\$4,804,917</b>	<b>\$5,422,787</b>
<b>FRINGE BENEFITS</b>			
Payroll Taxes @ 7.65%	\$47,267	\$367,576	\$414,843
Health Insurance @ 12%	\$9,268	\$641,466	\$650,734
Workers Compensation Insurance @ 0.2%	\$1,236	\$9,610	\$10,846
Unemployment Insurance @ 0.2%	\$1,236	\$9,610	\$10,846
Retirement @ 25%	\$154,468	\$1,201,229	\$1,355,697
<b>TOTAL FRINGE @ 45.05%</b>	<b>\$213,474</b>	<b>\$2,229,491</b>	<b>\$2,442,966</b>
<b>TRAVEL</b>			
National HCH Conference (\$2,000 x 4)	\$8,000	\$0	\$8,000
Western Regional Migrant Health Conference (\$1,000 x 3)	\$3,000	\$0	\$3,000
International Street Medicine Symposium (\$1,500 x 3)	\$4,500	\$0	\$4,500
Local travel (\$150/month x 12)	\$1,800	\$0	\$1,800
<b>TOTAL TRAVEL</b>	<b>\$17,300</b>	<b>\$0</b>	<b>\$17,300</b>
<b>EQUIPMENT</b>			
<b>TOTAL EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>SUPPLIES</b>			
Program admin supplies (\$541.67/mo)	\$2,200	\$4,300	\$6,500
Office & Business (\$9.55/visit)	\$0	\$272,175	\$272,175
Medical & Dental supplies (\$41.18/visit)	\$0	\$1,173,630	\$1,173,630
Lab & x-ray supplies (\$20.95/visit)	\$0	\$597,075	\$597,075
Drugs/Pharmaceuticals (\$16.69/visit)	\$0	\$475,665	\$475,665
<b>TOTAL SUPPLIES</b>	<b>\$2,200</b>	<b>\$2,522,845</b>	<b>\$2,525,045</b>
<b>CONTRACTUAL</b>			
<b>Other County Agencies</b>			
Behavioral Health & Recovery Services	\$81,000	\$0	\$81,000
Public Health Policy & Planning - Mobile Van	\$409,913	\$0	\$409,913
Public Health Policy & Planning - Street & Field Med	\$236,602	\$0	\$236,602
<b>Community Providers</b>			
El Centro	\$74,250	\$0	\$74,250
LifeMoves	\$266,850	\$0	\$266,850
Puene de la Costa Sur	\$165,150	\$0	\$165,150
Ravenswood Family Health Center - Primary Care	\$96,390	\$0	\$96,390
Ravenswood Family Health Center - Dental Care	\$49,253	\$0	\$49,253
Ravenswood Family Health Center -Enabling Services	\$87,300	\$0	\$87,300
Samaritan House	\$72,900	\$0	\$72,900
Sonrisas	\$118,508	\$0	\$118,508
StarVista	\$49,750	\$0	\$49,750
<b>Consultants</b>			
Program Consultants	\$50,001	\$0	\$50,001
<b>TOTAL CONTRACTUAL</b>	<b>\$1,757,865</b>	<b>\$0</b>	<b>\$1,757,865</b>
<b>OTHER</b>			
Staff Training (\$4,667/mo)	\$8,000	\$48,000	\$56,000
Memberships (\$3,200/mo)	\$2,400	\$36,000	\$38,400
Information Technology (\$60,245/mo)	\$2,940	\$720,000	\$722,940
Rent/Utilities (\$311,500/mo)	\$0	\$3,603,600	\$3,603,600
Printing/Copying (\$6,100/mo)	\$1,200	\$72,000	\$73,200
Maintenance (\$23,000/mo)	\$0	\$276,000	\$276,000
Custodial (\$45,000/mo)	\$0	\$540,000	\$540,000
Recycling & Bio Waste (\$6,000/mo)	\$0	\$72,000	\$72,000
Communications (\$32,300/mo)	\$1,800	\$385,800	\$387,600
Miscellaneous (\$3,193/mo)	\$0	\$36,100	\$36,100
<b>TOTAL OTHER</b>	<b>\$16,340</b>	<b>\$5,789,500</b>	<b>\$5,805,840</b>
<b>TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)</b>	<b>\$2,625,049</b>	<b>\$15,346,753</b>	<b>\$17,971,802</b>
<b>INDIRECT CHARGES</b>			
10% indirect cost rate (includes utilities and accounting services)	\$0	\$0	\$0
<b>TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)</b>	<b>\$2,625,049</b>	<b>\$15,346,753</b>	<b>\$17,971,802</b>

DATE: August 08, 2019

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 APPROVE THE PROGRAM GRANT BUDGET FOR 2020

As provided for explicitly in the Board Bylaws, Article 3 F., the Board has the responsibility to approve the Program budget with respect to the specific Health Center Grant funds.

This approval is distinguished from the overall Program Budget approved by the Board and submitted to HRSA in that this budget only deals with actual Health Center grant funds, while the Program Budget represents all expenditures for the homeless and farmworker populations expended within SMMC.

The anticipated grant for 2020 is \$2,755,299. This includes the HRSA published prospective grant amount plus the expected inclusion on ongoing funding representing the \$130,250 from the 2018 SUD-MH Expanded Services award.

Attached is the 2020 draft HCH/FH Grant Budget.

This request is for the Board to review and approve the 2020 Program Grant Budget. Approval of this item requires a majority vote of the Board members present.

Attachments:

- HCH/FH 2020 Grant Budget

<b>Details for budget estimates</b>		<b>GY 2021</b>
<b><u>EXPENDITURES</u></b>		
<u>Salaries</u>		601,000
<u>Benefits</u>		160,000
<u>Travel</u>		
National Conferences (2000*8)		16,000
Regional Conferences (1000*5)		5,000
Local Travel		1,500
Taxis		1,000
Van & vehicle usage		1,000
		<u>24,500</u>
<u>Supplies</u>		
Office Supplies, misc.		10,000
Small Funding Requests		
		<u>10,000</u>
<u>Contractual</u>		
2018 Contracts		
2018 MOUs		
Current 2019 MOUs		872,000
Current 2019 contracts		1,034,000
ES contracts (SUD-MH)		150,000
---unallocated---/other contracts		
		2,056,000
<u>Other</u>		
Consultants/grant writer		30,000
IT/Telcom		10,000
New Automation		-
Memberships		2,500
Training		3,000
Misc		500
		<u>46,000</u>
	<b>TOTAL</b>	<u>2,897,500</u>
<b><u>GRANT REVENUE</u></b>		
Available Base Grant		2,755,299
Available Expanded Services Awards		
		<u>2,755,299</u>
HCH/FH REVENUE TOTAL		<u>2,755,299</u>
<b><u>BALANCE</u></b>		<b>(142,201)</b>
		based on est. grant of \$2,755,299
<u>Non-Grant Expenditures</u>		
Salary Overage		12,500
Health Coverage		57,000
base grant prep		
food		2,500
incentives/gift cards		1,000
		<u>73,000</u>
<b>TOTAL EXPENDITURES</b>	<b>BUDGETED</b>	<b>2,970,500</b>

**TAB 7**  
**QI Memo**



DATE: August 8<sup>th</sup>, 2019

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  
Danielle Hull, Clinical Services Coordinator

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee did not meet in July. The following was discussed:

- **SUD Patient Education Materials:** The order for printing has been sent. We will provide more information on when to expect the documents at the next board meeting.
- **Complex Diabetes Management – Novel Strategies in Non-Adherent/Homeless Patients Training:** We have scheduled a training for Primary Care providers on diabetes medication for farmworkers and the homeless. These populations face complications, such as lack of refrigeration, making their diabetes regimens more difficult to follow. The training will be conducted by Lawrence Chang, Clinical Pharmacologist at Santa Clara Valley Medical Center.
- **Training for Contractors:** A wide array of training topics were discussed at the Provider Collaborative meeting and determined a half-day training would be most feasible for staff of contractors. We will send out a prospective date by the end of the month.

**The next HCH/FH QI Committee meeting will be on August 22<sup>nd</sup>, 2019.**

Clinical Quality Measures (CQM)	FY19 Q1	FY19 Q2	SAC/BPR Goals	Healthy People 2020 Goals	SMMC Goals (Prime/QIP)	2017 CA 330 Programs	2017 Adjusted Quartile Ranking*
Cervical Cancer Screening	61%	<b>58%</b>	75%	93%	71.7%	60%	1
Diabetes (A1c <9%)	54%	<b>60%</b>	75%	85%	70.9%	66%	1
Prenatal Care 1st Trimester	75%**	<b>71%</b>	80%	78%	----	78%	4
Depression Screening & Follow-up	9%	<b>14%</b>	65%	<i>No comparable measure</i>	38.6%	64%	4

\*Ranking (from 1 to 4) of health center clinical performance compared to other health centers nationally

\*\*PNC small sample size

Clinical Measures (Monitor Only)	FY19 Q1	FY19 Q2	SAC/BRP Goal	SMMC Goal*
Hypertension	58%	<b>64.5%</b>	80%	71.7%
Child Weight Assessment	34%	<b>43%</b>	85%	---
Adult Weight Assessment	26%	<b>25%</b>	75%	---
Colorectal Cancer Screening	48%	<b>54%</b>	60%	62.75%
Tobacco Use and Cessation	90%	<b>89%</b>	96%	96.5%
Coronary Artery Disease (CAD): Lipid Therapy	80%	<b>75%</b>	96%	---
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	85%	<b>87%</b>	96%	92.77%

**TAB 8**  
**Director's**  
**Report**



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

San Mateo Medical Center  
222 W 39th Avenue  
San Mateo, CA 94403  
650-573-2222 T  
[smchealth.org/smmc](http://smchealth.org/smmc)

DATE: August 08, 2019

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 July 11, 2019 Co-Applicant Board meeting:

1. Grant Conditions/Operational Site Visit (OSV) Report

Based on conversations with the Program's HRSA Project Officer, we anticipate having the last of the remaining grant conditions – Required and Additional Services lifted. This is based on our submission of a Change in Scope request as detailed in the Operational Site Visit Report from last July's Site Visit.

Because HRSA has chosen to not act on the CIS requests, we will be maintaining our current approved scope documents as presented to the Board elsewhere on today's agenda. We expect Technical Assistance (TA) from HRSA on the scope and contracting issues sometime this fall.

2. Seven Day Update

ATTACHED:

- Program Calendar



**Health Care for the Homeless & Farmworker Health (HCH/FH) Program**  
**2019 Calendar (Revised August 2019)**

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>• Board Meeting (August 8, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>• QI Meeting</li> <li>• SAC- grant application due August 14<sup>th</sup></li> <li>• Program Director annual Evaluation</li> </ul>	August	@San Mateo Medical Center- SM
<ul style="list-style-type: none"> <li>• Board Meeting (September 12, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>• Approve program annual budget, SAC</li> <li>• Strategic Plan Retreat</li> <li>• Amend Contracts</li> </ul>	September	
<ul style="list-style-type: none"> <li>• Board Meeting (October 10, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>• QI Meeting</li> <li>• Provider Collaborative meeting</li> <li>• Int'l Street Symposium conference- Pittsburg, PN (Oct 20-23)</li> <li>• Sign Annual Conflict of interest statement</li> <li>• Board Chair &amp; Vice Chair nominations/ elections</li> </ul>	October	
<ul style="list-style-type: none"> <li>• Board Meeting (November 14, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>• Board Chair &amp; Vice Chair nominations/ elections</li> <li>• Annual Conflict of interest statement</li> </ul>	November	

BOARD ANNUAL CALENDAR	
<u>Project</u>	<u>Deadline</u>
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
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

**TAB 9**

**Budget &  
Finance Report**



San Mateo Medical Center  
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San Mateo, CA 94403  
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DATE: August 07, 2019

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

Estimated grant expenditures to-date are \$1,616,251. In addition, we have an estimate \$34,156 in expenditures for items not claimable on the grant, for total Program estimated expenditures of \$1,650,407.

Current projections for year-end are beginning to be more certain, although there is still a fairly wide error margin. Nonetheless, our current projection is that total base grant expenditures will be \$2,570,982 by the end of the year, which would create an unexpended fund balance of \$77,454. Including expenditures for the Expanded Services Awards (SUD-MH), the total Program grant expenditures would be \$2,731,732. That leaves approximately \$221,954 total in unexpended funding from the designated grants.

Based on expenditures to date, we anticipate the overall expenditure rate on base grant contracts and MOUs to be around 85% for allocation during the current Grant Year (and at 90.0% overall).

Based on the current numbers, we would suggest that the Board may begin to consider some possible one-time expenditures to be made toward the end of the year. With Board approval to go forward, Program will begin promoting one-time small funding requests that have been made available in past years. Any ongoing expenditure decisions by the Board would still necessitate making adjustments in the current ongoing commitments (contracts & MOUs) in order to best assure the available of funds to be committed.

Attachment:

- GY 2019 Summary Grant Expenditure Report Through 07/31/19



GRANT YEAR 2019

ACTUALS UPDATE FOR Q2 DRAWDOWN

Details for budget estimates	Budgeted (SF-424)	To Date (07/31/19)	Projection for GY (+~22 weeks)	Projected for GY 2020
<b>EXPENDITURES</b>				
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>554,324</u>	<u>287,754</u>	<u>555,000</u>	<u>601,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>224,198</u>	<u>73,638</u>	<u>145,000</u>	<u>160,000</u>
<u>Travel</u>				
National Conferences (2500*8)	20,000	15,794	25,000	16,500
Regional Conferences (1000*5)	5,000	3,721	4,000	5,000
Local Travel	1,000	1,390	300	1,500
Taxis	3,500	160	500	1,000
Van & vehicle usage	3,000	570	1,200	1,000
	<u>32,500</u>	<u>21,635</u>	<u>31,000</u>	<u>25,000</u>
<u>Supplies</u>				
Office Supplies, misc.	7,500	5,648	8,500	10,000
Small Funding Requests				
	<u>7,500</u>	<u>5,648</u>	<u>8,500</u>	<u>10,000</u>
<u>Contractual</u>				
2017 Contracts		67,867	67,967	
2017 MOUs		23,540	23,540	
Current 2018 MOUs	872,000	500,315	754,750	872,000
Current 2018 contracts	1,034,000	477,075	865,725	1,034,000
ES contracts (SUD-MH)	180,000	69,550	153,250	150,000
---unallocated---/other contracts		12,000	12,000	
	<u>2,086,000</u>	<u>1,150,347</u>	<u>1,877,232</u>	<u>2,056,000</u>
<u>Other</u>				
Consultants/grant writer	30,000	71,337	95,000	30,000
IT/Telcom	12,000	3,372	7,500	10,000
New Automation			0	-
Memberships	4,000	2,300	4,500	2,500
Training	10,000	175	7,500	3,000
Misc	750	45	500	500
	<u>56,750</u>	<u>77,229</u>	<u>115,000</u>	<u>46,000</u>
<b>TOTAL</b>	<u>2,961,272</u>	<u>1,616,251</u>	<u>2,731,732</u>	<u>2,898,000</u>
<b>GRANT REVENUE</b>				
Available Base Grant *	2,648,436		2,648,436	2,755,299
Available Expanded Services Awards **	305,250		305,250	
HCH/FH PROGRAM TOTAL	<u>2,953,686</u>	<u>1,616,251</u>	<u>2,953,686</u>	<u>2,755,299</u>
<b>BALANCE</b>	<b>(7,586)</b>	<b>PROJECTED AVAILABLE</b>	<b>221,954</b>	<b>(142,546)</b>
		<b>BASE GRANT PROJECTED AVAILABLE</b>	<b>77,454</b>	based on est. grant of \$2,755,299
* includes \$13,232 of QI targeted funding				
** includes \$175,000 of one-time funding (SUD-MH) (\$125,250 unallocated)				
<b>Total special allocation required</b>	<b>\$ 138,446</b>			
<u>Non-Grant Expenditures</u>				
Salary Overage	13090	6,198	11,500	12,500
Health Coverage	40000	27,143	55,000	57,000
base grant prep	15000		15,000	
food	2500	815	2,500	2,500
incentives/gift cards	1,000		2,000	1,000
	<u>71,590</u>	<u>34,156</u>	<u>86,000</u>	<u>73,000</u>
<b>TOTAL EXPENDITURES</b>	<b>BUDGETED 3,032,862</b>	<b>PROJECTED TO DATE 1,650,407</b>	<b>2,817,732</b>	<b>NEXT YEAR 2,971,000</b>