

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

## Co-Applicant Board Meeting Agenda

Coastside Clinic | 225 South Cabrillo Highway (Conf rm) Half Moon Bay

July 11, 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 Pacifica and other advocacy related topics</b>	Suzanne Moore and staff		9:07am
<b>E. CLOSED SESSION-</b> There is no closed session at this meeting.			
<b>F. MEETING MINUTES</b>			
1. Meeting minutes from June 13, 2019	Linda Nguyen	<b>Tab 1</b>	9:20am
<b>G. BOARD PRESENTATIONS AND DISCUSSIONS</b>			
<b>a. NHCH Conference report back</b>	HCH/FH Staff	<b>Tab 2</b>	9:25am
<b>b. Strategic Plan</b>	Irene Pasma		
<b>c. Homeless One Day Count Report</b>	Brian Greenberg		
<b>i. SAC discussion</b>			
<b>H. BUSINESS AGENDA</b>			
1. Services and Sites- Form 5A/5B/5C	Jim/Linda/Sofia	<b>Tab 3</b>	10:05am
<b>a. Action item Request to review/approve</b>			
<b>i. Inform of changes to RFHC contracts</b>			
<b>I. CONSUMER INPUT/GUEST SPEAKER</b>			
<b>a. Coastside clinic staff</b>	Wilfredo & Alexandra		10:15am
<b>I. REPORTING AGENDA</b>			
1. Needs Assessment	Irene		10:30am
2. Sub-committee reports	Steve C./Robert		10:40am
3. QI report	Frank/Danielle	<b>Tab 4</b>	10:45am
4. HCH/FH Program Director's Report	Jim Beaumont	<b>Tab 5</b>	10:50am
5. HCH/FH Program Budget/Finance Report	Robert/Jim	<b>Tab 6</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 August 8, 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 (June 13, 2019)  
SMMC**

Co-Applicant Board Members Present

Brian Greenberg  
Tayischa Deldridge  
Christian Hansen  
Eric DeBode  
Robert Anderson  
Steven Kraft  
Victoria Sanchez De Alba  
Adonica Shaw  
Steve Carey  
Suzanne Moore  
Shanna Hughes  
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  
Frank Trinh, Medical Director  
Megan Gosch, County Manager's office  
Mitzy De La Pena Medina , CMO- Office of Immigrant Services

Members of the Public

Robert Shabota  
Tricia O'Hara, Puente

Absent-Mother Champion

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting. Board member Adonica Shaw made announcement that it was her last board meeting, as she will no longer serve as a board member as she moves outside of San Mateo county.	
Consumer Input  Census- Megan Immigrant Services- Mitzy	Staff from the County Manager's office discussed the upcoming Census 2020 effort and Immigrant services. Immigrant services office opened a few years ago to provide access to services, linking to various services throughout the county. Discussion on public charge and their work collaborating with Legal Aid. There will be an Integration summit, updates will be on their website. The type of outreach materials that the office of Immigrant Services has available is on Red Card and Rapid Response line. Census 2020 is on April 1, 2020 and occurs every ten years. There will be 10-12 questions on the form. The form will probably include a question on citizenship status. According to Title 13, states are not allowed to share census data with any agencies including ICE. March 2020 the effort will start online and on paper. In May staff will be deployed to non-responses for follow up. The effort will be similar to past homeless One Day Count efforts, but much larger. The effort will include working with partners like the CORE service agencies, shelters etc. They have an ambassador program for those who want to help and volunteer.	Staff will discuss Census at next meetings (provider collab)
No Closed session		
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from May 9, 2019) were approved.  Please refer to TAB 1	Consent Agenda was <u>MOVED</u> by Adonica <u>SECONDED</u> by Robert, and <u>APPROVED</u> by all Board members present.

<p><b>Board Orientation</b></p> <p>Sites/Services (Forms 5A/5B)</p> <p>Quarter 1- Contractors performance- services.</p>	<p>Staff discussed the importance of discussing the services performed by the program as well as the listing of the sites where the services are performed (Forms 5A/5B), it is the responsibility of board members per the Compliance Manual (Chapter 19) on Board Authority. In the Compliance Manual on Chapter 4- "Required and Additional Services" details the services that must be provided by the health center and listed under Form 5A. Chapter 6 "Accessible Locations and Hours of Operation" discusses how sites that services are provided must be listed under Form 5B.</p> <p>Staff reported on the services provided by contractors for the first quarter. The (HCH/FH) Program has contracts with seven community-based providers, plus two County-based programs for the 2019 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance. We discussed some "under-performing" contracts that are either performing under 25% or lower than the same time last year for the first quarter in 2018. Some of those contractors included some new contractors (StarVista and El Centro), as well as Mobile Clinic and Ravenswood Family Health Center (RFHC) enabling contract. The new contracts were late to be executed and it usually takes some time for new contractors to get up to speed. We discussed methods to help contractors with their performance, that included conducting annual site visits for technical assistance. The report attached to the Board packet includes how contractors are performing regarding invoicing for services per the contract, outcome measures that they track as well as success and trends of their program they report out quarterly on. There was a discussion on how staff can support contractor's meet their goals as well as the quality of the services provided to our patients. There was also a discussion on how the decrease in homeless residents according to past homeless One Day counts has impacted services.</p> <p>Please refer to TAB 2</p>	
<p><b>Board Orientation</b></p> <p>Medical Respite</p> <p>Program logo</p>	<p>In conjunction with the Hospital Consortium of San Mateo County, staff collected and analyzed data on hospital discharge of medically fragile patients. The data showed a comprehensive Respite program for SMC requires 18-20 beds to appropriately serve the homeless population of SMC, this number includes the Health Plan of San Mateo (HPSM) 6-bed respite pilot intended to exclusively serve San Mateo Medical Center (SMMC) homeless patients. There was also discussion of current/planned programs in SMC and next steps.</p> <p>Staff updated the Board on the program's status of working on a logo for the program.</p> <p>Please refer to TAB 2</p>	<p>Staff to follow up with Tricia O'Hare regarding whether homelessness is a requirement to utilize medical respite, or if a farmworker in poor living conditions could utilize the service, i.e. for pre-op compliance.</p>
<p>Oral Health Infrastructure</p> <p><b>Action Item- Request to approve OHI application submission</b></p>	<p>The Health Services &amp; Resources Administration (HRSA) announced a competitive, supplemental funding opportunity, Oral Health Infrastructure (OHI), on March 22, 2019 to support a one-time infrastructure investment to provide new or enhance existing high quality, integrated oral health services. The estimated award value is up to \$300,000, and HRSA expects to issue awards to approximately 250 health centers. HCH/FH submitted the initial application to grants.gov before the April 22 deadline. The deadline to submit the final grant application via HRSA Electronic Handbook (EHB) was May 21, 2019. This is the third time that staff has presented to the Board on this opportunity and is requesting the Board to approve the final application that was submitted on May 21, 2019.</p> <p><b>Action item: Request to approve OHI application final submission</b></p>	<p><b>Request to approve OHI application submission</b>  <u>MOVED</u> by Adonica  <u>SECONDED</u> by Steve K.,  and APPROVED by all Board members present</p>

	Please refer to TAB 3	
<p>Integrated behavioral health Funding</p> <p><b>Action Item- Request to approve IBH application submission</b></p>	<p>The Health Services &amp; Resources Administration (HRSA) announced an expanded services supplemental funding opportunity, Integrated Behavioral Health Services, on March 29, 2019 to support the expansion of high quality behavioral health services through activities such as workforce expansion, professional development and training, clinical workflow and practice transportation, opioid prevention, pain management, and advancement of telehealth and other health information technologies. The estimated award value is \$145,000, and HRSA expects to issue up to 1,375 awards. The application deadline was May 13, 2019.</p> <p>This is the third time that staff has presented to the Board on this opportunity and is requesting the Board to approve the final application that was submitted on May 13, 2019.</p> <p><b>Action Item- Request to approve Oral Health funding application</b></p> <p>Please refer to TAB 4</p>	<p><b>Request to approve IBH application submission</b></p> <p><u>MOVED</u> by Adonica <u>SECONDED</u> by Tay,</p> <p><u>Abstain</u>- Steve C. and APPROVED by all remaining Board members present</p>
<p>Regular Agenda: HCH/FH Program</p> <p>Sub-committee reports</p>	<p><u>Finance sub-committee</u>: Robert reported on the funding levels of the budget program.</p> <p><u>Recruitment sub-committee</u>: Steve C. reported that the recruitment committee has been aggressive in recruiting new board members and taking more actions on member relations including chatting with board members that have expiring terms in September 2019</p>	
<p>Regular Agenda: HCH/FH Program</p> <p><b>QI Committee Report</b></p>	<p><b>HCH/FH Program Needs Assessment</b>: The HCH/FH Program has completed drafting the farmworker health survey and elderly homeless health survey. The draft will be finalized and disseminated to participants in the coming months. Irene Pasma will be transitioning to lead of the project and will work on operationalizing the plan, managing the consultant, and working with community organizations to administer surveys.</p> <p>• <b>AIMS One-Time Funding SUD-MH Patient Education Materials</b>: JSI completed the Substance Use Disorder patient education material documents as part of the AIMS One-Time Grant Funding and were forwarded to collaborators. The documents have been translated and finalized by the graphic designer. Digital copies have been sent to collaborators, contractors, and other entities who could use the materials. Danielle will work on connecting with BHRS ACCESS Call Center to establish a baseline in April to compare the number of calls received as a result of the materials.</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program</p> <p><b>Directors report</b></p>	<p><u>Grant Conditions/Operational Site Visit (OSV) Report</u></p> <p>As advised by our Project Officer a week before, on May 23, 2019, we received a Notice of Award establishing a 60-day grant condition on the Required and Additional Services element, and a 120-day grant condition on the Accessible Locations &amp; Hours element. These are the two (2) conditions related to our agreement with Ravenswood Family Health Center (RFHC). Our Project Officer advised us that HRSA was requesting that we respond specifically to the comments of the consultants reported in the Operational Site Visit Report.</p> <p>Program is in the process of preparing the response to these conditions and they should be</p>	

	<p>submitted within a few weeks. As part of this process, we have communicated with consultants Candace Kugel and Pat Fairchild. If necessary, the Board has already approved making the necessary changes in the Form 5A Services and Form 5B Sites should HRSA not accept our rationale for the current entries on these forms.</p> <p><u>HRSA Funding Opportunities</u> Staff presented on the two new funding opportunities earlier in the Board meeting on Oral health infrastructure and Integrated behavioral health.</p> <p><u>San Mateo Medical Center Board of Director's Meeting</u> On Monday, June 3, 2019, we presented at the regular monthly meeting of the SMMC Board of Directors, providing a general update on recent history of the program, its accomplishments, upcoming plans and challenges. The report appeared to be well received.</p> <p><u>Service Area Competition</u> 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 submission deadlines are July 15, 2019 for the Grants.gov general application and August 14, 2019 for the total specific application in HRSA's Electronic Handbook (EHB). We have already begun engaging our grant writing support team with Wipfli to get the application prepared.</p> <p><u>7 Day updates-</u> Staff received an email notice two days ago on a "Legislative Mandate", to confirm that the program's policies are in compliance with HRSA.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <b>Budget &amp; Financial Report</b></p>	<p>Estimated grant expenditures to-date are \$1,188,435. In addition, there is an estimate \$6,124 in expenditures for items not claimable on the grant, for total Program estimated expenditures of \$1,194,559.</p> <p>Current projections for year-end are, at best, guesses at this point in the year. Nonetheless, the current projection is that total base grant expenditures will be \$2,649,391 by the end of the year, which would create an over-expenditure of \$991. Including expenditures for the Expanded Services Awards (AIMS &amp; SUD-MH), the total Program grant expenditures would be \$2,963,650. That leaves approximately \$77,000 of unexpended funding from the designated grants. Based on expenditures to date, staff anticipate the overall expenditure rate on base grant contracts and MOUs to be around 92%. Based on the current numbers, staff would not be able to recommend any new or additional expenditures.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time <u>  11am  </u></p>	<p>Brian Greenberg</p>

# **TAB 2**

## **Board Presentations:**

**NHCHC report back**

**Strategic Plan**

**One Day Count report**

Attendee	Insights	Potential Actions
<p><b>Alexandria Gutierrez</b></p> <p>Community Health Worker, Coastside Clinic</p>	<ul style="list-style-type: none"> <li>- Our patients experience a lot of barriers when trying to access care</li> </ul>	<p><b>CHW work is important // More Collaboration with Providers needed → How can HCH/FH support you in this?</b></p> <ul style="list-style-type: none"> <li>- Take more active role in speaking with providers</li> <li>- Use resources provided at conference to define role as CHW to providers</li> <li>- Collaborate with nurses in the clinic</li> <li>- Reach out to Street Medicine to assist patient’s medical needs</li> </ul>
<p><b>Simone Heron-Carmignani, PhD</b></p> <p>Psychologist, Fair Oaks Clinic</p>	<ul style="list-style-type: none"> <li>- Impact of trauma on neurobiology</li> <li>- Thinking outside the box related to food insecurity</li> <li>- Importance of motivational interviewing working with diabetes patients</li> </ul>	<p><b>Managing diabetes is hard - especially if you’re homeless, Motivational Interviewing &amp; psychoeducation can help → share Diabetes Action Plan work</b></p> <ul style="list-style-type: none"> <li>- Encourage patients to take deep breaths or practice self-instructed mindfulness exercises while in the clinic/hospital waiting room</li> <li>- Reminded of importance to provide simple psychoeducation about diabetes, using motivational interviewing techniques to support patients in making lifestyle changes</li> </ul>
<p><b>Melissa Rombaoa, MPH</b></p> <p>Patient Centered Medical Home, Manager</p>	<ul style="list-style-type: none"> <li>- Policy, economic systems, social hierarchies are drivers of Social Determinants of Health and need to be accounted for when we deliver care and treat our patients</li> </ul>	<p><b>Consider implementing Self-administered HPV testing at SMMC → can HCH/FH fund a pilot?</b></p> <ul style="list-style-type: none"> <li>- These can replace Pap procedures done by the PCP, can be completed by the patient while they are at the clinic in a less invasive way; can empower patients, increase screening rates, improve health outcomes and reduce reliance on provider appointments</li> <li>- If interested in advocacy, find ways to provide input to the committee that is considering a piece of legislation</li> </ul>
<p><b>Brighton Ncube, MD</b></p> <p>Deputy Director of Ambulatory Services</p>	<ul style="list-style-type: none"> <li>- Importance of effectively integrating behavioral health and primary care to reduce stigma when homeless patients have to see a behavioral health specialist</li> <li>- Inequity in the provision of services to the LGBTQ community</li> <li>- Importance of implementing a trauma informed approach in our programming including addressing the trauma experienced by providers</li> <li>- Individuals experiencing homelessness have a right to healthcare and housing</li> </ul>	<ul style="list-style-type: none"> <li>- Structure staffing for healthcare for the homeless population → <b>discuss this more, what would this entail? How can we leverage HCH/FH and WPC?</b></li> <li>- Use of Tele-Health to increase access to care → <b>share tele-health funding opportunities</b></li> <li>- Providing health care to the homeless and having dedicated staff to real estate → <b>WPC housing committee</b></li> <li>- Screen everyone for food insecurity and trauma → <b>how can HCH/FH support you in this?</b></li> </ul>



Attendee	Insights	Potential Actions
<p><b>Amanda Hing Hernandez, NP</b></p> <p>Family Nurse Practitioner, MHPC</p>	<ul style="list-style-type: none"> <li>- When caring for patients, having in mind the social structures that impact the social determinants of health will strengthen my ability to provide more impactful, empathetic care</li> <li>- The clinical environment is an important component of how a patient interacts with the health system (and potentially impacts health outcomes?)</li> <li>- Colleagues that care for homeless patients nationally emphasized the importance of having a preventive health tracker as part of the EMR in improving patient outcomes all around, but especially for the homeless population.</li> </ul>	<p><b>Incarceration</b></p> <ul style="list-style-type: none"> <li>- Mental Health Primary Care clinic to implement the TCN model (Transitions Clinic Network) due to large number of patients having experiences with incarceration</li> <li>- Incorporate health visit navigators (community health workers) that have a lived experience of incarceration into the care team</li> </ul> <p><b>Clinic Environment</b></p> <ul style="list-style-type: none"> <li>- Consider how PSAs could provide a warm and genuine welcome</li> <li>- Encourage patients to bring a soothing item to their visit – consider providing soothing items for patients to hold</li> <li>- Provide sounds or a visualization CD to help patients through their clinic visit</li> <li>- Create conditions where patients feel empowered</li> <li>- Ask the team to be more proactive about asking about homelessness and incarceration – <b>HCH/FH to help train people on different forms of homelessness?</b></li> <li>- Make sure not to have a punitive tone when patients show up late // think about other ‘medical center norms’ that can prompt a patient to relive trauma</li> </ul> <p><b>Screening → can HCH/FH fund a pilot?</b></p> <ul style="list-style-type: none"> <li>- Provide a colonoscopy prep bag to homeless patients</li> <li>- Patients for paps/purses for paps</li> </ul> <p><b>Miscellaneous</b></p> <ul style="list-style-type: none"> <li>- Consider the MHPC team gathering more than once a month to rejuvenate and continue to inspire the work</li> <li>- Keep the overarching societal structural history in mind when caring for our homeless patients</li> </ul>
<p>Will Cerrato Clinic Manager</p>	<ul style="list-style-type: none"> <li>- Policy review and propose that may improve the quality of life of the homeless community</li> <li>- Strategies to increase the access to care for the homeless</li> <li>- Strategies to improve care coordination among homeless patients</li> <li>- Linking support services offered to the homeless population</li> <li>- Strategies to improve clinical metrics associated to homeless patients</li> <li>- Patient Navigation activities that improve the access and</li> </ul>	<ul style="list-style-type: none"> <li>- Improve behavioral health integration at SMMC → <b>What are some concrete things that can be done</b></li> <li>- Connect Street Medicine patients to Primary Care → <b>how can HCH/FH help this conversation with street medicine</b></li> </ul>

Attendee	Insights	Potential Actions
<p><b>Sofia Recalde, MCRP</b></p> <p>HCH/FH Management Analyst</p>	<ul style="list-style-type: none"> <li>- Coordinated entry and the role of providers as a resource to patients</li> <li>- The importance of story telling to create awareness and to de-stigmatize homelessness and increase visibility of program and partners</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Coordinated Entry</b> – Review current CES process and assessment tools for determining housing referrals. Discuss how health care providers can support clients facing homelessness interact with the existing system. Examine opportunities for advocacy.</li> <li>- <b>Storytelling</b> – Utilize resources and tools provided at session to personalize and convey the challenges and successes of homeless individuals and farmworkers in SMC. For use in the development of HCH/FH website, annual reports, informational materials, etc.</li> </ul>
<p><b>Irene Pasma, MPH</b></p> <p>HCH/FH Planning and Implementation Coordinator</p>	<ul style="list-style-type: none"> <li>- Structure Consumer Advisory Boards to have leadership opportunities &amp; real development</li> <li>- Medical respite – continuously promote medical respite to become a Medicaid benefit; track metrics the payer is interested in seeing</li> </ul>	<p><b>Medical respite, community advisory boards and Co-Applicant Board’s advocacy capacity</b></p> <ul style="list-style-type: none"> <li>- Reach out to county vocational services to advertise joining the CAB as a professional development opportunity</li> <li>- Contact Julia Dobbins for medical respite technical assistance</li> <li>- Provide co-applicant board with resources/information regarding advocacy on a local/state/federal level more consistently</li> </ul>
<p><b>Linda Nguyen, MPA</b></p> <p>HCH/FH Program Coordinator</p>	<ul style="list-style-type: none"> <li>- Learning about how biased/flawed the tools used for “Coordinated Entry” to place people into shelter/housing can be, not putting into consideration health and local needs.</li> <li>- The importance of advocating for the populations you serve, talking with politicians</li> </ul>	<p><b>Health Care Providers could influence the Vulnerability Tool used in “Coordinated Entry” to place people in shelters/housing.</b></p> <ul style="list-style-type: none"> <li>- Understanding the inequities of the current system to place people into shelters/housing</li> <li>- Providing helpful input as health care providers on what health related concerns should be included in the “tool”</li> <li>- Provide training resources to the professional “interviewers” such as Motivational Interviewing etc.</li> <li>- Meeting with local politicians about the needs of the population we serve.</li> </ul>
<p><b>Danielle Hull, MPH</b></p> <p>HCH/FH Clinic Coordinator</p>	<ul style="list-style-type: none"> <li>- Train providers to cater diabetes medication management strategies to meet the unique needs of homeless</li> <li>- Collaborate creatively: identify non-health oriented groups to improve equity (i.e. Black Lives Matter)</li> <li>- Providers don’t feel comfortable prescribing MAT</li> <li>- Use of telehealth to provide specialty services to rural Coastside patients (i.e. behavioral health, cardiology, etc)</li> </ul>	<ul style="list-style-type: none"> <li>- Meet with WPC to discuss ways to formalize social determinants of health into policy and procedure</li> <li>- Discuss how to build better connection with HPSM and COH</li> <li>- Speak with Clara Boyden and Mary Tyler Fullerton to discuss “warm line” for providers to call into and get advice on MAT prescriptions <ul style="list-style-type: none"> <li>- UCSF, SAMSHA, and ECHO good resources</li> </ul> </li> <li>- Research Narcan training in the county and think of ways to offer this to patients/clients</li> <li>- Research PrEP/HIV normative beliefs of homeless patients <ul style="list-style-type: none"> <li>- Speak with Frank Trinh regarding PrEP prescription</li> </ul> </li> <li>- [Long term] Discuss behavioral telehealth implementation with Clara Boyden and others.</li> <li>- Contact Lawrence Chang of Santa Clara County to gauge interest in helping us to develop 1 hour CME training regarding diabetes medication management</li> </ul>



## Themes

*Insights mentioned by more than one attendee*

- Motivational interviewing / trauma informed care (for both patients and providers)
- Social determinants of health/social structures informing how we provide care as a system
- Explore screening tests which can be done outside of regular provider/clinic settings
- Consider techniques to help patients in the clinic environment feel more comfortable/empowered
- Role of advocacy in our work

## **National Health Care for the Homeless conference DC 2019**

Write up by Robert Anderson

### **1) Who were the speakers of interest?**

The speakers of interest to me were Colleen Valez, Corporation for Supportive Housing; Jason Albertson, San Francisco HOT; Jim O'Connell, MD, Boston Health Care for the Homeless Program

### **2) What were the key points & interesting discussions:**

In the Chronic Rough Sleepers & People Living on the Street workshops there was much discussion about the homeless living on the streets and in vehicles. In New York City there are 76,000 homeless and they all have access to shelters. In Los Angeles there are over 54,000 homeless without any form of shelter. 25% of the homeless in the United States are in the state of California. The reason that NYC has their homeless population sheltered is because the City passed a right to shelter law that mandates shelter for anyone that requests it. A similar law does not exist in California.

I attended two Diabetes workshops. The discussion centered around diabetes prevention and education. There was further discussion about proper diet and healthcare for homeless who suffer from diabetes.

### **3) How does this connect with the HCH program?**

This connects with the HCH program because diabetes is a serious health issue among the homeless in San Mateo County. Furthermore, improving diabetes management is a HRSA priority in 2019.

### **4) Technical Knowledge Gained?**

I received a great deal of technical knowledge regarding improving diabetes treatment and management, diabetes prevention, and how to educate the homeless population about healthy, nutritious, and culturally appropriate foods.

I also learned about various harm reduction models regarding street homelessness.

### **5) List of Workshops Attended:**

Housing First: From Pariah to Policy Priority  
Starting Small in Medical Respite  
Equitable Aging in Place: Expanding the Harm Reduction Model  
People Living in Encampments, Streets and Vehicles: The Public Response  
Housing Boston's Rough Sleepers  
Food Justice and Diabetes  
Focus on the 2019 Diabetes Adapted Clinical Guidelines  
Everyone Poops : A Dialogue About Open Defecation

# **San Mateo Healthcare for the Homeless/ Farmworker Health Program**

## **Three- Year Strategic Plan**

**2016-2019**

## **Introduction**

For the past several years, the San Mateo Health Care for the Homeless/Farmworker Health (HCH/ FH) program has focused on revising its structure and policies to address requirements of its major funder, the Health Resources and Services Administration's (HRSA's) Bureau of Primary Health Care (BPHC). The staff and board committed to a strategic planning process starting in November 2015 with the intent of moving beyond focusing primarily on HRSA requirements and into developing a strategic vision for program development. The board and staff have worked together over the last six months to discuss program strengths and challenges, gaps in services for the target population, and opportunities for growth in order to inform how HCH/ FH could most effectively benefit the target population. This strategic plan is the result of that work.

Following is a brief program background and history and a description of the strategic planning process, followed by the key goals that have been established and the next steps. The HCH/FP program mission and values, the current environment in which the program operates, and the goals and strategies that were developed through this process are in the PowerPoint following this introduction. More detail on the data and interviews that informed the plan are in the documents attached.

## **Background/History**

The Healthcare for the Homeless Program in San Mateo County was started in 1991 to provide health care to homeless, substance abusing women in East Palo Alto. The Program has grown to provide medical, dental, and behavioral health care services for the homeless throughout the County. In 2010, the Program's responsibilities broadened to include farmworkers and their families. The renamed Healthcare for the Homeless/Farmworker Health (HCH/FH) Program is a Public Health Act Section 330(g) (h) program, receiving federal funds to support and promote health care for these target populations. The HCH/FH Program also confers Federally Qualified Health Center status upon San Mateo Medical Center (SMMC).

A significant portion of medical, dental, and behavioral health care for San Mateo County's homeless and farmworker patients and families is provided by SMMC. In addition, the HCH/FH program typically conducts a Request for Proposal (RFP) process to solicit additional services to better serve the homeless and farmworker populations in San Mateo County. The first RFP process was conducted in 2010 that resulted in 6 agreements to provide medical, dental and enabling services. The current effort was initiated in October 2015, and is ongoing with a total of 15 proposals submitted.

These agreements have led to additional clinical services provided by the County's mobile health clinic, Sonrisas Community Dental Center (Sonrisas), and Ravenswood Family Health Center (Ravenswood). Additionally, community-based organizations, such as LifeMoves,

Samaritan House, Puente de la Costa Sur (Puente) and Legal Aid Society of San Mateo, plus the County's Behavioral Health & Recovery Services, provide additional health access and support services to the target populations, including care coordination, eligibility assistance, health education, legal services and coordination of care in conjunction with all of the County and private partners. In 2015, the HCH/FH Program provided services to 6,556 unduplicated patients, including 4,714 homeless and 1,947 farmworker individuals and their families.

Delivery of care and services within San Mateo County is hampered by the geographical dispersion of patients, clinics, and other providers of care and services. San Mateo County is an elongated geo-political entity, divided by a coastal mountain range that isolates Coastal populations from Bay-side services. The majority of homeless patients are located in Redwood City, San Mateo, East Palo Alto, South San Francisco, Daly City, and the coastal cities of Pacifica and Half Moon Bay. The farmworker population is centered from the Half Moon Bay area down to the southern coastal area around Pescadero. Coastal patients are frequently reluctant to leave the Coast, whether by car or bus, to obtain medical or other services "over the hill." After opening the SMMC Coastside Clinic in 2012, a steadily increasing number of homeless and farmworker patients have engaged medical and dental services, and they continue to use the behavioral health services located within the same clinic building in Half Moon Bay and at Puente. Farmworkers and their families also receive dental services through Sonrisas, and medical services through Coastside Clinic and SMMC pilot clinic in Pescadero at Puente on Thursday evenings funded by Measure A funds that started in 2015.

In October 2013 a new governance structure for the Program, the Co-Applicant Board, was created in response the Health Resources and Services Administration (HRSA) identifying that San Mateo County was now required to do so to be in compliance with Section 330 program requirements. As the governing board for the Program, the Co-Applicant Board oversees the operations of the Program, including selecting and evaluating the effectiveness of services offered, engaging in strategic planning, and monitoring and evaluating the Program's progress in meeting programmatic, quality, and financial goals.

The federal funding from HRSA for the HCH/FH Program is awarded based on a Service Area Competition (SAC). SACs are currently issued every three years (or less) for a given defined service area (whether geographic or by target population(s)). As a Section 330 program grantee, various other program grants may be applied for and granted throughout the 3-year grant cycle. Currently the program receives over \$2 million in funding.

## **Process**

### Needs Assessment

A Needs Assessment was conducted from June through August 2015 that included patient surveys as well as Provider Surveys. A total of 429 patient surveys were disseminated at 12 service provider locations that included: Ravenswood Family Health Center, Samaritan House/Safe Harbor Shelter, LifeMoves, Puente de la Costa Sur, Mental Health Association, Saint Vincent De Paul, Public Health- Mobile Clinic, Coastside Hope and Coastside Mental Health.

The Provider Survey was conducted online via Survey Monkey with 39 service providers responding on their perceived health priorities for clients.

### Planning Data

In December of 2015 John Snow Inc (JSI) completed a summary of data on the homeless and farmworker populations in San Mateo County (Attachment A). There are an estimated 4,000-6,000 people who are homeless in San Mateo County in a given year and approximately 1,700-2,000 individuals employed in the agricultural/farmworker industry in the County each year. If you include family members, who are also eligible for grant support, the total farmworker population is estimated at 3,740-4,400.

### Qualitative Analysis

Between November 2015 and February 2016, a comprehensive review of existing data and planning documents was done, along with extensive qualitative research, including interviews of more than thirty people (HCH/FH board, HCH/FH staff, service providers, and other key stakeholders). This analysis resulted in a summary of needs that were presented to the HCH/FH board at the February 11, 2016 Board meeting (the accompanying paper is included as Attachment B).

Identified needs were divided into key service and system gaps. The service gaps focused on specific areas of need for the homeless and farmworker population in San Mateo. The system gaps were areas where the staff and board could grow their capacity through increases in expertise and communication and coordination with other systems, in particular coordination and alignment with the San Mateo Medical Center and Behavioral Health and Recovery Services (BHRS).

### Discussion and Prioritization

After being presented with the initial findings, the Board was asked to go through a preliminary prioritization. Additional research was conducted in preparation for a half day board/staff retreat on March 17, 2016. The goal of the retreat was to identify key initiatives and actions for



each of the service and program and planning gaps that were prioritized. The goals, strategies, and actions in the strategic plan are based on the four goals discussed at the retreat. Strategies for expanding services were further prioritized at the May 12, 2016 board meeting.

## **Goals and Priorities**

The HCH/FH goals that emerged from the strategic planning process are:

- 1) Expand health services for homeless and farmworkers,
- 2) Improve the ability to assess the on-going needs for homeless and farmworkers,
- 3) Maximize the effectiveness of the Healthcare for the Homeless and Farmworker Health Board and Staff, and
- 4) Improve communication about resources for the homeless and farmworkers.

Each of the goals have strategies and actions associated with them. The detail is provided on the following pages. The board further prioritized the strategies for the first goal “expand health services for homeless and farmworkers.” The priority strategies are (not in order of priority):

- Increase dental services for adult farmworkers.
- Increase mental health clinical services, including psychiatry services, for homeless and farmworkers,
- Increase available respite care with wrap-around services for homeless,
- Provide wrap-around services for medically fragile, homeless seniors staying at shelters.

Goals two through four focus on building the capacity of the board and staff and the ability of the program to communicate and coordinate with other stakeholders. They detail strategies to increase the capacity of the program to collect and report on data and improve coordination in a way that allows the program to engage at a policy level. These are on-going efforts that can happen simultaneously as services are expanded, and in many cases the work is already underway.

## **Next Steps**

The goals and priority areas set by the board will guide the HCH/FH work. The priorities establish a framework. Staff will need to develop funding proposals that follow some shared principles, such as:

- Continue to develop contract structure and language that promotes serving the most vulnerable (as opposed to the easiest to serve),
- To the extent possible, make funding decisions that look to provide equity in the amount of funding distributed to homeless and farmworkers, by the percentage of each in the county. Geographic equity between where the populations live and where the funding goes should also be considered.

- Not funding services that are covered through other programs, for example, Medi-Cal services for the homeless, unless the funds are being used strategically for start-up costs or to leverage other funding.
- Staff will continue to develop specific action plans and begin implementing while providing progress updates to the board.

### **Summary of Strategic Plan**

The pages immediately following this introduction include:

- The mission, vision and values of the San Mateo Healthcare for the Homeless/ Farmworker Health Program,
- A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, and
- The agreed upon goals and strategies to reach those goals.

### **Background Documents**

Attachment A: Planning Data, Prepared by John Snow, Inc (JSI), December 2015

Attachment B: San Mateo County Healthcare for the Homeless/Farmworker Health Program Three Year Vision Project: Initial Findings, Prepared by Rachel Metz, February 2016

### White Papers Developed (not attached):

- Summary of Roles and Responsibilities of Case Management, Navigational and Community Health Worker Staff by Title and Functions, Prepared by John Snow, Inc (JSI), August 2015
- Promising Outreach and Navigation Programs, Prepared by John Snow, Inc (JSI), November 2015
- Promising Nutrition and Food Access Programs: Prepared by John Snow, Inc (JSI), January 2016
- Support and Companion Animal Programs: Prepared by John Snow, Inc (JSI), January 2016
- Medical Respite Care: Prepared by John Snow, Inc (JSI), March 2016
- Nonemergency Medical Transportation: Prepared by John Snow, Inc (JSI), March 2016

## Mission

The mission of the San Mateo Health Care for the Homeless/Farmworker Health (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 behavioral health services in a supportive, welcoming, and accessible environment.

# Vision

- The HCH/FH Program provides services that are patient centered and utilize a harm reduction model that meets patients where they are in their progress towards their goals.
- The HCH/FH Program lessens the barriers that homeless and/or farmworker individuals and their families may encounter when they try to access care.
- The HCH/FH Program provides health services in consistent, accessible locations where the homeless and farmworkers can receive timely care and have their immediate needs addressed in a supportive, respectful environment.
- Through its services, the HCH/FH Program reduces the health care disparities in the homeless and farmworker populations.

# Values

## **ACCESS**

**Homeless and farmworker individuals and their families have full access to the continuum of health care and social services.**

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## **DIGNITY**

**The services provided by the HCH/FH Program are respectful, culturally competent and treat the whole person's physical health and behavioral health.**

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## **INTEGRITY**

**Homeless and farmworker individuals and their families are valued and considered a partner in making decision regarding their health care.**

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## **INNOVATION**

**Services provided by the HCH/FH Program will be targeted to respond to the needs of the homeless and farmworker individuals and their families with the outcome of making these individuals healthier and their lives more stable.**

# External Environment

## *Strengths/ Opportunities*

- San Mateo is an affluent county with financial resources and extensive services.
- Healthcare Reform has increased the number of people eligible and enrolled in Medi-Cal.
- San Mateo has a history of service provision without regard to immigration status and a strong program for the low-income population not eligible for Medi-Cal (ACE).
- Homeless redesign is a priority of the County.
- HRSA funding has been increasing and allows for program flexibility

# Internal Operating Environment

## *Strengths/ Opportunities*

- San Mateo County has a strong system of medical and behavioral health care with extensive services.
- San Mateo has great outreach teams (provided both through county and from HCH/FH funding).
- The HCH/FH Board and Staff are passionate and ready to move forward with new initiatives.
- History of service provision without regard to immigration status
- The mobile van and street outreach have been providing needed services and have been expanding.
- New service expansions in Half Moon Bay and Pescadero are increasing services offered to farmworkers.
- The HRSA funding has been increasing.

# External Operating Environment

## *Weaknesses/ Threats*

- The cost of housing is very high and income disparity is increasing.
- San Mateo County is geographically spread out and separated by a mountain range.
- County departments are siloed.
- HRSA requirements are burdensome and hard to navigate.



# Internal Operating Environment

## *Weaknesses/ Threats*

- County/SMMC services are not tailored to the unique needs of the homeless or farmworker population.
- There is limited information and understanding about the location and demographics of the farmworker population.
- The HCH/FH program is siloed from other homeless and farmworker services and does not have a communication strategy for the HCH/FH program or an inventory of the services available for the target population.
- The HCH/FH Program has a small staff and does not include clinical (beyond medical director) or service coordination staff.
- The Board consists primarily of individuals affiliated with a contracted organization and does not have representation in all desired areas of expertise.

# FOUR STRATEGIC GOALS

I. Expand health services for homeless and farmworkers.

II. Improve the ability to assess the on-going needs for homeless and farmworkers.

III. Maximize the effectiveness of the HCH/FH Board and Staff.

IV. Improve communication about resources for the homeless and farmworkers.

## GOAL I. Expand health services for homeless and farmworkers.

Strategy	Actions
1. Increase dental services for adult farmworkers.	<ul style="list-style-type: none"><li>A. Work with Coastside clinic to add more dental care for adult farmworkers and family members.</li><li>B. Do a Request for Proposals to expand dental services for farmworkers.</li></ul>
2. Promote preventive dental care for homeless and farmworkers.	<ul style="list-style-type: none"><li>A. Determine current capacity (dental van, Sonrisas, and SMMC) for routine and preventive dental services.</li><li>B. Develop communication and messaging around the importance of oral health.</li><li>C. Work with case managers and other organizations working directly with homeless and farmworkers on communicating about preventative care.</li></ul>
3. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.	<ul style="list-style-type: none"><li>A. Add psychiatry to mobile van unit.</li><li>B. Identify areas with high concentrations of homeless where mental health service providers could come on location and see multiple clients.</li><li>C. Work with all primary care clinics to develop immediate access to mental health services with a warm hand-off.</li><li>D. Meet with BHRS to talk about needs for homeless and farmworkers (Steve Kaplan, Terry Wilcox-Rittgers, Pernille Gutschick).</li><li>E. Ask BHRS to provide psychiatry consultation by phone.</li><li>F. Increase the number of new therapists with “ability to speak Spanish.”</li></ul>

## GOAL I. Increase health services for homeless and farmworkers CONTINUED

Strategy	Actions
4. Increase drug and alcohol support for farmworkers.	<ul style="list-style-type: none"> <li>A. Meet with BHRS AOD staff (Clara Boyden) to talk about needs of farmworkers.</li> <li>B. Identify 1-3 innovative approaches to provide support.</li> <li>C. Work with BHRS to target resources.</li> </ul>
5. Increase available respite care with wrap-around services for homeless.	<ul style="list-style-type: none"> <li>A. Survey, or do a “point in time” county at the hospitals of number of homeless people they would release to respite if they could and what current resources they have for respite.</li> <li>B. Research licensure requirements , reimbursement and potential funding.</li> <li>C. Define model(s), staffing and criteria for referrals.</li> <li>D. Provide funding (either through HCH/FH grant or from hospitals) to coordinate care for respite beds at shelters.</li> </ul>
6. Provide wrap-around services for medically fragile, homeless seniors staying at shelters.	<ul style="list-style-type: none"> <li>A. Define what wrap-around services are needed to enable medically fragile services to stay in shelters.</li> <li>B. Provide funding (either through HCH/FH grant or from hospitals) to coordinate care at shelters.</li> <li>C. Depending on model, include funding for transportation for clients between the shelters and medical care or to bring care to shelters.</li> </ul>
7. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.	<ul style="list-style-type: none"> <li>A. Contact the Stanford program to review their model.</li> <li>B. Review recommendations from Board committee.</li> <li>C. Discuss model and needs with SMMC leadership and other hospitals.</li> </ul>

## GOAL II. Improve the ability to assess the on-going needs for homeless and farmworkers

Strategy	Actions
1. Integration and alignment of additional measurable outcomes for homeless and farmworker population with SMMC.	<ul style="list-style-type: none"><li>A. Develop a dashboard that is produced quarterly and shared with Board and leadership at SMMC and BHRS.</li><li>B. Review outcome measures of HRSA and SMMC with Tosan Boyo.</li><li>C. Develop outcome goals for homeless and farmworkers that demonstrate alignment between HRSA and SMMC goals.</li></ul>
2. Work with partners to increase data collection capacity.	<ul style="list-style-type: none"><li>A. Work with SMMC to see how “homeless” and “farmworker” status is collected at registration and displayed in the EHR (Jonathon Mesinger, Kirk Stone, and Nereda Gonzales are good contacts for pulling reports from CORE).</li><li>B. Determine whether display should be modified.</li><li>C. Discuss homeless and farmworker data collection in AVATAR with BHRS leadership and request regular reports.</li><li>D. Review contractor and other partner homeless and farmworker data collection capacity.</li></ul>
3. Strengthen collaboration with San Mateo Medical Center.	<ul style="list-style-type: none"><li>A. Attend SMMC monthly clinic director’s meetings.</li><li>B. Establish grand rounds for homeless patients 2 times per year at SMMC.</li><li>C. Establish regular walkthrough of Coastside and Pescadero services for farmworkers to assess care needs.</li><li>D. Establish regular meetings with SMMC leadership to review homeless and farmworker data and needs.</li></ul>

## GOAL III. Maximize the effectiveness of the HCH/FH Board and Staff

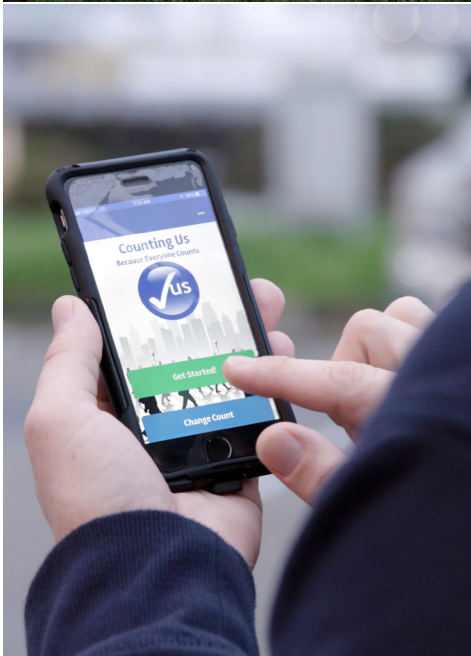
Strategy	Actions
1. Increase diversity of expertise on the Board	<ul style="list-style-type: none"><li>A. Target growing the board to include additional farmworker health expertise, more members who are not affiliated with a contract. Also, look for the following experience: finance, IT, HR, PR, org development, retired from SMMC, knowledge of East Palo Alto.</li><li>B. Assess appropriateness of Board meeting times/locations /support to encourage attendance e.g. rotating meeting location, changing meeting time, providing translation services, providing child care.</li></ul>
2. Determine whether additional staff and/or consultants should be hired to complete strategies and on-going efforts.	<ul style="list-style-type: none"><li>A. Review “action” items and timeline with Board.</li><li>B. Sort tasks by short-term planning and implementation versus long-term needs.</li><li>C. Determine whether existing staff and/or Board members can complete tasks or whether additional staff and consultants will be needed.</li></ul>
3. Use all available resources.	<ul style="list-style-type: none"><li>A. Develop program budget to fully expend the available funding.</li><li>B. Develop and follow a process for a mid-year review of funding and redistribution.</li><li>C. Develop guidelines about what types of one-time expenditures are allowed.</li></ul>

## GOAL IV. Improve communication about resources for the homeless and farmworkers.

Strategy	Actions
1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers.	<ul style="list-style-type: none"><li>A. Establish regular meetings with BHRS leadership to review homeless and farmworker data and needs with intention of developing 1-3 initiatives per year that address the needs of the homeless and farmworker populations.</li><li>B. Develop web-site for HCH/ FH program</li><li>C. Participate in more regular planning meetings throughout the County.</li></ul>
2. Develop easy to use material for homeless and farmworker providers with information about resources available.	<ul style="list-style-type: none"><li>A. Meet with BHRS leadership to gain deeper understanding of the services available and referral process to access services.</li><li>B. Map out all services available to homeless and farmworkers in San Mateo.</li><li>C. Create directory of services available to homeless and guidelines for referral process.</li></ul>



**2019**  
**SAN MATEO COUNTY**  
**ONE DAY HOMELESS**  
**COUNT AND SURVEY**  
**EXECUTIVE SUMMARY**





# EXECUTIVE SUMMARY

This executive summary provides an overview of key results from the 2019 San Mateo County One Day Homeless Count and Survey (count). The San Mateo County Human Services Agency (HSA) coordinates the count in collaboration with community and County partners. The 2019 count was conducted in the early morning hours of January 31, 2019. Approximately 400 volunteers consisting of community-based providers, members of the public, City and County staff, and community expert guides, deployed by foot and car to conduct observational counts and surveys of people experiencing homelessness in each census tract in the County. The County conducts the count every two years. The results provide one source of data, among many others, to help the County and its partners assess how to best serve homeless households and assist them with returning to housing as quickly as possible. The results are also submitted to the United States Department of Housing and Urban Development (HUD), which then compiles information about the homeless counts nationwide.

## Number of People Experiencing Homelessness

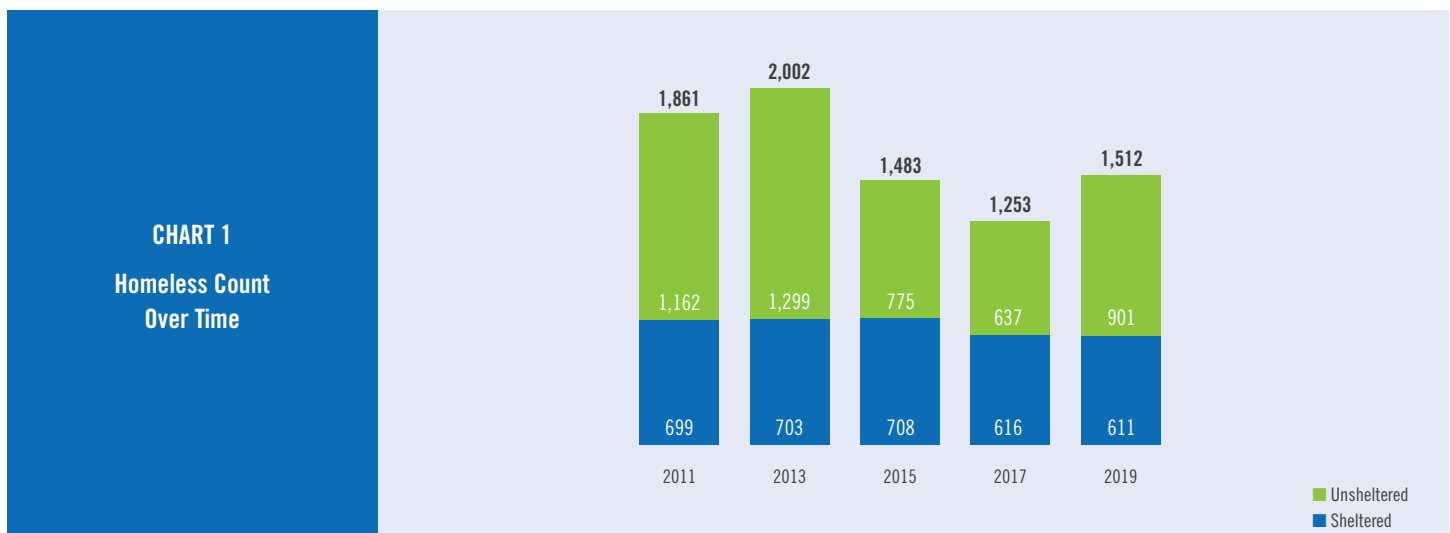
The 2019 count determined that there were **1,512 people experiencing homelessness in San Mateo County on the night of January 30, 2019**, comprised of:

- **901 unsheltered** homeless people (living on streets, in cars, in recreational vehicles (RVs), in tents/encampments), and
- **611 sheltered** homeless people (in emergency shelters and transitional housing programs).

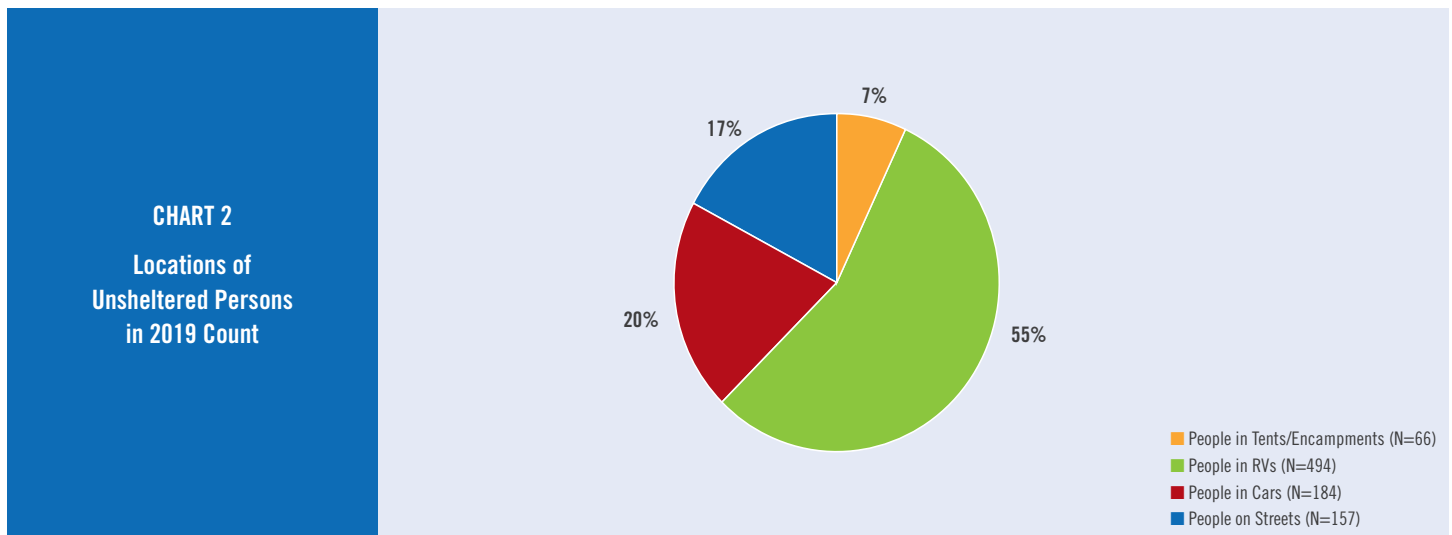
This finding of 1,512 people is higher than the 2017 and 2015 counts, but lower than the 2011 and 2013 counts. The number of people living in shelters in 2019 remains similar to the number counted in 2017. The overall increase in homelessness from 2017 to 2019 is driven primarily by a significant increase in the number of people living in RVs (127% increase). There was also an increase in the number of people sleeping on the street (24% increase). However, compared to 2017, the 2019 count found a decrease in people estimated to be sleeping in cars (7% decrease) and in tents/encampments (31% decrease).

While no unsheltered families were directly observed during the 2019 count, the number of families with children experiencing unsheltered homelessness is estimated to have been 16 (in cars, tents/encampments, and/or RVs). This number represents a 16% decrease in families from the 19 families estimated to be unsheltered in the 2017 count.

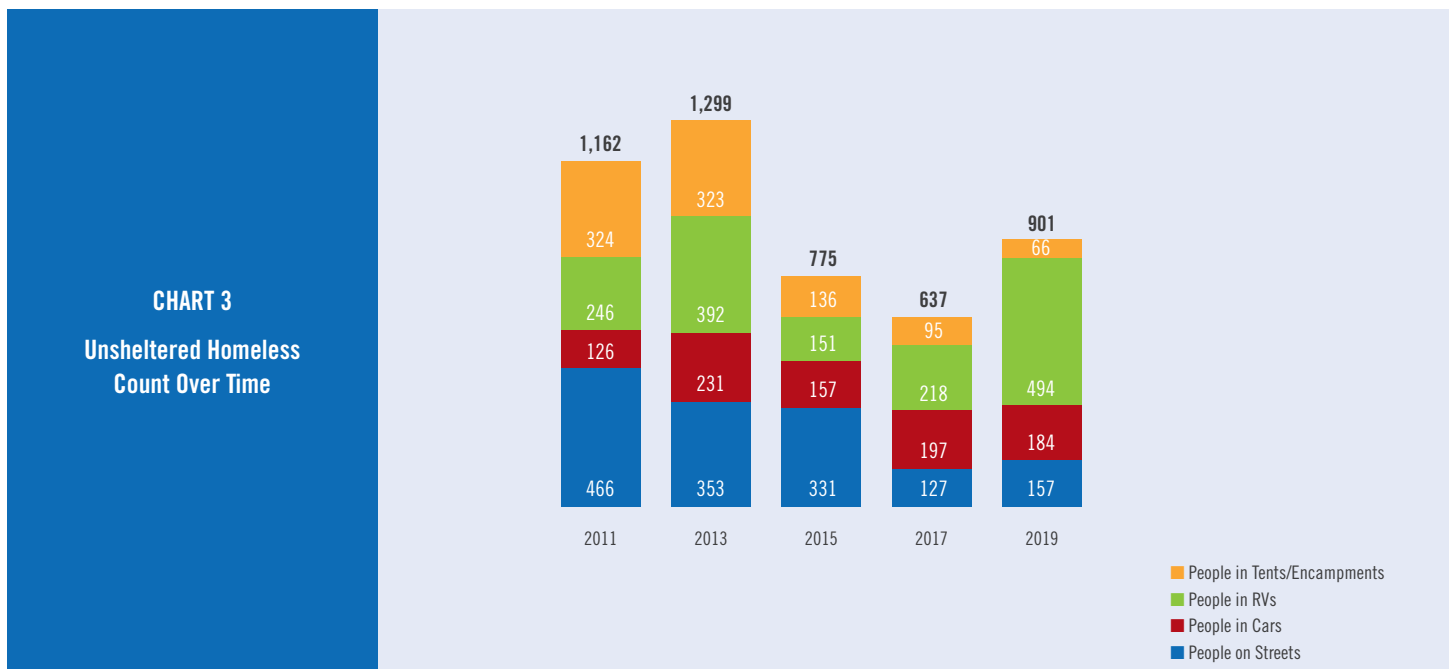
The chart below shows the number of people experiencing homelessness, including both sheltered and unsheltered, from the One Day Counts from 2011 to 2019.



The following chart illustrates the proportion of people estimated to be sleeping in each of these locations on January 30, 2019: on the street, in cars, in RVs, or in tents/encampments.



The chart below depicts the shifts over time among unsheltered sleeping situations as observed in recent counts.



Though the number of people sleeping in shelter has varied somewhat between counts, the number of people experiencing unsheltered homelessness is the primary driver of fluctuations in overall homelessness numbers over time. The table and chart below show the changes in the number of people sleeping in unsheltered locations across the counts.

**TABLE 1**  
Count by Location  
2011 – 2019

LOCATION	2011	2013	2015	2017	2019
<b>UNSHeltered Count</b>					
People on Streets	466	353	331	127	157
People in Cars	126	231	157	197	184
People in RVs	246	392	151	218	494
People in Tents/Encampments	324	323	136	95	66
<b>Subtotal Unsheltered Count</b>	<b>1,162</b>	<b>1,299</b>	<b>775</b>	<b>637</b>	<b>901</b>
<b>SHELTERED Count</b>					
People in Emergency Shelter	258	272	254	211	266
People in Transitional Housing	441	431	454	405	345
<b>Subtotal Sheltered Count</b>	<b>699</b>	<b>703</b>	<b>708</b>	<b>616</b>	<b>611</b>
<b>Total</b>	<b>1,861</b>	<b>2,002</b>	<b>1,483</b>	<b>1,253</b>	<b>1,512</b>

**CHART 4**  
Unsheltered Persons  
by Location Over Time



## Geographic Information

The following table summarizes the geographic locations of people experiencing unsheltered homelessness reflected in the counts from 2011 to 2019.

**TABLE 2**  
**Counts by Jurisdiction**

CITY	2011 COUNT	2013 COUNT	2015 COUNT	2017 COUNT	2019 COUNT
Atherton	1	0	1	0	1
Belmont	1	43	11	3	7
Brisbane	0	34	21	19	4
Burlingame	3	13	7	21	25
Colma	1	7	3	1	8
Daly City	44	27	32	17	66
East Palo Alto	385	119	95	98	107
Foster City	0	7	0	6	4
Half Moon Bay	41	114	84	43	54
Hillsborough	0	0	0	0	0
Menlo Park	72	16	27	47	27
Millbrae	1	21	8	7	9
Pacifica	95	150	63	112	116
Portola Valley	16	2	0	1	0
Redwood City	233	306	223	94	221
San Bruno	14	98	8	26	12
San Carlos	9	10	20	28	30
San Francisco International Airport	9	5	1	3	21
San Mateo	68	103	82	48	74
South San Francisco	122	172	55	33	42
Unincorporated	47	46	32	30	73
<i>Coastside</i>			22	22	60
<i>Central</i>			0	0	0
<i>North</i>			0	3	6
<i>South</i>			10	5	7
Woodside	0	6	2	0	0
<b>Total</b>	<b>1,162</b>	<b>1,299</b>	<b>775</b>	<b>637</b>	<b>901</b>

## Conclusion

The overall finding from the count is that the number of people experiencing homelessness on the day of the count increased by 21% from 2017 to 2019, although the overall number of people experiencing homelessness is less than the numbers found in 2011 and 2013. The increase from 2017 was primarily driven by an increase in the number of people living in RVs. HSA and its community partners have noted this trend and have been working to ensure that the population of unsheltered people living in RVs is connected to the available safety net and homeless services. HSA is also exploring strategies to create new services specifically tailored to this population.

While overall homelessness has increased, the 2019 count found that there were decreases in some populations, including families with children, people sleeping in tents/encampments, and people sleeping in cars. HSA and its partners will continue implementation of strategies for these populations.

HSA and its partners will continue efforts to create a homeless crisis response system that identifies a housing solution for each individual and family who experiences homelessness. HSA and its partners will continue to utilize a variety of data to measure trends and progress.

Services will continue to be implemented to prevent homelessness whenever possible, and when homelessness does occur, the primary measure of success is whether people are assisted to secure housing as quickly as possible and do not return to homelessness. This is especially challenging given the extremely high costs and low vacancy rates in the housing market, however, HSA and its community partners are committed to continuing to implement strategies that have proven to be effective in reducing homelessness.

# **TAB 3**

**Request to Approve  
Services/Sites of  
Forms 5A/5B/5C**

DATE: July 11, 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 HCH/FH PROGRAM 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 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.

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 2019)
- HCH/FH Form 5B (revised 2019)
- HCH/FH Form 5C (current)

▼ 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		
Diagnostic Laboratory	X		
Diagnostic Radiology	X		
Screenings	X		
Coverage for Emergencies During and After Hours	X		
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		
<b>Obstetrical Care</b>			
Prenatal Care	X		
Intrapartum Care (Labor & Delivery)	X		
Postpartum Care	X		
Preventive Dental	X		
Pharmaceutical Services	X		
HCH Required Substance Use Disorder Services	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		



<b>Speciality 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>
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

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 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	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.)	751905
FQHC Site National Provider Identification (NPI) Number (Optional field)	1750460671	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-H80-001005		Site Status: Active	
<b>Site Information</b>			
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.)	
<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>	
<b>Site Information</b>			
<b>Site Name</b>	Fair Oaks Health Center	<b>Physical Site Address</b>	2710 Middlefield Rd, Redwood City, CA 94063-3404
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 363-4602
<b>Web URL</b>	www.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	01/01/1988	<b>Site Operational Date</b>	01/01/1998
<b>FQHC Site Medicare Billing Number Status</b>	This site has a Medicare billing number	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751887
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)	1386728533	<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>	94063		

<b>Site Id: BPS-H80-005524</b>	<b>Site Status: Active</b>
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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	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.)	751906
FQHC Site National Provider Identification (NPI) Number (Optional field)	1265522619	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)	94015		

Site Id: BPS-H80-003064

Site Status: Active

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)	40.00
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>	94403		

**Site Id: BPS-H80-005388** **Site Status: Active**

Site Information			
<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		

<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>	94063, 94061		

**Site Id: BPS-H80-005206** **Site Status: Active**

Site Information			
<b>Site Name</b>	NORTH COUNTY MENTAL HEALTH	<b>Physical Site Address</b>	375 89th St, Daly City, CA 94015-1802
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 301-8650
<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	<b>Medicare Billing Number</b> (Required if "This site has a	

	submitted to CMS	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-H80-000552</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		

Site Id: BPS-H80-022195		Site Status: Active	
<b>Site Information</b>			
Site Name	Daly City Youth Health Center	Physical Site Address	350 90th St., 3rd Floor, Daly City, CA 94015-1880
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	05/22/2018	Site Operational Date	09/27/2018
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)	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)	94015		

Site Id: BPS-H80-003782		Site Status: Active	
<b>Site Information</b>			
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	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)	1194804013	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		Number of Intermittent	

<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>	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-H80-000785</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<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		
<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, 94402, 94401		

<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		

Site Id: BPS-H80-004798

Site Status: Active

<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			

**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-H80-009159**

**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>	This site has a Medicare billing number	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site	751907

		Medicare Billing Number (Status' field.)	
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)	1568540557	<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)**

<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		

**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
---------------------------------------	-------

**Site Id: BPS-H80-006870** **Site Status: Active**

<b>Site Information</b>			
<b>Site Name</b>	Coastside Health Center	<b>Physical Site Address</b>	225 Cabrillo Hwy S Ste 100A, Half Moon Bay, CA 94019-1738
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-3941
<b>Web URL</b>	www.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	01/05/1998	<b>Site Operational Date</b>	01/05/1998
<b>FQHC Site Medicare Billing Number Status</b>	This site has a Medicare billing number	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751898
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)	1841379765	<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)**

<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		

**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>	94019
---------------------------------------	-------

**Site Id: BPS-H80-004460** **Site Status: Active**

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	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.)	751888
FQHC Site National Provider Identification (NPI) Number (Optional field)	1023196011	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)	94015		

Site Id: BPS-H80-000595				Site Status: Active
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	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.)	751904	
FQHC Site National Provider Identification (NPI) Number (Optional field)	1932288859	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		Number of Intermittent Sites		

(Required only for 'Migrant Voucher Screening' Site Type)	(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-H80-002922</b>		<b>Site Status: Active</b>	
<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 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>	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		


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 **Self Updates: Activity details**

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

**Grant Number:** H80CS00051      **BHCMIS ID:** 091140      **Project Period:** 11/01/2001 - 12/31/2019  
**Budget Period:** 01/01/2019 - 12/31/2019

▼ **Resources** 

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[Form 5A](#) | [Form 5B](#) | [Form 5C](#)

**Existing Activities/Locations**

Type of Activity	Frequency of Activity	Description of Activity	Type of Location(s) where Activity is Conducted
Non-Clinical Outreach	Monday-Friday through outreach conducted by Community Health Workers assigned to the HCH Mobile Clinic.	Community health workers visit shelters and sites frequented by homeless where they provide information on the Mobile Clinic schedule, as well as, health and other enabling services.	Shelters, service sites (e.g., food kitchens) and other sites (e.g., parks) frequented by the homeless.
Immunizations	Adult and/or children's immunizations can be accessed by HCH patients on an on-going basis.	Recommended adult (e.g., Hepatitis C, flu shots)and childhood (by age two) immunizations.	SMMC clinics listed on Form 5 - Part B or public health immunization clinics at various locations.
Health Education	Daily at SMMC/HCH service sites.	Health education focused on the awareness, prevention and management of chronic conditions such as diabetes is provided at various service sites.	Sites listed on Form 5 - Part B and attached map of SMMC service sites.
Portable Clinical Care	Monday through Thursday	"Backpack Medicine" - Street & Field Primary Care Delivery	Streets, alleys, encampments, farms, and other sites frequented by street homeless and farmworker patients.

**TAB 4**  
**QI Memo**



DATE: July 11<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 met on June 27<sup>th</sup>. The following was discussed:

- **SMMC QI Debrief:** 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 25<sup>th</sup>.
- **Diabetes Action Plan Update:** 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.
  - Part of the current condition includes a “pre-visit” in which an A1c test is done in a lab a few days prior to meeting with the medical provider. This is called “in-reach” to patients with appointments scheduled in the following two weeks. Medical Assistants are responsible for contacting patients to remind them to get their labs done prior to their visit.

We continue to receive A1c logs from the Mobile Clinic and monitor the efficacy of the equipment in improving health outcomes. For referral to dental care if a client has out of control A1c, we have recognized the need for multiple protocols and will provide a detailed plan of action for the next board meeting.

- **2018 UDS Patient Profile:** 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.



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

Clinical Quality Measures (CQM)	FY19 Q1	SAC/BPR Goals	Healthy People 2020 Goals	SMMC Goals (Prime/QIP)	2017 CA 330 Programs	2017 Adjusted Quartile Ranking*
Cervical Cancer Screening	61%	75%	93%	71.7%	60%	1
Diabetes (A1c <9%)	54%	75%	85%	70.9%	66%	1
Prenatal Care 1st Trimester	75%**	80%	78%	----	78%	4
Depression Screening & Follow-up	9%	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

\*\*Small sample size

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

**TAB 5**  
**Director's**  
**Report**



DATE: July 11, 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 June 13, 2019 Co-Applicant Board meeting:

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

A review of the instructions received for submission of the Program's Service Area Competition (SAC) award indicate that having **any** grant conditions at the time of award would create a **one-year** award (during which we would automatically receive another Operational Site Visit (OSV)). To avoid 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 & 5B as necessary.

As part of this effort, RFHC was advised that the agreement for Primary Care services for the homeless would be terminated effective July 31, 2019. In addition, the necessary amendments to increase the Enabling Services agreement with RFHC as approved by the Board has been submitted for formal approvals with an effective start date of August 1, 2019.

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 & 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.

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 & Additional Services grant condition showing this requested change for Form 5A. We hope to hear from HRSA shortly on this submission.

Acceptance of our submission and the lifting of the 120-day condition would represent the successful efforts of the Program to come into full compliance and the lifting of all of the grant conditions placed on the Program as a result of the July 2018 OSV.





SAN MATEO COUNTY HEALTH

## SAN MATEO MEDICAL CENTER

### 2. Service Area Competition

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.

### 3. Seven Day Update

#### ATTACHED:

- Program Calendar

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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>• Board Meeting (July 11, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>• Provider Collaborative meeting</li> <li>• Review/approve Sites and Services Form 5A/5B/5C</li> </ul>	July	@Coastside Clinic- HMB
<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>• Amend Contracts</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</li> <li>• Strategic Plan Retreat</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</li> </ul>	October	

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 6**

**Budget &  
Finance Report**



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

DATE: July 11, 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 \$1,389,4668. In addition, we have an estimate \$29,930 in expenditures for items not claimable on the grant, for total Program estimated expenditures of \$1,418,398.

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 unexpended fund balance of \$26,219. 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.

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 & MOUs) in order to best assure the available of funds to be committed.

Attachment:

- GY 2019 Summary Grant Expenditure Report Through 06/30/19



GRANT YEAR 2019

Details for budget estimates	Budgeted [SF-424]	To Date (06/30/19)	Projection for GY (+~26 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>284,602</u>	<u>575,000</u>	<u>582,035</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>224,198</u>	<u>77,736</u>	<u>160,000</u>	<u>184,000</u>
<u>Travel</u>				
National Conferences (2500*8)	20,000	2,366	30,000	15,000
Regional Conferences (1000*5)	5,000	3,721	2,500	5,000
Local Travel	1,000	107	1,000	1,000
Taxis	3,500	160	1,500	2,500
Van & vehicle usage	<u>3,000</u>	<u>258</u>	<u>1,250</u>	<u>2,500</u>
	<u>32,500</u>	<u>6,612</u>	<u>36,250</u>	<u>26,000</u>
<u>Supplies</u>				
Office Supplies, misc.	7,500	2,009	7,000	10,000
Small Funding Requests				
	<u>7,500</u>	<u>2,009</u>	<u>7,000</u>	<u>10,000</u>
<u>Contractual</u>				
2017 Contracts		55,827	55,827	50,000
2017 MOUs		23,540	23,540	30,000
Current 2018 MOUs	872,000	414,545	780,750	872,000
Current 2018 contracts	1,034,000	460,125	896,550	925,000
ES contracts (SUD-MH)	180,000	0	180,000	232,500
---unallocated---/other contracts				
	<u>2,086,000</u>	<u>954,037</u>	<u>1,936,667</u>	<u>2,109,500</u>
<u>Other</u>				
Consultants/grant writer	30,000	40,087	65,000	30,000
IT/Telcom	12,000	5,093	12,000	12,000
New Automation			0	-
Memberships	4,000	2,300	2,300	2,500
Training	10,000		7,500	3,000
Misc	<u>750</u>	<u>42</u>	<u>500</u>	<u>500</u>
	<u>56,750</u>	<u>47,522</u>	<u>87,300</u>	<u>48,000</u>
<b>TOTAL</b>	<u>2,961,272</u>	<u>1,372,518</u>	<u>2,802,217</u>	<u>2,959,535</u>
<b>GRANT REVENUE</b>				
Available Base Grant *	2,648,436		2,648,436	2,765,454
Available Expanded Services Awards **	305,250		305,250	
HCH/FH PROGRAM TOTAL	<u>2,953,686</u>	<u>1,372,518</u>	<u>2,953,686</u>	<u>2,765,454</u>
<b>BALANCE</b>	<b>(7,586)</b>	<b>PROJECTED AVAILABLE</b>	<b>151,469</b>	<b>(204,081)</b>
		<b>BASE GRANT PROJECTED AVAILABLE</b>	<b>26,219</b>	based on est. grant of \$2,765,454
* 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	4,387	10,000	10,000
Health Coverage	40000	23,778	50,000	50,000
base grant prep	15000		15,000	
food	2500	765	2,500	2,500
incentives/gift cards	<u>1,000</u>		<u>1,000</u>	<u>1,000</u>
	<u>71,590</u>	<u>28,930</u>	<u>78,500</u>	<u>63,500</u>
<b>TOTAL EXPENDITURES</b>	<b>BUDGETED 3,032,862</b>	<b>PROJECTED 1,401,448</b>	<b>2,880,717</b>	<b>NEXT YEAR 3,023,035</b>