

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

Co-Applicant Board Meeting Agenda

Fair Oaks Clinic | 2710 Middlefield Road 1st floor (Great Room) RWC

June 13, 2019; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA			9:02am
C. PUBLIC COMMENT			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>			
D. CONSUMER INPUT/GUEST SPEAKER	Jasmine Hartenstein, Immigrant Services Coordinator		9:07am
a. Census			
b. Homeless one day count report	Brian Greenberg		
E. CLOSED SESSION- There is no closed session at this meeting.			
F. MEETING MINUTES			
1. Meeting minutes from May 9, 2019	Linda Nguyen	Tab 1	9:35am
G. BOARD PRESENTATIONS AND DISCUSSIONS			
a. Sites/Services (Form 5A/5B/5C)	HCH/FH Staff	Tab 2	9:37am
b. Quarter 1 – contractors report			
c. Medical Respite			
d. Program logo discussion			
e. NHCHC report on			
H. BUSINESS AGENDA			
1. Oral Health Infrastructure funding application	Jim/Sofia	Tab 3	10:35am
a. Action item Request to approve final submission			
2. Integrated Behavioral health funding application	Jim/Sofia	Tab 4	10:37am
a. Action item Request to approve final submission			
I. REPORTING AGENDA			
1. Sub-committee reports	Steve C./Robert		10:40am
2. QI report	Frank/Danielle	Tab 5	10:45am
3. HCH/FH Program Director’s Report	Jim Beaumont	Tab 6	10:50am
4. HCH/FH Program Budget/Finance Report	Robert/Jim	Tab 5	10:55am
J. BOARD COMMUNICATIONS AND ANNOUNCEMENTS			
<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 nd Thursday of the month (unless otherwise stated)			
a. Next Regular Meeting July 11, 2019; 9:00AM – 11:00AM at Coastside Clinic HMB			
K. ADJOURNMENT			11:00am

TAB 1

Meeting Minutes

Request to Approve

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (May 9, 2019)
SMMC**

Co-Applicant Board Members Present

Tayischa Deldridge
Christian Hansen
Eric DeBode
Robert Anderson
Steven Kraft
Victoria Sanchez De Alba
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

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

Members of the Public

Suzanne Moore
Shanna Hughes- San Mateo Police Dept
Vicente Lara - Puente

Absent, Adonica Shaw, Brian Greenberg, Steve Carey, Mother Champion

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Anderson 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.	
Consumer Input SMMC- Resources Mgmt on SB1152	Kelsey Dattilo- Social Work Supervisor with the Resources Management department came to speak about SB1152 California's Discharge Planning law effective January 1, 2019 and applies to all hospitals in California. The following requirements are due by January: identify and document patients experiencing homelessness, Infectious Disease Screening or Referral, vaccination plan, screening for affordable health coverage, provide for discharge medications, offer meal prior to discharge, assess clothing and offer weather appropriate clothing if needed, identify post-discharge destinations, transportation plan, communicate post -discharge needs to receiving entity. There was a discussion on the data collected by SMMC staff on discharges that occurred November 2018 through March 2019. Currently Health Care for the Homeless/Farmworker Health program staff works with SMMC to streamline the definition of homelessness. There are both January and July deadlines for some of the bills requirements. SMMC works closely with other private hospitals as well.	Victoria will contact next speaker on census
No Closed session		
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from April 11, 2019) were approved. Please refer to TAB 1	Consent Agenda was <u>MOVED</u> by Christian <u>SECONDED</u> by Steve K., and <u>APPROVED</u> by all Board members present.
Board Orientation 2018 Annual Federal program Performance	HCH/FH program staff submitted the final Uniform Data System (UDS) report on March 5, 2019, The UDS is a standard data set that is reported annually and provides consistent information about health centers. It includes patient demographics, services provided, clinical processes and results, patients' use of services, costs, and revenues that document how San Mateo County Health as well as the HCH/FH contractors perform. Over the years there have been fluctuations in both the homeless and farmworker populations. The criteria for the clinical outcome measures have also changed significantly; this is reflected in the UDS trend charts showing data on eight years of UDS reporting (2010-2018).	

	<p>Overall the number of homeless and farmworker patients utilizing HCH/FH services in San Mateo County has continued its downward trend since 2015. The HCH/FH program saw a 12% reduction in the total number of patients between 2017 and 2018 from 6,482 to 5,733 patients. The reduction is largely attributed to the homeless patient population, as the number of farmworker patients remains steady. In 2018, a total of 40 FTEs conducted 33,738 clinic visits for 5,733 unduplicated patients. Patients accessed multiple services, such as medical (4,969 patients), dental (1,164 patients), mental health (302 patients), podiatry (2434 patients), vision (563 patients), enabling (2,162 patients) and supportive services. The total cost to provide healthcare and enabling services to homeless and farmworker individuals under HCH/FH in 2018 was \$17,022,108, which was similar to HCH/FH costs in 2017 (\$17.3M). HCH/FH Program revenue in 2018 included \$4.1M in Medicaid and Medicare reimbursement, \$2.4M from a HRSA section 330 grant, and \$11.1M from County (ACE) support. There was a conversation regarding the costs of the program and the effort it takes to run the entire program.</p> <p>Please refer to TAB 2</p>	<p>Add Victoria to QI meetings</p> <p>Pescadero site info-request for Vicente (Puente)</p>
<p>Board Orientation</p> <p>Patient Satisfaction survey</p>	<p>Patient Satisfaction Report summary for 2018 included: Distribution of 10 service sites in San Mateo County; 4 survey tools were developed to collect data regarding patient satisfaction with medical, dental, behavioral, and enabling services; majority of questions were common across all 4 survey tools, with additional unique questions specific to services received; offered in Spanish, English, and Tongan; of 225 surveys distributed, 190 surveys were administered and recorded.</p>	
<p>SMMC Audit</p> <p>Action Item- Request to approve SMMC Audit</p>	<p>The County of San Mateo Controller’s Office sent HCH/FH the 2018 Single Audit Report, which showed no findings. Since HCH/FH is part of the County of San Mateo system, HCH/FH is included in the County of San Mateo’s annual overall Single Audit. In accordance with HRSA requirements, the HCH/FH Co-ApPLICANT Board is required to review and accept the audit and may raise concerns or take action if needed.</p> <p>Action item: Request to approve SMMC Audit</p> <p>Please refer to TAB 3</p>	<p>Request to approve SMMC Audit</p> <p><u>MOVED</u> by Christian</p> <p><u>SECONDED</u> by Steve K, and APPROVED by all Board members present</p>
<p>Oral health Funding</p> <p>Action Item- Request to approve application</p>	<p>The Health Services & 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 supplemental information via HRSA Electronic Handbook (EHB) is May 21.</p> <p>HCH/FH shared the OHI funding opportunity to multiple internal and external partners. Based on staff conversations with Dr. Anne Marie Silvestri, SMMC Dental Director, and with the Board at the April 11 meeting, staff recommended a proposal to purchase, implement and integrate a dental electronic health record (EHR) into San Mateo County Health’s electronic medical record system. Currently, dental providers can only chart in the progress notes narrative field in eClinical Works (ECW). ECW does not contain tools for charting dental health, lacks tools for treatment plans and does not integrate with a dental imaging system. A</p>	<p>Request to approve Oral Health funding application</p> <p><u>MOVED</u> by Christian</p> <p><u>SECONDED</u> by Tay, and APPROVED by all Board members present</p>

	<p>dental specific EHR will enable providers to chart and track patients and their oral health more efficiently. The dental EHR will interface with Connected Care, San Mateo County’s Health Information Exchange, a system that will allow for the electronic sharing of health-related information for patients and clients receiving services from the San Mateo County Health System.</p> <p>Please refer to TAB 4 Action Item- Request to approve Oral Health funding application</p>	
<p>Integrated Behavioral health funding</p> <p>Action Item- Request to approve application</p>	<p>The Health Services & 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 is May 13, 2019. HCH/FH shared the IBHS funding opportunity to multiple internal and external partners. Based on staff conversations with staff from the Public Health Policy & Planning (PHPP), and with Board members at the April 11 Co-Applicant Board meeting, HCH/FH staff recommended a proposal to support the addition Case Management Specialist to the Street/Field Medicine team. This position will provide mental health and Alcohol and other Drug (AOD) counseling, education and referrals to homeless and farmworker patients, and will work independently from the street medicine team when specific patient needs arise (e.g., assisting patients getting into residential treatment or detox).</p> <p>Since the IBHS funding opportunity has a quick submission deadline (May 13, 2019) and the Board is required to approve the program’s grant applications, HCH/FH staff brought this supplemental grant request to the Board for its approval. HCH/FH staff requested preliminary approval to move forward with the IBHS submission, and the final submission will be brought to the Board for final approval at the next Board meeting.</p> <p>Please refer to TAB 5 Action Item- Request to approve IBH application</p>	<p>Action Item- Request to approve IBH application</p> <p><u>MOVED</u> by Steve K <u>SECONDED</u> by Christian, and APPROVED by all Board members present</p>
<p>Board member request</p> <p>Action Item- Request to approve new Board members</p>	<p>The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws. The Board Composition Committee has interviewed candidates it wishes to present to the Board. The Committee requested the approval of new Board members to enlarge the knowledge and expertise available to the Board for its review and planning duties. Board Recruitment/Membership Committee Members interviewed Shanna Hughes and Suzanne Moore and reported out to the Board.</p> <p>Shanna is currently a San Mateo police officer assigned to the Homeless Outreach Team and she interacts</p>	<p>Request to approve Shanna Hughes <u>MOVED</u> by Tay</p>

	<p>with local street homeless on a daily basis. Shanna said she understands the needs of the street homeless, especially in regard to health care. Shanna would like to see our local HOT team work more closely with the Street Medicine Team in delivering medical needs to the street homeless.</p> <p>Action Item- Request to approve new Board members – Shanna Hughes</p> <p>Suzanne Moore served as a Family Nurse Practitioner at Daly City and South San Francisco Clinics and provided care to mostly adults with chronic mental health issues. She remains active in her community volunteering for organizations such as: Fair Rents 4 Pacifica, Pacifica Housing 4 All, Anti-Displacement Coalition of San Mateo, and Pacifica Resource Center. Suzanne was recommended due to her experience in health care, local government, and her involvement in policy and housing issues.</p> <p>Please refer to TAB 6</p> <p>Action Item- Request to approve new Board members- Suzanne Moore</p>	<p><u>SECONDED</u> by Steve K, and APPROVED by all Board members present</p> <p>Request to approve Suzanne Moore <u>MOVED</u> by Steve K <u>SECONDED</u> by Tay, and APPROVED by all Board members present</p>
Sub-committee reports	Finance committee- reported out (Robert) that they reviewed the first quarter performance of the contractors.	
QI Report – Medical Director	<p>The San Mateo County HCH/FH Program QI Committee met on April 25th, 2019. The following were discussed:</p> <p><u>Enabling Services Measure Data:</u> Frank Trinh completed the analysis of case management clients receiving enabling services who have been referred into primary care. The three organizations included were BHRS ARM, Puente, and LifeMoves. The referrals were tracked from November 2017 to February 2018. This cohort was monitored for primary care appointments scheduled and attended, seen by mobile clinic or street medicine, seen at SMMC ED, or seen at SMMC PES between November 2017 to February 2019.</p> <p><u>HCH/FH Program Needs Assessment:</u> The HCH/FH Program has begun preliminary planning meetings for the biennial program needs assessment. The assessment will begin in April with a tentative completion date of June 30th, 2019.</p> <p><u>AIMS One-Time Funding SUD-MH Patient Education Materials:</u> 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 are being reformatted by the SMMC graphic designer.</p> <p>Discussion on Patient Education material and distribution plan</p>	Show patient education material at next meeting
Regular Agenda: HCH/FH Program Directors report	<p><u>Grant Conditions/Operational Site Visit (OSV) Report</u></p> <p>As anticipated and reported at the last Board meeting, on April 4, 2019, HRSA issued a Notice of Award (NOA) 17-13 establishing a 60-day grant condition on the Program Requirement for Clinical Staffing, e – Credentialing & Privileging Files. This NOA also lifted the Clinical Staffing, c – Procedures for Review of Credentials grant condition. On April 09, 2019, Program submitted the</p>	

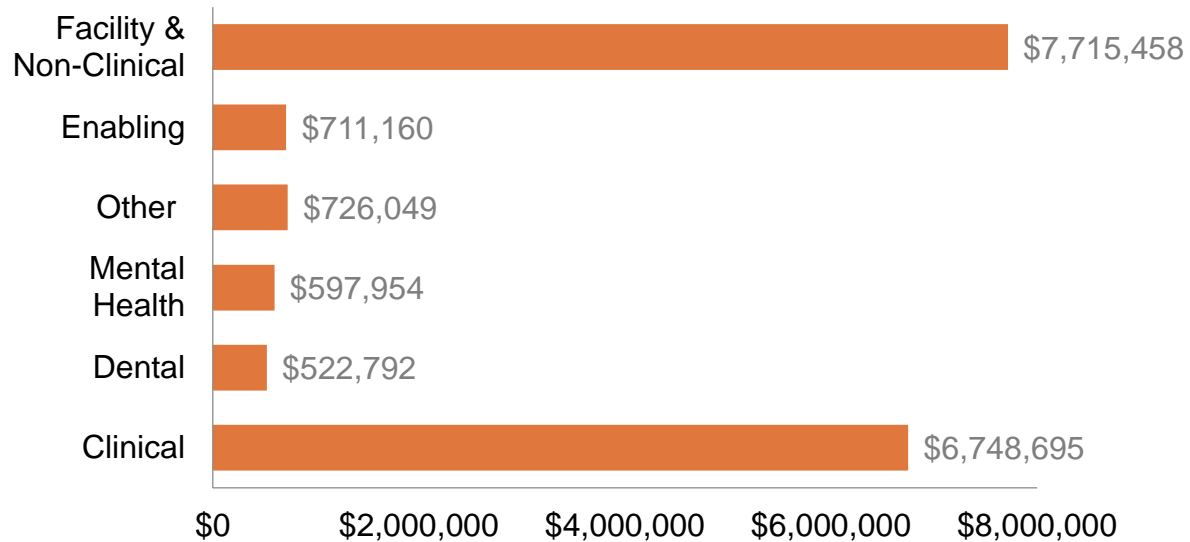
	<p>requested documents and information on the 60-day grant condition. On May 02, 2019, HRSA issued NOA 17-14 lifting the 60-day grant condition. All of the grant conditions from the 2018 Operational Site Visit have now been lifted except for the two related to our agreement with Ravenswood Family Health Center (RFHC). Our Project Officer has confirmed that those two (2) conditions are still under review with HRSA.</p> <p><u>HRSA Funding Opportunities</u> We continue to work with our grant writer on the development and submission of the Oral Health Infrastructure grant application. Other updates were addressed earlier in the meeting.</p> <p><u>San Mateo Medical Center Board of Director’s Meeting</u> The HCH/FH Program is scheduled to present at the June 3, 2019 SMMC Board of Director’s meeting, focused on the Program Annual Report.</p> <p><u>7 day update-</u> discussion of logo for HCH/FH program</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program Budget & Financial Report</p>	<p>Estimated grant expenditures to-date are \$946,428. In addition, we have an estimate \$5,339 in expenditures for items not claimable on the grant, for total Program estimated expenditures of \$951,767.</p> <p>Current projections for year-end are, at best, guesses at this point in the year. Our current projection is that total grant expenditures will be \$2,925,055 by the end of the year, which would leave an estimated \$28,595 in unexpended grant funds. As reported before, approximately \$138,000 of our grant funds have some level of spending restrictions, so we have an estimate of being potentially \$100,000 overextended with our grant funds. We expect this number to come down as we get further into the year and can clearly identify where we have been able to expend the restricted funds and having a better idea on the rate of expenditures for our contracts and MOUs.</p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time _____11am_____</p>	<p>Robert Anderson</p>

2018 Annual HCH/FH Performance (UDS)

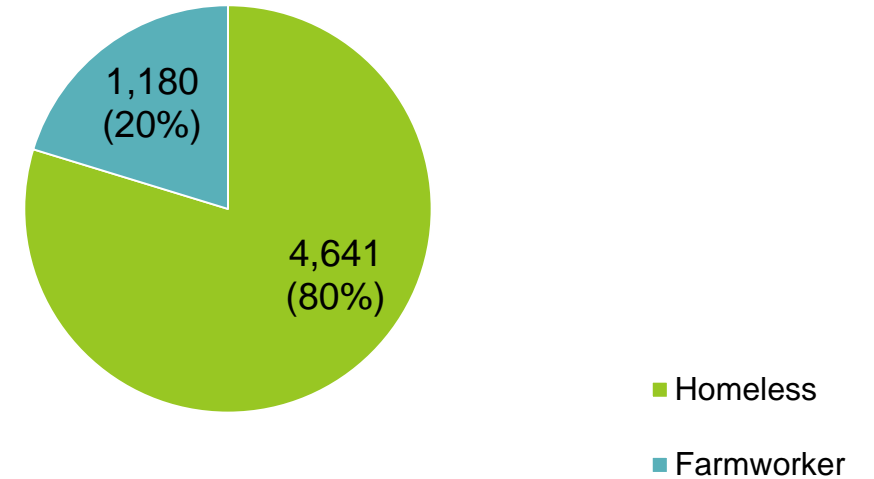
5,733 Total # of Patients

39,616 Total # of Visits

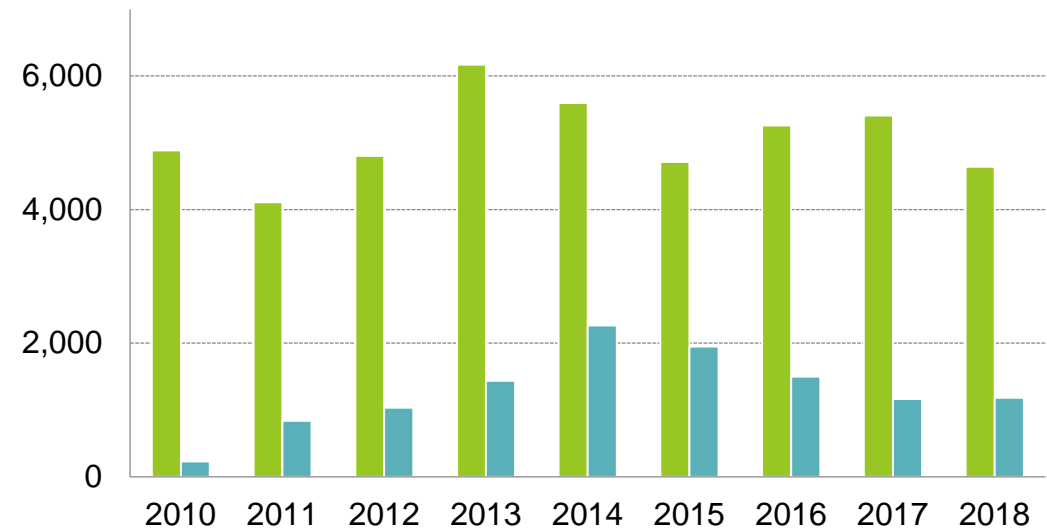
\$17M Financial Cost



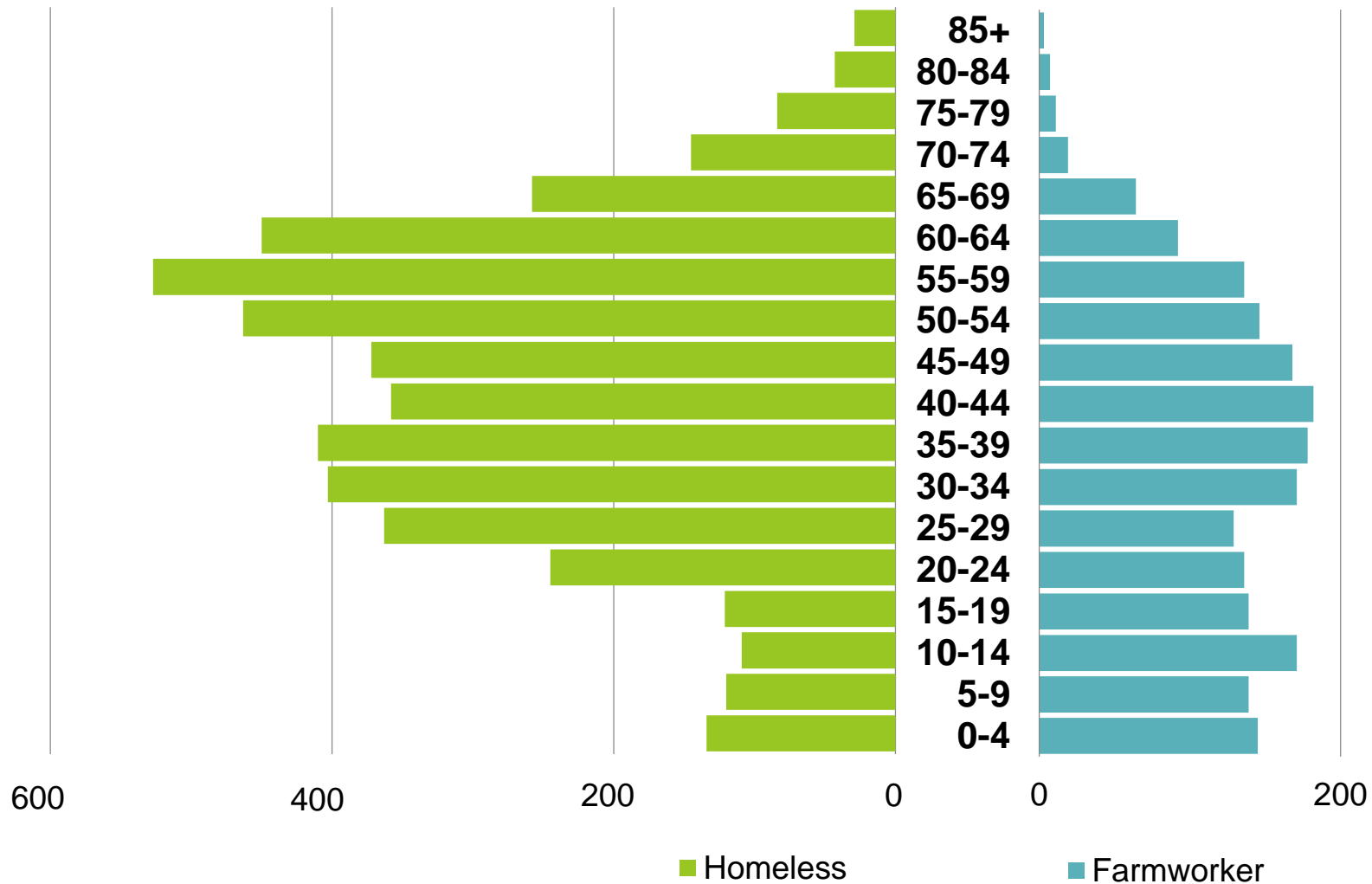
2018 HCH/FH Patient Population



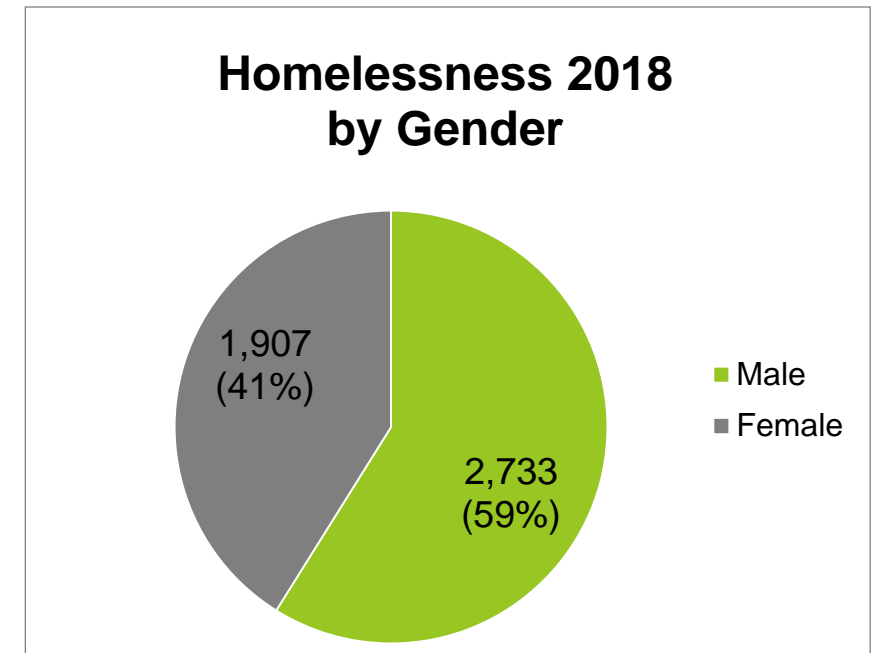
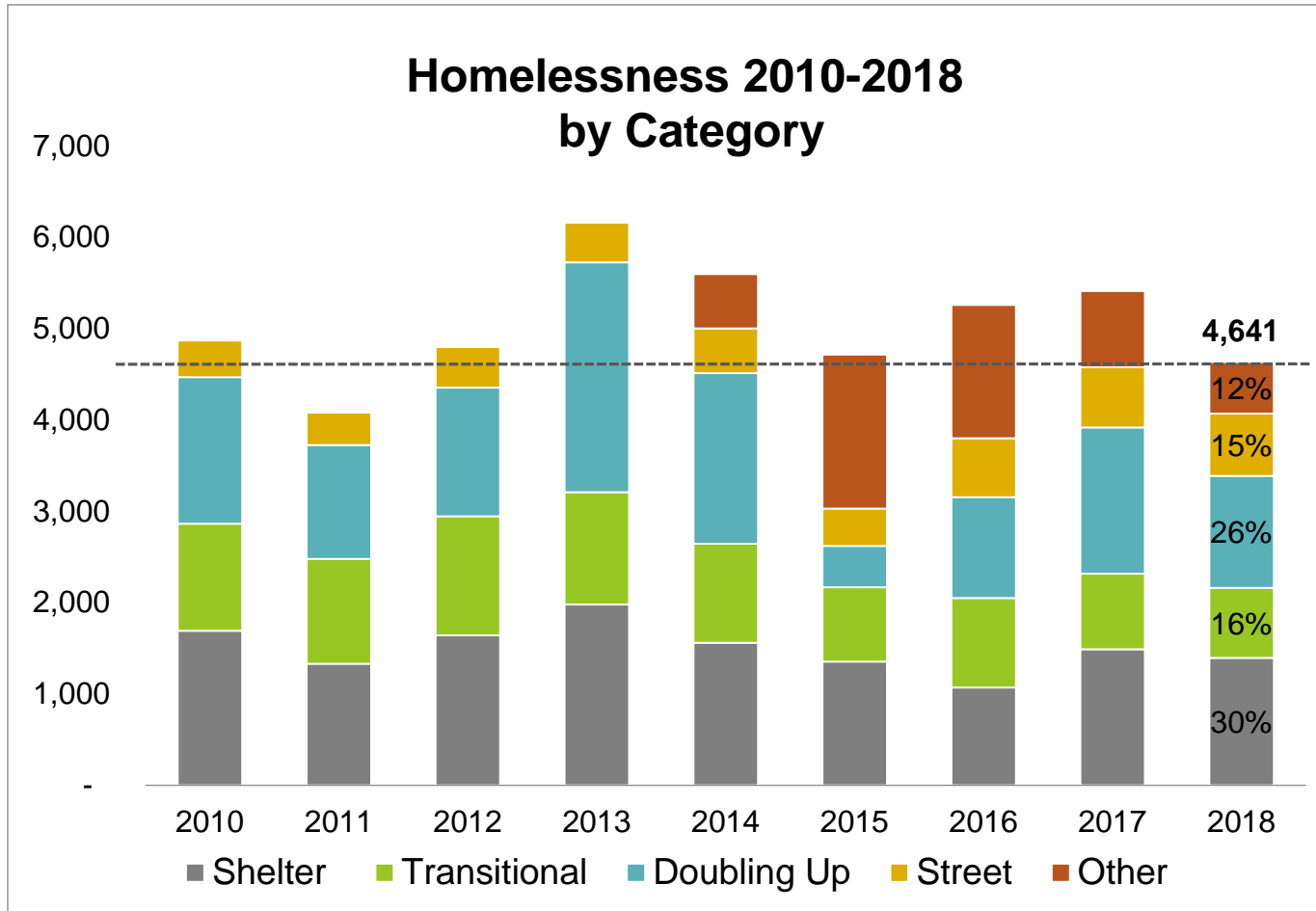
HCH/FH Patients 2010-2018



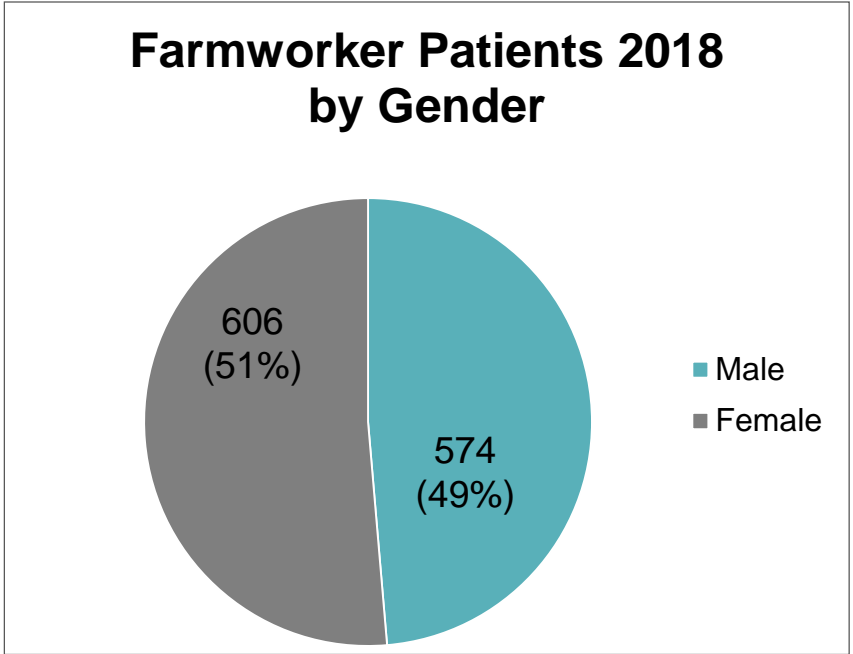
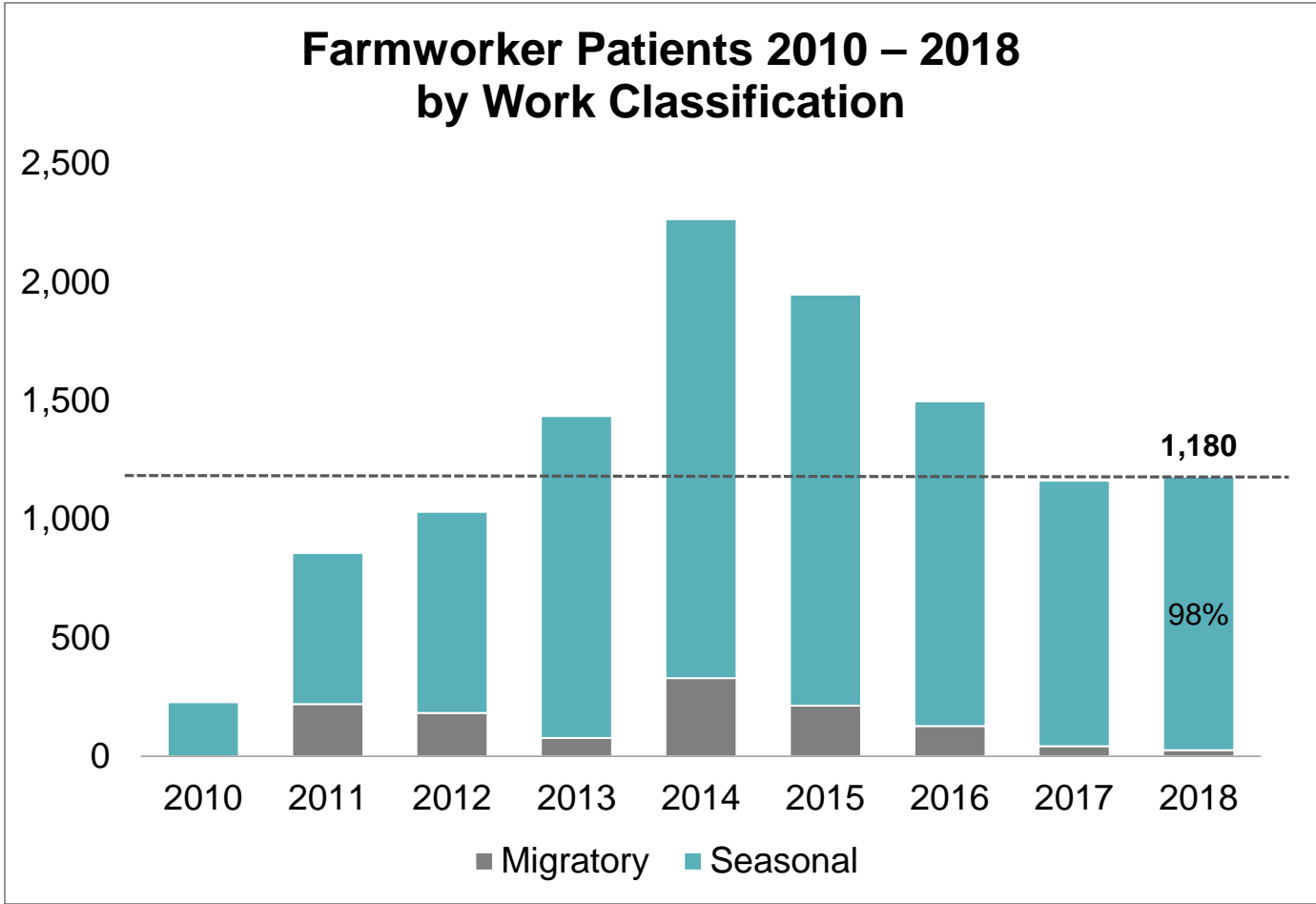
2018 HCH/FH Patient Age Distribution



HCH/FH Patients experiencing Homelessness



HCH/FH Farmworker Patients



UDS Outcome Measures (HCH/FH Program SAC Goals)	2011	2012	2013	2014	2015	2016	2017	2018	
Childhood IZs Completed by Age 2-3 (90%)	72%	74%	87%	88%	86%	80%	66%	54%	↓
Pap Test in Last 3 Years (70%)	60%	86%	67%	57%	64%	60%	63%	59%	↓
Child & Adolescent BMI & Counseling (85%)	70%	47%	83%	80%	74%	*57%	*59%	58%	↓
Adult BMI & Follow-up Plan (75%)	59%	31%	66%	44%	50%	29%	43%	33%	↓
Tobacco Use Queried (96%)	74%	80%	96%	77%	* 92%	*86%	*78%	87%	↑
Tobacco Cessation Offered (96%)	97%	90%	90%						
Treatment for Persistent Asthma (100%)	83%	88%	100%	100 %	100%	99%	*90%	89%	↓
Lipid Therapy in CAD Patients (96%)	N/A	96%	96%	90%	*80%	*74%	*81%	73%	↓
Aspirin Therapy in IVD Patients (96%)	N/A	99%	96%	98%	*89%	*84%	*86%	85%	↓
Colorectal Screening Performed (60%)	N/A	40%	54%	34%	*49%	*48%	*57%	54%	↓
Babies with Normal Birth Weight (95%) (all babies delivered)	96%	87%	94%	99%	92%	97%	98%	92%	↓
Hypertension Controlled <140/90 (80%)	66%	60%	80%	64%	61%	*53%	*63%	64%	↑
Diabetes Controlled <9 HgbA1C (75%)	73%	71%	74%	49%	*69%	*54%	*72%	71%	↓
First Trimester Prenatal Care (80%)	73%	71%	75%	84%	89%	65%	49%	44%	↓

**universal reports were conducted- 2015 as first year; 2016 visit criteria changed- from 2 to 1 visits (denominator)*

UDS Outcome Measures	HCH/FH Program 2018 (SAC/BRP goal)	330-Progs CA 2017	Healthy People 2020 Goals
Childhood Immunizations Complete by Age 2-3	54% (90% goal)	43.03%	80%
Pap Test in Last 3 Years	59% (70% goal)	59.23%	93%
Child & Adolescent BMI & Counseling	*58% (85% goal)	67.10%	57.7 (BMI) /15.2% for all patients
Adult BMI & Follow-up Plan	33% (75% goal)	65.16%	53.6% (BMI) /31.8% (obese adults)
Tobacco Use Queried	*87% (96% goal)	88.85%	69%
Treatment for Persistent Asthma	*89% (100% goal)	87.20%	<i>Diff measures</i>
Lipid Therapy in CAD Patients	*73% (96% goal)	78.26%	<i>Diff measures</i>
Aspirin Therapy in Ischemic Heart Disease Patients	*85% (96% goal)	79.02%	<i>Diff measures</i>
Colorectal Screening Performed	*54% (60% goal)	44.91%	<i>Diff measures</i>
Babies with Normal Birth Weight (all babies)	92% (95% goal)	93.43%	92%
Hypertension Controlled (<140/90)	*64% (80% goal)	64.82%	61%
Diabetes Controlled (<9 HgbA1c)	*71% (75% goal)	66.25%	85%
First Trimester Prenatal Care	44% (80% goal)	78.03%	78%

**universal reports were conducted- 2015 as first year*

Chapter 4: Required and Additional Health Services

Note: This chapter contains revisions based on the Bipartisan Budget Act of 2018. [View the revisions.](#)

Authority

Section 330(a)-(b), Section 330(h)(2), and Section 330(k)(3)(K) of the PHS Act; and 42 CFR 51c.102(h) and (j), 42 CFR 56.102(l) and (o), and 42 CFR 51c.303(l)

Requirements

- The health center must provide the [required primary health services](#) listed in section 330(b)(1) of the PHS Act.
- A health center that receives a [Health Center Program award](#) or [look-alike](#) designation under section 330(h) of the PHS Act to serve [individuals experiencing homelessness](#) must, in addition to these required primary health services, provide substance use disorder services.
- The health center may provide [additional \(supplemental\) health services](#) that are appropriate to meet the health needs of the population served by the health center, subject to review and approval by HRSA.
- All required and applicable additional health services must be provided through one or more service delivery method(s): directly, or through written [contracts](#) and/or cooperative arrangements (which may include formal referrals).
- A health center which serves a population that includes a substantial proportion of individuals of [limited English-speaking ability](#) must:
 - Develop a plan and make arrangements for interpretation and translation that are responsive to the needs of such populations for providing health center services to the extent practicable in the language and cultural context most appropriate to such individuals; and
 - Provide guidance to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences.

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

Health Center Program Compliance Manual

- a. The health center provides access to all services included in its HRSA-approved [scope of project](#)¹ ([Form 5A: Services Provided](#)) through one or more service delivery methods,² as described below:³
- **Direct:** If a required or additional service is provided directly by health center employees⁴ or volunteers, this service is accurately recorded in Column I on Form 5A: Services Provided, reflecting that the health center pays for and bills for direct care.
 - **Formal Written Contract/Agreement:**⁵ If a required or additional service is provided on behalf of the health center via a formal contract/agreement between the health center and a third party (including a [subrecipient](#)),⁶ this service is accurately recorded in Column II on Form 5A: Services Provided, reflecting that the health center pays for the care provided by the third party via

¹ In accordance with 45 CFR 75.308 ([Uniform Administrative Requirements](#): Revision of Budget and Program Plans), health centers must request prior approval from HRSA for a change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval). This prior approval requirement applies, among other things, to the addition or deletion of a service within the scope of project. These changes require prior approval from HRSA and must be submitted by the health center as a formal change in scope request. See <http://www.bphc.hrsa.gov/programrequirements/scope.html> for further details on scope of project, including descriptions of the services listed on [Form 5A: Services Provided](#) available at: <https://www.bphc.hrsa.gov/programrequirements/scope/form5aservicedescriptors.pdf>.

² The Health Center Program statute states that health centers may provide services “either through the staff and supporting resources of the center or through contracts or cooperative arrangements.” 42 U.S.C. 254b(a)(1) The Health Center Program Compliance Manual utilizes the terms “Formal Written Contract/Agreement” and “Formal Written Referral Arrangement” to refer to such “contracts or cooperative arrangements.” For more information on documenting service delivery methods within the HRSA-approved scope of project on Form 5A: Services Provided, see: <http://bphc.hrsa.gov/programrequirements/scope/form5acolumndescriptors.pdf>.

Other Health Center Program requirements apply when providing services through contractual agreements and formal referral arrangements. Such requirements are addressed in other chapters of the Manual where applicable.

³ See Chapter 9: [Sliding Fee Discount Program](#) for more information on sliding fee discount program requirements and how they apply to the various service delivery methods.

⁴ For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), HRSA/BPHC utilizes Internal Revenue Service (IRS) definitions to differentiate contractors and employees. Typically, an employee receives a salary on a regular basis and a W-2 from the health center with applicable taxes and benefit contributions withheld.

⁵ See Chapter 12: [Contracts and Subawards](#) for more information on program requirements around contracting.

⁶ For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), services provided via “contract/formal agreement” are those provided by practitioners who are not employed by or volunteers of the health center (for example, an individual provider with whom the health center has a contract; a group practice with which the health center has a contract; a locum tenens staffing agency with which the health center contracts; a subrecipient organization). Typically, a health center will issue an Internal Revenue Service (IRS) Form 1099 to report payments to an individual contractor. See the [FTCA Health Center Policy Manual](#) for information about eligibility for Federal Tort Claims Act (FTCA) coverage for covered activities by covered individuals, which extends liability protections for eligible “covered individuals,” including governing board members and officers, employees, and qualified individual contractors).

Health Center Program Compliance Manual

the agreement. In addition, the health center ensures that such contractual agreements for services include:

- How the service will be documented in the patient’s health center record; and
 - How the health center will pay for the service.
- **Formal Written Referral Arrangement:** If access to a required or additional service is provided and billed for by a third party with which the health center has a formal referral arrangement, this service is accurately recorded in Column III on Form 5A: Services Provided, reflecting that the health center is responsible for the act of referral for health center patients and any follow-up care for these patients provided by the health center subsequent to the referral.⁷ In addition, the health center ensures that such formal referral arrangements for services, at a minimum, address:
- The manner by which referrals will be made and managed; and
 - The process for tracking and referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results).
- b. Health center patients with [limited English proficiency](#) are provided with interpretation and translation (for example, through bilingual providers, on-site interpreters, high quality video or telephone remote interpreting services) that enable them to have reasonable access to health center services.
- c. The health center makes arrangements and/or provides resources (for example, training) that enable its staff to deliver services in a manner that is culturally sensitive and bridges linguistic and cultural differences.

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

⁷ For purposes of the HRSA-approved scope of project (Form 5A: Services Provided), access to services provided via “formal referral arrangements” are those referred by the health center but provided and billed for by a third party. Although the service itself is not included within the HRSA-approved scope of project, the act of referral and any follow-up care provided by the health center subsequent to the referral are considered to be part of the health center’s HRSA-approved scope of project. For more information on documenting service delivery methods within the HRSA-approved scope of project on Form 5A: Services Provided, see: <http://bphc.hrsa.gov/programrequirements/scope/form5acolumndescriptors.pdf>.

Health Center Program Compliance Manual

- The health center governing board determines which, if any, additional health services to offer in order to meet the health needs of the population served by the health center (subject to review and approval by HRSA).
- The health center determines how to make services accessible in a culturally and linguistically appropriate manner,⁸ based on its patient population.
- The health center determines the level or intensity of required and additional services, as well as the method for delivering these services, based on factors such as the needs of the population served, demonstrated unmet need in the community, provider staffing, and collaborative arrangements.
- The health center may, through policies and operating procedures, prioritize the availability of additional services within the approved scope of project to individuals who utilize the health center as their primary care medical home.

⁸ See the National Standards for Culturally and Linguistically Appropriate Services (CLAS) published by the U.S. Department of Health and Human Services at <https://www.thinkculturalhealth.hhs.gov/>. For additional information and guidance. Additional cultural/linguistic competency and health literacy tools, resources and definitions are available online at <https://www.hrsa.gov/cultural-competence/index.html> and <https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html>.

Self Updates: Services details

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

Grant Number: H80CS00051

BHCMS ID: 091140

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

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

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

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

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

Close Window

Chapter 6: Accessible Locations and Hours of Operation

Authority

Section 330(k)(3)(A) of the PHS Act; and 42 CFR 51c.303(a) and 42 CFR 56.303(a)

Requirements

- The [required primary health services](#) of the health center must be available and accessible in the [catchment \[service\] area](#) of the center promptly, as appropriate, and in a manner which ensures continuity of service to the residents of the center's catchment area.

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

- a. The health center's [service site\(s\)](#) are accessible to the patient population relative to where this population lives or works (for example, in areas immediately accessible to public housing for health centers targeting [public housing residents](#), or in shelters for health centers targeting [individuals experiencing homelessness, or](#) at migrant camps for health centers targeting [agricultural workers](#)). Specifically, the health center considers the following factors to ensure the accessibility of its sites:
 - Access barriers (for example, barriers resulting from the area's physical characteristics, residential patterns, or economic and social groupings); and
 - Distance and time taken for patients to travel to or between service sites in order to access the health center's full range of in-scope services.
- b. The health center's total number and scheduled hours of operation across its service sites are responsive to patient needs by facilitating the ability to schedule appointments and access the health center's full range of services within the HRSA-approved [scope of project](#)¹ (for example, a health center service site might offer extended evening hours 3 days a week based on input or feedback from patients who cannot miss work for appointments during normal business hours).

¹ Services provided by a health center are defined at the [awardee](#)/designee level, not by individual site. Thus, not all services must be available at every health center service site; rather, health center patients must have reasonable access to the full complement of services offered by the center as a whole, either directly or through formal written established arrangements. See <http://www.bphc.hrsa.gov/programrequirements/scope.html> for further details on scope of project, including services and column descriptors listed on [Form 5A: Services Provided](#).

Health Center Program Compliance Manual

- c. The health center accurately records the sites in its HRSA-approved scope of project² on its [Form 5B: Service Sites](#) in HRSA's [Electronic Handbooks \(EHB\)](#).

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- The health center determines which methods to use for obtaining patient input on the accessibility of its service sites and hours of operation (for example, annual survey, focus groups, input from patient board members).
- The health center determines how to measure and consider distance and travel time to or between the health center's sites when assessing its impact on patient access to the health center's services.
- The health center determines how to support patient access to the various service sites included within its HRSA-approved scope of project (for example, whether to provide patient transportation between service sites or use mobile service sites). The health center also determines which service(s) to provide at each site within its HRSA-approved scope of project.

² In accordance with 45 CFR 75.308(c)(1)(i), health centers must request prior approval from HRSA for a "Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval)." This prior approval requirement applies to the addition, deletion, or replacement of a service site. These changes require prior approval from HRSA and must be submitted by the health center as a formal change in scope request. See <http://www.bphc.hrsa.gov/programrequirements/scope.html> for further details on scope of project.

 **Self Updates: Site details**

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

Grant Number: H80CS00051

BHCMS ID: 091140

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

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

Site Id: BPS-H80-001373

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

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

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

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

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

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

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

Site Id: BPS-H80-000785

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

Site Id: BPS-H80-006870

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

Site Id: BPS-H80-005206

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

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

Site Id: BPS-H80-009159

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

Site Id: BPS-H80-004460

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

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

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

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

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

Saved Service Area Zip Code(s) 94015

Site Id: BPS-H80-000595

Site Information

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

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

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

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

Saved Service Area Zip Code(s)

Site Id: BPS-H80-002922

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

Site Id: BPS-H80-001005

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

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

Site Id: BPS-H80-005448

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

Site Id: BPS-H80-005524

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

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

Site Id: BPS-H80-003064

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-005388

Site Information

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

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

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94063, 94061

Site Id: BPS-H80-008946

Site Information

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

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

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

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

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

Saved Service Area Zip Code(s) 94025

Site Id: BPS-H80-011967

Site Information

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

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

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

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

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

Site Id: BPS-H80-004798

Site Information

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

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

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

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

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-005603

Site Information

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

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

Site Id: BPS-H80-003782

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

Close Window

 **Self Updates: Activity 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: 01/01/2018 - 12/31/2018

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	Daily	"Backpack Medicine" - Street & Field Primary Care Delivery	Street, alleys, encampments, farms, and other sites frequented by homeless or farmworker patients.



DATE: June 13, 2019

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

FROM: Linda Nguyen, HCH/FH Program Coordinator and Sofia Recalde, Management Analyst

SUBJECT: Quarter 1 Report (January 1, 2019 through March 31, 2019)

Program Performance

The Health Care for the Homeless/Farmworker Health (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.

The following data table includes performance through the fourth quarter:

2019 HCH/FH Contractor Performance - Expenditures

HCH/FH Q1 2019 Contract Expenditures				HCH/FH Q1 Contract Expenditures 2015 - 2019						
Contractor	Contract Amount	Amount Spent	Q1 2019	2015	2016	2017	2018	2019	2015 - 2019	
Behavioral Health & Recovery Svcs	\$90,000	\$23,000	26%	26%	27%	22%	15%	26%		
El Centro	\$82,500	\$7,350	9%	NA	NA	NA	NA	9%		
Life Moves	\$296,500	\$108,335	37%	26%	21%	23%	18%	37%		
Public Health Mobile Van	\$507,250	\$114,400	23%	29%	24%	28%	30%	23%		
Public Health- Street Medicine	\$249,750	\$111,000	44%	NA	43%	41%	29%	44%		
Puente de la Costa Sur	\$183,500	\$67,900	37%	38%	26%	30%	49%	37%		
Ravenswood Medical	\$107,100	\$26,622	25%	44%	45%	50%	34%	25%		
Ravenswood Dental	\$54,725	\$18,905	35%	62%	38%	60%	33%	35%		
Ravenswood Enabling	\$97,000	\$26,772	28%	NA	42%	43%	30%	28%		
Samaritan House / Safe Harbor	\$81,000	\$28,500	35%	27%	30%	46%	43%	35%		
Sonrisas Dental	\$131,675	\$53,815	41%	0%	0%	7%	37%	41%		
StarVista	\$0	\$0	0%	NA	NA	NA	NA	0%	NA	

2019 Q1 HCH/FH Contractor Performance - Unduplicated Pts and Visits

Agency	Contracted Services	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Q1 2018	Yearly Target #	Actual # YTD Visits	% YTD	Q1 2018
Behavioral Health & Recovery Svs (BHRS)	Care Coordination (CC)	180	46	26%	14%	900	137	15%	12%
	CC	120	9	8%	NA	140	9	6%	N/A
El Centro	Motivational Outreach and Education	N/A	N/A	N/A	N/A	95	11	12%	N/A
	CC & Intensive CC	500	158	32%	11%	1,525	197	13%	N/A
Life Moves	Street Medicine	140	72	51%	26%	300	148	49%	48%
	SSI/SSDI	50	7	14%	11%	N/A	N/A	N/A	N/A
	Eligibility	50	7	14%	20%	N/A	N/A	N/A	N/A
	Transportation	N/A	N/A	N/A	N/A	400	119	30%	23%
Public Health Mobile Van	Primary Care	1,000	250	25%	32%	2,000	337	17%	20%
	Primary Care for formerly incarcerated & homeless	210	44	21%	33%	420	67	16%	19%
Public Health- Street Medicine	Primary Care	135	60	44%	29%	270	97	36%	N/A
	CC & Intensive CC	200	44	22%	58%	590	173	29%	48%
Puente de la Costa Sur	Health Insurance Assistance	170	102	60%	37%	2,100	359	17%	20%
	Primary Care	700	174	25%	34%	780	167	21%	23%
	Dental	275	95	35%	33%	1,200	294	25%	21%
	CC	500	138	28%	30%	360	75	21%	44%
Samaritan House / Safe Harbor	CC & Intensive CC	210	75	36%	44%	460	84	18%	16%
	Dental	115	47	41%	37%				
Sonrisas Dental	Adult Outreach & Engagement	150	0	0%					
	Adult Therapeutic Services	75	0	0%	N/A	N/A	N/A	N/A	N/A
	Youth CC	75	0	0%					
	Youth Therapeutic Services	25	0	0%					
StarVista	Transportation	N/A	N/A	N/A		300	0	0%	
Total HCH/FH Contracts		4,880	1,328	27%		11,840	2,274	19%	

Health Care for the Homeless/Farmworker Health Program
Selected Outcome Measure Review (Contracts); Fourth Quarter (Jan 2019 – March 2019)

Agency	Outcome Measure	1st -Quarter Progress
<p>Behavioral Health & Recovery Services</p> <p>El Centro</p>	<ul style="list-style-type: none"> • At least 100% screened will have a behavioral health screening. • At least 70% will receive individualized care plan. • Provide at least 120 screening/assessments to homeless/farmworkers • Provide at least 50 Motivational outreach sessions on AOD/mental health 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100% clients had a behavioral health screening • 100% received individualized care plan <p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 9 received a screening/assessment to homeless/farmworkers • 11 Motivational outreach sessions on AOD/mental health were provided
<p>LifeMoves/CHOW (street med)</p> <p>Public Health Mobile Van</p>	<ul style="list-style-type: none"> • Minimum of 50% (250) will establish a medical home. • At least 75% with a scheduled primary care apt will attend at least one apt. • At least 30 will complete submission for health coverage. • At least 80% will receive a comprehensive health screening for chronic disease and other health conditions. • Number of women survey and expressed interest in Pap test services 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 23% established a medical home • 27% with a scheduled primary care apt attended at least one apt. • 7 complete submission for health coverage. <p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100 % served received a comprehensive health screening for chronic disease and other health conditions. • 16/19 of women survey and expressed interest in Pap test services
<p>Public Health Mobile -Service Connect</p>	<ul style="list-style-type: none"> • At least 80% will receive a comprehensive health screening for chronic disease and other health conditions. • At least 20% of patient encounters will be related to a chronic disease. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100 % served received a comprehensive health screening for chronic disease and other health conditions. • 50% individuals with a chronic health condition
<p>PH- Mobile Van-Street/Field Medicine</p>	<ul style="list-style-type: none"> • At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care • Number of patients provided women’s health services 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 92% of street homeless/farmworkers seen will have a formal Depression Screen performed • 30% of street homeless/farmworkers seen will be referred to Primary Care • 1 of patients provided women’s health services-birth control counseling
<p>Puente de la Costa Sur</p>	<ul style="list-style-type: none"> • At least 90% served care coordination services will receive individualized care plan. • At least 25 served will be provided transportation and translation services. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 22% farmworkers served cc services received care plan. • 35 were provided transportation and translation services.

<p>RFHC – Primary Health Care</p>	<ul style="list-style-type: none"> • 100% will receive a comprehensive health screening. • At least 300 will receive a behavioral health screening. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 93% received a comprehensive health screening. • 8 received a behavioral health screening.
<p>RFHC – Dental Care</p>	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 80% will attend their scheduled treatment plan appointments. • At least 50% will complete their denture treatment plan. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 44% completed their treatment plans. • 87% attended their scheduled treatment plan appointments. • 44% completed their denture treatment plan.
<p>RFHC – Enabling services</p>	<ul style="list-style-type: none"> • At least 85% will receive care coordination services and will create health care case plans • 65% of homeless diabetic patients will have hbA1c levels below 9. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 22% received care coordination services and will create health care case plans • 66% of diabetic patients have hbA1c levels below 9.
<p>Samaritan House- Safe Harbor</p>	<ul style="list-style-type: none"> • At least 95% of patients will receive individualized health care case plan. • At least 70% will complete their health care plan. • At least 70% will schedule primary care appointments and attend at least one. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 52% received individualized health care case plan • 24% complete their health care plan. • 70% will schedule primary care appointments and attend at least one.
<p>Sonrisas Dental</p>	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 23% completed their treatment plans. • 0 completed their denture treatment plan.
<p>StarVista - Youth (Day Break/Your House)</p>	<ul style="list-style-type: none"> • At least 90% served care coordination services will receive individualized care plan. • At least 250 served will be provided transportation and translation services. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 0 served cc services received care plan. • 3 were provided transportation and services.

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

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

Contractor successes & emerging trends:

- **BHRS** states that initial psychiatric appointments for Project 90 clients are received in a timely manner.
 - Staff also reports that some clients are having difficulty with finding affordable housing in SMC and there are still long waits for Primary Care.

- **EI Centro** states that there is a strong showing at their Motivational Outreach/assessment and Navigation for Treatment on substance use.
 - They are streamlining transportation services to clients that are in need.
 - Staffing patterns have delayed effective relationship building in the farmworker communities.
- **LifeMoves** reports success in using Lyft (HPSM transportaiton) to send clietns to their appointments.
 - Clients facing long waits for primary care and would like to see improved dental referral system.
 - Increase in Fentanyl use and ER visits.
- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
 - There is a need for medical detox beds, seeing more alcohol and meth use.
 - Increase in elderly patients over 65 with mental health and complex medical needs.
- **Puente** continues to work with H.S.A. staff on clients eligibility for insurance including ACE and Medi-Cal.
 - Clients are receiving termination letters of health coverage regarding ACE if they are not enrolled in Restricted Medi-Cal.
 - Political rhetoric on immigration is affecting the wellbeing of the population.
- **Ravenswood Primary Care** continues to see patients at Project WeHope shelter and Street Medicine clinic program (Wednesday & Thursdays). Manager coordinates with Emergency Rooms, Santa Clara and San Mateo counties.
 - Trends include requests from patients for resources to help them manage their diabetes. Patients losing their medications and the homeless demographic changing to all ages/genders/ethnicities and many wanting to be screened for STIs.
- **Ravenswood Dental Care** experiences success through their “Access Dentist”, providing same day dental services for unscheduled homeless patients as well as providing high level of hands-on support to help fill out forms and complete health coverage in timely manner.
 - Trends include request for dentures and education that is needed to provide.
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Center on Homelessness, and Abode Services to assist clients and find housing. They operate a food pantry and clothing closet to distribute items to clients and had a successful annual winter coat drive
 - Increased requests to seek employment assistance as well as female homeless patients, pregnant women and at-risk families with young children.
- **Samaritan House/Safe Harbor** states that the collaboration between Mobile Clinic, Street Medicine and Whole Person Care is working well.
 - Clients experiencing long wait times for primary care and dental appointments.
- **Sonrisas Dental** states that relationship with Puente is working well with consistent dental staffing and improved communication with Puente.
 - Interpretation services are inadequate, incomplete medical consultation forms .
 - Farmworkers having difficult time getting time off of work for dental appointment, despite providing services closer to where they live/work.
- **StarVista** states that patients are appreciative of the new case management services.
 - Wait times at clinics throughout San Mateo County.

Medical Respite Overview

Defined

- Provides acute and post-acute medical care for people who are homeless and too ill to be on the street/shelter but not ill enough to be in a hospital
- Shortens hospital lengths of stay, reduces readmissions, and improves outcomes
- Offers a safe and human alternative when “discharge to home” is not possible for those without homes
- In 2016, there were 80 medical respite programs providing 1,574 beds throughout the United States
- Typical care: wound care, medication management, IV antibiotics, a place to comply with pre-op requirements
- LOS typically 4-6 weeks

Santa Clara County Medical Respite Admission Criteria

Homeless	No IV lines / Does not require isolation
Independent in ADLs	Independent with taking medications
Independent in mobility (able to move 450 feet)	Behaviorally appropriate for group setting
Continent of urine and feces- No bedside urinals	Patient agrees to respite admission
Has not received benzodiazepine for alcohol withdrawal in past 24 hours	Willing to meet respite RN/ SW regularly and comply with recommendations

BACS Oakland Center

- Wet center
- Flexible with behavioral health: admission criteria around not violent toward self or others
- Limited medical care, RN work as Social Workers

San Mateo County Hospitals Medical Respite Needs Review

- Purpose:
 - Collect data to propose solutions to administrators of San Mateo County hospitals regarding homeless discharges for post-acute care
- Method:
 - Four discharge surveys were conducted Fall 2017 - Spring 2019; surveys were not uniform, therefore data results cannot be directly compared
 - Discharge Planners from Seton, Sequoia, Kaiser, SMMC and Stanford responded via phone calls and online/excel surveys
- Results:
 - A comprehensive county-wide medical respite program would need to accommodate 18 patients per month (without Stanford) or 20 (with Stanford) or about **200-230 patients** per year equating to **16-18 total beds**
 - With the HPSM pilot adding 6 beds, the county needs to **identify an additional 10-12 beds**
 - Medical respite accounts for 10-15% of total homeless discharge need, 50% of require longer term care (SNF, B&C, Assisted Living)

Medical Respite & Other Discharge Needs for SMC Hospitals

Data collected in partnership between HCH/FH and Hospital Consortium of San Mateo County

Discharging Hospital	Medical Respite Pts/Month	Medical Respite Pts/Year
SMMC	2 (IP)	24 (IP)
	6 (ED)	72 (ED)
Kaiser SoSF	0.5	6
Kaiser RWC	2	24
Seton	3	36
Sequoia	4	48
Stanford	2	24
Total w/ Stanford	20	234
Total w/out Stanford	18	210

Scenario # Beds	Patients/year	
6 (HPSM Pilot)	52-78	
Additional 10 beds	140-210	County total: 16 beds
Additional 12 beds	155-235	County total: 18 beds

Desired Discharge Location	Percentage of total homeless discharges
Medical Respite	14%
Short term SNF	14%
Long term placement (B&C/Assisted Living, Long term SNF)	46%
Mental Health/Substance Abuse	14%
Other (shelter, hospice)	13%

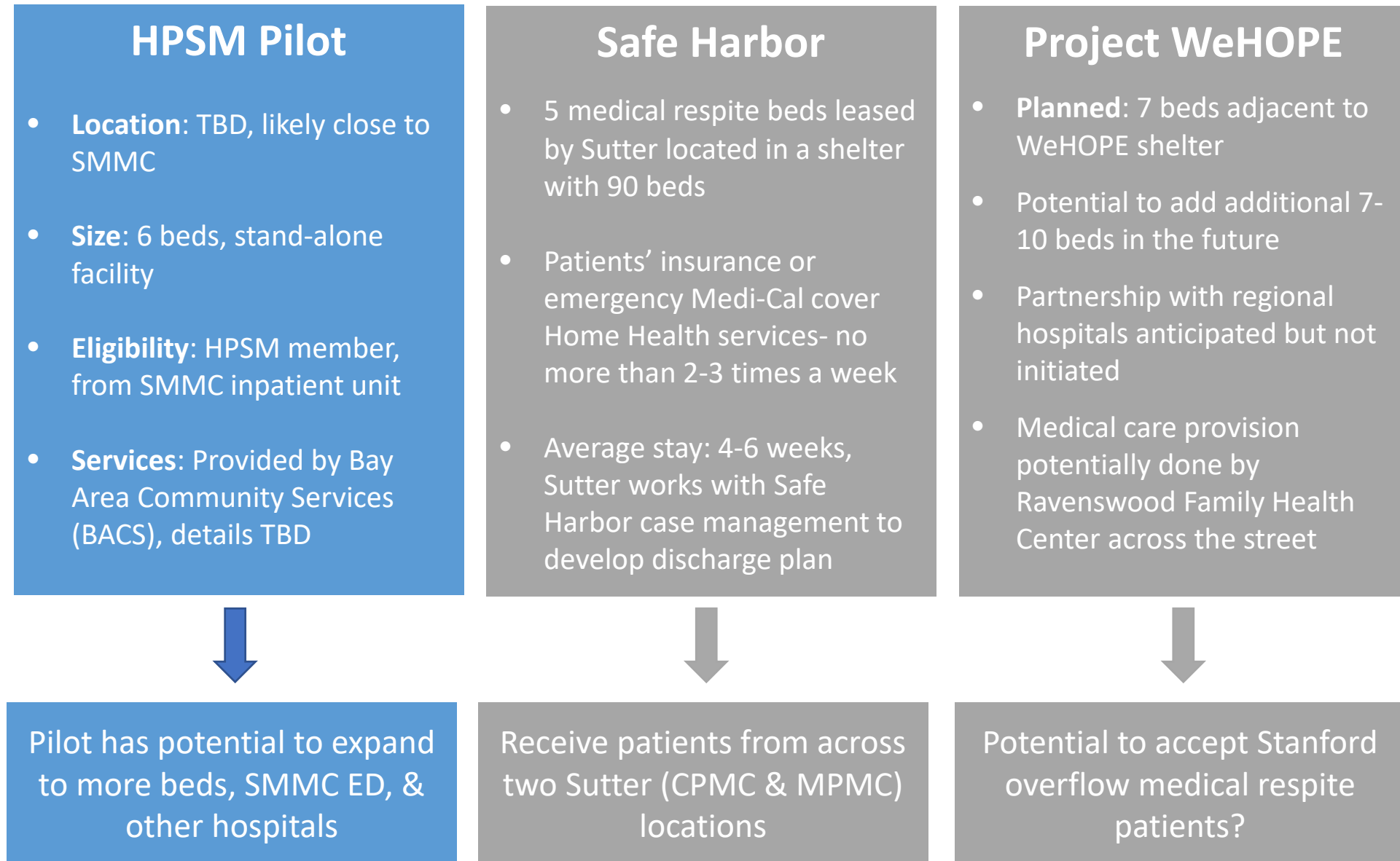
Data is aggregated across:

- SMMC, Seton, Sequoia, and Kaiser RWC/SoSF
- Three surveys

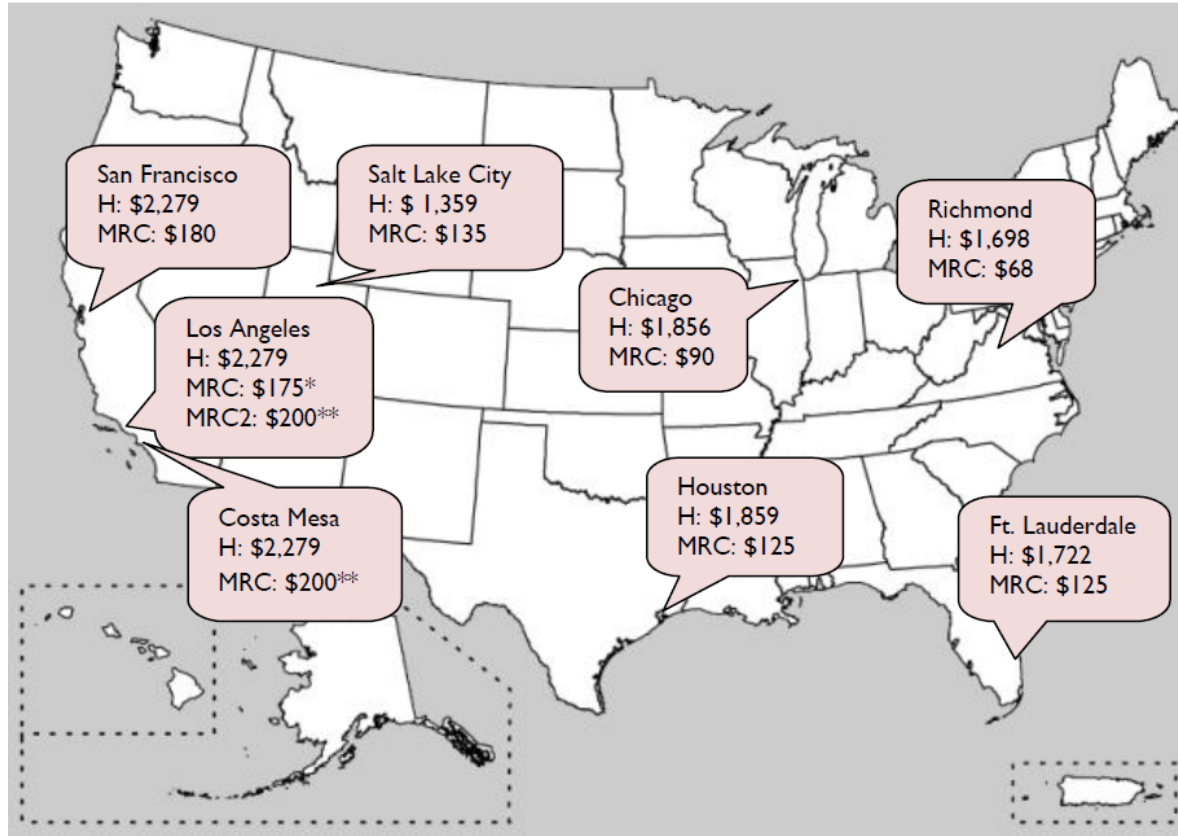
	Primary	Secondary	Primary	Secondary
Medi-Cal fee-for-service (FFS)	1	0	3%	0%
Medi-Cal Managed Care	1	1	3%	3%
Health Plan of San Mateo	10	10	34%	34%
Medicare	11	0	38%	0%
Medical-Medicare	3	3	10%	10%
Commercial Insurance	2	0	7%	0%
Uninsured or not eligible for public insurance	1	15	3%	52%
Total	29	20		

Source: August/November 2018 Hospital Surveys

Current Medical Respite in San Mateo County



Average daily hospital inpatient cost for select states compared to the daily cost in a medical respite program in that state (2011)



H: Average hospital adjusted expenses per inpatient stay (at the state level).

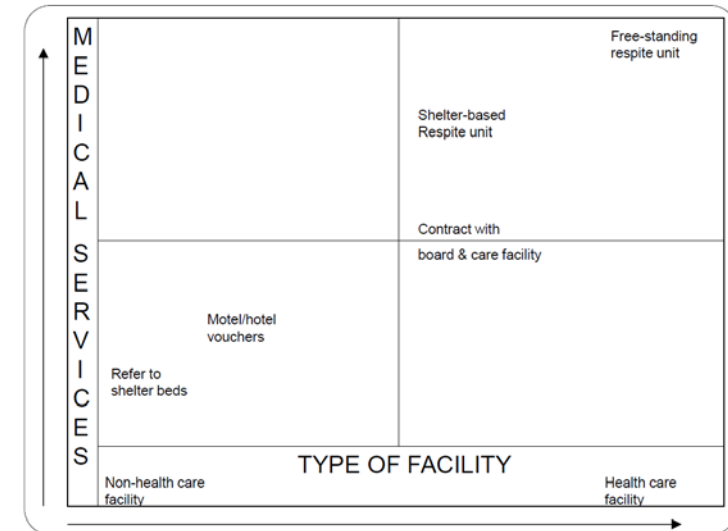
Source: Kaiser Family Foundation State Health Facts (figures reflect 2008 data, the most recent data available as of March 2011)

MRC: Cost per day to stay in a medical respite program. Total program costs vary depending on level of services, partnerships, staffing, and facility-type.

Source: National Health Care for the Homeless Council Survey of Medical Respite Programs (March 2011)

Medical Respite Models Schema

- Free standing facility
- Shelter based
- Motel rooms with medical monitoring
- Family respite (motel, family shelter)
- Contracted service in a board and care facility



Task Force Input into Medical Respite Needs

From February 2, 2019 community meeting

Needs

- Different levels of care: a place to rest with relatively minimal medical care, help with Activities of Daily Living, skilled nursing, hospice, and those with challenging mental health issues
- Hospital links pt. to a Primary Care Provider
- Beds are not dedicated to one hospital
- Robust case management/care coordination for respite to the community or next level of care
- Respite providers have access to medical data
- Medical care is readily available 7 d/wk
- Transportation to supporting services 7 d/wk
- Beds are in addition to current beds instead of replacing currently available shelter beds
- Leverage large low-income developments to include medical respite beds

Funding Streams

- Philanthropy
- Ongoing funding from hospital/county partnership
- Mixed funding model
- Hospitals pay for service

Options for creating additional 10-12 beds

Potential Short Term: Partner with B&C/Assisted Living/etc.

- Are there potential B&C/hospitals that have extra space/beds?
- Who would 'own' the medical respite activities?

Potential Short Term: Motel Voucher Program

- Patients dispersed across numerous locations
- RN/Case Managers come to individuals
- Highly independent individuals

Potential Long term: Maple Street Expansion

- Need to identify what level of medical care will be provided
- Need to identify cost
- Identify how operational costs will be funded (i.e. hospitals, HCH/FH, etc)
- Provide input to HSA's planning process

Potential Long Term: HPSM pilot expansion

- Unclear how pilot will be funded past initial phase
- Unclear if leased facility can accommodate more beds

TAB 3

Request to Approve OHI app submission

DATE: June 13, 2019

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

FROM: Sofia Recalde, Management Analyst, HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE HCH/FH'S APPLICATION FOR THE ORAL HEALTH INFRASTRUCTURE FUNDING OPPORTUNITY

The Health Services & 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.

HCH/FH shared the OHI funding opportunity to multiple internal and external partners. Based on staff conversations with Dr. Anne Marie Silvestri, SMMC Dental Director, and with the Board at the April 11, 2019 meeting, staff recommended a proposal to purchase, implement and integrate a dental electronic health record (EHR) into San Mateo County Health's electronic medical record system. Currently, dental providers can only chart in the progress notes narrative field in eClinical Works (ECW). ECW does not contain tools for charting dental health, lacks tools for treatment plans and does not integrate with a dental imaging system. A dental specific EHR would enable providers to chart and track patients and their oral health more efficiently. The dental EHR would interface with Connected Care, San Mateo County's Health Information Exchange, a system that will allow for the electronic sharing of health-related information for patients and clients receiving services from the San Mateo County Health System.

Since the OHI funding opportunity had a submission deadline of May 21, 2019, the Board provided preliminary approval to the grant request at its May 09, 2019 meeting based on the draft proposal. As the Board has the responsibility to approve the programs grant applications, we are bringing the final, submitted grant request to the Board for its approval. HCH/FH staff is requesting approval of the final submission of the OHI grant request.

This request is for the Board to approve the submission for this funding opportunity as outlined above. Approval of this item requires a majority vote of the Board members present.

Attachment:

- Grant Application

PROJECT ABSTRACT

Project Title: Oral Health Infrastructure
Applicant Name: San Mateo Medical Center
Address: 222 W. 39th Ave., San Mateo, CA 94403
Contact Name: Jim Beaumont, Program Director
Contact Phone Number: 650-573-2459
E-Mail Address: JBeaumont@smcgov.org
Web Site Address: <http://www.smchealth.org/san-mateo-medical-center>
FQHC Grant: H80CS00051

The proposed project/services and target population. San Mateo Medical Center, the public hospital and clinic system for San Mateo County, will provide integrated dental care to the 7,151 homeless, and the 4,620 farmworker and their family members who reside in San Mateo County through the Homeless/Farmworker Health Program's (HCH/FH) Oral Health Integration grant request to purchase, implement, and integrate the eClinicalWorks (ECW) electronic dental record into HCH/FH's whole-person care program expansion.

Since 1990, the Homeless/Farmworker Health Program (HCH/FH) program has provided whole-person and culturally-appropriate primary medical, dental, behavioral health, vision, and specialty services for homeless people. The 2013 Homeless Census estimated the annual homeless population at 7,151 service area residents. In 2010, HCH/FH expanded our program to also include providing the whole-person and culturally-appropriate care to migratory and seasonal farmworkers located in San Mateo County. This population includes 2,100 farmworkers (CA Employment Development Dept., 2014) and their estimated 2,520 family members (based on USDA projections) in the rural, coastal region of the service area.

The need. The Dental Department does not have a dental specific electronic medical record system. Currently charting is completed in the medical electronic record, ECW, using the Progress Notes narrative field. ECW does not contain tools for charting dental health, does not provide tools for treatment plans and does not integrate with a dental imaging system. The dental specific EHR allows tooth charting, dental imaging, and templates. All of these tools are integral in diagnosis and treatment of patients as well as ensuring continuity of care within the San Mateo County Health System. Staff is able to better focus on patient care, vs. the time-consuming process that is currently in place due to the outdated, slow system. Increased accuracy of charting allows for increased patient safety and more comprehensive and effective treatment. A Dental specific EMR ensures an efficient dental practice, allowing real time charting. It provides increased information to the Health System to ensure continuity of care, allowing for more cost-effective treatment. Providing a stable system that enable efficient workflows and increases productivity allows medical staff to focus on patient care and other priorities.

The organization – HCH/FH. HCH/FH provides oral health and wellness care at three fixed service site locations and on two mobile dental clinics. The HCH/FH network utilizes front-line mobile and fixed-sites linked to the SMMC system of care that engages homeless people and farmworkers who cannot or will not use primary health services in conventional settings. Case management services based in homeless shelters and a community resource center serving farmworkers connect patients to comprehensive services, including SMMC Health Centers and Specialty Clinics and Behavioral Health & Recovery Services programs. HCH/FH emphasizes accessibility, affordability and relationship-building to counter the practical, cultural/linguistic and attitudinal barriers that impede access to healthcare for homeless people and farmworkers.

NEED

1) Describe the current and anticipated integrated oral health needs of the patient population and/or underserved population in the service area.

San Mateo County, California, is located between San Francisco and Santa Clara County and bordered by San Francisco Bay to the east and the Pacific Ocean on the west, and it experiences extreme wealth as it is home to tech giants GoPro and NetSuite, and extreme poverty in its rural, farmworker communities. (See Figure 1) The County of San Mateo's Health Care for Homeless/Farmworker Health (HCH/FH) Program's service area includes all of San Mateo County and the target population are the estimated 5,555 to 7,151 people who experience homelessness in San Mateo County annually (2015 and 2013 San Mateo County Homeless Census) and the 2,100 migratory and seasonal farmworkers (California Employment Development Department, 2014) employed in farming and nursery operations in the rural Coastside region of San Mateo County and their estimated 2,520 family members (2,100 X1.2 (multiplier based on USDA estimates)).

Homeless – On any given day in 2018, California had an estimated 129,972 experiencing homelessness of which San Mateo County is home to an estimated 5,555 to 7,151 homeless residents.¹ The region is suffering from a severe lack of affordable housing for those living below the federal poverty guidelines (FPG) as the countywide median price for a single-family home reached \$1.2 million last year, and Forbes magazine listed the city of Atherton, the second most southern San Mateo County city on the San Francisco Bay, as the country's most expensive zip code in 2015 and the third-most expensive in 2016.

The 2017 One Day Homeless Count found homeless people living in almost every community in the service area with the highest per capita homeless populations, both sheltered and unsheltered, concentrated in the southern part of the county including Redwood City where many basic needs services are located, the City of San Mateo, East Palo Alto, the poorest city in the service area, and Menlo Park, the southernmost city. The largest unsheltered homeless populations were in Redwood City, Half Moon Bay/Coastside and East Palo Alto.

California state data indicates that the homeless are predominately US-born individuals (90%), and a significant share are middle-aged (52% are age 50 or older), non-Hispanic White (53%), male (56%), and



¹ United States Interagency Council on Homelessness, "California Homelessness Statistic." <https://www.usich.gov/homelessness-statistics/ca/>

live alone (67%).² Sadly, the largest growth between 2015 and 2017 was seen in those living in cars (40 individuals) and RV's (67 individuals).³

Farmworkers – San Mateo County has the highest paying technology jobs in the nation. It's also home to some of the most underprivileged people in California – farm workers. The county's coast is a study in contrasts as commuters, rushing on Highway 1 to their tech jobs, are slowed by muddy tractors and neat rows of brussels sprouts and artichokes end at the borders of posh golf courses and luxury homes. San Mateo County agriculture represents \$160 million annually in direct economic output and employs and support 2,100 migratory and seasonal agricultural workers and their estimated 2,520 family members, with almost 95 percent of farms concentrated along the San Mateo County Coast.⁴

According to the 2016 Housing Needs Assessment, the shifts in crops and the ongoing effects of the recession on nursery operations have changed many agricultural jobs to now only provide temporary employment for migrant and seasonal farmworkers, where they once enjoyed year round employment.⁵ The largest agricultural employers in San Mateo County grow flowers, brussels sprouts and leeks and although the value of agricultural crops increased between 2010 and 2014, the number of acres in production dropped, resulting in a related decline in farmworkers' hours and wages.⁶ What were once year round jobs, are now seasonal requiring workers to travel to other locations or to live on lower wages.

Nearly all the region's farmworkers are immigrants, many with families, who earn minimum wage or a little more in jobs most of the domestic labor force does not want. HCH/FH patient data indicates that 88% live in the same house year around, most are from Mexico, and 2/3 live with family members. The median household size is five persons, and 17% have spouses and/or children under 18 years of age who live apart from them while they work in San Mateo County, due to immigration and economic reasons.⁷

The burden of housing costs is unsurmountable. Approximately 35.7% of Coastside homeowners and 50.1% of renter contributed 30% or more of their incomes for housing costs during the 2010-2014 time period. In addition, 12.8% of HCH/FH farmworker patients surveyed for the 2017 HCH/FH Needs Assessment indicated they live in group housing and 34% currently live: outside (8%); homeless shelter (7%); bus, train station, airport (6%), treatment program (3%); car/rv/van/boat (3%); transition housing (1%), and hotel/motel (1%).⁸

Current and Anticipated Integrated Oral Health Needs

County of San Mateo Oral Health Strategic Plan 2017-2020

*Oral health is integral to overall health.*⁴ This is the primary guiding principle San Mateo County's Oral Health Strategic Plan 2017-2020 (The Plan) and was identified by The Plan to be a key component to improving the overall health of San Mateo County residents, especially for the 57,000 residents who live below the federal poverty level (FPL) and approximate 121,000 residents enrolled in Medi-Cal.⁹ The Plan's focus is on expanding access to integrating oral health care and incorporating it into the provision of health care services. Unfortunately, these two populations, along with the homeless and farmworker populations,

² 2017 San Mateo County Homeless Census and Survey," San Mateo County Human Services Agency, Center on Homelessness.

<https://hsa.smcgov.org/sites/hsa.smcgov.org/files/2017%20One%20Day%20Homeless%20Count%20Final%20Report.pdf>

San Mateo County data was extrapolated from California County data as the San Mateo County Homeless Census and Survey does not include how long the homeless have lived in the county, if they are US-born, specific ranges for ages, and whether the homeless live alone.

³ 2017 San Mateo County Biennial Homeless Count, County of San Mateo Human Services.

⁴ San Mateo County Agricultural Workforce Housing Needs Assessment, Report Without Appendices, October 21, 2016.

⁵ Ibid

⁶ Ibid

⁷ Ibid

⁸ San Mateo County Health Care for the Homeless and Farmworker Health Program, 2017 Needs Assessment.

⁹ San Mateo County Oral Health Strategic Plan 2017-2020, San Mateo County Health System. https://www.smchealth.org/sites/main/files/file-attachments/oral_health_book_web_version.pdf

are particularly vulnerable to suffering the consequences of poor oral health. While the region's population mirrors the state's diversity of cultural, linguistic, ethnic, and racial backgrounds, the wealth disparities are among the highest in the nation. Given the high cost of living in San Mateo County coupled with Denti-Cal's (California's low-income dental health program) low reimbursement rate, attracting Denti-Cal providers to the region is particularly challenging. This dynamic further exacerbates the known barriers to care such as socioeconomic status. The Plan found that San Mateo County physicians participating in the Child Health and Disability Prevention (CHDP) program, which provides health assessments for low-income children and youth, identified dental problems to be the second most frequent reason for referral during a routine physical examination.⁴

In order to adequately address the region's need for increased access to oral health care services and providers, the Oral Health Strategic Plan outlined the following four key objectives that employ integration strategies:

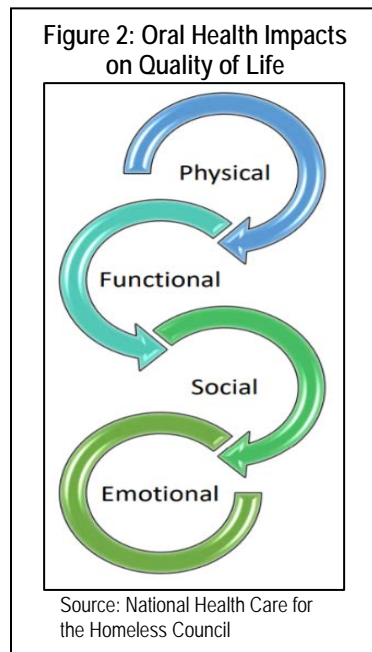
- Increase access to dental services and oral health education for children and pregnant women, focusing on co-location and prevention.
- Increase access to dental services and oral health education for adults, focusing on co-location and prevention.
- Build oral health provider capacity.
- Increase awareness of the importance of oral health and best oral health practices among diverse sectors of San Mateo County.¹⁰

Homeless

Experts agree that oral health impacts every person's quality of life and well-being, no matter the age.¹¹ The National Health Care for the Homeless Council goes on to explain that severe oral pain, loss of teeth and discomfort can result in disruption in eating habits and dietary intake. For children, this can have a great impact on getting the sufficient nutrients needed to support physical growth, and behavioral and learning development.¹² In addition, its impact on physical health (e.g. bleeding gum, oral pain), social/emotional effects (e.g. anxiety, happiness), functional restrictions (e.g. chewing, talking), and comfort in social interactions (Figure 2):

- Physical: Pain & bleeding gums, tooth loss, abscesses, infections
- Functional Restrictions: Chewing, talking
- Social: Job/employment opportunity
- Emotional: social discomfort, isolation¹³

The following data provides a grim picture of the expanse of poor oral health within the homeless population. Also see Figure 3. While



¹⁰ San Mateo County Oral Health Strategic Plan 2017-2020, San Mateo County Health System. https://www.smchealth.org/sites/main/files/file-attachments/oral_health_book_web_version.pdf

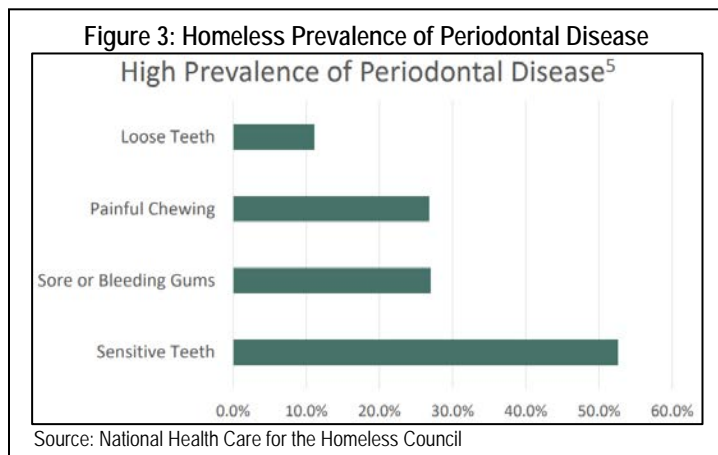
¹¹ National Network for Oral Health Access, "ORAL HEALTH AND DIABETES IN PATIENTS EXPERIENCING HOMELESSNESS." National Health Care for the Homeless Council. P. 1 http://www.nnoha.org/nnoha-content/uploads/2018/11/Diabetes-OH_NNOHANHCHC-11.27.18.pdf

¹² National HCH Council, inFOCUS, "Vision & Oral Health among Individuals Experiencing Homelessness," Vol. 3, Issue 3, June 2015. http://www.nhchc.org/wp-content/uploads/2015/06/in-focus_vision-oral-and-homelessness_june20153.pdf

¹³ National Network for Oral Health Access, "ORAL HEALTH AND DIABETES IN PATIENTS EXPERIENCING HOMELESSNESS." National HCH Council. P. 1 http://www.nnoha.org/nnoha-content/uploads/2018/11/Diabetes-OH_NNOHANHCHC-11.27.18.pdf

some of the data was collected as far back as 1999, the data is still relevant as little has changed from that time in terms of expanded access. In addition, data on homeless individuals is extremely hard to get, however the expansion of the point in time surveys has expanded our knowledge base and will continue to support the collect of dental data.

- Homeless individuals have more grossly decayed and missing teeth than the general population and even the impoverished population living in residences.¹⁴
- Homeless individuals are twelve times more likely than individuals with stable housing to have dental problems. Persons living in unstable housing, such as a hotel or the residence of a friend or relative, are six times more likely to have dental problems.¹⁵
- Homeless adults have more intensive dental problems, such as periodontal disease and edentulism (a complete lack of teeth); however, their use of dental services is less than the general population's.¹⁶
- Only 53% of toothless homeless individuals have complete sets of dentures, compared with 91% of the general population. In addition, 83% had not had a dental cleaning in the previous four years, a rate 4.6 times higher than in the general U.S. population.¹⁷
- More homeless children have never seen a dentist than children from families with low incomes who were living in houses.¹⁸
- Among homeless children ages five to nine years, 96% required dental care and 44% had pain or infection.¹⁹
- Untreated tooth decay in permanent teeth among homeless children in New England was 7.7 times above the regional average.²⁰
- A 2009 Patient Survey conducted by the Health Resources and Services Administration (HRSA) found that almost 90% of homeless HCH users reported having dental problems in the past six months.²¹
- The Center for Disease Control and Prevention (CDC) estimates that 27.4% of adults ages 20-44 and 17.5% of children ages 5-19 had untreated dental caries in the general population in 2011-2012. A 2010 study of 409 homeless patients in Los Angeles, CA, revealed prevalence rates of untreated caries that were two to four times higher (57.9% for adults and 63.5% for children) than



¹⁴ Michelle Clark, "Homelessness and Oral Health "It's hard to brush and floss on the streets." National Maternal and Child Oral Health Resource Center, Maternal and Child Health Bureau, HRSA, U.S. Department of Health and Human Services. June 1999.

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Michelle Clark, "Homelessness and Oral Health "It's hard to brush and floss on the streets." National Maternal and Child Oral Health Resource Center, Maternal and Child Health Bureau, HRSA, U.S. Department of Health and Human Services. June 1999.

¹⁹ Ibid

²⁰ Ibid

²¹ National HCH Council, inFOCUS, "Vision & Oral Health among Individuals Experiencing Homelessness," Vol. 3, Issue 3, June 2015. http://www.nhchc.org/wp-content/uploads/2015/06/in-focus_vision-oral-and-homelessness_june20153.pdf

the general population. A high prevalence rate of caries was also found in a 2013 study of 157 homeless children in a midwest city (50%).²²

- In a 2008 study of homeless youth and adults (age 14-28) in Seattle, WA, investigators found high percentages of periodontal disease indicators, including: sensitive teeth (52.6%), sore or bleeding gums (27%), painful chewing (26.8%), and loose teeth (11.1%).²³

Farmworkers

Migrant and seasonal farm workers are one of the most underserved and understudied populations in the United States. Farmworkers' health and wellness are directly impacted by their jobs as many perform strenuous tasks and are exposed to a wide variety of occupational risks and hazards. In addition, low socioeconomic status and poor access to health care also contribute to existing health problems in this population.

- Oral Health - According to a 2013 American Journal of Industrial Medicine article, dental disease is a major and chronic problem among immigrant laborers as 52% of farmworkers in a 2007 study reported dental caries and 33% reported missing teeth.²⁴
- Occupational Injuries – Potential farm work-related health problems have a direct relation to each worker's dental health and the potential for occupational injuries are many and include accidents, pesticide-related illnesses, musculoskeletal and soft-tissue disorders, dermatitis, noninfectious respiratory conditions, reproductive health problems, health problems of children of farm workers, climate-caused illnesses, communicable diseases, bladder and kidney disorders, and eye and ear problems. Few epidemiologic studies exist of these occupational health problems.²⁵
- Health Problems of Children of Farm Workers – According to a 1989 general health screening project performed on children ages 1-12 years of age, children of farm workers have been found to have at least one health problem, most common are vision, dental, and anemia.²⁶
- Tooth Decay – In California, Latino children and poor children experience more tooth decay and untreated tooth decay than other children.²⁷
- Accessing Health Care/Coverage – San Mateo County's Hispanic residents have a lower likelihood of having health coverage, let alone dental coverage, than non-Hispanic residents as approximately 12.2% of Hispanics do not have health coverage, compared to 5% of whites.²⁸ In addition, Hispanics have the lowest rates of health coverage, primarily because they work for employers who do not offer it and there are issues with documentation. Lack of health coverage is associated with not having a usual source of care, fewer referrals for procedures, and increased unmet healthcare needs in general. Barriers in access to medical care may contribute to poorer health status and higher rates of morbidity and mortality in specific instances of deficient preventive dental and medical care, late detection of disease, poor chronic disease management, and lack of consistent care for the elderly.

²² National HCH Council, inFOCUS, "Vision & Oral Health among Individuals Experiencing Homelessness," Vol. 3, Issue 3, June 2015. http://www.nhchc.org/wp-content/uploads/2015/06/in-focus_vision-oral-and-homelessness_june20153.pdf

²³ ²³ Ibid

²⁴ Frank, Arthur, et. al., "Health Care Access and Health Care Workforce for Immigrant Workers in the Agriculture, Forestry, and Fisheries Sector in the Southeastern US," American Journal of Industrial Medicine. <https://www.migrantclinician.org/files/4%20Frank%20et%20al%20Health%20care%20access.pdf>

²⁵ Moberg, K., Gold, E.B., Schenker, M.B., "Occupational health problems among migrant and seasonal farm workers," September 1992. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1011296/>

²⁶ Ibid

²⁷ California Department of Public Health, "Status of Oral Health in California: Oral Disease Burden and Prevention 2017." https://www.cdph.ca.gov/Programs/CCDC/DCDC/DCDC/CDPH%20Document%20Library/Oral%20Health%20Program/Status%20of%20Oral%20Health%20in%20California_FINAL_04.20.2017_ADA.pdf

²⁸ American Factfinder 2013-2017 Five-Year Estimates.

Access to Oral Health

Many factors indicate that San Mateo County's oral health needs will continue at current or increasing levels including the aging of the homeless and migrant farmworker population, the low number of FTE dentists who accept Denti-Cal to low-income population, increased national focus on immigration, and the local focus on ending homelessness.

San Mateo County's Oral Health Strategic Plan 2017-2020 found that in Northern San Mateo County there is one dentist to every 2,572 Medi-Cal enrollees. The federal benchmark for a dental practice is one full-time equivalent dentist for every 2,000 patients. Therefore, each dental practice accepting Denti-Cal patients would have to solely treat those on Denti-Cal to come close to serving just the Denti-Cal population in North County. Moreover, the ratio of dentists to population is underestimated as not all providers work full-time, and the low-income population does not include the undocumented adult population, which adds to the unmet need for service.²⁹

2) Describe the infrastructure enhancements necessary to address these oral health needs.

Healthcare for the Homeless/Farmworker Health (HCH/FH) is a program of the San Mateo Medical Center, a component of San Mateo County Health (SMCH). The HCH/FH program is governed by a Co-Applicant Board in conjunction with the County of San Mateo Board of Supervisors. HCH/FH utilizes County Health's physical, mental and dental health programs and services, either directly or through Memorandum of Understandings (MOU), in addition to contracting for services with community partners to provide all required, additional, and specialty services. The primary infrastructure enhancement necessary to address the oral health needs outlined above is the implementation and utilization of an electronic dental health record (eDHR). Currently SMCH's Dental Health Department does not have an eDHR. Dental health services are charted in eCW using Progress Notes. The eCW platform does not contain the following features:

- Tools for easy and accurate charting of dental health
- Tools for dental health treatment plans
- Capacity to integrate with a dental imaging system

Given this band-aid system, SMCH's Dental Health Department has a limited ability to track their patient's full complement of oral health indicators. However, despite the paucity of data, the available information strongly indicates the oral health status of San Mateo County residents needs urgent attention. For example, 25% of patients seen in SMMC's Emergency Room for a dental-related condition could have been prevented with routine primary dental care.

Implementing an eDHR will empower SMCH dental health providers to deliver better care to their patients by:

- Ensuring accurate charting of dental health symptoms and diagnoses
- Enabling dental imaging integration into the eDHR
- Ability to create a treatment plan and track its progress
- Allow real time charting
- Integrating with an EMR system (such as Epic, Cerner and Meditech)

An eDHR will streamline the ability to create treatment plans with a dental tooth chart. This would improve quality of care for patients by making it easier to visualize missing teeth, pending treatment and completed treatment. An eDHR can chart dental abnormalities, note missing teeth, supernumerary teeth, note existing restorations as well as treatment that is needed for each tooth/area. Patients can review and

²⁹ San Mateo County Oral Health Strategic Plan 2017-2020, San Mateo County Health System. https://www.smchealth.org/sites/main/files/file-attachments/oral_health_book_web_version.pdf

sign their treatment plan in the program rather than having to create an excel spreadsheet from scratch. Treatment plans can also be adjusted as needed and can easily be read by patients. Hence, an eDHR will improve patient care by increasing accuracy, safety, and efficiency of dental visits which will likely lead to increased patient satisfaction.

An eDHR is also likely to lead to improved provider satisfaction given the increase in efficiency. Charting using comprehensive templates ensures consistency, increasing patient safety and saves time, allowing for more patients to be seen. Given that dental services are in very high demand and access to services are impacted, the ability to open more appointments is critical. Ultimately, an eDHR enables more accurate and comprehensive treatments and affords providers the ability to utilize some of the time saved to talk with their patients about their treatment plan. This additional consultation will help to ensure the patient understands their treatment plan and hence increase their likelihood to adhere to it.

RESPONSE

1) Describe your health center's current oral health services, including service delivery methods (i.e., the extent to which services are provided directly (Form 5A: Services Provided, Column I), through contracts or agreements for which the health center pays (Form 5A, Column II), or through formal referral arrangements (Form 5A, Column III)).

The HCH/FH service delivery model is designed to create a "safety net for the safety net" through an integrated model of care that incorporates primary care, mental health, substance abuse, oral health, optometry, and enabling services. The HCH/FH network of front-line mobile and fixed-site services is linked to the SMCH system of care. The network engages and serves homeless people and farmworkers who cannot or will not use primary health services in conventional settings. Case management services, based in homeless shelters and a community resource center serving farmworkers, connect patients to comprehensive services, including care at SMMC Health Centers and Specialty Clinics. This model emphasizes accessibility, affordability and relationship building to counter the practical, cultural/linguistic and attitudinal barriers that impede access to healthcare for homeless people and farmworkers through:

- Services that reach homeless people and farmworkers "where they are;"
- Provision of all services without regard to ability to pay;
- Assignment of patients to primary care providers to assure patient-centered medical home access;
- Active assistance to get and stay enrolled in health coverage and other benefits programs;
- Recognition and respect for each patient's strengths and autonomy; and
- Communication of compassion, dignity and hope in every patient encounter.

Preventive Dental

HCH/FH provides access to comprehensive oral health services to homeless people through the SMMC Mobile Dental Van visits to homeless shelters and service sites, SMMC fixed site dental clinics and Ravenswood Family Dentistry contracted services. Farmworkers access dental care at the Coastside Clinic and through Sonrisas contracted services. Oral health services include comprehensive oral health exams, treatment planning, dental hygiene education, diagnostic and preventive care, restorative care, and oral surgery.

Column I

HCH/FH provides access to preventative dental services directly through four San Mateo Medical Center (SMMC) Dental Clinics, and the SMMC Mobile Dental Clinic.

Column II

HCH/FH provides access to preventative dental services through formal written agreements with Ravenswood Family Dentistry and Sonrisas Community Dental Center.

Additional Dental Services

HCH/FH provides access to additional dental services through the SMMC Dental Clinics and contracted service providers referenced above, including:

- Comprehensive oral health exams
- Treatment planning
- Dental hygiene education
- Diagnostic and preventive care
- Restorative care

Column I

HCH/FH provides access to additional dental services directly through four San Mateo Medical Center (SMMC) Dental Clinics and the SMMC Mobile Dental Van.

Column II

HCH/FH provides access to additional dental services directly through formal written agreements with Ravenswood Family Dentistry and Sonrisas Community Dental Center.

HCH/FH Dental Clinic Sites

HCH/FH provides access to services at four SMMC Dental Clinics, one SMMC Mobile Dental Van, and two contracted oral health sites. See Table 1.

Table 1: HCH/FH Dental Clinic Service Delivery Sites

Service Delivery Location Name/Address/Services	Dental Clinic Hours	Site Type
Daly City Clinic Site ID: BPS-H80-005524 380 90th St, Daly City, CA 94015-1807 <i>Population Seen: Homeless children and adults, dental emergencies, perinatal moms</i> <i>Services: Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i>	Monday – Friday: 8:30 a.m. – 5:00 p.m.	Permanent, full-time
39th Avenue Campus - Outpatient Clinics Site ID: BPS-H80-000595 222 W 39th Ave, San Mateo, CA 94403-4364 <i>Population Seen: Homeless children, dental emergencies, adults, perinatal moms, long-term care patients</i> <i>Services: Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i>	Monday – Friday: 8:00 a.m. – 4:30 p.m.	Permanent, full-time
Fair Oaks Clinic Site ID: BPS-H80-005448 2710 Middlefield Rd, Redwood City, CA 94063-3404 <i>Population Seen: Homeless children, dental emergencies, adults, perinatal moms, HIV+/AIDS patients</i> <i>Services: HCH/FH provides comprehensive oral health and wellness care for patients with HIV at Fair Oaks Health Center. Eligible patients must be HIV positive, a resident of San Mateo County with an income equal to or</i>	Monday – Thursday: 8:30 a.m. – 7:00 p.m. Friday – Saturday: 8:00 a.m. – 5:00 p.m.	Permanent, full-time

Service Delivery Location Name/Address/Services	Dental Clinic Hours	Site Type
<i>less than 400% of the Federal poverty limit and be uninsured or underinsured.</i>		
Coastside Clinic Site ID: BPS-H80-006870 225 Cabrillo Hwy S Ste 100A, Half Moon Bay, CA 94019 <i>Population Seen: Migrant farmworkers; homeless children and adults; dental emergencies; and perinatal moms.</i> <i>Services: Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i>	Monday – Wednesday: 8:00 a.m. – 5:00 p.m. Thursday (twice a month): 8:00 a.m. – 8:00 p.m. Friday: 8:00 a.m. – 5:00 p.m.	Permanent, full-time
Mobile Dental Van Site ID: BPS-H80-011967 222 W 39th Ave, San Mateo, CA 94403-4364 <i>Population Seen: Migrant farmworkers and homeless children, dental emergencies, adults, perinatal moms</i> <i>Services: Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i>	Monday – Friday: 8:30 a.m. – 4:00 p.m. (See Table 2: Mobile Dental Van Schedule)	Mobile Unit
Ravenswood Family Dentistry (Contractor) Site ID: BPS-H80-005603 1798 Bay Rd., East Palo Alto, CA 94303-1611 <i>Population Seen: Homeless, pediatric patients needing general anesthesia</i> <i>Services: Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i>	Mon, Wed, Fri: 8:00 a.m. – 5:00 pm 1st, 2nd, 3rd Tues: 9:00 a.m. – 5:00 p.m. 4th Tues: 12:30 a.m. – 5:00 p.m. Thurs: 10:00 a.m. – 7:00 p.m.	Permanent, full-time
Sonrisas Community Dental Center (Contractor) Site ID: N/A 210 San Mateo Rd # 104, Half Moon Bay, CA 94019 <i>Patients: Migrant Farmworkers and homeless, pediatric patients</i> <i>Services: Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns. Oral surgery.</i>	Monday – Friday: 8:00 a.m. – 5:00 p.m.	Permanent, full-time

Table 2: SMMC Mobile Dental Van Schedule

Day/Hours	Service Delivery Location	Service Type
Monday 8:30am – 4:00 pm	SMMC Main Campus, 222 West 39th Avenue, San Mateo, CA 94403	Drug/alcohol rehabilitation
Tuesday 8:30am – 4:00 pm	South San Francisco street location, 1050 Mission Road, South San Francisco, Ca 94080	Pregnant women and Drug/alcohol rehabilitation
Wednesday 8:30am – 4:00 pm	First Step for Families, 325 Villa Terrace, San Mateo, Ca 94401	Homeless Families
Thursday 8:30am – 4:00 pm	Alternating Thursdays – Maple Street Shelter, 1580 Maple Street, Redwood City, CA 94063 Safe Harbor Shelter, 295 North Access Road, South San Francisco, CA 94080	Homeless
Friday 8:30am – 4:00 pm	SMMC Main Campus, 222 West 39th Avenue, San Mateo, CA 94403	Dental Clearance for Orthopedics patients

Oral Health Integration

HCH/FH's current level of electronic medical and dental record integration reflects the integration type of "Electronic Medical Record Only with Dental Templates: Dental templates were created for the EMR, and the EMR is used to store dental data," according to NACHC and NNOHA's list of "Electronic Medical and Dental Record Integration Options."³⁰

³⁰ NACHC and NNOHA, "Electronic Medical and Dental Record Integration Options," June 2012.

Dental Health Priority Patients

SMMC's dental clinics have developed standardized priority status for high-need and high-risk patients including homeless, pregnant mothers, and those preparing for a surgery. In each of these cases, the patients' community partners support access to immediate appointments.

Integrated Screening and Health Education

The four SMMC Dental Clinics are currently providing integrated services through their current practices of health education on tobacco cessation and diabetes. This education is documented within the notes field along with all other data, however, is not reportable with the current EMR.

Health Information Exchange

SMC Connected Care, the County's HIE, is not currently utilized by the SMMC Dental Clinics to support integrated oral health care. Currently, San Mateo County Health's participating divisions include the San Mateo Medical Center (SMMC), Behavioral Health and Recovery Services, Aging and Adult Services, Family Health Services, and the Public Health Policy & Planning Mobile Clinic.

2) Describe the proposed infrastructure investments necessary for increasing access to integrated oral health services. Specifically describe:

- a) Any proposed minor alteration/renovation (A/R) activities. Your response should align with and reference the project-related information in the Project Cover Page(s). If the site to be renovated is leased, include the lease agreement or intent to lease documentation in Attachment 2: Lease Documentation.**

HCH/FH is not proposing any alteration/renovation activities.

- b) Any proposed equipment and supplies purchases, including dental, telehealth, and other equipment and technology to extend the reach of current dental providers through virtual dentistry. Your response should align with the Equipment List and budget information.**

HCH/FH is not proposing any equipment and supplies purchases to extend the reach of current dental providers through virtual dentistry. It is, however, proposing to purchase two servers (equipment) that are required to support the eDHR.

- c) Any other infrastructure investments, such as training, improved workflows, systems consulting, and EHR enhancements.**

HCH/FH's proposed infrastructure investment to implement an eDHR is critical for increasing access to integrated oral health. In addition to the infrastructure investment and utilization of the eDHR product, the transition to an eDHR will include staff training and improved workflows.

According to NACHC and NNOHA's list of "Electronic Medical and Dental Record Integration Options," HCH/FH's planned level of electronic medical and dental record integration reflects the integration type of "Interfaced Electronic Medical & Dental Records." The eDHR will utilize SMC Connected Care HIE as the bridge that allows it to interface with the EMR, eEW,³¹ SMMC's Dental Clinics will interface with other County of San Mateo agencies through the secure, encrypted data exchange using standards developed specifically for healthcare. As explained above, the current participating San Mateo County Health divisions include San Mateo Medical Center (SMMC), Public Health, Behavioral Health and

³¹ NACHC and NNOHA, "Electronic Medical and Dental Record Integration Options," June 2012.

Recovery Services , Aging and Adult Services, Family Health Services, and the Public Health Policy & Planning Mobile Clinic.

HCH/FH's OHI project timeline with key action items for the DHR implementation is outlined in Table 3 below.

Table 3: OHI – Project Timeline

Start and/or Completion Date(s)	OHI Expanded Access to Integrated Oral Health Care Key Action Items for DHR Implementation
September 1, 2019	NOA – Receipt of OHI NOA.
Completion: October 1, 2019	SMMC CEO to realign projects to secure OHI DHR implementation schedule as approved and outlined within this grant application.
Completion: October 31, 2019	San Mateo Health System's IT Department will assign a Project Manager and will convene the DHR Project Team to include: <ul style="list-style-type: none"> • Dr. Ann Marie Silvestri, Dental Program Manager, SMMC Dental Clinics • Dr. Dr. Mariam Hashoush, Supervising Dentist • Raul Ramirez, Dental Program Coordinator • Sofia Recalde, HCH/FH Associate Management Analyst
Start: November 1, 2019	Begin assessment of current Dental Dashboard to the National Network for Oral Health Access' Dental Dashboard Template for Clinical Performance Measures and compare o the eDHR's dashboard capabilities to develop the New HCH/FH Dental Dashboard.
Completion: January 31, 2020	The DHR Project Team will gather resources needed for the development of the Request for Proposals (RFP) for the purchase of the dental health record (DHR). This process requires the complete assessment of interfacing patient/client records and HIE, accounting and billing needs.
Completion: April 30, 2020	San Mateo Health System's IT Department will develop the RFP, with review by County Council and Information Services Department (ISD).
Start: May 1, 2020	Release RFP.
Completion: June 30, 2020	Conduct DHR demonstrations.
Completion: July 31, 2020	Select DHR vendor.
Completion: August 31, 2020	Complete contract negotiations.
Completion: October 31, 2020	Contract to go before the Board of Supervisors and the San Mateo County Health Care for the Homeless & Farm Worker Health (HCH/FH) Program Co-Applicant Board.
Completion: December 31, 2020	DHR vendor to conduct Training on DHR system.
Start: Jan 10, 2021	Go live on DHR.
Start: March 1, 2021	Quality Committee will review the CPMS that are a part of the dental dashboard and identify areas of improvement that the Committee will include in ongoing quality monitoring.
Completion: March 31, 2021 – County of San Mateo Completion: July 31, 2021 – community partners	Complete HIE Integration and Implementation within the County of San Mateo partner agencies and within the community partners.
Start: April 1, 2021	Develop and implement a business continuity plan.
December 31, 2021 (End of FY 2021)	Complete grant reporting ³² and close out procurement oversight activities.

Interprofessional Education and Cross Training

The HCH/FH and Dental Clinic staff understand that transitioning from co-location to integration also requires seamless service delivery among dental and medical personnel. Considerations for expanding integrated services includes having:

³² Per NOFO, HCH/FH will complete the narrative description of progress via the BPR beginning in FY 2021. HCH/FH will also complete any and all ad hoc submissions as requested by HRSA to include purchase orders, contract documentation, and project implementation photos.

- Primary care personnel trained to provide oral health risk assessments, anticipatory guidance, specialist referral, and to deliver basic preventive measures such as fluoride therapy.
- Dental providers trained to provide select components of annual wellness exams (e.g. screening and immunizations) and assist in chronic disease management (e.g. medication adherence, blood pressure measurement, INR monitoring).
- Both primary care personnel and dental providers cross trained to support bidirectional service provision to develop efficient resource use and to ensure that fewer patients are lost to follow up.³³

3) If you are proposing to use OHI funds to enhance oral health services through the use of telehealth and/or virtual dentistry, specifically describe how this will be implemented.

HCH/FH is not proposing to use telehealth or virtual dentistry.

4) If you are proposing to add a new service delivery site (permanent or mobile unit), describe the location of the new site(s) within your existing service area and how the site(s) are essential to addressing the identified oral health infrastructure needs. Provide evidence of support for the new site from other health care providers in the service area through letters of support uploaded as Attachment 1: Collaboration Documentation. If you plan to use funds toward the purchase of a mobile unit, describe how and where the mobile unit will serve your existing service area.

HCH/FH is not proposing to add a new service delivery site.

IMPACT

1) Describe the integrated oral health services that will be added/expanded as a result of the infrastructure investments outlined in the RESPONSE section above.

This OHI infrastructure investment will provide the County's homeless and farmworker populations, along with the Medi-Cal population, more patient-centered, coordinated, and value-oriented care. Furthermore, this investment will provide new opportunities for managing costs and improving physical and dental health outcomes. HCH/FH will promote oral health across all services to help effectively combat oral disease and expand the oral disease prevention workforce to intervene earlier in the course of disease.

Through implementation of an eDHR, HCH/FH will be able to fully integrate their clients' oral health into County Health's extensive primary healthcare and wellness programs. In addition, HCH/FH will be adding or expanding several components of oral health integration as a result of the OHI Program infrastructure investment.

SMMC Dental Clinics currently have a waiting list of over 2,000 individuals for oral health care services, and the eDHR will support expanded access to dental services by catalyzing the following delivery system improvements:

1. SMMC Dental Clinic Provider Productivity Increase

As a direct result of the eDHR implementation, it is expected that within six months the dentists will be able to increase the number of patient visits by five patients per day at each of the four Dental Clinics and Mobile Dental Clinic. This totals an increase of 400 patient visits per month or 80 patients/month, 960/year (Dental patients average 5 visits per treatment plan.). It is expected that 200 of the expanded

³³ Powers, B., Donoff R.B., Jain, S.H. "Bridging The Dental Divide: Overcoming Barriers To Integrating Oral Health And Primary Care," HealthAffairs, January 19, 2017. <https://www.healthaffairs.org/doi/10.1377/hblog20170119.058211/full/>

access patients will be HCH/FH program patients who will receive an addition 480 dental visits. Through implementation of the eDHR, Dr. Silvestri and the entire dental team are confident that they can increase the number of HCH/FH patients they treat daily due to the limitations of the current system as all information is typed into open data fields.

2. Utilize Dental Hygienist

As a direct result of the eDHR implementation and its capacity to schedule patients for all dental providers, the Dental Clinics will be able to hire and utilize dental hygienists to increase access to oral health education and cleaning by 200 HCH/FH patients per year, beginning January 10, 2021.

3. EMR/eDHR Interface and Information Sharing

The eDHR will enable a patient's medical home to also be their dental home. Integrated care documentation will be developed to include care activities such as smoking cessation and diabetes education. In addition, the eDHR and its data will be available through SMC's Connected Care HIE. Furthermore, HCH/FH's medical and dental providers will have the opportunity to collaborate on the development of notification and documentation for the eDHR which will enhance the depth of the data collection and utilization.

4. Case Management

HCH/FH will be able to initiate a case management program through development of protocols and notifications within the eDHR and has established plans to include annual dental exam notifications on all patients ages 1-18 years who present for a medical visit. Medical Assistants will provide a warm handoff after the medical visit to either the on-site dental staff or to the front office staff to provide scheduling assistance.

5. Health Screenings in Dental

HCH/FH's medical providers will incorporate verbal screening and point-of-care testing for common health conditions such as high blood pressure and diabetes into all adult oral exams with point-of-care testing to initially include blood pressure check and Hemoglobin A1C test. All dental patients' health history will have the patient indicate whether they have a medical home.

As appropriate, dental providers will provide patient education on how common health problems (eg, high blood pressure, diabetes) affect dental health and vice versa to advance self-care. In addition, dental assistants will provide dietary counseling, distribute patient/caregiver educational materials to support common health problem education and at-home care, and will provide a warm hand off to assist in scheduling needed medical appointments.

6. Designated Access Appointments

HCH/FH's dental clinics will provide needed dental appointments for surgical patients, pregnant women, patients with diabetes, and children in need of urgent care. Additionally, the medical clinics will provide needed medical appointments for patients who are found to be out of compliance with medications, indicate they are not feeling well, or need to complete pre-procedure checkups.

It is expected that there will be many more opportunities for expanding the above list of added integrated oral health services as the SMC Connected Care HIE utilization expands and as alternate payment models are implemented.

- 2) **If new dental personnel are required to expand integrated oral health services, describe how those providers will be supported. If new dental personnel are not required, describe how current dental personnel will ensure expanded integrated oral health services.**

As explained above, it is expected that within six months of the eDHR implementation dental health providers will be able to increase the number of visits they see to net an increase of five patient visits per day at each of the four Dental Clinics. This totals an increase of 400 patient visits per month or 80 patients/month, 960/year (Dental patients average 5 visits per treatment plan.). In addition, the Dental Clinic will be able to schedule patients for all dental providers including dental hygienists which they are not able to schedule currently. This will enable the Dental Clinics to hire and utilize dental hygienists to increase access to oral health education and cleaning. It is expected that the dental hygienists will see an additional 200 HCH/FH patients per year, beginning January 10, 2021.

Expanded integration of services will be coordinated and tracked through the HCH/FH staff program oversight. Sofia Recalde, HCH/FH Associate Management Analyst, will be a member of the eDHR Implementation Team and will support all the OHI Program.

- 3) **Describe how the completed project(s) will support the delivery of quality integrated oral health services.**

The eDHR will bolster the delivery of quality integrated oral health services by accurately documenting the services provided and the ability to effectively utilize the data for quality reporting and program development. eDHRs support enhancements in the quality of patient care documentation and reporting capabilities that are essential for utilization within an integrated system. Specific opportunities to support the delivery of quality integrated oral health services include: expanded QI/OA monitoring, improved documentation and reporting, increased completion of care plans, and Diabetes Action Plan oral health key action step completion.

QI/OA Program Monitoring

Oral health patient data will be incorporated into the QI/OA program through established HCH/FH quality improvement measures that monitor and assess quality in clinical dental care delivery. These measures include: (1) clinical quality, (2) related health-care delivery, and (3) clinical efficiency. The three categories allow for *quantitative* and *qualitative* assessments that promote quality performance awareness and improvement. Clinical Quality Measures: include access performance of care delivery supported by evidence-based care practices evaluated on a regular basis.

Through the proposed infrastructure enhancement, HCH/FH will be able to better partner with all regional providers using SMC Connected Care HIE and also through expanded reporting capabilities.

Improved Patient Care Documentation and Reporting

Accurate and timely documentation of care provided is essential to the provision of quality integrated care. Through utilization of the eDHR, the dental clinics will develop standardized documentation templates and other tools that will enable continuity in all aspects of patient care across all dental clinics.

Standardized treatment protocols will be developed within the eDHR for dentists, dental hygienists and dental assistants that will ensure that all providers are practicing at the top of their licensure and/or certification. In addition, these protocols will enable the clinics to standardize dental practices across the organization which will support quality patient care.

Increased Completion of Care Plans

All patients with current care plans and all newly scheduled plans will be input into the eDHR and will be available for follow up by the front office staff.

HCH/FH Diabetes Action Plan

The HCH/FH Diabetes Action Plan includes four key action steps that were chosen to support the improvement of the diabetes clinical performance measure. The four key action steps include:

1. Establish a baseline of the HbA1c levels for those patients who were seen at the mobile unit prior to the institution of the POC Testing. Measure and report rate of performance quarterly.
2. Within eDHR system, flag diabetic patients who have not been tested for a year. Produce protocol for office support staff to contact and make appointments for patients to be tested. Ensure that they support them for transportation and anything else required.
3. Develop 'standing order' and train clinical support staff to screen for patients who need to have HbA1c performed. Measure and report rate of change on quarterly basis.
4. Schedule all patients with HbA1c > 9% for a dental exam. Note change in level after the exam and procedures have been completed. – Outcome: Reduce periodontal inflammation/improve glycemic control.

Current efforts to operationalize action step #4 with the current system would require significant personnel time to complete individual reviews of patient charts. This process can be included in an integrated process through SMC Connected Care HIE utilization.

RESOURCES/CAPABILITES

1) Describe the capabilities and expertise that qualify the organization to carry out the proposed project, including:

a) Experience with successfully completing similar infrastructure projects, including how you avoided or minimized time and cost overruns.

San Mateo County Health's (SMCH) Dental Health Department operates within San Mateo Medical Center (SMMC) which will be implementing the electronic dental health record (eDHR). San Mateo County Health's IT Department has extensive experience in the implementation and integration of electronic patient records as there are nine disparate electronic client/patient records utilized by County Health.

SMCH's Dental Health Department has previous experience with an electronic medical record (EMR) implementation as they transitioned in 2012 to SMMC's EMR, eClinicalWorks (eCW), an ONC-HIT certified electronic health record system. The Dental Health Department has utilized eCW for scheduling, patient management, and to track dental health provider's handwritten notes that are entered into a dental data field that was added to the clinical indicators section of the record. This dental data field is not a discrete data field and therefore does not provide any capabilities for automatic data retrieval and analysis. Most recently, in 2018 SMMC implemented the Dental Imaging System to support digital dental x-rays. Digital x-rays are essential for the diagnosis of dental carries and other dental issues occurring below the gumline. Failure of the original digital x-ray system necessitated the implementation of the new equipment ahead of the eDHR. Digital x-rays are currently stored in a stand-alone system called MiPACS and are accessible through an online log in. Upon installation of the eDHR, the images will be embedded into each dental patient's record.

SMMC has utilized many proven practices to assure cost and time overruns do not hinder the implementation of all patient/client records. These practices include the following:

1. San Mateo County Health's IT Department assigns a Project Manager and will convene the eDHR Project Team and who will oversee all aspects of the eDHR implementation.
2. Payment is tied to milestones that have set completion dates.
3. Extensive RFP development is completed to assure all requirement and interfaces are addressed in the initial set-up and not adding to overruns once the program is in operation.

b) *The skills and experience of staff managing the project(s). If proposing minor A/R, your response should align with and reference the project-related information in the Project Cover Page(s).*

The eDHR will be overseen by the Ann Marie Silvestri, D.D.S., M.P.A., Dental Program Manager and San Mateo County Health IT Department's Project Manager. Dr. Silvestri joined San Mateo County as the Dental Program Manager in 2004 and is also adjunct faculty with the University of the Pacific, School of Dentistry, and the University of San Francisco, School of Dentistry. Dr. Silvestri holds a Doctor of Dental Surgery from the University of the Pacific School of Dentistry, and a MPA in Hospital Administration from Notre Dame de Namur University.

San Mateo County Health's IT Department will provide the Project Manager who will support the integration of oral health into HCH/FH's safety-net program. The eDHR implementation team will support the eDHR planning to identify notifications, data fields and other opportunities to enhance patient outcomes, increase efficiency, and improve data reporting. In addition, the HCH/FH implementation team will support the tracking of grant goals and outcomes along with coordinating the SMMC QI Committee to assure the current and future UDS CPMs are included within the Committee's work. Included in the HCH/FH implementation team's data reporting review will be updating the current dental dashboard to align with the National Network for Oral Health Access' Dental Dashboard Template for Clinical Performance Measures³⁴ and working to assure that the new eDHR dashboard includes all the measures needed to support complete oral health integration and data reporting.

Designated HCH/FH staff will play an integral part in the planning and utilization of the eDHR as it will be essential that the program's overall goal of being a "safety net for the safety net" extends to all services and that the dental program is successfully and completely integrated within the HCH/FH program.

The dental clinics have experience in the implementation of an eDHR of sorts as they implemented the County's electronic medical record, eCW, in 2012. The EMR is utilized to support scheduling, patient management, and to track the handwritten notes of the dental providers in a dental data field that has been added to the clinical indicators section of the record. Additionally, the dental clinics implemented a new dental x-ray program in 2018 to replace the failing system that had been installed many years prior and was no longer able to handle the quantity of data necessary for dental x-rays.

c) *The capability of key management staff to provide operational oversight.*

Sofia Recalde, Associate Management Analyst – Ms. Recalde, along with Dr. Ann Marie Silvestri, will provide needed electronic dental health record (eDHR) utilization oversight for the HCH/FH program and its application within the County of San Mateo and community partner organizations. The two will manage, along with the San Mateo County Health's IT Department's Project Manager, the implementation of the eDHR and the OHI grant program.

Prior to joining HCH/FH in January 2019, Ms. Recalde worked at the Public Health Institute managing a \$2M budget for multiple global health programs funded by the Centers for Disease Control and Prevention and the National Institute of Health. Ms. Recalde brings over five years' experience in grants managements, procurement, contract development and negotiation, budget development and management, and preparing financial and narrative progress reports. Ms. Recalde holds a Bachelor of Arts in Psychology from the University of California, Santa Cruz and a Masters of City and Regional Planning from Rutgers University. Her current duties at HCH/FH include:

³⁴ National Network for Oral Health Access' Dental Dashboard Template for Clinical Performance Measures.
<http://www.nnoha.org/resources/dental-dashboard-information/dental-dashboard-access/>

- HCH/FH program budgeting: Working with the Mr. Beaumont to develop and monitor the HCH/FH program budget and program funding requests in accordance with SMC and HRSA policies and procedures. Analyze and present recommendations regarding the fiscal impact of operating and organizational changes.
- HCH/FH grants management - Assist Mr. Beaumont with grant and budget development. Once awarded, oversee grant specific terms, conditions, and reporting requirements.
- Contract management – Oversee all aspects of contract management from development of solicitation through invoice approval and performance evaluation.

Danielle Hull, Clinical Service Coordinator – Danielle Hull will support the development of all quality improvement activities of the OHI Program. Ms. Hull joined HCH/FH in July 2018 having previously worked at Generate Health where she developed PDSA QI cycle for the Perinatal Behavioral Health Initiative and generated multiple quality improvement reports. She has hands-on experience in formative evaluation, quantitative and qualitative data collection and analysis, and program design and evaluation. She also has knowledge and experience in evidence-based practice, applying behavioral theory, social determinants effects on health, social ecological models, logic models, population health, and patient-centered care. Ms. Hull holds a Bachelor of Science in Nutritional Biology from University of California Davis, a Master of Public Health from Saint Louis University and is certified in Public Health.

Ms. Hull's current duties as Clinical Service Coordinator include:

- Evaluate program effectiveness against program goals, program requirements, and other regulations; support the Quality Assurance/Improvement Plan including analysis of QA/QI data, identify program problems, present findings and recommend appropriate action.
- Build and establish relationships between HCH/FH and SMMC clinics & programs, SMC Health System Departments and programs, and other community hospitals, clinics and health care services to address the medical and health needs of the homeless and farmworker populations
- Provide education and support to the HCH/FH staff, medical providers and other staff on the medical needs of the homeless and farmworkers within San Mateo County.
- Plan, organize, administer, conduct and evaluate homeless and farmworker health activities and programs.
- Oversee the Diabetes Action Plan effort.

Jim Beaumont, Director – Mr. Beaumont is the Director of the HCH/FH Program and has overseen the implementation of all electronic solutions and service delivery expansions and will oversee the implementation of the OHI dental health record. Mr. Beaumont has been with HCH/FH for 10 years and has over 30 years of highly progressive experience in social service program management and administration including program operations, fiscal management, automation, program reviews, budget development, and program development and coordination. Mr. Beaumont served as an Administrative Services Manager in the San Mateo County Department of Child Support Services for over 20 years before his appointment as HCH/FH Program Director and was previously the Alcohol and Drug Abuse Prevention Coordinator for the State of South Dakota. Mr. Beaumont has a Bachelor of Arts degree in Psychology and has completed course work toward a Master's in Public Administration.

Linda Nguyen, MPA, Program Coordinator – Ms. Nguyen joined HCH/FH in 2014. She previously worked as a Human Services Analyst II for the San Mateo County Center on Homelessness. She brings strong relationships with homeless service providers and excellent contract management and data analysis skills to the program. Ms. Nguyen has eight years of experience in management and administration. She holds a Master of Public Administration and a Bachelor of Arts in political science from San Jose State University. Ms. Nguyen is bilingual (English/Vietnamese).

2) Describe the health center’s acquisition policies and procedures, as well as how the health center will comply with federal procurement requirements, as applicable.

The County of San Mateo maintains Administrative Memorandums (Admin Memo) for the expenditure of federal awards which reflect applicable State, County, local, and tribal laws and regulations. Admin Memo B-1 sets County-wide procurement and contracting standards and was updated on November 29, 2017. B-1 outlines the provision for all County procurement with the goal “to deploy the County’s resources wisely, to obtain the best quality products and services, and to maintain the public trust by conducting County business with integrity, fairness, and transparency.”³⁵

Procurement is processed through the County General Services Department, Purchasing Division, which is responsible for providing guidance and direction in all phases of purchasing and procurement of services, including pre-acquisition investigation, competitive bidding, contract specifications, quality control, and terms and conditions. County Purchasing staff manages multiple contracts for all departments and has a well-established system for managing federal awards for its agencies

HCH/FH staff will work with Dr. Silvestri and Information Services Department (ISD) to facilitate the purchase through the Purchasing Division. Per the policy, a competitive bidding process will be utilized and is expected to roll-out as follows in Table X, pending a September 1, 2019 grant award date.

3) Describe existing and planned collaboration and coordination of oral health services with other health care providers in the area. Provide evidence of support from such providers, community members, and/or other stakeholders through letters of support uploaded as Attachment 1: Collaboration Documentation.

HCH/FH currently collaborates with community-based organizations through contract service agreements to support homeless and farmworkers that are dispersed throughout the county. These contracted providers are an essential part of the HCH/FH program with the following supporting HCH/FH on the OHI grant.

Oral Health Contracted Service Providers

HCH/FH collaborates and coordinates with two dental providers to provide oral health to San Mateo County’s homeless and farmworker populations. Both providers will play a vital role in the development and continued expansion of integrated oral health.

South County Community Health Center, Inc. Db a Ravenswood Family Health Center (RHFC)

HCH/FH contracts with Ravenswood Family Health Center (RFHC) to provide comprehensive primary care, including integrated behavioral health treatment, oral health services, and care coordination services for homeless residents of East Palo Alto. RFHC’s Homeless Health Navigator assists patients to access all needed health care and support services and there is a cross-referral agreement in place with Gardner Family Health Network, a CHC/HCH program based in neighboring Santa Clara County, that operates a health center in South San Mateo County.

RFHC’s Dental program provides preventive and restorative dental services including examinations, prophies, fillings, crowns, prosthetics, x-rays and other general dental services to homeless individuals. Patients requiring more specialized care, such as oral surgery, periodontal services, and endodontic care will be referred out for specialty care. Coordination of referrals may include scheduling, transportation and translation services, as needed.

³⁵ County of San Mateo, “Administrative Memorandum Number: B-1.” P. 1.

Existing: Finalize implementation and establish utilization of SMC Connected Care (HIE) to provide access to current participating San Mateo County Divisions' client/patient transmittable data, including the following Divisions: San Mateo Medical Center (SMMC), Public Health, Behavioral Health and Recovery Services (BHRS), Aging and Adult Services, Family Health Services, and the Public Health Policy & Planning Mobile Clinic. Completion date: July 1, 2019.

Continue membership in the Oral Health Coalition, a San Mateo County collaborative for dental education and access, that supports dental service planning and service expansion.

Planned: Expand utilization of Oral Health PHI through SMC Connected Care (HIE) to provide integrated oral health care services to the homeless.

Sonrisas Community Dental Clinic

HCH/FH contracts with Sonrisas to provide oral health services to MSFW and their family members at Puente de la Costa Sur, a core service agency in Pescadero in the South Coast region. Sonrisas provides preventive and restorative dental services, including examinations, prophies, fillings, crowns, extraction, prosthetics, x-rays, periodontal deep cleanings and other general dental services. Sonrisas coordinates their efforts with Puente to outreach and identify farmworkers residing in the Pescadero area for potential services. In addition, Sonrisas coordinates with Puente to coordinate referrals for more specialized care.

Existing: Continued membership in the Oral Health Coalition, a San Mateo County collaborative for dental education and access, that supports dental service planning and service expansion.

Planned: Utilization of Oral Health PHI through SMC Connected Care (HIE) to provide integrated oral health care services to homeless and migrant farmworkers.

Additional Contracted Service Providers

The following contracted services providers and the individuals who seek their services will benefit from the implementation of an eDHR. The eDHR will enable dental providers to increase the number of patient visits and shorten the waiting list.

Samaritan House

Samaritan House is a core service agency that works in close collaborations with the Human Service Agency to provide individuals and families with basic emergency and support services to stabilize their living situations. Samaritan House provides case management, emergency shelter at Safe Harbor, food and clothing, medical and dental health care services, and assistance with securing housing and employment. HCH/FH contracts with Samaritan House for a full range of enabling services to homeless individuals at Safe Harbor, centered on health care coordination and patient education. Samaritan House provides care coordination, health care navigation, patient and community health education, transportation and referral services to improve client access to San Mateo County health primary medical services and services provided by HCH/FH contractors. In addition, primary health care services are provided via the PHPP Mobile clinic, a service funded by HCH/FH.

Planned: Utilization of Oral Health PHI through SMC Connected Care (HIE) to provide integrated oral health care services to homeless and migrant farmworkers.

Community Health Centers (FQHC)

North East Medical Services (NEMS)

NEMS operates one health center service access point and provides care to residents of San Mateo County.

Planned: Utilization of Oral Health PHI through SMC Connected Care (HIE) to provide integrated oral health care services.

Gardner Family Health Network, Inc. (Gardner)

Gardner operates one health center service access point and provides care to residents of San Mateo County.

Planned: Utilization of Oral Health PHI through SMC Connected Care (HIE) to provide integrated oral health care services.

Coalitions

Existing and planned collaboration and coordination with San Mateo County-wide and locally focused coalitions include the following:

San Mateo County Oral Health Coalition

A San Mateo County collaborative for dental education and access, that supports dental service planning and service expansion.

Planned: San Mateo County Health IT and Dr. Silvestri's team will provide information regarding the HCH/FH eDHR and its capabilities within the HCH/FH integrated oral health care program and SMC Connected Care, the County's HIE.

San Mateo Medical Center's Disparities Group

An HCH/FH program representative is a member of the San Mateo Medical Center's Disparities Group. The Group seeks to improve the patient experience of every patient it serves by taking action to close the gap in perceived and actual health outcomes between the most vulnerable populations and other medical center patients. Such actions include consistently delivering services in the patient's preferred language, improving methods of collecting race/ethnicity and Sexual Orientation/Gender Identity data and conducting trainings on topics such as cultural sensitivity.

Planned: HCH/FH program representative will provide information regarding the HCH/FH DHR and its capabilities within the HCH/FH integrated oral health care program and SMC Connected Care, the County's HIE.

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
--	--	--	--	---

* 3. Date Received: <input type="text" value="4/19/2019"/>	4. Applicant Identifier: <input type="text" value="H80CS00051"/>
--	--

* 5.a Federal Entity Identifier: <input type="text" value="Application #:165497
Grants.Gov #:GRANT12843944"/>	5.b Federal Award Identifier: <input type="text" value="H80CS00051"/>
---	---

* 6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. Applicant Information:	
* a. Legal Name <input type="text"/>	<input type="text" value="San Mateo, County Of"/>
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000532"/>	* c. Organizational DUNS: <input type="text" value="625139170"/>
d. Address:	
* Street1: <input type="text" value="222 W 39th Ave"/>	<input type="text"/>
Street2: <input type="text"/>	<input type="text"/>
* City: <input type="text" value="San Mateo"/>	<input type="text"/>
County: <input type="text"/>	<input type="text"/>
* State: <input type="text" value="CA"/>	<input type="text"/>
Province: <input type="text"/>	<input type="text"/>
* Country: <input type="text" value="US: United States"/>	<input type="text"/>
* Zip / Postal Code: <input type="text" value="94403-4364"/>	<input type="text"/>

e. Organization Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>

f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: <input type="text" value="Mr."/>	<input type="text"/>	* First Name: <input type="text" value="Jim"/>	<input type="text"/>
Middle Name: Middle Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name: <input type="text" value="Beaumont"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title: <input type="text" value="Project Director"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organizational Affiliation: <input type="text"/>			
* Telephone Number: <input type="text" value="(650) 573-2459"/>	<input type="text"/>	Fax Number: <input type="text" value="(650) 573-2030"/>	<input type="text"/>
* Email: <input type="text" value="jbeaumont@smcgov.org"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Type of Applicant 1: <input type="text" value="B: County Government"/>	
Type of Applicant 2: <input type="text"/>	
Type of Applicant 3: <input type="text"/>	
* Other (specify): <input type="text"/>	

* 10. Name of Federal Agency: <input type="text" value="N/A"/>
--

11. Catalog of Federal Domestic Assistance Number: <input type="text" value="93.527"/>
CFDA Title: <input type="text" value="Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program"/>

* 12. Funding Opportunity Number: <input type="text" value="HRSA-19-079"/>
* Title: <input type="text" value="Oral Health Infrastructure (OHI)"/>

13. Competition Identification Number: <input type="text" value="7495"/>
Title: <input type="text" value="Oral Health Infrastructure (OHI)"/>

Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="See Attachment"/>

* 15. Descriptive Title of Applicant's Project: <input type="text" value="Health Center Cluster"/>
Project Description: <input type="text" value="See Attachment"/>

16. Congressional Districts Of:	
* a. Applicant <input type="text" value="CA-14"/>	* b. Program/Project <input type="text" value="CA-14"/>

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$300,000.00"/>
* b. Applicant	<input type="text" value="\$131,159.00"/>
* c. State	<input type="text" value="\$0.00"/>
* d. Local	<input type="text" value="\$0.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$431,159.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I Agree
 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Jim"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Beaumont"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text"/>		
* Telephone Number:	<input type="text" value="(650) 573-2459"/>	Fax Number:	<input type="text" value="(650) 573-2030"/>
* Email:	<input type="text" value="jbeaumont@smcgov.org"/>		
* Signature of Authorized Representative:	<input type="text" value="Jim Beaumont"/>	* Date Signed:	<input type="text" value="4/19/2019"/>

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: Fair Oaks Health Center
* Street1: 2710 Middlefield Rd
Street2:
* City: Redwood City
County: San Mateo
* State: California Province:
* Country: United States * ZIP / Postal Code: 94063-3404
DUNS Number: 625139170
Project/ Performance Site Congressional District: 14

Project/Performance Site Location

Organization Name: DALY CITY CLINIC
* Street1: 380 90th St
Street2:
* City: Daly City County: San Mateo
* State: California Province:
* Country: United States * ZIP / Postal Code: 94015-1807
DUNS: 625139170
Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: Coastside Health Center
* Street1: 225 Cabrillo Hwy S Ste 100A
Street2:
* City: Half Moon Bay County: San Mateo
* State: California Province:
* Country: United States * ZIP / Postal Code: 94019-1738
DUNS: 625139170
Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: 39th Avenue Campus - Outpatient Clinics
* Street1: 222 W 39th Ave
Street2:
* City: San Mateo County: San Mateo
* State: California Province:
* Country: United States * ZIP / Postal Code: 94403-4364
DUNS: 625139170
Project/ Performance Site Congressional District: 14

Project/Performance Site Location

Organization Name: HCH Mobile Dental Van
* Street1: 222 W 39th Ave
Street2:
* City: San Mateo County: San Mateo
* State: California Province:
* Country: United States * ZIP / Postal Code: 94403-4364
DUNS: 625139170
Project/ Performance Site Congressional District: 14

SF-424A: BUDGET INFORMATION - Non-Construction Programs

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$236,880.00	\$131,159.00	\$368,039.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$63,120.00	\$0.00	\$63,120.00
Total		\$0.00	\$0.00	\$300,000.00	\$131,159.00	\$431,159.00

SECTION B - BUDGET CATEGORIES				
Object Class Categories	Federal	Non-Federal	Total	
a. Personnel	\$0.00	\$0.00	\$0.00	
b. Fringe Benefits	\$0.00	\$0.00	\$0.00	
c. Travel	\$0.00	\$0.00	\$0.00	
d. Equipment	\$15000.00	\$0.00	\$15000.00	
e. Supplies	\$0.00	\$0.00	\$0.00	
f. Contractual	\$83000.00	\$131159.00	\$214159.00	
g. Construction	\$0.00	\$0.00	\$0.00	
h. Other	\$202000.00	\$0.00	\$202000.00	
i. Total Direct Charges (sum of a-h)	\$300000.00	\$131159.00	\$431159.00	
j. Indirect Charges	\$0.00	\$0.00	\$0.00	
k. TOTALS (sum of i and j)	\$300000.00	\$131159.00	\$431159.00	

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	\$131,159.00	\$0.00	\$0.00	\$131,159.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$131,159.00	\$0.00	\$0.00	\$131,159.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
 Expiration Date 06/30/2014

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Jim Beaumont

* APPLICANT ORGANIZATION

San Mateo, County Of

* TITLE

* DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0348-0046

Expiration Date 12/31/2013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. * Status of Federal Action:

- a. bid/offer/application
- b. initial award
- c. post-award

3. * Report Type:

- a. initial filing
- b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known:

*Name

*Street 1

Street 2

* City State

* Zip Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="U.S Department of Health and Human Services, HRSA"/>	7. * Federal Program Name/Description: <input type="text" value="Health Center Program"/> CFDA Number, if applicable: <input type="text" value="93.527"/>
8. Federal Action Number, if known: <input type="text" value="HRSA-19-079"/>	9. Award Amount, if known: <input type="text"/>

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 * Street 2

* City State * Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State * Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name Prefix: * First Name Middle Name

* Last Name Suffix

Title: Telephone No.: Date:

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL

Program Specific Form(s) - Review

00165497: San Mateo, County Of		Due Date: 05/21/2019 (Late By: 2 Days)
Announcement Number: HRSA-19-079	Announcement Name: Oral Health Infrastructure (OHI)	Application Type: Revision (Supplemental)
Grant Number: H80CS00051	Target Population: Migrant Health Centers, Health Care for the Homeless	
Maximum Eligible Amount: \$300,000.00	Federal Amount Requested: \$300,000.00	
Resources		

Form 1B - Funding Request Summary

As of 05/23/2019 01:13:28 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020
 OHI Funding Request \$300,000.00

OHI Funding Activities

Indicate below if you are requesting funding for equipment and/or minor alteration/renovation (A/R).

Funds will be used for:

Equipment only
 Minor alteration/renovation with equipment
 Minor alteration/renovation without equipment
 Activities other than minor A/R and equipment

Are you proposing to add a new service delivery site within your current service area through this application?

Yes
 No

Form 5B - Service Sites

As of 05/23/2019 01:13:28 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Alert:
 This form is not applicable to you as the following are true in **Form 1B** of this application:

- You have answered **No** to the add Permanent or Mobile site proposal.
- You have not requested one-time funding for alteration/renovation.

Alteration/Renovation (A/R) Information

As of 05/23/2019 01:13:28 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Alert:
 This form is not applicable to you as in **Form 1B** of this application, one of the following is true:

- You have not requested one-time funding, or
- You have requested one-time funding but not indicated how you plan to use these funds, or
- You have requested one-time funding for equipment only use

Equipment List

As of 05/23/2019 01:13:28 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

List of Equipment				
Type	Description	Unit Price	Quantity	Total Price
Non-Clinical	MS SQL (2 server/2 core each)	\$7,500.00	2	\$15,000.00
Total			2	\$15,000.00

Supplemental Information

As of 05/23/2019 01:13:28 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

1. Scope of Services

The table below displays your currently approved scope of project for Preventive Dental and Additional Dental services (Form 5A: Services Provided), populated from your scope of project as of the date that you first accessed your application in EHB.

Service Type	Currently Approved Form 5A		
	Column I (Direct – Health Center Pays)	Column II (Formal Contract/ Agreement – Health Center Pays)	Column III (Formal Referral Arrangement – Health Center DOES NOT pay)
Preventive Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Dental Services



To maximize OHI funding, oral health care must be provided directly or through contract/agreement. If you are not already providing Preventive Dental services via Column I or II, you must request a Scope Adjustment once you complete your OHI project(s). You may also need to adjust your scope for other reasons.

Access the technical assistance materials on the [Scope of Project website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary. Click on the "Services" header in the Resources section and [Updating Form 5A](#) to determine which changes require a Scope Adjustment or Change in Scope request.

- If a Scope Adjustment or Change in Scope is required (e.g., adding Additional Dental services for the first time), you must request it outside of this application.
- Note that you do not need to submit a Scope Adjustment or Change in Scope request if OHI funding will be used for infrastructure investments that enhance access to services that you are already providing using the same modes of provision (i.e., Form 5A Column I, Column II).

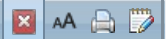
After completing your OHI project(s), will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to oral health services are on your Form 5A?

- Yes, I reviewed my Form 5A and determined that my health center's proposed OHI activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.
 No, I reviewed my Form 5A and determined that my health center's proposed OHI activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

2. Are you proposing to use OHI funding to purchase telehealth equipment or to increase access to virtual dentistry?

- Yes, I am proposing to use OHI funding to initiate or enhance telehealth and/or virtual dentistry.
 No, I am not proposing to use OHI funding for telehealth and/or virtual dentistry.

Close Window



Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="04/19/2019"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="County of San Mateo"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000532"/>	* c. Organizational DUNS: <input type="text" value="6251391700000"/>	
d. Address:		
* Street1:	<input type="text" value="222 W. 39th Ave."/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="San Mateo"/>	
County/Parish:	<input type="text" value="San Mateo"/>	
* State:	<input type="text" value="CA: California"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="94403-4364"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name:	<input type="text" value="Jim"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Beaumont"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Project Director"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(650) 573-2459"/>	Fax Number: <input type="text" value="(650) 573-2030"/>	
* Email: <input type="text" value="jbeaumont@smcgov.org"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.527

CFDA Title:

Grants for New and Expanded Services under the Health Center Program

*** 12. Funding Opportunity Number:**

HRSA-19-079

* Title:

Oral Health Infrastructure (OHI)

13. Competition Identification Number:

HRSA-19-079

Title:

Oral Health Infrastructure (OHI)

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Oral Health Infrastructure

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="300,000.00"/>
* b. Applicant	<input type="text" value="54,504.97"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="354,504.97"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

<p>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Eileen Tremaine</p>	<p>TITLE</p> <p>Project Director</p>
<p>APPLICANT ORGANIZATION</p> <p>County of San Mateo</p>	<p>DATE SUBMITTED</p> <p>04/19/2019</p>

Standard Form 424B (Rev. 7-97) Back

OHI BUDGET NARRATIVE			
Budget Period: September 1, 2019 through January 31, 2022.			
Budget Justification	Federal Grant Request	Non-Federal Resources	Total
REVENUE: Totals should be consistent with those presented in Sections A and C of the SF-424A.			
OHI ONE-TIME FUNDING REQUEST	\$ 300,000		\$ 300,000
APPLICANT ORGANIZATION		\$ 131,159	\$ 131,159
STATE FUNDS			\$ -
LOCAL FUNDS			\$ -
OTHER SUPPORT			\$ -
TOTAL REVENUE	\$ 300,000	\$ 131,159	\$ 431,159
EXPENSES: Object class totals should be consistent with those presented in Section B of the SF-424A.			
PERSONNEL – OHI funding cannot be used to pay for service provision. Clearly explain how staff costs relate to			
PROJECT MANAGEMENT STAFF			\$ -
IT STAFF			\$ -
TOTAL PERSONNEL	\$ -	\$ -	\$ -
FRINGE BENEFITS – If personnel costs are included, list the components that comprise the fringe benefit rate			
TOTAL FRINGE @ X%			
TRAVEL – Identify expenses associated with travel for consultants, direct hire staff, and/or contractors. Detail			
TOTAL TRAVEL	\$ -	\$ -	\$ -
Budget Justification	Federal Grant Request	Non-Federal Resources	Total
EQUIPMENT – Provide the total cost associated with equipment purchases. Line-item cost information for			
TOTAL EQUIPMENT (See Equipment List)	\$ 15,000	\$ -	\$ 15,000
SUPPLIES – Include equipment items that cost less than \$5,000 each and other supplies.			
TOTAL SUPPLIES	\$ -	\$ -	\$ -
CONTRACTUAL – Include detailed justification, how the costs were estimated, and deliverables.			
Training	\$ 16,000		\$ 16,000
Conversion	\$ 15,000		\$ 15,000
Implementation	\$ 20,000		\$ 20,000
Support and Maintenance. (Three-year contract.)	\$ 8,000	\$ 38,277	\$ 46,277
Subscription (Three-year contract.)		\$ 92,882	\$ 92,882
ISD VM Servers (Production & Test) (Three-year contract.)	\$ 24,000		\$ 24,000
TOTAL CONTRACTUAL	\$ 83,000	\$ 131,159	\$ 214,159
MINOR ALTERATION/RENOVATION – Provide the total cost associated with minor A/R, aligned with the			
TOTAL MINOR A/R	\$ -	\$ -	\$ -
(See Minor A/R Budget Justification)			
OTHER – Include costs that do not fit into any other category and provide an explanation of each cost.			
Dental Software	\$ 95,000		\$ 95,000
Interface (DHR Side)	\$ 15,000		\$ 15,000
Interface (eCW)	\$ 15,000		\$ 15,000
Interface (Invision)	\$ 15,000		\$ 15,000
Interface (HIE)	\$ 20,000		\$ 20,000
HIE Addition Cost	\$ 25,000		\$ 25,000

Interface (Okta)	\$ 15,000		\$ 15,000
Additional Software	\$ 2,000		\$ 2,000
TOTAL OTHER	\$ 202,000	\$ -	\$ 202,000
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	\$ 300,000	\$ 131,159	\$ 431,159
INDIRECT CHARGES – <i>Include approved indirect cost agreement in Attachment 3.</i>			
XX% indirect cost rate (includes utilities and accounting)	\$ -	\$ -	\$ -
TOTAL (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	\$ 300,000	\$ 131,159	\$ 431,159

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$236,880.00	\$131,159.00	\$368,039.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$63,120.00	\$0.00	\$63,120.00
Total		\$0.00	\$0.00	\$300,000.00	\$131,159.00	\$431,159.00

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$0.00	\$0.00	\$0.00
b. Fringe Benefits	\$0.00	\$0.00	\$0.00
c. Travel	\$0.00	\$0.00	\$0.00
d. Equipment	\$15000.00	\$0.00	\$15000.00
e. Supplies	\$0.00	\$0.00	\$0.00
f. Contractual	\$83000.00	\$131159.00	\$214159.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$202000.00	\$0.00	\$202000.00
i. Total Direct Charges (sum of a-h)	\$300000.00	\$131159.00	\$431159.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$300000.00	\$131159.00	\$431159.00

SECTION C - NON-FEDERAL RESOURCES

Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	\$131,159.00	\$0.00	\$0.00	\$131,159.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$131,159.00	\$0.00	\$0.00	\$131,159.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION

Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

TAB 4

Request to Approve IBH app submission

DATE: June 13, 2019

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

FROM: Sofia Recalde, Management Analyst, HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE HCH/FH'S SUBMISSION FOR THE INTEGRATED BEHAVIORAL HEALTH SERVICES (IBHS) SUPPLEMENTAL FUNDING OPPORTUNITY

The Health Services & 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.

HCH/FH shared the IBHS funding opportunity to multiple internal and external partners. Based on staff conversations with Anita Booker, the Public Health Policy & Planning (PHPP) Clinic Manager, and with the Board at the April 11, 2019 meeting, staff recommended the addition Case Management Specialist to the Street/Field Medicine team. This position will provide mental health and Alcohol and other Drug (AOD) counseling, education and referrals to homeless and farmworker patients, and will work independently from the street medicine team when specific patient needs arise (e.g., assisting patients getting into residential treatment or detox).

Since the IBHS funding opportunity had a quick submission deadline of May 13, 2019 and the Board is required to approve the program's grant applications, the Board provided preliminary approval of the supplemental grant request at its May 09, 2019 meeting based on the draft proposal. As the Board has the responsibility to approve the programs grant applications, we are bringing the final, submitted supplemental funding request to the Board for its approval. HCH/FH staff is requesting approval of the final submission of the IBHS supplemental funding request.

This request is for the Board to approve the submission for this funding opportunity as outlined above. Approval of this item requires a majority vote of the Board members present.

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
--	--	--	--	---

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: H80CS00051
--	---

* 5.a Federal Entity Identifier: Application #: 166387 Grants.Gov #: <input type="text"/>	5.b Federal Award Identifier: H80CS00051
--	--

* 6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. Applicant Information:	
* a. Legal Name San Mateo, County Of	* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000532
* c. Organizational DUNS: 625139170	

d. Address:	
* Street1: SAN MATEO MEDICAL CENTER 222 WEST 39TH AVENUE	* Street2: <input type="text"/>
* City: SAN MATEO	County: <input type="text"/>
* State: CA	* Country: US: United States
* Zip / Postal Code: 94403-4364	Province: <input type="text"/>

e. Organization Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <input type="text"/>	* First Name: Jim
Middle Name: Middle Name: <input type="text"/>	
Last Name: Beaumont	
Suffix: <input type="text"/>	
Title: <input type="text"/>	
Organizational Affiliation: <input type="text"/>	
* Telephone Number: (650) 573-2459	Fax Number: (650) 573-2030
* Email: jbeaumont@smcgov.org	

9. Type of Applicant 1: B: County Government	
Type of Applicant 2: <input type="text"/>	
Type of Applicant 3: <input type="text"/>	
* Other (specify): <input type="text"/>	

* 10. Name of Federal Agency: N/A

11. Catalog of Federal Domestic Assistance Number: 93.527
CFDA Title: Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program

* 12. Funding Opportunity Number: HRSA-19-100
* Title: Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS)

13. Competition Identification Number: 7814
Title: Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS)

Areas Affected by Project (Cities, Counties, States, etc.): See Attachment
--

* 15. Descriptive Title of Applicant's Project: Health Center Program
Project Description: See Attachment

16. Congressional Districts Of:	
* a. Applicant: CA-14	* b. Program/Project: CA-14

Additional Program/Project Congressional Districts:
See Attachment

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	\$145,000.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$145,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I Agree
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Jim"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Beaumont"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text"/>		
* Telephone Number:	<input type="text" value="(650) 573-2459"/>	Fax Number:	<input type="text" value="(650) 573-2030"/>
* Email:	<input type="text" value="jbeaumont@smcgov.org"/>		
* Signature of Authorized Representative:	<input type="text" value="Jim Beaumont"/>	* Date Signed:	<input type="text"/>

SF-424A: BUDGET INFORMATION - Non-Construction Programs

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$114,492.00	\$0.00	\$114,492.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$30,508.00	\$0.00	\$30,508.00
Total		\$0.00	\$0.00	\$145,000.00	\$0.00	\$145,000.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00
Migrant Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
 Expiration Date 06/30/2014

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Jim Beaumont

* APPLICANT ORGANIZATION

San Mateo, County Of

* TITLE

* DATE SUBMITTED

Program Specific Form(s) - Review

00166387: San Mateo, County Of		Due Date: 05/13/2019 (Due In: 0 Days)
Announcement Number: HRSA-19-100	Announcement Name: Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS)	Application Type: Revision (Supplemental)
Grant Number: H80CS00051	Federal Funding Request Amount: \$145,000.00	
Resources ↗		

Federal Object Class Categories

As of 05/13/2019 12:49:21 PM
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Budget Categories				
Object Class Category	Federal	Non-Federal	Total	
a. Personnel	\$0.00	\$0.00	\$0.00	
b. Fringe Benefits	\$0.00	\$0.00	\$0.00	
c. Travel	\$0.00	\$0.00	\$0.00	
d. Equipment	\$0.00	\$0.00	\$0.00	
e. Supplies	\$0.00	\$0.00	\$0.00	
f. Contractual	\$145,000.00	\$0.00	\$145,000.00	
g. Other	\$0.00	\$0.00	\$0.00	
h. Total Direct Charges (sum of a through g)	\$145,000.00	\$0.00	\$145,000.00	
i. Indirect Charges	\$0.00	\$0.00	\$0.00	
j. Total Budget Specified in Section A - Budget Summary (sum of h through i)	\$145,000.00	\$0.00	\$145,000.00	

Project Overview

As of 05/13/2019 12:49:21 PM
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Telehealth	
Are you proposing to use IBHS funding for telehealth to increase access to integrated SUD and/or mental health services?	Select One Option
Yes, I am proposing to use IBHS funding for telehealth to provide remote SUD and/or mental health services.	<input checked="" type="checkbox"/>
No, I am not proposing to use IBHS funding for telehealth to provide remote SUD and/or mental health services.	<input type="checkbox"/>
Pain Management	
Are you proposing to use IBHS funding to help prevent SUDs through enhanced pain management?	Select One Option
Yes, I am proposing to use IBHS funding to help prevent SUDs through enhanced pain management.	<input type="checkbox"/>
No, I am not proposing to use IBHS funding to help prevent SUDs through enhanced pain management.	<input checked="" type="checkbox"/>
Technical Assistance	
Technical assistance on the following topics would support the successful implementation of my IBHS project.	Select All That Apply
Integrated behavioral health and primary care services	<input type="checkbox"/>
Prevention of opioid use disorder	<input checked="" type="checkbox"/>
Treatment of opioid use disorder	<input type="checkbox"/>
Medication-assisted treatment of opioid use disorder	<input type="checkbox"/>
Telehealth	<input checked="" type="checkbox"/>
Pain management	<input type="checkbox"/>
Other (please describe in a comment)	<input checked="" type="checkbox"/>

None

Comment

As desired, describe needs specific to the selected topic area(s) or define other topic areas. (Up to 1,000 characters counting spaces)

Motivational Interviewing; Support engaging homeless and farm workers to access care.

Scope of Services

Review your current approved Form 5A: Services Provided. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to SUD and mental health services are on your Form 5A?

Select One Option

Yes, I reviewed my Form 5A and determined that my health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.

No, I reviewed my Form 5A and determined that my health center's proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A below (Up to 1,000 characters counting spaces)

Project Plan

As of 05/13/2019 12:49:21 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Objective	Activities	Outputs	Status
1. Add 1.0 full-time equivalent (FTE) behavioral health personnel by April 30, 2020.	<ul style="list-style-type: none"> 1.b. PHPP to recruit and hire for the Case Management/Assessment Specialist II. 1.a. Complete and sign a Service Agreement between County of San Mateo and Public Health, Policy and Planning Division of the San Mateo County Health (PHPP) for the provision of expanded integrated behavioral health care services within the Street and Field (S&F) Medicine Program. 	<ul style="list-style-type: none"> January 01, 2020: 1.b. Human Resources completes all new hire or transfer paperwork/activities for position to start Jan. 1, 2020. January 01, 2020: 1.a. Signed and executed Service Agreement to include hiring of 1.0 FTE Case Management/Assessment Specialist II to provide integrated behavioral health services for the S&F Medicine Team. 	Complete
2. Newly provide SUD and mental health services to at least 50 existing patients by December 31, 2020.	<ul style="list-style-type: none"> 2.b. Inform potential patients and other clinical providers in the service area of expanded and enhanced integrated behavioral health services using existing communication vehicles. 2.a. County of San Mateo and PHPP to develop process for integration of the CM/AS II position into the S&F Medicine Program including integration into the five objectives outlined in the current County of San Mateo/PHPP MOU for the provision of primary health care services. 2.c. Provide high quality and efficient integrated behavioral health services to existing patients through the S&F Medicine Team's increased capacity. 	<ul style="list-style-type: none"> January 01, 2020: 2.c.2. Have newly provided SUD and mental health services to at least 50 existing patients. January 01, 2020: 2.a. Written procedures for integrated behavioral health support for the completion of the MOU objectives. January 01, 2020: 2.c.1. Case Management/Assessment Specialist II delivering patient services. January 01, 2020: 2.b. IBHS expansion will be communicated to internal and external partners. 	Complete
4. Develop Telehealth Plan to implement telehealth services for farmworker services.	<ul style="list-style-type: none"> 4.b. Strategic Plan will be presented to the Co-Applicant Board at their September 2020 meeting and will be utilized for service delivery and development for 2020 through 2022. 4.a. Contract with consultant to develop a telehealth strategic plan to identify opportunities for increased access to services for farmworkers who are not able to travel to permanent sites for care. 	<ul style="list-style-type: none"> September 30, 2020: 4.a. Completed Strategic Plan for telehealth utilization in farmworker care. December 31, 2020: 4.b. Telehealth program development to be included in HCH/FH's Strategic Plan for the provision of primary health care and other services. 	Complete
3. Improve quality of integrated behavioral health services.	<ul style="list-style-type: none"> 3.b. Train Case Management/Assessment Specialist II and S&F Medicine Team to use the EHR to support integration of the expanded mental health and substance use disorder services. 3.a. Provide training on integrated behavioral health services to existing personnel. 	<ul style="list-style-type: none"> January 01, 2020: 3.b. Completed trainings and planned utilization of EHR for expanded utilization and integration of mental health and substance use disorder services into S&F Medicine Program protocol, standards of care, and care management. January 01, 2020: 3.a. Expanded understanding of integrated behavioral health and how it supports the S&F Medicine Team. 	Complete

Staffing Impact

Fields with are required

Staffing Positions by Major Service Category	New <u>Direct Hire Staff</u> FTEs Proposed	New <u>Contractor/Agreement</u> FTEs Proposed
Psychiatrists	0.00	0.00
Licensed Clinical Psychologists	0.00	0.00
Licensed Clinical Social Workers	0.00	0.00
Other Licensed Mental Health Providers (e.g., psychiatric social workers, psychiatric nurse practitioners, family therapists) Please Specify: <input data-bbox="81 685 437 719" type="text"/>	0.00	0.00
Other Mental Health Staff (e.g., "certified" individuals who provide counseling, treatment, or support to mental health providers) Please Specify: <input data-bbox="81 813 437 846" type="text"/>	0.00	0.00
Substance Use Disorder Providers	0.00	0.00
Family Physicians	0.00	0.00
General Practitioners	0.00	0.00
Internist	0.00	0.00
Obstetrician/Gynecologist	0.00	0.00
Pediatricians	0.00	0.00
Other Specialty Physicians and Sub-Specialists (e.g., Emergency Medicine, Addiction Medicine, Pain Medicine, Infectious Disease) Please Specify: <input data-bbox="81 1507 437 1541" type="text"/>	0.00	0.00
Nurse Practitioners	0.00	0.00
Physician Assistants	0.00	0.00
Certified Nurse Midwives	0.00	0.00
Nurses	0.00	0.00
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)	0.00	0.00
Laboratory Personnel	0.00	0.00

Pharmacy Personnel	0.00	0.00
Case Managers	0.00	0.00
Patient/Community Education Specialists	0.00	0.00
Outreach Workers	0.00	0.00
Transportation Staff	0.00	0.00
Eligibility Assistance Workers	0.00	0.00
Interpretation Staff	0.00	0.00
Community Health Workers	0.00	0.00
Other Enabling Services Staff (e.g., staff who support outreach, care coordination, transportation) Please Specify: Case Management/Assessment Specialist	0.00	1.00
Other Professional Health Services Staff (e.g., physical therapists, occupational therapists, acupuncturists) Please Specify:	0.00	0.00
Subtotal	0.00	1.00
Total FTEs		1.00

Patient Impact

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Note(s):

Patient Impact Questions

Existing Patient Impact

1. Total Unduplicated Existing Patients: Enter the total number of existing patients who will newly access SUD and/or mental health services in calendar year 2020 as a result of IBHS funding (e.g., existing medical patients not currently accessing these services that will begin to do so).

Attribute each patient to EITHER SUD or mental health in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection). 50

2. Existing Patients by Service Type: Enter the number of existing patients who will newly access each service as a result of IBHS funding in calendar year 2020 below.

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both SUD and mental health services, they should be counted once for SUD and once for mental health.

- A. SUD Services Patients 30
- B. Mental Health Services Patients 30

New Patient Impact

3. Total Unduplicated New Patients: Enter the number of new patients (new to the health center) who will access SUD and/or mental health services in calendar year 2020 as a result of IBHS funding.

Attribute each patient to EITHER SUD or mental health in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection). 0

Note: New unduplicated projected patients entered in response to this question will be added to your patient target. Failure to achieve this new patient projection by December 31, 2020 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the [SAC technical assistance website](#) for patient target resources.

4. New Patients by Service Type: Enter the number of new patients (new to the health center) who will access each service in calendar year 2020 below.


Count each projected new patient according to the services they are expected to access. If a new patient will access both SUD and mental health services, they should be counted once for SUD and once for mental health.

A. SUD Services Patients 0
B. Mental Health Services Patients 0

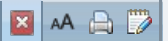
New Patients by Population Type	
Population Type	NEW Patients Projected
Total NEW Patients (from Question #3)	0
General Underserved Community	0
Migratory and Seasonal Agricultural Workers	0
Public Housing Residents	0
People Experiencing Homelessness	0
Total NEW Patients by Population Type	0

Equipment List

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 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

 **Alert:**
 This form is not applicable to you as you have not requested federal funds for the Equipment category in the Federal Object Class Categories form of this application.

Close Window



TAB 5
QI Memo



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

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

DATE: June 13th, 2019

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

FROM: Frank Trinh, Medical Director HCH/FH Program
Danielle Hull, Clinical Services Coordinator

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee did not meet in May. The following discussed we as follows:

- **HCH/FH Program Needs Assessment:** 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.
- **AIMS One-Time Funding SUD-MH Patient Education Materials:** 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.

The next HCH/FH QI Committee meeting will be on June 27th, 2019.

TAB 6
Director's
Report



DATE: June 13, 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 May 05, 2019 Co-Applicant Board meeting:

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

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 & 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.

Program is in the process of preparing the response to these conditions and they should be 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.

2. HRSA Funding Opportunities

As anticipated, Program submitted Integrated Behavioral Health Services (IBHS) Supplemental Funding request by May 13, 2019. Program also submitted the competitive application for funding under the Oral Health Infrastructure (OHI) Funding Opportunity. Results for both are not due until September 2019.

As the OHI application was not in final form as of the last Board meeting, the Board approved the draft intended submission. On today's agenda, the actual final submission is provided for the Board's approval.





SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

3. San Mateo Medical Center Board of Director's Meeting

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.

4. 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 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.

5. Seven Day Update

ATTACHED:

- Program Calendar

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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (June 13, 2019 from 9:00 a.m. to 11:00 a.m.) QI Meeting Site visit with Contracts begin 	June	@Fair Oaks Clinic- RWC
<ul style="list-style-type: none"> Board Meeting (July 11, 2019 from 9:00 a.m. to 11:00 a.m.) Provider Collaborative meeting Review/approve Sites and Services Form 5A/5B/5C 	July	@Coastside Clinic- HMB
<ul style="list-style-type: none"> Board Meeting (August 8, 2019 from 9:00 a.m. to 11:00 a.m.) QI Meeting SAC due Amend Contracts 	August	
<ul style="list-style-type: none"> Board Meeting (September 12, 2019 from 9:00 a.m. to 11:00 a.m.) Approve program annual budget 	September	
<ul style="list-style-type: none"> Board Meeting (October 10, 2019 from 9:00 a.m. to 11:00 a.m.) QI Meeting Provider Collaborative meeting Int'l Street Symposium conference- Pittsburg, PN (Oct 20-23) 		

BOARD ANNUAL CALENDAR	
Project	Deadline
UDS submission- Review	April
SMMC annual audit- approve	April/May
Forms 5A and 5B -Review	June/July
Strategic Plan/Tactical Plan-Review	June/July
Budget renewal-Approve	August/sept- Dec/Jan
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 7

**Budget &
Finance Report**



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

DATE: June 13, 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 \$1,188,435. In addition, we have an estimate \$6,124 in expenditures for items not claimable on the grant, for total Program estimated expenditures of \$1,194,559.

Current projections for year-end are, at best, guesses at this point in the year. Nonetheless, our 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 & 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, we anticipate the overall expenditure rate on base grant contracts and MOUs to be around 92%.

Based on the current numbers, we would not be able to recommend any new or additional expenditures.

Attachment:

- GY 2019 Summary Grant Expenditure Report Through 05/31/19



GRANT YEAR 2019

Details for budget estimates	Budgeted [SF-424]	To Date (05/31/19)	Projection for GY (+~30 weeks)	Projected for GY 2020
EXPENDITURES				
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>554,324</u>	<u>242,032</u>	<u>572,076</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>85,630</u>	<u>202,398</u>	<u>235,407</u>
<u>Travel</u>				
National Conferences (2500*8)	20,000		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	3,000
Van & vehicle usage	3,000	258	1,250	2,500
	<u>32,500</u>	<u>4,246</u>	<u>36,250</u>	<u>26,500</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	45,000
Current 2018 MOUs	872,000	347,655	810,000	872,000
Current 2018 contracts	951,500	405,007	875,000	951,500
ES contracts (AIMS/SUD-MH)	262,500	9,750	228,300	232,500
---unallocated---/other contracts				
	<u>2,086,000</u>	<u>841,779</u>	<u>1,992,667</u>	<u>2,151,000</u>
<u>Other</u>				
Consultants/grant writer	30,000	5,737	45,000	30,000
IT/Telcom	12,000	4,667	12,000	12,000
New Automation			0	-
Memberships	4,000	2,300	2,300	2,000
Training	10,000		7,500	3,000
Misc	750	35	500	500
	<u>56,750</u>	<u>12,739</u>	<u>67,300</u>	<u>47,500</u>
TOTAL	<u>2,961,272</u>	<u>1,188,435</u>	<u>2,877,691</u>	<u>3,052,442</u>
GRANT REVENUE				
Available Base Grant *	2,648,400		2,648,400	2,755,454
Available Expanded Services Awards **	305,250		305,250	
HCH/FH PROGRAM TOTAL	<u>2,953,650</u>	<u>1,188,435</u>	<u>2,953,650</u>	<u>2,755,454</u>
BALANCE	(7,622)	PROJECTED AVAILABLE	75,959	(296,988)
		BASE GRANT PROJECTED AVAILABLE	(991)	based on est. grant of \$2,755,454
* includes \$13,196 of QI targeted funding				
** includes \$175,000 of one-time funding (SUD-MH) (\$125,250 unallocated)				
Total special allocation required	\$ 138,446			
<u>Non-Grant Expenditures</u>				
Salary Overage	13090	5,389	13,090	13,750
base grant prep	15000		15,000	
food	2500	735	2,500	2,500
incentives/gift cards	1,000		1,000	1,000
	<u>31,590</u>	<u>6,124</u>	<u>31,590</u>	<u>17,250</u>
TOTAL EXPENDITURES	BUDGETED 2,992,862	PROJECTED 1,194,559	2,909,281	NEXT YEAR 3,069,692