

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

Co-Applicant Board Meeting Agenda

San Mateo Medical Center | 222 W. 39th Ave. 2nd Floor (Board room) San Mateo

September 12, 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			
a. Update on local policies and other advocacy items	Suzanne Moore		
b. Officer Shanna Hughes conference de-brief	Shanna Hughes		9:07am
E. MEETING MINUTES			
1. Meeting minutes from August 8, 2019	Linda Nguyen	Tab 1	9:30am
F. BOARD PRESENTATIONS AND DISCUSSIONS			
a. 2nd Quarter contractors report	Linda/Sofia	Tab 2	9:32am
b. Small funding requests received	Jim/Linda/Sofia		
c. Strategic Plan	Irene Pasma		
G. BUSINESS AGENDA			
1. SAC application final submission	Jim Beaumont	Tab 3	10:10am
a. Action item Request to approve SAC application			
2. Conference requests	Sofia/Jim	Tab 4	10:25am
a. Action item Request to Approve requests			
3. Contract amendments	Jim/Sofia/Linda	Tab 5	10:30am
a. Action item Request Amend El Centro contract			
<p>The following item will be available for review at meeting prior to consideration/action by Board.</p>			
b. Action item Request Amend LifeMoves contract			
I. REPORTING AGENDA			
1. Sub-committee reports	Steve C./Brian/Linda		10:40am
2. QI report	Frank/Danielle	Tab 6	10:45am
3. HCH/FH Program Director's Report	Jim Beaumont	Tab 7	10:50am
4. HCH/FH Program Budget/Finance Report	Robert/Jim	Tab 8	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 October 10, 2019; 9:00AM – 11:00AM at SMMC San Mateo			
K. ADJOURNMENT			11:00am

TAB 1

Meeting Minutes

Request to Approve

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (August 8, 2019)
SMMC**

Co-Applicant Board Members Present

Brian Greenberg
Tayischa Deldridge
Christian Hansen
Eric DeBode
Robert Anderson
Steven Kraft
Steve Carey
Suzanne Moore
Jim Beaumont, HCH/FH Program Director (Ex-Officio)
Mother Champion
Victoria Sanchez De Alba
Shanna Hughes

County Staff Present

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

Members of the Public

Steven Hough, Life Moves HOT
Christina Cortes, Life Moves HOT
Yasmin Mora, Life Moves HOT

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9:04</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
<u>Consumer Input</u> Local policies- Suzanne Moore LifeMoves Homeless outreach Team	<p>Pacifica started unhoused task force, brainstorming their mission. Last month Redwood City held a meeting and discussed starting a safe parking coalition.</p> <p>Staff noted that it is National Health Care Week (August 4-10), that includes Agricultural Worker Health Center Day on August 6th and National Health Care for the Homeless Day August 5th. This was noted on San Mateo Medical Center's Facebook page, including a staff picture and blurb about the week.</p> <p>Discussion on safe car parking programs and those residing in RVs and cars (vehicularly housed). East Palo Alto has started a program with 16 slots for 9 families with minor children and LifeMoves Homeless outreach team (HOT) is working with staff from the program. There has been an increase in people living in vehicles, as noted by a recently published San Mateo County Homeless One Day Count (ODC) report. There are challenges working with those vehicularly housed that include their fear of losing their vehicle if they enter a shelter and some don't consider themselves homeless. Some don't respond to knocks on their RV, especially if they are undocumented and a majority are working low wage jobs. Churches are also allowing RVs to park in their parking lot. Many living in vehicles go back between counties (San Mateo and Santa Clara) and difficult to treat when it takes 45 days to transfer their medical benefits.</p>	
Closed session- Director evaluation		

<p>Regular Agenda Consent Agenda</p>	<p>All items on Consent Agenda (meeting minutes from July 11, 2019) were approved.</p> <p>Please refer to TAB 1</p>	<p>Consent Agenda was <u>MOVED</u> by Robert <u>SECONDED</u> by Christian, and APPROVED by all Board members present.</p>
<p><u>Board Presentation/ Discussions</u></p> <p>Board self-assessment</p>	<p>Staff discussed the Board self-assessment form as annual effort to obtain Board member’s input. Staff will email to board members and Steve Carey has volunteered to collect the surveys to keep results anonymous.</p> <p>Please refer to TAB 2</p>	<p>Staff will email to board members Board self-assessment.</p>
<p><u>Board Presentation/ Discussions</u></p> <p>Strategic Plan</p>	<p>Staff discussed update to the kick off of the Strategic Plan effort. Discussion and summary on the past effort for 2016-2019 Strategic Plan was provided as well as progress on goals. Overview of what to expect next was also provided including discussion on the Needs Assessment, Board retreat, working with Center on Homelessness to conduct a “vehicularly housed” survey and involvement from Get Healthy San Mateo. Staff will be reaching out to Board members to conduct key informant interviews, dates for September retreat and articles for Strategic plan.</p> <p>Announcement about staff attending a tour of farms in the Pescadero region on August 15th from 3-5pm was made for those that might be interested to attend.</p> <p>Please refer to TAB 2</p>	<p>Staff to contact board members on interviews and retreat dates.</p>
<p><u>Business Agenda</u> Services and Sites</p> <p>Action Item- Request to amend Services and Sites 5A/5B</p>	<p>Under the Bylaws Article 3.E, the Board has the authority and responsibility to set the scope and availability of services to be delivered by and the location and hours of operation of the Program. This responsibility is also articulated in the Health Resources & Services Administration (HRSA) Health Center Program Compliance Manual, Chapter 4 Required and Additional Health Services, Chapter 6 Accessible Hours and Locations and Chapter 19 Board Authority. The Co- Applicant Board reviews and approves the Program’s Scope of Project as represented by Forms 5A, 5B & 5C on an annual basis.</p> <p>At the Board’s July 11, 2019 meeting, modified Form 5A – Services and Form 5B – Sites were presented and approved by the Board. At that time the forms were prepared to reflect the actions taken by Program to request Changes in Scope (CIS) to address grant conditions placed following last summer’s Operational Site Visit.</p> <p>Since that time, in consultation with HRSA, we have been informed that HRSA will not be taking any action on our CIS requests until after the delivery of Technical Assistance (TA) around the scope & contracting issues raised in the OSV Report. Based on this decision by HRSA, our current Form 5A and Form 5B will stay as currently configured until appropriate determinations are made following the delivery of the TA.</p> <p>Because Form 5A and Form 5B are integral to our Service Area Competition (SAC) application, the Board needs to approve revising the Forms back to their current status. This will allow us to submit our SAC application consistent with the status of the current HRSA approved scope of project.</p> <p>Action item: Request to amend Services and Sites 5A/5B Please refer to TAB 3</p>	<p>Request to amend Services and Sites 5A/5B <u>MOVED</u> by Steve K <u>SECONDED</u> by Suzanne, and APPROVED by all Board members present</p>

<p><u>Business Agenda</u> Board Membership</p> <p>Action Item- Request to re-elect Board members</p>	<p>The Board has the authority and responsibility to fill vacant positions on the Board, as well as to set the number of Board members between nine (9) and twenty-five (25). The current membership has been set at fourteen (14) by the Board.</p> <p>The Board Recruitment/Membership Committee members as an effort to improve Member Relations was tasked with interviewing board members with expiring membership to discuss their interest in continuing to serve as well as their overall experience serving on the Board.</p> <p>For consideration at this meeting, the Board is being presented with the proposal to re-appoint Christian Hansen, Tay Deldridge and Mother Champion to another four-year term.</p> <p>Brian interviewed Christian and spoke about his desire to continue his work on the Board and that he was pleased with how the program is running.</p> <p>Robert interviewed Tay and discussed her interest on continuing to serve as a Board member, stated that being a board member allows her to be engaged with county staff and she is able to have a say in funding issues regarding homeless programs.</p> <p>There was a discussion about attendance of board members and per by-laws, Board members could be removed for continuous and frequent absences.</p> <p>Steve was able to interview Mother Champion on her interest to continue to serve as board member and discussed the concerns of her absences from board meetings and she mentioned she will prioritize board meetings going forward.</p> <p>Staff also presented a roster of current board members, including their term and what sub-committees they serve on.</p> <p>Action item: Request to re-elect Board Members</p> <p>Please refer to TAB 4</p>	<p>Request to re-elect Christian Hansen <u>MOVED</u> by Brian <u>SECONDED</u> by Eric, and APPROVED by all Board members present <u>Recused</u>- Christian, Tay, Mother Champion</p> <p>Request to re-elect Tay Deldridge <u>MOVED</u> by Robert <u>SECONDED</u> by Eric, and APPROVED by all Board members present <u>Recused</u>- Christian, Tay, Mother Champion</p> <p>Request to re-elect Mother Champion <u>MOVED</u> by Steve C. <u>SECONDED</u> by Victoria, and APPROVED by all Board members present <u>Recused</u>- Christian, Tay, Mother Champion</p> <p>Staff add Victoria to recruitment sub-committee meeting invites.</p>
<p><u>Business Agenda</u> Travel request</p> <p>Action Item- Request to approve Travel/conference request</p>	<p>The HCH/FH Program (Program) Co-Applicant Board (Board) approved policy regarding travel reimbursement for Non-Board members requesting funds to travel for conferences (March 10, 2016). The program has received 3 requests from Non-Board members for the upcoming International Street Medicine Symposium in Pittsburgh, PA (October 21-23, 2019): Chris King, Kapil Chopra and Isamar Segundo from the Public Health Policy & Planning Street & Field Medicine team. Included in the board packet is the budget proposed and benefit of attending the conference.</p> <p>“There are more people experiencing homelessness in the bay area, the US, and worldwide, and this field is rapidly evolving. So, it would be great to experience and share the conference with a “lived experience” perspective, and also bring back some fresh ideas for our program.”</p>	<p>Request to approve travel request for Chris King, Kapil Chopra, Isamar Swegundo <u>MOVED</u> by Tay <u>SECONDED</u> by Mother Champion, and APPROVED by all Board members present</p>

	<p>Action item: Request to approve travel requests</p> <p>Please refer to TAB 5</p>	
<p><u>Business Agenda</u> Annual Budget</p> <p>Action Item- Request to approve Annual Budgets</p>	<p>In accordance with the Health Resources & Services Administration’s (HRSA) Health Center Compliance Manual Chapter 19 – Board Authority, the Co-Applicant Board is required to approve the Program Budget. This budget reflects the entirety of the Program’s operational effort for the coming year. This also represents the budget as submitted as part of the Program’s Service Area Competition (SAC) application. The budget as presented is similar to the total expenditures as reported for 2018 on the Uniform Data System Report to HRSA, updated for expected patient/visit volumes for 2020. It includes the expected expenditures related to all identified San Mateo Medical Center (SMMC) services for the homeless and farmworker populations.</p> <p>The draft budget includes the anticipated HRSA grant of \$2, 625,049, plus the additional expenditure of \$15,346,753 of other funds, for a total Program expenditure of \$17,971,802.</p> <p>Please refer to TAB 6</p>	<p>Request to approve Program Annual Budgets <u>MOVED</u> by Steve k <u>SECONDED</u> by Christian, and APPROVED by all Board members present</p> <p>Request to approve Grant Annual Budgets <u>MOVED</u> by Robert <u>SECONDED</u> by Suzanne, and APPROVED by all Board members present</p>
<p><u>Business Agenda</u> SAC application</p> <p>Action Item- Request to approve SAC Application</p>	<p>In accordance with the Board’s Bylaws, Article 3, Section L, and the HRSA Health Center Compliance Manual Chapter 19 – Board Authority, the Board has the responsibility to approve grant applications. As the HCH/FH program’s current grant period is coming to an end and the Health Resources and Services Administration has announced the opening of the SAC for the San Mateo County service area, homeless and farmworker target populations, the Board’s approval of the grant application is required.</p> <p>Staff explained that the request was for the Board to approve the draft of the SAC application reflecting the content and the concept of the final submission due August 14, 2019. A majority vote of the Board members present is required to approve the grant application. Final submission of SAC application will be presented at next September 12th Board meeting.</p>	<p>Request to approve SAC application <u>MOVED</u> by Steve k <u>SECONDED</u> by Tay, and APPROVED by all Board members present</p>
<p>Reporting Agenda: Sub-committee reports</p>	<p>Board recruitment sub-committee met on July 18th to discuss the Board self -assessment tool and recruitment efforts. Victoria will be added to the Board recruitment committee.</p>	<p>Staff to add Victoria to Board recruitment committee</p>
<p>Reporting Agenda: QI Committee Report</p>	<p>The San Mateo County HCH/FH Program QI Committee did not meet in July. The following was discussed:</p> <ul style="list-style-type: none"> • SUD Patient Education Materials: The order for printing has been sent. We will provide more information on when to expect the documents at the next board meeting. • Complex Diabetes Management – Novel Strategies in Non-Adherent/Homeless Patients Training: We have scheduled a training for Primary Care providers on diabetes medication for farmworkers and the homeless. These populations face complications, such as lack of refrigeration, making their diabetes regimens more difficult to follow. The training will be 	

	<p>conducted by Lawrence Chang, Clinical Pharmacologist at Santa Clara Valley Medical Center.</p> <ul style="list-style-type: none"> • Training for Contractors: A wide array of training topics were discussed at the Provider Collaborative meeting and determined a half-day training would be most feasible for staff of contractors. We will send out a prospective date by the end of the month. <p>The next HCH/FH QI Committee meeting will be on August 22nd, 2019.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p>Reporting Agenda: HCH/FH Program Directors report</p>	<p>Based on conversations with the Program's HRSA Project Officer, we anticipate having the last of the remaining grant conditions – Required and Additional Services lifted. This is based on our submission of a Change in Scope request as detailed in the Operational Site Visit Report from last July's Site Visit.</p> <p>Because HRSA has chosen to not act on the CIS requests, we will be maintaining our current approved scope documents as presented to the Board elsewhere on today's agenda. We expect Technical Assistance (TA) from HRSA on the scope and contracting issues sometime this fall.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	
<p>Reporting Agenda: HCH/FH Program Budget & Financial Report</p>	<p>Current projections for year-end are beginning to be more certain, although there is still a fairly wide error margin. Nonetheless, our current projection is that total base grant expenditures will be \$2,570,982 by the end of the year, which would create an <i>unexpended fund balance of \$77,454</i>. Including expenditures for the Expanded Services Awards (SUD-MH), the total Program grant expenditures would be \$2,731,732. That leaves approximately \$221,954 total in unexpended funding from the designated grants.</p> <p>Based on expenditures to date, we anticipate the overall expenditure rate on base grant contracts and MOUs to be around 85% for allocation during the current Grant Year (and at 90.0% overall). Based on the current numbers, we would suggest that the Board may begin to consider some possible one-time expenditures to be made toward the end of the year. With Board approval to go forward, Program will begin promoting one-time small funding requests that have been made available in past years. Any ongoing expenditure decisions by the Board would still necessitate making adjustments in the current ongoing commitments (contracts & MOUs) in order to best assure the available of funds to be committed.</p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time <u> 11:03 am </u></p>	<p>Brian Greenberg</p>

From: [Irene Pasma](#)
To: [Jim Beaumont](#); [Frank Trinh](#); [Danielle Hull](#); [Sofia Recalde](#); [Linda Nguyen](#)
Subject: Facebook post up
Date: Wednesday, August 7, 2019 4:21:08 PM
Attachments: [Image-3.png](#)
[Image-4.png](#)

4:18 ↗



San Mateo County Health

Yesterday at 9:32 PM ·



This week we are celebrating Healthcare for the Homeless Day (August 5th) and Agricultural Worker Health Day (August 6th) by recognizing our Health Care for the Homeless/Farmworker Health program staff for their amazing work.

San Mateo Medical Center's program is partially supported by HRSA Health Center Funding. Along with our County and community partners, we ensure people experiencing homelessness, as well as migrant workers and their families, can access high quality comprehensive primary care, behavioral health care, case management, outreach, and other needed services such as dental care. Some of these services are provided through SMC Health's Mobile Clinic.

<https://bit.ly/2ZDmwSV>

In 2018, about 4,600 people experiencing homelessness and 1,100 migrant workers and their families received care through our program. Across the country, health centers like ours work to reduce

health disparities between the general population and the most vulnerable members of our communities as well as reduce health care costs by focusing on preventative care. **#AllTogetherBetter #TeamSMMC**



Write a comment...



4:18 ↗



San Mateo County Health

Yesterday at 9:32 PM · 🌐



health disparities between the general population and the most vulnerable members of our communities as well as reduce health care costs by focusing on preventative care. **#AllTogetherBetter #TeamSMMC**





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**San Mateo County Health Care for the Homeless/Farmworker Health Program
Governing Board Self-Assessment: 2019**

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

Please read the following questions and provide a response. For areas you feel need improvement, please provide recommendations.

Questions				
A. Mission/Purpose				
1) In your own words, what is the purpose of the HCH/FH Co-Applicant Board?				
B. Board Composition	Yes	Needs Improvement	Don't Know	Comments/ Recommendations/ Questions
2.) Expertise on the Board is diverse and adequate to carry out responsibilities?				
3.) The Board receives sufficient input from patients?				
4.) The Board has a good process, following the bylaws, for identifying and recruiting new board members?				
C. Board Meetings and Structure	Yes	Needs Improvement	Don't Know	Comments/ Recommendations/ Questions
5.) Board meetings monthly with a quorum at each meeting?				
6.) The Board Chair creates a welcoming environment and sets the appropriate tone for Board meetings				
7.) Guest speakers are informative and support the Board's knowledge gathering and decision-making activities.				

8.) Appropriate committees are in place and functioning effectively?				
9.) Board members evidence commitment by regularly attending Board and committee meetings?				
10.) Board meetings start and end on time?				
11.) Board meetings follow the agenda and are operated under agreed upon rules?				
12.) Adequate material/information is distributed in advance of meetings and members come prepared to discuss issues?				
13.) Key management staff are present and report at meetings and act as resources for Board decisions?				
14.) Minutes are recorded and distributed for all Board meetings?				
Board Development	Yes	Needs Improvement	Don't Know	Comments/ Recommendations/ Questions
15.) There is a comprehensive orientation package and process for integrating new members?				
16) I have sufficient information/knowledge to actively participate in Board discussions and make informed decisions about the areas of:	Yes	Needs Improvement	Don't Know	Comments/ Recommendations/ Questions
• Homelessness issues				
• Farmworker issues				
• Clinical outcomes				
• Experience dealing with a variety of socio-economic groups				
• Finances				
• Strategic planning				
• Healthy communities/community need				
• Local policies affecting our target populations				
• How the health center				

operates (SMMC and clinics)				
• Other:				
Board Authority	Yes	Needs Improvement	Don't Know	Comments/ Recommendations/ Questions
<p>17) The Board reviews and approves as needed key policies (at least every 3 years):</p> <ul style="list-style-type: none"> a) Siding fee discount program including any nominal fee (s) b) Billing and collections (fee reduction/waiver and refusal to pay) 				
<p>18) The Board approves:</p> <ul style="list-style-type: none"> a) The annual grant and program budget b) Grant applications and changes in the Scope of Project, Services, locations, hours of operation c) contracts: decisions to sub-award or contract for services 				
<p>19) The Board evaluates</p> <ul style="list-style-type: none"> • Provider performance • Patient satisfaction • Clinical outcomes 				
<p>20) The Board ensures strategic planning is conducted (at least every 3 years) and monitors progress?</p>				
<p>21) The Board monitors the financial status of the grant budget</p>				
<p>22) Board is able to give input into any unexpended funds (after 2nd quarter).</p>				
<p>23) The Board has written policies regarding conflict of interest (i.e. Board Members appropriately recuse themselves from the conversation when necessary)?</p>				

Questions for individual Board members

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

Yes No

If no, What additional information/training would help you to better function as a Board member?

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

Yes No

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

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

Budget/Finance

Legal Affairs

Medical

Dental

Planning

Community Needs/Affairs

Social Services

Business

Government Relations

Homelessness

Farmworkers

Marketing/Public Relations

Managed Care

Public Relations

Human Resources& Labor Relations

Social Media

Fundraising

Law Enforcement

Other (specify)

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

Budget/Finance

Legal Affairs

Medical

Dental

Planning

Community Needs/Affairs

Social Services

Business

Government Relations

Homelessness

Farmworkers

Marketing/Public Relations

Managed Care

Public Relations

Human Resources& Labor Relations

Social Media

Fundraising

Law Enforcement

Other (specify)

5) What other activities would you be interested outside of the Board meetings:

- Attending Conferences
- Attending Workshops
- Shelter visits
- Farm visits
- Serving on Subcommittee



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

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

DATE: August 08, 2019

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE THE DRAFT APPLICATION OF THE SERVICE AREA COMPETITION (SAC) GRANT

In accordance with the Board's Bylaws, Article 3, Section L, and the HRSA Health Center Compliance Manual Chapter 19 – Board Authority, the Board has the responsibility to approve grant applications.

As the HCH/FH program's current grant period is coming to an end and the Health Resources and Services Administration has announced the opening of the SAC for the San Mateo County service area, homeless and farmworker target populations, the Board's approval of the grant application is required. The draft SAC application is attached.

This request is for the Board to approve the draft of the SAC application reflecting the content and the concept of the final submission due August 14, 2019. A majority vote of the Board members present is required to approve the grant application.

ATTACHED:
DRAFT SAC APPLICATION



TAB 2

Board Presentations:



DATE: September 12, 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 2 Report (January 1, 2019 through June 31, 2019)

Program Performance

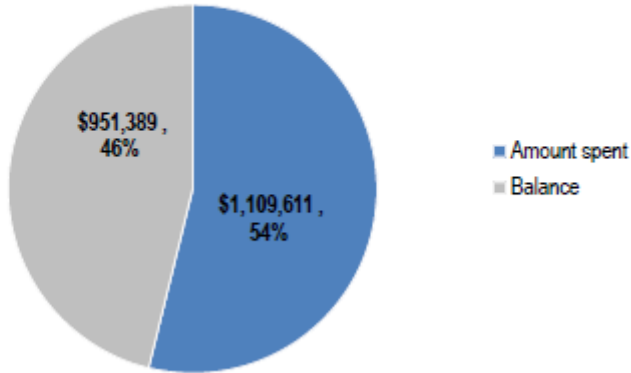
The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with seven community-based providers, plus two County-based programs for the 2019 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.

The following data table includes performance through the fourth quarter:

HCH/FH Contractor Financial Progress January - June 2019						
Contractor	Contract Amount	Amount Spent	% spent YTD	% Q2 2018	EOY 2018	
Behavioral Health & Recovery Services	\$90,000	\$29,500	33%	23%	46%	
El Centro de Libertad	\$82,500	\$19,500	24%	NA	47%	
LifeMoves	\$296,500	\$153,935	52%	40%	93%	
Public Health - Mobile Van	\$507,250	\$246,965	49%	56%	95%	
Public Health - Street Medicine	\$249,750	\$223,850	90%	56%	84%	
Puente de la Costa Sur	\$183,500	\$112,450	61%	76%	100%	
Ravenswood - Medical	\$107,100	\$50,031	47%	50%	82%	
Ravenswood - Dental	\$54,725	\$31,442	57%	50%	92%	
Ravenswood - Enabling	\$97,000	\$38,218	39%	46%	73%	
Samaritan House - Safe Harbor	\$81,000	\$52,820	65%	70%	115%	
Sonrisas Dental	\$131,675	\$80,150	61%	53%	87%	
StarVista*	\$180,000	\$70,750	39%	NA	NA	
TOTAL	\$ 2,061,000	\$ 1,109,611	54%			

*StarVista info is Mar-May only

Contractor Expenditures Jan-Jun 2019



HCH/FH Contractor Report by Pt and Visit Count | January - June 2019

Agency	Contracted Services	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% 2019 YTD	2018 Q2	2018 EOY %		Yearly Target # Visits	Actual # YTD Visits
Behavioral Health & Recovery Svcs	Care Coordination (CC)	180	59	33%	36%	46%		900	242
El Centro	CC	120	20	17%	N/A	N/A		140	20
	Motivational Outreach and Education	N/A	N/A	N/A	N/A	N/A		95	35
Life Moves	CC	450	180	40%	34%	107%		1,375	228
	Intensive CC	50	45	90%				150	41
	Street Medicine	140	87	62%	42%	84%		300	190
	SSI/SSDI	50	21	42%	41%	75%		N/A	N/A
	Eligibility	50	13	26%	43%	113%		N/A	N/A
PHPP Mobile Van & Expanded Services	Transportation	N/A	N/A	N/A	55%	134%		400	248
	Primary Care	1,000	483	48%	54%	92%		2,000	729
PHPP- Street Medicine	Primary Care for formerly incarcerated & homeless	210	107	51%	65%	106%		420	173
	Primary Care	135	121	90%	56%	84%		270	220
Puente de la Costa Sur	CC	180	92	51%	82%	112%		360	155
	Intensive CC	20	3	15%	105%	125%		60	3
	Health Insurance Assistance	170	142	84%	64%	106%		170	156
Ravenswood	Primary Care	700	327	47%	50%	82%		2100	758
	Dental	275	158	57%	50%	92%		780	345
	CC	500	197	39%	46%	73%		1200	426
Samaritan House / Safe Harbor	CC & Intensive CC	210	139	66%	71%	115%		360	141
Sonrisas Dental	Dental	115	70	61%	53%	87%		460	172
StarVista	Adult Outreach & Engagement	150	27	18%	N/A	N/A		N/A	N/A
	Adult Therapeutic Services	75	21	28%	N/A	N/A		N/A	N/A
	Youth CC	75	27	36%	N/A	N/A		N/A	N/A
	Youth Therapeutic Services	25	9	36%	N/A	N/A		N/A	N/A
	Transportation	N/A	N/A	N/A	N/A	N/A		300	32
Total HCH/FH Contracts		4,880	2348	48%				11,840	4,338

Agency	Outcome Measure	2nd -Quarter Progress
Behavioral Health & Recovery Services	<ul style="list-style-type: none"> •At least 100% screened will have a behavioral health screening. •At least 70% will receive individualized care plan. 	<p>By 2nd quarter:</p> <ul style="list-style-type: none"> •100% clients had a behavioral health screening • 100% received individualized care plan
El Centro	<ul style="list-style-type: none"> • Provide at least 120 screening/assessments to homeless/farmworkers • Provide at least 50 Motivational outreach sessions on AOD/mental health 	<p>By 2nd quarter:</p> <ul style="list-style-type: none"> • 20 received a screening/assessment to homeless/farmworkers • 23 Motivational outreach sessions on AOD/mental health were provided
LifeMoves/CHOW (street med)	<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. 	<p>By 2nd quarter:</p> <ul style="list-style-type: none"> • 22% established a medical home • 100% of individuals served for CC services will have documented care plan. • 13 complete submission for health coverage.
Public Health Mobile Van	<ul style="list-style-type: none"> • 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>By 2nd 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
Public Health Mobile -Service Connect	<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>By 2nd quarter:</p> <ul style="list-style-type: none"> • 100 % served received a comprehensive health screening for chronic disease and other health conditions. • 40% individuals with a chronic health condition
PH- Mobile Van-Street/Field Medicine	<ul style="list-style-type: none"> • At least 100% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 40% of street homeless/farmworkers seen will be referred to Primary Care • Number of patients provided women’s health services 	<p>By 2nd quarter:</p> <ul style="list-style-type: none"> • 100% of street homeless/farmworkers seen will have a formal Depression Screen performed • 40% of street homeless/farmworkers seen will be referred to Primary Care • 9 patients provided women’s health services- Pap/pelvic exam, Pregnancy test and birth control counseling
Puente de la Costa Sur	<ul style="list-style-type: none"> •At least 90% served care coordination services will receive individualized care plan. •At least 25 served will be provided transportation and translation services. 	<p>By 2nd quarter:</p> <ul style="list-style-type: none"> • 22% farmworkers served cc services received care plan. • 38% were provided transportation and translation services.

RFHC – Primary Health Care	<ul style="list-style-type: none"> • 100% will receive a comprehensive health screening. • At least 300 will receive a behavioral health screening. 	<p>By 2nd quarter:</p> <ul style="list-style-type: none"> • 96% received a comprehensive health screening. • 9 received a behavioral health screening.
RFHC – Dental Care	<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>By 2nd quarter:</p> <ul style="list-style-type: none"> • 8% completed their treatment plans. • 91% attended their scheduled treatment plan appointments. • 46% completed their denture treatment plan.
RFHC – Enabling services	<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>By 2nd quarter:</p> <ul style="list-style-type: none"> • 22% will received care coordination services and will create health care case plans • 68% of diabetic patients have hbA1c levels below 9.
Samaritan House-Safe Harbor	<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>By 2nd quarter:</p> <ul style="list-style-type: none"> • 86% received individualized health care case plan • 35% complete their health care plan. • 63% will schedule primary care appointments and attend at least one.
Sonrisas Dental	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	<p>By 2nd quarter:</p> <ul style="list-style-type: none"> • 87% completed their treatment plans. • 0 completed their denture treatment plan.

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

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

Contractor successes & emerging trends:

- **BHRS** states they are receiving consistent referrals from the shelters and Project 90 and have been able to establish a contact at SMMC New Patient Services that is very helpful and receiving appointment appears to be faster overall.
 - Clients still have very real concerns regarding housing here in San Mateo County. For many with AOD issues, the price of SLE's have gone up or are not available because of closure.
- **EI Centro** states that there is a strong showing at their Motivational Outreach/assessment and Navigation for Treatment on substance use.
 - Homeless individuals are concerned about the lack of available permanent housing situations also with cost of living and not ever being able to afford anything in this area.

- **LifeMoves** reports LifeMoves was able to open the line of communication with the dental van and begin working towards an improved referral and communication process.
 - Continue to notice more clients that are detoxing from or report having used fentanyl.
 - Due to the amount of follow-up work that is involved in each SSI/SSDI application, and due to the increase in overall services provided throughout the last year, our team is struggling to meet the demand for follow-ups that has come with the increase in initial applications.
- **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. Having full time RN for farmworkers has been helpful.
 - 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.
 - Clients being released from jail and prison have more chronic illnesses.
- **Puente** is working with partner such as American Heart Association to provide training on blood pressure monitoring, UC Berkley and Health Initiative of the Americas for on Occupational Health
 - They would be interested in getting access to software MEDS to assist in insurance enrollment.
 - 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. EPA's Safe car program response to increase in vehicularly housed.
 - 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, and newly hiring a Prosthodontist to focus on dentures.
 - Trends include request for dentures and education that is needed to provide.
 - Would like to see more dental providers in SMC accept Medi-cal coverage and deliver flexible care.
- **Ravenswood Enabling services-** partnerships with LifeMoves, Center on Homelessness, and Abode Services for housing, Mounon Center for referral for Mental Health and EPA Library for support services.
 - 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 better with improved communication from quarterly meetings to revised MOU stating expectations from each organization.
 - Interpretation services are inadequate, request additional funding for interpretation.
 - Farmworkers having difficult time getting time off of work for dental appointment.

HCH/FH Small Funding Request

Purpose

- As the grant year end approaches, HCH/FH often projects an unexpended fund balance
- Program partners routinely identify projects that do not conform to a typical RFP process
- Small Funding requests allow HCH/FH to distribute unexpended funds to projects that can benefit homeless and farmworker health

Policy (Effective 6/9/16)

- HCH/FH Co-Applicant Board authorized the HCH/FH Program to make funding decisions on small, non-direct service funding requests under \$25,000
- Staff shall report on each approved small funding request to the Board quarterly
- Staff reports on the status of each approved small funding request

Previously funded projects

Vital machines
Educational materials
Personal hygiene products
First aid kit
Nutrition needs assessment



Smoking cessation
CPR supplies
Clothing
Sleeping bags
Water bottles

2019 Small Funding Request

Healthcare for Homeless / Farmworker Health (HCH/FH)



Request for Small Funding Proposals - August 2019



HCH/FH is currently seeking proposals for one-time, small scale projects that would **directly benefit homeless individuals and/or farmworkers**. This funding opportunity is intended for SMMC and affiliated clinics, as well as divisions within San Mateo County Health. **Proposals will be accepted through October 15th, 2019** and will be awarded on an ongoing basis pending funding availability. The intent is to support projects, purchases and efforts that will be of benefit to the homeless and farmworker population, primarily through December 31, 2019.

To be considered for funding, proposals must meet the following criteria:

- Requested amount must be under \$25,000
- Proposal cannot be for direct service* or for the purchase of a capital asset (over \$5,000)
- Proposal must demonstrate how the project will address or improve homeless and/or farmworker health, or their ability to access services
- Proposal must conform to applicable Federal expenditure restrictions (45 CFR Part 75.420)
- Recipient must complete any purchases and submit invoice to HCH/FH for reimbursement by December 1st, 2019.
- Recipient to provide an update on the project's activity and outcome in the 1st quarter of 2020

County Health Focused

- Easier to execute contracts within Health System
- Relationship building



Announcement

- SMMC Dept. Managers meeting
- Email blast to SMCH managers and key staff
- Ambulatory Care meeting
- Word of mouth

Proposals received to date

Proposal	Submitter	Population	Reach	Cost
Distribute bikes to H + FW to increase mobility	SMMC staff	H + FW	50 clients	\$25,000
Acceptance & Commitment Therapy ACT coaching <ul style="list-style-type: none"> Coaching IBH team via Skype with ACT trainer 	CME Program	SMMC general pop	10 providers	\$2,400
Integrated Beh. Health supervision coaching <ul style="list-style-type: none"> Ongoing coaching for IBH staff on clinical supervision best practices 	CME Program	SMMC general pop	10 providers	\$2,400
Additional Dental Services - Roots, build ups & crowns Interpreter services	Sonrisas	FW	10 clients	\$25,000
Expanded language resources to increase staff capacity to deliver language services	Office of Diversity, Equity & Inclusion	SMMC general pop	25 staff	\$18,500
Clothing, gear & personal hygiene for distribution to H + FW	PHPP	H + FW	75+ clients	\$9,316

Funding Criteria & Discussion

Proposal	Reach	Operation -alization	Practicality	Health
Distribute bikes to H + FW to increase mobility	50 clients	1	2	3
Acceptance & Commitment Therapy ACT coaching <ul style="list-style-type: none"> Coaching IBH team via Skype with ACT trainer 	10 providers	5	5	5
Integrated Beh. Health supervision coaching <ul style="list-style-type: none"> Ongoing coaching for IBH staff on clinical supervision best practices 	10 providers	5	5	3
Additional Dental Services - Roots, build ups & crowns Interpreter services	10 clients	4	5	5
Expanded language resources to increase staff capacity to deliver language services	25 staff	3	5	5
Clothing, gear & personal hygiene for distribution to H + FW	75+ clients	5	5	5

TAB 3

Request to Approve Final SAC Application



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

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

DATE: September 12, 2019

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: REQUEST FOR THE BOARD TO APPROVE THE SAC APPLICATION FINAL SUBMISSION

In accordance with the Health Resources & Services Administration's (HRSA) Health Center Compliance Manual, Chapter 19 – Board Authority, and the Board Bylaws, Article 3 Section L, the Co-Applicant Board is required to approve grant applications related to the HCH/FH Program.

HCH/FH's current three-year grant period is ending at the end of 2019. HCH/FH recently submitted its Service Area Competition (SAC) application for the next three year funding cycle (2020-2022) prior to the August 14, 2019 deadline. SAC is a competitive funding opportunity for Health Center Programs (HCP) (e.g., SMMC) and is the main source of funding for HCH/FH to provide continued access to affordable, quality primary care health services to the homeless and farmworker populations in San Mateo County.

2019 SAC Application highlights:

- New challenges defined:
 - Aging homeless
 - Medical respite
 - Hostile immigration climate
- New services to be explored om the next 3 years:
 - Telehealth
 - New partnerships in SUD/MH
 - Medical respite
- Same funding distribution as prior years:
 - 80% for homeless population
 - 20% for farmworker population and their dependents.
- Emphasis on HCH/FH's ability to collaborate with local, county, state and community partners

Changes in 2019 SAC:

- Available funding reduced 2% due to difficulty meeting HRSA's annual patient target of 8,850
 - HCH/FH patient target is 6,640 by 12/31/2021
- 2019 SAC is like a mini site visit – more robust than prior SACs and designed to assess compliance with HCP requirements
- Applicants with active grant conditions will automatically be limited to a one year grant period
- Clinical Performance measures adjusted and aligned more closely with the medical center to ensure that we will have met or surpassed the goal by the next SAC.
- Evaluative Measures were added to assess Program's ability to:
 - Adhere to clinical guidelines and standards of care
 - Assess patient satisfaction
 - Identify and follow-up on adverse events and patient safety concerns
 - Effectively use QI/QA to improve services and patient outcomes, and
 - Use electronic health records to protect patient privacy, monitor program performance and address HRSA clinical priorities to improve patient health status



- Applicants required to describe capability/plans to ensure continuity of services during disasters and emergencies

The Board approved the draft SAC Application during the August 2019 Board Meeting. This request is for the Board to approve the 2019 SAC Application Final Submission.

Attachments:

- 2019 SAC Application Final Submission

Application for Federal Assistance SF-424

*** 1. Type of Submission**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application**

- New
 Continuation
 Revision

* If Revision,

Other (Spec
 Competing Contin

*** 3. Date Received:**

6/19/2019

4. Applicant Identifier:*** 5.a Federal Entity Identifier:**

Application #:167591
 Grants.Gov #:GRANT12886622

5.b Federal Award Identifier:

H80CS00051

*** 6. Date Received by State:****7. State Application Identifier:****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:**

222 W 39th Ave

Street2:*** City:**

San Mateo

County:*** State:**

CA

Province:*** Country:**

US: United States

*** Zip / Postal Code:**

94403-4364

e. Organization Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Jim

Middle Name: Middle Name:

Last Name:

Beaumont

Suffix:

Title:

Director

Organizational Affiliation:

* Telephone Number:

(650) 573-2459

Fax Number:

(650) 5

* Email:

jbeaumont@smcgov.org

9. Type of Applicant 1:

B: County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

[Empty text box]

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

N/A

11. Catalog of Federal Domestic Assistance Number:

93.224

CFDA Title:

Community Health Centers

*** 12. Funding Opportunity Number:**

HRSA-20-015

*** Title:**

Service Area Competition

13. Competition Identification Number:

7738

Title:

Service Area Competition

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

See Attachment

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

Health Center Cluster

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant CA-14

* b. Proc

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: 1/1/2020

* b.

18. Estimated Funding (\$):

* a. Federal	\$2,625,049.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$15,346,753.00
* g. TOTAL	\$17,971,802.00

*** 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 stat 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 clai 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 agenc specific instructions.

Authorized Representative:

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

Key Contacts Form

*** Applicant Organization Name:**

County of San Mateo

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Director

Prefix:

Mr.

* First Name:

Jim

Middle Name:

* Last Name:

Beaumont

Suffix:

Title:

Director

Organizational Affiliation:

* Street1:

222 W. 39th Avenue

Street2:

* City:

San Mateo

County:

San Mateo

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94403-4364

* Telephone Number:

(650)573-2459

Fax:

* Email:

jbeaumont@smcgov.org

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 type="checkbox"/> New <input checked="" 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="06/19/2019"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="H80CS00051"/>	
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="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:

93.224

CFDA Title:

Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housin

*** 12. Funding Opportunity Number:**

HRSA-20-015

* Title:

Service Area Competition

13. Competition Identification Number:

HRSA-20-015

Title:

Service Area Competition

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

1234-San Mateo SAC Abstract.pdf

Add Attachment

Delete Attachment

View Attachment

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

Health Center Cluster

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="2,678,621.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="11,131,967.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="4,051,614.00"/>
* g. TOTAL	<input type="text" value="17,862,202.00"/>

*** 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 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:

ABSTRACT

Project Title: **Service Area Competition**
Applicant Name: **San Mateo Medical Center**
Address: 222 W. 39th Ave., San Mateo, CA 94403
Contact Name: Jim Beaumont, Director
Contact Phone Number: 650-573-2459
E-Mail Address: JBeaumont@smcgov.org
Web Site Address: www.sanmateomedicalcenter.org
Congressional Districts: CA-14 and CA-18
Section 330 Funding Requested: \$2,625,049, HCH, MH
Proposed Service Area Identification Number (ID), City, And State: 015, San Mateo, California
Unduplicated patients to be served in 2022: 6,640

Organization, community to be served, target populations, service delivery sites and locations, and services to be provided: The Health Care for Homeless/Farmworker Health (HCH/FH) Program has delivered comprehensive health services to homeless people residing in San Mateo County since 1990 and to farmworkers and their dependents since 2010. Housed within San Mateo Medical Center (SMMC), the public hospital and clinic system for San Mateo County, HCH/FH leverages the primary care, dental care, behavioral health, and enabling services provided by SMMC and San Mateo County Health (SMCH) to the 6,798 homeless and 3,132 farmworkers and their family members that reside in the County. SMCH services are delivered at eight fixed sites and at 14 mobile clinic locations via one medical and one dental mobile clinic, and a street and field medicine team.

In addition, HCH/FH partners with community-based organizations to supplement the services provided by SMMC and SMCH to increase homeless and farmworker access to primary care, dental care and behavioral health care through a variety of activities, including care navigation and coordination, outreach, insurance eligibility assistance and health education.

Major health care needs and barriers to be addressed by the proposed project: Access to health care services can be extremely difficult for homeless individuals and is often compounded by a disproportionately high incidence of mental health disorders, substance abuse, dental problems, Hepatitis C, upper respiratory and skin infections, and injuries. Migrant and seasonal farmworkers face high rates of chronic conditions such as diabetes and hypertension, occupational injuries and illnesses, mental health and substance abuse. Transportation, cultural, linguistic and other barriers limit access to care for all low income residents especially homeless people and farmworkers.

How the proposed project will address the need for comprehensive primary health care services in the community and target population: The HCH/FH network of front-line mobile and fixed-site services linked to SMMC and SMCH 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 and SMCH. 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.

Number of current and proposed patients, visits, providers: HCH/FH will continue to provide primary medical care, dental services, behavioral health, case management, and enabling services. In 2018, 5,733 patients utilized HCH/FH services through 33,738 visits provided by 40 FTE staff; 13.3 FTE medical providers delivered 21,390 primary care visits. During 2022, 40.35 FTE staff will serve 6,640 patients through 39,100 visits annually.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

Project/Performance Site Location(s)

OMB Approval No. 4040-0010

Expiration Date 10/31/2019

Project/Performance Site Primary Location

Organization Name:

San Mateo County Health Services Agency

* Street1:

222 W 39th Ave

Street2:

* City: San Mateo

County: San Mateo

* State:

California

Province:

* Country United States *

ZIP / Postal Code: 94403-4364

DUNS Number:

Project/ Performance Site Congressional District:

14

Key Contacts Form

*** Applicant Organization Name:**

County of San Mateo

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Director

Prefix: Mr.

* First Name: Jim

Middle Name:

* Last Name: Beaumont

Suffix:

Title: Director

Organizational Affiliation:

* Street1: 222 W. 39th Avenue

Street2:

* City: San Mateo

County: San Mateo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94403-4364

* Telephone Number: (650)573-2459

Fax:

* Email: jbeaumont@smcgov.org

NEED

1) Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including:

San Mateo County, California, is located between San Francisco and Santa Clara Counties and is bordered by San Francisco Bay to the east and the Pacific Ocean on the west. The County experiences extreme wealth as it is home to tech giants Facebook, Oracle, YouTube and NetSuite on the eastern side and extreme poverty in its coastal, 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 4,638 to 6,798 people who experience homelessness in San Mateo County annually, and the 1,587 migratory and seasonal farmworkers employed in farming and nursery operations in the rural coast-side region of San Mateo County and their estimated 952 family members. (See Tables 1 and 2 for data collection and extrapolation information.)

Table 1: Homeless Target Population Totals

Homeless	Totals Utilize HCH/FH 2018 UDS	Total Utilizing The Center on Homelessness 2018 Total and HCH/FH 2018 UDS
Shelter	1,402	1,056 ¹
Transitional	765	500 ²
Doubling Up	1,227	1,227 ³
Unsheltered	681	3,447 ⁴
Other (SRO, PSH) ⁵	563	563 ⁶
Unknown		
Total	4,638⁷	6,798

Table 2: Farmworker Target Population Totals

Farmworker	Numbers
Workers ⁸	1,400 ⁹ ; 187 ¹⁰
Families ¹¹	952 ¹² , 593 ¹³
Total	3,132

¹ 21.1% of The Center on Homelessness 2018 Total Unduplicated Clients total of 5,008. Extrapolated utilizing the HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations report that indicates emergency sheltered individuals total 21.1% of the total CA homeless population.

² 10% of The Center on Homelessness 2018 Total Unduplicated Clients total of 5,008. Extrapolated utilizing the HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations report that indicates transitional housed individuals total 10% of the total CA homeless population.

³ HCH/FH 2018 UDS – total homeless patients who are doubling up. The Center on Homelessness does not include this category in their demographic data on clients, using HUD definitions.

⁴ 68.9% of The Center on Homelessness 2018 Total Unduplicated Clients total of 5,008. Extrapolated utilizing the HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations report that indicates unsheltered individuals total 68.9% of the total CA homeless population.

⁵ Single Room Occupancy (SRO), Permanent Supportive Housing (PSH)

⁶ HCH/FH 2018 UDS – total homeless patients who are doubling up. The Center on Homelessness does not include this category in their demographic data on clients, using HUD definitions.

⁷ HCH/FH 2018 UDS Total Unduplicated Patients.

⁸ Farm employment includes workers engaged in growing crops, raising animals, harvesting fish and other animals from a farm, ranch, or natural habitats. Does not include logging. Includes self-employed workers, such as farmers and ranchers who work for profit in their own farm.

⁹ 2018 Farmworker Employee Development Department.

¹⁰ San Mateo County Agricultural Workforce Housing Needs Assessment Report Without Appendices, October 21, 2016. “While the EDD data include employees as well as farmers and ranchers who are self-employed, the Agricultural Census may exclude some farm owners.”

¹¹ Non-farmworkers present in the same household as migrant farmworkers and seasonal farmworkers (defined by the term “accompanied”).

¹² Extrapolated from the National Agricultural Workers Survey (NAWS) 2015-2016: A Demographic and Employment Profile of United States Farmworkers, Research Report No. 13. https://www.doleta.gov/naws/research/docs/NAWS_Research_Report_13.pdf “Forty percent of farmworkers were living apart from all nuclear family members at the time of their interview (i.e. were unaccompanied).”

¹³ San Mateo School Districts’ total children identified as having MSFW parents.

a) The service area boundaries.

San Mateo County is situated on a 30-mile long peninsula, just south of the City and County of San Francisco, consisting of 20 cities and 17 unincorporated communities. It is also bounded on the south by the Santa Clara Valley (also known as “Silicon Valley”) on the east by the San Francisco Bay and on the west by the Pacific Ocean. The county’s 741 square miles consists of 455 square miles of land, including redwood forests, rolling farmlands, tidal marshes, creeks and beaches. The other 286 square miles are water. The land area is 25.7% urban and 74.3% non-urban. More than 60% of the non-urban area consists of forests and rangeland and almost 17% of the urban land is used for residential purposes.

San Mateo County is an attractive residential region due to its temperate climate and its proximity to the cultural resources in San Francisco, topographical variety, and the fact that it is well-served by public and retail goods and services. The County is known for its scenic vistas as a 20-minute drive, no matter the starting point, can take one to a vista point of the Bay or the Pacific Ocean, a forest, or a park or preserve.



b) If it is located in an Opportunity Zone (if applicable).

San Mateo County, HCH/FH’s service area, has received four Opportunity Zones that have been designated by the state and certified by the Secretary of the U.S. Treasury via his delegation of authority to the Internal Revenue Service. (See Table 3)

Table 3: San Mateo County Opportunity Zones

City	Census Tract Number	Tract Type	ACS Data Source
Daly City	06081600200	Low-Income Community	2011-2015
North Fair Oaks	06081610201	Low-Income Community	2011-2015
North Fair Oaks	06081610500	Low-Income Community	2011-2015
East Palo Alto	06081612100	Low-Income Community	2011-2015

c) If you are a new or competing supplement applicant: How you determined your service area based on where the proposed patients reside.

Not applicable.

2) *_ Describe your process for assessing the needs of the service area/target population, including:

a) How often you conduct or update the needs assessment.

b) How you use the results to inform and improve service delivery.

HCH/FH conducts a “San Mateo County Health Care for the Homeless and Farmworker Health Program Needs Assessment” on a biennial basis to understand the needs of the HCH/FH target populations. The Needs Assessment is utilized throughout the County to stimulate dialogue about trends

and to encourage informed strategies for shaping future policies and effective actions and includes the most recently available data for the service area. HCH/FH is currently working on the 2019 Needs Assessment. The last HCH/FH Needs Assessment was conducted in 2017.

In addition, HCH/FH commissions additional needs assessments and surveys as needed and completed the following during the last grant period:

- County of San Mateo Substance Use Needs Assessment, Prepared by John Snow, Inc. (JSI), February 2019.
- LifeMoves, "Nutrition Assessment Final Report," November 2018.
- San Mateo County Senior Homeless Population Needs Assessment, Prepared for Mission Hospice by Peninsula Conflict Resolution Center, January 11, 2019.
- 2019 San Mateo County Medical Respite Data Collection & Analysis, Prepared by Irene Pasma, County of San Mateo Health Care for the Homeless/Farmworker Health Program and Francine Serafin-Dickson, Hospital Consortium of San Mateo County

The San Mateo County Health Care for Homeless & Farm Worker Health Program Co-Applicant Board (CAB) is actively involved in the development of the needs assessments and reviews the results as they are completed at the monthly meetings. In addition, the data is utilized by the CAB for program strategic planning.

Currently, HCH/FH staff is working to synthesize data from the needs assessments and other sources including San Mateo County One-Day Counts, to understand the current environment and to inform the upcoming strategic planning process, scheduled for the second half of 2019. The priorities that emerge from the strategic planning process will feed into the HCH/FH RFP process for the next program period.

c) *Using the most recently available data (cite data sources where applicable), for the service area and, if applicable, for each special population (MHC, HCH, PHPC) identified in the SAAT, address the following:*

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 4,638 to 6,798 homeless residents.¹⁴ 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. For example, 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 most recently in 2019 with a median list price of \$9.69 million.¹⁵¹⁶

The 2019 One Day Homeless Count coordinated by the San Mateo County Center on Homelessness 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 in the communities of Redwood City where many social and community-based services are located, and East Palo Alto, the poorest city in the service area; and in the northern coastal community of Pacifica. The County's largest unsheltered homeless populations were also located in Redwood City, East Palo Alto, and Pacifica.¹⁷

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

¹⁴ United States Interagency Council on Homelessness, "California Homelessness Statistic." <https://www.usich.gov/homelessness-statistics/ca/>

¹⁵ Full List: America's Most Expensive ZIP Codes 2015. Forbes <https://www.forbes.com/sites/betsyschiffman/2015/11/10/full-list-most-expensive-zip-codes-in-2015/#374076cb3693>.

¹⁶ Ibid

¹⁷ San Mateo County Human Services Agency, Center on Homelessness, "2019 San Mateo County Homeless Census and Survey," June 2019 <https://hsa.smcgov.org/sites/hsa.smcgov.org/files/2019%20One%20Day%20Homeless%20Count%20report.pdf>

live alone (67%).¹⁸ Sadly, the largest growth between 2015 and 2017 was seen in those living in cars (40 individuals) and RV's (67 individuals).¹⁹ This pattern was reflected in the 2019 One Day Homeless Count, which reported a 64% growth in the number of individuals in San Mateo County living in vehicles.

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 brussel sprouts and artichokes border posh golf courses and luxury homes. San Mateo County agriculture represents \$160 million annually in direct economic output with almost 95% of farms concentrated along the San Mateo County Coast.²⁰

According to the 2016 Agricultural Workforce Housing Needs Assessment, the shifts in crops, the drought, and the ongoing effects of the recession on nursery operations have changed many agricultural jobs to provide only temporary employment for migrant and seasonal farmworkers, where they once enjoyed year round employment.²¹ In addition, 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.²²

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 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.²³

The burden of housing costs for farmworkers is unsurmountable. Approximately 35.7% of coastside homeowners and 50.1% of renters 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%).²⁴

- ***Factors associated with access to care and health care utilization (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment).***

The San Mateo County's 2017 HCH/FH Needs Assessment examined barriers to care for the homeless and farmworker population. The most frequently reported barriers to care were that it takes too long to get an appointment (27%) and that they could not afford the health care bills (18%).²⁵ Additional barriers included not having health insurance/coverage and not being able to take time off work. (See Figure 2.)

¹⁸ San Mateo County Human Services Agency, Center on Homelessness, "2017 San Mateo County Homeless Census and Survey," August 2017. <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.

¹⁹ 2017 San Mateo County Biennial Homeless Count, County of San Mateo Human Services.

²⁰ San Mateo County Agricultural Workforce Housing Needs Assessment, Report Without Appendices, October 21, 2016.

²¹ Ibid

²² Ibid

²³ Ibid.

²⁴ San Mateo County Health Care for the Homeless and Farmworker Health Program, 2017 Needs Assessment, January 2018.

²⁵ Ibid

Figure 2: Barriers to care

	Number n=431	Percent
Takes too long to get an appointment	117	27%
I can't afford healthcare bills	78	18%
I don't have health insurance/coverage	50	12%
I can't take time off work	50	12%
I am not treated with respect	29	7%
I don't want to leave possessions/afraid my things will be taken	29	7%
I am worried about being arrested	20	5%
I have immigration concerns	15	3%
I don't want to leave my pet/dog	13	3%
Other	104	24%

Source: San Mateo County Health Care for the Homeless and Farmworker Health Program 2017 Needs Assessment, January 2018.

Self-Identified Health Care Needs

San Mateo County's 2017 HCH/FH Needs Assessment asked the target population to identify their top health care needs and for both the homeless and farmworker populations, the top need was for medical/health care with 69% of respondents indicating this need.²⁶ Dental Care was second overall with 65% of respondents indicating this need. Getting medications, prescriptions, appointments, and labs was identified as a need by 52% of respondents, followed by health education and information at 18%, mental health (counseling) at 17%, and alcohol/drug services at 14%.²⁷ (See Figure 3)

Figure 3: Patient-Identified health care needs, farmworkers and homeless

	Farmworkers		Homeless		Overall	
	Number n=88	Percent	Number n=343	Percent	Number n=431	Percent
Medical/health care	69	78%	224	65%	298	69%
Dental care	71	81%	208	61%	281	65%
Getting medications, prescriptions, appointments, labs	37	42%	133	39%	172	40%
Getting health insurance/coverage	46	52%	79	23%	129	30%
Mental health (counseling)	15	17%	96	28%	104	24%
Managing medical care plan	12	14%	86	25%	99	23%
Health education & information	16	18%	60	17%	78	18%
Alcohol/drug services	12	14%	46	13%	59	14%

Source: San Mateo County Health Care for the Homeless and Farmworker Health Program 2017 Needs Assessment, January 2018.

Geography and Transportation

Occupying 455 square miles of land, San Mateo County is characterized by its geographic contrasts. Four sub-regions define the service area: North County, South County and Mid-County typify the dense urbanization/suburbanization of the Bay Area Corridor linking Silicon Valley to San Francisco; and the rural coast side features agriculture, mountains and wide-open spaces.

The principal highways that extend the length of the peninsula in San Mateo County are the Coastal Highway (State Route 1), the Bayshore Freeway (U.S. 101), and the Junipero Serra Freeway

²⁶ San Mateo County Health Care for the Homeless and Farmworker Health Program 2017 Needs Assessment, January 2018.

²⁷ Ibid

(Interstate 280). A fourth road, Skyline Boulevard (State Route 35) follows the ridgeline through the Santa Cruz Mountains which extend north and south between the urban and rural regions. In addition, San Mateo is connected to the East Bay by two bridges, San Mateo Bridge and the Dumbarton Bridge, that provide direct access to and from the East Bay area.

Traffic – Traffic in the Bay Area has intensified over the past 10 years with the ever-increasing population and limited locally affordable housing. San Mateo County suffers from gridlock at any time of the day, and county officials explain that many of the County's traffic issues are regional growth and access roads, putting unprecedented stress on area streets.²⁸ According to Charles Stone, the chairman of the San Mateo County Transit District's governing board, "Years of under-investment, a red-hot jobs market, not enough housing near job centers that forces people to drive long hours to and from work, and more people piling into the region, all conspired to create the Bay Area's current quagmire." He goes on to state the current transportation network "needs more money to maintain the services it already provides, while still investing in new services to address growing demand."²⁹

According to the Metropolitan Transportation Commission, Bay Area commute times have grown by 14% in the last ten years for all modes of travel; and time spent in traffic, measured by the minutes spent crawling along at speeds of 35 mph or less, has also grown a whopping 80%.³⁰ Accordingly, average commute times for the Bay area range from 24 minutes in Napa County to 37 minutes in Contra Costa County, with San Mateo averaging 28 minutes.³¹

Public Transportation – San Mateo County's public transportation network includes SamTrans, providing bus service to more than 40,000 people each day on more than 70 routes throughout the county. The peninsula's Caltrain connects San Mateo County to cities from San Francisco to San Jose with express and local rail service and has stops throughout the County. In addition, Redi-Wheels and RediCoast provide paratransit on the bayside and the coastside respectively.

In an effort to improve the county's transportation, San Mateo voters approved Measure W, a half-cent sales tax that is expected to generate \$2.4 billion over 30 years to pay for bus operations, Caltrain service, improvements to highway interchanges and road repairs in San Mateo County. Nearly a quarter of the funds, or 22.5%, will be dedicated to highway improvements aimed at reducing traffic congestion; 12.5% will go to road repairs that improve the flow of traffic; 5% will go to bicycle and pedestrian improvements; 10% will be earmarked for improving transit connections to neighboring counties; and the remaining 50% is dedicated to maintaining and enhancing bus, paratransit, and Caltrain services.³²

Homeless: Homeless people experience financial and other practical barriers to accessing public transportation to attend health care appointments. Public transit fares have increased during the project period and service on intra-county routes has decreased as SamTrans, the local transit authority, focuses resources on routes serving high-tech job centers. Moreover, stress associated with homelessness strains planning and coping skills, making it difficult for many homeless people to identify bus routes and schedule travel time to health facilities. The 2017 HCH/FH Needs Assessment found that 25% of respondents cited trouble getting transportation as a barrier to accessing health care and 22% cited it as a barrier to receiving lab and pharmacy services.³³

Farmworkers: Distance and time create major geographic and transportation barriers for farmworkers employed by agricultural operations along San Mateo County's rugged, 54-mile coastline, which is separated from urban/suburban parts of the service area by the coastal mountain range. Farmworkers on the South Coast where larger agricultural employers are located must travel 18 miles of

²⁸ San Mateo County, Traffic in our City. <https://www.cityofsanmateo.org/2073/Traffic>

²⁹ The Mercury News, "San Mateo County voters narrowly approve \$2.4 billion for transit, roads," November 29, 2018.

<https://www.mercurynews.com/2018/11/29/with-razor-thin-margin-san-mateo-county-voters-approve-2-4-billion-for-transit-roads/>

³⁰ Ibid

³¹ Ibid

³² Ibid

³³ San Mateo County Health Care for the Homeless and Farmworker Health Program 2017 Needs Assessment, January 2018.

secondary roads to the Coastside Clinic and 30 miles over mountain roads to San Mateo Medical Center's main campus. HCH/FH and partners have worked with the local transit agency to increase service to and from isolated coast side agricultural communities. However, access to transportation is still limited and only available during weekdays when farmworkers are working. During planting and harvest seasons, they work extremely long hours and either end their workdays after clinics close or are too exhausted to travel the long distances required.

Unemployment and Occupation

Unemployment in San Mateo County is quite low at just 1.9%³⁴, yet those living below 200% of the FPL totals 15.12% (115,619), indicating that the jobs are either part-time or don't pay a living wage compared to the region's cost of living. Census data for 2017 confirm part-time employment as only 62.5% of San Mateo County worked 35 or more hours per week, leaving 37.5% of the population (188,779 persons) working less than 34 hours per week.³⁵

The largest employment sectors for those who live in San Mateo County are Other Management Occupations Except Farmers, Ranchers, & Other Agricultural Managers at 8.65% (35,200 people), Software Developers & Programmers at 4.62% (18,771 people), and Other Business Operations Specialists at 3.11% (12,631 people).³⁶ In addition, the largest industries in San Mateo include Professional, Scientific, & Technical Services at 15% (62,585 people), Health Care & Social Assistance at 12.2% (51,091 people), and Retail Trade at 9.53% (39,844 people).³⁷

Income

The Bay Area is considered one of the most expensive areas in the world to live. According to County of San Mateo's Department of Housing the 2018 San Mateo County HUD considers a family of four earning \$117,400 or less "low-income," while \$44,000 is categorized as "extremely low."³⁸ San Mateo County's overall cost of living index is 324.7, over three times higher than the national rate of 100, and nearly twice the California rate of 168.6.³⁹ The cost of living is driven by high housing costs, as the County has a housing cost of living index of 788.9. The additional cost of living indexes for San Mateo County that exceed the national rate of 100 include groceries (110.8) and transportation (161.2).⁴⁰

While San Mateo County's overall cost of living is over three times higher than the national average, the county's median family income in 2017 was less than double that of the nation's median income (\$124,485 San Mateo County; \$70,850 United States).

Additional data on income for San Mateo County indicates that the mean household income is \$151,667, while the mean for California is \$96,104 and the nation is \$81,283.

According to the 2017 HCH/FH Needs Assessment, 34.8% of San Mateo County homeless and farm workers have a monthly income of less than \$500.⁴¹ In addition, 28.5% have a monthly income of \$500-\$1,000, and 84.4% have a monthly income of less than \$2,000.⁴² As to be expected, the homeless reported lower incomes than farmworker respondents with 39% having earnings under \$500 monthly while only 17% of farmworkers reported income \$0-\$500 monthly. Conversely, only 19% of homeless reported incomes above \$1,000 while 43% of farmworker respondents reported monthly incomes above \$1,000.⁴³

³⁴ State of California, Employment Development Department, Cities and Census Designated Places by Individual County, May 2019. <https://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>

³⁵ American FactFinder, Work Status in the Past 12 months, 2013-2017 American Community Survey 5-Year Estimates, S2303.

³⁶ Data USA, San Mateo County, CA. <https://datausa.io/profile/geo/san-mateo-county-ca/>

³⁷ Ibid

³⁸ [https://housing.smcgov.org/sites/housing.smcgov.org/files/AFFORD2018%20\(Web\)Combined-Secure.pdf](https://housing.smcgov.org/sites/housing.smcgov.org/files/AFFORD2018%20(Web)Combined-Secure.pdf)

³⁹ Best Places, Cost of Living in San Mateo, California. https://www.bestplaces.net/cost_of_living/city/california/san_mateo

⁴⁰ Ibid

⁴¹ San Mateo County Health Care for the Homeless and Farmworker Health Program 2017 Needs Assessment, January 2018.

⁴² Ibid

⁴³ Ibid

The 2017 HCH/FH Needs Assessment also found that nearly a third (31%) of respondents receive income from a job, a quarter (24%) receive no income at all, and 43% receive some type of government assistance (disability, social security, general). Other sources of income include child support, Employment Development Department (EDD), Food Stamps, freelance work, In Home Supportive Services (IHSS), maintenance, Temporary Assistance for Needy Families (TANF), Veteran's Affairs (VA), Veteran's Affairs (VA) disability, and workers compensation.⁴⁴

Educational Attainment

Almost 7% of the service areas residents, or 36,153 people, have less than a ninth-grade education, and almost 8%, 24,041, left school after the ninth grade but before graduation. In contrast, a dramatic 48.5% of service area residents have a bachelor's degree or higher, compared to 32.6% for the state and 30.9% for the nation. The educational attainment data for service area residents over 25 years of age follows the divide in income as almost 50% of the residents have a bachelor's degree or higher, and 52.5% of county households have incomes over \$100,000/year.⁴⁵ See Table 4.

Table 4: Educational Attainment for the Population 25 Years and Over

	HCH/FH Service Area	Percent of Total		
		Service Area	CA	United States
Less Than 9th Grade	36,153	6.6%	9.7%	5.4%
9th-12th Grade, No Diploma	24,041	4.4%	7.8%	7.2%
High School Graduate/GED	84,393	15.5%	20.6%	27.3%
Some College, No Degree	96,013	17.5%	21.5%	20.8%
Associate's Degree	39,538	7.3%	7.8%	8.3%
Bachelor's Degree	153,522	28.2%	20.4%	19.1%
Graduate Degree	110,676	20.3%	12.2%	11.8%
Total	544,336	100%	100%	100%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Transient Populations

On the night of January 30, 2019, there were 1,512 people experiencing homelessness in San Mateo County comprised of 901 unsheltered homeless people (living on streets, in cars, in RVs, in tents/encampments); and 611 sheltered homeless people (in emergency shelters and transitional housing programs).⁴⁶ In addition, 21.2% of the county's homeless are "people experiencing chronic homeless over time."⁴⁷

- ***Most significant causes of morbidity and mortality (e.g., diabetes, cardiovascular disease, cancer, low birth weight, substance use disorder) as well as any associated health disparities.***

Morbidity

The leading cause of death in San Mateo County includes all cancers, Alzheimer's disease, and coronary heart disease with all ranking below the HP2020 National Objectives and the California current rates. Four indicators have increased over the age-adjusted death rate previously recorded for the County including cerebrovascular disease, accidents, motor vehicle traffic crashes, and suicide. In addition, all indicators are in the top half of California Counties' ranking order, with nine indicators ranking in the top 10% of all counties. (See Table 5)

⁴⁴ San Mateo County Health Care for the Homeless and Farmworker Health Program 2017 Needs Assessment, January 2018.

⁴⁵ American FactFinder, Work Status in the Past 12 months, 2013-2017 American Community Survey 5-Year Estimates, DP03.

⁴⁶ 2019 San Mateo County One Day Homeless Count and Survey, Final Report June 2019.

⁴⁷ Ibid

Table 5: San Mateo County's Morbidity Health Status Profile For 2019

Rank Order	Health Status Indicator	2015-2017 Deaths (Average)	Age-Adjusted Death Rate	Hp2020 National Objective	Age-Adjusted Death Rate	
					California Current	County Previous
5	All Cancers	4,768.7	115.9	109.0	122.7	130.1
11	Colorectal Cancer	100.7	10.3	14.5	12.5	11.3
5	Lung Cancer	216.7	22.3	45.5	27.5	26.0
12	Female Breast Cancer	80.7	15.0	20.7	18.9	19.4
13	Prostate Cancer	64.3	15.7	21.8	19.4	16.5
7	Diabetes	118.3	12.0	b	21.2	12.7
23	Alzheimer's Disease	300.3	27.9	a	35.7	29.4
2	Coronary Heart Disease	551.3	54.1	103.4	87.4	65.8
11	Cerebrovascular Disease (Stroke)	298.7	28.9	34.8	36.3	25.9
11	Influenza/Pneumonia	107.0	10.3	a	14.2	14.1
4	Chronic Lower Respiratory Disease	203.3	20.2	a	32.0	22.6
3	Chronic Liver Disease and Cirrhosis	73.3	7.6	8.2	12.2	8.6
1	Accidents (Unintentional Injuries)	196.7	22.5	36.4	32.2	20.5
4	Motor Vehicle Traffic Crashes	44.3	5.6	12.4	9.5	5.2
3	Suicide	60.0	7.4	10.2	10.4	7.0
10	Homicide	16.0	2.3*	5.5	5.2	2.2

Source: California Department of Public Health, Vital Records and Data Statistics, San Mateo County Health Status Profile for 2019.

* Rates are deemed unreliable when based on fewer than 20 data elements.

a. Healthy People (HP) 2020 National Objective has not been established.

b. HP 2020 National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files. California's data exclude multiple/contributing causes of death.

Mortality

Crude case rates for San Mateo County indicate an increase over 2018 Profile case rates in incidences of HIV/AIDS incidence (age 13 and over), Chlamydia incidence, Gonorrhea incidence (female age 15-44), Gonorrhea (incidence Male Age 15-44), Tuberculosis incidence, primary secondary Syphilis (male). While incidences of TB have declined, the rate within San Mateo County is significantly higher than the California current rate and it is seven times higher than the HP2020 National Objective of 1. (See Table 6.)

Table 6: San Mateo County's Mortality Health Status Profile For 2019

Rank Order	Health Status Indicator	2015-2017 Cases (Average)	Crude Case Rate	HP2020 National Objective	Crude Case Rate	
					California Current	County Previous
40	HIV/AIDS Incidence (Age 13 And Over)	1504.7	233.1	a	397.7	228.5
21	Chlamydia Incidence	2610.7	339.7	c	514.6	259
2	Gonorrhea Incidence Female Age 15-44	141	99.4	251.9	252.4	50.7
24	Gonorrhea Incidence Male Age 15-44	426.7	288.3	194.8	444.8	128.1
53	Tuberculosis Incidence	54.7	7.1	1	5.3	8.3
14	Primary Secondary Syphilis Male	56.3	14.9	6.7	26.2	13.1

Source: California Department of Public Health, Vital Records and Data Statistics, San Mateo County Health Status Profile for 2019.

* Rates are deemed unreliable when based on fewer than 20 data elements.

a. Healthy People (HP) 2020 National Objective has not been established.

c Prevalence data are not available in all California counties to evaluate the HP 2020 National Objective STD-1, as the objective is restricted to females who are 15-24 years old and identified at a family planning clinic, and males and females under 24 years old who participate in a national job-training program.

Infant Mortality and Natality

San Mateo County's infant mortality rate for all races was 3.1 between 2014-2016 (the most recent total available), with 27.7 deaths averaged, exceeds the County's previous rate of 2.3 yet is below the

California current rate of 4.4 and the HP2020 National Objective of 6.0.⁴⁸ In addition, San Mateo County's Percent for 2019 of low birthweight infants ranks 36 out of California's Counties and has increased slightly over the Health Status Profile for 2018 (County Previous) and is just above the California Current rates. While entry into prenatal care in the first trimester has improved over the County's previous rate and ranks first in the state, adequate/adequate plus prenatal care only ranks 15th in the state and has declined from the previous rate. (See Table 7)

Table 7: San Mateo County's Infant Natality Health Status Profile For 2019

Rank Order	Health Status Indicator	2015-2017 Births (Average)	Percent	HP2020 National Objective	Percentage	
					California Current	County Previous
36	Low Birthweight Infants	616.7	7.0	7.8	6.9	6.7
1	First Trimester Prenatal Care	8,013.3	90.8	77.9	83.5	90.2
15	Adequate/Adequate Plus Prenatal Care	7,098.7	80.5	77.6	77.9	83.9
8	Births to Mothers Aged 15-19	179.0	9.1	a	15.7	12.9
11	Breastfeeding Initiation	7,801.7	97.2	81.9	94.0	97.2

Source: California Department of Public Health, Vital Records and Data Statistics, San Mateo County Health Status Profile for 2019.
a. Healthy People (HP) 2020 National Objective has not been established.

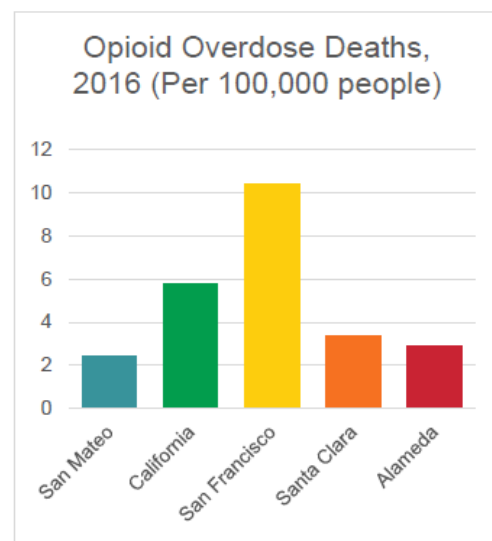
Substance Use Disorder

Trends in substance use and substance use disorder in San Mateo County are consistent with neighboring counties and California statewide trends as the age-adjusted annual mortality rate due to overdoses from all drugs was 6.78 per 100,000 in 2016 (vs. 12 statewide). In addition, the age-adjusted emergency room rate due to substance misuse in San Mateo County is 14.1 per 10,000 people, compared to 18.6 statewide.⁴⁹

Opioid Prescribing and Death Rates: Opioid prescription rates in San Mateo County have declined from their peak in 2011 of 41.6 opioid prescriptions per 100 persons to 39.5 in 2017, aligning with trends across the state and nearby counties.⁵⁰ Correlating with this decline in prescriptions is the County's death rate due to opioid overdoses which dropped from 9.1 drug-related deaths per 100,000 persons in 2011 to 6.5 in 2016, which is lower than other Bay Area counties and the state as a whole.⁵¹ (See Figure 4)

Substance use is known to be both a cause and effect of homelessness.⁵² According to the San Mateo County Substance Use Needs Assessment, data on substance use and substance use disorder among people experiencing homelessness were not available in San Mateo County. However, national data reveal that rates of substance use disorder and mortality by opioid overdose are higher among people experiencing homelessness and the report references a recent study in Boston found that drug overdoses were the leading cause of death among a cohort of people experiencing homelessness, accounting for one-

Figure 4: Opioid overdose death rates per 100,000 people in California and Bay Area Counties



Source: County of San Mateo Substance Use Needs Assessment, February 2019.

⁴⁸ California Department of Public Health, Vital Records and Data Statistics, San Mateo County Health Status Profile for 2019. https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/ICS_SAN%20MATEO2019.pdf

⁴⁹ County of San Mateo Substance Use Needs Assessment, February 2019.

⁵⁰ Ibid

⁵¹ Ibid

⁵² Ibid

third of deaths among those younger than 45 years. Compared to people who were stably housed, individuals in this group were nine times more likely to die from an overdose.⁵³

San Mateo County's Whole Person Care, a pilot program taking place in California counties under the State's 1115 Waiver that aims to coordinate health, behavioral health, housing, and social services for high users of the health system, has found that alcohol-related disorders ranked first among the most common treat-and-release emergency room diagnoses among all emergency room visits, accounting for 10% of all emergency room visits among this population.⁵⁴ In addition, alcohol-related disorders ranked third among most common inpatient stay diagnoses for this population, accounting for 8% of all inpatient stays in this population.⁵⁵

Oral Health

Homeless: San Mateo County's 2017 HCH/FH Needs Assessment found that 61% of homeless respondents indicated they needed dental care.⁵⁶ In addition, national data indicates that homeless individuals are 12 times more likely than individuals with stable housing to have dental problems and 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.⁵⁷ Additional data on dental needs for persons experiencing homelessness includes the following:

- 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.⁵⁸
- 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 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%).⁵⁹
- 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.⁶⁰
- More homeless children have never seen a dentist than children from families with low incomes who were living in houses, and among homeless children ages five to nine years, 96% required dental care and 44% had pain or an infection.⁶¹

Farmworkers: San Mateo County's 2017 HCH/FH Needs Assessment found that 81% of farmworker respondents indicating they had dental care needs.⁶² Accordingly, national data supports this need as a 2013 American Journal of Industrial Medicine article found that dental disease is a major and chronic problem among immigrant laborers as 52% of farmworkers in a 2007 study reported dental caries and 33%

⁵³ County of San Mateo Substance Use Needs Assessment, February 2019.

⁵⁴ Ibid

⁵⁵ Ibid

⁵⁶ San Mateo County Health Care for the Homeless and Farmworker Health Program 2017 Needs Assessment, January 2018.

⁵⁷ 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.

⁵⁸ 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

⁵⁹ Ibid

⁶⁰ 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.

⁶¹ Ibid

⁶² San Mateo County Health Care for the Homeless and Farmworker Health Program 2017 Needs Assessment, January 2018.

reported missing teeth.⁶³ In addition, according to the California Department of Public Health, California's Latino and poor children experience more tooth decay and untreated tooth decay than other children.⁶⁴

Farmworker Disparities

Migrant and seasonal farm workers are one of the most underserved and understudied populations in the United States and a farmworkers' health and wellness directly impact their jobs as many perform strenuous tasks and are exposed to a wide variety of occupational risks and hazards. In addition, there are few protections for farmworkers in the U.S. in general, and agricultural exceptionalism is codified in all labor laws with its inherent gender discrimination and racism as farmworkers are not subject to the National Labor Relations Laws that grew out of New Deal legislation in the 1930s.⁶⁵ Rather, under agricultural exceptionalism, farmworkers are at the mercy of the corporation and those in charge of managing farmworkers causing California to be one of the deadliest state in the U.S. for Mexican workers.⁶⁶ According to Dr. Ann Lopez, founder of the Center for Farmworker Families, additional identified farmworker disparities include the following:

- Every year two billion pounds of licensed pesticides are used in the U.S., or 1/5 of global use. The U.S. EPA estimates that 300,000 farm workers are poisoned by pesticides each year nationwide; many cases are never reported. There are an estimated 10,000 to 20,000 cases of physician-diagnosed pesticide poisoning among U.S. farmworkers, and the average life expectancy of farmworkers is only 49 years of age.⁶⁷
- The identified potential risk 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.⁶⁸
- Mexicans are 80% more likely to die on the job than any native workers.⁶⁹ In 2008, 15 farmworkers, including a young pregnant woman died in the fields as a result of the intense heat stress with no shelter and/or time given to cool off in the shade.⁷⁰
- 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.⁷¹
- Women farmworkers are often systematically subjected to sexual slurs, groping, threats, beatings and even rape in the fields. In California, 80% of farmworker women claim that they have experienced sexual harassment.⁷²
- State-run camps house only 12,000 farmworkers, or approximately 1.5% of the state's farmworker population. In addition, migrants can live in the camps only from May 1, to the end of November. If they wish to return, they must move 50 miles or more away from the camp during the off-

⁶³ 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>

⁶⁴ 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

⁶⁵ Center for Farmworker Families. <http://www.farmworkerfamily.org/information>

⁶⁶ Ibid

⁶⁷ Ibid

⁶⁸ Mobed, 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/>.

⁶⁹ Center for Farmworker Families. <http://www.farmworkerfamily.org/information>

⁷⁰ Ibid

⁷¹ Ibid

⁷² Ibid

season. This interrupts their children's education. Some farmworkers' children attend up to four schools in two countries during the year, and their chance of high school graduation is only 10%. Ultimately, most fall further and further behind in their education, thus ensuring another generation of FWs.⁷³

Homeless Disparities

Homelessness inflicts unimaginable woes and sufferings on the entire person as the homeless are exposed to the harsh pains and inclemency the bleak seasons carry because they do not own protective shelter and are not protected from storms. They get drenched and soaked by the rains, they are subjected to colds and the winds of the winter seasons, and they suffer the burning heat of the scorching sun unprotected from direct sun rays. Nor do they enjoy any privacy. They live in the open and eat from street garbage cans. Author Gregory Obuobi explains, "It is not only diseases, starvation, poor stinking clothing and insecurity to natural disasters that are the bane to homelessness; but the unfortunate victims are liable to unforeseen but possible attacks from fellow man or wild animals."⁷⁴

- ***Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (e.g., social risk factors, the physical environment, cultural/ethnic factors, language needs, housing status).***

Aging Homeless

According to the San Mateo County Planning and Service Area 8 Area Plan Update FY 2017-2018, by the year 2030 San Mateo County will have 53% more adults between the ages of 65 and 74 by the year 2030 than there are today.⁷⁵ The 75 to 84-year-old age group will experience a 71% increase by the year 2030, with the largest increase to occur in adults over the age of 85 as the number is projected to increase 148%.⁷⁶ This aging trend is reflected in the number of homeless individuals over the age of 65 years as the San Mateo County Senior Homeless Population Needs Assessment prepared for Mission Hospice found there was a substantial increase in the daily number of seniors present at the two shelters surveyed. This growth ranged from two to five times the average daily rate for all sites, growing from 5% to 9% at the Maple Street shelter and from 6% to 30% at the Vendome.⁷⁷

The same assessment identified that "shelter staff requires additional support to sustain providing necessary care to aging clients" and that the "staff and shelters are not properly equipped to provide medical care or services to clients."⁷⁸ The high-level mental health and medical needs of aging clients far outreaches the capacity of service that shelter staff are prepared to provide, with the most common needs including bowel and bladder incontinence, clients with late stage cancer, wounds and abscesses, diabetes and insulin management, and mental health issues.⁷⁹

Medical Respite

San Mateo County, unlike its neighboring counties such as Santa Clara and San Francisco, does not have a medical respite program. Per the National Health Care For the Homeless Council, medical respite 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. Such programs shorten hospital lengths of stay, reduce readmissions, and improve health outcomes. It offers a safe and humane alternative when "discharge to

⁷³ Center for Farmworker Families. <http://www.farmworkerfamily.org/information>

⁷⁴ "homelessness is a human global social problem." Gregory Obuobi, December 2015. <https://www.linkedin.com/pulse/homelessness-human-problem-gregory-obuobi/>

⁷⁵ San Mateo County Planning and Service Area 8 Area Plan Update FY 2017-2018, July 1, 2016 – June 30, 2020.

⁷⁶ Ibid

⁷⁷ San Mateo County Senior Homeless Population Needs Assessment, Prepared for Mission Hospice, January 11, 2019.

⁷⁸ Ibid.

⁷⁹ Ibid

home” is not possible for those without homes. In conjunction with the Hospital Consortium of San Mateo County, HCH/FH has administered surveys and analyzed data from discharge planners across hospital systems located in the county to understand the collective hospital need. The data shows the county needs about 16-18 medical respite beds. The county’s Medi-Cal provider, Health Plan of San Mateo, is planning a 6-bed respite pilot. While this is a good start, it will not meet the entire need nor does it have sustainable funding. HCH/FH and Hospital Consortium are identifying options to fill the remaining 10-12 bed gap by bringing together community partners, identifying potential facilities, and compiling budgets. All of which are intended to inform the Hospital Consortium and other potential funders, including HPSM, Health Districts and the HCH/FH Co-Applicant Board.

Immigration Enforcement

The Migrant Clinicians Network 2019 poll of 71 health care providers and clinical staff from 16 US states and Puerto Rico found that 68% of respondents have seen a change in immigrant or migrant patients’ attitudes or feelings toward health care access or receiving care.⁸⁰ Of those who indicated that they have seen a change, 40% have seen this change only in the last year, while 60% have noticed this change for more than a year.⁸¹

San Mateo County has experienced a significant drop in farmworkers located in the county, with the total falling to 1,587 in 2018 from highs estimated at close to 3,000 persons in 2000 and 2001.⁸² County agencies have witnessed the change in attitude and feelings toward health care access or receiving care since the 2016 election. In addition, the federal administration published a Notice of Proposed Rulemaking (NPRM) in October 2018, to propose a new regulation that would redefine public charge as a person “who receives one or more public benefits.”⁸³ The proposed rule also intends to impose new penalties on families who have accepted forms public assistance beyond cash benefits and long-term institutionalization at government expense. Although this proposal has no legal effect to date, it is causing many families to decline needed health and other benefits.⁸⁴

Veterans

On a Single Night in January 2018, California accounted for just under 30% of all veterans experiencing homelessness in the United States (29% or 10,836 veterans), and half of all unsheltered veterans (7,214 veterans). In addition, California had the highest rate of homelessness among all veterans with 60 out of every 10,000 veterans experiencing homelessness, followed by Oregon and Hawaii (43 and 41 out of 10,000 veterans).⁸⁵ San Mateo County has noticed a drop in the proportion of veterans that comprise the homeless population as the proportion was about 10.6%, or 106 veterans, in 2017, down from 20% in 2009 and 2011, and 15% in 2013 and 2015.⁸⁶

Housing Crisis

San Mateo County has become home to an increasing number of non-traditional homeless, those with jobs who simply can’t afford a place to live within commuting distance to their place of work. These

⁸⁰ Migrant Clinicians Network 2019 Poll. https://www.migrantclinician.org/blog/2019/jun/taking-pulse-migrant-clinicians-network%E2%80%99s-2019-poll-reveals-continued-fear-among-migra?utm_source=MCN+Contacts&utm_campaign=ffb92ad8f4-EMAIL_CAMPAIGN_2018_10_16_08_34_COPY_01&utm_medium=email&utm_term=0_f8aead7789-ffb92ad8f4-243484509

⁸¹ Ibid

⁸² San Mateo County Agricultural Workforce Housing Needs Assessment Report Without Appendices, October 21, 2016.

⁸³ Totality of the Circumstances: Assessing The Public Charge Ground Of Inadmissibility, Immigrant Legal Resource Center, May 2019. https://www.ilrc.org/sites/default/files/resources/total_circum_assess_pub_charge_inadmis-20190503.pdf

⁸⁴ Ibid

⁸⁵ The U.S. Department of Housing and Urban Development, Office of Community Planning and Development, “The 2018 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-In-Time Estimates of Homelessness,” December 2018.

⁸⁶ San Mateo County Human Services Agency, Center on Homelessness, “2017 San Mateo County Homeless Census and Survey,” August 2017. <https://hsa.smcgov.org/sites/hsa.smcgov.org/files/2017%20One%20Day%20Homeless%20Count%20Final%20Report.pdf>

individuals are growing in size and are utilizing cars and RVs for shelter. "A sharp increase in the number of recreational vehicles in San Mateo County is coinciding with the growing homeless situation, but not all of the RVs are housing the traditional homeless individuals and families. Officials say a number of the campers are providing shelter for employed households who can't afford to live in the County. According to the official count released late last week, the number of homeless people in San Mateo County has spiked in the last two years: from 1,253 in January 2017 to 1,512 in January 2019, a 21% increase. A big portion of that growth comes from people living in RVs: 494 residents, a 127% jump."⁸⁷

Additional staggering statistic for San Mateo County related to housing include the following:

- \$117,400 is considered "low income" for a family of four in Marin, San Mateo and San Francisco Counties, according to the Department of Housing and Urban Development. The amount jumped 10% from the previous year and is nearly twice the national household median income. In a report by the California Association of Realtors, they found a prospective buyer would need an income of nearly \$350,000 to buy in San Francisco or San Mateo Counties.⁸⁸
- 3.5:1 is the ratio of new jobs to housing units in the Bay Area. Much of the housing crunch has been blamed on housing construction not keeping up with job creation. On the Peninsula where San Mateo County is located, the housing/jobs imbalance is even worse. A report by the San Mateo Housing Leadership Council found San Mateo County added 72,000 jobs in the first half of the decade but permitted the construction of less than 4,000 housing units, a ratio of 19 jobs for one new home.⁸⁹
- Once affordable East Palo Alto, located in southern San Mateo County, has joined the Bay Area's million-dollar home club according to Zillow as the average price of a home in East Palo Alto has exceeded one million dollars.⁹⁰

Rental Costs: Rental costs for one- and two-bedroom apartments in San Mateo County are consistently ranked in the most expensive rental markets in the U.S. As more high-tech firms locate in the service area, e.g. a large Facebook campus near a low-income neighborhood, rental units are being torn down and/or upgraded to make way for higher density, mixed use development designed to attract high income renters. In coastal agricultural areas, demand for housing near the scenic shoreline has driven up rents and forced farmworkers into crowded, sometimes substandard housing. The San Mateo County Board of Supervisors recently waived many permitting and development fees for construction of farmworker housing. However, housing remains in short supply.

Housing Prices: The median price of an existing single-family home in San Mateo County was the highest in the state for the second year in a row according to The Almanac. As of April 2018, the median price was \$1.77 million, putting San Mateo County ahead of San Francisco County in housing prices for the second year in a row and represents an increase of 18% over the previous year. This price increase is only exceeded within the state by Yolo County's 28% increase, Mariposa County's 26.3% increase, and Santa Clara County's 22.8% increase.⁹¹

Farm Worker Housing Needs: As stated earlier, state-run camps house only 12,000 farmworkers, or approximately 1.5% of the state's farmworker population. In San Mateo County, only 28% of farmworkers have adequate housing and the County's 2016 Agricultural Workforce Housing Needs Assessment found that there is a need for an estimated 1,020 to 1,140 housing units that would be affordable and suitable for agricultural workers and their households.⁹²

⁸⁷ KPIX5, "Jump in San Mateo County RV Dwellers A Mix of Homeless, Workers Staying Close to Jobs," July 11, 2019. <https://sanfrancisco.cbslocal.com/2019/07/11/rv-dwellers-homeless-workers-san-mateo-county/>

⁸⁸ Ibid

⁸⁹ Ibid

⁹⁰ Ibid

⁹¹ The Almanac, "County top in state for lowest unemployment, highest home cost," July 11, 2018.

<https://www.almanacnews.com/news/2018/07/11/county-top-in-state-for-lowest-unemployment-highest-home-cost>

⁹² San Mateo County Agricultural Workforce Housing Needs Assessment Report Without Appendices, October 21, 2016.

RESPONSE

1) Describe how you will provide access to all required and additional services (consistent with Form 5A: Services Provided), including how you address health care access and utilization barriers (e.g., geography, transportation, unemployment, income level, educational attainment) and other factors that impact health status (e.g., social factors, the physical environment, cultural/ethnic factors, language needs, housing status).

Note: If you are requesting HCH funding, you must provide substance use disorder services (documented on Form 5A: Services Provided) to this population, either directly (Column I) or through contractual agreement (Column II).

HCH/FH provides all required FOHC Section 330(g) & (h) services through an integrated model of care that incorporates primary care, mental health, substance use treatment, oral health, and extensive enabling services either directly or by formal written referral arrangements.

The HCH/FH network of care includes 21 fixed sites including one administration site, one mobile medical unit, and one dental mobile unit, and all with locations at or near places that homeless people and farmworkers frequent. (See Table 8 and *Att 1: Service Area Map.*) The HCH/FH Program has health care and enabling services at key sites throughout the service area to provide convenient access for homeless people and farmworkers through our network of County-operated and contracted services. To assure HCH/FH continues to provide comprehensive primary care during hours convenient for homeless people and farmworkers, schedules and locations are reviewed and adjusted based on utilization and feedback from patients and homeless service providers. In addition, HCH/FH plans to explore the use of telehealth to increase access to services for farmworkers who are not able to travel to fixed clinic locations for medical, dental and/or behavioral health care.

REQUIRED SERVICES

General Primary Medical Care

- Column I: San Mateo Medical Center (SMMC) provides general primary medical care directly at all clinic locations located throughout San Mateo County.
- Column II: SMMC provides general primary medical care through a formal written agreement with South County Community Health Center (dba Ravenswood Family Health Center (RFHC)).

Triage: Bilingual Medical Assistants and Nurses measure and record vital signs, interview patients to obtain information on symptoms and history, identify acuity level, and determine disposition (waiting area, exam room, and referral to hospital or other care). Training prepares staff to effectively interview culturally diverse patients with different understandings of health and health problems and to obtain needed information from patients who may be reluctant to disclose information or have communication problems.

Examination/testing: Primary care providers conduct health histories, physical exams, and testing for HCV, HIV, other STIs, TB, bacterial infections, anemia, pregnancy, and other conditions. Providers, Nurses and Medical Assistants take care to explain the exam and testing procedures, answer questions, and make patients as comfortable as possible.

Evaluation/treatment: The clinics in HCH/FH's network of care provide diagnosis and treatment of acute illnesses, chronic illnesses, infectious diseases and minor injuries, including:

- Respiratory: colds, flu, ear infections, sore throat, bronchitis, etc.
- Eye: uncomplicated conjunctivitis and infections, etc.
- Gastrointestinal: vomiting, diarrhea, evaluation of abdominal pain, etc.
- Orthopedic: uncomplicated musculoskeletal injuries and casting
- Skin: rashes, infections, diseases, minor trauma, etc.
- Urologic: uncomplicated urinary tract infections
- Chronic conditions: diabetes mellitus, hypertension, etc.
- Miscellaneous: headaches and other complaints

Pediatric care: All clinics in the network deliver Child Health and Disability Prevention (CHDP) care (described below) and assessment, diagnosis and treatment of acute and chronic illnesses and minor injuries for children ages birth to 17.

Chronic disease management: SMMC clinics provide comprehensive chronic disease management services using the Chronic Care Model. Each chronic disease patient is assigned to a provider-led patient care team. The patient's team provides care, education and support, including self-care education, prescription management, social service referrals/ support, wellness care, and connections to clinic- and community-based chronic disease support and education groups.

Preventive services: HCH/FH's approach to primary care emphasizes providing education on prevention of health problems and easy access to recommended preventive care for all life cycles for the large number of underserved patients in the target populations who have accessed health care only sporadically for acute symptoms, or not at all.

- Children's wellness care: Clinics provide CHDP services for patients ages birth through 17 based on CHDP periodicity schedules. Services, include: immunizations; developmental, oral health, nutritional, and psychosocial/behavioral assessments; physical exams; BMI measurement and related nutrition and physical activity counseling; vision and hearing screening; blood lead, TB and other indicated tests; and culturally and linguistically competent education for parents/caregivers and teens on healthy development, health risks, and the importance of regular preventive health care.
- Women's wellness care: Patient care teams educate women about the importance of and provide preventive services, including: pelvic and breast exams, mammograms, pap tests, HPV testing and vaccinations, voluntary family planning services, pregnancy testing, counseling on the prevention of and screening for sexually-transmitted infections, screening for and counseling on domestic violence, blood pressure and cholesterol checks, colon cancer screenings for women over 50, and appropriate immunizations.
- Men's wellness care: In addition to physical exams, blood pressure and cholesterol checks, immunizations, and colon cancer screening for men over 50, HCH/FH clinics provide STI screening and education and prostate screening, as appropriate.
- Well-senior health care: Preventive care for seniors includes annual physical exams; review of medications; cancer, depression, functional, and cognitive screenings; and vaccines for flu, pneumonia, and shingles. Wellness exams identify senior patients needing more intensive care coordination and case management especially in the growing population of homeless seniors utilizing the HCH/FH mobile clinic and Ron Robinson Senior Care Center.
- MSFW specific health services: HCH/FH works with, Public Health Policy & Planning (PHPP) Street and Field Medicine team and Puente de la Costa Sur to provide easy access to blood draws and Tdap vaccines for farmworkers in Pescadero at risk for infections from occupational injuries. Women's health services were recently established in Pescadero. Most of the providers and clinical support staff at the SMMC Coastside Clinic, the main source of care for farmworkers, are bilingual (English/Spanish). Translation services are always available for patients with limited English proficiency.

Diagnostic Laboratory

- Column I: SMMC provides some diagnostic laboratory services directly at all clinic locations.
- Column II: SMMC provides diagnostic laboratory services through a formal written agreement with RFHC.

Fixed site clinics in the HCH/FH network provide basic lab services and facilitate referrals the SMMC main campus facilities for additional diagnostic lab studies. In addition, the Public Health Mobile Health Clinic provides on-site hemoglobin A1C point-of-care testing for diabetes management.

Diagnostic Radiology

- Column I: SMMC provides some diagnostic radiology services directly at the Hospital.
- Column II: SMMC provides diagnostic radiology services through a formal written agreement with RFHC.

Fixed site clinics and the Public Health Mobile Health Clinic in the HCH/FH network facilitate referrals to the SMMC main campus facilities for diagnostic radiology services.

Screenings

- Column I: SMMC and the Public Health Mobile Health Clinic provide screenings directly at all clinic locations.
- Column II: SMMC provides screenings through a formal written agreement with RFHC.

Coverage for Emergencies During and After-Hours

- Column I: SMMC provides emergency medical services during and after hours directly. After-hours coverage is provided by on-call providers who make assessments of the problem. Non-emergency callers are given advice as appropriate and are scheduled for clinic visits as indicated. In case of emergency, the on-call providers advise patients to go immediately to the SMMC emergency department or call 911 and contact the emergency department to notify them of the patient's arrival. When an HCH/FH patient is seen in the emergency department, the patient's primary care provider receives the ER visit notification and clinical support staff reach out to the patient to schedule follow up. Bilingual coverage and/or translation services are available for after-hours calls. Patients are informed of the availability of after-hours coverage service and the phone number is made available to them when they establish care at the clinics. This information is also made available through the clinic brochure and when applicable in other HCH/FH promotional efforts. The telephone number is also available through the clinic phone numbers when the clinic is called after usual operating hours.
- Column II: SMMC provides emergency medical services during and after hours through a formal written agreement with RFHC.

Voluntary Family Planning

- Column I: SMMC provides voluntary family planning services directly at all clinic locations. The Public Health Mobile Health Clinic also provides voluntary family planning services at some clinic locations.
- Column II: SMMC provides voluntary family planning services through a formal written agreement with RFHC.

Family planning includes the provision of services that are gender appropriate; the distribution of condoms at all clinic sites; identify and provide long-lasting birth control that does not require continued refills.

Immunizations

- Column I: SMMC and the Public Health Mobile Health Clinic provide immunizations directly at all clinic locations.
- Column II: SMMC provides immunizations through a formal written agreement with RFHC.

Care includes immunization standing orders to address identified high-risk communicable diseases including, but not limited to, tetanus, influenza, pneumonia, and HPV.

Well Child Services

- Column I: SMMC provides well child services directly at all clinic locations.

- Column II: SMMC provides well child services through a formal written agreement with RFHC.

SMMC follows the California Department of Health Services' Child Health and Disability Prevention (CHDP) Program's health check-up protocol and will work to support the completion of as many needed services as possible per visit. The checkup focus areas include: health and developmental history; physical exam; needed shots; oral health screening and routine referral to a dentist starting by age 1; nutrition screening; behavioral screening; vision screening; hearing screening; health information; lab tests including: anemia, lead, tuberculosis, and other problems, as needed; referral to Women, Infants, and Children (WIC) program for children up to age 5.

Gynecological Care:

- Column I: STP provides gynecological care directly at all clinic locations and the Public Health-Mobile Health Clinic.
- Column II: SMMC provides gynecological care through a formal written agreement with RFHC.

Obstetrical Care:

- Column I: SMMC provides some prenatal care directly at all clinic locations and the SMMC Pregnancy & Birthing Center of Excellence. Intrapartum care is provided by the SMMC Pregnancy & Birthing Center of Excellence medical staff, with postpartum services returning to the SMMC clinics.
- Column II: SMMC provides prenatal, intrapartum, and postpartum care through a formal written agreement with Scott Oesterling MD Inc. to provide obstetrical care at the Lucille Packard Children's Hospital.

SMMC's comprehensive perinatal services program provides prenatal care, health education, nutrition services, and psychosocial support during pregnancy and up to 60 days after delivery of their infants. Hospital obstetrical care is provided through the SMMC Pregnancy & Birthing Center of Excellence and provides comprehensive perinatal health care, education, and labor and delivery services to assure seamless care from the clinic to the time of delivery in the hospital. Postpartum services return to SMMC clinics and are designed to ensure that women enjoy a healthy recovery following pregnancy and provide essential education with regard to infant development, nutrition, breast feeding. Newborn exams are conducted in the hospital by SMMC clinic providers to ensure a healthy newborn.

Preventive Dental

- Column I: SMMC provides preventative dental services directly at four SMMC Dental Clinics, and the SMMC Mobile Dental Van.
- Column II: SMMC provides preventative dental services through formal written agreements with RFHC and Sonrisas Dental Health.

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 South County Community Health Center (dba Ravenswood Family Dentistry) contracted services. Farmworkers have expanded access to dental care contracted for at the Coastside Clinic and Sonrisas Dental Health; and homeless have expanded access to dental services at Ravenswood Family Dentistry. Oral health services include comprehensive oral health exams, treatment planning, dental hygiene education, diagnostic and preventive care, restorative care, and oral surgery.

Pharmaceutical Services

- Column I: SMMC provides pharmaceutical services directly at all clinic locations and the Public Health Mobile Health Clinic.

- Column II: SMMC provides pharmaceutical services through a formal written agreement with RFHC.

SMMC patients can have their prescription filled at any pharmacy that accepts their health insurance or health coverage. SMMC hospital has a pharmacy where prescriptions can be filled.

HCH Required Substance Use Disorder Services

- Column I: SMMC provides substance use disorder services directly at Behavioral Health and Recovery Services (BHRS).
- Column II: SMMC has formal written agreements with StarVista to provide substance use disorder services.

Medication Assisted Treatment (MAT) Waivered Providers: SMMC and BHRS currently have 72 MAT waivered providers. San Mateo County Health's Integrated Medication Assisted Treatment (IMAT) team began operating in San Mateo County in 2015 and offers outreach and engagement, psycho-education around MAT, and linkages to services across the system. The team members include case management in the SMMC emergency department and care coordination for complex clients. Roughly half of all alcohol and other drug (AOD) referrals to the IMAT team have come from the San Mateo Medical Center emergency department (ED), followed by the sobering center and SMMC psychiatric emergency services (PES). An evaluation of the program from 2015 – 2017 found that clients of the IMAT program had a 46% decrease in ED and PES visits and a 64% decrease in hospital admissions in the six months following their enrollment in the program. In addition, clients had a 119% increase in outpatient visits and 48% decrease in health plan costs for the six-month post-enrollment period.⁹³

Substance Abuse Services for Homeless People: BHRS case managers connect homeless people to appropriate substance abuse treatment programs in the BHRS network, using formal written referral procedures. The network consists of 16 community-based treatment programs operating outpatient, residential and transitional housing programs. It includes addiction medicine services, perinatal treatment, and gender- and culturally-specific treatment programs located throughout San Mateo County.

Case Management (Care Coordination)

- Column I: Patients receive case management throughout San Mateo County Health (SMCH) depending upon where patients access care and care coordination needs. Social workers provide case management services at various SMMC clinics. Whole Person Care Navigators support people in shelters, encampments, and transitioning from jail or emergency departments by provided field-based medical care and care coordination. BHRS Case Managers are available at each of the mental health clinics, and the BHRS Adult Resource Management team also provides case management services to homeless individuals with mental health/substance abuse needs.
- Column II: SMMC has a formal written agreement with LifeMoves, Puente de la Costa Sur (Puente), RFHC, and Samaritan House to provide case management/care coordination services.

A BHRS team delivers intensive street-and shelter-based case management to assist chronically homeless people with mental health and substance abuse disorders to access primary care coordinated with behavioral health treatment.

HCH/FH contracts with key community partners to provide care coordination services that provide the practical support and motivation farmworkers and homeless people need to connect to medical homes, including information about available services, assistance in making appointments, appointment reminders, assistance arranging transportation, and encouragement to attend appointments and follow treatment and self-care plans. Puente de la Costa Sur provides care coordination for farmworkers and their families, including communication and advocacy with farm operators to reduce environmental and occupational health hazards and make farmworker health a priority, e.g. coordinating tetanus and other immunizations

⁹³ County of San Mateo Substance Use Needs Assessment, February 2019.

for farmworkers provided by Coastside Clinic staff at work sites. LifeMoves and Samaritan House provide care coordination for homeless individuals and families, including linkages to substance abuse treatment programs.

Eligibility Assistance

- Column I: SMMC provides eligibility assistance services directly at all clinic locations and BHRS.
- Column II: SMMC has a formal written agreement with LifeMoves, Puente to provide eligibility assistance.

SMMC's Health Coverage Unit streamlines procedures for screening homeless and farmworker patients for health coverage and assist them with applications and maintaining enrollment. The Health Coverage Unit has designated specially trained staff to assist HCH/FH patients with enrollment procedures and assigned these staff to work at HCH/FH and core services agency locations. The Health Coverage Unit has also waived the enrollment fee for the San Mateo County Access and Care for Everyone coverage Program for homeless people and farmworkers.

Health Education

- Column I: SMMC provides health education services directly at all clinic locations.
- Column II: SMMC has a formal written agreement with El Centro, Puente, RFHC, and Samaritan House for health education services.

The difficulties in reaching homeless individuals with needed information to support their improved health and wellbeing is well documented. HCH/FH providers work to provide as much education as possible while with the patient to help them understand their needs.

Outreach

- Column I: SMMC conducts outreach through phone calls and letters. The Public Health Mobile Health Van provides field-based outreach to homeless individuals and farmworkers.
- Column II: SMMC has a formal written agreement with El Centro, LifeMoves, Puente, RFHC, Samaritan House, and StarVista to provide outreach to homeless individuals and farmworkers and their families

HCH/FH conducts outreach through mobile unit visits to places homeless people frequent and partnerships with organizations that have established trust relationships with people experiencing homelessness and farmworkers. This approach reaches and engages underserved people where they are, literally, and in terms of the motivation, information, and assistance they need to access care. Key outreach partnerships include working relationships homeless shelters and transitional housing programs, and the eight community organizations service sites that served as core service centers, providing emergency and basic needs assistance for homeless people, farmworkers and their families, and other low income and working poor County residents.

Transportation

- Column I: SMMC provides transportation services directly at the clinic locations.
- Column II: SMMC has a formal written agreement with LifeMoves, Puente, RFHC, Samaritan House and StarVista, to provide transportation services. In addition, SMMC provides taxi vouchers and SanTrans bus tokens are also available.

HCH/FH sites and mobile unit visit locations are situated in neighborhood locations that make it possible for most homeless patients to walk or take bus lines to clinic appointments. In addition, the Health Plan of San Mateo offers a transportation benefit to all Medi-Cal members allowing them to schedule transportation to outpatient health-related services.

Translation

- Column I: SMMC provides translation services directly at all clinic locations and both mobile clinics.
- Column II: SMMC has a formal written agreement with Health Care Interpreter Network, Certified Languages International and Puente to provide translation services at their clinic sites.

ADDITIONAL SERVICES

Additional Dental Services

- Column I: SMMC provides additional dental services directly through four SMMC Dental Clinics and the SMMC Mobile Dental Van.
- Column II: SMMC provides additional dental services through formal written agreements with South County Community Health Center (dba Ravenswood Family Dentistry) and Sonrisas Dental Health.

HCH/FH provides comprehensive oral health services to homeless people through SMMC 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 contracted services from Sonrisas.

Oral health services include comprehensive oral health exams, treatment planning, dental hygiene education, diagnostic and preventive care, restorative care, and oral surgery.

Behavioral Health Services:

- Column I: SMMC provides mental health services throughout its primary care clinic system. In addition, BHRS provides mental health services through its North County, South County, Coastside and Central BHRS clinics, and the Public Health Mobile Health Van provides mental health services at the Maple Street Shelter.
- Column II: SMMC provides mental health services through formal written agreements with StarVista.

To provide linkages to behavioral health care for homeless people, a BHRS Behavioral Health Team provides case management care coordination services. The team contacts homeless people with mental illnesses and addictions on the street and at homeless service centers to conduct screening, assessment, treatment planning, facilitation of treatment linkages and follow-up. Case managers maintain contact with homeless patients participating in treatment to promote compliance, solve problems and connect them with support services. SMMC also provides psychological and psychiatric services directly to homeless patients through the Medical Psychiatry Department. HCH/FH provides access to behavioral health services for farmworkers through the BHRS clinic located at the Coastside Clinic.

Optometry

- Column I: SMMC provides comprehensive eye exams and vision services directly at the Eye Clinic, 39th Avenue Campus - Outpatient Clinics.

Environmental Health Services

- Column I: SMMC provides environmental health services directly at the 39th Avenue Campus - Outpatient Clinics.

Occupational Therapy

- Column I: SMMC provides occupational therapy services directly at the 39th Avenue Campus - Outpatient Clinics.

Physical Therapy

- Column I: SMMC provides physical therapy services directly at the 39th Avenue Campus - Outpatient Clinics.

Nutrition

- Column I: SMMC provides nutrition services directly at the 39th Avenue Campus - Outpatient Clinics.

SPECIALTY SERVICES

HCH/FH is integrated with other components of the SMMC to assure that homeless and MSFW patients have access to consistent, comprehensive and coordinated care, including specialty care delivered through the Specialty Clinics on the main SMMC campus. Procedures and communication systems are in place to facilitate specialty care referrals and follow-up. EHR has functions to expedite referrals to specialty care and to facilitate communication between primary care providers and specialty providers.

Podiatry

- Column I: SMMC provides podiatry services directly at the Surgical Specialty Clinic, 39th Avenue Campus - Outpatient Clinics.

Psychiatry

- Column I: BHRS provides psychiatry services at its mental health clinics, and Integrated Behavioral Health offer some psychiatric service at Fair Oaks an Mental Health Primary Care. A psychiatrist also travels with the Public Health Mobile Health Van and street and field medicine team.

Ophthalmology

- Column I: SMMC provides ophthalmology services directly at the Surgical Specialty Clinic, 39th Avenue Campus - Outpatient Clinics.

Cardiology

- Column I: SMMC provides cardiology services directly at the Medical Specialty Clinic, 39th Avenue Campus - Outpatient Clinics.
- Column II: SMMC provides cardiology services through formal written agreement with Jacqueline Baras Shreibati, MD, to provide services at SMMC Hospital.

Dermatology

- Column I: SMMC provides dermatology services directly at the Surgical Specialty Clinic, 39th Avenue Campus - Outpatient Clinics.
- Column II: SMMC provides dermatology services through formal written agreement with Maurer Dermatology Associates to provide services at SMMC Hospital.

Gastroenterology

- Column I: SMMC provides gastroenterology services directly at the Medical Specialty Clinic, 39th Avenue Campus - Outpatient Clinics.

Other - Orthopedics

- Column I: SMMC provides orthopedic services directly at the Surgical Specialty Clinic, 39th Avenue Campus - Outpatient Clinics.

Other - Hepatology

- Column I: SMMC provides hepatology services directly at the Medical Specialty Clinic, 39th Avenue Campus - Outpatient Clinics.

Other - Neurology

- Column I: SMMC provides neurology services directly at the Medical Specialty Clinic, 39th Avenue Campus - Outpatient Clinics.

2) Describe how the proposed service delivery sites on Form 5B: Service Sites assure the availability and accessibility of services (consistent with Forms 5A: Services Provided) within the proposed service area relative to where the target population lives and works (e.g., areas immediately accessible to public housing for health centers targeting residents of public housing). Specifically address:

- Access barriers (e.g., distance or travel time for patients, physical geographic barriers, residential patterns, economic and social groupings).
- How the total number and type (e.g., fixed site, mobile van, school-based clinic), hours of operation, and location (e.g., proximity to public housing) of service delivery sites facilitate scheduling appointments and accessing services.

The service area, that covers San Mateo County, has an Unmet Need Score (UNS) of 24.46, giving it a Service Area UNS score of 5, on the scale of 0-20. Health indicator where the majority of ZCTAs scored below the 50th percentile is diabetes with ZCTA percentiles ranging from the 42nd down to 12th. Health indicators where the majority of the ZCTAs scored above the 50th percentile include housing stress and linguistic isolation.

HCH/FH SERVICE DELIVERY SITES

As stated, the HCH/FH network of care includes 21 fixed sites including one administration site, one mobile medical unit, and one dental mobile unit, and all with locations at and near places that homeless people and farmworkers frequent. (See Table 8 and *Att 1: Service Area Map*.) Nine sites are SMMC clinics and specialty clinics, including the mobile clinics; and four are County mental health sites, including one administrative site. Eight sites are contractor sites that support the program's extensive coverage of the service area and to expand access.

Table 8: HCH/FH Service Delivery Sites

Service Delivery Location Name/Address/Services	Clinic Hours	Site Type
South County Mental Health BPS- H80- 005388 802 Brewster Ave, Redwood City, CA 94063-1510 <i>Population Seen: Homeless children and adults.</i> <i>Services: Psychiatric emergency services; crisis intervention; case management and support.</i>	Monday - Friday: 8:00 am - 5:00 pm	Service Delivery Site, 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: Primary care; pediatrics; OB/GYN; vision; medical and surgical specialties; comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i>	Monday and Friday: 8:00 am - 5:00 pm Tuesday – Thursday: 8:00 am - 8:00 pm Saturday: 8:00 am - 2:00 pm <u>Innovative Care Clinic Hours:</u> Monday - Thursday: 8:00 am - 6:30 pm Friday: 8:00 am - 5:00 pm Saturday: 8:00 am - 2:00 pm	Service Delivery Site, Permanent, Full-Time
Central County Mental Health Ctr BPS- H80- 000785 1950 Alameda de las Pulgas, San Mateo, CA 94403	Monday - Friday: 8:00 am - 5:00 pm	Service Delivery Site,

Service Delivery Location Name/Address/Services	Clinic Hours	Site Type
<i>Population Seen: Homeless children and adults, dental emergencies, perinatal moms</i> <i>Services: Mental Health and Behavioral Health Rehabilitation Services</i>		Permanent, Full-Time
Sequoia Teen Wellness Center BPS- H80- 009159 200 James Ave, Redwood City, CA 94062-5123 <i>Population Seen: Homeless teens.</i> <i>Services: Primary Care; Mental Health and Behavioral Health Rehabilitation Services</i>	Monday - Friday: 8:30 am - 4:30 pm	Service Delivery Site, Permanent, Full-Time
North County Mental Health BPS- H80- 005206 375 89th St, Daly City, CA 94015- 1802 <i>Population Seen: Homeless children and adults.</i> <i>Services: Mental Health and Behavioral Health Rehabilitation Services</i>	Monday - Friday: 8:00 am – 5:00 pm	Service Delivery Site, Permanent, Full-Time
Edison Clinic BPS- H80- 004798 222 W 39th Ave, S-130, San Mateo, CA 94403-4364 <i>Population Seen: Homeless children and adults.</i> <i>Services: Primary Care</i>	Monday - Friday: 8:30 am - 4:30 pm Appointments are required <u>STD Drop-In Clinic:</u> Tuesday and Thursday: 4:00 pm - 7:00 pm	Service Delivery Site, Permanent, Full-Time
Ron Robinson Senior Care Center BPS- H80- 003064 222 W. 39TH Ave, S-131, San Mateo, CA 94403-4364 <i>Population Seen: Homeless adults.</i> <i>Services: Primary Care.</i>	Monday - Friday: 8:00 am - 5:00 pm	Service Delivery Site, Permanent, Full-Time
South San Francisco Clinic BPS- H80- 001373 306 Spruce Street, South San Francisco, CA 94080- 2741 <i>Population Seen: Homeless children and adults.</i> <i>Services: Primary Care; Mental Health and Behavioral Health Rehabilitation Services; Podiatry; Vision</i>	Monday - Friday: 8:00am - 5:00pm <u>Extended Pediatrics Hours:</u> Mondays, Wednesdays: 5:00pm - 8:00pm	Service Delivery Site, Permanent, Full-Time
Health Services Agency Mental Health Division BPS- H80- 001005 225 37th Ave Mental Health Services- 3rd Floor, San Mateo, CA 94403-4324 <i>Patients Seen: Homeless children and adults.</i> <i>Services: Mental Health and Behavioral Health Rehabilitation Services</i>	Monday, Friday: 8:00 am - 5:00 pm	Administrative Site, Permanent, Full-Time
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: Primary care for adults and children; Family planning; Women's health; Podiatry; Nutrition; Dental services; Mental health services; Sexually transmitted disease screening and therapy; Healthcare for patients with HIV; Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i>	<u>Medical Clinic Hours:</u> Monday - Friday: 8:00 am - 5:00 pm <u>Extended Pediatric Hours:</u> Monday: 5:00 pm - 9:00 pm <u>Dental Clinic Hours:</u> Monday - Friday: 8:30 am - 5:00 pm	Service Delivery Site, Permanent, Full-Time
Maple Street Shelter BPS-H80-002922 1580 A Maple Street, Redwood City, CA 94603-4364 <i>Population Seen: Homeless children and adults.</i> <i>Services: Emergency and Transitional Housing; Case Management; Job and Housing Search Assistance; Financial</i>	Monday: 4:00 pm - 6:00 pm Wednesday: 5:00 pm - 6 pm	Service Delivery Site, Permanent, Full-Time

Service Delivery Location Name/Address/Services	Clinic Hours	Site Type
<i>Literacy and Savings; Mental Health Support; Life Skills Education; Direct Client Assistance</i>		
Coastside Health Center (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: Primary care for adults and children; Family planning; Women's health; OB/GYN; Nutrition; Mental Health and Behavioral Health Rehabilitation Services; Sexually transmitted disease screening and therapy; WIC: Women, Infants and Children Program; RotaCare; Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i>	<u>Medical Clinic Hours:</u> Monday - Wednesday: 8:00 am - 5:00 pm Thursday: 8:00 am - 8:00 pm Friday: 8:00 am - 5:00 pm Saturday: 8:00 am - 4:00 pm <u>Dental Clinic Hours:</u> Monday - Wednesday: 8:00 am - 5:00 pm Thursday (2x/month): 8:00 am - 8:00 pm Friday: 8:00 am - 5:00 pm * The clinic is closed for lunch from 12:00 pm - 1:00pm	Service Delivery Site, Permanent, Full-Time
Coastside Mental Health BPS-H80-000552 225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019-8200 <i>Population Seen: Migrant farmworkers; homeless children and adults.</i> <i>Services: Mental Health and Behavioral Health Rehabilitation Services</i>	Monday - Wednesday: 8:00 am - 5:00 pm Thursday: 8:00 am - 8:00 pm Friday: 8:00 am - 5:00 pm Saturday: 8:00 am - 4:00 pm	Service Delivery Site, Permanent, Full-Time
Fair Oaks Health Center 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 less than 400% of the Federal poverty limit and be uninsured or underinsured. Additional services include Mental and Behavioral Health Rehabilitation Services; Vision; Podiatry; WIC: Women, Infants and Children Program.</i>	<u>Medical Clinic Hours:</u> Monday - Friday: 8:00 am - 7:00 pm Saturday (Pediatrics Only): 8:00 am - 5:00 pm <u>Dental Clinic Hours:</u> Monday - Thursday: 8:30 am - 7:00 pm Friday - Saturday: 8:00 am - 5:00 pm	Service Delivery Site, Permanent, Full-Time
Daly City Youth Health Center BPS-H80-022195 350 90th St., 3rd Floor, Daly City, CA 94015-1880 <i>Population Seen: Homeless teens.</i> <i>Services: Primary Care; Mental Health and Behavioral Health Rehabilitation Services</i>	Monday - Friday: 9:00 am - 5:30 pm	Service Delivery Site, Permanent, Full-Time
Mobile Health Clinic (Public Health Mobile Health Clinic) BPS- H80- 003782 225 37th Ave, San Mateo, CA 94403-4324 <i>Population Seen: Homeless children and adults.</i> <i>Services: Primary Care.</i>	See Schedule below in Table XX: Mobile Health Clinic Schedule.	Service Delivery Site, Permanent, Full-Time
Mobile Dental Van Site ID: BPS-H80-011967 222 W 39th Ave, San Mateo, CA 94403-4364 <i>Population Seen: Homeless children and adults, 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>	See Table XX: Mobile Dental Van Schedule.	Service Delivery Site, Permanent, Full-Time
South County Community Health Center (Dbas; Ravenswood Family Health Center) (Contractor) BPS-H80-005603 1885 Bay Rd., East Palo Alto, CA 94303-1611	Monday, Wednesday, Thursday: 8:00 am - 7:00 pm Tuesday: 9:30 am - 7:00 pm Friday: 8:00 am - 5:00 pm	Service Delivery Site, Permanent, Full-Time

Service Delivery Location Name/Address/Services	Clinic Hours	Site Type
<i>Homeless children and adults. Services: Primary care, family & adult medicine, pediatrics women's health, dental, counseling, optometry, pharmacy, lab, and imaging.</i>	Saturday: 8:00 am - 1:00 pm	
Ravenswood Family Dentistry (Contractor) Site ID: N/A 1798 Bay Rd., East Palo Alto, CA 94303-1611 <i>Population Seen: Homeless, pediatric patients needing general anesthesia Services: Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i>	Mon, Wed, Fri: 8:00 am - 5:00 pm 1st, 2nd, 3rd Tues: 9:00 am - 5:00 pm 4th Tues: 12:30 am - 5:00 pm Thurs: 10:00 am - 7:00 pm	Service Delivery Site, Permanent, Full-Time
Sonrisas Community Dental Center (Sonrisas Dental Health) (Contractor) Site ID: N/A 210 San Mateo Rd # 104, Half Moon Bay, CA 94019 <i>Patients: Migrant Farmworkers and homeless, pediatric patients Services: Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns. Oral surgery.</i>	Monday - Friday: 8:00 am - 5:00 pm	Service Delivery Site, Permanent, Full-Time

COUNTY-OPERATED SITES AND SERVICES

San Mateo Medical Center (SMMC) Clinics

SMMC clinics are located in low-income communities throughout the service area provide comprehensive primary care to homeless and farmworker patients. The Coastside Clinic operates a pilot primary care clinic for farmworkers one evening weekly at the Puente de la Costa Sur community center in Pescadero. Staffed by a physician, a nurse and a medical assistant, and funded through a special tax measure, the pilot's schedule is dependent upon need. Specialty Clinics on the main SMMC campus deliver indicated diagnostic and treatment services for patients referred by their primary care providers.

Mobile Health Clinic

The Mobile Health Clinic makes weekly visits to homeless shelters, a reentry service center and street locations in throughout the service area where homeless people congregate. A nurse practitioner provides twice weekly "black bag clinics" at a large shelter for single adults and a family shelter. Mobile services provide convenient, walk-in primary and preventive care, including:

- Urgent care: illness and injury treatment
- Primary care: treatment, health advice, referrals
- Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs
- Vaccinations: for adults, teens, children
- Adult school & work physicals: results in 48 hours
- Family planning: counseling, emergency contraception, prevention
- Referrals for mental health services
- Needle exchange

Table 9: SMMC Mobile Health Clinic Schedule

Day	Service Delivery locations/hours	Services Provided
Monday	Service Connect 550 Quarry Road, San Carlos 8:30 am - 3:00 pm	Services provided to formerly incarcerated individuals to bridge them into traditional Primary Care • Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services • Sick visits • AOD injections • Physicals • Medication refills
	South San Francisco Linden & Pine 10:00 am - 4:00 pm	• Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Vaccinations: for adults, teens, children • Adult school & work physicals: results in 48 hours • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services • Needle exchange
	Maple Street Shelter 1580 Maple Street, Redwood City 4:00 pm - 6:00 pm RN 3:30 pm - 7:30 pm NP	• Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services
Tuesday	Fair Oaks Community Center 2600 Middlefield Road Redwood City 9:00-1:00	• Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services • Sick visits • AOD injections • Physicals • Medication refills
	Fifth & Railroad Sts, San Mateo 10:00 am - 2:00 pm	• TB screening • RN sick visits • Nurse health Assessment for treatment programs.
	Safe Harbor Shelter 295 N. Access Road ,SSF 4:00-6:30p	• Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services • Sick visits • AOD injections • Physicals • Medication refills
	Pacifica Resource Center 1809 Palmetto Ave., Pacifica 2:00-4:00 pm	• RN sick visits • health assessments • BP screenings
	Serenity House 3701 Hacienda St, San	• TB screening • sick visits • RN health assessments

Day	Service Delivery locations/hours	Services Provided
	Mateo, CA 9:30 - 10:30 am	
Wednesday	5th & Spring Street , Redwood City 12:00-6:30p	<ul style="list-style-type: none"> • Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services • Sick visits • AOD injections • Physicals • Medication refills
	Foot Clinic Redwood City 2, 4 week; South San Francisco 1, 3 week 10:00 am - 2:00 pm	<ul style="list-style-type: none"> • RN sick visits • Foot care
	Maple Street Shelter 1580 Maple Street, Redwood City 5:00-6:00 pm	<ul style="list-style-type: none"> • TB screening • sick visits • RN health assessments
Thursday	Fifth & Railroad St, San Mateo 9:30-1:30pm	<ul style="list-style-type: none"> • Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services • Sick visits • AOD injections • Physicals • Medication refills
	Service Connect 550 Quarry Road, San Carlos 10:00 am - 2:00 pm	<p>Services provided to formerly incarcerated individuals to bridge them into traditional Primary Care</p> <ul style="list-style-type: none"> • Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services • Sick visits • AOD injections • Physicals • Medication refills
	Safe Harbor Shelter 295 N. Access Road, South San Francisco 4:00-6:30p	<ul style="list-style-type: none"> • Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services • Sick visits • AOD injections • Physicals • Medication refills
	Serenity House 3701 Hacienda St, San Mateo 11:30 am - 12:00 pm	<ul style="list-style-type: none"> • TB screening • sick visits • RN health assessments

Day	Service Delivery locations/hours	Services Provided
Friday	Tongan church, San Bruno 560 El Camino 10:00-2:00	<ul style="list-style-type: none"> • Urgent care: illness and injury treatment • Primary care: treatment, health advice, referrals • Screenings: blood pressure, sugar for diabetes, Tuberculosis, pregnancy, STDs • Family planning: counseling, emergency contraception, prevention • Referrals for mental health services • Sick visits • AOD injections • Physicals • Medication refills

SMMC Dental Mobile Unit

Purchased with ACA Capital Investment Program funds, the four-chair mobile dental clinic visits homeless shelter and service sites to provide comprehensive preventive, treatment and restorative oral health care. The Dental Van makes weekly visits to emergency and interim housing programs.

Table 10: SMMC Mobile Dental Van Schedule

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

Street and Field Medicine

The Street and Field Medicine (SFM) Program was started in January 2016 and provides high quality medical assessments and treatments, health screening and education, and appropriate Primary Care in the field where the homeless and farmworkers live and work throughout San Mateo County. The Program is provided through a MOU with SMMC and includes staffing of a 0.75 FTE Nurse Practitioner and an English/Spanish bilingual 1.0 FTE Medical Assistant, both of which are not included in *Form 2: Staffing Profile*.

The SFM Team works in close collaboration with multiple agencies, both within and outside the San Mateo County Health, to engage these individuals directly where they live and work, provide all medical services feasible in the field, link individuals to primary care and specialty care services, promote preventive medical care, provide health education, and reduce the need for emergency department and inpatient care.

Table 11: The Street and Field Medicine Program Schedule

Day	Service Delivery locations/hours	Services Provided
Monday	Central and southern parts of the county San Mateo, HMB, San Carlos, Belmont, RWC, Menlo Park 9:00 am – 1:00pm Serving- People experiencing homelessness	<ul style="list-style-type: none"> • Acute medical care • Chronic disease management • Linkage to brick and mortar primary care and specialty clinics • Screenings: blood pressure, sugar for diabetes, tuberculosis, pregnancy, STDs • Vaccinations for adults • Referrals for mental health services

		<ul style="list-style-type: none"> • Linkage to alcohol and drug treatment • Syringe exchange
Tuesday	<p>Central and southern parts of the county San Mateo, HMB, San Carlos, Belmont, RWC, Menlo Park 9:00 am – 1:00pm Serving- People experiencing homelessness</p>	<ul style="list-style-type: none"> • Acute medical care • Chronic disease management • Linkage to brick and mortar primary care and specialty clinics • Screenings: blood pressure, sugar for diabetes, tuberculosis, pregnancy, STDs • Vaccinations for adults • Psychiatry • Referrals for mental health services • Linkage to alcohol and drug treatment • Syringe exchange
Wednesday	<p>Central and south Coast of County 12:00pm – 8:00pm Serving- Farmworkers</p>	<ul style="list-style-type: none"> • Acute medical care • Chronic disease management • Women's Health (4th Wednesday of the month only) • Linkage to brick and mortar primary care and specialty clinics • Screenings: blood pressure, sugar for diabetes, tuberculosis, pregnancy, STDs • Vaccinations for adults • Referrals for mental health services • Linkage to alcohol and drug treatment • Syringe exchange
Thursday	<p>Northern part of County Burlingame, Millbrae, San Bruno, South San Francisco, Daly City, and Pacifica 9:00am – 1:00pm Serving- People experiencing homelessness</p>	<ul style="list-style-type: none"> • Acute medical care • Chronic disease management • Linkage to brick and mortar primary care and specialty clinics • Screenings: blood pressure, sugar for diabetes, tuberculosis, pregnancy, STDs • Vaccinations for adults • Psychiatry • Referrals for mental health services • Linkage to alcohol and drug treatment • Syringe exchange

Behavioral Health Team

This Behavioral Health and Recovery Services (BHRS) two-person case management team engages and assesses homeless consumers for mental health and substance abuse disorders, facilitates referrals to assure access to appropriate primary care and behavioral health (mental health and substance abuse) treatment, and follows up to promote ongoing participation in and compliance with treatment. The team is headquartered at the BHRS main office in San Mateo but delivers services at shelter locations and places homeless people congregate throughout the County. This service is provided through an MOU with Health Services Agency and staffing is not included in *Form 2: Staffing Profile*.

Inpatient and Emergency Department Discharge Team

San Mateo Medical Center (SMMC) Inpatient and Emergency Department Discharge Team, which is comprised of Social Workers and Case Managers – Conducting weekly case conferences to identify unsheltered street homeless individuals who are being or have recently been discharged from the SMMC Inpatient Service and SMMC Emergency Department.

Additionally, the Team Nurse Practitioner and Mobile Clinic Medical Director conduct inpatient consultations for unsheltered street homeless patients admitted to the SMMC Hospitalist Service. This service is provided through an MOU with SMMC and staffing is not included in *Form 2: Staffing Profile*.

CONTRACTOR SITES AND SERVICES

EI Centro

HCH/FH contracts with EI Centro to provide substance use treatment and health education to homeless patients and farmworker youth and adults.

LifeMoves

HCH/FH contracts with LifeMoves, the largest homeless service provider in the region, for care coordination services and eligibility assistance throughout the county to connect homeless people to health coverage and HCH/FH primary care, and to assist chronically homeless people to complete applications for SSI and SSDI benefits. In addition, LifeMoves' Homeless Outreach Team (HOT) provides engagement, eligibility, and enabling services to the unsheltered street homeless directly where they reside.

Puente de la Costa Sur

HCH/FH contracts with this community center located near farm operations on San Mateo County's south coast to provide engagement, eligibility, and enabling, and case management/care coordination services that educates farmworkers and their families to provide information on available health services, assist with enrollment in health coverage, and to help overcome scheduling, transportation, cultural and other barriers to care.

Ravenswood Family Health Center, Ravenswood Family Dentistry

HCH/FH contracts with South County Community Health Center, dba Ravenswood Family Health Center (RFHC) and Ravenswood Family Dentistry (RFD), to provide comprehensive primary care, including integrated behavioral health treatment, oral health services, and care coordination services for homeless people. The RFHC Homeless Health Navigator assists patients to access all needed health care and support services. The primary care contract with RFHC for primary care services delivered at their site is attached in Form 8: Health Center Agreements.

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 Health clinic, a service partially funded by HCH/FH.

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. The Sonrisas Registered Dental Hygienist in Alternative Practice (RDHAP) performs basic oral health observations and relays findings back to the Sonrisas Dental Director to determine the most appropriate treatment for the patient. The Field Hygienist provides cleaning, oral health maintenance information and supplies, and works with Puente case managers to coordinate referrals to the Sonrisas clinic in Half Moon Bay.

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.

StarVista

HCH/FH contracts with StarVista for outreach and engagement services that mental health, substance use services, including Medication Assisted Treatment (MAT), therapeutic and transportation services to homeless and farmworker adult and youth individuals throughout the County.

1) *Describe how you will educate patients on insurance, inform them of third-party coverage options available to them, and provide enrollment assistance.*

Enabling services that are integrated into primary care are a significant focus of the HFH/FH program, and as a direct result the majority of the program's contracts are with local agencies to provide targeted funding to individuals who are not participating in traditional health care delivery systems. The community- and shelter-based case managers and RFHC's Homeless Health Navigator provide a range of services based on each patient's needs to support patients to access primary care and follow treatment plans, including transportation assistance, motivational interventions, and linkages to community services and supports. The HCH/FH Providers Collaborative offers a forum for case managers and healthcare providers to communicate about strategies to meet the needs of individual patients and to plan systemwide communication and access improvements.

2) *Describe how you address continuity of care, including:*

a) *Hospital admitting privileges.*

All hospital admitting is completed through the Health System's Emergency Department, both during clinic hours and after hours. The inpatient unit utilizes hospitalist who manage the inpatient care. Within the Health System, there are three EHRs documenting care and they all communicate with each other and get data from each other routinely to assure that those in charge of all hospital patients have the most current PHI.

b) *Health center receipt, follow-up, and recording of medical information from non-health center providers/entities.*

c) *Health center staff follow-up for patients who are hospitalized or visit a hospital's emergency department.*

The HCH/FH Program is fortunate to be embedded into the County of San Mateo's Electronic Health Record, Connected Care, a Health Information Exchange (HIE) used for the electronic sharing of health-related information for patients and clients receiving services from San Mateo County Health, which includes SMMC. Connected Care manages the sharing of health-related information among electronic health record (EHR) systems within County Health through a secure, encrypted data exchange using standards developed specifically for healthcare and eliminating the need for faxing, copying and hand-carrying your health record from provider to provider.⁹⁴

Connected Care is utilized to access patient records of hospitalization and emergency department visits at SMMC to support clinic staff follow-up. SMMC's EHR and e-messaging system facilitate communication between out-patient physicians and hospitalists, track hospitalizations, and track patient utilization across systems. RFHC participates in the e-messaging system and receives messages on hospitalizations and discharge planning.

Medical Respite – HCH/FH has identified the need for follow up beyond their case management and primary care visits to assure that those who are hospitalized or visit a hospital are able to heal. In addition, the State of California passed a new law in July 2019, SB1152, that requires hospitals put more resources toward helping homeless patients during the discharge process. Specifically, hospital emergency departments and discharge planners are to support coordinating services and referrals for homeless patients with: county behavioral health agency, health care, and social service agencies in the region; and

⁹⁴ <https://www.smchealth.org/connectedcare>

nonprofit social services providers to assist with ensuring appropriate homeless patient discharge to support the homeless patients' need for transportation, clothing, meals, and medications.

Medical respite 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. Access to this type of care is an evolving need for San Mateo's homeless as the population ages and HCH/FH has joined with the Hospital Consortium of San Mateo County to further identify the need and to identify funding sources to support development and ongoing operations. Together with the Hospital Consortium, HCH/FH's Irene Pasma, Planning and Implementation Coordinator, conducted the 2019 San Mateo County Medical Respite Data Collection & Analysis to propose solutions to administrators of San Mateo County hospitals regarding homeless discharges for post-acute care. The analysis included five community meetings, four surveys with hospital discharge planners, interviews with key informant stakeholders, and technical assistance from the National Health Care for the Homeless Council.

The Analysis indicates that a comprehensive county-wide medical respite program would need to accommodate about 230 patients per year equating to 18 total beds, as medical respite accounts for 10-15% of total homeless discharge needs. The County's Medi-Cal provider, Health Plan of San Mateo, is committing to a 6-bed respite pilot but this will not meeting the entire need, nor does it currently have identified sustainable funding. Ongoing collaborative work with the Hospital Consortium of San Mateo County is planned to continue to address the need and possible options for securing the additional 10-12 beds includes: motel voucher program, partner with board and cares/assisted living and other care facilities, expand the Maple Street site, and expanding the current planned pilot.

5) *_ Describe how the sliding fee discount program (SFDP) policies apply uniformly to all patients and address the following:

a) Definitions of income and family.

HCH/FH's Co-Applicant Board (CAB) approved Sliding Fee Discount Program (SFDP) Policy define income "as the total sum of money that is currently typically becomes available, or is projected to typically become available, to the family on a monthly basis for use in their support and livelihood. Irregular income may be assessed on an annual basis and pro-rated as monthly."⁹⁵ The definition of family size is based on "those individuals who share a common residence, are related by blood, marriage, adoption, or otherwise present themselves as related, and share the costs and responsibilities of the support and livelihood of the group."⁹⁶ HCH/FH procedures recognize and account for the likelihood that some homeless and MSFW family members may temporarily find shelter apart from other family members.

b) Assessment of all patients for sliding fee discount eligibility based only on income and family size, including methods for making such assessments.

HCH/FH's SFDP Policy assures that all patients are assessed and re-assessed for income and family size and that "no patient will be denied health care services due to an individual's inability to pay for such services."⁹⁷

Patient registration procedures at all HCH/FH fixed and mobile sites include assessment and reassessment of all patients for eligibility for discounts based only on income and family size. Multilingual staff screen patients to determine their eligibility for health coverage programs and sliding fee scale discounts at every visit. All uninsured patients are referred to Certified Enrollment Counselors to determine eligibility and assist with applications for health coverage.

⁹⁵ San Mateo County HCH/FH Sliding Fee Discount Policy, page 1.

⁹⁶ Ibid

⁹⁷ Ibid

c) Manner in which the sliding fee discount schedule(s) (SFDS) is structured in order to ensure that patient charges are adjusted based on ability to pay (consistent with Attachment 10: Sliding Fee Discount Schedule).

The HCH/FH sliding fee discount schedule is structured to ensure that patient charges are adjusted based upon the ability of each patient to pay for services, and further that “no patient will be denied healthcare services due to an individual’s inability to pay for such services.” The CAB approved Sliding Fee Discount Program (SFDP) Policy states that the program will assure that “any fees or payments required by the center for such services will be reduced or waived to ensure the health center to fulfill the assurance.”

The SFDP Policy has defined income as “the total sum of money that is currently typically becomes available, or is projected to typically become available, to the family on a monthly basis for use in their support and livelihood. Irregular income may be assessed on an annual basis and pro-rated as monthly.” In addition, the Policy has defined household as “those individuals who share a common residence, are related by blood, marriage, adoption, or otherwise present themselves as related, and share the costs and responsibilities of the support and livelihood of the group.” In addition, the Policy states that the SFDP Schedule “includes the following elements:

- Applicability to all individuals and families with annual incomes at or below 200% of the Federal Poverty Guidelines (FPG);
- Full discount for individual and families with annual incomes at or below 100% of the FPG;
- Adjustment of fees (partial sliding fee discount) based on family size and income for individual and families with incomes above 100 and at or below 200% of the FPG; and
- No sliding fee discounts through the HCH/FH Sliding Fee Discount Program for individual and families with annual incomes above 200% of the FPG. These patients may be eligible for other state or locally funded discount programs. The eligibility until staff will assist these patients to identify and apply for all such program.”⁹⁸

To meet the above adjustment of fee, the HCH/FH SFD Schedule includes a full discount for individuals and families living at or below 100% of the FPG; and three discount pay classes (101% -138% FPG; 139%-160% FPG; and 161%-200% FPG) for individuals and families living above 101% of the FPG and below 200% FPG.

d) If you have a nominal charge for patients with incomes at or below 100 percent of the Federal Poverty Guidelines (FPG), whether the nominal charge: (1) is flat, (2) is set at a level that is nominal from the perspective of the patient, and (3) does not reflect the actual cost of the service being provided. State if you do not have nominal charges.

HCH/FH does not apply a nominal charge for services to ensure services are accessible to low income people experiencing homelessness and MSFW.

6) Describe how the number of unduplicated patients projected to be served in calendar year 2021, as documented on Form 1A: General Information Worksheet, was determined, including how that determination took into consideration recent or potential changes in the local health care landscape, organizational structure, and/or workforce.

HCH/FH projects that 6,640 homeless and farmworker individuals will receive healthcare services in calendar year 2021, either by a San Mateo County Health service provider or a contracted provider. The patients projected to be served was determined by reviewing historical access rates for the homeless and farmworker populations, particularly more recent years. In addition, available information on the size of the target populations was reviewed, along with internal data that shows the success rates for outreach and engagement through our contract providers of enabling services.

⁹⁸ San Mateo County HCH/FH Sliding Fee Discount Policy, page 3.

The HCH/FH clinical staffing pattern provides adequate staffing to deliver care for the projected number of patients, including the large number of complex patients and patients who have lacked access to care for long periods. As detailed on Form 2, our system-wide medical team includes 8.96 FTE providers that are split between physicians (6.4 FTE) and mid-level practitioners (2.56 FTE). Other medical staff consist of 4.26 FTE RNs and 6.0 FTE Clinical Support Staff who support provider panels of physicians and mid-levels. An Optometrist (0.20 FTE), Ophthalmologist (0.10 FTE) also provide vision services to HCH/FH patients.

Furthermore, HCH/FH contractors provide additional enabling services that connect difficult to reach homeless and farmworker individuals throughout the County to SMMC and SMCH services. These enabling services include outreach, health education, care coordination, eligibility assistance, and screening and navigation assistance. HCH/FH engages with contracted providers on a regular basis through site visits, quarterly reports, and quarterly Provider Collaborative meetings to understand the current needs of the target populations as well as challenges and opportunities to meeting those needs. These conversations and information are used to tailor contracted services for the following year(s).

- 7) *New or competing supplement applicants only: Describe plans to minimize disruption for patients (as noted in the SAAT) that may result from transition of the award to a new recipient.*
Not applicable.

COLLABORATION

- 1) **_*** Describe efforts to collaborate with other providers or programs in the service area (consistent with Attachment 1: Service Area Map and Table), including local hospitals, specialty providers, and social service organizations (including those that serve special populations) to provide access to services not available through the health center, to support:
- Continuity of care across community providers.**
 - Access to other health or community services that impact the patient population.**
 - A reduction in the non-urgent use of hospital emergency departments.**

As indicated in the Response narrative, the HCH/FH Program is embedded within San Mateo Medical Center (SMMC), the San Mateo County Health operated hospital. The HCH/FH program's capacity to collaborate with the homeless and MSFW target populations with SMMC primary care and specialty clinics, and the full spectrum of County social services are an integral part of the HCH/HF program that is documented through the HCH/FH health center staffing and the program memorandum of understandings for a full-range of support services.

The HCH/FH Program also collaborates with many community-based providers and programs located throughout the County and has strong working relationships with all the homeless service providers and community organizations serving farmworkers in the service area. Enabling services are integrated into primary care and are a significant focus of the HCH/FH program's contracts as they provide targeted funding to individuals who do not actively participate in a standard health care delivery system.

Current core service providers that are an integral part of the HCH/FH program and support continuity of care across community providers, access to other health or community services that impact the patient population, and a reduction in the non-urgent use of hospital emergency departments include the following:

- El Centro – HCH/FH contracts with El Centro for substance use treatment outreach and health education for both homeless and farmworker individuals.
- LifeMoves – HCH/FH contracts with LifeMoves for care coordination services and eligibility assistance; to assist chronically homeless people to complete applications for SSI and SSDI

benefits; and to provide engagement, eligibility, and enabling services to the unsheltered street homeless directly where they reside through the LifeMoves' Homeless Outreach Team (HOT)

- Puente de la Costa Sur – HCH/FH contracts with Puente to provide engagement, eligibility and enabling, and case management/care coordination services to farmworkers and their families that provides information on available health services, assists with enrollment in health coverage, and helps overcome scheduling, transportation, cultural and other barriers to care.
- Ravenswood Family Health Center, Ravenswood Family Dentistry – HCH/FH contracts with South County Community Health Center, dba Ravenswood Family Health Center (RFHC) and Ravenswood Family Dentistry (RFD), to provide comprehensive primary care, including integrated behavioral health treatment, oral health services, and care coordination services for homeless people. In addition, the RFHC Homeless Health Navigator assists patients to access all needed health care and support services. The primary care contract with RFHC for primary care services delivered at their site is attached in Form 8: Health Center Agreements.
- Samaritan House – HCH/FH contracts with Samaritan House for a full range of enabling services to homeless individuals at Safe Harbor that is 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.
- Sonrisas Community Dental Clinic – HCH/FH contracts with Sonrisas to provide oral health services to MSFW and their family members at Puente including 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, including for more specialized care.
- StarVista – HCH/FH contracts with StarVista for mental health, HCH required substance use disorder, and transportation services to homeless throughout the County.

2) ***Describe and document in Attachment 9: Collaboration Documentation efforts to coordinate and integrate your activities with other federally-funded, as well as state and local health services delivery projects and programs serving similar patient populations in the service area (consistent with Attachment 1: Service Area Map and Table) (at a minimum, this would include establishing and maintaining relationships with other Health Center Program award recipients and look-alikes).***

If you do not provide documentation of collaboration with one or more of the Health Center Program award recipients and look-alikes in Attachment 9: Collaboration Documentation, explain why and provide documentation of the request.

HEALTH CENTER AWARD RECIPIENTS

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

HCH/FH contracts with Ravenswood Family Health Center (RFHC) to provide integrated primary health care, 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.

A letter of collaboration is included in *Attachment 9: Collaboration Documentation*.

Gardner Family Health Network, Inc. (Gardner Packard Children's Health Center)

S makes referrals for specialized pediatric care to the Gardner Packard Children's Health Center in South San Mateo County. Gardner Family Health Network is a CHC/HCH program based in neighboring Santa Clara County.

A letter of collaboration is included in *Attachment 9: Collaboration Documentation*.

STATE AND LOCAL HEALTH SERVICES DELIVERY PROJECTS AND PROGRAMS

LifeMoves

As described in Question #1, HCH/FH contracts with LifeMoves for care coordination services and eligibility assistance.

A letter of collaboration is included in *Attachment 9: Collaboration Documentation*.

Puente de la Costa Sur

As described in Question #1, HCH/FH contracts with Puente to provide engagement, eligibility and enabling, and case management/care coordination services to farmworkers and their families.

A letter of collaboration is included in *Attachment 9: Collaboration Documentation*.

Samaritan House

As described in Question #1, HCH/FH contracts with Samaritan House for a full range of enabling services to homeless individuals at Safe Harbor that is centered on health care coordination and patient education.

A letter of collaboration is included in *Attachment 9: Collaboration Documentation*.

Sonrisas Community Dental Clinic

As described in Question #1, HCH/FH contracts with Sonrisas to provide oral health services to MSFW and their family members at Puente including preventive and restorative dental services.

A letter of collaboration is included in *Attachment 9: Collaboration Documentation*.

StarVista

As described in Question #1, HCH/FH contracts with StarVista for mental health, HCH required substance use disorder, and transportation services to homeless throughout the County.

A letter of collaboration is included in *Attachment 9: Collaboration Documentation*.

Center on Homelessness Continuum of Care

The San Mateo County's Human Services Agency- Center on Homelessness coordinates homeless services throughout San Mateo County, directs individuals and families to HCH/FH, provides data to inform HCH/FH planning, and is HCH/FH's forum for participating in implementation of the Housing Our People Effectively (HOPE) Strategic plan to address the core causes of homelessness in San Mateo County. HCH/FH provides health services for chronically homeless people identified by Homeless Outreach Teams (HOTs), a collaboration homeless service providers, local law enforcement, merchants, and community stakeholders to serve chronically homeless individuals, with the goal of helping them move off of the streets and into supportive housing programs. The collaboration results in reducing taxpayer expenses on medical and law enforcement services consumed by chronically homeless individuals. San Mateo County's Continuum of Care is hosted by the Center on Homelessness and provides network

opportunities for organizations that provide services to homeless individuals/families throughout San Mateo County. HCH/FH staff attend and participate in the Continuum of Care meetings.

A letter of collaboration is included in *Attachment 9: Collaboration Documentation*.

Hospital Consortium of San Mateo County

HCH/FH has joined with the Hospital Consortium of San Mateo County to further the expansion of available medical respite beds for homeless individuals as San Mateo County, unlike its neighboring counties such as Santa Clara and San Francisco, does not have a medical respite program. HCH/FH completed the 2019 San Mateo County Medical Respite Data Collection & Analysis that indicates San Mateo County needs about 16-18 medical respite beds to meet the transitional health care needs of the San Mateo County homeless population. The County's Medi-Cal provider, Health Plan of San Mateo, is committing to a 6-bed respite pilot but this will not meeting the entire need, nor does it currently have identified sustainable funding. HCH/FH and the Hospital Consortium are identifying options to fill the remaining 10-12 bed gap by bringing together community partners, identifying potential facilities, and compiling budgets.

A letter of collaboration is included in *Attachment 9: Collaboration Documentation*.

3) Describe your efforts to collaborate and ensure that health center services are coordinated with, and complement, any services provided by each of the following entities that provide services in the area:

a) Critical Access Hospitals.

There are no critical access hospitals located in the service area.

b) Rural Health Clinics.

There are no rural health clinics located in the service area.

c) Health Departments.

HCH/FH is a program of San Mateo County Health, which includes the local public health department and San Mateo Medical Center (SMMC), under which the HCH/FH operates. Key collaborations between HCH/FH and San Mateo County Health include the following:

- San Mateo County Behavioral Health and Recovery Services (BHRS) provides services for children, youth, families, adults and seniors for the prevention, intervention, and treatment of mental illness and substance abuse. HCH/FH contracts with BHRS to deliver care coordination/case management to homeless individuals or those who are in danger of becoming homeless and connect them with behavioral health treatment.
- Public Health, Policy and Planning (PHPP) prevents the spread of communicable diseases, delivers targeted health care services, provides public health laboratory testing and builds community that make it easy to stay health. HCH/FH contracts with PHPP to provide mobile primary care services to homeless individuals and homeless individuals who were formerly incarcerated. In addition, PHPP delivers primary care services in the field to both street homeless individuals and farmworkers and provides appropriate referrals to primary care services for those who have not established primary care providers.
- The Health Coverage Unit supports enrollment of homeless people and MSFW in health coverage and with the SMMC Resources Management Department, which is involved in discharge planning for SMMC hospital patients. HCH/FH staff works with Resource Management staff on enforcing legislation affecting our homeless population such as SB1152 on Hospital Patient discharge.
- HCH/FH works closely with the Health Plan of San Mateo (HPSM), the county-organized, local non-profit health care plan that offers health coverage and a provider network to San Mateo

County's underserved population and is responsible for administration of Medi-Cal. The HCH/FH actively communicates with staff from HPSM's CareAdvantage program, which coordinates care for Medi-Cal/Medicare beneficiaries, including homeless people with disabilities, to facilitate seamless services.

d) Home Visiting Programs.

SMMC coordinates referrals of pregnant women to the San Mateo County Health System: Prenatal-to-Three Initiative (Pre-to-Three) home visitation program designed to facilitate early identification and treatment of potential health and developmental problems, improve access to the health care system, and build parenting skills and confidence. Services include comprehensive alcohol and drug assessment, motivational counseling, full pre-treatment services, referrals and linkages to treatment programs, prenatal/pediatric care, medical services, childcare, and WIC program.⁹⁹

The Prenatal-to-Three Program is a collaboration of agencies and individuals working to provide information, support, and care for families of pregnant women and children to age five who receive Medi-Cal services in San Mateo County and works to building parenting skills and confidence, facilitating early identification and treatment of potential problems, and improving access to the health care system.

e) State and Local Tuberculosis Programs.

SMMC coordinates referrals of those with Tuberculosis (TB) to the San Mateo County's Tuberculosis (TB) Control Program to access TB treatment and control activities. The TB Program provides evaluation, treatment, and case management services for County residents with active tuberculosis or latent tuberculosis infection.

TB Free California: San Mateo County has joined with 12 other health departments to support the TB Free California initiative. The California Tuberculosis Control Branch's (TBCB) TB Free California initiative is a partnership among the California Department of Public Health (CDPH) and community clinics and health departments throughout California that is committed to reducing the burden of TB in California by partnering with organizations to increase awareness, testing and treatment, particularly for communities who are at high risk of developing TB.¹⁰⁰

f) Clinics supported by the Indian Health Service.

There are no clinics supported by the Indian Health Service located in the service area.

EVALUATIVE MEASURES

1) Describe how the health center's QI/QA program addresses:

a) Adherence to current clinical guidelines and standards of care in the provision of services.

The HCH/FH Program's QI/QA Committee provides oversight in adherence to current clinical guidelines and standards of care in the provision of services as well, by monitoring San Mateo Medical Center (SMMC) applied practice guidelines and clinical standards for adult, older adult and pediatric health maintenance and for treatment of conditions that disparately affect HCH/FH patients, as well as staying up-to-date in new clinical standards specifically applicable to homeless and farmworker patients. The Medical Director and medical staff have adopted clinical practice guidelines from professional associations and standards bearers and have trained the clinical teams on these protocols. Our primary care clinics have implemented standard workflows which allow medical assistants and clinical support staff to take action and provide services allowable by their certification or license.

⁹⁹ San Mateo County Health, Behavioral Health & Recovery Services.

http://sanmateo.networkofcare.org/mh/services/agency.aspx?pid=SanMateoCountyHealthSystemPrenataltoThreeInitiative_69_2_0

¹⁰⁰ San Mateo County Health. <https://www.smchealth.org/tbproviderinfo>

The health center's QI/QA programs aim to ensure that standards of care are met, as well as identify areas of clinical care and service needing further attention and focus. For example, primary care providers follow clinical guidelines set forth for diabetic care through the American Diabetes Association. Metrics evaluate processes, such as A1c testing events, as well as clinical outcomes, such as A1c levels. If a significant number of our patients have not had an A1c test within the recommended timeframe, our QI/QA Committee makes recommendations to the clinic management on standards of care, or perhaps use of the EHR alert system to ensure that opportunities to provide the service are not missed. As for clinical outcomes, if a significant portion of our patients have a high level A1c, the QI/QA Committee makes recommendations on the use of the care managers to provide patient education and support for self-care.

b) Identification and analysis of patient safety and adverse events, including implementation of follow-up actions, as necessary.

The SMMC Integrated Patient Safety Program (IPSP) identifies and improves systems of care that either cause harm or have the potential to cause harm through adverse event reporting, individual and aggregated analysis, process redesign with an emphasis on preventing event recurrence, and performance measurement. The IPSP is implemented and coordinated by the SMMC Patient Safety Committee (PSC), a standing administrative and medical staff committee that reports to the SMMC Quality Improvement Committee (QIC), and the SMMC Quality Management (QM) Department. The PSC has multidisciplinary representation and calls on disciplines as needed, to address safety concerns or requirements for the organization. Organizational oversight of the IPSP begins at QIC, a joint administrative and Medical Staff committee that reports to the Medical Executive Committee (MEC) and the SMMC Board of Directors.

QIC, through multi-disciplinary representation, regular meetings, and reports on patient safety activities, coordinates efforts in each discipline to participate in event reporting, development of policies and procedures, root cause analyses, sentinel event alert work groups, and Failure Mode Effect Analysis (FMEAs). QIC and PSC activities are a regular part of medical staff departmental meetings, and both committees present their activities to MEC and the SMMC Board of Directors. Patient safety activities are published in the SMMC communication systems.

For all instances in which there is reason to believe that a patient has been involved in an incident that has either harmed or has the potential to cause harm to the individual, a factual description of the incident will be reported on SMMC's on-line Safety Alert Form Employees, SAFE, report. This report is confidential and privileged information pursuant to section 1157 of the California Evidence Code and addresses facts only; opinions about why the incident occurred and who is at fault is not be expressed in the report. Employees refrain from discussing any reported event with other employees, patients, visitors, or others inside/outside of the hospital. If a computer is not available, or if the staff prefers, an incident can also be reported by a telephone or e-mail message to the QM Manager or Director. These notices are recorded and entered as SAFEs by QM.

Manager or designee for each department or service is responsible to review and resolve the issues identified on all SAFE reports for their area(s). SAFE reports should be resolved as soon as possible after notification of SAFE report initiation. Managers or designees share outcome information with staff. This is done by response to the staff person who generated the SAFE report or in department huddles/meetings.

Clinic-level adverse events are shared at staff meetings and trainings implemented as needed to raise awareness of specific issues and prevent recurrence.

c) Assessment of patient satisfaction.

SMMC places a high value on delivering excellent service that is responsive to individual patient care needs. The HCH/FH QI/QA Committee conducts a program-specific patient satisfaction survey which covers access, quality of care, communications, and cultural competence of services. The survey is

conducted at multiple service locations- medical clinic, dental clinic, behavioral health clinic, care coordination/enabling services—with patients completing the survey immediately after the clinical visit. The survey data are reviewed by the QI/QA Committee, and areas of concern are reviewed with the appropriate department manager for suggested actions for improvement in patient experience.

Additionally, the HCH/FH Program has recently established a homeless patient advisory group to gain direct feedback about service quality and access to inform programmatic decisions, Quality Committee activities, and the Co-Applicant Board (CAB).

SMMC has a process for responding to patient complaints and grievances regarding care and services received through SMMC. The SMMC Board of Directors delegates the oversight of this policy to the health center's Grievance Committee, allowing the Committee to address complaints and grievances on its behalf, while keeping the Board appropriately advised. Information obtained through patient satisfaction surveys, such as negative comments, does not usually meet the definition of a grievance. If, however, an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a grievance. All issues are to be resolved at the level closest to the point of concern. The first step to resolution is at the point of contact. Any employee who receives a complaint from a patient/representative shall immediately attempt to resolve the complaint within that employee's role and authority. If a grievance is submitted verbally after the patient has left the site, the staff receiving the grievance should inform their supervisor of this occurrence and complete the Patient Concern Form. If the grievance is submitted in written format, a Patient Concern Form should also be completed (unless the written submission is on a Patient Concern Form). In either case, a copy of the completed form should be sent to the Patient Advocate. All grievances should be resolved within seven days.

The SMMC Patient Advocate tracks and monitors resolution of patient complaints. Each month, the HCH/FH Program receives a spreadsheet of all patients' complaints, with an indicator of Homeless or FW. The Clinical Services Coordinator checks each patient on the list to confirm their homeless/FW status, and ensures the complaint has been resolved.

d) Completion of QI/QA assessments using data from patient records to inform modifications to the provision of services.

The QI/QA Committee is composed of SMMC administrative staff, and SMMC primary care providers, and contracted agency service providers. The creation of the Clinical Services Coordinator position has allowed the HCH/FH Program to expand its ability to analyze clinical quality measures of focus, which are selected by the committee during the development of the QI Annual Plan. Committee meetings are held every other month, with clinical data on a variety of selected measures updated quarterly. The Medical Director, Clinical Services Coordinator, and Committee review clinical data and determine action items as necessary to be carried out by the HCH/FH Program staff. Committee meeting minutes and data are reported to the CAB monthly, and the Board's feedback is provided at each Committee meeting.

Reports on administrative and clinical data are provided by the Business Intelligence Team at SMMC, which is pulled from eClinicalWorks, the health center's EHR, and OAS Gold, patient registration software. The Clinical Services Coordinator works closely with SMMC Population Health, Epidemiology, and the PRIME/QIP program managers for additional data analysis. Supplemental chart reviews are performed as needed, particularly when the Committee wants to understand social risk factors which are documented as non-discrete data.

The data is reviewed by the HCH/FH QI/QA Committee. When areas of concern are identified, process improvement teams are established to understand which workflow variations might be impacting the metric results. Modifications to workflows are then deployed to drive improvements in the process, and in time, the clinical outcomes also improve. For example, when reviewing "fails" for the HRSA diabetes clinical quality measure, HbA1c > 9% or missed test, the QI/QA Committee noted that many missed test

opportunities occurred at the mobile clinic. Upon further investigation, the committee determined that point-of-care A1c testing would provide in-visit results and remove the additional patient burden of having to visit a lab for testing. The HCH/FH Program funded the purchase of the machine and supported the process of validating the procedure.

e) Oversight of and decision-making regarding the provision of services by key management staff and the governing board.

Quarterly reports of performance improvement activities are provided to the HCH/FH CAB, with annual reports provided to the SMMC Board of Directors. In addition, several managers regularly attend bimonthly meetings including the Population Health Analytics Manager, Patient-Centered Medical Home Manager, Quality Assurance Manager, Mobile Clinic/Street Medicine Manager, and the Patient Experience Manager. Recommendations and actions involving SMMC clinics will be communicated by the HCH/FH QI Committee to the SMMC Quality Improvement Committee, which the HCH/FH Medical Director manages, and Primary Care Quality Improvement Group, which is closely partnered with Population Health, as appropriate. For example, the HCH/FH Clinical Services Coordinator developed a report using 2018 UDS data and stratified aggregate patient information by clinic location and population type. This data was reviewed by the HCH/FH QI/QA Committee with recommended areas of follow-up documented.

2) Describe how your electronic health record (EHR) system will:

a) Protect the confidentiality of patient information and safeguard it, consistent with federal and state requirements.

The San Mateo County Health (SMCH) Cybersecurity Program defends the organization from computer-related threats and protects critical assets such as clients, workforce, business partners, services, applications and data. This program aims to achieve compliance with federal, state, and local laws such as HIPAA, Medical Information Confidentiality (CA Civil Code sections 56-56.37), Data Breach Notice (CA Civil Code sections 1798.29 and 1798.82) and Health Facilities Data Breach (CA Health and Safety Code section 1280.15). The County requires that all IT equipment and data storage media used to access, store or transmit personal, sensitive or confidential information must consistently employ full disk encryption or file encryption.

This program includes role-based assignment of access to IT systems, training for staff on HIPAA privacy and security, and minimum necessary provision. Passwords are changed every 60 days. The system is programmed to disallow access for a minimum of two hours if three erroneous passwords are entered. The health center's Chief Information Officer is responsible for implementing security policy, issuing security alerts, documenting security incidents, and reporting to executive management on the state of information security.

b) Facilitate the monitoring of program performance and improvement of patient outcomes.

Since 2009, the HCH/FH program has used eClinicalWorks, which is an ONC-HIT certified electronic health record system. Implementation of the EHR system has been instrumental in standardizing clinical documentation and providing trended data for quality improvement review and action. The EHR system contains embedded alerts which provide visual cues to staff when specific services are due/overdue. For example, if a patient has not had a flu shot, the EHR will show a RED alert that this is now due. Such alerts help staff proactively identify needed services and avoid missed opportunities which have a negative impact on performance and patient outcomes. Outpatient clinics also rely on "in-reach lists" generated by the EHR, which are used by Medical Assistants who need to notify patients to come in for various labs prior to their visit with a primary care provider.

c) *Track social risk factors that impact patient and population health.*

Social risk factors are documented as non-discrete data in the EHR. Currently, we track the following social determinants of health in our EHR: homeless status, health insurance status, employment status, education, race and ethnicity, language preference, county of origin, sexual orientation, gender identity, history of incarceration, living situation, history of intimate partner violence, and income. Using this data, we perform multiple analyses, particularly through GIS and patient zip codes, to determine if there are geographic areas of health or income disparities. In addition, we compare patients defined by these SDOH parameters, versus the general safety net population, to determine if statistically significant health disparities exist.

When looking at clinical quality measures of focus, the Medical Director and Clinical Services Coordinator also perform chart reviews to understand social risk factors that may be restricting or contributing factors in outcomes (for those parameters not captured in discrete data fields). This information is brought to the QI/QA Committee and considered when determining course of action.

Using the homeless identifiers, we have created a registry of homeless patients and can evaluate health status for these patients based on diagnostic criteria, no-show events, and medication adherence.

3) Describe how you will focus efforts on the following HRSA clinical priorities to improve the health status of the patient population and achieve goals cited in the Clinical Performance Measures Form, as applicable:

a) *Diabetes.*

As part of a HRSA site visit in July of 2018, the HCH/FH Program developed a diabetes action plan that evaluates:

- a. the efficacy of point-of-care A1c testing on the mobile clinic instituted in early 2018,
- b. development of a protocol for outreach to known diabetic patients who have not had an A1c test performed in the last 12 months, and
- c. development of a protocol for providers to create referrals to dental care when a patient's A1c is above 9%.

Point-of-Care A1c testing was initiated in early 2018. Establishing a baseline as first test at the mobile clinic, only 10% of patients had had an A1c test performed in the past 12 months, and 56% of patients with a follow-up A1c test had an improved result. Part of the success has been attributed to the ability of the provider to manage diabetes medication during the visit. The HCH/FH program has been working closely with various clinic departments to understand current protocol for outreach and referrals, and will use this information to inform protocol development for the homeless population

The HCH/FH Program is also hosting a training, "Complex Diabetes Management – Novel Strategies in Non-Adherent/Homeless Patients" that will be conducted in August 2019 by a clinical pharmacologist from Santa Clara Valley Medical Center. This training will help providers think creatively about medication for homeless and farmworker patients by considering the patient needs and access to resources such as regular food sources, refrigeration, and more. Lastly, one of the SMMC satellite clinics is piloting a diabetes care management program which will assign patients with uncontrolled diabetes to care managers. The nurse care managers will provide education, additional medication assistance, and work with patients to collaboratively develop individualized treatment and self-care plans.

b) *Substance Use Disorder and the Opioid Crisis.*

The HCH/FH Program has recently contracted with two community organizations to provide brief therapeutic services, care coordination, outreach, education, and care navigation for alcohol and other drug (AOD) services, including referral to appropriate substance use or mental health services. In late 2018, the program contracted with John Snow, Inc (JSI), a consulting firm, to perform a substance use needs assessment for San Mateo County, to understand greatest gaps in care and barriers in service delivery.

This needs assessment also provided information for the development of substance use disorder (SUD) patient education materials to help patients navigate services and access harm reduction resources on their own. The materials use colorful graphics and language accessible by low literacy populations. The Behavioral Health and Recovery Services Integrated Medication Assisted Treatment Team continues to be an invaluable resource in the county, offering outreach and engagement, psycho-education around MAT, and linkages to services across the system. They provide case managers in the emergency department almost around the clock, and care coordination for complex clients. Roughly half of all AOD referrals to the IMAT team have come from the SMMC emergency department (ED), followed by the Sobering Center and SMMC Psychiatric Emergency Services (PES).

The HCH/FH Program has recently been granted Integrated Behavioral Health Services expanded services funding from HRSA to include the investigation of telehealth and for integrated behavioral health for the Street and Field Medicine team, which would target homeless and farmworkers who may not yet be engaged at brick and mortar clinics and provide additional brief therapeutic services and expanded outreach for substance use and mental health services. Lastly, SMCH is beginning to implement trauma-informed care for management and staff to establish a holistic system of care. Trauma-informed systems and services consider knowledge about trauma—its impact, interpersonal dynamics, and paths to recovery—and incorporate this knowledge thoroughly in all aspects of service delivery, which is integral for successful substance use disorder services.

RESOURCES/CAPABILITIES

1) Describe your organizational structure, including how any subrecipients/contractors will assist in carrying out the proposed project (consistent with Attachments 2: Bylaws and 3: Project Organizational Chart, and, as applicable, Attachments 6: Co-Applicant Agreement and 7: Summary of Contracts and Agreements). Also specify whether your organization is part of a parent, affiliate, or subsidiary organization (consistent with Form 8: Health Center Agreements).

The County of San Mateo, a public entity and political subdivision of the State of California, serves as a co-applicant with the San Mateo County Health Care for the Homeless & Farm Worker Health Program Co-Applicant Board (CAB) through the San Mateo County Ordinance Code No. 04670 and provides services through the county's network of FQHC clinics and contracted service providers. Within the County, San Mateo Medical Center (SMMC) houses the program within San Mateo County Health (SMCH) which reports directly to the San Mateo County Board of Supervisors.

The Co-Applicant Agreement, *Attachment 6*, and the CAB Bylaws, *Attachment 2*, provide for oversight of the program by the CAB and support the contracting of services with community-based providers. 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. SMCH and SMMC clinics make up the HCH/FH network of front-line mobile and fixed-sites, along with community-based contracted providers, that engage and serve 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 primary care 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.

The Co-Applicant Board exercises all programmatic and policy setting authority for the program, except that the County Board of Supervisors and SMMC Board of Directors, as appropriate, maintain the sole authority to set policy on fiscal and personnel matters pertaining to all County facilities and programs.

As stated in the CAB Bylaws, *Attachment 2*, and the Co-Applicant agreement, *Attachment 6*, and depicted in the organizational chart, *Attachment 3*, the CAB and the San Mateo County Board of Supervisors set policies and establishes priorities for HCH/FH and delegates responsibility to manage program implementation to the Director.

As summarized in *Attachment 7*, HCH/FH has service agreements for primary care, diagnostic laboratory and radiology, coverage for emergencies after-hours, voluntary family planning, immunizations, well child services, OB/GYN, preventative and additional dental services, pharmacy, substance use disorder services, mental health, case management, eligibility assistance, health education, outreach, transportation, and translation. In addition, HCH/FH has service agreements for specialty services including cardiology and dermatology. All contracted services remain under the HCH/FH program administration and all contracts state the time period during which the agreement is in effect, the specific services covered, special conditions under which the services are provided, and the terms for billing and payment.

The HCH/FH Agreement Policy, approved by the Co-Applicant Board, provides for the monitoring and evaluation for all executed contracts to identify and approve, as appropriate and necessary, agreements with other entities for the procurement of services, equipment, staff, supplies or other items to ensure accessible, high-quality services and cost-efficient and effective program operations. These include, at a minimum:

- On a quarterly basis staff reports to the Board on contractor utilization, cost and quality;
- As indicated by invoices and/or reported data, staff confers/negotiates with contractors to achieve performance goals and ensure data accuracy and integrity;
- On at least an annual basis, staff conducts an on-site visit to each contractor to determine compliance with contract terms and validate invoice and data reporting. Staff confirms compliance with Section 330 (g) & (h) requirements; and
- Results of site visits are reported to the Co-Applicant Board. If the Board determines additional action is required, the Board shall direct program staff to take such action.

The HCH/FH Program does not have parent, affiliate, or subrecipient arrangements. As outlined above, the HCH/FH program has systems in place to provide reasonable assurances that the contracted agencies comply with, and will continue to comply with, all statutory and regulatory requirements.

2) Describe the following related to the staffing plan (consistent with Form 2: Staffing Profile):

- a) How it ensures that clinical staff, contracts, and/or formal referral arrangements with other providers/provider organizations, will carry out all required and additional services (consistent with Form 5A: Services Provided and Attachment 12: Operational Plan).***
- b) How the size, demographics, and health care needs of the service area/patient population were considered when determining the number and mix of clinical support staff.***

The HCH/FH clinical staffing pattern as detailed in *Form 2* only provides staffing for the SMMC clinic locations and does not include the MOUs for HCH/FH services in place within the County. SMMC's medical team includes 5.5 FTE primary care providers that are split between physicians (3.0 FTE) and mid-level practitioners (2.5 FTE); and behavioral health staff includes 1.0 FTE psychiatrists and 0.9 FTE Licensed Clinical Psychologist.

Contracted services, as listed in the Response Section, support service delivery to a designated number of patients and do not include staff FTEs.

The range and depth of services provided by HCH/FH includes all required primary, preventive,

enabling health services, and additional health services as determined necessary by the San Mateo County Board of Supervisors and the Co-Applicant Board through its assessment of the needs of the homeless and farmworkers residing in San Mateo County. SMMC clinics maintain a staff sufficient to carry out required services that range from onsite primary care, dental and mental health care, to enabling supportive services and referrals throughout San Mateo County. In addition, SMMC has secured formal written contracts and formal written referral agreements to meet the identified need of the target population.

c) *How you maintain documentation of licensure, credentialing verification, and applicable privileges for clinical staff (e.g., employees, individual contractors, volunteers).*

HCH/FH primary care providers delivering care for homeless and farmworker patients are subject to SMMC credentialing and privileging policies and procedures. SMMC follows Board-approved policy and procedures to assess and verify the credentials of all licensed and certified health care practitioners it employs and to grant such individuals specific clinical privileges in full compliance with the HRSA requirements. The HCH/FH CAB annually reviews the SMMC Credentialing & Privileging process to ensure that it is compliant with HRSA Program Requirements.

The SMMC Board votes to approve the credentialing of providers whom the QI committee has put forward as having complete credentialing. The credentialing process documents current licensure and verifies appropriate education, training, certification and work history, and includes checks of criminal records, National Practitioner Database, and professional liability claims, as well as signed statements attesting to fitness to work and accuracy of documentation provided. At the time of appointment, providers are privileged based on their skills to perform specific types of care in an ambulatory care setting by the SMMC CMO and privileges are reviewed by the QI Committee, signed by the SMMC CMO and approved by the Board. Privileges are renewed based on re-credentialing every two years. Recredentialing includes peer review of patient records for compliance with clinical guidelines and QI target goals.

3) *Describe the key management team (e.g., project director (PD)/chief executive officer (CEO), clinical director (CD), chief financial officer (CFO), chief information officer (CIO), chief operating officer (COO)), including:*

a) *How the makeup and distribution of functions among key management staff, along with their qualifications (consistent with Attachments 4: Position Descriptions for Key Management Staff and 5: Biographical Sketches for Key Management Staff) supports the operation and oversight of the proposed project, consistent with scope and complexity.*

The HCH/FH program is uniquely positioned within many SMCH programs and departments and is implemented through SMMC's primary care clinics and specialty clinics, as well as San Mateo County mental health providers, and community-based organizations. HCH/FH's management staffing pattern effectively supports this expansive operation while maximizing use of resources for the delivery of patient care.

Attachment 4, Position Descriptions, detail the responsibilities of the management team including: 1.0 FTE Director, 0.25 FTE Medical Director, 1.0 FTE Program Coordinator, 1.0 FTE Clinical Services Coordinator, 1.0 FTE Management Analyst, and 1.0 FTE Planning and Implementation Coordinator. The SMMC Management Team provides oversight and leadership to assure that adequate resources are available for the program.

Jim Beaumont, Director – Mr. Beaumont is the Director of the HCH/FH Program and oversees all aspects of the program to assure the program is implemented according to HRSA and County laws and jurisdictions. 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.

Frank Trinh, MD, Medical Director – The Medical Director has primary responsibility for developing strategic clinical approaches for the overall clinical development of the HCH/FH Program, assisting the Director by providing clinical leadership, and for ensuring the delivery of quality care for patients and clients receiving HCH/FH services. Dr. Trinh has 16 years' experience delivering and supervising primary health care for vulnerable populations and special expertise in infectious diseases that disproportionately affect homeless people and farmworkers. A board-certified internal medicine physician, Dr. Trinh is a graduate of the University of Maryland School of Medicine and completed clinical training in infectious diseases at the Stanford University School of Medicine.

Linda Nguyen, MPA, Program Coordinator – The Program Coordinator directly supports the Director to plan, organize and coordinate the activities of the HCH/FH Provider Network. Ms. Nguyen joined HCH/FH in 2014 having previously worked as a Human Services Analyst II for the San Mateo County's Human Service Agency- 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.

Danielle Hull, Clinical Services Coordinator – The Clinical Service Coordinator oversees the development of all quality improvement activities for the HCH/FH 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. Ms. Hull has extensive experience in formative evaluation, quantitative and qualitative data collection and analysis, and program design and evaluation through applying evidence-based practice 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.

Sofia Recalde, Management Analyst – The Management Analyst provides administrative support to the Director and program staff. Ms. Recalde joined the HCH/FH in January 2019, having worked previously 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 Master's Degree of City and Regional Planning from Rutgers University.

Irene Pasma, Planning and Implementation Coordinator – The Planning and Implementation Coordinator performs an integral part in HCH/FH's program implementation. Ms. Pasma joined HCH/FH in 20178 and brings with her extensive experience in program planning and implementation as she holds a Master of Public Health from Columbia University and has over 10 years' experience in public health including grant writing and volunteer leadership.

b) *_ Responsibilities of the CEO for reporting to the governing board and overseeing other key management staff in carrying out the day-to-day activities of the proposed project.

As depicted in *Attachment 3: Project Organizational Chart*, the HCH/FH Director is directly employed by SMCH and has direct authority over key management staff in carrying out the day-to-day activities of the HCH/FH program. In addition, the HCH/FH Director reports to the CAB as outlined in

Attachment 3: Project Organizational Chart, Attachment 2: Bylaws, and Attachment 6: Co-Applicant Agreement.

The HCH/FH Director provides monthly reporting to the CAB on all aspects of the program including a monthly program review, progress on clinical measures, review of policies and procedures as required, and contracted provider reports.

- 4) Describe your financial accounting and internal control systems and how they will:**
- a) Account for all federal award(s) in order to identify the source (receipt) and application (expenditure) of funds for federally-funded activities in whole or in part, including maintaining related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest under the federal award(s).**
 - b) Assure that expenditures of the federal award funds will be allowable in accordance with the terms and conditions of the Federal award and Federal Cost Principles (e.g., 45 CFR Part 75 Subpart E: Cost Principles).**

San Mateo County is a political subdivision of the State of California and is overseen by the San Mateo County Auditor/Controller who is an elected official bound to the policies and procedures of the State Controller's audit manual and is included in the County's Annual Single Audit process. HCH/FH's fiscal and financial activities are managed by a staff of professional accountants including C.P.A.s. Each division is overseen by a specifically designated high-level accountant with accounting degrees or many years of governmental accounting experience. In addition, SMMC has in place HRSA Grant Quarterly Drawdown Procedures that provide internal controls to assure accurate accounting of all federal awards that documents the use of federal funds for federally funded activities. The Procedure includes the following "Internal Controls to ensure Accuracy of Submission" that directly relate to source documentation:

4. Ensure county purchasing policies and procedures are in place for all purchases.
5. Review the memorandum of understanding and contract for all AP payments.
6. Ensure that employee reimbursements are reasonable and allowable within the grant guidelines and county policies. Request supporting documentation.
7. Question and investigate any unusual expenses. Contact Grant Administrator for further clarification.
8. Food and gift cards expenses are not to be included for reimbursement, except when allowable.
9. Ensure all expenses have proper supporting documentation and approvals.
10. Calculate the proposed drawdown amount after making adjustments for unallowable expenses.
11. Submit the calculations to Financial Service Manager (FSM) for review.
12. Once reviewed by FSM, submit the proposed worksheet to Grant Administrator for review & approval.¹⁰¹

- 5) *_ Describe how you conduct billing and collections, including:**
- a) How board-approved policies and operating procedures include specific circumstances for when you will waive or reduce fees or payments required due to a patient's inability to pay.**

SMMC clinics make and continue to make every reasonable effort to secure payment for services from patients, in accordance with health center fee schedules and the corresponding schedule of discounts. A reasonable effort may include, but is not limited to, issuance of a bill to the patient or a responsible party, follow-up with subsequent billing(s), telephone calls, and reminder messages or emails. In addition, all fees or payments required by health centers will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services.

¹⁰¹ San Mateo Medical Center HRSA Grant Quarterly Drawdown Procedure.

SMMC clinics have and utilize board-approved policies, as well as operating procedures, that educate patients on insurance and, when applicable, related third-party coverage options that are available to meet their financial responsibility. The procedures include specific circumstances when the health center will waive or reduce fees or payments required by the center due to any patient's inability to pay and request that the patient make the minimum payment at their next visit. If no payment is brought to the next visit, staff reserves the right to reschedule non-emergent visits until the patient's balance is paid.

b) Participating in Medicare, Medicaid, Children's Health Insurance Program (CHIP), and, as appropriate, other public and private assistance programs or insurance, as applicable (consistent with Form 3: Income Analysis).

SMMC health centers participate in Medicaid (Medi-Cal), CHIP, Medicare, and other public and private assistance programs and locally represented health insurance. In addition, the SMMC health centers have in place written procedures for billing public and private insurance programs for reimbursement for services. The billing department continuously review and improve coding and charge capture practices to reduce administrative and clinical denials of billings due to inadequate documentation and non-compliance with payor rules. Written policies and procedures for billing are monitored for compliance and updated to reflect changes in regulations and requirements as well as systems improvements.

6) Describe how you use or plan to use telehealth to:

a) Communicate with patients at other clinical locations.

The HCH/FH Program is working to expand its services to include needed telehealth capabilities and has asked for funding in the Integrated Behavioral Health Services grant request to contract with consultant to develop a telehealth strategic plan to identify opportunities for increased access to psychiatric services for farmworkers who are not able to travel to permanent sites for care.

b) Communicate with providers and staff at other clinical locations.

The HCH/FH program's nurse practitioner on the Mobile Clinic conducts consultations via the telehealth equipment with the Medical Director back in the office to enable provider to provider consultation on difficult cases. In addition, SMMC health centers and contracted providers, currently communicate with patients at other sites and providers and staff at other clinic sites through telephone conferencing.

c) Receive or perform clinical consultations.

The HCH/FH program, including SMMC health centers, currently use the following telehealth programs:

- Tele-Dermatology – The SMMC health centers utilize store and forward telehealth capabilities to support dermatology consults with SMMC dermatologists.
- Telephone Consultation/Telephone Visit – A patient-initiated telephone call that focuses on providing health education and advice, and information regarding access and availability of health services.
- Telephone Follow-Up – A nurse-initiated telephone call to determine the conclusion of a prior telephone triage interaction.
- Telephone Triage – To facilitate appropriate access to care by helping patients determine the urgency of their problem and directing them to the appropriate location for optimal care delivery.

- d) *Send and receive health care information from mobile devices to remotely monitor patients (i.e., mobile health, mHealth¹⁰²).*
- e) *Provide virtual health care services (list all services that are or will be provided via telehealth).*

The HCH/FH program, including SMMC health centers, currently do not use nor do they have plans to use mobile devices and virtual health care services.

7) Describe your current capability and/or plans for maintaining continuity of services and responding to urgent primary health care needs during disasters and emergencies, including:

The HCH/FH program is embedded in the SMMC health centers and as such is included in the San Mateo County emergency preparedness program through its plans to support needed primary care through the activation of the health center staff. In addition, SMMC emergency preparedness staff are a part of the County's emergency preparedness program and are active in the ongoing planning and exercises held throughout the year.

The County's Emergency Operations Plan (EOP), approved by SMCH April 2018, includes an emergency management plan that addresses all hazards approach to responding to disasters and works with the State and local planners in developing plans, training and exercises. The Office of Emergency Services also works closely with the Urban Areas Security Initiative in developing regional plans for volunteer management, debris management, mass evacuation and transportation, mass care and shelter and mass fatality, and donations management.

SMCH's most recent Hazard Vulnerability Assessment (HVA) was completed in July and identified five top threats including:

1. Earthquake
2. Mass Casualty Incident (MCI) – Medical/Infectious
3. MCI – Trauma
4. Structural Damage
5. Communication Failure

a) Response and recovery plans.

SMMC clinics' response and recover plans support ongoing access to primary care as established continuity of operations plan and Memorandum of Understanding (MOU) with all hospitals and select skilled nursing facilities in San Mateo County.

b) Backup systems to facilitate communications.

SMMC clinic's backup systems to facilitate communications and integrated into the County's system. Included are redundant systems such as hand-held radios, satellite radios, the ham radio, cell phones, facsimile messaging, email, text messaging, and in-person runners. In addition, the County has established communication policies and procedures that identify internal and external stakeholders, as well as establishes communication processes.

c) Patient records access.

SMMC health center's patient records access will be assured through electronic means. SMCH's extensive IT structure supports access from remote geographic locates and printed on demand.

¹⁰² (20) For more information, see <http://www.telehealthtechnology.org/toolkits/mhealth>.

d) Integration into state and local preparedness plans.

SMMC health center's plan is integrated into the County of San Mateo's plan as well as the state's plan through its integration into the San Mateo County's Emergency Operations Plan (EOP) and the California State EOP.

8) If you do not have plans to seek Federal Tort Claims Act (FTCA) coverage (see Section VIII for details), describe plans for maintaining or obtaining private malpractice insurance.

SMMC, HCH/FH providers, does not have plans to seek FTCA coverage as it is part of the County Health System that maintains practice insurance for all providers.

GOVERNANCE

1) Describe where in Attachment 2: Bylaws and, if applicable, Attachment 6: Co-Applicant Agreement you document the following board composition requirements:

On May 20, 2014, the County of San Mateo established the independent San Mateo County Health Care for the Homeless & Farm Worker Health Program Co-Applicant Board (CAB) through the San Mateo County Ordinance Code No. 04670. Later in 2014 the Bylaws were approved by the CAB and the Co-Applicant agreement was completed in January 2015. The County of San Mateo, a public entity and political subdivision of the State of California, serves as a co-applicant with the CAB and collectively they meet HRSA requirements to provide oversight of the county's network of FQHCs.

a) Board size is at least 9 and no more than 25 members, with either a specific number or range of board members prescribed.

CAB Bylaws state that "there shall be between nine (9) and twenty-five (25) voting members of the Board. The Board can set a specific number of voting members within this range by way of an amendment to these Bylaws." (*Bylaws: Article 5, Section A1, page 4*) The Co-Applicant Agreement also documents this in Section 2. Member and Appointment, page 3.

b) At least 51 percent of voting board members are patients served by the health center.

CAB Bylaws require that "more than one-half (50% + 1)" CAB members be patients unless HCH/FH receives a waiver from HRSA. (*Bylaws: Article 5, Sections 1a and c, pages 4 and 5*) The HCH/FH Program is requesting a waiver for the 51% consumer majority requirement (Please see Form 6B). The Co-Applicant Agreement also documents this in Section 2. Member and Appointment, pages 3 and 4.

c) Patient members of the board, as a group, represent the individuals served by the health center in terms of demographic factors (e.g., gender, race, ethnicity).

CAB Bylaws require that "the Consumer Members shall be representative of the geographical areas served by the Program and, as a group, shall represent the Program's user population in terms of demographic factors such as ethnicity, location of residence, race, gender, age, and economic status." (*Bylaws: Article 5, Section A1, page 4*) Due to the waiver request, HCH/FH uses other methods to gather representative information for the CAB including the "Customer Input" agenda item for the CAB meetings and the Recruitment and Membership Committee of the CAB routinely work to identify and recruit target population members. The CAB has also developed the Homeless Advisory Board to provide direct representative information about the target populations, and a Farmworker Advisory Board is currently under development. Currently the CAB patient board member, as shown on *Form 6A*, is a San Mateo County resident and is representative of the patient population in terms of gender, race and ethnicity as indicated on Table 4.

d) *Non-patient members are representative of the community served by the health center or the health center's service area.*

CAB Bylaws require that "All voting members of the Board shall be residents of San Mateo County." (*Bylaws: Article 5, Section A2, page 5*) The Co-Applicant Agreement also documents this in Section 2. Member and Appointment, page 3.

Currently, two board members bring their personal experience as a dependent of a farmworker and a former homeless resident to the CAB. The remaining board members have direct experience working with homeless and/or farmworkers in San Mateo County.

e) *Non-patient members are selected to provide relevant expertise and skills (e.g., community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services).*

Both the Bylaws and the Co-Applicant Agreement address relevant expertise and skills of non-patient members. The Co-Applicant Agreement: Section 2B, page 4, states: "The remaining voting members of the Co-Applicant Board (the "Community Members") shall have a commitment to the populations that utilize the Program and the special needs of those populations, and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns."

CAB members currently bring the following expertise and skills to the board: homeless services, nursing, communications, real estate, finance, law enforcement, farmworker engagement, and advocacy.

f) *No more than one-half of non-patient board members may earn more than 10 percent of their annual income from the health care industry.*

CAB Bylaws require that the "remaining voting members of the Board (the "Community Members") shall have a commitment to the populations that utilize the Program and the special needs of those populations, and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one-half (50%) of these Community Members may derive more than ten percent (10%) of their annual income from the health care industry." (*Bylaws: Article 5, Section A(b), page 4*)

As indicated on Form 6A, one of the non-patient CAB members earn more than 10 percent of their annual income from the health care industry.

g) *Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members.*

Limitations on eligibility are outlined in the CAB Bylaws that state "no voting member of the Board shall be an employee of or an immediate family member of an employee of SMMC, with "immediate family member" referring to being a parent, spouse, domestic partner, sibling, or child (biological, adopted, step-, or half-); (*Bylaws: Article 5, Section A2, page 5*)

2) ** Describe where in Attachment 2: Bylaws and, if applicable, Attachment 6: Co-Applicant Agreement you document the following board authority requirements:*

a) *Holding monthly meetings.*

The CAB holds regular monthly meetings and special sessions for strategic planning and other purposes. "The Board shall meet monthly (or less frequently if approved by the United States Secretary of Health and Human Services) at a location provided by or arranged by the County of San Mateo." (*Bylaws: Article 12, Section A, page 7*)

b) Approving the selection (and dismissal or termination) of the project director/CEO.

Under the HRSA-approved Co-Applicant Agreement, the CAB recommends selection or dismissal of the Executive Director who is a County employee; therefore, the County retains authority to appoint and dismiss the Executive Director.

"Subject to the limitations of Article 4, the Board's responsibilities shall include the following: A. Making decisions regarding the selection and continued leadership of the Director of the Program and providing input to the County regarding evaluation of the Director of the Program, however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements." (Co-Applicant Agreement: Section 5A, page 6) (Bylaws: Article 3, Section A, page 2)

c) Approving the annual Health Center Program project budget and applications.

The CAB approves the annual budget and all grant applications. " Approving grant applications and other documents necessary to establish and maintain the Program, including being identified as a co-applicant in relation to future grant applications; (Bylaws: Article 3, Section L, page 3).

d) Approving proposed services, sites, and hours of operation.

The CAB reviews and approves services, sites and house of operation at least annually and as indicated by CAB and HCH/FH activities. "Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program." (Bylaws: Article 3, Section E, page 2)

e) Evaluating the performance of the health center.

As outlined in the Bylaws, Article 3: Responsibilities, the CAB evaluates effectiveness of care, services, and financial management on an ongoing basis. The CAB, either as a whole or through committees, is responsible for "Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process for hearing and resolving patient grievances; (Bylaws: Article 3, Section B, pages 2)

f) Establishing or adopting policy related to the operations of the health center.

The CAB adopts and reviews general policies and procedures for HCH/FH operations as documented in the CAB Bylaws: Article 3, Section G, page 2, "Setting general policies necessary and proper for the efficient and effective operation of the Program." This statement is also replicated in the Co-Applicant Agreement: Section 5G, page 7.

Both the Bylaws and Co-applicant Board agreement also include additional statements that clearly distinguish responsibility for policy-setting between the health center and the County. Article 3: Responsibilities of the Bylaws explains the collaborative exercise of authority between the County of San Mateo and the CAB: "The Board has specific responsibilities to meet the governance expectations of the San Mateo County Health System's health care grant from HRSA. The Board shall generally set the priorities for the Program and govern those aspects of the Program funded by grant monies from HRSA. At the same time, San Mateo County is a public entity. Therefore, the County Board of Supervisors retains authority over the County's fiscal and personnel policies to the extent the Program is operated by County employees and out of County facilities. Day-today leadership and management of SMMC, part of the County of San Mateo, resides with staff under the direction of the San Mateo County Health System."

g) Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations.

"Working with the Program and the SMMC Board of Directors to ensure that the Program is operated pursuant to all applicable program requirements and grant conditions, related federal statutes,

rules, and regulations, and other Federal, State, and local laws and regulations; (Co-Applicant Agreement: Section 5D, page 6)

3) ***Referencing specific sections in Attachments 2: Bylaws, 6: Co-Applicant Agreement, 8: Articles of Incorporation (new applicants only), and Form 8: Health Center Agreements, describe how your governing board maintains authority and oversight over the proposed project. Specifically address the following:***

a) ***__*__ No individual, entity, or committee (including, but not limited to, an executive committee authorized by the board and consistent with Attachment 3: Project Organizational Chart) reserves or has approval/veto power over the board with regard to the required authorities and functions.***

The Co-Applicant Agreement specifically makes this assurance as it states that the "San Mateo County Ordinance Code No. 04670 establishes the San Mateo County Health Care for the Homeless & Farm Worker Health Program Co-Applicant Board (the "Co-Applicant Board"). The Co-Applicant Board will serve as the primary governance structure for the Health Care for the Homeless & Farm Worker Health Program, will do so in accordance with its bylaws, will do so in conjunction with the Board of Supervisors and the SMMC Board of Directors, and shall exercise the governance powers for the Health Care for the Homeless & Farm Worker Health Program (the "Program") as set forth in that Ordinance." (page 2)

The HCH/FH Organizational Chart in *Attachment 3* shows the shared responsibility of the San Mateo County Board of Supervisors and the HCH/FH Co-Applicant Board (CAB). The line of authority extends the Board of Supervisors directly through the County Administration to the HCH/FH Director and illustrates how authority and oversight of the project is delegated and maintained.

b) ***__*__ Collaboration or agreements with other entities do not restrict or infringe upon the board's required authorities and functions.***

"San Mateo County Ordinance Code No. 04670 establishes the San Mateo County Health Care for the Homeless & Farm Worker Health Program Co-Applicant Board (the "Co-Applicant Board"). The Co-Applicant Board (CAB) serves as the primary governance structure for the Health Care for the Homeless & Farm Worker Health Program and does so in accordance with its Bylaws and in conjunction with the Board of Supervisors and the SMMC Board of Directors, and shall exercise the governance powers for the Health Care for the Homeless & Farm Worker Health Program (the "Program") as set forth in that Ordinance. (Co-Applicant Agreement: Section 1, page 2)

As shown on *Attachment 3: Project Organizational Chart*, the line of authority from the Board of Supervisors runs directly through the County Administration to the HCH/FH Director and illustrates how no agreements or documents, outside of the Co-Applicant Agreement and County regulations, restrict or infringe upon the CAB's required authorities and functions.

c) ***__*__ Public agency applicants with a co-applicant board: Attachment 6: Co-Applicant Agreement delegates the required authorities and functions to the co-applicant board and delineates the respective roles and responsibilities of the public agency and the co-applicant in carrying out the project.***

HCH/FH utilizes the public agencies model that includes a co-applicant governance structure with San Mateo County and the CAB together meet the health center program governance requirement. *Attachment 6* includes the Co-Applicant Agreement which delegates required authorities and functions to the CAB in Section 5: Powers and Duties of the Co-Applicant Board, pages 6-8, and delineates respective roles and responsibilities of San Mateo County Board of Supervisors and SMMC in carrying out the project in Section 6: Limitations on Powers of the Co-Applicant Board, pages 8-9.

- d) ***Applicants requesting PHPC Funding: The service delivery plan was developed in consultation with residents of the targeted public housing, and residents of public housing will be involved in administration of the proposed project.***
Not applicable.

SUPPORT REQUESTED

- 1) ***Describe how you have considered and planned for mitigating the adverse impacts of financial or workforce-related challenges (e.g., payer mix changes, workforce recruitment or retention challenges).***

Factors taken into account in developing the budget include: the impact of current economic trends; ongoing financial instability at the State, current and past results; and projections based on future activities. As the public safety net facility, SMMC has minimal change in the payor mix as it is consistently made up of patients with government insurance or coverage. However, as the public safety net facility, SMMC is subject to potential increases in uninsured patients. However, San Mateo County has a indigent health coverage program (Affordable Care for Everyone - ACE) to address the otherwise uninsured. In addition to County operated enrollment efforts, the HCH/FH Program contracts with CBO's to provide for health insurance/coverage enrollment assistance to expand coverage to the maximum extent possible.

As program of San Mateo County, the HCH/FH Program has some insulation from volatile economic conditions. The County is also a stable employer which can offer a generous employment package that is attractive to staff and encourages retention. Hiring and retaining the right staff is difficult due to the limited availability of certified providers and the cost of living in San Mateo County. San Mateo County is one of the most expensive places to live in the country. The high cost of living combined with availability of other high-paying jobs in the region makes it difficult to hire and retain quality staff in treatment settings, particularly entry-level or frontline staff. Respondents reported additional staffing challenges due to the increased paperwork burden resulting from implementation of the Drug Medi-Cal Organized Delivery System. The required documentation may necessitate increased time from higher level staff, who are already overworked, contributing to challenges with staff retention. Respondents also reported a shortage of addiction specialists in the County, and challenges related to recruiting qualified providers who embrace serving clients.¹⁰³

- 2) ***If the patient projection on Form 1A: General Information Worksheet reflects an increase in patients compared to the current number of patients served, describe how you will accomplish this increase with the given funding level for the service area.***

Form 1A does reflect an increase in patients compared to the current number of patients served and the HCH/FH Program will be looking to expand the patients served through their upcoming Strategic Planning scheduled for fall 2019. Expansion opportunities include expanding outreach and care management contracts with contracted providers, as well as collaborative efforts toward providing services to respite care patients. HCH/FH will also be exploring the health needs of the vehicularly-housed homeless population which showed significant increases in the most recent One-Day Count.

¹⁰³ County of San Mateo Substance Use Needs Assessment, February 2019.

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	\$552,414.00	\$3,222,818.00	\$3,775,232.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$2,072,635.00	\$12,123,935.00	\$14,196,570.00
Total		\$0.00	\$0.00	\$2,625,049.00	\$15,346,753.00	\$17,971,802.00

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$617870.00	\$4804917.00	\$5422787.00
b. Fringe Benefits	\$213474.00	\$2229491.00	\$2442965.00
c. Travel	\$17300.00	\$0.00	\$17300.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$2200.00	\$2522845.00	\$2525045.00
f. Contractual	\$1757865.00	\$0.00	\$1757865.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$16340.00	\$5789500.00	\$5805840.00
i. Total Direct Charges (sum of a-h)	\$2625049.00	\$15346753.00	\$17971802.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$2625049.00	\$15346753.00	\$17971802.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	\$0.00	\$0.00	\$3,222,818.00	\$3,222,818.00

Migrant Health Centers	\$0.00	\$0.00	\$12,123,935.00	\$12,123,935.00
Total	\$0.00	\$0.00	\$15,346,753.00	\$15,346,753.00

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.

SAN MATEO COUNTY BUDGET NARRATIVE					
PATIENTS	6,640				
VISITS	39,100				
REVENUE (Consistent with information presented in the SF-424A and Form 3: Income Analysis)	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total	Year 2 Total	Year 3 Total
SAC GRANT REQUEST (FROM SAAT)	\$2,625,049	\$0	\$2,625,049	\$2,625,049	\$2,625,049
APPLICANT ORGANIZATION	\$0	\$0	\$0	\$0	\$0
STATE FUNDS	\$0	\$0	\$0	\$0	\$0
LOCAL FUNDS	\$0	\$0	\$0	\$0	\$0
OTHER FEDERAL FUNDING (break out by source — e.g., HUD, CDC)	\$0	\$0	\$0	\$0	\$0
OTHER SUPPORT	\$0	\$0	\$0	\$0	\$0
PROGRAM INCOME - from Form 3 (fees, third party reimbursements, and payments generated from the projected delivery of services)	\$0	\$15,346,753	\$15,346,753	\$15,960,623	\$16,599,048
TOTAL REVENUE	\$2,625,049	\$15,346,753	\$17,971,802	\$18,585,672	\$19,224,097
EXPENSES: <i>Object class totals should be consistent with those presented in Section B of the SF-424A.</i>	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total	Year 2 Total	Year 3 Total
PERSONNEL (Include budget details for each staff position as seen in the Personnel Justification sample below)					
ADMINISTRATION	\$617,870	\$15,235	\$633,105	\$658,429	\$684,767
MEDICAL STAFF	\$0	\$2,868,337	\$2,868,337	\$2,983,071	\$3,102,393
DENTAL STAFF	\$0	\$272,345	\$272,345	\$283,239	\$294,568
BEHAVIORAL HEALTH STAFF	\$0	\$427,128	\$427,128	\$444,213	\$461,982
MENTAL HEALTH SERVICES	\$0	\$0	\$0	\$0	\$0
SUBSTANCE USE DISORDER SERVICES	\$0	\$0	\$0	\$0	\$0
ENABLING STAFF	\$0	\$1,221,872	\$1,221,872	\$1,270,747	\$1,321,577
OTHER STAFF	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONNEL	\$617,870	\$4,804,917	\$5,422,787	\$5,639,698	\$5,865,286
FRINGE BENEFITS					
Payroll Taxes @ 7.65%	\$47,267	\$367,576	\$414,843	\$431,437	\$448,694
Health Insurance @ 12%	\$9,268	\$641,466	\$650,734	\$676,764	\$703,834
Workers Compensation Insurance @ 0.2%	\$1,236	\$9,610	\$10,846	\$11,279	\$11,731
Unemployment Insurance @ 0.2%	\$1,236	\$9,610	\$10,846	\$11,279	\$11,731
Retirement @ 25%	\$154,468	\$1,201,229	\$1,355,697	\$1,409,925	\$1,466,322
TOTAL FRINGE @ 45.05%	\$213,474	\$2,229,491	\$2,442,966	\$2,540,684	\$2,642,311
TRAVEL					
National HCH Conference (\$2,000 x 4)	\$8,000	\$0	\$8,000	\$8,000	\$8,000
Western Regional Migrant Health Conference (\$1,000 x 3)	\$3,000	\$0	\$3,000	\$3,000	\$3,000
International Street Medicine Symposium (\$1,500 x 3)	\$4,500	\$0	\$4,500	\$4,500	\$4,500
Local travel (\$150/month x 12)	\$1,800	\$0	\$1,800	\$1,800	\$1,800
TOTAL TRAVEL	\$17,300	\$0	\$17,300	\$17,300	\$17,300
EQUIPMENT (Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.)					
	\$0	\$0	\$0	\$0	\$0
TOTAL EQUIPMENT	\$0	\$0	\$0	\$0	\$0
SUPPLIES					
Program admin supplies (\$541.67/mo)	\$2,200	\$4,300	\$6,500	\$6,672	\$6,851
Office & Business (\$9.55/visit)	\$0	\$272,175	\$272,175	\$283,062	\$294,384
Medical & Dental supplies (\$41.18/visit)	\$0	\$1,173,630	\$1,173,630	\$1,220,575	\$1,269,398
Lab & x-ray supplies (\$20.95/visit)	\$0	\$597,075	\$597,075	\$620,958	\$645,796
Drugs/Pharmaceuticals (\$16.69/visit)	\$0	\$475,665	\$475,665	\$494,692	\$514,479
TOTAL SUPPLIES	\$2,200	\$2,522,845	\$2,525,045	\$2,625,959	\$2,730,909
CONTRACTUAL (Include detailed justification. Summaries of contracts must be included in Attachment 7. Contracts for a substantial portion of the					
Other County Agencies					
Behavioral Health & Recovery Services	\$81,000	\$0	\$81,000	\$81,000	\$81,000
Public Health Policy & Planning - Mobile Van	\$409,913	\$0	\$409,913	\$409,913	\$409,913

Public Health Policy & Planning - Street & Field Med	\$236,602	\$0	\$236,602	\$236,602	\$236,602
Community Providers					
El Centro	\$74,250	\$0	\$74,250	\$74,250	\$74,250
LifeMoves	\$266,850	\$0	\$266,850	\$266,850	\$266,850
Puene de la Costa Sur	\$165,150	\$0	\$165,150	\$165,150	\$165,150
Ravenswood Family Health Center - Primary Care	\$96,390	\$0	\$96,390	\$96,390	\$96,390
Ravenswood Family Health Center - Dental Care	\$49,253	\$0	\$49,253	\$49,253	\$49,253
Ravenswood Family Health Center -Enabling Services	\$87,300	\$0	\$87,300	\$87,300	\$87,300
Samaritan House	\$72,900	\$0	\$72,900	\$72,900	\$72,900
Sonrisas	\$118,508	\$0	\$118,508	\$118,508	\$118,508
StarVista	\$49,750	\$0	\$49,750	\$49,750	\$49,750
Consultants					
Program Consultants	\$50,001	\$0	\$50,001	\$50,001	\$50,001
TOTAL CONTRACTUAL	\$1,757,865	\$0	\$1,757,865	\$1,757,865	\$1,757,865
OTHER (Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.)					
Staff Training (\$4,667/mo)	\$8,000	\$48,000	\$56,000	\$56,000	\$56,000
Memberships (\$3,200/mo)	\$2,400	\$36,000	\$38,400	\$38,400	\$38,400
Information Technology (\$60,245/mo)	\$2,940	\$720,000	\$722,940	\$751,740	\$781,692
Rent/Utilities (\$311,500/mo)	\$0	\$3,603,600	\$3,603,600	\$3,747,744	\$3,897,654
Printing/Copying (\$6,100/mo)	\$1,200	\$72,000	\$73,200	\$73,200	\$73,200
Maintenance (\$23,000/mo)	\$0	\$276,000	\$276,000	\$287,040	\$298,522
Custodial (\$45,000/mo)	\$0	\$540,000	\$540,000	\$561,600	\$584,064
Recycling & Bio Waste (\$6,000/mo)	\$0	\$72,000	\$72,000	\$74,880	\$77,875
Communications (\$32,300/mo)	\$1,800	\$385,800	\$387,600	\$387,600	\$387,600
Miscellaneous (\$3,193/mo)	\$0	\$36,100	\$36,100	\$25,961	\$15,418
TOTAL OTHER	\$16,340	\$5,789,500	\$5,805,840	\$6,004,165	\$6,210,425
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	\$2,625,049	\$15,346,753	\$17,971,802	\$18,585,671	\$19,224,097
INDIRECT CHARGES (Include approved indirect cost agreement in Attachment 13: Other Relevant Documents.)					
10% indirect cost rate (includes utilities and accounting services)	\$0	\$0	\$0	\$0	\$0
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	\$2,625,049	\$15,346,753	\$17,971,802	\$18,585,671	\$19,224,097

Personnel Justification Table						
Name	Position Title	FTE	Base Salary	Adjusted Annual Salary	% of FTE Applied to Federal Grant	Federal Amount Requested
ADMINISTRATION						
Beaumont, J	Director	1.00	\$ 148,720	No adjustment needed	100%	\$148,720
Nguyen, L	Program Coordinator	1.00	\$ 105,082	No adjustment needed	100%	\$105,082
Hull, D	Clinical Services Coordinator	1.00	\$ 105,082	No adjustment needed	100%	\$105,082
Pasma, I	Planning & Implmentation Coordinator	1.00	\$ 106,080	No adjustment needed	100%	\$106,080
Recalde, S	Management Analyst	1.00	\$ 104,832	No adjustment needed	100%	\$104,832
Trinh, F	Medical Director	0.25	\$ 253,240	\$ 192,300.00	100%	\$48,075
		5.25				\$617,870
Public Health Policy & Planning (PHPP) Mobile Van and Street & Field Medicine						
Trinh, F	Medical Director	0.25	\$ 253,240	\$ 192,300.00	0%	\$0
Takaki, M	Registered Nurse	0.25	\$ 149,386	No adjustment needed	100%	\$37,346
O'Connell, J	Sr. Public Health Nurse	0.25	\$ 158,059	No adjustment needed	100%	\$39,515
Lopez, M	Medical Office Assistant II	0.75	\$ 68,016	No adjustment needed	100%	\$51,012
Roth, F	Community Worker/Driver	0.50	\$ 72,384	No adjustment needed	100%	\$36,192
Ramirez, L	Patient Services Assistant	0.25	\$ 75,816	No adjustment needed	100%	\$18,954
Lues, A.	Driver/Community Worker	0.50	\$ 66,144	No adjustment needed	100%	\$33,072
King, C	Nurse Practitioner	1.00	\$ 190,320	No adjustment needed	100%	\$190,320
Segundo, I.	Medical Specialist Assistant II	1.00	\$ 73,632	No adjustment needed	100%	\$73,632
O'Connell, J	Registered Nurse Coordinator	0.10	\$ 149,760	No adjustment needed	100%	\$14,976
		4.85				\$495,019
Behavioral Health & Recovery Services (BHRS)						
	Mental Health Counselor II	0.81	\$ 86,736	No adjustment needed	100%	\$70,256
		0.81				\$70,256
El Centro de Libertad						
	Community Health Worker	1.25	\$ 72,800	No adjustment needed	100%	\$91,000
		1.25				\$91,000
Ravenswood Family Health Center - Dental Care						
	General Dentist	0.5	\$ 173,077	No adjustment needed	0	\$0
	Registered Dental Assistant	0.5	\$ 58,763	No adjustment needed	60%	\$17,629
	Dental Assistant	0.50	\$ 43,120	No adjustment needed	20%	\$4,312
		1.50				\$21,941
Ravenswood Family Health Center - Enabling Services						
	HCH Care Manager	0.60	\$ 70,913	No adjustment needed	0%	\$0
	HCH Community Health Worker	1.00	\$ 38,537	No adjustment needed	100%	\$38,537
	HCH Referral Assistant	1.00	\$ 55,748	No adjustment needed	60%	\$33,449
		2.60				\$71,986
Ravenswood Family Health Center - Primary Care						
	Registered Nurse	1.00	\$ 124,704	No adjustment needed	30%	\$37,411
	Van Driver/Outreach	0.50	\$ 50,236	No adjustment needed	75%	\$18,838
	Medical Assistant	1.00	\$ 52,106	No adjustment needed	35%	\$18,237
	Medical Assistant	1.00	\$ 45,084	No adjustment needed	40%	\$18,034
	Health Coach	1.00	\$ 63,217	No adjustment needed	30%	\$18,965
		4.50				\$111,486
LifeMoves						
	Community Health Outreach Worker	1	\$ 51,744	No adjustment needed	100%	\$51,744
	HCH Program Director	1	\$ 67,492	No adjustment needed	100%	\$67,492
	HCH Benefits Specialist	1	\$ 53,993	No adjustment needed	100%	\$53,993
	Director of Programs & Services	0.10	\$ 112,486	No adjustment needed	100%	\$11,249
		3.10				\$184,478

Puente de la Costa Sur						
	Community Outreach Coordinator	0.50	\$ 56,243	No adjustment needed	100%	\$28,122
	Community Resource Navigator	1.00	\$ 49,494	No adjustment needed	100%	\$49,494
	Community Health Case Manager	1.00	\$ 56,243	No adjustment needed	100%	\$56,243
		1.00				\$133,859
Samaritan House						
	Health Case Manager	1.00	\$ 49,172	No adjustment needed	100%	\$49,172
		1.00				\$49,172
Sonrisas Dental						
	Dentist	0.19	\$ 168,730	No adjustment needed	100%	\$32,059
	Dental Assistant	0.19	\$ 67,492	No adjustment needed	100%	\$12,823
	Dental Assistant	0.19	\$ 67,492	No adjustment needed	100%	\$12,823
	Dental Hygienist	0.19	\$ 134,984	No adjustment needed	100%	\$25,647
	Dentist	0.05	\$ 168,730	No adjustment needed	100%	\$8,436
	Dental Assistant	0.05	\$ 67,492	No adjustment needed	100%	\$3,375
	Scheduler	0.24	\$ 56,243	No adjustment needed	100%	\$13,498
	Interpreter	0.24	\$ 56,243	No adjustment needed	100%	\$13,498
	Center Director	0.10	\$ 98,426	No adjustment needed	100%	\$9,843
		0.68				\$132,003
StarVista						
	Case Management & Coordination	0.50	\$ 78,000	No adjustment needed	100%	\$39,000
	Case Management & Coordination	0.30	\$ 78,000	No adjustment needed	100%	\$23,400
	Case Management	0.10	\$ 57,200	No adjustment needed	100%	\$5,720
	Case Management	0.10	\$ 57,200	No adjustment needed	100%	\$5,720
		1.00				\$73,840
	TOTAL	24.94				\$2,052,909

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).
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)

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.
- 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**

*** TITLE**

Jim Beaumont

*** APPLICANT ORGANIZATION**

*** DATE SUBMITTED**

San Mateo, County Of

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.

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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).
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<p>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>James Beaumont</p>	<p>TITLE</p> <p>Director</p>
<p>APPLICANT ORGANIZATION</p> <p>County of San Mateo</p>	<p>DATE SUBMITTED</p> <p>06/19/2019</p>

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

DISCLOSURE OF LOBBYING ACTIVITIES

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: San Mateo, County Of
Street 1: 222 W 39th Ave
City: San Mateo State: CA
Zip: 94403-4364 Congressional District, if known:

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

6. * Federal Department/Agency:

U.S Department of Health and Human Services, HRSA

7. * Federal Program Name/Description:

Health Center Program

CFDA Number, if applicable:

93.224

8. Federal Action Number, if known:

HRSA-20-015

9. Award Amount, if known:

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 mate 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 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.: (650) 573-2459 Date:

Federal Use Only:

Authorized for Local Reproduction Standard Form - LLL

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

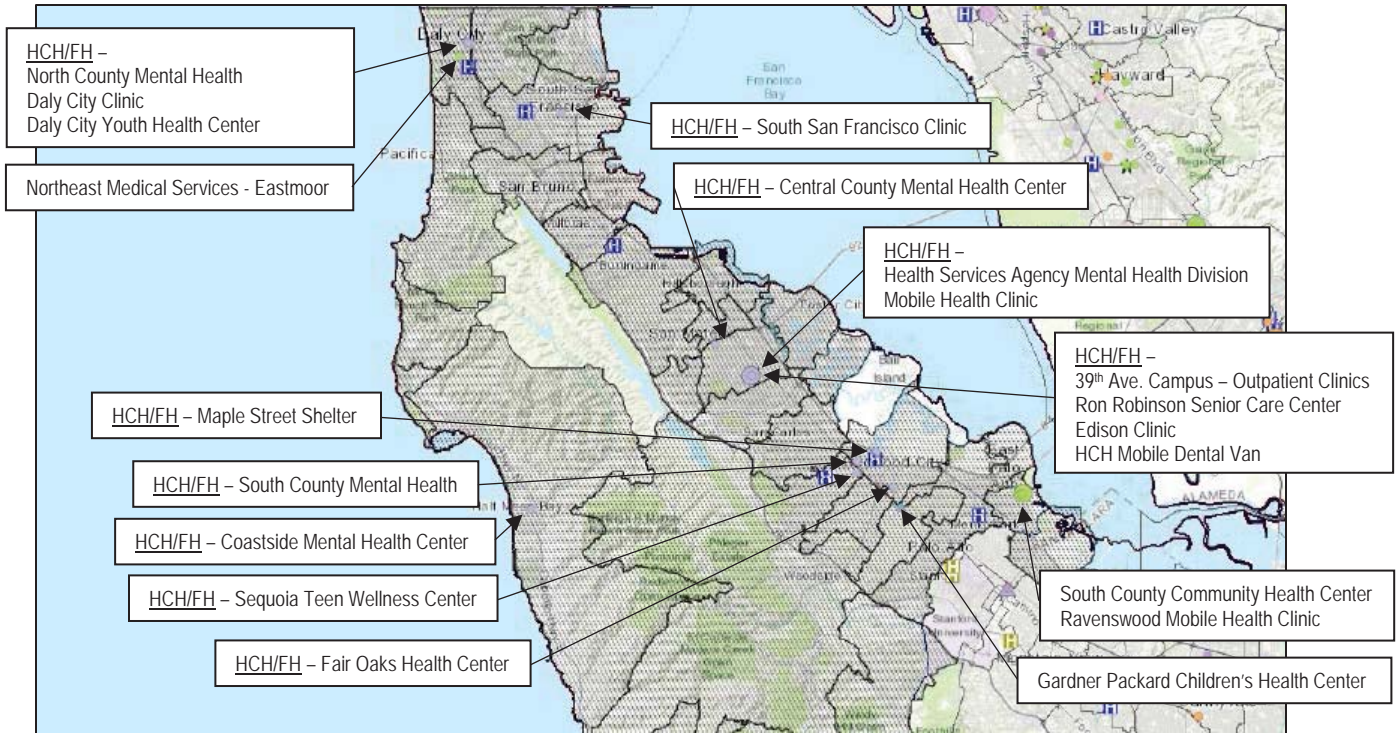
Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
<input style="width: 100%;" type="text" value="County of San Mateo"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input style="width: 100px;" type="text" value="Mr."/>	* First Name: <input style="width: 200px;" type="text" value="Jim"/> Middle Name: <input style="width: 150px;" type="text"/>
* Last Name: <input style="width: 300px;" type="text" value="Beaumont"/>	Suffix: <input style="width: 100px;" type="text"/>
* Title: <input style="width: 250px;" type="text" value="Director"/>	
* SIGNATURE: <input style="width: 300px;" type="text" value="James Beaumont"/>	* DATE: <input style="width: 150px;" type="text" value="06/19/2019"/>

UDS Mapper Printout



States	
Counties	
ZCTAs	
	Selected ZCTAs
Health Center Administrative Locations	HCP Awardee
	HCP Look-Alike
Health Center Service Access Points	HCP Awardee
	HCP Look-Alike
National Health Service Corps (NHSC) Sites	All Other Providers
	Less than 1 PC FTE
	1-5 PC FTEs
	5+ PC FTEs
Rural Health Clinics	
Hospitals	Short Term Hospital
	Critical Access Hospital
	Other Hospital

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined) 2017	HCP: Dominant Health Center 2017	Pop: Total (#) 2013-2017	Pop: Low-Income (#) 2013-2017	HCP: Total Patients 2017	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
Summary:									
94128	San Francisco	CA	0		781,849	142,357	32,729	22.99 %	4.19 %
94303	Palo Alto	CA	8	SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.	126	103	0	0.00 %	0.00 %
94401	San Mateo	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	36,145	11,865	1,202	10.13 %	3.33 %
94402	San Mateo	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	25,163	2,708	184	6.79 %	0.73 %
94403	San Mateo	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	43,393	6,344	490	7.72 %	1.13 %
94404	San Mateo	CA	4	NORTH EAST MEDICAL SERVICES	36,573	3,272	170	5.20 %	0.46 %
94002	Belmont	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	27,213	3,229	229	7.09 %	0.84 %
94005	Brisbane	CA	2	SAN MATEO COUNTY HEALTH SERVICES AGENCY	4,642	576	297	51.56 %	6.40 %
94010	Burlingame	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	42,889	5,135	262	5.10 %	0.61 %
94014	Daly City	CA	4	NORTH EAST MEDICAL SERVICES	49,354	10,951	2,002	18.28 %	4.06 %
94015	Daly City	CA	5	NORTH EAST MEDICAL SERVICES	64,580	13,416	1,968	14.67 %	3.05 %
94019	El Granada	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	20,521	3,424	920	26.87 %	4.48 %
94020	La Honda	CA	1	SAN MATEO COUNTY HEALTH SERVICES AGENCY	1,492	357	30	8.40 %	2.01 %
94021	Loma Mar	CA	0		212	95	0	0.00 %	0.00 %
94025	Menlo Park	CA	5	SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.	42,016	6,122	2,305	37.65 %	5.49 %
94027	Atherton	CA	1	GARDNER FAMILY HEALTH NETWORK, INC.	7,371	324	13	4.01 %	0.18 %
94028	Portola Valley	CA	2	GARDNER FAMILY HEALTH NETWORK, INC.	7,051	463	27	5.83 %	0.38 %

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined) 2017	HCP: Dominant Health Center 2017	Pop: Total (#) 2013-2017	Pop: Low-Income (#) 2013-2017	HCP: Total Patients (#) 2017	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
94030	Millbrae	CA	3	NORTH EAST MEDICAL SERVICES	22,763	2,710	462	17.05 %	2.03 %
94037	Montara	CA	0		2,909	235	0	0.00 %	0.00 %
94038	Moss Beach	CA	2	SAN MATEO COUNTY HEALTH SERVICES AGENCY	3,805	182	41	22.53 %	1.08 %
94044	Pacifica	CA	5	NORTH EAST MEDICAL SERVICES	39,141	4,930	508	10.30 %	1.30 %
94060	Pescadero	CA	1	SAN MATEO COUNTY HEALTH SERVICES AGENCY	1,544	695	294	42.30 %	19.04 %
94061	Redwood City	CA	3	SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.	39,473	8,266	1,363	16.49 %	3.45 %
94062	Redwood City	CA	3	SAN MATEO COUNTY HEALTH SERVICES AGENCY	27,350	3,581	274	7.65 %	1.00 %
94063	Redwood City	CA	3	SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.	33,999	14,829	2,944	19.85 %	8.66 %
94065	Redwood City	CA	2	SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.	12,794	899	41	4.56 %	0.32 %
94066	San Bruno	CA	5	NORTH EAST MEDICAL SERVICES	43,097	7,699	865	11.24 %	2.01 %
94070	San Carlos	CA	4	GARDNER FAMILY HEALTH NETWORK, INC.	30,745	2,568	167	6.50 %	0.54 %
94074	San Gregorio	CA	0		215	37	0	0.00 %	0.00 %
94080	South San Francisco	CA	5	NORTH EAST MEDICAL SERVICES	67,423	13,473	1,692	12.56 %	2.51 %

SAN MATEO COUNTY HEATHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM CO-APPLICANT BOARD BYLAWS

(Revised January 11, 2018)

Article 1: Name

This body shall be known as the San Mateo County Heath Care for the Homeless & Farm Worker Health Program Co-Applicant Board (the “Board”).

Article 2: Purpose

The San Mateo County Health System, through San Mateo Medical Center (“SMMC”), has applied for and received grants from the United States Department of Health and Human Services Health Resources and Services Administration (“HRSA”) pursuant to Sections 330(g) and 330(h) (collectively, “Section 330”) of the Public Health Service Act (the “Act”) to support the planning for and delivery of services to medically underserved populations, including migratory/seasonal farm workers and their families and the homeless and their families. These grant funds support the County’s Health Care for the Homeless & Farm Worker Health Program (the “Program”).

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

Article 3: Responsibilities

The Board has specific responsibilities to meet the governance expectations of the San Mateo County Health System’s health care grant from HRSA. The Board shall generally set the priorities for the Program and govern those aspects of the Program funded by grant monies from HRSA. At the same time, San Mateo County is a public entity. Therefore, the County Board of Supervisors retains authority over the County’s fiscal and personnel policies to the extent the Program is operated by County employees and out of County facilities. Day-to-day leadership and management of SMMC, part of the County of San Mateo, resides with staff under the direction of the San Mateo County Health System.

The Board's responsibilities include setting the priorities of the Program as outlined by this Section, including providing advice, leadership, and guidance in support of the Program's mission.

Subject to the limitations of Article 4, the Board's responsibilities shall include the following:

- A. Making decisions regarding the selection and continued leadership of the Director of the Program and providing input to the County regarding evaluation of the Director of the Program, however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements;
- B. Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process for hearing and resolving patient grievances;
- C. Providing recommendations to the SMMC Board of Directors regarding the fee schedule for services rendered to the Program's target populations and determining the policy for discounting charges (*i.e.*, a sliding fee scale) for the Program's target populations based on the client's ability to pay for said services;
- D. Working with the Program and the SMMC Board of Directors to ensure that the Program is operated pursuant to all applicable program requirements and grant conditions, related federal statutes, rules, and regulations, and other Federal, State, and local laws and regulations;
- E. Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program;
- F. Reviewing and setting financial priorities of the Program, reviewing and setting the Program budget to the extent that the budget is provided by the Section 330 grant funds, and reviewing and accepting any appropriations made available by the County Board of Supervisors;
- G. Setting general policies necessary and proper for the efficient and effective operation of the Program;

- H. To the extent that the Program's policies relate to the operation of SMMC facilities, recommending to the SMMC Board of Directors policies relating to such operations;
- I. Evaluating the effectiveness of the Program in making services accessible to the Program's target populations;
- J. Setting and reviewing separate procedures for hearing and resolving grievances relating to the Program if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for hearing and resolving patient grievances relating to its patients, including those being served by the Program;
- K. Setting and reviewing separate procedures for ensuring quality of care under the Program, including any quality audit procedures, if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for ensuring quality of care to its patients, including those being served by the Program and including any quality audit procedures;
- L. Approving grant applications and other documents necessary to establish and maintain the Program, including being identified as a co-applicant in relation to future grant applications;
- M. Requesting, being apprised of, and reviewing financial reports and audits relating to the Program;
- N. Making the Co-Applicant Board's records available for inspection at all reasonable times as required by law and/or upon request by the Board of Supervisors, the SMMC Board of Directors, or either body's duly authorized agents or representatives;
- O. Amending the Bylaws, as necessary and as permitted by (1) the ordinance of the County of San Mateo Board of Supervisors that established the Board and (2) these Bylaws; and
- P. Filling vacancies, selecting voting members by majority vote, and removing voting members pursuant to the ordinance of the County of San Mateo Board of Supervisors that established the Board and as permitted by these Bylaws.

Article 4: Limitations of Authority

The San Mateo County Board of Supervisors and the SMMC Board of Directors, as appropriate, shall maintain the sole authority to set general policy on fiscal and personnel matters pertaining to all County facilities and programs (including SMMC and its facilities and clinics), including but not limited to policies related to financial management practices, charging and rate setting, labor relations, and conditions of employment. The Board may not adopt any policy or practice, or take any action, which is inconsistent with or which alters the scope of any policy set by the Board of Supervisors and/or the SMMC Board of Directors on fiscal or personnel issues or which asserts control over any non-Section 330 grant funds provided by the County to the Program. The Board does not have any authority to direct hiring, promotion, or firing decisions regarding any County employee. The Board may not adopt any policy or practice, or take any action, which is inconsistent with the County Ordinance Code.

Article 5: Members

Section A - Member Qualifications

1. There shall be between nine (9) and twenty-five (25) voting members of the Board. The Board can set a specific number of voting members within this range by way of an amendment to these Bylaws. The voting membership of the Board shall consist of Consumer Members and Community Members, as outlined by this Section:

(a) Consumer Members

More than one-half (50% + 1) of the voting members of the Board shall be individuals who are, have been, or will be served by the Program (the "Consumer Members"). The Consumer Members shall be representative of the geographical areas served by the Program and, as a group, shall represent the Program's user population in terms of demographic factors such as ethnicity, location of residence, race, gender, age, and economic status.

(b) Community Members

The remaining voting members of the Board (the "Community Members") shall have a commitment to the populations that utilize the Program and the special needs of those populations, and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one-half (50%) of these Community Members may derive more than ten percent (10%) of their annual income from the health care industry.

(c) Modification to Consumer and Community Membership Numbers

To the extent that the United States Secretary of Health and Human Services authorizes a waiver relating to the composition of the voting members of the Board, the number and composition of the voting members of the Co-Applicant Board listed in Subsections (a) and (b), above, may be changed via these Bylaws to the extent any such change is authorized by such waiver.

2. All voting members of the Board shall be residents of San Mateo County. No voting member of the Board shall be an employee of or an immediate family member of an employee of SMMC, with "immediate family member" referring to being a parent, spouse, domestic partner, sibling, or child (biological, adopted, step-, or half-); however, a member of the Board may be an employee of the County of San Mateo. No members shall have a personal financial interest which would constitute a conflict of interest.

Section B - Responsibilities and Rights of Members

1. All voting members of the Board must attend all Board meetings.
2. Voting members shall be entitled to receive agendas, minutes, and all other materials related to the Board, may vote at meetings of the Board, and may hold office and may Chair Board committees.

Section C - Non-Voting *Ex Officio* Members

The Director of the Program shall be a County employee and shall be a non-voting, *ex officio* member of the Board. In addition, the San Mateo County Board of Supervisors and the SMMC Board of Directors may designate additional non-voting *ex officio* members of the Board.

Article 6: Nominations, Applications, & Selection of Voting Members

Anyone may nominate a person for voting membership on the Board so long as the nominee meets the membership requirements of these Bylaws. Nominations shall be given to the Secretary or to the Chair.

In addition, the Board shall work with the Secretary to ensure that public notice is provided regarding (1) mid-term vacancies and (2) upcoming selection of members for terms which are expiring. The public notice must be posted at least in the same locations as the notice of regular meetings posted pursuant to Article 12, Section C.2 of these Bylaws, and the Board has discretion to post notice in additional locations. Such notice must be given sufficiently in advance to permit members of the public at least three weeks after the posting of the notice to submit an application before the selection process outlined in this Article.

If requested by the Chair, Co-Chair, Secretary, or any of their designees, a nominee must provide information sufficient to confirm they meet membership requirements of these Bylaws. A person who is not nominated but applies for a voting seat on the Board must submit a completed application on an application form adopted by the Board.

A list of nominees and other applicants shall be presented to the Board at a meeting between two and four months in advance of the expiration of terms for voting membership positions which are up for selection. A nominee may decline nomination. Each proposed new or returning member who is nominated or who applies shall be separately selected by a majority vote of these members present and voting at the meeting designated for such selections. A nominee or applicant who is so selected for voting membership shall begin his or her new term immediately upon the end of the term of the prior holder of the seat for which the selection was held.

Article 7: Term of Office

For the initial appointments, one-half of the voting members of the Board shall serve a term of two (2) years and the other half of the voting members shall serve a term of four (4) years. The term of each Board member selected thereafter shall be four (4) years. Any vacancies in or removals from the Board membership shall occur pursuant to these Bylaws and, to the extent applicable, the San Mateo County Charter.

There is no limit on the number of terms a member of the Board may serve.

Article 8: Vacancies

The Board shall have the ability to appoint members to fill vacancies to complete a term, following the procedures outlined in Article 6. Anyone selected to fill a vacancy shall fill the remainder of the term.

Article 9: Removal

Any member of the Board may be removed whenever the best interests of the County or the Board will be served by the removal. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal and a reasonable opportunity to appear and be heard at a meeting of the Board. A member may be removed pursuant to this Article by a vote of two-thirds (2/3) of the total number of members then serving on the Board.

Continuous and frequent absences from the Board meetings, shall be among the causes for removal. In the event that any member is absent from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.

In addition, the San Mateo County Board of Supervisors retains the power to remove for cause (by majority vote) or without cause (by four-fifths vote) any members of the Board, as required by the San Mateo County Charter.

Article 10: Conflict of Interest

Voting members of the Board are subject to the same conflict of interest rules and reporting requirements which are applicable to San Mateo County boards, commissions, and advisory committees.

A conflict of interest is a transaction with the County of San Mateo Health System, any part of the Health System, or with any other entity in relation to which a Board member has a direct or indirect economic or financial interest.

A conflict of interest or the appearance of conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the County of San Mateo Health System must be declared. Board members are required to declare any potential conflicts of interest by completing a conflict of interest declaration form.

In situations when conflict of interest exists for a member, the member shall declare and explain the conflict of interest. No member of the Board shall vote in a situation where a personal conflict of interest exists for that member; however, a member of the Board who has a conflict of interest may still provide input regarding the matter that created the conflict.

Any member may challenge any other member(s) as having conflict of interest. By roll call vote, properly recorded, the status of the challenged member(s) shall be determined prior to further consideration of the proposed project or issue.

Article 11: Compensation

Except for any employees of the County of San Mateo who serve on the Board pursuant to these Bylaws, members of the Board are to be volunteers in relation to their work for the Board and shall not receive compensation for their participation on the Board. No member of the Board shall be deemed an employee of the County of San Mateo by virtue of their work on the Co-Applicant

Board. Employees of the County of San Mateo who serve as members of the Board may receive their normal salary and benefits for time spent working on the Board.

Article 12: Meetings

Section A - Regular Meetings

The Board shall meet monthly (or less frequently if approved by the United States Secretary of Health and Human Services) at a location provided by or arranged by the County of San Mateo.

All meetings of the Co-Applicant Board, including, without limitation, regular, special, and adjourned meetings, shall be called, publicly noticed, held, and conducted in accordance with the provisions of the Ralph M. Brown Act (commencing with Section 54950 of the California Government Code), as amended (the "Brown Act"). Minutes of each meeting shall be kept.

Section B - Conduct of Meeting

The meeting shall be conducted in an orderly manner as deemed appropriate by the Chair. If the Board disagrees with how meetings are conducted, it may by majority vote of the total current members of the Board adopt a policy regarding how meetings shall be conducted.

Section C - Notice, Agenda, and Supportive Materials

1. Written notice of each regular meeting of the Board, specifying the time, place, and agenda items, shall be sent to each member not less than four (4) days before the meeting. Preparation of the Agenda shall be the responsibility of the Program Director.
2. The agenda of each meeting shall be posted in a public notice area in accordance with the Brown Act and not less than seventy-two (72) hours prior to the meeting except as permitted by the Brown Act.
3. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the meeting notice. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a Board vote is established by the Chair of the Board, an item may be placed on the agenda although supporting materials are not available in time to be distributed; however, such material shall be available at the meeting.
4. Items which qualify as an emergency, pursuant to the Brown Act, can be added to the agenda at the meeting by a two-thirds (2/3) vote of the

members present at the hearing.

Section D - Special Meetings

To hold a special meeting, advance notice of such meeting shall be given as required by law.

Section E - Format of Meetings

The make-up of membership should dictate the format by which meetings are conducted.

Section F - Quorum and Voting Requirements

1. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence (either physical presence or participation by telephone, videoconference, or other similar electronic means as permitted by the Brown Act) of a majority of the members of the Board then in existence.
2. A majority vote of those Board members present is required to take any action.
3. Each member shall be entitled to one vote. Only members who are present (as defined in Subsection F.1, above) are permitted to vote; no proxy votes will be accepted.
4. Attendance at all meetings shall be recorded on a sign-in sheet. Members are responsible for signing the attendance sheet, except that the Secretary shall sign in any members attending via electronic means. The names of members attending shall be recorded in the official minutes.
5. The Program Director shall have direct administrative responsibility for the operation of the Program and shall attend all meetings of the Board but shall not be entitled to vote.

Article 13: Officers

The Officers of the Board shall be the Chair, the Vice-Chair, and the Secretary. The Chair and Vice-Chair of the Board shall be chosen from among the voting members of the Board. The Program Director shall be the Secretary of the Board.

Section A - Nomination & Election

Anyone may nominate from the Board membership candidates for Chair and Vice-Chair. Nominations shall be given to the Secretary. A list of nominees for Chair and Vice-Chair shall be presented to the Board in advance of its October or November meeting. A nominee may decline nomination. The Chair and Vice-Chair shall be elected annually by a majority vote of these members present and voting as the first order of business at the October or November meeting of the Board.

Section B - Term of Office

The Chair and Vice-Chair shall be elected for a term of one (1) year or, if applicable, for any portion of an unexpired term thereof, and shall be eligible for reelection for a maximum of three (3) additional terms. A term of office for an officer shall start January 1 and shall terminate December 31 of the year for which they are elected, or they shall serve until a successor is elected.

Section C - Vacancies

Vacancies created during the term of an officer of the Board shall be filled for the remaining portion of the term by special election by the Board at a regular meeting in accordance with this Article.

Section D - Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws or other directives of the Board.

1. Chair

The Chair shall preside over meetings of the Board and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the Board.

2. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the Board.

3. Secretary

The Secretary or the Secretary's designee shall take minutes of the meetings, submit those minutes to the Board in advance of the following meeting for approval of the Board, ensure that notice of meetings is given as required by these Bylaws, and ensure that space is reserved for meetings of the Board.

Article 14: Committees

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

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

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

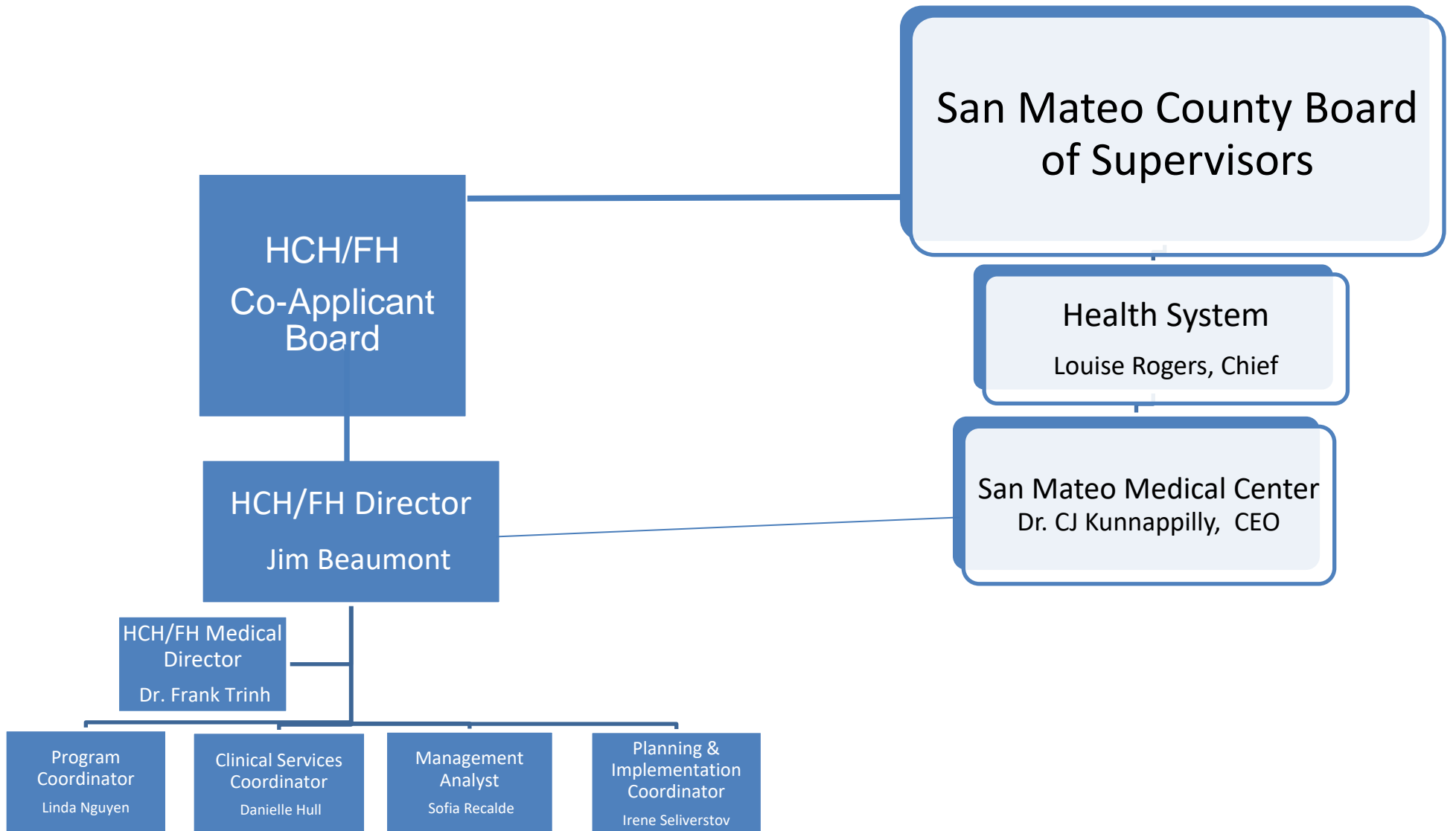
Article 16: Amendments

These Bylaws may be amended at any meeting of the Board at which a quorum is present upon agreement by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the Board of the intention to alter, amend, or adopt new Bylaws at such meetings, and such notice must include the text of the proposed alteration, amendment, or substitution. Bylaw changes which are approved by the Board and which are inconsistent with or in opposition to established San Mateo County policies and procedures are not effective unless approved by the San Mateo County Board of Supervisors. These Bylaws must always remain consistent with the Ordinance which created the Board, and any change to the Bylaws which is inconsistent with that Ordinance is null and void.

Article 17: Program Termination

The Board shall remain in existence for as long as required to remain eligible for receipt of funding from the United States Government under Section 330 or any successor law that requires the existence of the Board. In the event the Program is terminated or is no longer funded by HRSA, the Board shall cease to operate unless the San Mateo County Board of Supervisors takes action to continue the Board's existence.

Notwithstanding the foregoing, the San Mateo County Board of Supervisors may terminate the Board at any time; provided, however, that any such termination may impact Section 330 funding.



ATTACHMENT 4: POSITION DESCRIPTIONS

Position Descriptions for Key Management Staff:

- HCH/FH Director (Jim Beaumont)
- HCH/FH Medical Director (Dr. Frank Trinh)
- HCH/FH Program Coordinator (Linda Nguyen)
- HCH/FH Clinical Services Coordinator (Danielle Hull)
- HCH/FH Management Analyst (Sofia Recalde)
- HCH/FH Planning and Implementation Coordinator (Irene Pasma)

HCH/FH DIRECTOR – 1.0 FTE

Supervisory Relationships: Reports to CEO, San Mateo Medical Center

Receive administrative direction from the HCH/FH Co-Applicant Board. Exercise direct and indirect supervision over managerial, professional, technical and clerical staff.

Duties/Responsibilities: Plan, organize, direct and coordinate the functions and activities of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program as funded by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), US Department of Health and Human Services (HHS) Section 330 Grant; develop, monitor and maintain strategic and tactical plans to support and improve health care for homeless and farmworker patients in the County; develop criteria to identify and award funds for programs; recommend to the HCH/FH Co-Applicant Board a program budget; develop criteria and evaluate funded programs for effectiveness in delivering primary health care and other health services and for cost effectiveness in that service delivery; coordinate Program activities with County departments, non-profit providers and other agencies; and provide highly complex administrative and staff assistance to the HCH/FH Co-Applicant Board. Duties include:

- Plan, organize, direct and evaluate the functions, services, and the distribution of funds under the Program to improve primary health care and other health services to the homeless and farmworker communities in the County.
- Act as liaison between the HCH/FH Co-Applicant Board, County departments, outside agencies and HHS/HRSA/BPHC.
- Properly interpret and explain applicable laws and regulations related to the Program.
- Direct, coordinate and participate in the development and delivery of Program goals, objectives, policies, procedures and priorities consistent with HRSA/BPHC Program Requirements, and other Federal, State and County requirements.
- Direct the preparation of the Program budget; administer and monitor the budget to ensure the accomplishment of objectives within budget restrictions.
- Represent the program to interested groups and organizations; coordinate health care for the homeless and farmworker communities with other County departments and public and private agencies.
- Develop criteria for award of funds; develop methods to evaluate the effectiveness of funded programs both in terms of improved delivery of and access to primary health care and other health services, and cost effectiveness; recommend changes to methods of program service delivery; recommend increased or terminated funding.
- Research, prepare and interpret clinical, technical and administrative reports; prepare written

- correspondence as necessary.
- Select, supervise, train and evaluate managerial, professional, technical, and clerical subordinate personnel.
- Provide administrative support to the HCH/FH Co-Applicant Board.
- Perform related duties as assigned.

Qualifications/Skill/Experience Requirements: Any combination of education and experience that would likely provide the required knowledge, skills and abilities is qualifying. A typical way to qualify is:

- Education: Equivalent to a Bachelor's degree from an accredited college or university with major course work in public administration, public health, psychology, social work or a related field. Master's Degree preferred.
- Experience: Three years of increasingly responsible experience in health, health care administration, public health, social services or a related field, including significant administrative experience in program development and management and including significant experience working with community and advocacy organizations.

HCH/FH MEDICAL DIRECTOR - .25 FTE

Supervisory Relationships: Reports to Director, Healthcare for the Homeless/Farmworker Health Program, San Mateo County

Duties/Responsibilities: Primarily responsible for developing strategic clinical approaches for the overall clinical development of the HCH/FH Program, assisting the Director by providing clinical leadership, and for ensuring the delivery of quality care for patients and clients receiving HCH/FH services. Responsible for own clinical practice (if assigned) and overall supervision of all physicians, mid-level providers nurse managers, and other clinical staff of the HCH/FH Program. The HCH/FH Medical Director will ensure the essentials of quality assurance and credentialing of the clinical staff, and the development and utilization of necessary and appropriate policies, guidelines, protocols & procedures for the provision of medical & health care to the homeless and farmworkers.

As directed by the overall policies and directives of the HCH/FH Co-Applicant Board, the HCH/FH Medical Director is responsible for implementing clinical policy, for quality of care & clinical oversight, for developing policies, protocols, guidelines & procedures for medical services for HCH/FH patients, and acts as liaison with outside medical care resources developing linkages to promote improved patient care and encourage support for homeless & farmworker health care.

The HCH/FH Medical Director works closely with the HCH/FH Director, duties include:

- Accountable for the planning, organization, monitoring, evaluation and oversight of the medical services and care for the homeless and farmworkers patients of the HCH/FH Program. The HCH/FH Medical Director is responsible for quality indicators (analyzing and tracking quality indicators), prioritization of performance improvement activities, and assuring that quality improvement projects are being conducted (including documenting the reasons for conducting those projects and the measurable progress achieved on the projects). The Medical Director is responsible for Quality Improvement / Quality Assurance committee and its activities.
- Attends the HCH/FH Co-Applicant Board meetings and provides information on clinical aspects of the program to the Co-Applicant Board for policy making and is responsible for implementing clinical policy as direct by the Co-Applicant Board.

- Provides oversight of all HCH/FH clinical staff and support via telephone consultations and electronic health records messaging for homeless and farmworker patient medical care across the Health System. The Medical Director is expected to maintain skills providing direct clinical services in an ambulatory setting either through the HCH/FH program or other clinic settings.
- Supervises physicians, mid-level practitioners, nurses, medical assistants and clinical support staff of the HCH/FH Program; participates in the recruitment and selection process for these positions, conducts formal performance evaluation of assigned staff using the criteria-based performance evaluation documents in accordance with county, Health System and, if applicable, HCH/FH policies and procedures; and provides for staff training and professional development; implements discipline as necessary. In addition, the Medical Director ensures providers and clinical staff are credentialed and privileged as necessary & appropriate for the HCH/FH Program.
- Provides 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; provides consultations to other physicians, nurses, mid-level practitioners, behavioral health clinicians, case management staff and other health providers on the diagnosis, evaluation, care and treatment of HCH/FH clients/patients. The HCH/FH Medical Director is responsible for the development, promulgation, administration and implementation of policies, guidelines, protocols, procedures and clinical practices for the necessary and appropriate delivery of health and medical care services for the HCH/FH homeless and farmworker patients/clients.
- Build and establish relationships, and acts as a liaison, between HCH/FH and other hospitals, clinics, and health care services to address the medical needs of the homeless and farmworker population in San Mateo County. In addition, the Medical Director liaisons with the Behavioral Health Recovery Services of San Mateo Health System to coordinate HCH/FH Services with the Mental Health, Alcohol and Other Drugs (AODS) and Homeless and Farmworker Programs.

HCH/FH PROGRAM COORDINATOR – 1.0 FTE

Supervisory Relationships: Reports to Director, HCH/FH

Duties/Responsibilities: Perform a variety of technical tasks and community development work related to the planning, implementation and coordination of the SMC Health Care for the Homeless/ Farmworker Health (HCH/FH) Program. Duties include but are not limited to:

- Plans, organizes and coordinates activities of the HCH/FH Provider Network.
- Coordinates training for HCH/FH service providers.
- Collects, analyzes and reports data on HCH/FH services.
- Provides liaison with other San Mateo County departments and programs and community organizations that provide services to homeless people and farmworkers.
- Coordinates HCH/FH activities with the SMMC Health Coverage Unit.
- Assists the Program Director in monitoring of contracts for service provision.

Qualifications/Skill/Experience Requirements: 4 years of experience in an organization providing social services which has included responsibility for community service program development such as planning, evaluating, monitoring or coordinating projects. Skills/ability to: Make independent judgments and work independently; prepare concise reports and recommendations; communicate effectively in writing and orally; coordinate multiple facets of a program function.

HCH/FH CLINICAL SERVICES COORDINATOR – 1.0 FTE

Supervisory Relationships: Reports to Director, HCH/FH

Duties/Responsibilities: Primarily responsible for monitoring and support of Quality Improvement/Assurance efforts of the program and health policies/protocols for the homeless and farmworker populations, primarily for clinical services. The position is also integrally involved in the development of the program's strategic and tactical plans, mandatory federal reporting, administrative support of the program's governing board (Co-Applicant Board), and preparation of various reports and program documents.

Duties include, but are not limited to, the following:

- 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.

Qualifications/Skill/Experience Requirements: Knowledgeable in areas of quality improvement, clinical protocols, homeless and farmworker health disparities and social determinants of health, and experienced in community engagement, collaboration and partnerships. Education: Bachelor's degree required; Master's degree in Public Health, Nursing or related fields preferred. Skills/ability to: Establish and build relationships, act as a liaison between HCH/FH and SMMC clinics and programs, San Mateo County Health departments and other hospitals, clinics and health care service providers; creative thinker; provide training and technical assistance in a clinical setting.

HCH/FH MANAGEMENT ANALYST – 1.0 FTE

Supervisory Relationships: Reports to Director, HCH/FH

Duties/Responsibilities: Perform a wide variety of highly complex analytical and administrative support activities and provide high level support for the Health Care for the Homeless/Farmworker Health (HCH/FH) Program. Duties include but are not limited to:

- Budget Development-Develop and prepare assigned agency program budgets in
- Agency Budget Monitoring-Make financial projections, monitor expenditures and revenues, monitor claiming and financial reporting

- Financial Analysis- Compile, analyze, present and make recommendations regarding the fiscal impact of operating or organizational changes.
- Analyze and interpret data collected, study financial trends and issues, make recommendations to superiors and, as directed, to senior management, and prepare periodic or special reports based on conclusions
- Prepare quarterly financial summaries and supplemental information in order to distribute and present budget information to program management Developing Fiscal Impact statements and claiming instructions for Contracts, MOU's and staffing requests
- Grant and Program Budgeting- Develop and prepare budgets for grant and program funding requests in accordance with Agency policies and procedures and funding requirements
- Contracts development and invoice approval of contractors/vendors

Qualifications/Skill/Experience Requirements: At least 3 years of increasingly responsible experience performing a wide variety of financial duties and data analysis in a public agency with at least one-year experience in budgeting or area of financial responsibility. Education: Bachelor's degree from an accredited college or university in business or public administration, finance, accounting or a closely related field. Master's degree in a related field is highly desired. Local government experience is helpful.

HCH/FH PLANNING AND IMPLEMENTATION COORDINATOR (COMMUNITY HEALTH PLANNER) – 1.0 FTE

Supervisory Relationships: Reports to Director, HCH/FH

Duties/Responsibilities: Perform as an integral part of HCH/FH's Strategic Plan efforts and provide expertise in advancing equity through policy, program planning, and leading projects. Lead HCH/FH's work to advance the Strategic Plan by working with various Health System partners such as hospitals, health centers and other Community Based Organizations, including:

- Plan and direct the implementation of the HCH/FH strategic plan.
- Lead large-scale homeless and farmworker health initiatives, including building partnerships and coalitions, coordinating work with staff, community programs, contractors, consultants and volunteers, and gathering relevant data to enable initiative or program evaluation.
- Facilitate and mobilize community and departmental support for planning, development and implementation of priority health initiatives.
- Assist in creating and maintaining cooperative relationships with community organizations, educational institutions, health care providers, social service agencies and others.
- Manage technical assistance services to contractors and others whose work addresses the goals and objectives in the Strategic Plan.
- Provide consultation and technical assistance on HCH/FH Strategic Plan to Health System divisions, including involvement in program assessment, planning, and policy development.
- Work in cooperation with outside agencies to provide leadership, guidance and technical/ program assistance on HCH/FH Strategic Plan.
- Convene and participate in local and regional planning and provide leadership and direction to community groups, public and private agencies, advisory boards and volunteers in planning and implementing programs.
-

- Identify health needs, priorities and trends within and across the homeless and farmworker communities throughout the County, including improving the use of various sources of data to evaluate and address the health needs of the homeless and farmworkers and developing homeless and farmworker health policy recommendations and action plans.
- Develop and implement planning and research methodology that serves to identify service needs and priorities including the development of survey instruments for use in data collection.
- Collect and analyze data and develop a community profile on specific programs.
- Analyzes changes in federal, state and county policies, regulations, and legislation; evaluates the impact upon program operations and drafts policy and procedural changes as required.

Qualifications/Skill/Experience Requirements: Requires self-motivation with strong critical thinking, oral and written communication and data analysis skills. Possession of a Master's degree in Public Health, Public Policy, Public Administration or other relevant field such as Community/Economic Development, Planning, with appropriate experience and knowledge of community health planning and health policy.

ATTACHMENT 5. BIOGRAPHICAL SKETCHES FOR KEY MANAGEMENT STAFF

Biographical Sketches for Key Management Staff

- HCH/FH Director (Jim Beaumont)
- HCH/FH Medical Director (Dr. Frank Trinh)
- HCH/FH Program Coordinator (Linda Nguyen)
- HCH/FH Clinical Services Coordinator (Danielle Hull)
- HCH/FH Management Analyst (Sofia Recalde)
- HCH/FH Planning and Implementation Coordinator (Irene Pasma)

Director Jim Beaumont: Mr. Beaumont has directed HCH/FH for nine years. He has over 30 years of highly progressive experience in health and 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 Service Manager in the San Mateo County Department of Child Support Services for 20 years before his appointment to HCH/FH and was the State Alcohol and Drug Abuse Prevention Coordinator for the State of South Dakota for three (3) years. He has a Bachelor of Arts degree in Psychology from Huron College in South Dakota and has completed course work toward a Masters in Public Administration at California State University-Hayward.

Medical Director Frank Trinh, MD: Dr. Trinh has 16 years' experience delivering and supervising primary health care for vulnerable populations and special expertise in infectious diseases that disproportionately affect homeless people and farmworkers. A board-certified internal medicine physician, Dr. Trinh is a graduate of the University of Maryland School of Medicine and completed clinical training in infectious diseases at the Stanford University School of Medicine. In addition to serving as HCH/FH Medical Director, he delivers primary care to patients at the Edison Clinic and to homeless people through the HCH/FH Public Health Medical Mobile Unit. He leads the San Mateo County Hepatitis B Free Steering Committee and participates in the Whole Person Care/Bridges to Wellness Initiative. Dr. Trinh is currently serving as the Vice Chief of Staff for San Mateo Medical Center and was previously the Chair of the Department of Medicine.

Program Coordinator Linda Nguyen, MPA: Ms. Nguyen joined HCH/FH in 2014. She previously worked as a Human Services Analyst 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).

HCH/FH Clinical Service Coordinator Danielle Hull: Ms. Hull joined HCH/FH in 2018 having completed her MPH in Behavioral Science & Health Education at Saint Louis University, Saint Louis, MO. Prior to her MPH, she completed a BS in Nutrition Biology and participated an internship to provide nutrition education to low-income, multiracial children. During her MPH, she helped formalize a quality improvement process for the Perinatal Behavioral Health Initiative at Generate Health and designed an elderly transportation solutions strategy for STL Village. Ms. Hull brings data analytics, behavioral theory application, and program evaluation experience from previous internships.

HCH/FH Associate Management Analyst Sofia Recalde: Ms. Recalde holds a Master of City & Regional Planning (MCRP) and has five year's progressive experience in public health program management. Prior to joining HCH/FH in 2019, Ms. Recalde was the Program Administrator for the Public Health Institute in Oakland, CA, where she oversaw contract and financial management of multiple global health programs and supported program expansion that included start-up activities in Tamil Nadu, India.

HCH/FH Planning and Implementation Coordinator Irene Pasma: Ms. Pasma joined HCH/FH in 2018 having previously worked for Genentech as a Global Study Manager. Ms. Pasma has extensive experience in program planning and implementation as she holds a Master of Public Health from Columbia University and has over 10 years' experience in the health sector including vendor and project management, grant writing and volunteer leadership.

**AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND
THE SAN MATEO COUNTY HEALTH CARE FOR THE HOMELESS &
FARM WORKER HEALTH PROGRAM**

THIS AGREEMENT, entered into this 20 day of May, 2014, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and the San Mateo County Health Care for the Homeless & Farm Worker Health Program, hereinafter called "Program";

W I T N E S S E T H:

WHEREAS, the San Mateo County Health System, through San Mateo Medical Center ("SMMC"), has applied for and received grants from the United States Department of Health and Human Services Health Resources and Services Administration ("HRSA") pursuant to Sections 330(g) and 330(h) (collectively, "Section 330") of the Public Health Service Act (the "Act") to support the planning for and delivery of services to medically underserved populations, including migratory/seasonal farm workers and their families and the homeless and their families; and

WHEREAS, SMMC has created the Health Care for the Homeless & Farm Worker Health Program which, in conjunction with various community partners and at various locations, provides care to migratory/seasonal farm workers and the homeless based on financial support from the Section 330 grant; and

WHEREAS, based on the provision of care to migratory/seasonal farm workers and the homeless in connection with these grants, SMMC has been designated as a Federally Qualified Health Center ("FQHC") in relation to services provided at certain parts of the SMMC system, qualifies as an FQHC to receive enhanced reimbursement

from Medicare and Medi-Cal for certain services, and operates eleven (11) FQHC health clinics and other facilities, helping to serve as a safety net and providing access to quality healthcare to these historically vulnerable and underserved populations; and

WHEREAS, as a condition of the receipt of the Section 330 grant funds, the Health Care for the Homeless & Farm Worker Health Program must have a governance structure that complies with HRSA requirements, including establishment of a co-applicant board with certain powers relating to the Program; and

WHEREAS, for the mutual benefit of the parties, the County and the Program wish to enter an agreement reaffirming the co-applicant board's powers and obligations laid out in San Mateo County Ordinance Code No. 04670, consistent with HRSA requirements; and

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

SECTION 1. Establishment of Co-Applicant Board.

San Mateo County Ordinance Code No. 04670 establishes the San Mateo County Health Care for the Homeless & Farm Worker Health Program Co-Applicant Board (the "Co-Applicant Board"). The Co-Applicant Board will serve as the primary governance structure for the Health Care for the Homeless & Farm Worker Health Program, will do so in accordance with its bylaws, will do so in conjunction with the Board of Supervisors and the SMMC Board of Directors, and shall exercise the governance powers for the Health Care for the Homeless & Farm Worker Health Program (the "Program") as set forth in that Ordinance.

SECTION 2. Membership and Appointment.

The Co-Applicant Board shall consist of at least nine (9) and a maximum of twenty-five (25) voting members. The initial members of the Co-Applicant Board are appointed by the SMMC Board of Directors in consultation with the current Health Care for the Homeless & Farm Worker Health Program Community Advisory Board. Thereafter, membership on the Co-Applicant Board will be determined, and members appointed, by majority vote of the Co-Applicant Board pursuant to its Bylaws. The Co-Applicant Board shall give notice of vacancies pursuant to its Bylaws.

Members of the Co-Applicant Board shall not be compensated for their work for the Co-Applicant Board and shall not be deemed employees of the County of San Mateo by virtue of their work on the Co-Applicant Board. However, employees of the County of San Mateo who serve as members of the Co-Applicant Board shall receive their normal salary and benefits for time spent working on the Co-Applicant Board.

All voting members of the Co-Applicant Board shall be residents of San Mateo County. No voting member of the Co-Applicant Board shall be an employee of or an immediate family member of an employee of SMMC, with "immediate family member" referring to being a parent, spouse, domestic partner, sibling, or child (biological, adopted, step-, or half-); however, a member of the Co-Applicant Board may be an employee of the County. No members shall have a personal financial interest which would constitute a conflict of interest.

The Co-Applicant Board voting membership shall consist of Consumer Members and Community Members, as outlined by this Section.

A. Consumer Members

More than one-half (50% + 1) of the voting members of the Co-Applicant Board shall be individuals who are, have been, or will be served by the Program (the "Consumer Members"). The Consumer Members shall be representative of the geographical areas served by the Program and, as a group, shall represent the Program's user population in terms of demographic factors such as ethnicity, location of residence, race, gender, age, and economic status.

B. Community Members

The remaining voting members of the Co-Applicant Board (the "Community Members") shall have a commitment to the populations that utilize the Program and the special needs of those populations, and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one-half (50%) of these Community Members may derive more than ten percent (10%) of their annual income from the health care industry.

C. Modification to Consumer and Community Membership Numbers

To the extent authorized by law, the number and composition of the voting members of the Co-Applicant Board may be changed at any time via the Co-Applicant Board's Bylaws.

D. Non-Voting *Ex Officio* Members

The Director of the Program shall be a County employee and shall be a non-voting *ex officio* member of the Co-Applicant Board. In addition, this Board and the SMMC Board of Directors may designate additional non-voting *ex officio* members of the Co-Applicant Board.

SECTION 3. Terms of Office and Vacancies.

For voting members who are appointed to the Co-Applicant Board upon its establishment, one-half of the voting members shall serve a term of two (2) years, and the other half of the voting members shall serve a term of four (4) years. The term of each Co-Applicant Board member selected thereafter shall be four (4) years. Any vacancies in or removals from the Co-Applicant Board membership shall occur pursuant to the Bylaws and, to the extent applicable, the San Mateo County Charter.

SECTION 4. Meetings.

The Co-Applicant Board shall meet monthly (or less frequently if authorized by law and determined appropriate by the Co-Applicant Board) at a location provided for or arranged by the County of San Mateo.

All meetings of the Co-Applicant Board, including, without limitation, regular, special, and adjourned meetings, shall be called, publicly noticed, held, and conducted in accordance with the provisions of the Ralph M. Brown Act (commencing with Section 54950 of the California Government Code), as amended. Minutes of each meeting shall be kept.

A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the voting members of the Co-Applicant Board then in existence. A majority vote of those voting Co-Applicant Board members present is required to take any action, and each member shall be entitled to one vote.

SECTION 5. Powers and Duties of the Co-Applicant Board.

Subject to the provisions of Section 6, the duties of the Board shall be as follows:

- A. Making decisions regarding the selection and continued leadership of the Director of the Program and providing input to the County regarding evaluation of the Director of the Program, however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements;
- B. Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process for hearing and resolving patient grievances;
- C. Providing recommendations to the SMMC Board of Directors regarding the fee schedule for services rendered to the Program's target populations and determining the policy for discounting charges (*i.e.*, a sliding fee scale) for the Program's target populations based on the client's ability to pay for said services;
- D. Working with the Program and the SMMC Board of Directors to ensure that the Program is operated pursuant to all applicable program requirements and grant conditions, related federal statutes, rules, and regulations, and other Federal, State, and local laws and regulations;
- E. Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program;
- F. Reviewing and setting financial priorities of the Program, reviewing and setting the Program budget to the extent that the budget is provided by the

Section 330 grant funds, and reviewing and accepting any appropriations made available by the Board of Supervisors;

- G. Setting general policies necessary and proper for the efficient and effective operation of the Program;
- H. To the extent that the Program's policies relate to the operation of SMMC facilities, recommending to the SMMC Board of Directors policies relating to such operations;
- I. Evaluating the effectiveness of the Program in making services accessible to the Program's target populations;
- J. Setting and reviewing separate procedures for hearing and resolving grievances relating to the Program if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for hearing and resolving patient grievances relating to its patients, including those being served by the Program;
- K. Setting and reviewing separate procedures for ensuring quality of care under the Program, including any quality audit procedures, if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for ensuring quality of care to its patients, including those being served by the Program and including any quality audit procedures;
- L. Approving grant applications and other documents necessary to establish

and maintain the Program, including being identified as a co-applicant in relation to future grant applications;

M. Requesting, being apprised of, and reviewing financial reports and audits relating to the Program;

N. Making the Co-Applicant Board's records available for inspection at all reasonable times as required by law and/or upon request by the Board of Supervisors, the SMMC Board of Directors, or either body's duly authorized agents or representatives;

O. Amending the Bylaws, as necessary and as permitted by (1) Ordinance 04670 and (2) the Co-Applicant Board's existing Bylaws; and

P. Filling vacancies, selecting voting members by majority vote, and removing voting members pursuant to Ordinance 04670 and as permitted by the Co-Applicant Board's Bylaws.

SECTION 6. Limitations on Powers of the Co-Applicant Board.

The Board of Supervisors and the SMMC Board of Directors, as appropriate, shall maintain the sole authority to set general policy on fiscal and personnel matters pertaining to all County facilities and programs (including SMMC and its facilities and clinics), including but not limited to policies related to financial management practices, charging and rate setting, labor relations, and conditions of employment. The Co-Applicant Board may not adopt any policy or practice, or take any action, which is inconsistent with or which alters the scope of any policy set by the Board of Supervisors and/or the SMMC Board of Directors on fiscal or personnel issues or which asserts control over any non-Section 330 grant funds provided by the County to the Program.

The Co-Applicant Board does not have any authority to direct hiring, promotion, or firing decisions regarding any County employee.

SECTION 7. Conflicts of Interest.

The Co-Applicant Board voting members shall be subject to the same conflict of interest rules and reporting requirements which are applicable to County boards, commissions, and advisory committees.

SECTION 8. County Support of Co-Applicant Board.

In addition to providing the location for regularly-scheduling meetings of the Co-Applicant Board, the County is permitted but not required to provide incidental support for the program, such as personnel and equipment for taking minutes of meetings, noticing meetings of the Co-Applicant Board, and maintaining archives of Co-Applicant Board documents as required by law. To the extent that County employees otherwise provide operational support for aspects of the Program or the Co-Applicant Board in the usual course of their employment, such support is permitted but not required to be provided by the County. The County undertakes no obligation to provide financial or other support for the Program or the Co-Applicant Board.

SECTION 9. Termination of the Co-Applicant Board.

The Co-Applicant Board shall remain in existence for as long as required to remain eligible for receipt of funding from the United States Government under Section 330 or any successor law that requires the existence of the Co-Applicant Board. If such funding is no longer received by the County of San Mateo, the Co-Applicant Board shall terminate unless the Board of Supervisors takes action to maintain the Co-Applicant

Board.


Notwithstanding the foregoing, this Board may terminate the Co-Applicant Board at any time; provided, however, that any such termination may impact Section 330 funding.

SECTION 10. Bylaws.

The Bylaws attached to San Mateo County Ordinance Code No. 04670 shall constitute the initial Bylaws of the Co-Applicant Board, which may be modified thereafter pursuant to the terms of the Bylaws so long as any such modifications are consistent with the law and with that Ordinance.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO


By: 

President, Board of Supervisors, San Mateo County

Date: May 20, 2014

ATTEST: 
By: _____
Clerk of Said Board

HEALTH CARE FOR THE HOMELESS
& FARM WORKER HEALTH PROGRAM



Program Board Chair

Date: 4/28/2014

Resolution #073188

Attachment 7: SMC Health Care for the Homeless/Farmworkers Program Services 2019

Contractor	Contract Type	Target Population	Geographic Area	Services	Timeframe	Structure Type
Primary Care Services						
Ravenswood Family Health Center	Contract	Homeless	East Palo Alto	Ravenswood provides primary health care services to homeless individuals. Services include general primary medical care, diagnostic lab and radiology, screenings, family planning, immunizations, OBGYN and pharmaceutical services	11/1/2018-12/31/2020	Modified managed care
Scott Oesterling MD, Inc	Contract	Safety net population, including homeless and farmworkers	County-wide	Scott Oesterling MD, Inc provides obstetrical care to SMMC patients at SMMC hospital and clinics and at Lucille Packard Children's Hospital at Stanford.	1/1/2018-12/31/2019	Per Annum rate
ENABLING SERVICES- CARE COORDINATION AND OUTREACH & ENROLLMENT						
LifeMoves (formerly IVSN)	Contract	Homeless	County-wide	LifeMoves provides a full range of enabling services to homeless individuals centered on care coordination and intensive care coordination, care coordination with the Street Medicine team, health insurance and SSI/SSDI eligibility assistance, and transportation.	1/1/2018 - 12/31/19	Modified managed care
Puente de la Costa Sur	Contract	Farmworkers	Coastside South-Pescadero	Puente provides health insurance eligibility assistance, care coordination and intensive care coordination to farmworkers and their family members in the South Coast region. Care coordination and intensive care coordination includes outreach, patient and community education, transportation, follow-up, translation and referral services.	1/1/2018-12/31/2020	Modified managed care
Samaritan House	Contract	Shelter Homeless	Safe Harbor Shelter, South San Francisco	Samaritan House provides care coordination, including health care navigation, patient and community education, transportation and referral services to homeless individuals at Safe Harbor shelter.	1/1/2018-12/31/2020	Modified managed care
Ravenswood Family Health Center	Contract	Homeless	East Palo Alto	Ravenswood provides care coordination to homeless individuals in the East Palo Alto area. Care coordination includes outreach, assessment of and assistance with immediate needs and barriers, care management, health navigation assistance, expedited health center registration and intake procedures, education, motivational intervention, transportation, translation, and discharge and care/housing transition coordination.	11/1/2018-12/31/2020	Modified managed care
DENTAL SERVICES						
Sonrisas Dental	Contract	Farmworkers	Coordinate with Puente to outreach to farmworkers in Pescadero area	Sonrisas provides preventive and restorative dental services for farmworkers and farmworker family members. Dental services include exams, prophies, fillings, temporary crowns, prosthetics, x-rays and periodontal deep cleanings and other general dental services.	1/1/2018-12/31/2020	Modified managed care
Ravenswood Family Health Center	Contract	Homeless	East Palo Alto	Ravenswood provides preventive and restorative dental services to homeless individuals in the East Palo Alto area. Dental services include exams, prophies, fillings, crowns, prosthetics, x-rays and other general dental services.	1/1/2018-12/31/2020	Modified managed care

OTHER SERVICES

El Centro de Libertad/The Freedom Center	Contract	Homeless and farmworker	County-wide	El Centro provides outreach, prevention education programs and screening and navigation assistance in homeless shelters and farmworker communities. Screening & Navigation assistance includes identifying assistance for AOD, SUD, mental health disorders	1/1/2019-12/31/2019	Modified managed care
StarVista	Contract	Homeless and farmworker adult and youth	County-wide	StarVista provides outreach and engagement services, including engagement to Medication Assisted Treatment (MAT) services, substance abuse and mental health services, and transportation to homeless individuals, farmworkers and farmworker family members	1/1/2019-12/31/2020	Modified managed care
Certified Languages International	Contract	Safety net population, including homeless and farmworkers	County-wide over-the-phone	Certified Languages International provides over-the-phone medical interpreting services 24 hours a day, 7 days a week, 365 days a year, including holidays in over 200 languages and dialects	3/1/2017-2/29/2020	Per minute rate
Health Care Interpreter Network	Contract	Safety net population, including homeless and farmworkers	County-wide over-the-phone and video	Health Care Interpreter Network provides voice and video medical interpreting services 24 hours a day, 7 days a week, 365 days a year, including holidays	7/7/2015-6/30/2021	Per minute rate
Jacqueline Baras Shreibati, MD	Contract	Safety net population, including homeless and farmworkers	San Mateo Medical Center	Dr. Shreibati provides professional non-invasive cardiology services at SMMC Department of Medicine	8/1/2019-7/31/2020	Hourly rate
Maurer Dermatology Associates	Contract	Safety net population, including homeless and farmworkers	San Mateo Medical Center and county-wide over-the-phone	Maurer Dermatology Associates provides professional dermatology services at SMMC Department of Surgery, including clinic, inpatient, supervisory, telederm, pathology and call services.	12/1/2017-11/30/2019	Hourly rate



South County Community Health Center, Inc.
dba Ravenswood Family Health Center

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 VV. 39th Avenue
San Mateo, CA 94403

Re: Support for the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's Application for the FY 2020 Service Area Competition (HRSA-20-015)

Dear Jim,

I am writing to express the South County Community Health Center's (dba: Ravenswood Family Health Center (RFHC)) strong support for the San Mateo Medical Center Health Care for the Homeless/Farmworker Health Program (HCH/FH)'s Service Area Competition application for funds to continue services for homeless people and farmworkers in San Mateo County.

RFHC works in partnership with HCH/FH to deliver comprehensive primary care for the large population of homeless people in East Palo Alto, including many homeless ex-offenders with co-occurring chronic medical and behavioral health conditions. As a component of the HCH/FH network of care, RFHC provided primary care, integrated behavioral health services, oral healthcare, and enabling services for patients experiencing homelessness. Our collaboration with HCH/FH facilitates access to indicated specialty care at SMMC clinics for the large number of homeless patients who have lacked access to care and developed serious, complex health problems.

Our staff are active members of the HCH/FH Co-Applicant Board and Provider Network. This aspect of our partnership provides opportunities for RFHC and HCH/FH to work together and with other health care and homeless service providers to create an accessible system of care for people experiencing homelessness, and to troubleshoot system problems and resolve access barriers.

RFHC will continue our collaboration with HCH/FH by delivering services for homeless people, working on joint efforts to eliminate barriers that prevent homeless people and farmworkers from receiving health care, and making the most of the local and federal resources. We look forward to continuing our positive collaborative relationship with HCH/FH during the program's upcoming project period.

Sincerely,

Luisa Buada, RN, MPH
Chief Executive Officer

1885 Bay Road
East Palo Alto, CA 94303
Tel: 650.330.7400 Fax: 650.321.4552



AVISIO HEALTH CENTER - GARDNER PACKARD CHILDREN'S HEALTH CENTER - COMPRE CARE HEALTH CENTER - GARDNER DOWNTOWN HEALTH CENTER
GARDNER SOUTH COUNTY HEALTH CENTER - ST JAMES HEALTH CENTER - GARDNER HEALTH CENTER - HEALTH CARE FOR THE HOMELESS

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Re: Support for the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's Application for the FY 2020 Service Area Competition (HRSA-20-015)

Dear Mr. Beaumont:

Gardner Family Health Network (GFHN) supports the San Mateo Medical Center Health Care for the Homeless/Farmworker Health Program's (HCH/FH) Service Area Competition application for funds to continue delivering health care services to homeless individuals and farmworkers in San Mateo County.

As a Federally Qualified Health Center serving neighboring Santa Clara County and southeast San Mateo County, GFHN is aware of the need for HCH/FH's services and committed to collaborating with HCH/FH. GFHN opened Gardner Packard Children's Health Center in 2014, a pediatric clinic serving low income families in southeast San Mateo County. When homeless families do seek care at the health center, we coordinate referrals with HCH/FH and community partners like Ravenswood Family Health Center in East Palo Alto.

The extremely high and continuously rising costs of housing in Southeast San Mateo are forcing families into homelessness and place many low income and working poor families at risk for homelessness. HCH/FH assures that families who fall into homelessness in San Mateo County have access to the health services. For these reasons, Gardner strongly supports HCH/FH's SAC application and looks forward to continued collaboration in improving the care and well-being of people seeking medical services in our County.

Sincerely,

A handwritten signature in blue ink that reads "Reymundo C. Espinoza".

Reymundo Espinoza, MPH
Chief Executive Officer

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August 5, 2019

Mr. Jim Beaumont

Director, Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Re: Support for the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's Application for the FY 2020 Service Area Competition (HRSA-20-015)

Dear Jim,

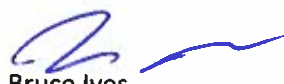
LifeMoves strongly supports the funding request being made by the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program (HRSA-20-015), which will allow it to continue providing comprehensive health care services to people experiencing homelessness and farmworkers in San Mateo County.

As the largest provider of shelter, housing and supportive services for homeless people in San Mateo County, LifeMoves recognizes that San Mateo Medical HCH/FH Program services are essential to helping homeless individuals and families stabilize and be able to regain permanent housing and self-sufficiency. HCH/FH and LifeMoves collaborate on multiple strategies to ensure that homeless people have full access to healthcare services.

LifeMoves is a non-profit that provides interim housing and supportive services to homeless families and individuals in San Mateo; we are a contracted HCH/FH provider in the delivery of comprehensive primary care at our Maple Street Shelter. HCH/FH provides primary care at Maple Street through the co-location of HCH/FH Public Health Planning & Policy Mobile Clinic. To support this work, HCH/FH contracts with LifeMoves for care coordination and eligibility assistance services. In addition, LifeMoves provides significant support to the HCH-funded Street Medicine Team to reach medically-compromised individuals who are chronically homeless. This work is conducted daily on the streets across San Mateo County.

For these reasons, LifeMoves supports HCH/FH's SAC application and looks forward to continued collaboration in improving the care and well-being of people seeking medical services in our County.

Sincerely,



Bruce Ives
Chief Executive Officer



Jim Beaumont
Director, Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Re: Support for the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's Application for the FY 2020 Service Area Competition (HRSA-20-015)

Dear Jim:

Puente de la Costa Sur (Puente), the community resource center serving farmworkers and their families in the isolated South Coast region of San Mateo County, strongly supports the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's funding request (HRSA-20-051) to continue providing comprehensive health care services to people experiencing homelessness and farmworkers in San Mateo County.

Puente's outreach team and case managers inform farmworkers and their families about the availability of HCH/FH service and the importance of utilizing primary care, especially preventive services. We facilitate referrals to HCH/FH, conduct outreach and provide assistance to farmworkers to enroll in health coverage programs, and coordinate transportation to health care appointments at the SMMC Coastside Clinic and SMMC facilities in San Mateo. Over the years Puente has worked with various partners to provide direct health care services in the South Coast region. Puente has partnered with SMMC to open a clinic on their site to bring direct care to farmworkers and their families. HCH/FH works with Puente to provide "backpack/field medicine" services at job sites to reach farmworkers who underutilize health care.

HCH/FH helps assure that farmworkers living and working in isolated coastal communities have access to health care services on par with the rest of San Mateo County. We look forward to continuing to work with HCH/FH to improve the health of our community. For the reasons above, Puente supports HCH/FH's SAC application and looks forward to continued collaboration in improving the care and well-being of people seeking medical services in our County.

Sincerely,

A handwritten signature in blue ink that reads 'Rita Mancera'.

Rita Mancera
Executive Director
Puente de la Costa Sur
www.mypuente.org
650-879-1691
rmancera@mypuente.org



Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

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Alexander Moldanado, MD
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Jay Strauss
Jason Ting
Sheila Wolfson

August 06, 2019

Re: Support for the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's Application for the FY 2020 Service Area Competition (HRSA-20-015)

Dear Jim:

Samaritan House strongly supports the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's funding request (HRSA-20-015) to continue providing comprehensive health care services to people experiencing homelessness and farmworkers in San Mateo County.

Samaritan House operates volunteer-based, free clinics in San Mateo and Redwood City which provide care for homeless and working low-income individuals who lack health coverage. Our free clinics refer homeless patients to HCH/FH for more comprehensive primary care and indicated specialty care that our clinics do not provide.

Samaritan House has served homeless individual and families in San Mateo County since 1974 and collaborated with HCH/FH since the program's inception. In addition to our free clinics, Samaritan House operates an emergency shelter, food assistance, homelessness prevention assistance, financial education, a temporary labor program and case management services. Under a contract with HCH/FH, Samaritan House case managers connect homeless people to comprehensive primary care services by providing motivational interventions and practical assistance with scheduling, transportation and reminders. HCH/FH Mobile Medical and Dental Clinics visit our Safe Harbor Shelter.

We are committed to continuing to work with HCH/FH to meet homeless people's basic human need for healthcare to enable them to raise their levels of self-sufficiency and transition to stable housing. For the reasons above, Samaritan House supports HCH/FH's SAC application and looks forward to continued collaboration in improving the care and well-being of people seeking medical services in our County.

Sincerely,



Bart Charlow
Chief Executive Officer



A Community Non-Profit Organization
sonrisasdental.org

Jim Beaumont
Director, Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 VV. 39th Avenue
San Mateo, CA 94403

Re: Support for the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's Application for the FY 2020 Service Area Competition (HRSA-20-015)

Dear Jim:

Sonrisas Dental Health, Inc (Sonrisas) strongly supports the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's funding request (HRSA-20-015) to continue providing comprehensive health care services to people experiencing homelessness and farmworkers in San Mateo County.

Sonrisas is a non-profit organization that provides dental health services in San Mateo County. With funding from HCH/FH Sonrisas sends a mobile dental team into the field in Pescadero to identify farmworkers who are in need of dental care, providing mobile cleanings and screenings and referring patients who need additional dental care to the fixed site clinic in Half Moon Bay. Sonrisas coordinates the scheduling of services with support from case managers at Puente de la Costa Sur located in Pescadero.

Sonrisas is proud of and passionate about the mobile dental program care and looks forward to continuing to provide this critical service to farmworkers. For these reasons, Sonrisas supports HCH/FH's SAC application and looks forward to continued collaboration in improving the care and well-being of people seeking medical services in our County.

Sincerely,

A handwritten signature in black ink that reads "Tracey Fecher".

Tracey Fecher
Chief Executive Officer

San Mateo Center
430 N. El Camino Real
San Mateo, CA 94401
650.727.3480

Coastside Center
210 San Mateo Rd., Ste. 204
Half Moon Bay, CA 94019
650.726.2144



STAR VISTA

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Re: Support for the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's Application for the FY 2020 Service Area Competition (HRSA-20-015)

Dear Jim:

StarVista strongly supports the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's funding request (HRSA-20-015) to continue providing comprehensive health care services to people experiencing homelessness and farmworkers in San Mateo County.

For more than 50 years StarVista has been empowering people of every age and life stage in San Mateo County with innovative, proven programs that enable prevention, change, and perseverance. We help thousands of people in our community each year through over 30 counseling, crisis prevention, youth housing, and outreach programs. We deliver high impact services through counseling, skill development, and crisis prevention to children, youth, adults, and families to help all ages and stages through life's challenges.

StarVista is a contracted HCH/FH provider in the delivery of outreach and engagement services, including engagement to Medication Assisted Treatment (MAT) services, and expansion of outreach and substance abuse and mental health services for adults and youth experiencing homeless and farmworker's and their families. We are committed to continuing to work with HCH/FH to meet homeless and farmworker's basic human need for healthcare services.

For the reasons above, StarVista supports HCH/FH's SAC application and looks forward to continued collaboration in improving the care and well-being of people seeking medical services in our County.



STAR VISTA

Sara Larios Mitchell

Sincerely,

Sara Larios Mitchell, PH.D

Chief Executive Officer

August 9, 2019

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Dear Jim:

The San Mateo County Human Services Agency Center on Homelessness strongly endorses the San Mateo Medical Center's Health Care for the Homeless/Farmworker Health Program (HCH/FH)'s Service Area Competition application for federal funds to continue urgently needed health services for individuals and families experiencing homelessness. The Center on Homelessness is the Continuum of Care (CoC) lead agency for San Mateo County and works closely with a broad group of stakeholders to plan and coordinate the system of homeless services in the County.

The Center on Homelessness will continue to work with HCH/FH and homeless service providers to assure that our programs work together, providing pathways to housing for families and individuals experiencing homelessness. We will provide data on the service needs of people experiencing homelessness and additional data from the Point In Time count.

HCH/FH is an important component of the forward-thinking, coordinated and cost-effective collaborative action needed to ensure access to health care and housing for individuals and families experiencing homelessness. We look forward to continuing to work with HCH/FH as a key partner in the work to end homelessness in our community.

Sincerely,



Selina Toy Lee, MSW
Director of Collaborative Community Outcomes
San Mateo County Human Services Agency



HOSPITAL CONSORTIUM OF SAN MATEO COUNTY

Mailing Address:

205 DeAnza Blvd., #237, San Mateo, CA 94402-3989

Location:

222 West 39th Avenue, San Mateo, CA 94403

August 8, 2019

Jim Beaumont

Director, Health Care for the Homeless/Farmworker Health Program

San Mateo Medical Center

222 W. 39th Avenue

San Mateo, CA 94403

Francine Serafin-Dickson
Executive Director
(650) 573-3957
Fax: (650) 349-3028
fsdickson@hospitalconsort.org

Re: Support for the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's Application for the FY 2020 Service Area Competition (HRSA-20-015)

Dear Jim:

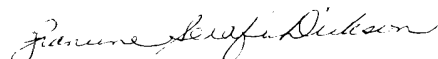
The Hospital Consortium of San Mateo County (Consortium) strongly supports the County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program's funding request (HRSA-19-079) to continue providing comprehensive health care services to people experiencing homelessness and farmworkers in San Mateo County.

The Consortium is comprised of San Mateo Medical Center and four other hospitals located in San Mateo County: Dignity Health Sequoia Hospital; Kaiser Foundation Hospital/Health Plan, Redwood City; Mills-Peninsula Medical Center; and Seton Medical Center. Its mission is to enable member hospitals to work together and engage in countywide collaboration to improve the delivery of health care and to the general health of residents in San Mateo County. In 2018, the Consortium identified hospital discharge of individuals experiencing homelessness as a strategic priority which led to partnering with HCH/FH and focusing on medical respite. Respite 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.

Together, it was possible to quantify the county-wide need for medical respite, gather input from key stakeholders on critical components to starting such a program, and identify partnerships, funding streams, and facilities where such a program could be implemented.

For the reasons above, the Consortium supports HCH/FH's SAC application and looks forward to continued collaboration in improving the care and well-being of people seeking medical services in our County. Should you have any questions, please contact me at fsdickson@hospitalconsort.org.

Sincerely,



Francine Serafin-Dickson, DNP, MBA, RN

**Kaiser Foundation Hospital/
Health Plan**
Redwood City, CA

**Mills-Peninsula
Medical Center**
Burlingame & San Mateo, CA

**San Mateo
Medical Center**
San Mateo, CA

**Dignity Health
Sequoia Hospital**
Redwood City, CA

**Seton Medical Center & Seton Coastside,
part of Verity Health System**
Daly City & Moss Beach, CA

Executive Director

**Kaiser Foundation Hospital/
Health Plan**
Redwood City, CA

**Mills-Peninsula
Medical Center**
Burlingame & San Mateo, CA

**San Mateo
Medical Center**
San Mateo, CA

**Dignity Health
Sequoia Hospital**
Redwood City, CA

**Seton Medical Center & Seton Coastside,
part of Verity Health System**
Daly City & Moss Beach, C A

San Mateo County
Health Care for the Homeless/Farmworker Health (HCH/FH) Program
 (HRSA 330 Program/FQHC)

Sliding Fee/Discount Schedule

Effective April 12, 2019

Monthly Income Thresholds by Family Size for Sliding Fee/Discount Policy Coverage for Service Charges

Poverty Level ⁺	0 - 100%	101% - 138%	139% - 160%	161% - 200%	>200%
Family Size					
1	\$1,041	\$1,437	\$1,666	\$2,082	\$2,083
2	\$1,409	\$1,945	\$2,255	\$2,819	\$2,820
3	\$1,778	\$2,453	\$2,844	\$3,555	\$3,556
4	\$2,146	\$2,962	\$3,434	\$4,292	\$4,293
5	\$2,514	\$3,470	\$4,023	\$5,029	\$5,030
6	\$2,883	\$3,978	\$4,612	\$5,765	\$5,766
7	\$3,251	\$4,487	\$5,202	\$6,502	\$6,603
8	\$3,619	\$4,995	\$5,791	\$7,239	\$7,240
For each additional person, add	\$368	\$509	\$590	\$737	\$738
Patient Cost ==>	No Charge	\$20	\$25	\$30	No Sliding Fee Discount⁺⁺

⁺ Based on 2019 HHS Poverty Guidelines (<https://aspe.hhs.gov/poverty-guideline>)

⁺⁺ Reduced payments may be available through other state/local funded discount programs.



COUNTY OF SAN MATEO
**HEALTH CARE FOR THE
HOMELESS & FARMWORKER
HEALTH PROGRAM**

2018
Annual Report

OUR MISSION:

To serve homeless and farmworker individuals and families by providing access to comprehensive health care in a supportive, welcoming, and accessible environment.

OUR VALUES:

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

DIGNITY Services provided by the HCH/FH Program are respectful, culturally competent and treat the whole person's physical health and behavioral health

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

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



LETTER from the BOARD CHAIR

Overall, the idea is simple - if people don't wait until an emergency to see their doctor, their health outcomes are better, and the health system saves money. This explains why health insurance companies and large companies offer wellness programs encouraging employees to exercise and make annual visits to their primary care physician.

Still, few of us really like going to the doctor or the dentist, or confronting mental illness in ourselves or loved ones. Add the stress and isolation associated with being homeless or an immigrant in a politically hostile climate - the two populations our program focuses on - and it is both obvious and proven that seeking health care is de-prioritized on a personal level and more difficult to obtain on a systematic level due to stigma, geographic accessibility, health literacy, fear and more.

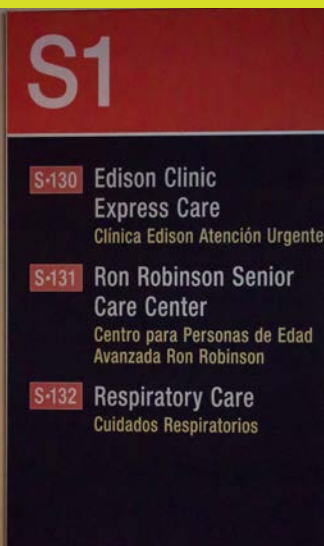
This is where Health Care for the Homeless/ Farmworker Health

Program (HCH/FH) comes into the picture. We channel federal funds to alleviate some of the burdens these two populations disproportionately feel in an attempt to reduce health disparities and hopefully reduce health costs. We leverage the extensive services of San Mateo County Health and partner with respected community-based organizations (see pages 5 & 6) to provide primary, dental, behavioral health and case management services. In 2018, 4,600 homeless individuals and 1,100 farmworkers received health related services from San Mateo County Health or one of our partner organizations (see page 4).

Even though we've been at this for 28 years, this is our first Annual Report. We are happy to share the program's 2018 work, some plans for the following year and invite new partners, health care providers, and community members to join us in this important work.

- Brian Greenberg, Board Chair

IT TAKES A VILLAGE – A CLIENT'S STORY



Bill S. became homeless when his apartment in South San Francisco burned down in the summer of 2018. At 71 years old, he didn't have anywhere else to go and turned to Safe Harbor, a shelter in South San Francisco run by Samaritan House. Bill was battling alcohol abuse and chronic obstructive pulmonary disease (COPD). Over the years, he had gone to numerous emergency rooms for his COPD exacerbations but did not have a primary care doctor.

The team on the San Mateo County Mobile Health Clinic, which comes to Safe Harbor weekly, was able to get Bill's COPD under control and connect him to the SMC integrated medication assistance team (IMAT) for alcohol support. By early fall, Bill reported he did not have a drink since working with IMAT and had established a primary care team at the Ron Robinson Senior Care Center. Moreover, with the assistance of LifeMoves, Bill received a housing voucher and moved into an assisted living apartment in late Fall.



BACKGROUND

Health Care for the Homeless/Farmworker Health Program (HCH/FH)

San Mateo County's Health Care for the Homeless/Farmworker Health Program is a federally funded program which has delivered and coordinated health care and support services for homeless individuals and families since 1991. In July 2010, the program expanded its scope of services to include the farmworker population and their families/dependents.

HCH/FH is funded by U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) pursuant to Sections 330(g) and 330(h) of the Public Health Service Act to support the planning for and delivery of services to medically underserved populations. It is jointly governed by an independent Co-Applicant Board (Page 7) and the San Mateo County Board of Supervisors.

People in San Mateo County experiencing homelessness or who work as farmworkers (and their families) can access any San Mateo County Health touch point – San Mateo Medical Center, satellite clinics, mobile clinics – and numerous other County and community-based organizations to receive outpatient health services regardless of insurance or documentation status. The HCH/FH Program has agreements with county and nonprofit organizations to provide these services.

HRSA has a broad definition of homelessness which, in addition to people residing in shelters or on the street/in cars/RVs, includes doubling up (i.e. couch surfing) and those in transitional or permanent supportive housing

Strategic Plan Goals

In 2016, the HCH/FH Program developed a strategic plan with four high level goals:

1. Expand health services for homeless individuals and farmworkers
2. Improve the ability to assess the on-going needs for homeless individuals and farmworkers
3. Maximize the effectiveness of the HCH/FH Program's Board and Staff
4. Improve communication about resources for the homeless and farmworkers

The strategic plan is scheduled to be updated in the second half of 2019.

Quality Improvement/Quality Assurance

HCH/FH monitors clinical outcomes of people experiencing homelessness and farmworkers to ensure their health outcomes, such as rates of diabetes, heart disease, and prenatal care, are no worse than the general population.

In 2018, the QI/QA subcommittee led by HCH/FH's Medical Director and Clinical Coordinator focused on aligning clinical outcomes and embedding improvement procedures with San Mateo Medical Center efforts. This has the potential to streamline efforts such as connecting diabetic patients with poor blood-sugar control to dental care.

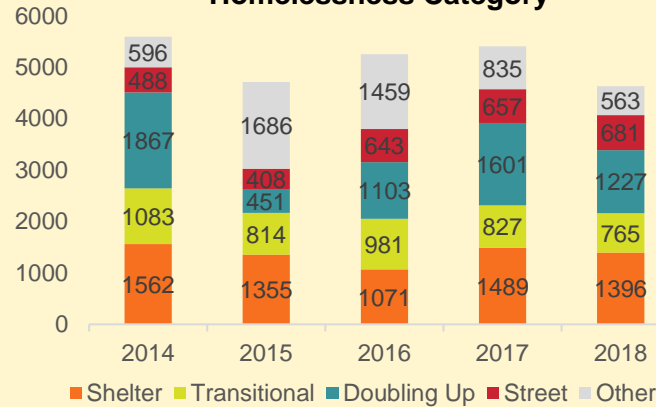
2018 in Review

Patients experiencing homelessness

In 2018, ~ 4,600 individuals experiencing homelessness received outpatient health care services through the HCH/FH Program, relatively comparable with previous years, but a 15% decrease from 2017. This could be due to the County's efforts to rapidly re-house people experiencing homelessness often times outside of San Mateo as well as high cost of living.

Patients self-report where they slept the night before, therefore HCH/FH Program numbers are indicative but not full reflections of the number of people experiencing homelessness. This is partially due to the difficulty connecting chronically homeless patients to health services. Contracting with nonprofits (see page 7) for enabling services attempts to connect difficult-to-reach patients to health care.

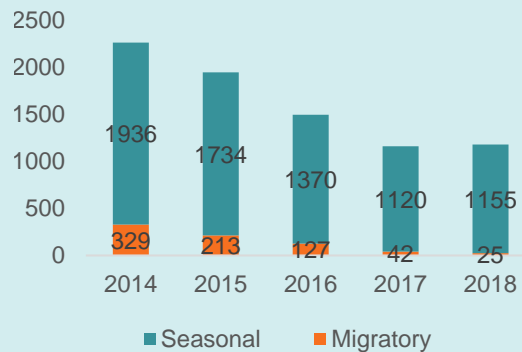
Patients Receiving Services by Homelessness Category



Patients who identify as farmworkers

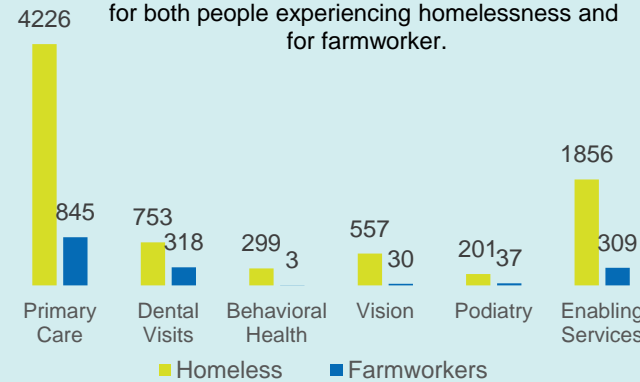
In 2018, 1,180 farmworkers and their dependents received health care services through the HCH/FH Program. The majority of farmworkers in San Mateo County are seasonal and the decline is likely due to the national politics and discourse about immigrant issues.

Farmworkers using SMC Health Services by Work Classification



Type of Services Received

Primary Care was the predominate service received for both people experiencing homelessness and for farmworker.



Spotlight: Mental Health Services and Substance Use Disorder

Substance use disorders impact the health and well-being of individuals, families, and entire communities across the country, and have been called “one of the critical public health problems of our time.”¹ Until 2018, HCH/FH was not able to allocate many resources to mental health. Mental health and substance use are particularly and intricately connected to the overall well-being of vulnerable populations.

In 2018, HRSA announced supplemental funding for Substance Use Disorder and Mental Health Services (SUD MH), which was in addition to a similar announcement in 2017 for Access Increases in Mental Health and Substance Abuse Services (AIMS).

The HCH/FH Program was able to secure funding from both funding opportunities. This led to the development of two new community partnerships – StarVista and El Centro – to find ways of increasing services for farmworkers and people experiencing homelessness.

Additionally, the funding was used to conduct a county-wide Substance Use Needs Assessment, develop resources for people struggling with substance use, and a website framework. This work is being finalized in the early 2019 months as El Centro and StarVista are ramping up to provide services and reflects progress against the strategic goal of expanding health services.

Financial Overview

In 2018, the HCH/FH program received ~\$2.4M from HRSA which was distributed among ~10 contracts/MOUs and covered operational costs. Additionally, the Health System receives higher Medi-Cal and Medi-Care reimbursement rates due to the Federally Qualified Health Center status the HCH/FH Program provides to the county.

Total Program Costs & Revenues for Homeless & Farmworker Health Services

Item	Financial Cost
Total Clinical Cost	\$8,595,490
Total Enabling Cost	\$711,160
Facility & Non-Clinical Support	\$7,715,458
Total	\$17,022,108
Item	Revenue
Patient Revenue	\$4,051,614
Federal Grant (HRSA 3330 farmworker & Homeless)	\$2,410,741
Non-Federal/Local Support	\$10,559,753
Total	\$17,022,108

¹U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. (Washington, DC: HHS, November 2016).

SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS AND FARMWORKERS IN SAN MATEO COUNTY

The Health Care for the Homeless/Farmworker Health Program works with the below organizations to ensure people experiencing homelessness, farmworkers and their families in San Mateo County are able to receive case management, primary care, dental care, as well as behavioral and substance use services.

Most of these organizations provide services beyond those described here, which focus on HCH/FH contracted services.

Primary Care

San Mateo County Mobile Health Clinic



A state-of-the-art van which provides drop-in (no appointment necessary) primary care services to homeless patients throughout San Mateo County at regularly scheduled sites.

San Mateo County Street/Field Medicine



In an effort to meet patients where they are, this backpack medicine program provides primary care to people experiencing homelessness on streets, in tent encampments and to farmworkers in the fields.

San Mateo Medical Center and Clinics

Anyone who is experiencing homelessness, is a farm worker or family member of a farm worker can receive health care services at San Mateo Medical Center (SMMC) or clinics throughout the county. SMMC is a safety net hospital for all county residents. Clinics are located across the entire county and services provided vary by location, include primary care, dental, etc.



Dental Care

San Mateo Mobile Dental Clinic



Provides comprehensive dental care services to San Mateo County residents throughout the County at various locations including homeless shelters. Qualified patients are assigned to the clinic.

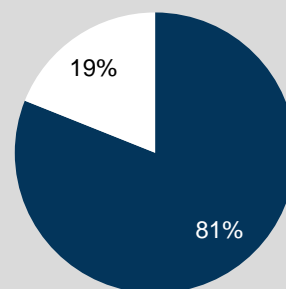


Provides comprehensive dental services to farmworkers and their families in the Southcoast region of San Mateo County, including exams, fillings, and crowns. Sonrisas works closely with Puente de la Costa Sur to conduct outreach and identify farmworkers.

HCH/FH Program Contracts Overview

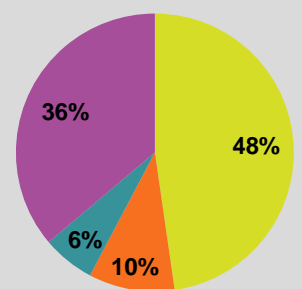
The program began with a focus on contracting for the delivery of primary care services, and as it has matured, it has begun funding more enabling services. Increasing access to mental health and dental services is a continued focus for this program. As required by HRSA, about 20% of the grant funds go toward services for farmworker health ("FH").

HCH vs. FH



■ Homeless
■ Farmworker

Contract Value by Service Type



■ Primary Care
■ Dental services
■ Behavioral Health
■ Enabling Services

Behavioral Health

Includes mental health and substance use treatment/outreach.



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

Provides a broad spectrum of services for children, youth, families, adults and older adults for the prevention, early intervention and treatment of mental illness and/or substance use conditions.

EL CENTRO DE LIBERTAD

The Freedom Center

Provides outreach/prevention education programs, screening and navigation assistance on substance use to homeless and farmworkers throughout San Mateo county. One of HCH/FH's newest partnerships.



STAR VISTA

Provides outreach/engagement services, including engagement with Medication Assisted Treatment services, and substance abuse and mental health services to homeless and farmworkers throughout San Mateo County.

Enabling Services

Are non-clinical services that aim to increase access to healthcare and improve health outcomes, i.e. transportation, health literacy

LifeMoves

Breaking the Cycle of Homelessness

Provides care coordination, health insurance enrollment including SSI/SSDI to homeless patients throughout San Mateo County. LifeMoves also collaborates with the SMC Street Medicine Team to provide medical needs assessment of street homeless.



Provides care coordination and health insurance eligibility/enrollment to farmworkers in the South Coast of San Mateo County. This includes outreach, education, transportation and translation services. Puente also collaborates with SMC Field Medicine Team to provide medical care to uninsured farmworkers.



Provides health care coordination services and patient education to clients experiencing homelessness at their Safe Harbor shelter located in South San Francisco.

Ravenswood Family Health Center

Located in a fully re-vamped, state-of-the-art facility in East Palo Alto as of 2015, Ravenswood Family Health Center is a Federally Qualified Health Center that provides comprehensive health care to residents of East Palo Alto. This includes primary care, dental care, behavioral health and enabling services specifically intended to connect vulnerable populations to the care they need.



Meet the HCH/FH Program's Co-Applicant Board Members

The Co-Applicant Board is responsible for the overall direction of the program, including selection of services and evaluation of progress. Board Members must be San Mateo County residents and cannot be employed by San Mateo County Health. The HCH/FH Program is always seeking passionate San Mateo County residents to join. People with lived experience are particularly encouraged to apply, however homeless or farmworker status is not required.



Brian Greenberg
*Board Chair, LifeMoves
Vice President of Programs & Services*



Robert Anderson
*Vice Chair, Retired
San Mateo Police Officer*



Steve Carey
*LifeMoves &
Consumer Advocate*



Mother Champion
*Community
Leader*



Eric DeBode
*Executive Director
Abundant Grace*



Tayisha Deldridge
*Ravenswood Family
Health Center*



Christian Hansen
*Intero Real
Estate Services*



Officer Shanna Hughes
*San Mateo Police
Homeless Outreach Unit*



Steve Kraft
*Consumer
Advocate*



Suzanne Moore
*Community Leader,
retired Nurse*



Victoria Sanchez de Alba
*Public Relations &
Community Leader*



Adonica Shaw
*Community Activist &
Business Woman*

Looking Ahead to 2019

Medical Respite, also referred to as recuperative care, provides acute and post-acute medical care for people who are homeless and too ill to be on the street or in a shelter but not ill enough to be in a hospital. Research has shown reduced health costs to hospitals and the overall health system when Medical Respite is a discharge option and/or an Emergency Room deterrent. Currently, San Mateo County does not have a comprehensive model. Due to a confluence of events including increased hospital interest, it has become a large focus of the HCH/FH Program in late 2018. In partnership with the Hospital Consortium of San Mateo County, a Community Task Force composed of diverse stakeholders has been formed to identify a comprehensive medical respite plan for the County.

The HCH/FH Program is focusing on numerous other initiatives in 2019 ranging from **data quality** improvement projects to seeking new and innovative projects. Examples include **increasing dental services** to farmworkers on the coast and exploring ways to improve **nutrition** which can in turn alleviate the burden of chronic illness. Additionally, the HCH/FH Program will be conducting a **needs assessment** and updating its **strategic plan**.

Staff

Jim Beaumont
Director

Frank Trinh, M.D.
Medical Director

Danielle Hull
Clinical Coordinator

Irene Pasma
Implementation Coordinator

Linda Nguyen
Program Coordinator

Sofia Recalde
Management Analyst

Get Involved

- Attend a Board Meeting
- Join the Board as a voting member
- Join one of two Advisory Boards
- Keep an eye out for RFPs to submit a proposal

Contact us:

smmc_hch_fh_program@smcgov.org



ABSTRACT

Project Title: **Service Area Competition**
Applicant Name: **San Mateo Medical Center**
Address: 222 W. 39th Ave., San Mateo, CA 94403
Contact Name: Jim Beaumont, Director
Contact Phone Number: 650-573-2459
E-Mail Address: JBeaumont@smcgov.org
Web Site Address: www.sanmateomedicalcenter.org
Congressional Districts: CA-14 and CA-18
Section 330 Funding Requested: \$2,678,621, HCH, MH
Proposed Service Area Identification Number (ID), City, And State: 015, San Mateo, California
Unduplicated patients to be served in 2022: 6,637

Organization, community to be served, target populations, service delivery sites and locations, and services to be provided: The Health Care for Homeless/Farmworker Health (HCH/FH) Program has delivered comprehensive health services to homeless people residing in San Mateo County since 1990 and to farmworkers and their dependents since 2010. Housed within San Mateo Medical Center (SMMC), the public hospital and clinic system for San Mateo County, HCH/FH leverages the primary care, dental care, behavioral health, and enabling services provided by SMMC and San Mateo County Health (SMCH) to the 7,151 homeless and 4,620 farmworkers and their family members that reside in the County. SMCH services are delivered at eight fixed sites and at 14 mobile clinic locations via one medical, one dental mobile clinic, and a street and field medicine team.

In addition, HCH/FH partners with community based organizations to supplement the services provided by SMMC and SMCH to increase homeless and farmworker access to primary care, dental care and behavioral health care through a variety of activities, including care navigation and coordination, outreach, insurance eligibility assistance and health education.

Major health care needs and barriers to be addressed by the proposed project: Access to health care services can be extremely difficult for homeless individuals and is often compounded by a disproportionately high incidence of mental health disorders, substance abuse, dental problems, Hepatitis C, upper respiratory and skin infections, and injuries. Migrant and seasonal farmworkers face high rates of chronic conditions such as diabetes and hypertension, occupational injuries and illnesses, mental health and substance abuse. Transportation, cultural, linguistic and other barriers limit access to care for all low income residents especially homeless people and farmworkers.

How the proposed project will address the need for comprehensive primary health care services in the community and target population: The HCH/FH network of front-line mobile and fixed-site services linked to SMMC and SMCH 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 and SMCH. 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.

Number of current and proposed patients, visits, providers: HCH/FH will continue to provide primary medical care, dental services, case management, and enabling services. In 2018, 5,733 patients utilized HCH/FH services through 33,738 visits provided by 40 FTE staff; 13.3 FTE medical providers delivered 21,390 primary care visits. During 2022, 40 FTE providers will serve 6,637 patients through 39,100 visits annually.

TAB 4

**Request to Approve
Conference request**



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

DATE: September 12, 2019

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: TRAVEL REQUESTS FOR INTERNATIONAL STREET MEDICINE SYMPOSIUM

HCH/FH Co-Applicant Board Policy on travel reimbursement for non-board/non-staff members (effective 3/10/2016) states that:

For national and regional events outside of California, the Board may choose to consider the equivalent of full travel reimbursement of up to one (1) individuals, and

If more individuals than noted above express interest for support and reimbursement, the Board shall consider the overall benefit to the program, consumer status, additional support being provided by non-program funds, other similar support having been previously provided to the individual or their employer, agency or others, availability of program funds and any other criteria the Board may deem as appropriate.

HCH/FH staff received a travel request from Non-Board member and LifeMoves Lead Case Manager, Hannah Blankenship, to attend the upcoming International Street Medicine Symposium in Pittsburgh, PA (October 21-23, 2019)

Name	Title/Entity	Reg. fee	Flight	Hotel	Per diem for meals and transportation	Total
Hannah Blankenship	Lead Case Manager	\$210	\$600	\$550	\$253	\$1,613

I would be honored to have the opportunity to attend the International Street Medicine Symposium in Pittsburgh, this October 21-23rd. The symposium this year will highlight the host city's 30 years of street medicine as well as their collaboration with the AHN Center for Inclusion Health. The AHN center runs a street addiction /MAT team as well as a medical respite program.

The demands for both drug treatment services as well as services for an aging homeless population in San Mateo County are consistently increasing and I am excited to be a part of an internationally sourced discussion on innovations and solutions in these areas. The information that I take from this symposium will enable me to improve my program at LifeMoves and with the Street Medicine team, so that we can continue to make an impact for our clients.

This request is for the Board to approve Hannah's travel request to attend the 2019 International Street Medicine Symposium.



TAB 5
Request to
Amend Contract



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

DATE: September 12, 2019

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: EL CENTRO AMENDMENT TO EXTEND CONTRACT INTO CALENDAR YEAR (CY) 2020

HCH/FH currently has a contract in place with El Centro de Libertad/The Freedom Center (El Centro) to provide the following services:

- 1) Motivational outreach to individuals residing in homeless shelters about the available AOD and mental health resources available within the San Mateo County Health system,
- 2) Prevention education sessions to homeless and farmworker individuals about the substance abuse and the impact of opioid/AOD use on adults, youth and families, and
- 3) Screening and navigation assistance to homeless and/or farmworker individuals seeking appropriate treatment programs designed to break the cycle for opioid and/or alcohol and other drug (AOD) usage

HCH/FH staff is proposing to extend the service period from December 31, 2019 to December 31, 2020. In addition, HCH/FH and El Centro staff agreed that a reduction in service numbers was warranted to reflect a more achievable patient/presentation goal for 2020. The rates for each service will remain the same.

Service	2019 Target	2020 Target
Motivational Outreach Presentation	50 sessions	60 sessions
Prevention Education Module Presentation	45 sessions	35 sessions
Screening and Navigation	120 unduplicated pts	100 unduplicated pts

The amendment would add \$73,500 to El Centro's contract for services to be conducted in CY 2020, bringing the total value of the contract up from \$82,500 in CY 2019 to \$156,000 for CY 2019-2020.

This request is for the Board to approve the proposed amendment to El Centro's contract.

Attachments:

- Exhibits A & B for the El Centro del Libertad amendment



EL CENTRO DE LIBERTAD/THE FREEDOM CENTER

Exhibit A

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

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in the this Agreement. The first reporting period is January 1, 2019 – December 31, 2019. The second reporting period is January 1, 2020 – December 31, 2020.

The County of San Mateo, through the Health Care for the Homeless/Farmworker Health (HCH/FH) Program, is contracting with El Centro de Libertad/The Freedom Center (El Centro) (Contractor). The term for this Agreement is January 1, 2019 to December 31, 2020. During the Agreement term, El Centro shall provide a full range of enabling services to homeless and farmworker individuals, centered on outreach, prevention education programs, and screening and navigation assistance in homeless shelters and farmworker communities. El Centro will provide client screening and navigation assistance, including, but not limited to, assistance in identify needed services and treatments for: usage of alcohol and other drugs (AOD), substance use disorders (SUD), mental health disorders, and/or other services as appropriate, as well as ongoing support to improve client access to San Mateo County Health mental health services and HCH/FH Program contractors, to at least 120 unduplicated homeless or farmworker individuals in the first reporting period and 100 in the second reporting period who meet the Bureau of Primary Health Care (BPHC) criteria for homeless individuals and/or migratory and seasonal agricultural workers. A unique unduplicated individual is an individual who has not been previously served and invoiced for the same service during the calendar year. The HCH/FH Program will monitor the services provided, even as El Centro will invoice for unduplicated individuals.

HCH/FH shall measure the services provided by El Centro under this Agreement in terms of the following objectives and outcome measures:

OBJECTIVE 1: Provide client screenings/assessments or client navigation assistance to at least 120 unduplicated homeless or farmworker individuals in the first reporting period and at least 100 in the second. El Centro shall conduct each encounter face-to-face with the patient. Under this Agreement, third-party and remote (i.e. telephone, email) interactions on behalf of or with a patient are not permissible encounters.

Outcome Measure 1.A: El Centro shall provide navigation assistance to homeless and/or farmworker individuals who complete the client screening for suitability for appropriate treatment programs designed to break the cycle for opioid and/or AOD usage, or El Centro shall assess whether these individuals need other gap services. El Centro shall then refer individuals who complete client navigation assistance to AOD, Mental Health or other needed support services provided by San Mateo County Health.

Outcome Measure 1.B: El Centro shall document the number of individuals referred to the following San Mateo County Health referrals/treatment programs, as appropriate: Outpatient, Inpatient, Mental Health, Primary Care, Dental and other support services.

Outcome Measure 1.C El Centro shall follow up with 50% of the patients referred for care during the second reporting period. Under this Agreement, follow up may include a telephone call directly with the patient or with the patient's case manager.

OBJECTIVE 2: El Centro shall provide at least fifty (50) motivational outreach sessions during the first reporting period and at least sixty (60) during the second reporting period.

Outcome Measure 2.A: Participating homeless and/or farmworker individuals will learn about available AOD and/or mental health resources through San Mateo County Health, and 20% of these individuals will express interest in treatment to El Centro staff.

OBJECTIVE 3: El Centro shall provide at least forty-five (45) prevention education sessions during the first reporting period and at least thirty-five (35) during the second reporting period.

Outcome 3.A: El Centro shall utilize prevention education modules to educate participating homeless individuals about the physical, physiological and mental health impact of opioids, alcohol and other drugs on adults, youth and families. These modules shall furthermore educate participating homeless individuals on personal substance use indicators as well as refusal skills.

Outcome 3.B: Provide general substance abuse education to farmworkers and/or their families.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Contractor must fulfill:

El Centro shall obtain all demographic information, as defined by the HCH/FH Program, from each homeless and/or farmworker individual whom it has served under the terms of the Agreement. Furthermore, El Centro shall collect all encounter information, as defined by the HCH/FH Program, for each encounter. El Centro shall submit all demographic and encounter data to the HCH/FH Program with each monthly invoice. The demographic and encounter data may include data for homeless and/or farmworker individuals for whom the Contractor is not reimbursed. El Centro shall also assess and report each individual's homeless status as defined by BPHC.

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

El Centro shall report any revenue received from services provided under this Agreement.

When disclosing funding sources and/or reporting on activities covered under this contract, El Centro shall acknowledge that activities are supported by an agreement with the San Mateo County HCH/FH program, utilizing funds from the Health Resources & Services Administration (HRSA) under the Health Center Program authorized under Section 330 of the Public Health Act.

The County will conduct site visits at least annually to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities and progress on outcome measures. HCH/FH will work with Contractor to accommodate scheduling requests, when reasonable, for annual site visits and will provide Contractor with a minimum notice of two (2) weeks for routine site visits. However, HCH/FH may conduct unannounced site visits if it identifies issues, such as, but not limited to:

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

HCH/FH will notify El Centro of the identified issue and HCH/FH's right under this Agreement to perform an unannounced site visit.

Reporting requirements: El Centro shall submit monthly and quarterly invoices and reports (as described below) to HCH/FH; HCH/FH will provide El Centro with a template for such use. If HCH/FH pursues a cloud-based data depository (database) for monthly and quarterly data, El Centro will be required to upload/submit data into such database.

El Centro shall submit a monthly invoice to HCH/FH detailing the number of new unduplicated homeless and/or farmworker individuals served in the previous month and the total encounters provided to all homeless and/or farmworker individuals in this same time period by the tenth (10th) day of the following month. Invoices shall be sufficiently detailed to allow for tracking each individual to the individual's provided demographic data.

Additionally, El Centro shall submit quarterly reports to HCH/FH detailing progress made on goals, objectives and outcome measures, including follow up phone calls in the second reporting period, pursuant to this Agreement no later than the fifteenth (15th) day of the month following the completion of each calendar quarter throughout the term of the Agreement.

If El Centro observes routine and/or ongoing problems in homeless and/or farmworker individuals' ability to access medical or dental care services within SMMC, it shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

El Centro shall provide County with notice (within ten (10) calendar days) of staff changes involving services provided under this Agreement and a plan for ensuring continuity of services. El Centro will facilitate meeting with HCH/FH staff to orient new staff members with the Agreement and program, including contracting and related staff. This meeting shall take place reasonably soon after the new employees' start dates.

Furthermore, El Centro shall participate in the following:

- Planning and quality assurance activities related to the HCH/FH Program
- HCH/FH Provider Collaborative Meetings and other workgroups
- Community activities that address homeless/farmworker issues (i.e. Homeless, One Day Count, Homeless Project Connect, etc.).
- Active involvement in BPHC's Office of Performance Review Process.

Exhibit B

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

County shall pay Contractor at a rate of three hundred dollars (\$300.00) for each outreach event invoiced for the delivery of motivational outreach presentation in appropriate locations (i.e. homeless shelters, farms, or schools), up to a maximum of:

- Fifty (50) events during the first reporting period
- Sixty (60) events during the second reporting period

County shall pay Contractor at a rate of three hundred dollars (\$300.00) for each event invoiced for the delivery of Prevention Education Module in appropriate locations (i.e. homeless shelters, farms, or schools), up to a maximum of:

- Forty-five (45) events during the first reporting period
- Thirty-five (35) events during the second reporting period

County shall pay Contractor at a rate of four hundred fifty dollars (\$450.00) for each unique unduplicated homeless or farmworker individual invoiced per reporting period for delivery of screening and navigation services, limited as defined in Exhibit A for "unique unduplicated", up to a maximum of:

- One hundred twenty (120) individuals during the first reporting period
- One hundred (100) individuals during the second reporting period

Contractor will invoice the HCH/FH Program by the tenth (10th) of each month after services are rendered with the number of unique unduplicated homeless or farmworker individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Director or their designee.

The term of this Agreement is January 1, 2019 through December 31, 2020. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED FIFTY-SIX THOUSAND DOLLARS (\$156,000.00).

2019 Reporting Period: January 1, 2019 – December 31, 2019

Service	Maximum Unit	Payment per Unit
Motivational Outreach Presentation	50 sessions	\$300/sessions
Prevention Education Module Presentation	45 sessions	\$300/ sessions
Screening and Navigation	120 unduplicated patients	\$450/patient
2019 Total		\$83,500

2020 Reporting Period: January 1, 2020 – December 31, 2020

Service	Maximum Unit	Payment per Unit
Motivational Outreach Presentation	60 sessions	\$300/sessions
Prevention Education Module Presentation	35 sessions	\$300/ sessions
Screening and Navigation	100 unduplicated patients	\$450/patient
2020 Total		\$73,500

TAB 6
QI Memo



DATE: September 12th, 2019

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

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

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee met on August 22nd. The following was discussed:

- **Diabetes Action Plan:** The committee discussed presenting POC A1c testing results on the mobile clinic to SMMC Primary Care providers to highlight the utility of diabetes management for homeless and farmworker clients who may not come in prior to the visit for lab testing. The committee also discussed a pilot for contractors to document diabetic patients and referrals to New Patient Connection Center, Mobile Clinic for POC A1c testing, and the Mobile Dental Clinic. Reporting for the action plan ends in October.
- **Training for Contractors:** A doodle poll was sent out to contractors to gauge interest in several training options: Outreach Workshop and Planning, Trauma Informed Care and Self Care Strategies, Mental Health First Aid, CPI Non-Violent Crisis Intervention, and Motivational Interviewing.

The next HCH/FH QI Committee meeting will be on October 24th, 2019.

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

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

**PNC small sample size

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

TAB 7
Director's
Report



DATE: September 12, 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 August 08, 2019 Co-Applicant Board meeting:

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

On August 08, 2019, we received a Notice of Action (NOA 17-17) lifting the final remaining grant condition (related to Form 5A – Required & Additional Services). All grant conditions that resulted from the July 2018 Operational Site Visit (OSV) have now been lifted.

As the Board has previously been informed, the issues around scope (Forms 5A 7 5B), contracting, collaborating and reporting are intended to be addressed by the provision of Technical Assistance (TA) from HRSA. We have not heard anything further on a schedule for the TA as of yet.

2. Integrated Behavioral Health Services (IBHS) Expanded Services Funding Opportunity

On August 08, 2019 we received NOA 18-03 dated 08/01/19 in response to our Integrated Behavioral Health Services Expanded Services proposal awarding the Program \$167,000 for year one (1) of the effort. This represents an increase of \$22,000 over the expected amount of the award. As the Board may recall, the Program's proposal was to add AOD/MH staff to the Street Medicine Team. We have initiated the discussions with the SM Team on the time frame, classification, etc. for hiring of the new staff. Assuming successful implementation (hiring of the new staff in a timely fashion), and continued funding availability at the federal level, year two (2) will be funded at the same level. The proposal also included funding for initiating assessment and planning around the potential of using telehealth capabilities for our target populations in the behavioral health area.

3. Seven Day Update

ATTACHED:

- Program Calendar



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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (September 12, 2019 from 9:00 a.m. to 11:00 a.m.) Approve final SAC application Strategic Plan Retreat- September 18th in Redwood City Amend Contracts 	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) Sign Annual Conflict of interest statement Board Chair & Vice Chair nominations/ elections 	October	
<ul style="list-style-type: none"> Board Meeting (November 14, 2019 from 9:00 a.m. to 11:00 a.m.) Board Chair & Vice Chair nominations/ elections Annual Conflict of interest statement 	November	
<ul style="list-style-type: none"> Board Meeting (December 12, 2019 from 9:00 a.m. to 11:00 a.m.) QI Meeting 	December	

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 8

**Budget &
Finance Report**



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

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

DATE: September 12, 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 \$1,897,349. In addition, we have an estimate \$39,358 in expenditures for items not claimable on the grant, for total Program estimated expenditures of \$1,936,707.

Current projections for year-end are beginning to be more certain, although there continues to be some uncertainty. Nonetheless, our current projection is that total base grant expenditures will be \$2,571,247 by the end of the year, which would create an unexpended fund balance of \$77,189. Including expenditures for the Expanded Services Awards (SUD-MH), the total Program grant expenditures would be \$2,744,497. That leaves approximately \$209,189 total in unexpended funding from the designated grants. These numbers are very similar to those reported last month, indicating that the values are beginning to settle and stabilize.

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

As in past years, Program is beginning to promote one-time funding request availability (further discussed elsewhere on today's agenda) as an effort to minimize the unexpended funds by year's end.

Next year's projection currently shows an over-obligation of funds, but with anticipated under-expenditures similar to this year's (~\$200,000) likely to occur through our contracts and MOUs, we believe we will be within being right on target for our base grant award. Any ongoing expenditure decisions by the Board would still necessitate making adjustments in the current ongoing commitments (contracts & MOUs) in order to best assure the availability of funds to be committed for next year.

Attachment:

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



GRANT YEAR 2019

ACTUALS UPDATE FOR Q2 DRAWDOWN

Details for budget estimates	Budgeted (SF-424)	To Date (08/31/19)	Projection for GY (+~17 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>351,215</u>	<u>534,683</u>	<u>601,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>224,198</u>	<u>88,250</u>	<u>125,557</u>	<u>160,000</u>
<u>Travel</u>				
National Conferences (2500*8)	20,000	21,566	25,000	16,500
Regional Conferences (1000*5)	5,000	3,721	4,000	5,000
Local Travel	1,000	1,390	300	1,500
Taxis	3,500	160	500	1,000
Van & vehicle usage	<u>3,000</u>	<u>570</u>	<u>1,200</u>	<u>1,000</u>
	<u>32,500</u>	<u>27,407</u>	<u>31,000</u>	<u>25,000</u>
<u>Supplies</u>				
Office Supplies, misc.	7,500	5,648	8,500	10,000
Small Funding Requests				
	<u>7,500</u>	<u>5,648</u>	<u>8,500</u>	<u>10,000</u>
<u>Contractual</u>				
2017 Contracts		67,867	67,967	
2017 MOUs		23,540	23,540	
Current 2018 MOUs	872,000	568,735	749,750	872,000
Current 2018 contracts	1,034,000	602,616	877,250	1,034,000
ES contracts (SUD-MH)	180,000	69,550	153,250	150,000
---unallocated---/other contracts		12,000	12,000	
	<u>2,086,000</u>	<u>1,344,308</u>	<u>1,883,757</u>	<u>2,056,000</u>
<u>Other</u>				
Consultants/grant writer	30,000	71,337	125,000	30,000
IT/Telcom	12,000	6,664	11,000	10,000
New Automation			0	-
Memberships	4,000	2,300	4,500	2,500
Training	10,000	175	20,000	3,000
Misc	<u>750</u>	<u>45</u>	<u>500</u>	<u>500</u>
	<u>56,750</u>	<u>80,521</u>	<u>161,000</u>	<u>46,000</u>
TOTAL	<u>2,961,272</u>	<u>1,897,349</u>	<u>2,744,497</u>	<u>2,898,000</u>
GRANT REVENUE				
Available Base Grant *	2,648,436		2,648,436	2,755,299
Available Expanded Services Awards **	305,250		305,250	
HCH/FH PROGRAM TOTAL	<u>2,953,686</u>	<u>1,897,349</u>	<u>2,953,686</u>	<u>2,755,299</u>
BALANCE	(7,586)	PROJECTED AVAILABLE	209,189	(142,546)
		BASE GRANT PROJECTED AVAILABLE	77,189	based on est. grant of \$2,755,299
		not incl Conf		
* includes \$13,232 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	7,652	11,500	12,500
Health Coverage	40000	30,891	46,000	57,000
base grant prep	15000		15,000	
food	2500	815	2,500	2,500
incentives/gift cards	<u>1,000</u>	<u></u>	<u>2,000</u>	<u>1,000</u>
	<u>71,590</u>	<u>39,358</u>	<u>77,000</u>	<u>73,000</u>
TOTAL EXPENDITURES	BUDGETED 3,032,862	PROJECTED 1,936,707	2,821,497	NEXT YEAR 2,971,000