

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

Co-Applicant Board Meeting Agenda

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April 8, 2021, 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA	Irene Pasma		
C. PUBLIC COMMENT			
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.			
D. GUEST SPEAKER:			
1. Recuperative Care Update from Health Plan of San Mateo	Dayani Waas		9:02am
DI. CONSUMER INPUT			
1. Community Updates	Board Members		9:20am
DII. NEW BOARD MEMBER OATH			
1. Oaths for Janet Schmidt and Gabe Garcia	John Nibbelin		9:25am
DIII. CONSENT AGENDA			
1. Approve meeting minutes from March 11, 2021	Irene Pasma	Tab 1	9:30am
DIV. REPORTING & DISCUSSION AGENDA			
1. QI/QA Subcommittee Update	Danielle Hull	Tab 2	9:35
2. Uniform Data System Report Overview	Danielle/Sofia	Tab 3	9:45
3. MOU and Contracts Update	Sofia Recalde	Tab 4	9:55
4. Program Director's Report	Jim Beaumont	Tab 5	10:05
5. Program Budget/Finance Report	Jim Beaumont	Tab 6	10:15
6. COVID Update & Discussion	Team	Tab 7	10:25
a. Brainstorm \$1.6M COVID Funding Opportunity			
b. On-farm vaccine efforts and people experiencing homelessness			
I. BOARD COMMUNICATIONS AND ANNOUNCEMENTS			10:55am
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.			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
a. Next Regular Meeting: May 13, 2021; 9:00AM – 11:00AM			
J. ADJOURNMENT			11:00am

TAB 1

Consent Agenda

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (March 11th, 2021)
Teams Meeting**

<p><u>Co-Applicant Board Members Present</u> Robert Anderson Steven Kraft Michael Vincent Hollingshead Suzanne Moore Brian Greenberg Tony Serrano Tayischa Deldridge Steve Carey Victoria Sanchez De Alba Eric Debode Janet Schmidt Jim Beaumont, HCH/FH Program Director (Ex-Officio)</p>	<p><u>County Staff Present</u> Irene Pasma, Program Implementation Coordinator Danielle Hull, Clinical Coordinator Sofia Recalde, Management Analyst Frank Trinh, HCH/FH Medical Director John Nibbelin, County Counsel</p>	<p><u>Members of the Public</u> Gabe Garcia Jeff Essex</p> <p><u>Absent Board Members/Staff:</u> Mother Champion Christian Hansen</p>
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ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call To Order</u>	Victoria Sanchez De Alba called the meeting to order at 9:00A.M.	
<u>Changes to Order of Agenda</u>		
<u>Regular Agenda</u> <u>Public Comment</u>	None	
<u>Closed Session</u>	No closed session	
<u>Consumer Input:</u> Community Updates	Suzanne Moore reported that Unhoused on the Coast Team of Pacifica Resource Center is continuing to explore pathways to find permanent housing for people who are experiencing homelessness in Pacifica. In addition, Pacifica Housing 4 All recently met with Supervisor Horsley and City council members to discuss Safe Parking and transitional housing and is advocating for low-to-middle income housing in Pacifica.	
<u>Consent Agenda</u> Meeting Minutes from February 11th, 2020	Please refer to TAB 1 All items on Consent Agenda (meeting minutes from February 11 th , 2020) were approved.	Request to approve Consent Agenda Amendment was <u>MOVED</u> by Suzanne M. <u>SECONDED</u> by Steve Kraft and

		and APPROVED by all Board members present.
<u>Business Agenda:</u> Approve recommendation to award selected vendors in response to RFP.	<p>Sofia recounted the RFP evaluation process that included selected Board members and County staff with subject matter expertise and presented the recommendations that emerged from the process. The Board approved a recommendation to move into contract negotiations with:</p> <ol style="list-style-type: none"> 1) ALAS for the Promotores in HMB/North Coast service for an amount not to exceed \$250,000 annually, 2) Puente de la Costa Sur and LifeMoves for the Care Coordination to support Mobile Clinic, Street & Field Medicine and New Patient Connection Center for a combined amount not to exceed \$500,000 annually, and 3) Abode Services for the Care Coordination to support newly housed individuals service for an amount not to exceed \$150,000 annually. 	<p>RECUSALS: Brian G., Steve C., Tayischa D. and Steve K. Request to approve vendors: <u>MOVED</u> by Robert A. Suzanne M. <u>SECONDED</u> by Suzanne M. and APPROVED by all Board members present.</p>
Approve Revised Sliding Fee Discount Schedule for 2021	<p>Please refer to TAB 2 The HCH/FH program is required to have an approved Sliding Fee Discount Program (SFDP) that is used by the County Health programs to ensure access to those with limited incomes who may not have adequate health insurance coverage. The Sliding Fee Discount schedule is updated annually based on the annual release of the Federal Poverty Level. The Board approved a recommendation to approve revisions to the Sliding Fee Discount Schedule.</p>	<p>Request to approve revised sliding fee discount schedule: <u>MOVED</u> by Brian G, <u>SECONDED</u> by Steve C and APPROVED by all Board members present.</p>
Approve updated Board's Grant Management Policy	<p>Please refer to TAB 3 In addition to the Health Center Compliance Manual, HCH/FH is required to comply with federal mandates that may be derived from other general legislation, including budget authorizations. These later items are generally referred to as Legislative Mandate. The HCH/FH Board approved the Program's Grants Management Policy which address these Legislative Mandates. In the current Legislative Mandate Review (LMR) by HRSA, additional language was identified as being necessary to address the current set of federal Legislative Mandates. The changes in the Grant Management Policy are clarifying in nature, and there are no new actual mandates. Several Board members expressed reluctance with the nature of the policies but approved the updated policy.</p>	<p>Request to approve revised the Board's Grant Management Policy: <u>MOVED</u> by Steve K, <u>SECONDED</u> by Janet S and APPROVED by a vote of 10 in favor and 1 opposed (Suzanne M)</p>

<p>Approve New Board Member application from Gabriel García</p>	<p>Please refer to TAB 4 Robert Anderson introduced Gabriel García for consideration as a new HCH/FH Board member. Gabriel is a former Professor of Medicine at Stanford University with expertise in community health, migration and farmworker communities. He is a founding member and co-chair of the San Mateo County LGBTQ Commission and a member of Puente de la Costa Sur’s Advisory Board. In addition, Gabriel is a grandchild of farmworkers and has relatives that continue to operate a dairy farm that has been in his family for more than 2 centuries. The Board enthusiastically approved his application.</p>	<p>Request to approve revised the Board’s Grant Management Policy: <u>MOVED</u> by Robert A, <u>SECONDED</u> by Steve C, and <u>APPROVED</u> by all Board members present.</p>
<p><u>Reporting & Discussion Agenda:</u> QI/QA Subcommittee Update</p>	<p>Please refer to TAB 5 Danielle Hull presented the following updates</p> <ul style="list-style-type: none"> • Staff is seeking new board members and from the SMMC Primary Care QI Committee to participate in the HCH/FH QI/QA Committee. Victoria Sanchez De Alba volunteered to join. • Danielle is working with Patient Experience to integrate Homeless and Farmworker flags into the Health Survey Portal and expects to share patient survey response data at the Q2 meeting. • Staff is continuing its efforts to collect and analyze homeless and farmworker death data. • Staff is partnering with SMMC to address disparities in uncontrolled hypertension and overdue colorectal cancer screening among African-American patients, including those experiencing homelessness. • HCH/FH hosted a virtual Trauma Informed Self-Care for farmworker providers facilitated by Health Outreach Partners in Spanish. • HCH/FH received a Virtual Care Innovations Grant to enhance telehealth services for people experiencing homelessness. The grant also enables staff to connect with other HCH programs implementing telehealth program and provides opportunities for collaboration, problem solving and resources. 	
<p>BHRS and Dental MOUs Update</p>	<p>Please refer to TAB 6 Sofia provided an update on discussions staff has been having with Behavioral Health & Recovery Services (BHRS) to build upon the behavioral health care coordination services currently being provided through an existing MOU to include expanded direct and indirect services to people experiencing homelessness and farmworker on the coast. More details will be provided as discussions continue.</p> <p>In addition, staff has been working with SMMC Dental department and Coastside Clinic to start a Saturday Dental Clinic at Coastside Clinic specifically for farmworkers and their families, with people experiencing homelessness as a secondary target. HCH/FH is also working with Puente and Sonrisas staff to transition the farmworker clients who were being seen through the agreement with</p>	

	Sonrisas and to discuss outreach and raising awareness of this new service that is intended to start later in 2021.	
Program Director's Report	<p>Please refer to TAB 7 Jim provided the following updates:</p> <ul style="list-style-type: none"> • Congress recently passed the American Rescue Plan that includes funding to support health centers in preventing, mitigating and responding to COVID-19 and to enhance health care services. It is likely that the program will receive additional supplemental funding from HRSA in the near future. • HRSA announced a funding opportunity to expand school-based service sites. Staff is reviewing the Notice of Funding Opportunity to determine whether this is an opportunity the program should pursue. • HRSA launched a small COVID-19 vaccination program for a limited number of health centers in February 2021 and is being rolled out to more health centers slowly. HCH/FH expects to be invited to participate in a future cohort. • Staff successfully completed the submission on the annual Uniform Data System (UDS) report. • HRSA notified us that staff should be prepared to have a virtual OSV August 3-5. Board members have been asked to hold time on their calendars for a potential meeting with HRSA during that time. • Michael Hollingshead submitted a resignation letter. Board members and staff expressed their appreciation for his time and participation in the QI committee and RFP evaluation panel, as well as his advocacy efforts. 	
Program Budget/ Finance Report	<p>Please refer to TAB 8 Preliminary expenditure numbers for February 2021 show a total expenditure of \$222,603 of which \$190,592 is claimable against the grant. These numbers are below expectation due to not all contractors having gotten their invoices processed through accounting as of the running of the report.</p>	
COVID-19 Update & Discussion	<p>Please refer to TAB 9 Irene presented the following updates on program's involvement on COVID-19 activities:</p> <ul style="list-style-type: none"> • Staff submitted a No-Cost Extension to continue using COVID-19 supplemental funding through 3/30/2022. Staff updated the budget and activity plan to reflect anticipated use of funds to support COVID-19 vaccination, testing and outreach. • Since the last board meeting in February, County Health distributed over 780 vaccine doses to farmworkers on-farm and more through Our Lady of the Pillar and Pescadero High School. In addition, PHPP Street & Field Medicine team and Mobile Clinic providers have been partnering with Puente to administer ~40 doses per week to eligible residents in Pescadero. Dr. Trinh emphasized that this success was due to joint efforts by County Health, local officials and community-based organizations that engaged in the kind of outreach needed to bring people to the vaccination events. 	

	<ul style="list-style-type: none"> • Staff is convening a group of internal and external stakeholders to discuss how to bring vaccines to those people experiencing homelessness who are eligible for the vaccine (i.e. 65+ and soon those with underlying health conditions). 	
<u>Announcements</u>	None	
<u>Adjournment</u>	Victoria Sanchez De Alba adjourned the meeting at 11:00AM.	

RFP Vendor Recommendations

HCH/FH Board Meeting March 11, 2021



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

Three RFP Service Streams

**Promotores
(Community
Health Workers)
in HMB/North
Coast**

**Care Coordination
linked to
Street/Field
Medicine, Mobile,
and NPCC**

**Care
Coordination to
support newly
housed
individuals**

Up to \$900K budgeted for the 3 services



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

Proposal Review – Promotores in HMB/North Coast

Proposals Received	Proposal Reviewers	
<ul style="list-style-type: none"> ALAS (Ayudando Latinos a Soñar) 	<ul style="list-style-type: none"> Victoria Sanchez De Alba 	<ul style="list-style-type: none"> Ziomara Ochoa, BHRS Will Cerrato, SMMC Coastside Clinic Cindy Selmi, Health Outreach Partners (HOP) Robyn Barron, HOP



Proposal Review – Care Coordination linked to Street/Field Medicine, Mobile Clinic and NPCC

Proposals Received	Proposal Reviewers	
<ul style="list-style-type: none"> Abode Services El Centro de Libertad LifeMoves Puente StarVista 	<ul style="list-style-type: none"> Robert Anderson Michael Hollingshead 	<ul style="list-style-type: none"> Henrietta Williams, SMMC NPCC Anita Booker, PHPP Matthew Sachs, PHPP Street/Field Medicine Sandra Kiapi, PHPP Whole Person Care Marmi Bermudez, SMMC Health Coverage Unit Brooke Lewellyn, Center on Homelessness



Proposal Review – Care Coordination to support newly housed individuals

Proposals Received	Proposal Reviewers	
<ul style="list-style-type: none"> Abode Services Ravenswood 	<ul style="list-style-type: none"> Suzanne Moore Janet Schmidt 	<ul style="list-style-type: none"> Emilyn Callado, Dept of Housing Sandra Kiapi, PHPP Whole Person Care Brooke Lewellyn, Center on Homelessness



Vendor Selection Recommendation

Service	Selected vendor(s) and price proposal	Contract not to exceed amount (\$) per year
Promotores in Half Moon Bay/North Coast	<ul style="list-style-type: none"> Ayudando Latinos a Soñar (ALAS) (~190K/yr) 	\$250,000
Care Coordination linked to Street/Field Medicine, Mobile Clinic, and NPCC	<ul style="list-style-type: none"> Puente de la Costa Sur (\$160K+/yr) LifeMoves (\$400K+/year) 	\$500,000
Care Coordination linked to newly housed individuals	<ul style="list-style-type: none"> Abode Services (\$250K/year) 	\$150,000



Next Steps



TAB 2
QI/QA Update



DATE: April 8th, 2021

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
Irene Pasma, Planning and Implementation Coordinator

SUBJECT: QI/QA COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee will meet next on June 24th, from 1 to 2:30pm.

- Trainings
 - The HCH/FH Program is hosting another training that will be facilitated by Health Outreach Partners on April 14, 2021, 8:30 AM – 12:30 PM.
 - “Outreach in the Time of the COVID-19 Pandemic”
 - The workshop will focus on outreach during COVID-19, and will discuss challenges and barriers, explore solutions, and end with time to begin a draft outreach plan for the coming months.
 - Initial registrations have shown participants have an interest in:
 - Creating homeless-friendly drop-in vaccine sites
 - How to effectively engage with client's under COVID protocols (lack of face-to-face interaction, more rapid communication, providing services at a distance)
 - Identifying resources and relationships to do effective medical outreach
 - How to outreach to clients with language or literacy barriers

TAB 3
2020 UDS
Overview



DATE: April 8th, 2021

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

FROM: Sofia Recalde, Management Analyst, Danielle Hull, Clinical Services Coordinator and Jim Beaumont, Program Director

SUBJECT: 2020 SMC Annual Federal Program Performance Report – UDS Final Submission

The 2020 UDS was finalized on March 15th, 2021. The UDS is a standard data set that is reported annually and provides consistent information about health centers. It includes patient demographics, services provided, clinical processes and results, patients' use of services, costs, and revenues that document how San Mateo Health System and HCH/FH contractors perform. Over the years, there have been fluctuations in both the homeless and farmworker populations however 2020 was a particularly unusual year due to the COVID-19 pandemic, with fewer healthcare visits across both people experiencing homelessness and farmworkers.

Demographics

A total of 4,641 people experiencing homelessness and farmworkers accessed HCH/FH services in 2020, which is 20% lower than 5,722 who sought services in 2019. Across the United States, FQHCs saw decreases due to the pandemic. The number of homeless individuals accessing HCH/FH services decreased 21% from 4,769 in 2019 to 3,752 in 2020 and the number of farmworkers and dependents who accessed HCH/FH services decreased 13% from 1,022 in 2019 to 889 in 2020.

Beyond and in addition to COVID-19, the reduction in farmworker use of healthcare services over the last 5 years is consistent with the declining demand for farmworker labor in San Mateo County and the “chilling effect” of the current immigration climate causing farmworkers and their families to hesitate seeking medical care and other social benefits. The decrease was larger among men (18% decrease from 2019) than women (7% decrease from 2020). Both the 0-19 and 20-64 age categories decreased similarly (16% and 14% respectively), while people 65+ increased by 43% (note the total numbers are small, with 35 people seen in 2019 and 50 in 2020).

The number of homeless individuals living in shelters who accessed HCH/FH services in 2020 decreased by almost 30%. This can be explained by the reduced capacity of the shelter system to allow for social distancing in shelters, as well as a reduction in movement (in and out) of the shelter particularly during the second and third quarters of the 2020. Street homeless saw the smallest decrease in services (8%). All age categories saw a decrease, with 0-19 year-olds having the largest decrease of 36%.

Clinical

In the 2020 UDS Report, 4 clinical outcome measures (out of 16 on table) saw an improvement, 5 clinical outcome measures stayed relatively the same, and 4 measures declined by 5% or more. In comparison to 2019, 7 clinical outcome measures (out of 14 on table) saw an improvement, 4 clinical outcome measures

stayed relatively the same, and 3 measures declined by 5% or more. Clinical measures continue to change annually to align with Center for Medicaid Services (CMS) measures, of which SMMC adheres to for reimbursement and pay-for-performance (P4P) programs. There were three new clinical metrics added in 2020, including Breast Cancer Screening, Depression Remission, and HIV Screening.

Financial

In 2020, a calculated total of 37.81 FTE (vs. 39.23 in 2019) provided for 19,720 in clinic visits (33,379) and 9,028 virtual visits (N/A) for 4,641 patients (5,721) at a total cost of \$12.8 million (\$18.2 million). While the number of unduplicated patients receiving primary care, dental, behavioral health, podiatry and vision visits all decreased significantly – anywhere from 12%-80% -- enabling services for people experiencing homelessness and farmworkers decreased only negligibly, 1% and 2%, respectively. This is a testament to the perseverance of contracted agencies to provide enabling services in the community despite the pandemic.

In general, COVID-19 had a significant impact on the Medical Center's operations in 2020 as clinics were closed for many months in 2020 for in-person visits and the Medical Center took time to ramp up its tele-health visit capacity.

ATTACHED:

- Program Performance 2010-2020
- 2020 UDS Final Submission

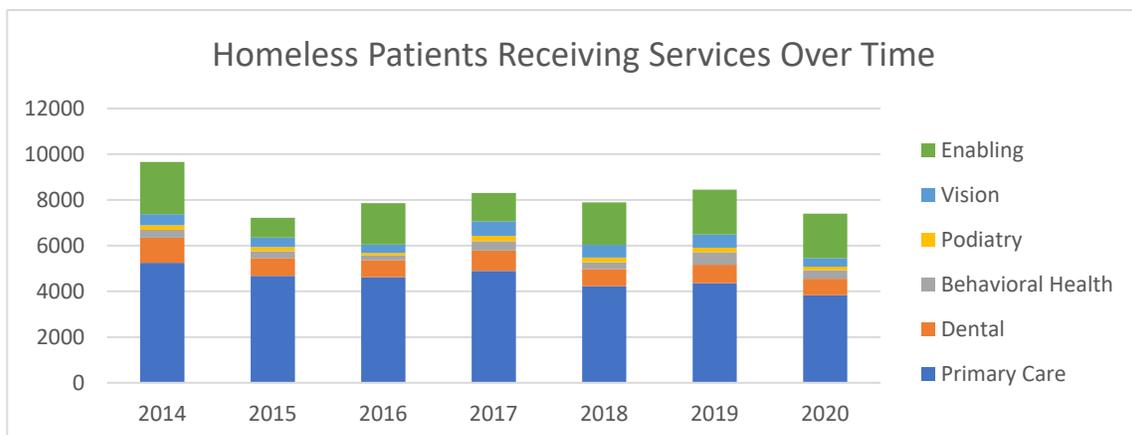
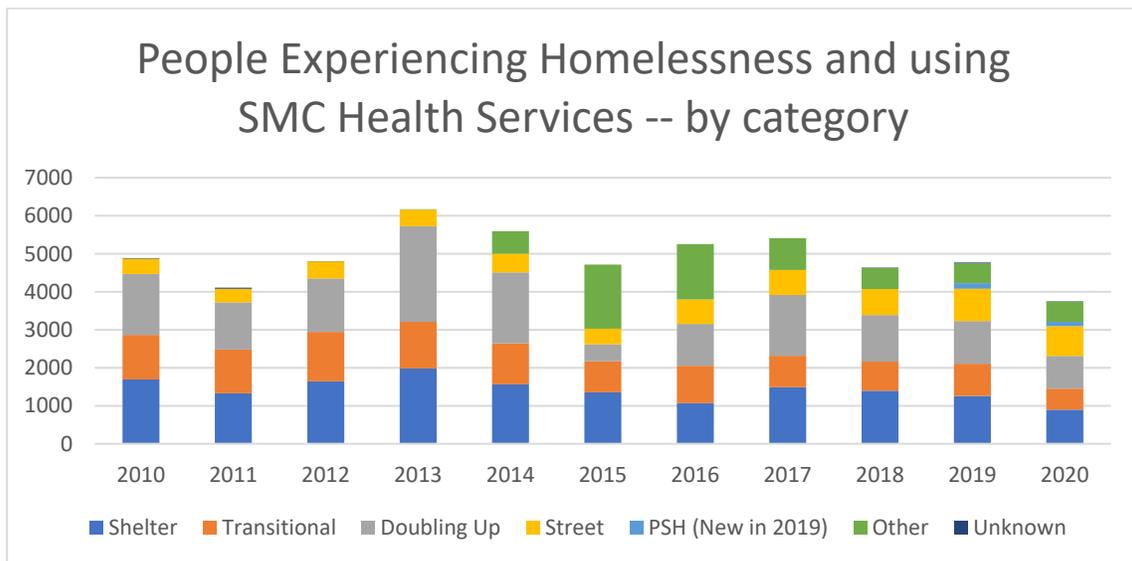
Summary of HCH/FH Program Performance 2010 – 2020

Universal

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total # of Patients	5,110	4,966	5,834	7,606	7,861	6,661	6,754	6,571	5,821	5,791	4,641
Total # of Visits	20,002	20,854	28,400	39,628	41,361	37,915	39,616	39,130	33,738	33,379	28,748
Homeless	4,883	4109	4803	6171	5596	4714	5257	5409	4641	4769	3752
Farmworker	227	857	1031	1435	2265	1947	1497	1162	1180	1022	889
Sex											
Male	58%	54%	52%	50%	52%	52%	51%	56%	57%	58%	56%
Female	42%	45%	48%	50%	48%	48%	49%	44%	43%	42%	44%
Age Range											
0-19 yrs	17%	20%	24%	23%	28%	26%	25%	15%	15%	19%	17%
20-64 yrs	79%	76%	72%	67%	62%	63%	70%	76%	74%	71%	72%
65+ yrs	4%	4%	4%	10%	11%	11%	4%	9%	10%	10%	11%

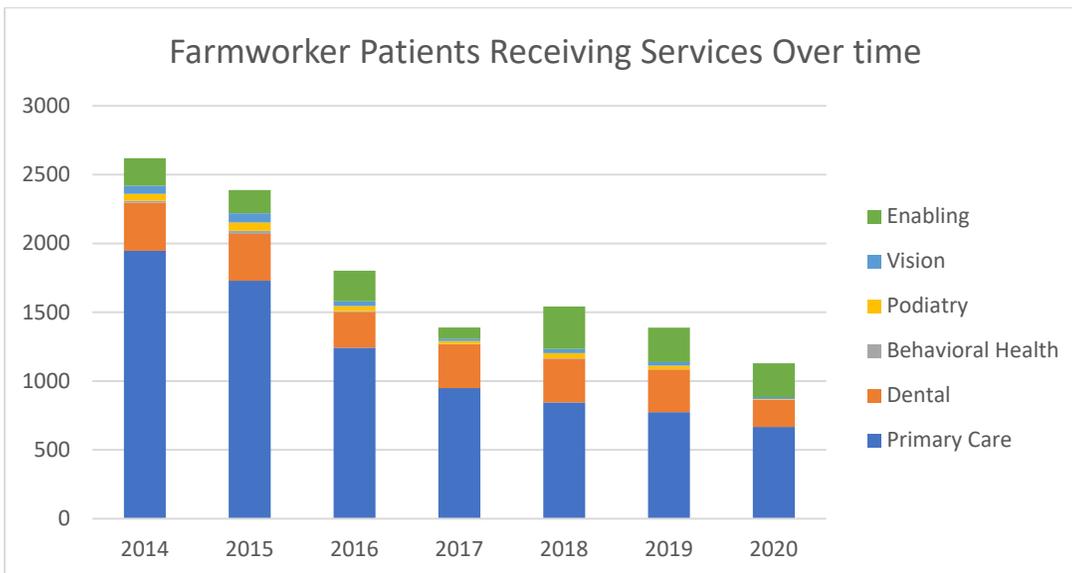
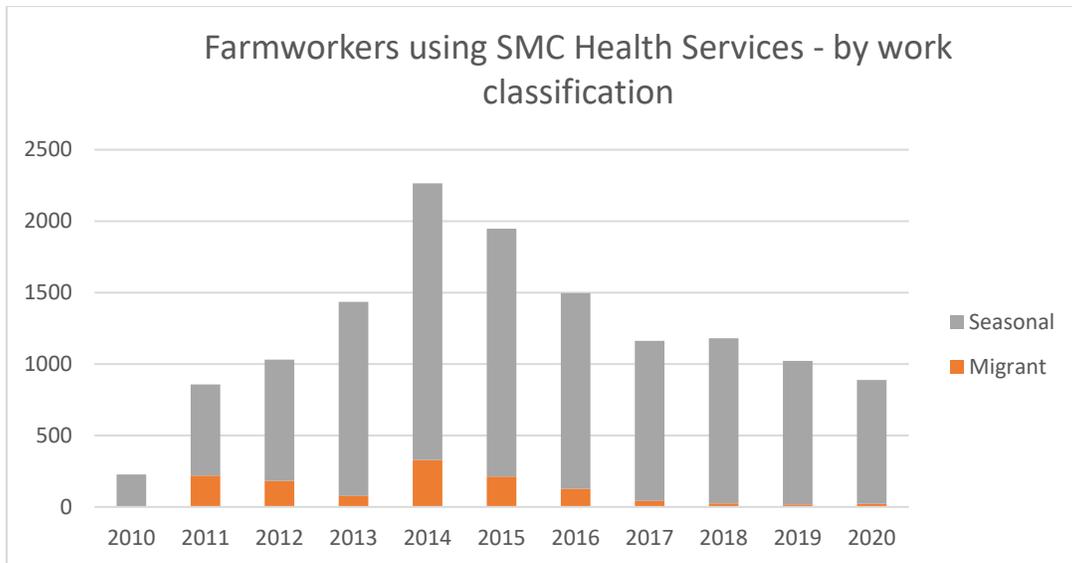
Homeless

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% change from 2019
Shelter	1694	1330	1641	1981	1562	1355	1071	1489	1396	1258	899	-28.5%
Transitional	1171	1148	1305	1228	1083	814	981	827	765	849	553	-34.9%
Doubling Up	1602	1247	1406	2515	1867	451	1103	1601	1227	1122	862	-23.2%
Street	402	356	447	436	488	408	643	657	681	852	781	-8.3%
PSH (New in 2019)										146	115	-21.2%
Other	2	-	1	11	596	1686	1459	835	563	520	536	3.1%
Unknown	12	28	3	-	-	-	-	-	9	22	6	-72.7%
Total	4883	4109	4803	6171	5596	4714	5257	5409	4641	4769	3752	-21.3%



Farmworker

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% change from 2019
Migratory		220	183	77	329	213	127	42	25	18	22	22%
Seasonal	227	637	848	1358	1936	1734	1370	1120	1155	1004	867	-14%
Total	227	857	1031	1435	2265	1947	1497	1162	1180	1022	889	-13%



UDS Report - 2020

Contact Information

Do you receive Bureau of Health Workforce funding during the reporting year?: No

Title	Name	Phone	Fax	Email
UDS Contact	Jim Beaumont	(650) 573 2459	Not Available	jbeaumont@smcgov.org
Project Director	Jim Beaumont	(650) 573 2459	(650) 573 2030	jbeaumont@smcgov.org
Clinical Director	Frank Trinh	(650) 573 2385	Not Available	frinh@smcgov.org
Chair Person	Brian Greenberg	(650) 685 5880 Ext. 116	Not Available	Bgreenberg@lifmoves.org
CEO	Jim Beaumont	(650) 573 2459	Not Available	jbeaumont@smcgov.org

UDS Report - 2020

Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
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ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
94404	3	18	10	0	31
94403	61	149	63	2	275
94402	8	28	9	1	46
94401	107	370	57	8	542
94303	116	257	63	7	443
94080	80	216	65	3	364
94070	3	22	3	0	28
94066	33	65	22	0	120
94063	252	420	85	7	764
94062	18	32	18	0	68
94061	54	93	26	2	175
94060	178	117	4	33	332
94044	12	42	12	0	66
94038	23	20	9	0	52
94030	3	14	9	0	26
94019	172	409	27	6	614
94018	1	6	4	0	11
94014	42	92	19	2	155
94010	47	154	17	9	227
94005	62	47	0	0	109
94002	13	54	24	0	91
94109	19	5	3	1	28
94015	18	47	20	0	85
94020	18	8	1	1	28
94025	62	96	20	3	181

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	21	83	26	5	135
Unknown Residence	24	96	17	1	138
Total	1450	2960	633	91	5134

Comments

Table 3A - Patients by Age and by Sex Assigned at Birth

Universal

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	23	23
2	Age 1	19	8
3	Age 2	25	23
4	Age 3	25	13
5	Age 4	26	27
6	Age 5	21	18
7	Age 6	25	18
8	Age 7	23	16
9	Age 8	23	27
10	Age 9	20	18
11	Age 10	29	10
12	Age 11	19	29
13	Age 12	19	26
14	Age 13	24	16
15	Age 14	19	22
16	Age 15	17	30
17	Age 16	19	22
18	Age 17	20	26
19	Age 18	12	34
20	Age 19	17	27
21	Age 20	17	22
22	Age 21	18	33
23	Age 22	27	17
24	Age 23	27	19
25	Age 24	34	31
26	Ages 25-29	208	164
27	Ages 30-34	245	155
28	Ages 35-39	244	182
29	Ages 40-44	271	176
30	Ages 45-49	233	160
31	Ages 50-54	271	182
32	Ages 55-59	348	187
33	Ages 60-64	271	171
34	Ages 65-69	150	100
35	Ages 70-74	63	76
36	Ages 75-79	37	45

Line	Age Groups	Male Patients (a)	Female Patients (b)
37	Ages 80-84	22	36
38	Age 85 and over	18	16
39	Total Patients (Sum of Lines 1-38)	2929	2205

HCH

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	14	14
2	Age 1	14	6
3	Age 2	13	14
4	Age 3	18	10
5	Age 4	19	22
6	Age 5	14	13
7	Age 6	18	13
8	Age 7	15	11
9	Age 8	14	21
10	Age 9	15	15
11	Age 10	14	10
12	Age 11	9	15
13	Age 12	12	13
14	Age 13	15	6
15	Age 14	11	10
16	Age 15	7	14
17	Age 16	9	17
18	Age 17	7	21
19	Age 18	8	21
20	Age 19	12	17
21	Age 20	14	15
22	Age 21	15	24
23	Age 22	22	13
24	Age 23	24	16
25	Age 24	22	23
26	Ages 25-29	174	131
27	Ages 30-34	216	128
28	Ages 35-39	219	139
29	Ages 40-44	227	125
30	Ages 45-49	180	125
31	Ages 50-54	246	142
32	Ages 55-59	320	166

Line	Age Groups	Male Patients (a)	Female Patients (b)
33	Ages 60-64	251	156
34	Ages 65-69	133	90
35	Ages 70-74	57	69
36	Ages 75-79	35	43
37	Ages 80-84	20	31
38	Age 85 and over	16	16
39	Total Patients (Sum of Lines 1-38)	2449	1735

MHC

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	9	9
2	Age 1	5	2
3	Age 2	12	9
4	Age 3	7	3
5	Age 4	7	5
6	Age 5	7	5
7	Age 6	7	5
8	Age 7	9	5
9	Age 8	9	6
10	Age 9	5	3
11	Age 10	15	0
12	Age 11	10	14
13	Age 12	7	13
14	Age 13	9	10
15	Age 14	8	12
16	Age 15	10	16
17	Age 16	10	5
18	Age 17	13	5
19	Age 18	4	13
20	Age 19	5	10
21	Age 20	3	8
22	Age 21	4	9
23	Age 22	6	4
24	Age 23	4	3
25	Age 24	12	8
26	Ages 25-29	39	34
27	Ages 30-34	36	28
28	Ages 35-39	28	43

Line	Age Groups	Male Patients (a)	Female Patients (b)
29	Ages 40-44	48	53
30	Ages 45-49	57	38
31	Ages 50-54	27	41
32	Ages 55-59	32	23
33	Ages 60-64	23	16
34	Ages 65-69	19	11
35	Ages 70-74	7	8
36	Ages 75-79	3	3
37	Ages 80-84	2	4
38	Age 85 and over	2	0
39	Total Patients (Sum of Lines 1-38)	520	484

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Table 3B - Demographic Characteristics

Universal

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	3	278		281
2a	Native Hawaiian	0	3		3
2b	Other Pacific Islander	5	127		132
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	5	130		135
3	Black/African American	10	446		456
4	American Indian/Alaska Native	17	37		54
5	White	845	2027		2872
6	More than one race	11	29		40
7	Unreported/Refused to report race	334	962	0	1296
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	1225	3909	0	5134

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	1875

Line	Patients by Sexual Orientation	Number (a)
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Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	122
14	Heterosexual (or straight)	3005
15	Bisexual	38
16	Something else	17
17	Don't know	266
18	Chose not to disclose	353
18a	Unknown	1333
19	Total Patients (Sum of Lines 13 to 18a)	5134

Line	Patients by Gender Identity	Number (a)
20	Male	2115
21	Female	1674
22	Transgender Man/Transgender Male	2
23	Transgender Woman/Transgender Female	8
24	Other	2
25	Chose not to disclose	166
25a	Unknown	1167
26	Total Patients (Sum of Lines 20 to 25a)	5134

HCH

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	3	277		280
2a	Native Hawaiian	0	3		3
2b	Other Pacific Islander	4	126		130
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	4	129		133
3	Black/African American	10	446		456
4	American Indian/Alaska Native	17	33		50
5	White	448	1763		2211
6	More than one race	11	29		40
7	Unreported/Refused to report race	252	762	0	1014
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	745	3439	0	4184

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	1054

Line	Patients by Sexual Orientation	Number (a)
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Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	121
14	Heterosexual (or straight)	2390
15	Bisexual	38
16	Something else	16
17	Don't know	221
18	Chose not to disclose	283
18a	Unknown	1115
19	Total Patients (Sum of Lines 13 to 18a)	4184

Line	Patients by Gender Identity	Number (a)
20	Male	1771
21	Female	1328
22	Transgender Man/Transgender Male	2
23	Transgender Woman/Transgender Female	8
24	Other	2
25	Chose not to disclose	125
25a	Unknown	948
26	Total Patients (Sum of Lines 20 to 25a)	4184

MHC

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	0	1		1
2a	Native Hawaiian	0	0		0
2b	Other Pacific Islander	1	1		2
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	1	1		2
3	Black/African American	0	0		0
4	American Indian/Alaska Native	0	4		4
5	White	415	279		694
6	More than one race	0	0		0
7	Unreported/Refused to report race	91	212	0	303
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	507	497	0	1004

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	863

Line	Patients by Sexual Orientation	Number (a)
------	--------------------------------	------------

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	1
14	Heterosexual (or straight)	652
15	Bisexual	0
16	Something else	1
17	Don't know	47
18	Chose not to disclose	72
18a	Unknown	231
19	Total Patients (Sum of Lines 13 to 18a)	1004

Line	Patients by Gender Identity	Number (a)
20	Male	375
21	Female	355
22	Transgender Man/Transgender Male	0
23	Transgender Woman/Transgender Female	0
24	Other	0
25	Chose not to disclose	42
25a	Unknown	232
26	Total Patients (Sum of Lines 20 to 25a)	1004

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Table 4 - Selected Patient Characteristics

Universal

Income as Percent of Poverty Guideline			
Line	Income as Percent of Poverty Guideline	Number of Patients (a)	
1	100% and below	2969	
2	101 - 150%	282	
3	151 - 200%	159	
4	Over 200%	110	
5	Unknown	1614	
6	TOTAL (Sum of Lines 1-5)	5134	

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
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Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	None/Uninsured	69	1381
8a	Medicaid (Title XIX)	690	2270
8b	CHIP Medicaid	0	0
8	Total Medicaid (Line 8a + 8b)	690	2270
9a	Dually Eligible (Medicare and Medicaid)	0	288
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	633
10a	Other Public Insurance (Non-CHIP) (specify)	0	0
10b	Other Public Insurance CHIP	0	0
10	Total Public Insurance (Line 10a + 10b)	0	0
11	Private Insurance	9	82
12	TOTAL (Sum of Lines 7 + 8 + 9 + 10 + 11)	768	4366

Managed Care Utilization

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)
13a	Capitated Member Months	20134				20134
13b	Fee-for-service Member Months		2531			2531
13c	Total Member Months (Sum of Lines 13a + 13b)	20134	2531	0	0	22665

Line	Special Populations	Number of Patients (a)

Line	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	25
15	Seasonal (330g awardees only)	979
16	Total Agricultural Workers or Dependents (All health centers report this line)	1004
17	Homeless Shelter (330h awardees only)	1054
18	Transitional (330h awardees only)	604
19	Doubling Up (330h awardees only)	923
20	Street (330h awardees only)	939
21a	Permanent Supportive Housing (330h awardees only)	116
21	Other (330h awardees only)	537
22	Unknown (330h awardees only)	11
23	Total Homeless (All health centers report this line)	4184
24	Total School-Based Health Center Patients (All health centers report this line)	38
25	Total Veterans (All health centers report this line)	72
26	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	0

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Income as Percent of Poverty Guideline			
Line	Income as Percent of Poverty Guideline	Number of Patients (a)	
1	100% and below	2610	
2	101 - 150%	150	
3	151 - 200%	85	
4	Over 200%	49	
5	Unknown	1290	
6	TOTAL (Sum of Lines 1-5)	4184	

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	None/Uninsured	58	1038
8a	Medicaid (Title XIX)	419	2022
8b	CHIP Medicaid	0	0
8	Total Medicaid (Line 8a + 8b)	419	2022
9a	Dually Eligible (Medicare and Medicaid)	0	277
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	596
10a	Other Public Insurance (Non-CHIP) (specify)	0	0
10b	Other Public Insurance CHIP	0	0
10	Total Public Insurance (Line 10a + 10b)	0	0
11	Private Insurance	6	45
12	TOTAL (Sum of Lines 7 + 8 + 9 + 10 + 11)	483	3701

Managed Care Utilization

Line	Special Populations	Number of Patients (a)
16	Total Agricultural Workers or Dependents (All health centers report this line)	54
17	Homeless Shelter (330h awardees only)	1054
18	Transitional (330h awardees only)	604
19	Doubling Up (330h awardees only)	923
20	Street (330h awardees only)	939
21a	Permanent Supportive Housing (330h awardees only)	116
21	Other (330h awardees only)	537
22	Unknown (330h awardees only)	11
23	Total Homeless (All health centers report this line)	4184
24	Total School-Based Health Center Patients (All health centers report this line)	36
25	Total Veterans (All health centers report this line)	72
26	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	0

MHC

Income as Percent of Poverty Guideline

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
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Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	383
2	101 - 150%	136
3	151 - 200%	76
4	Over 200%	64
5	Unknown	345
6	TOTAL (Sum of Lines 1-5)	1004

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	None/Uninsured	11	389
8a	Medicaid (Title XIX)	272	252
8b	CHIP Medicaid	0	0
8	Total Medicaid (Line 8a + 8b)	272	252
9a	Dually Eligible (Medicare and Medicaid)	0	12
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	38
10a	Other Public Insurance (Non-CHIP) (specify)	0	0
10b	Other Public Insurance CHIP	0	0
10	Total Public Insurance (Line 10a + 10b)	0	0
11	Private Insurance	3	39
12	TOTAL (Sum of Lines 7 + 8 + 9 + 10 + 11)	286	718

Managed Care Utilization

Line	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	25
15	Seasonal (330g awardees only)	979
16	Total Agricultural Workers or Dependents (All health centers report this line)	1004
23	Total Homeless (All health centers report this line)	54
24	Total School-Based Health Center Patients (All health centers report this line)	2
25	Total Veterans (All health centers report this line)	0
26	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	0

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Table 5 - Staffing and Utilization

Medical Care Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	0.48	488	920	
2	General Practitioners	0.13	152	128	
3	Internists	1.48	1081	1991	
4	Obstetrician/Gynecologists	0.2	413	79	
5	Pediatricians	0.46	620	389	
7	Other Specialty Physicians	0.92	1062	854	
8	Total Physicians (Lines 1-7)	3.67	3816	4361	
9a	Nurse Practitioners	2.1	2700	1835	
9b	Physician Assistants	0.07	165	110	
10	Certified Nurse Midwives				
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	2.17	2865	1945	
11	Nurses	6.08	4532	677	
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	Total Medical Care Services (Lines 8 + 10a through 14)	11.92	11213	6983	4429

Dental Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	0.84	2024	8	
17	Dental Hygienists	0.5	24		
17a	Dental Therapists				
18	Other Dental Personnel				
19	Total Dental Services (Lines 16-18)	1.34	2048	8	860

Mental Health Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	1.16	790	159	
20a1	Licensed Clinical Psychologists	0.8	634	59	
20a2	Licensed Clinical Social Workers		4	8	
20b	Other Licensed Mental Health Providers		59	92	
20c	Other Mental Health Staff				
20	Total Mental Health Services (Lines 20a-c)	1.96	1487	318	443

Substance Use Disorder Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21	Substance Use Disorder Services		81	56	34

Other Professional Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	Other Professional Services Specify Podiatry	0.16	310	12	161

Vision Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	0.07	106	33	
22b	Optometrists	0.18	292	120	
22c	Other Vision Care Staff				
22d	Total Vision Services (Lines 22a-c)	0.25	398	153	387

Pharmacy Personnel

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
23	Pharmacy Personnel	3.24			

Enabling Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	0.76	3840	1368	
25	Patient and Community Education Specialists		343	130	
26	Outreach Workers				
27	Transportation Staff				
27a	Eligibility Assistance Workers				
27b	Interpretation Staff				
27c	Community Health Workers				
28	Other Enabling Services Specify				
29	Total Enabling Services (Lines 24-28)	0.76	4183	1498	2182

Other Programs/Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
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Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
29a	Other Programs and Services specify				
29b	Quality Improvement Staff				

Administration and Facility

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Staff	5.25			
30b	Fiscal and Billing Staff				
30c	IT Staff				
31	Facility Staff				
32	Patient Support Staff	12.93			
33	Total Facility and Non-Clinical Support Staff (Lines 30a-32)	18.18			

Grand Total

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	37.81	19720	9028	

Selected Service Detail Addendum

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)	97	1443	15	599
20a02	Nurse Practitioners	39	605	2	307
20a03	Physician Assistants	3	23	1	20
20a04	Certified Nurse Midwives				

Substance Use Disorder Detail

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
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Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)	65	1198		493
21b	Nurse Practitioners (Medical)	44	253	53	161
21c	Physician Assistants	3	2	3	5
21d	Certified Nurse Midwives				
21e	Psychiatrists	14	470		96
21f	Licensed Clinical Psychologists	1	2		1
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

HCH

Medical Care Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	474	900	
2	General Practitioners	144	124	
3	Internists	893	1695	
4	Obstetrician/Gynecologists	345	69	
5	Pediatricians	272	168	
7	Other Specialty Physicians	1030	804	
8	Total Physicians (Lines 1-7)	3158	3760	
9a	Nurse Practitioners	2384	1675	
9b	Physician Assistants	163	109	
10	Certified Nurse Midwives			
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	2547	1784	
11	Nurses	4105	525	
15	Total Medical Care Services (Lines 8 + 10a through 14)	9810	6069	3828

Dental Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	1699	8	
17	Dental Hygienists	24		
17a	Dental Therapists			
19	Total Dental Services (Lines 16-18)	1723	8	724

Mental Health Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
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Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	790	159	
20a1	Licensed Clinical Psychologists	628	59	
20a2	Licensed Clinical Social Workers	4	8	
20b	Other Licensed Mental Health Providers	59	92	
20c	Other Mental Health Staff			
20	Total Mental Health Services (Lines 20a-c)	1481	318	341

Substance Use Disorder Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21	Substance Use Disorder Services	81	56	34

Other Professional Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	Other Professional Services Specify Podiatry	303	12	156

Vision Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	97	29	
22b	Optometrists	283	115	
22d	Total Vision Services (Lines 22a-c)	380	144	376

Enabling Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	3429	1365	
25	Patient and Community Education Specialists	343	130	
29	Total Enabling Services (Lines 24-28)	3772	1495	1937

Grand Total

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	17550	8102	

Medical Care Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	18	22	
2	General Practitioners	18	6	
3	Internists	194	301	
4	Obstetrician/Gynecologists	69	10	
5	Pediatricians	349	222	
7	Other Specialty Physicians	76	51	
8	Total Physicians (Lines 1-7)	724	612	
9a	Nurse Practitioners	432	162	
9b	Physician Assistants	3	1	
10	Certified Nurse Midwives			
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	435	163	
11	Nurses	542	154	
15	Total Medical Care Services (Lines 8 + 10a through 14)	1701	929	667

Dental Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	393		
17	Dental Hygienists			
17a	Dental Therapists			
19	Total Dental Services (Lines 16-18)	393	0	198

Mental Health Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists	6		
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	Total Mental Health Services (Lines 20a-c)	6	0	1

Substance Use Disorder Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21	Substance Use Disorder Services			

Other Professional Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	Other Professional Services Specify Podiatry	7		5

Vision Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	11	4	
22b	Optometrists	9	6	
22d	Total Vision Services (Lines 22a-c)	20	10	13

Enabling Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	444	10	
25	Patient and Community Education Specialists			
29	Total Enabling Services (Lines 24-28)	444	10	245

Grand Total

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	2571	949	

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Table 6A - Selected Diagnoses and Services Rendered

Universal

Selected Infectious and Parasitic Diseases

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	649	137
3	Tuberculosis	A15- through A19-, O98.0-	50	11
4	Sexually transmitted infections	A50- through A64-	106	63
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	143	51
4b	Hepatitis C	B17.1-, B18.2, B19.2-	309	113
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	456	213

Selected Diseases of the Respiratory System

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	905	400
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 is not present), J41- through J44-, J47-	956	323
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40, J22, J98.8, J80 (count only when code U07.1 is present)	18	17

Selected Other Medical Conditions

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	422	158
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	48	31
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	5374	1138
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	2455	727
11	Hypertension	I10- through I16-, O10-, O11-	5038	1716
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	324	226
13	Dehydration	E86-	2	2
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	0	0
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	1805	1166

Selected Childhood Conditions (limited to ages 0 through 17)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	86	67
16	Selected perinatal/neonatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	57	25
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	1003	583

Selected Mental Health Conditions, Substance Use Disorders, and Exploitations

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
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Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	1540	490
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	1531	720
19a	Tobacco use disorder	F17-, O99.33-	771	383
20a	Depression and other mood disorders	F30- through F39-	3352	824
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	2173	562
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	113	51
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	2375	856
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	0	0
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0	0	0

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM, CPT-4/III/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
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Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	390	365
21a	Hepatitis B test	CPT-4: 86704 through 86707, 87340, 87341, 87350	173	164
21b	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	200	197
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87635 HCPCS: U0001, U0002, U0003, U0004 CPT PLA: 0202U, 0223U, 0225U	107	101
21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86328, 86408, 86409, 86769 CPT PLA: 0224U, 0226U	0	0
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients	CPT-4: 99401-99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP	978	736
22	Mammogram	CPT-4: 77065, 77066, 77067 ICD-10: Z12.31	464	386
23	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	196	177
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	885	717
24a	Seasonal flu vaccine	CPT-4: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	1262	1184
25	Contraceptive management	ICD-10: Z30-	672	357
26	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393 ICD-10: Z00.1-	471	356
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	110	105
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050	109	100
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 HCPCS: S9075 CPT-II: 4000F, 4001F, 4004F	2448	807
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	364	296

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	CDT: D0140, D9110	139	114
28	Oral exams	CDT: D0120, D0145, D0150, D0160, D0170, D0171, D0180	1095	860
29	Prophylaxis-adult or child	CDT: D1110, D1120	403	339
30	Sealants	CDT: D1351	39	37
31	Fluoride treatment-adult or child	CDT: D1206, D1208 CPT-4: 99188	235	186
32	Restorative services	CDT: D21xx through D29xx	705	334
33	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	486	347
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	489	319

Sources of Codes

ICD-10-CM (2020)-National Center for Health Statistics (NCHS)

CPT (2020)-American Medical Association (AMA)

Code on Dental Procedures and Nomenclature CDT Code (2020)-Dental Procedure Codes. [American Dental Association \(ADA\)](#)

Note: "X" in a code denotes any number, including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect whether or not a code is billable. Instead, they are used to point out that other codes in the series are to be considered.

HCH

Selected Infectious and Parasitic Diseases				
Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	320	68
3	Tuberculosis	A15- through A19-, O98.0-	26	6
4	Sexually transmitted infections	A50- through A64-	57	35
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	72	26
4b	Hepatitis C	B17.1-, B18.2, B19.2-	168	63
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	208	98

Selected Diseases of the Respiratory System				
Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	439	195
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 is not present), J41- through J44-, J47-	481	163
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40, J22, J98.8, J80 (count only when code U07.1 is present)	14	13

Selected Other Medical Conditions				
Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	200	77
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	21	13
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	2708	579
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	1240	373
11	Hypertension	I10- through I16-, O10-, O11-	2582	890
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	168	116
13	Dehydration	E86-	1	1
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	0	0
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	1026	652

Selected Childhood Conditions (limited to ages 0 through 17)				
Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	37	30
16	Selected perinatal/neonatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	16	8
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	445	254

Selected Mental Health Conditions, Substance Use Disorders, and Exploitations

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	817	260
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	800	383
19a	Tobacco use disorder	F17-, O99.33-	429	217
20a	Depression and other mood disorders	F30- through F39-	1709	432
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	1072	281
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	49	22
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	1192	435
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	0	0
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0	0	0

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
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Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	236	218
21a	Hepatitis B test	CPT-4: 86704 through 86707, 87340, 87341, 87350	90	81
21b	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	106	103
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87635 HCPCS: U0001, U0002, U0003, U0004 CPT PLA: 0202U, 0223U, 0225U	85	79
21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86328, 86408, 86409, 86769 CPT PLA: 0224U, 0226U	0	0
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients	CPT-4: 99401-99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP	447	335
22	Mammogram	CPT-4: 77065, 77066, 77067 ICD-10: Z12.31	220	183
23	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	108	100
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	422	345
24a	Seasonal flu vaccine	CPT-4: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	585	549
25	Contraceptive management	ICD-10: Z30-	320	172
26	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393 ICD-10: Z00.1-	189	143
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	45	43
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050	58	55
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 HCPCS: S9075 CPT-II: 4000F, 4001F, 4004F	1230	410
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	349	287

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	CDT: D0140, D9110	123	100
28	Oral exams	CDT: D0120, D0145, D0150, D0160, D0170, D0171, D0180	532	426
29	Prophylaxis-adult or child	CDT: D1110, D1120	166	143
30	Sealants	CDT: D1351	12	12
31	Fluoride treatment-adult or child	CDT: D1206, D1208 CPT-4: 99188	80	68
32	Restorative services	CDT: D21xx through D29xx	346	157
33	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	269	194
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	275	181

Sources of Codes

ICD-10-CM (2020)-National Center for Health Statistics (NCHS)

CPT (2020)-American Medical Association (AMA)

Code on Dental Procedures and Nomenclature CDT Code (2020)-Dental Procedure Codes. [American Dental Association \(ADA\)](#)

Note: "X" in a code denotes any number, including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect whether or not a code is billable. Instead, they are used to point out that other codes in the series are to be considered.

MHC

Selected Infectious and Parasitic Diseases

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	13	2
3	Tuberculosis	A15- through A19-, O98.0-	0	0
4	Sexually transmitted infections	A50- through A64-	1	1
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	0	0
4b	Hepatitis C	B17.1-, B18.2, B19.2-	0	0
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	57	31

Selected Diseases of the Respiratory System

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	67	35
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 is not present), J41- through J44-, J47-	3	2
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40, J22, J98.8, J80 (count only when code U07.1 is present)	0	0

Selected Other Medical Conditions

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	27	8
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	6	5
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	311	79
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	32	8
11	Hypertension	I10- through I16-, O10-, O11-	253	90
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	18	16
13	Dehydration	E86-	0	0
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	0	0
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	142	97

Selected Childhood Conditions (limited to ages 0 through 17)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
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Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	19	12
16	Selected perinatal/neonatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	30	11
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	132	88

Selected Mental Health Conditions, Substance Use Disorders, and Exploitations

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	12	7
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	11	7
19a	Tobacco use disorder	F17-, O99.33-	7	6
20a	Depression and other mood disorders	F30- through F39-	42	26
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	98	43
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	20	10
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	70	33
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	0	0
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0	0	0

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
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Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	50	49
21a	Hepatitis B test	CPT-4: 86704 through 86707, 87340, 87341, 87350	33	33
21b	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	31	31
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87635 HCPCS: U0001, U0002, U0003, U0004 CPT PLA: 0202U, 0223U, 0225U	2	2
21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86328, 86408, 86409, 86769 CPT PLA: 0224U, 0226U	0	0
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients	CPT-4: 99401-99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP	25	17
22	Mammogram	CPT-4: 77065, 77066, 77067 ICD-10: Z12.31	40	36
23	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	28	24
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	141	113
24a	Seasonal flu vaccine	CPT-4: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	228	214
25	Contraceptive management	ICD-10: Z30-	110	63
26	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393 ICD-10: Z00.1-	143	106
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	30	28
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050	29	27
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 HCPCS: S9075 CPT-II: 4000F, 4001F, 4004F	14	9
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	15	9

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	CDT: D0140, D9110	1	1
28	Oral exams	CDT: D0120, D0145, D0150, D0160, D0170, D0171, D0180	190	152
29	Prophylaxis-adult or child	CDT: D1110, D1120	116	93
30	Sealants	CDT: D1351	24	20
31	Fluoride treatment-adult or child	CDT: D1206, D1208 CPT-4: 99188	117	88
32	Restorative services	CDT: D21xx through D29xx	73	51
33	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	30	23
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	85	53

Sources of Codes

ICD-10-CM (2020)-National Center for Health Statistics (NCHS)

CPT (2020)-American Medical Association (AMA)

Code on Dental Procedures and Nomenclature CDT Code (2020)-Dental Procedure Codes. [American Dental Association \(ADA\)](#)

Note: "X" in a code denotes any number, including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect whether or not a code is billable. Instead, they are used to point out that other codes in the series are to be considered.

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Table 6B - Quality of Care Measures

Universal

[]: Prenatal Care Provided by Referral Only (Check if Yes)

Section A - Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 years	0
2	Ages 15-19	14
3	Ages 20-24	18
4	Ages 25-44	60
5	Ages 45 and over	0
6	Total Patients (Sum of Lines 1-5)	92

Section B - Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester	62	0
8	Second Trimester	26	0
9	Third Trimester	4	0

Section C - Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2 nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2 nd birthday	28	28	18

Section D - Cervical and Breast Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	1106	1106	555

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Mammogram (c)
11a	MEASURE: Percentage of women 51-73 years of age who had a mammogram to screen for breast cancer	513	513	269

Section E - Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 16 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-16 years of age with a BMI percentile <i>and</i> counseling on nutrition <i>and</i> physical activity documented	535	535	241

Section F - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	3540	3540	954

Section G - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use <i>and</i> Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, <i>and</i> (2) if identified to be a tobacco user received cessation counseling intervention	2796	2796	2509

Section H - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients Aged 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or On Statin Therapy (c)
17a	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	559	559	429

Section I - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	246	246	205

Section J - Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer	1608	1608	858

Section K - HIV Measures

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Seen Within 30 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first-ever HIV diagnosis was made by health center staff between December 1 of the prior year and November 30 of the measurement year and who were seen for follow-up treatment within 30 days of that first-ever diagnosis	1	1	1

Line	HIV Screening	Total Patients Aged 15 through 65 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested for HIV (c)
20a	MEASURE: Percentage of patients 15 through 65 years of age who were tested for HIV when within age range	3326	3326	1872

Section L - Depression Measures

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool <i>and</i> , if screening was positive, (2) had a follow-up plan documented	3036	3036	995

Line	Depression Remission at Twelve Months	Total Patients Aged 12 and Older with Major Depression or Dysthymia (a)	Number Charts Sampled or EHR Total (b)	Number of Patients who Reached Remission (c)
21a	MEASURE: Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	71	71	5

Section M - Dental Sealants for Children between 6-9 Years

Line	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22	MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar	39	39	8

Table 7 - Health Outcomes and Disparities

Deliveries and Birth Weight

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	1
2	Deliveries Performed by Health Center's Providers	0

Hispanic or Latino/a

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
1a	Asian	0	0	0	0
1b1	Native Hawaiian	0	0	0	0
1b2	Other Pacific Islander	0	0	0	0
1c	Black/African American	0	0	0	0
1d	American Indian/Alaska Native	0	0	0	0
1e	White	12	0	0	16
1f	More than One Race	0	0	0	3
1g	Unreported/Refused to Report Race	8	0	0	1
Subtotal Hispanic or Latino/a		20	0	0	20

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
2a	Asian	3	0	0	3
2b1	Native Hawaiian	0	0	0	0
2b2	Other Pacific Islander	3	0	0	3
2c	Black/African American	2	0	0	2
2d	American Indian/Alaska Native	0	0	0	0
2e	White	18	0	0	18
2f	More than One Race	0	0	0	0
2g	Unreported/Refused to Report Race	12	0	1	11
Subtotal Non-Hispanic or Latino/a		38	0	1	37

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
h	Unreported/Refused to Report Race and Ethnicity	0	0	0	0
Total		58	0	1	57

Controlling High Blood Pressure

Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
1a	Asian	0	0	0
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	0	0	0
1c	Black/African American	0	0	0
1d	American Indian/Alaska Native	1	1	1
1e	White	75	75	23
1f	More than One Race	0	0	0
1g	Unreported/Refused to Report Race	54	54	15
Subtotal Hispanic or Latino/a		130	130	39

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
2a	Asian	103	103	24
2b1	Native Hawaiian	2	2	0
2b2	Other Pacific Islander	36	36	10
2c	Black/African American	89	89	20
2d	American Indian/Alaska Native	13	13	3
2e	White	643	643	167
2f	More than One Race	6	6	3
2g	Unreported/Refused to Report Race	395	395	103
Subtotal Non-Hispanic or Latino/a		1287	1287	330

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
h.	Unreported/Refused to Report Race and Ethnicity	0	0	0
Total		1417	1417	369

Diabetes: Hemoglobin A1c Poor Control

Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
------	--------------------	--------------------------------------------------------------	-----------------------------------------	-----------------------------------------------------

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
1a	Asian	1	1	1
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	0	0	0
1c	Black/African American	0	0	0
1d	American Indian/Alaska Native	1	1	1
1e	White	29	29	12
1f	More than One Race	11	11	4
1g	Unreported/Refused to Report Race	19	19	9
Subtotal Hispanic or Latino/a		61	61	27

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
2a	Asian	43	43	13
2b1	Native Hawaiian	1	1	1
2b2	Other Pacific Islander	14	14	5
2c	Black/African American	37	37	17
2d	American Indian/Alaska Native	6	6	3
2e	White	264	264	99
2f	More than One Race	1	1	1
2g	Unreported/Refused to Report Race	176	176	65
Subtotal Non-Hispanic or Latino/a		542	542	204

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
h	Unreported/Refused to Report Race and Ethnicity	0	0	0
Total		603	603	231

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Table 8A - Financial Costs

Universal

* Column c is equal to the sum of column a and column b.

Financial Costs of Medical Care

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
1	Medical Staff	4116914	4662385	8779299
2	Lab and X-ray	112345	201128	313473
3	Medical/Other Direct	1634145	2106353	3740498
4	Total Medical Care Services (Sum of Lines 1 through 3)	5863404	6969866	12833270

Financial Costs of Other Clinical Services

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
5	Dental	427440	410198	837638
6	Mental Health	888319	923051	1811370
7	Substance Use Disorder			0
8a	Pharmacy (not including pharmaceuticals)	390843	523191	914034
8b	Pharmaceuticals	86198		86198
9	Other Professional specify Podiatry	60970	108336	169306
9a	Vision	66789	86089	152878
10	Total Other Clinical Services (Sum of Lines 5 through 9a)	1920559	2050865	3971424

Financial Costs of Enabling and Other Services

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
11a	Case Management	784289		784289
11b	Transportation			0
11c	Outreach			0
11d	Patient and Community Education			0
11e	Eligibility Assistance			0
11f	Interpretation Services			0
11g	Other Enabling Services specify			0
11h	Community Health Workers			0
11	Total Enabling Services (Sum of Lines 11a through 11h)	784289	14158	798447
12	Other Program-Related Services specify			0
12a	Quality Improvement			0
13	Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)	784289	14158	798447

				Retroactive Settlements, Receipts, and Paybacks (c)						
Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliation/ Wraparound Current Year (c1)	Collection of Reconciliation/ Wraparound Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty / Payback (c4)	Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
1	Medicaid Non-Managed Care	1355240	554729	507923				556359		
2a	Medicaid Managed Care (capitated)	3732254	1269849	771251				2462405		
2b	Medicaid Managed Care (fee-for-service)									
3	Total Medicaid (Sum of Lines 1 + 2a + 2b)	5087494	1824578	1279174	0	0	0	3018764		
4	Medicare Non-Managed Care	756227	242887	100127				383690		
5a	Medicare Managed Care (capitated)									
5b	Medicare Managed Care (fee-for-service)	910573	366587	115296				491860		
6	Total Medicare (Sum of Lines 4 + 5a + 5b)	1666800	609474	215423	0	0	0	875550		
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care	173166	26565	232				74155		
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)									
8b	Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service)									
8c	Other Public, including COVID-19 Uninsured Program									
9	Total Other Public (Sum of Lines 7 + 8a + 8b + 8c)	173166	26565	232	0	0	0	74155		
10	Private Non-Managed Care	17050	1301			208		7470		
11a	Private Managed Care (capitated)									
11b	Private Managed Care (fee-for-service)									
12	Total Private (Sum of Lines 10 + 11a + 11b)	17050	1301			208	0	7470		
13	Self-Pay	1369643	12441						1180311	9639
14	TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)	8314153	2474359	1494829	0	208	0	3975939	1180311	9639

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BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)

Line	Source	Amount (a)
1a	Migrant Health Center	499330
1b	Community Health Center	
1c	Health Care for the Homeless	1873912
1e	Public Housing Primary Care	
1g	Total Health Center (Sum of Lines 1a through 1e)	2373242
1k	Capital Development Grants, including School-Based Health Center Capital Grants	
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	56561
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	28774
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	169333
1o	Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES)/ Health, Economic Assistance, Liability Protection and Schools Act (HEALS)	
1p	Other COVID-19-Related Funding from BPHC specify	
1q	Total COVID-19 Supplemental (Sum of Lines 1l through 1p)	254668
1	Total BPHC Grants (Sum of Lines 1g + 1k + 1q)	2627910

Other Federal Grants

Line	Source	Amount (a)
2	Ryan White Part C HIV Early Intervention	
3	Other Federal Grants specify	
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Provider	
3b	Provider Relief Fund specify	
5	Total Other Federal Grants (Sum of Lines 2 through 3b)	0

Non-Federal Grants Or Contracts

Line	Source	Amount (a)
6	State Government Grants and Contracts specify	
6a	State/Local Indigent Care Programs specify San Mateo County ACE Program	11006043
7	Local Government Grants and Contracts specify	
8	Foundation/Private Grants and Contracts specify	
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	11006043
10	Other Revenue (non-patient related revenue not reported elsewhere) specify	
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	13633953

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Health Center Health Information Technology (HIT) Capabilities**HIT****1. Does your center currently have an electronic health record (EHR) system installed and in use?:**: Yes, installed at all sites and used by all providers: Yes, but only installed at some sites or used by some providers: No**1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?:**: Yes: No**1a1.Vendor:** eClinicalWorks, LLC**Other (Please specify):****1a2.Product Name:** eClinicalWorks10**1a3.Version Number:** 10**1a4.ONC-certified Health IT Product List Number:** 14.04.04.2883.eCti.10.01.1.170526**1a1.Vendor:** Select one**Other (Please specify):****1a2.Product Name:****1a3.Version Number:****1b. Did you switch to your current EHR from a previous system this year?:**: Yes: No**1c. Do you use more than one EHR or data system across your organization?:**: Yes: No**If yes, what is the reason?:**: Second EHR/data system is used during transition to primary EHR: Second EHR/data system is specific to one service type (e.g., dental, behavioral health): Second EHR/data system is used at specific sites with no plan to transition: Other (please describe)**Other (please describe):****1d. Is your EHR up to date with the latest software and system patches?:**: Yes: No: Not sure**1e. When do you plan to update/install the latest EHR software and system patches?:**: a. 3 months: b. 6 months: c. 1 Year or more: d. Not planned

2. Question removed.

3. Question removed.

4. Which of the following key providers/health care settings does your center electronically exchange clinical information with? (Select all that apply.):: Hospitals/Emergency rooms: Specialty clinicians: Other primary care providers: Labs or imaging: Health information exchange (HIE): None of the above: Other (please describe)**Other (please describe):****5. Does your center engage patients through health IT in any of the following ways? (Select all that apply.):**: Patient portals: Kiosks: Secure messaging: Other (please describe): No, we do not engage patients using HIT

Other (please describe):

6. Question removed.

7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?:

: We use the EHR to extract automated reports

: We use the EHR but only to access individual patient charts

: We use the EHR in combination with another data analytic system

: We do not use the EHR

8. Question removed.

9. Question removed.

10. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply.):

: Quality improvement

: Population health management

: Program evaluation

: Research

: Other (please describe)

: We do not utilize HIT or EHR data beyond direct patient care

Other (please describe):

11. Does your health center collect data on individual patients' social risk factors, outside of the data reportable in the UDS?:

: Yes

: No, but we are in planning stages to collect this information

: No, we are not planning to collect this information

12. Which standardized screener(s) for social risk factors, if any, do you use? (Select all that apply.):

: Accountable Health Communities Screening Tools

: Upstream Risks Screening Tool and Guide

: iHELLP

: Recommend Social and Behavioral Domains for EHRs

: Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

: Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE)

: WellRx

: Health Leads Screening Toolkit

: Other (please describe)

: We do not use a standardized screener

Other (please describe):

12a. Please provide the total number of patients that screened positive for the following:

Food insecurity:

Housing insecurity:

Financial strain:

Lack of transportation/access to public transportation:

12b. If you do not use a standardized assessment to collect this information, please indicate why. (Select all that apply.):

: Have not considered/unfamiliar with assessments

: Lack of funding for addressing these unmet social needs of patients

: Lack of training for staff to discuss these issues with patients

: Inability to include with patient intake and clinical workflow

: Not needed

: Other (please describe)

Other (please describe):

13. Does your center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as health information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?:

: Yes

: No

: Not sure

Comments

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Other Data Elements

Other Data Elements

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder

a. How many physicians, certified nurse practitioners, physician assistants, and certified nurse midwives,¹ on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?: 72

b. How many patients received MAT for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?: 31

2. Did your organization use telemedicine to provide remote clinical care services? (The term "telehealth" includes "telemedicine" services but encompasses a broader scope of remote health care services. Telemedicine is specific to remote clinical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.):

Yes

No

2a1. Who did you use telemedicine to communicate with? (Select all that apply.):

Patients at remote locations from your organization (e.g., home telehealth, satellite locations)

Specialists outside your organization (e.g., specialists at referral centers)

2a2. What telehealth technologies did you use? (Select all that apply.):

Real-time telehealth (e.g., live videoconferencing)

Store-and-forward telehealth (e.g., secure e-mail with photos or videos of patient examinations)

Remote patient monitoring

Mobile Health (mHealth)

2a3. What primary telemedicine services were used at your organization? (Select all that apply.):

Primary care

Oral health

Behavioral health: Mental health

Behavioral health: Substance use disorder

Dermatology

Chronic conditions

Disaster management

Consumer health education

Provider-to-provider consultation

Radiology

Nutrition and dietary counseling

Other (Please specify)

Other (Please specify):

2b. If you did not have telemedicine services, please comment why. (Select all that apply.):

Have not considered/unfamiliar with telehealth service options

Policy barriers (Select all that apply)

Inadequate broadband/telecommunication service (Select all that apply)

Lack of funding for telehealth equipment

Lack of training for telehealth services

Not needed

Other (Please specify)

Other (Please specify):

Policy barriers (Select all that apply):

Lack of or limited reimbursement

Credentialing, licensing, or privileging

Privacy and security

Other (Please specify)

Other (Please specify):

Inadequate broadband/telecommunication service (Select all that apply):

Cost of service

Lack of infrastructure

Other (Please specify)

Other (Please specify):

3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (employees, contractors, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

Enter number of assists: 312

4. How many patients received a FDA-approved COVID-19 vaccine during the calendar year at your organization?: 0

¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-198, opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs).

Workforce

1. Does your health center provide health professional education/training that is a hands-on, practical, or clinical experience?:

: Yes

: No

1a. If yes, which category best describes your health center's role in the health professional education/training process? (Select all that apply.):

: Sponsor [2]

: Training site partner [3]

: Other (please describe)

Other (please describe): Both the above

2. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category⁴ within the reporting year.

	Medical	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
1.	Physicians		133
	a. Family Physicians		
	b. General Practitioners		
	c. Internists		12
	d. Obstetrician/Gynecologists		22
	e. Pediatricians		8
	f. Other Specialty Physicians		91
2.	Nurse Practitioners		6
3.	Physician Assistants		3
4.	Certified Nurse Midwives		
5.	Registered Nurses	194	
6.	Licensed Practical Nurses/Vocational Nurses		
7.	Medical Assistants	3	

	Dental	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
8.	Dentists	63	
9.	Dental Hygienists	6	
10.	Dental Therapists		
10a.	Dental Assistants		

	Mental Health and Substance Use Disorder	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
11.	Psychiatrists		12
12.	Clinical Psychologists		7
13.	Clinical Social Workers		
14.	Professional Counselors		
15.	Marriage and Family Therapists		
16.	Psychiatric Nurse Specialists		
17.	Mental Health Nurse Practitioners		
18.	Mental Health Physician Assistants		
19.	Substance Use Disorder Personnel		

	Vision	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
20.	Ophthalmologists		
21.	Optometrists		3

	Other Professionals	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
22.	Chiropractors		
23.	Dieticians/Nutritionists	3	
24.	Pharmacists		4
25.	Other please specify		

3. Provide the number of health center staff serving as preceptors at your health center.: 27

4. Provide the number of health center staff (non-preceptors) supporting ongoing health center training programs.: 3

5. How often does your health center implement satisfaction surveys for providers? (Select one.):

- : Monthly
: Quarterly
: Annually
: We do not currently conduct provider satisfaction surveys
: Other (please describe)
Other (please describe): Every two (2) years

6. How often does your health center implement satisfaction surveys for general staff (report provider surveys in question 5 only)? (Select one.):

- : Monthly
: Quarterly
: Annually
: We do not currently conduct staff satisfaction surveys
: Other (please describe)
Other (please describe): Every two (2) years

² A sponsor hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program).

³ A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).

⁴ Examples of pre-graduate/certificate training include student clinical rotations or externships. A residency, fellowship, or practicum would be examples of post-graduate training. Include non-health-center individuals trained by your health center.

BHCMIS ID: 091140 - SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA

Date Requested: 03/08/2021 1:03 PM EST

Program Name: Health Center 330

Date of Last Report Refreshed: 03/08/2021 1:03 PM EST

Submission Status: Change Requested

UDS Report - 2020

Data Audit Report

Table 3A-Patients by Age and by Sex Assigned at Birth

Edit 03950: Numbers Questioned For Patients Aged 15 - 44. - Females age 15-44 is outside the typical range when compared to total patients age 15-44. Please correct or explain. Females aged 15-44 (938);Males aged 15-44 (1176);Ratio of Females age 15-44 to total patients age 15-44: (0.44)

Related Tables: Table 3A(UR)

Arthur Stickgold (Reviewer) on 02/27/2021 6:35 PM EST: HCH and MHC o nly

Table 3B-Demographic Characteristics

Edit 03640: Unreported/Refused to report greater than 25% total - For Migrant Table: Unreported/Refused patients on Total Line 7 Column (d) (303) is greater than 25% of total patients on Table 3B (1004). Please correct or explain.

Related Tables: Table 3B(MHC)

Arthur Stickgold (Reviewer) on 02/27/2021 6:38 PM EST: 1. Table 3B. If you have race data and no ethnicity data report the patients in column b – add them to the ones who are there. We will look for your revised data.

Table 3B-Demographic Characteristics

Edit 07247: Unreported/Refused to Report greater than 25% of Total Patients - Patients reported on the 'Unreported/Refused to Report' Line 7 (1296) is greater than 25% of total patients (Line 8) (5134). Please correct or explain.

Related Tables: Table 3B(UR)

Arthur Stickgold (Reviewer) on 02/27/2021 6:38 PM EST: 1. Table 3B. If you have race data and no ethnicity data report the patients in column b – add them to the ones who are there. We will look for your revised data.

Table 4-Selected Patient Characteristics

Edit 04132: Inter-year Change in Patients - There is a decrease in the number of Homeless patients reported on Line 23 Column (a) (4184) from prior year Line 23 Column (a) (4769) . Please correct or explain.

Related Tables: Table 4(UR)

Arthur Stickgold (Reviewer) on 02/27/2021 6:43 PM EST: 2. Table 4. You are reporting only 38 patients at a school based clinic. If you have such a clinic (designated as such on your Form 5B) then report all of the patients seen at this site. If not, change this to 0. (This appears to have been wrong in the past as well. Sorry we missed it.)

Table 5-Staffing and Utilization

Edit 04690: Inter-year Patients questioned - On Migrant Health Center - A large change in Dental patients from the prior year is reported on Line 19 Column C. (PY = (310), CY = (198)). Please correct or explain.

Related Tables: Table 5(MHC)

Jim Beaumont (Health Center) on 02/13/2021 3:01 AM EST: Dental services were one of the hardest hit during the COVID pandemic as much of the service is required to be in-person. Our Dental services were completely closed for routine patient care for about 4 months, and when reopened, they could only handle a smaller volume of patients due to sanitation efforts and social distancing.

Edit 06373: Mental Health Visit per Patient in Question - On Migrant Health Center - Mental Health visits per mental health patient varies substantially from national average. CY (6); PY National Average (3.12). Please correct or explain.

Related Tables: Table 5(MHC)

Jim Beaumont (Health Center) on 02/13/2021 3:10 AM EST: Small sample size. There was one (1) patient who was seen six (6) times.

Edit 06385: Vision Visit per Patient in Question - On Migrant Health Center - Vision visits per vision patient varies substantially from national average. CY (2.31); PY National Average (1.28). Please correct or explain.

Related Tables: Table 5(MHC)

Jim Beaumont (Health Center) on 02/13/2021 3:19 AM EST: Small sample size: there are only 13 patients and 30 visits. Note that the visit rate for homeless (larger population) is 1.39, very close to the national average.

Table 5-Staffing and Utilization

Edit 04144: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY =(521), CY = (341)). Please correct or explain.

Related Tables: Table 5(HCH)

Jim Beaumont (Health Center) on 02/13/2021 3:08 AM EST: All Behavioral Health Services, including Mental Health services, had a significant impact from the COVID pandemic. During the first months (March/April, almost all in-person clinic visits were halted. And in the Behavioral Health area, it took somewhat longer to get telemedicine effort up to speed. In addition, the homeless population was significantly disrupted, often moved around into temporary hotels or COVID exposure sites. This made getting hold of them more difficult, compounded by the fact that they are somewhat less likely to have a working/charged smartphone on which to participate in telemedicine.

Edit 05141: Inter-year Patients questioned - On Healthcare for Homeless - A large change in Vision Services patients from the prior year is reported on Line 22d Column C. (PY = (573), CY = (376)). Please correct or explain.

Related Tables: Table 5(HCH)

Jim Beaumont (Health Center) on 02/13/2021 2:37 PM EST: Vision services were one of the hardest hit during the COVID pandemic as much of the service is required to be in-person. In the first few months, in-person visits were extremely limited and as more patients were seen in-person, they could only handle a smaller volume of patients due to sanitation efforts and social distancing.

Table 5-Staffing And Utilization

Edit 07271: Personnel on Addendum in Question - Physician Assistant personnel on Table 5 line 20a03 Column A1 (3) on the Mental Health section of the addendum is high compared to Physician Assistant FTEs reported on Table 5 Line 9b Column A (0.07). This suggests a high proportion of personnel per FTE. Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 2:51 AM EST: Line 9b ask reporting FTE, line 20a03 is reporting individual personnel involved. The Health Center Program is a part of a larger service delivery organization where virtually all staff is shared. On an FTE basis, we report the pro-rated share of FTE that deliver services to the HCH and FH patients. On 20a03, the request is for the individual personnel count, regardless of the share of their time spent with HCH or FH patients. So the count for line 20a03 would be expected to be (much) higher than the comparable count on Line 9b.

Edit 07273: Personnel on Addendum in Question - Physician personnel on Table 5 Line 21a Column A1 (65) on the Substance Use Disorder section of the addendum is high compared to total Physician FTEs reported on Table 5 Line 8 Column A (3.67). This suggests a high proportion of personnel per FTE. Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 2:52 AM EST: Line 8 ask reporting FTE, line 21a is reporting individual personnel involved. The Health Center Program is a part of a larger service delivery organization where virtually all staff is shared. On an FTE basis, we report the pro-rated share of FTE that deliver services to the HCH and FH patients. On 21a, the request is for the individual personnel count, regardless of the share of their time spent with HCH or FH patients. So the count for line 21a would be expected to be (much) higher than the comparable count on Line 8.

Edit 07275: Personnel on Addendum in Question - Physician Assistant personnel on Table 5 Line 21c Column A1 (3) on the Substance Use Disorder section of the addendum is high compared to Physician Assistant FTEs reported on Table 5 Line 9b Column A (0.07). This suggests a high proportion of personnel per FTE. Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 2:54 AM EST: Line 9b ask reporting FTE, line 21c is reporting individual personnel involved. The Health Center Program is a part of a larger service delivery organization where virtually all staff is shared. On an FTE basis, we report the pro-rated share of FTE that deliver services to the HCH and FH patients. On 21c, the request is for the individual personnel count, regardless of the share of their time spent with HCH or FH patients. So the count for line 21c would be expected to be (much) higher than the comparable count on Line 9b.

Edit 07270: Personnel on Addendum in Question - Nurse Practitioner personnel on Table 5 line 20a02 Column A1 (39) on the Mental Health section of the addendum is high compared to Nurse Practitioner FTEs reported on Table 5 Line 9a Column A (2.1). This suggests a high proportion of personnel per FTE. Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 2:49 AM EST: Line 9a ask reporting FTE, line 20a02 is reporting individual personnel involved. Because the Health Center Program is a part of a larger service delivery organization where virtually all staff is shared. On an FTE basis, we report the pro-rated share of FTE that deliver services to the HCH and FH patients. On line 20a02, the request is for the individual personnel count, regardless of the share of their time spent with HCH or FH patients. So the count for line 20a02 would be expected to be (much) higher than the comparable count on Line 9a.

Edit 07274: Personnel on Addendum in Question - Nurse Practitioner personnel on Table 5 Line 21b Column A1 (44) on the Substance Use Disorder section of the addendum is high compared to Nurse Practitioner FTEs reported on Table 5 Line 9a Column A (2.1). This suggests a high proportion of personnel per FTE. Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 2:54 AM EST: Line 9a ask reporting FTE, line 21b is reporting individual personnel involved. The Health Center Program is a part of a larger service delivery organization where virtually all staff is shared. On an FTE basis, we report the pro-rated share of FTE that deliver services to the HCH and FH patients. On 21b, the request is for the individual personnel count, regardless of the share of their time spent with HCH or FH patients. So the count for line 21b would be expected to be (much) higher than the comparable count on Line 9a.

Edit 07277: Personnel on Addendum in Question - Psychiatrist personnel on Table 5 Line 21e Column A1 (14) on the Substance Use Disorder section of the addendum is high compared to Psychiatrist FTEs reported on Table 5 Line 20a Column A (1.16). This suggests a high proportion of personnel per FTE. Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 3:01 AM EST: Line 20a ask reporting FTE, line 21e is reporting individual personnel involved. The Health Center Program is a part of a larger service delivery organization where virtually all staff are shared. On an FTE basis, we report the pro-rated share of FTE that deliver services to the HCH and FH patients. On line 21e, the request is for the individual personnel count, regardless of the share of their time spent with HCH or FH patients. So the count for line 21e would be expected to be (much) higher than the comparable count on Line 20a.

Edit 07269: Personnel on Addendum in Question - Physician personnel on Table 5 line 20a01 Column A1 (97) on the Mental Health section of the addendum is high compared to total Physican FTEs reported on Table 5 Line 8 Column A (3.67). . This suggests a high proportion of personnel per FTE. Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 2:47 AM EST: Line 8 ask reporting FTE, line 20a01 is reporting individual personnel involved. Table 5 reported providers is a FTE count. Because the Health Center Program is a part of a larger service delivery organization where virtually all staff is shared. On an FTE basis, we report the pro-rated share of FTE that deliver services to the HCH and FH patients. On the items, the request is for the individual personnel count, regardless of the share of their time spent with HCH or FH patients. So the count for line 20a01 would be expected to be (much) higher than the comparable count on Line 8.

Edit 05138: Inter-year Patients questioned - On Universal - A large change in Vision Services patients from the prior year is reported on Line 22d Column C. (PY = (582), CY= (387)). Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 3:12 AM EST: Vision services were one of the hardest hit during the COVID pandemic as much of the service is required to be in-person. In the first few months, in-person visits were extremely limited and as more patients were seen in-person, they could only handle a smaller volume of patients due to sanitation efforts and social distancing.

Edit 04147: Inter-year Patients questioned - On Universal - A large change in Other Professional Services patients from the prior year is reported on Line 22 Column C. (PY = (226), CY= (161)). Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 3:23 AM EST: Other Services (Podiatry) were hit hard during the COVID pandemic as much of the service is essentially in-person and somewhat difficult to do routinely on a virtual basis. In-person clinics were extremely limited during the first few months and when more patients were allowed, they could only handle a smaller volume of patients due to sanitation efforts and social distancing.

Table 6A-Selected Diagnoses and Services Rendered

Edit 03498: Pap Test Patients Questioned - On Health Care for the Homeless Report, the number of patients who had a pap test reported (100) on Table 6A is low based on the number of women aged 21-64 (1188) reported on Table 3A Healthcare for the Homeless report. If you use an alternate code for pap tests, add it to the table comments.

Related Tables: Table 6A(HCH), Table 3A(HCH)

Danielle Hull (Health Center) on 02/12/2021 8:13 PM EST: COVID-19 minimized the number of in-person visits that occurred in 2020. The majority of cervical cancer screenings in the numerator of 6B are likely done within the 2 years prior to the reporting period, with some tests done in the later part of 2020 when in-person medical services resumed, resulting in the lower number of tests reported in 6A in comparison.

Table 6A-Selected Diagnoses and Services Rendered

Edit 03507: Pap Test Patients Questioned - The number of migrant patients who had a pap test reported on Line 23 Column (b) (24) on Table 6A, is unreasonably low based on the number of women aged 21-64 (300) reported on Table 3A migrant report. If you use an alternate code for pap tests, add it to the table comments.

Related Tables: Table 6A(MHC), Table 3A(MHC)

Danielle Hull (Health Center) on 02/12/2021 8:17 PM EST: There are two reasons for the lower number of pap tests performed for migrant patients in 2020. First, the COVID-19 pandemic halted in-person services offered at Coastside Clinic in Half Moon Bay and Pescadero, which ceased pap tests being performed on a non-emergency basis until in-person services resumed. Additionally, our field-based medical team that works specifically with farmworkers had a hiatus in doing cervical cancer screenings due to a billing issue with NPI coding. Both of these resulted in a low number of pap tests performed in 2020.

Table 6B-Quality of Care Indicators

Edit 06823: Line 22 Compliance Rate Questioned - Dental Sealants for Children between 6-9 Years Line 22: The proportion of patients in compliance 20.51% dropped significantly when compared to the prior year 62.96%. Please review and correct or explain.

Related Tables: Table 6B

Arthur Stickgold (Reviewer) on 02/27/2021 7:05 PM EST: universe = 39

Edit 07437: Line 20a Universe in Question - You are reporting (97.93)% of total possible medical patients in the universe for the HIV Screening measure (Table 6B, Line 20a Column A). This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 4(UR), Table 5(UR)

Arthur Stickgold (Reviewer) on 02/27/2021 6:56 PM EST: known EHB error

Edit 05772: Line 10 Universe in Question - You are reporting (67.62)% of total possible medical patients in the universe for the Childhood Immunization measure (line 10 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 4(UR), Table 5(UR)

Arthur Stickgold (Reviewer) on 02/27/2021 6:53 PM EST: only 40 in age group

Edit 05789: Line 18 Universe in Question - Based on the universe reported for total patients with Ischemic Vascular Disease (IVD) on line 18 column A we estimate a prevalence rate of (6.53)%. This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 4(UR), Table 5(UR)

Danielle Hull (Health Center) on 02/12/2021 8:52 PM EST: In the 2020 measurement period, 55% of the patient population is over the age of 40. Our patient population by age and circumstance can be considered at a higher risk for IVD. This is consistent with the aging homeless population trends we observed last year (52% was over 40 in 2019). Additionally, the prevalence rate for our patient population decreased from 6.66% in 2019 to 6.56% in 2020.

Edit 06176: Line 22 Universe in Question - You are reporting (136.95)% of total possible dental patients in the universe for Patients with Sealants to First Molars (Line 22 Column A). This appears high compared to dental patients in the age group being measured. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 4(UR), Table 5(UR)

Danielle Hull (Health Center) on 02/13/2021 12:41 PM EST: The potential total patient universe for Table 5 appears to have 860 patients that received dental services in 2020. 6B Line 22 Column A only reports 39 patients included in the universe for dental sealants. Additionally there are 171 patients between the ages of 6 and 9 during the calendar year. It is unclear why this is being flagged as 136.95% of the total possible dental patients.

Table 7-Health Outcomes and Disparities

Edit 03959: Low Birthweights Questioned - The White LBW and VLBW percentage of births reported appears low. Please correct or explain. CY (0%);PY National Average (7.05)%

Related Tables: Table 7

Danielle Hull (Health Center) on 02/12/2021 9:20 PM EST: Confirmed that the reported percentage of LBW and VLBW were correct in the measurement period. The low percentage could be do to the relatively small sample size (57), or due to the COVID-19 pandemic. A recently released study in Ireland observed regional reductions in LBW and VLBW rates, which was attributed to potential behavioral or socio-environmental changes as a result of the pandemic that led to a reduction in LBW and VLBW.

Edit 06825: Line i Section B Compliance Rate Questioned - Controlling High Blood Pressure Line i: The proportion of patients in compliance 26.04% dropped significantly when compared to the prior year 62.56%. Please review and correct or explain.

Related Tables: Table 7

Danielle Hull (Health Center) on 02/12/2021 8:59 PM EST: In 2020, the halting of in-person services drastically affected the number of approved, recordable blood pressure readings that could be reported within criteria (at-home readings taken by patients are not allowable). 64% of all hypertensive patients did not have a recorded blood pressure reading in the reporting period. We are working on a pilot to provide a subset of our patients with an at-home remote blood pressure monitoring device, but these efforts will be reflected in 2021 and not in 2020 performance.

Table 8A-Financial Costs

Edit 04117: Cost Per Visit Questioned - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (964.03); Prior Year (785.14).

Related Tables: Table 8A, Table 5(UR)

Arthur Stickgold (Reviewer) on 02/27/2021 7:20 PM EST: costs started out outrageously high

Edit 03729: Costs Higher Than Reasonable for Staff Only - Medical Staff Costs on Table 8a, Line 1 are higher than typical salaries alone for the FTE reported on Table 5 Line 15. Please correct or explain. (Cost/FTE (345378.69); PY National Average (102693.54))

Related Tables: Table 8A, Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 4:22 AM EST: Operating in the San Francisco Bay Area, we are impacted by the extremely high cost of living, and, as a public entity, provider costs are generally kept near the private sector rates. As an example, typical MD costs, fully loaded for salary & benefits is over \$350,000. In addition, contractor costs are included, but since they are not purchased on an FTE or hourly basis, they do not impact the FTE count.

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (407.41); Prior Year (267.68).

Related Tables: Table 8A, Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 4:13 AM EST: There was a substantial reduction in visits due to the COVID pandemic, but costs generally were mostly fixed. This results in a higher cost per visit.

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (1003.53); Prior Year (645.61).

Related Tables: Table 8A, Table 5(UR)

Arthur Stickgold (Reviewer) on 02/27/2021 7:19 PM EST: visigts down 15%

Edit 00180: Costs missing - You are reporting (137) on Table 5 Line 21 Columns (b)+(b2), but nothing for Substance Use Disorder (0) in Table 8A. This is possible only if all services were donated. Please check and correct.

Related Tables: Table 8A, Table 5(UR)

Arthur Stickgold (Reviewer) on 02/27/2021 7:17 PM EST: Numbers are to small to chase, but it is being done wrong.

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (60970)(Podiatry) and Table 5, Line 22 (0.16)(Podiatry) . Review and confirm that FTEs relate to costs or correct.

Related Tables: Table 8A, Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 5:04 AM EST: Costs are correct. The Bay Area has an extremely high medical cost-of-living and as a public entity, salary & benefits are kept somewhat close to the private sector costs.

Edit 04129: Cost Per Visit Questioned - Other Professional Cost Per visits is substantially different than the prior year. Current Year (525.80); Prior Year (346.18).

Related Tables: Table 8A, Table 5(UR)

Edit 05937: Cost per Visit Questioned - Vision Cost Per visit is substantially different than the prior year. Current Year (277.46); Prior Year (189.24).

Related Tables: Table 8A, Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 4:10 AM EST: There was a substantial reduction in visits due to the COVID pandemic, but costs generally were mostly fixed. This results in a higher cost per visit.

Edit 03945: Inter-Year variance questioned - Current Year Non-Clinical Support costs, Line 15 Column (a) (8150555) varies substantially from cost on the same line last year (7091920). Please correct or explain.

Related Tables: Table 8A

Arthur Stickgold (Reviewer) on 02/27/2021 7:15 PM EST: 10. Table 8A. Admin costs are up nearly a million dollars which you explain as being for COVID (?) and PPE. They are now double the ratio seen throughout California and the nation. If PPE is really significant, move it line 3 where medical supplies are reported. I doubt that is much of it. Please review and correct or explain.

Table 9D-Patient Related Revenue (Scope of Project Only)

Edit 01917: FQHC Medicaid Non-Managed Care retros questioned - FQHC Medicaid Non-Managed Care retros (507923) exceed 50% of Medicaid Non-Managed Care amount collected this period on Line 1 Column b (554729). Verify that Columns C1 through C4 are included in Column b and subtracted from Column d. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 02/13/2021 5:01 AM EST: Columns C1 through C4 are included in Column b and subtracted from Column d. A large portion of collections are routinely done through reconciliation.

Edit 04155: Inter-year Capitation PMPM questioned - The average Medicaid capitation PMPM reported on Line 2a (24.76) is significantly different from the prior year (39.52). Please correct or explain.

Related Tables: Table 9D, Table 4(UR)

Jim Beaumont (Health Center) on 02/13/2021 4:46 AM EST: With the pandemic and significant work-from home for office staff, processing just seems to be taking additional time.

Edit 01973: FQHC Medicaid Capitation retros exceed 50% total collections - FQHC Medicaid Capitation retros(771251) exceed 50% of (1269849). Verify that Verify that Cols C1 through C4 are included in Col B and subtracted from Col D. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 02/13/2021 5:00 AM EST: Columns C1 through C4 are included in Column b and subtracted from Column d. A large portion of collections are routinely done through reconciliation.

Edit 04121: Charge to Cost Ratio Questioned - Total charge to cost ratio of (0.49) is reported which suggests that charges are less than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 9D, Table 8A

Arthur Stickgold (Reviewer) on 02/27/2021 7:29 PM EST: County health department

Edit 01965: Large change in accounts receivable for Total Other Public is reported - Total Other Public, Line 9: When we compared the sum of collections (Column b) and adjustments (Column d) to total Other Public charges (Column a) there is a large difference (41.84)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Arthur Stickgold (Reviewer) on 02/27/2021 7:34 PM EST: tiny amount -- less than 1% of charges

Edit 02028: Large change in accounts receivable for Total Private is reported - Total Private, Line 12: When we compared the sum of collections (Column b) and adjustments (Column d) to total Private charges (Column a) there is a large difference (48.56)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Arthur Stickgold (Reviewer) on 02/27/2021 7:31 PM EST: 2s2b and half of it doesn't belong anyway

Edit 04216: Average Collections - A large change from the prior year in collections per medical+dental+mental health+vision+other professional visit is reported. Current Year (139.63); Prior year (181.00). Please review the information and correct or explain.

Related Tables: Table 9D, Table 5(UR)

Jim Beaumont (Health Center) on 02/13/2021 4:46 AM EST: With the pandemic and significant work-from home for office staff, processing just seems to be taking additional time.

Table 9E-Other Revenues

Edit 04089: State/Local Indigent Care Program Exceeds Sliding Discounts - Line 6a Column a (11006043) on Table 9E exceeds Line 13 Column e (1180311) on Table 9D. Please correct or explain.

Related Tables: Table 9E, Table 9D

Arthur Stickgold (Reviewer) on 02/27/2021 7:36 PM EST: county subsidizes its own extreme costs.

Table ODE-Other Data Elements

Edit 07468: Medication-Assisted Treatment Providers in Question - On the Other Data Elements form you report more providers with MAT DATA Waivers than total Physician (including Psychiatrist), Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife FTEs on Table 5. Please correct or explain.

Related Tables: Table ODE, Table 5(UR)

Arthur Stickgold (Reviewer) on 02/27/2021 7:39 PM EST: 6.. Other Data Elements. You indicate that you had 72 MAT providers who saw 101 MAT patients. Please confirm that the DATA visits for these patients were reported as medical visits in the main part of table 5 and also as SUD visits on the addendum and that each of these patients was receiving buprenorphine from your provider. (Note that MAT patients may also have SUD visits, but when they see the MAT provider per se it is a medical or psychiatric visit.)

BHCMIS ID: 091140 - SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA

Date Requested: 03/08/2021 1:03 PM EST

Program Name: Health Center 330

Date of Last Report Refreshed: 03/08/2021 1:03 PM EST

Submission Status: Change Requested

UDS Report - 2020

Comments

Report Comments

Not Available

Table 3B Comments

Table 4 Comments

There are 3 medicaid clients (2 Homeless and 1 Ag Worker) who did not report their DOB, and I entered them as 18+.

TAB 4
Contracts
and MOU
Update



DATE: April 8, 2021

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: Contracts and MOU update

HCH/FH Staff has been working with the following agencies and organizations to move forward contracts and memorandums of understanding (MOUs) for healthcare related services for people experiencing homelessness and farmworkers and their dependents. Below is a description of each and a status update.

Abode Services: HCH/FH is in contract negotiations with Abode services to deliver the service requested in the RFP for medical care coordination to support clients in maintaining their healthcare during their transition into housing.

ALAS

Promotores services in Half Moon Bay/North Coast: HCH/FH is contract negotiations with ALAS to deliver the service described in the Request for Proposal (RFP) for promotores services in Half Moon Bay/North Coast region.

Case Management and Counseling: HCH/FH had a contract with ALAS to hire a social worker and deliver case management and counseling services to farmworkers and their dependents in Half Moon Bay. The contract expired on 3/30/2021, and HCH/FH is working with ALAS to extend the term of the contract through 3/30/2022.

LifeMoves and Puente: HCH/FH is in contract negotiations with LifeMoves and Puente to deliver the service requested in the RFP for care coordination to support New Patient Connection Center, Mobile Clinic and Street & Field Medicine.

Public Health Policy and Planning (PHPP): HCH/FH is working with PHPP to develop a new 3-year MOU for the Mobile Clinic and Street & Field Medicine programs. PHPP will continue to deliver urgent, preventive and primary care services to people experiencing homelessness and the farmworker community in the places where they work and reside throughout San Mateo County. In addition, the MOU will include a small pilot project to conduct self-administered pap smear/HPV testing for women experiencing homelessness.

Behavioral Health & Recovery Services (BHRS): HCH/FH is continuing to have discussions with BHRS to provide behavioral health services for people experiencing homelessness and farmworkers.

People experiencing homelessness: Although not finalized, the following services are being discussed for people experiencing homelessness:

- Conduct behavioral health screening via referral
 - Provide individualized case management/ care coordination plan
 - Help patients execute care coordination plan
- Provide on-site education/ outreach at shelter
- One Licensed Psychiatric Social Worker attached to HOT

Farmworkers: BHRS released a request for quotes (RFQ) on March 26th to deliver substance use case management and early intervention and intervention services for clients with co-occurring mental health and substance use issues. The RFQ deadline is April 19th and services are expected to begin in Summer 2021. HCH/FH funding will be used to support services for farmworkers and their dependents. Activities to be provided include but are not limited to:

- Outreach and community engagement, in collaboration with local nonprofit
- Screenings and individual intervention
- Psycho-education support groups for families and community of diverse age groups
- Linkages/referrals to Behavioral Health and Recovery Services

Saturday Dental Clinic at Coastside Clinic: HCH/FH is working with SMMC dental program and Coast Clinic management to launch a Saturday dental clinic that will provide farmworkers (primary) and people experiencing homelessness (secondary). In parallel, HCH/FH staff is working with Puente and Sonrisas to determine how Sonrisas patients would be able to access Coastside Clinic and how to raise awareness more broadly in the community about the availability of the service. The intent is for the dental clinic to be open by Summer of 2021.

TAB 5
Director's
Report



DATE: April 08, 2021

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 March 11, 2021 Co-Applicant Board meeting:

The latest COVID relief bill – The America Rescue Plan Act (ARP) – has passed Congress and been signed by the President. The Health Center Program overall, received approximately \$7 billion in funding under the ARP, and on March 26, 2021, HRSA announced the awards to Health Centers. San Mateo County HCH/FH received \$1,631,875 for a two-year performance period. While also focused on addressing COVID issues, this funding has much more flexibility on utilization, including maintaining and increasing capacity. Discussion of this funding is slated for elsewhere on today's agenda.

During the week of March 15th, we were notified that we were included in the next roll-out of HRSA's Vaccine Distribution Program (along with ~700 other additional health centers joining the original cohort of 250 health centers). We are working with SMMC on planning for vaccine utilization and with HRSA to be positioned to order the vaccines.

We continue to work productively with SMC Health on vaccination of the homeless and farmworkers, including both on-farm and in-shelter vaccine efforts. There is a broader update on this elsewhere on today's meeting agenda.

We have initiated contract negotiations with the recommended community-based programs from our RFP effort. This is also updated more completely elsewhere on today's agenda. We also continue to work with BHRS and PHPP (Mobile Clinic and Street & Field Medicine) on their MOUs to begin July 1, 2021.

Dr. Frank Trinh, the HCH/FH Medical Director, has accepted a 12-month Work Out of Class (WOC) to lead Communicable Disease. Dr. Trinh will continue to provide support to the HCH/FH Program, particularly around the COVID pandemic, but given his new duties, the HCH/FH Program is in the process of recruiting for an Interim Medical Director.

Program submitted timely the 2020 Uniform Data System (UDS) Report. As the Board is aware, this is our singularly important annual federal report covering comprehensively the program operations, clinical activity and financial status of the program. We have heard back on the initial review of our report and were requested to address a total of six (6) issues (the fewest we have ever had). The responses and updates were submitted as requested on March 8th.

Seven Day Update

ATTACHED:

- Program Calendar



TAB 6

Program

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: April 08, 2021

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

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary expenditure numbers for March 2021 show a total expenditure of \$529,654 of which \$524,233 is claimable against the grant. The expenditures for March are heavily inflated by catch-up invoicing for the Mobile Clinic and Street & Field Medicine, along with Small Funding Request invoices from late last year being paid. In general, across the first quarter of the year, we are about on track for our expenditures.

As discussed elsewhere on today's Board meeting agenda, the HCH/FH Program has received additional pandemic related funding. There is now approximately \$2 million available from the various COVID awards for utilization.

Attachment:

- GY 2021 Summary Grant Expenditure Report Through 03/31/21



GRANT YEAR 2021

allocated to
SUD-MH or
IBHS

Details for budget estimates	Budgeted [SF-424]	March \$\$	To Date (03/31/21)	Projection for end of year		Projected for GY 2021
EXPENDITURES						
<u>Salaries</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	631,050	40,678	130,950	540,000		631,050
<u>Benefits</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	171,990	10,924	34,795	145,000		171,990
<u>Travel</u>						
National Conferences (2500*8)	25,000			10,000		25,000
Regional Conferences (1000*5)	5,000			7,500		5,000
Local Travel	1,500			500		1,500
Taxis	1,000			1,000		1,000
Van & vehicle usage	2,000		706	1,500		2,000
	34,500		706	20,500		34,500
<u>Supplies</u>						
Office Supplies, misc.	12,000	673	881	8,000		12,000
Small Funding Requests		45,856	69,130	110,000		
	12,000		70,011	118,000		12,000
<u>Contractual</u>						
2019 Contracts			129,225	129,225		
2019 MOUs			125,400	125,400		
Current 2020 MOUs	872,000	254,550	254,550	900,000		872,000
Current 2020 contracts	1,034,000	166,865	286,575	910,000		1,034,000
ES contracts (SUD-MH & IBHS)	150,000			115,000	115,000	150,000
---unallocated---/other contracts						
	2,056,000		795,750	2,179,625		2,056,000
<u>Other</u>						
Consultants/grant writer	30,000			8,000		30,000
IT/Telcom	20,000	2,348	5,164	24,000		20,000
New Automation				0		-
Memberships	5,000			2,500		5,000
Training	10,000	2,339	9,339	15,000		10,000
Misc	500			500		500
	65,500		14,503	50,000		65,500
TOTAL	2,971,040	524,233	1,046,715	3,053,125	115,000	2,971,040
GRANT REVENUE						
Available Base Grant	2,625,049			2,625,049		2,691,632
Carryover	132,709			433,000		167,000 IBHS
Available Expanded Services Awards **	317,000					235,850 carryover
HCH/FH PROGRAM TOTAL	3,074,758			3,058,049		3,094,482
BALANCE	103,718		PROJECTED AVAILABLE	4,924		123,442
	(213,282)		BASE GRANT PROJECTED AVAILABLE	119,924		based on est. grant of \$2,678,621 before reduction
** includes \$150,000 of SUD-MH (allocated) & \$167,000 for IBHS not yet allocated)						
Total special allocation required	\$ 138,446					
<u>Non-Grant Expenditures</u>						
Salary Overage	13750	1442	4,326	15,800		16,500
Health Coverage	57000	3979	11,387	51,000		57,000
base grant prep	-					45,000
food	2500			750		1,500
incentives/gift cards	1,000					1,500
	74,250	5,421	15,713	67,550		121,500
TOTAL EXPENDITURES	3,045,290	529,654	1,062,428	3,120,675	NEXT YEAR	3,092,540
	BUDGETED	<i>This month</i>	TO DATE	PROJECTED		

TAB 7
COVID-19
Update



DATE: April 8, 2021

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

FROM: Sofia Recalde, Management Analyst & Irene Pasma, Program Planning & Implementation Coordinator

SUBJECT: COVID-19 Update

Over the past month, the major COVID-19 focus areas for the program have been on vaccination efforts:

1. American Rescue Plan from HRSA Funding

- a. The American Rescue Plan (ARP) Act provides one-time funding over a 2-year period to support health centers funded under the Health Center Program to prevent, mitigate, and respond to coronavirus disease 2019 (COVID-19) and to enhance health care services and infrastructure. HRSA will provide approximately \$6.1 billion to Health Center Program award recipients. It is anticipated that HCH/FH will receive approximately \$1.6M in ARP funding.

Allowable uses of funding can be found here: <https://bphc.hrsa.gov/program-opportunities/american-rescue-plan/allowable-uses-funding>

HCH/FH is considering projects and activities that focus on bringing people experiencing homelessness and farmworkers into SMMC and County Health and setting SMMC and County Health up for success to meet their needs. Examples of activities include:

- Boost SMMC Clinic Call Center and New Patient Connection Center capacity to manage increased call volumes
- Support SMMC and Public Health Lab COVID-19 testing and sequencing
- Expand broadband capacity in remote coastal communities to improve access to telehealth
- Enhance electronic health record systems
- Support the County's transition from the Whole Person Care program to the State's CalAIM enhanced case management program

The forthcoming ARP funding is in addition to the \$881K HCH/FH received in 2020 to prevent, mitigate and respond to COVID-19. Funds were used to support a variety of activities including:

- Increasing Public Health Lab COVID-19 testing capacity
- Purchasing PPE and hygiene supplies for homeless and farmworker health providers
- COVID-19 testing at homeless shelters
- Telehealth
- COVID-19 outreach and education
- Case Management at Bayfront Station

The remaining funds have been set aside to support County Health COVID-19 testing and vaccination efforts, as well as to continue providing counseling and case management services for people experiencing homelessness and farmworkers.

2. Farmworker Vaccination Efforts

- a. Since Food and Agricultural Workers became eligible to receive the COVID-19 vaccine on February 22nd, a coalition of stakeholders (San Mateo County Health, HCH/FH, Dept of Agriculture, City of Half Moon Bay, Puente de la Costa Sur, ALAS, and Coastside Hope), have been able to vaccinate almost 900 farmworkers on farms – this number does not include farmworkers who have been vaccinated at community events (Pescadero High School, Puente, and Our Lady of the Pillar or at their primary care provider). All second dose on-farm activities will be complete by April 9, including one event held at the Half Moon Bay Harbor for commercial aquaculture. Ongoing vaccination opportunities will be shared with this community as they become available.

3. People Experiencing Homelessness

- a. As of March 15th, people experiencing homelessness became eligible to receive the COVID-19 vaccine. The County via Healthcare for the Homeless/Farmworker Health reached out to all shelter programs to invite them to register their residents and staff for vaccination events. Vaccination events took place across 10 larger shelter locations and smaller programs had their clients and staff attend those locations for efficiency. In total, about 200 shelter residents and 100 staff were vaccinated.
- b. PHPP's Street Medicine team is conducting on-going vaccination clinics at community locations, for ~10-20 doses at a time. This includes locations such as Abundant Grace and Pacifica Resource Center on the Coast, St. Vincent de Paul locations and St. Bruno's on the Bayside. These events have been very successful.
- c. Both shelter and unsheltered events have been administering Johnson & Johnson vaccine to people experiencing homelessness.