

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

## Co-Applicant Board Special Meeting

San Mateo Medical Center| Classroom 2  
September 14, 2017, 9:00 A.M - 11:00 A.M.

### AGENDA

<b>A. CALL TO ORDER</b>	Brian Greenberg	<b>9:00 AM</b>
<b>B. CHANGES TO ORDER OF AGENDA</b>		<b>9:03 AM</b>
<b>C. PUBLIC COMMENT</b>		<b>9:05 AM</b>
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.		
<b>D. CLOSED SESSION</b>		<b>9:10 AM</b>
1. Closed Session this meeting		
<i>i. Action Item- Request to Approve Credentialing/Privileging list</i>		
<b>E. CONSENT AGENDA</b>	Linda Nguyen	<b>TAB 1 9:15 AM</b>
1. Meeting minutes from August 10, 2017		
<b>F. BOARD ORIENTATION</b>		
1. No Board Orientation items this meeting.		
<b>G. BUSINESS AGENDA:</b>		
1. BPR- NCC final submission	Jim Beaumont	<b>TAB 2 9:20 AM</b>
<i>i. Action Item- Request to Approve BPR final report</i>		
2. Renew Board membership	Jim Beaumont	<b>TAB 3 9:25 AM</b>
<i>i. Action Item- Request to renew memberships (2)</i>		
3. Discussion on RFP	Linda/Jim	<b>TAB 4 9:30 AM</b>
<i>i. Action Item- Request to Create Ad hoc RFP committee</i>		
4. Conference travel request	Linda/Elli	<b>TAB 5 9:40 AM</b>
<i>i. Action Item- Request to Approve travel request</i>		
5. Discussion of Unexpended Funds	Elli/Jim/Linda	<b>TAB 6 9:45 AM</b>
6. Staffing Proposal	Jim Beaumont	<b>TAB 7 10:00 AM</b>
<i>i. Action Item- Request to Approve Staffing Proposal</i>		
<b>H. REPORTING AGENDA:</b>		
1. Consumer Input/ NHCHC report back	Mother Champion/Pastor Bains/Alicia	<b>TAB 8 10:15 AM</b>
2. Discussion on membership of committees (membership/finance)	Linda/Jim	<b>TAB 9 10:30 AM</b>
3. AIMS discussion	Jim Beaumont	<b>10:35 AM</b>
4. Board Ad Hoc Committee Report- Transportation	Steve Carey	<b>10:40 AM</b>
5. HCH/FH Program QI Report	Linda Nguyen	<b>TAB 10 10:45 AM</b>
6. HCH/FH Program Director's Report	Jim Beaumont	<b>TAB 11 10:47 AM</b>
7. HCH/FH Program Budget/Finance Report	Jim Beaumont	<b>TAB 12 10:50 AM</b>
8. Contractor's 1 <sup>st</sup> Quarter report	Linda/Elli	<b>TAB 13 10:55 AM</b>

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2966 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.smchealth.org/smmc-hfhfh-board>.

## BOARD COMMUNICATIONS AND ANNOUNCEMENTS

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.

### OTHER ITEMS

1. Future meetings – every 2<sup>nd</sup> Thursday of the month (unless otherwise stated)

*Next Regular Meeting October 12, 2017; 9:00 A.M. – 11:00 A.M. |San Mateo Medical Center*

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## H. ADJOURNMENT

Brian Greenberg

11:00 AM

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Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2966 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.smchealth.org/smmc-hfhfh-board>

**TAB 1**  
**Meeting Minutes**

**Request to Approve**  
**(Consent Agenda)**

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (August 10, 2017)  
SMMC**

Co-Applicant Board Members Present

Brian Greenberg, Chair  
 Julia Wilson, Vice Chair  
 Allison Ulrich  
 Tayischa Deldridge  
 Steve Carey  
 Robert Anderson  
 Christian Hansen  
 Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, Medical Director  
 Linda Nguyen, Program Coordinator  
 Sandra Nierenberg, County Counsel  
 Elli Lo, Management Analyst  
 Chris King, NP for Public health- Street Medicine  
 Sarah Bailey, NP for Public health- Street Medicine

Members of the Public

Absent: Daniel Brown, Kathryn Barrientos, Mother Champion

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Julia Wilson called the meeting to order at <u>9:06</u> A.M. Everyone present introduced themselves.	
Board Chair Nominations/Elections	Julia Wilson was nominated for Chair, but did not accept the nomination.  Brian Greenberg was nominated and accepted the nomination and position after the final vote. Brian ran remainder of meeting until he left before adjournment.	Motion to nominate Brian Greenberg for Board Chair <u>MOVED</u> by- Tay <u>SECONDED</u> by Steve and APPROVED by all Board members present.
Changes to order of Agenda	NHCHC presenters from Mobile Van request to present at beginning of meeting.	
Reporting Agenda: Consumer Input/NHCHC report back	Chris King- presented on workshop : <u>Caring for the Homeless Patient with Mental Illness: General Treatment and the use of Integrated Team Approaches to Client-Centered Care</u> For depression, I learned that it is OK and probably going to be necessary at times to increase the dose on anti-depressants to achieve clinical benefit. They shared with us that the standard dose of sertraline 50mg daily will likely not provide much benefit. I also learned that you need at least 4 weeks at a maximum recommended dose of an anti-depressant to consider an adequate trial. I learned that mirtazapine is useful for comorbid insomnia, poor appetite and in trauma-related disorders.  Sarah Bailey- presented on workshop: <u>Updates on Addiction Medicine</u> This workshop expanded my understanding of medication assisted treatment for opiates, alcohol, tobacco and Methamphetamine.  <i>Please refer to TAB 5 on the Board meeting packet.</i>	
Regular Agenda Public Comment	Brian- Sept 8 <sup>th</sup> next meeting at LifeMoves with Health Right 360 for Recovery services.	

<p>Closed session</p> <p><b>Request to Approve C&amp;P list</b></p>	<p>Request was approved.</p> <p><b>Action item: <i>Request to Approve Credentialing and Privileging List</i></b></p>	<p>Motion to Approve C&amp;P list <u>MOVED</u> by Steve <u>SECONDED</u> by, Brian and APPROVED by all Board members present.</p>
<p>Regular Agenda Consent Agenda</p>	<p>All items on Consent Agenda (meeting minutes from Sept 8 meetings and the Program Calendar) were approved.</p> <p>Request from Brian to review Mission annually. Next Board training- add review process of decision making</p> <p>Please refer to TAB 1, 2</p>	<p>Consent Agenda was <u>MOVED</u> by Tay <u>SECONDED</u> by, Steve and APPROVED by all Board members present.</p> <ul style="list-style-type: none"> <li>• Staff Revise Program Calendar</li> <li>• Staff Revise next Board training</li> </ul>
<p>Business Agenda:</p> <p><b>Request to Approve BPR application final submission</b></p>	<p>In accordance with the Board's Bylaws, Article 3, Section L, the Board has the responsibility to approve grant applications.</p> <p>The Budget Period Progress Report (BPR) non-competing continuation provides an update on the progress of Health Center Program award recipients. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period.</p> <p>The HCH/FH program has awarded a three (3) year grant period 1/1/2017 to 12/31/2019. The Board's approval of the grant application is required. The draft BPR NCC application is attached. In general, it is a recapitulation of data to date with original SAC projections for the remainder of the grant period continuing as is. There are no major changes anticipated to be in the final submission.</p> <p><b>Action item: Request to Approve BPR report final submission</b> <i>Please refer to TAB 2 on the Board meeting packet.</i></p>	<p><b>Request to Approve BPR submission</b> <u>MOVED</u> by Julia <u>SECONDED</u> by, Steve and APPROVED by all Board members present</p>
<p><b>Request to Approve AIMS Final application submission</b></p>	<p>At the July 2017 Board meeting, the Board has approved the Program to submit a supplemental funding application for the Fiscal Year (FY) 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding Opportunity.</p> <p>This funding will enable existing Health Center Program award recipients to expand mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. The expansion will be focused on investments in personnel, health information technology (IT), and training to support the integration of mental health and substance abuse services into primary care.</p> <p>Discussion on use of some funding to work with current providers to engage with homeless patients. Concern that current providers don't want to treat homeless patients. Include in outcome matrix to serve home clients.</p> <p><b>Action item: Request to Approve AIMS application submission</b> <i>Please refer to TAB 3 on the Board meeting packet.</i></p>	<p><b>Request to Approve Final AIMS application submission</b> <u>MOVED</u> by Steve <u>SECONDED</u> by, Christian and APPROVED by all Board members present</p> <p>Place on next agenda for continued discussion of AIMS funding.</p>

<p>Business Agenda:</p> <p><b>Request to Approve Board Members</b></p>	<p>The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws. This request is for the approval of new Board members to enlarge the knowledge and expertise available to the Board for its review and planning duties.</p> <p>Gary Campanille works as an Executive Assistant at Terravia and formerly homeless and a patient of SMMC. He has attended company board meetings for over a year, and is somewhat familiar with board governance. These meetings are convened quarterly.</p> <p><b>Action item: Request to Gary Campabile as a Approve Board member</b></p> <p>Dwight Wilson is the CEO of Mission Hospice &amp; Home Care, as well as a Registered Nurse for 40 years. He has served on a variety of Boards including Coastside Children’s Programs and Cabrillo Unified School District. He has also managed the Long Term Care program for the Veteran Administration Medical Center in Palo Alto. He currently serves on the Boards of Montara Water and Sewer District, Rotary, and Coastside Tennis Association.</p> <p><b>Action item: Request to Approve Dwight Wilson as a Board member</b></p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	<p><b>Request to Approve Gary Campabile as a Board member</b>  <u>MOVED</u> by Brian  <u>SECONDED</u> by, Julia  and APPROVED by all Board members present.</p> <p><b>Request to Approve Dwight Wilson as a Board member</b>  <u>MOVED</u> by Steve  <u>SECONDED</u> by, Robert  and APPROVED by all Board members present.</p>
<p>Discussion on membership of committees</p>	<p>Tabled for next meeting when we have more new Board members.</p>	
<p>Discussion on Board meeting time</p>	<p>Over the past number of months, the Board has experienced significant impacts from members’ resignations and the struggle to identify and bring onboard new Board members. As has been noted in the past, one of the ongoing barriers for many who might consider participating in the Board is the actual Board meeting schedule. On numerous occasions Program staff have been advised of known interest that is thwarted by the Thursday daytime meeting schedule.</p> <p>Poll of best evening times if meeting were moved:</p> <ul style="list-style-type: none"> <li>• Tuesday/Wednesday was the best day and popular start time was 5:30 pm</li> <li>• Steve is unable to attend any evening times.</li> </ul> <p><i>Please refer to TAB 6 on the Board meeting packet</i></p>	
<p>Transportation subcommittee report</p>	<p>Brief discussion of new transportation resource from HPSM for Medi-Cal patients for Medical appointments (NMT); with a limit of 30 one way rights or 15 round trip.</p> <p>Medi-Cal members should call: 1-844-856-4389 to make advance appointments.</p> <p><i>Please refer to TAB 7 on the Board meeting pack</i></p>	
<p>UDS submission</p>	<p>Program staff submitted the final UDS report on March 13, 2017. Over the years there have been fluctuations in both the homeless and farmworker populations. The criteria for the clinical outcome measures have also changed significantly; this is reflected in the UDS trend charts showing data on seven years of UDS reporting (2010-2016). Staff summarized the results of both clinical measures as well as financial data that is reported annually to HRSA for a better understanding of the cost to run the overall program.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	

Staffing Discussion	<p>Program has attempted to research other agencies for comparables in light of the staffing discussions that have taken place. Enclosed with this memo are some documents relating to the following agencies: Santa Clara County Health care for the Homeless Program and San Mateo County First 5 Program.</p> <p>SCC HCH's grant and total program budget are similar to SMC HCH/FH; however, SCC HCH directly provides the majority of clinical services for the homeless in SCC. We continue to research for additional information, but the information we currently have is provided on the attached spreadsheet.</p> <p>In general, based on the information derived from the SCC HCH data, and the overall data from the SMC HCH/FH Program UDS Report, the HCH/FH Program, the SMC HCH/FH Program would not look out of place with as many as 2 additional management &amp; support staff, or spending 36.9% of the grant on non-clinical services (\$941,000).</p> <p>Lengthy discussion on staffing costs, costs to run the program and support needed to oversee the success of the program.</p> <p>Request to ask SMMC to support funding for increased staff.</p> <p><i>Please refer to TAB 9 on the Board meeting packet</i></p>	
RFP discussion	<p>Tabled for next meeting</p> <p><i>Please refer to TAB 10 on the Board meeting packet</i></p>	
Regular Agenda QI Committee report	<p>Written report available for view, no oral report was given.</p> <p><i>Please refer to TAB 11 on the Board meeting packet</i></p>	
Regular Agenda: HCH/FH Program <b>Directors report</b>	<p>Written report available for view, no oral report was given.</p> <p><i>Please refer to TAB 12 on the Board meeting packet.</i></p>	
Regular Agenda: HCH/FH Program <i>Budget &amp; Financial Report</i>	<p>Written report available for view, no oral report was given.</p> <p><i>Please refer to TAB 13 on the Board meeting packet.</i></p>	
Contractor's 1 <sup>st</sup> Quarter report.	<p>Tabled for next meeting</p> <p><i>Please refer to TAB 14 on the Board meeting packet.</i></p>	
Adjournment	<p>Time <u>11:15 a.m.</u> Brian ran most of the meeting and left before 11 a.m.</p>	Julia Wilson

# **TAB 2**

**Request to  
approve BPR  
final report**



DATE: September 14, 2017

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

FROM: Jim Beaumont, Director  
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE THE FINAL BUDGET PERIOD PROGRESS REPORT (BPR) NONCOMPETING CONTINUATION (NCC) APPLICATION

In accordance with the Board's Bylaws, Article 3, Section L, the Board has the responsibility to approve grant applications.

The Budget Period Progress Report (BPR) non-competing continuation provides an update on the progress of Health Center Program award recipients. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period. HRSA approval of a BPR is required for the budget period renewal and release of each subsequent year of funding, dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal government. Failure to submit the BPR by the established deadline or submission of an incomplete or nonresponsive progress report may result in a delay or a lapse in funding.

The HCH/FH program has awarded a three (3) year grant period 1/1/2017 to 12/31/2019. The Board's approval of the grant application is required. At the August 2017 Board meeting, the Board has approved the draft of the BPR NCC application reflecting the content and the concept of the final submission due August 18, 2017. On August 17, 2017, Program has successfully submitted the application requesting for \$2,550,003.

This request is for the Board to approve final Budget Period Progress Report (BPR) Noncompeting Continuation (NCC) application. A majority vote of the Board members present is required to approve the grant application.

ATTACHED: FINAL BPR NCC APPLICATION

# Electronic Handbooks

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## NCC Progress Report - Submit Result

### Success:

NCC Progress Report was successfully submitted and received by HRSA.

The tracking number for your submission is listed below. Please keep record of the tracking number for future reference.

Your progress report will now be sent for review. During this process you may be contacted by the reviewer for additional questions related to your submission. All such questions will be directed to the contact person that you have specified in your progress report.

<b>Submitted on Date and Time</b>	8/17/2017 6:18:46 PM
<b>Submitted By</b>	Jim Beaumont
<b>Tracking Number</b>	148804

For any questions or to find out the status of your account, please [contact us](#).

[Return to List](#)

**SF-PPR**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Health Resources and Services Administration  
 PERFORMANCE PROGRESS REPORT - SF-PPR

NCC Progress Report Tracking (#) : 00148804

**Grantee Organization Information**

<b>Federal Agency and Organization Element to Which Report is Submitted</b>	Health Resources and Services Administration (HRSA)	<b>Federal Grant or Other Identifying Number Assigned by Federal Agency</b>	H80CS00051
<b>DUNS Number</b>	625139170	<b>Employer Identification Number (EIN)</b>	
<b>Recipient Organization</b> (Name and complete address including zip code)	San Mateo, County Of, SAN MATEO MEDICAL CENTER 222 WEST 39TH AVENUE, SAN MATEO California 94403 - 4364	<b>Recipient Identifying Number or Account Number</b>	148804
<b>Project / Grant Period</b>	Start Date : 11/01/2001 End Date : 12/31/2019	<b>Reporting Period End Date</b>	12/31/2019
<b>Report Frequency</b>	<input checked="" type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other		

**Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.**

<b>Typed or Printed Name and Title of Authorized Certifying Official</b>	Jim Beaumont , Authorizing Official	<b>Telephone</b> (area code, number and extension)	(650) 573-2459
<b>Email Address</b>	jbeaumont@smc.gov.org	<b>Date Report Submitted</b> (Month, Day, Year)	

SF-PPR-2 (Cover Page Continuation)	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR-2 (Cover Page Continuation)	NCC Progress Report Tracking (#) : 00148804

Supplemental Continuation of SF-PPR Cover Page			
Department Name	HCH/FH Program	Division Name	San Mateo Medical Center
Name of Federal Agency	Health Resources and Service Administration	Funding Opportunity Number	5-H80-18-001
Funding Opportunity Title	Health Center Program		

**Lobbying Activities**

Have you paid any funds for any lobbying activities related to this grant application (progress report)? Reminder, no Federal appropriated funds may be used for lobbying.

Yes

No

▼ OMB SF-LLL Disclosure of Lobbying Activities Form

No documents attached

Areas Affected by Project (Cities, County, State, etc.)	
Area Type	Affected Area(s)
CA-14	Other
CA-14	Other

Point of Contact (POC) Information			
Title of Position	Name	Phone	Email
Point of Contact	Jim Beaumont	(650) 573-2459	jbeaumont@smcgov.org

Consumer Initiatives for Genetic Resources and Services	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Consumer Initiatives for Genetic Resources and Services	NCC Progress Report Tracking (#) : 00148804

Section A - Budget Summary			
Support Year (Start Date - End Date)	New or Revised Budget		
	Federal	Non Federal	Total
01/01/2018 - 01/01/2019	\$2,013,376.00	\$9,109,157.00	\$11,122,533.00
01/01/2019 - 01/01/2020	\$536,627.00	\$2,427,538.00	\$2,964,165.00
<b>Total :</b>	<b>\$2,550,003.00</b>	<b>\$11,536,695.00</b>	<b>\$14,086,698.00</b>

Section B - Budget Categories		
Object Class Categories	Support Year 17 01/01/2018 - 01/01/2019	Total
Personnel	\$4,132,274.00	\$4,132,274.00
Fringe Benefits	\$2,448,237.00	\$2,448,237.00
Travel	\$26,000.00	\$26,000.00
Equipment	\$0.00	\$0.00
Supplies	\$554,974.00	\$554,974.00
Contractual	\$1,753,004.00	\$1,753,004.00
Construction	\$5,172,209.00	\$5,172,209.00
Other	\$0.00	\$0.00
Total Direct Charges	\$14,086,698.00	\$14,086,698.00
Indirect Charges	\$0.00	\$0.00
<b>Total :</b>	<b>\$14,086,698.00</b>	<b>\$14,086,698.00</b>

Program Income	
Support Year (Start Date - End Date)	Total
01/01/2018 - 01/01/2019	\$4,107,522.00
01/01/2019 - 01/01/2020	\$1,094,782.00
<b>Total :</b>	<b>\$5,202,304.00</b>

Section C - Non Federal Resources					
Support Year (Start Date - End Date)	Applicant	State	Local	Other	Total
01/01/2018 - 01/01/2019	\$0.00	\$0.00	\$5,001,635.00	\$4,107,522.00	\$9,109,157.00
01/01/2019 - 01/01/2020	\$0.00	\$0.00	\$1,332,756.00	\$1,094,782.00	\$2,427,538.00
<b>Total :</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$6,334,391.00</b>	<b>\$5,202,304.00</b>	<b>\$11,536,695.00</b>

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**Budget Details**

**NCC Progress Report Tracking # : 00148804**

**Due Date: 08/18/2017 (Due In: 0 Days) | Section Status: Complete**

**Resources**

View

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Support Year 17

**Recommended Federal Budget: \$2,550,003.00**

**01/01/2018 - 01/01/2019**

**Section A - Budget Summary**

[Update](#)

Grant Program Function or Activity	CFDA Number	New or Revised Budget		
		Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$2,013,376.00	\$9,109,157.00	\$11,122,533.00
Migrant Health Centers	93.224	\$536,627.00	\$2,427,538.00	\$2,964,165.00
<input type="button" value="Update Sub Program"/>		<b>Total:</b>	<b>\$2,550,003.00</b>	<b>\$11,536,695.00</b>

**Section B - Budget Categories**

[Update](#)

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$490,000.00	\$3,642,274.00	\$4,132,274.00
Fringe Benefits	\$250,000.00	\$2,198,237.00	\$2,448,237.00
Travel	\$25,000.00	\$1,000.00	\$26,000.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$10,500.00	\$544,474.00	\$554,974.00
Contractual	\$1,753,004.00	\$0.00	\$1,753,004.00
Construction	\$21,499.00	\$5,150,710.00	\$5,172,209.00
Other	\$0.00	\$0.00	\$0.00
<b>Total Direct Charges</b>	<b>\$2,550,003.00</b>	<b>\$11,536,695.00</b>	<b>\$14,086,698.00</b>
Indirect Charges	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$2,550,003.00</b>	<b>\$11,536,695.00</b>	<b>\$14,086,698.00</b>

**Section C - Non Federal Resources**

[Update](#)

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Care for the Homeless	\$0.00	\$0.00	\$5,001,635.00	\$0.00	\$4,107,522.00	\$9,109,157.00
Migrant Health Centers	\$0.00	\$0.00	\$1,332,756.00	\$0.00	\$1,094,782.00	\$2,427,538.00
<b>Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$6,334,391.00</b>	<b>\$0.00</b>	<b>\$5,202,304.00</b>	<b>\$11,536,695.00</b>

**Program Specific Form(s) - Review**

00148804: San Mateo, County Of

Due Date: 08/18/2017 (Due In: 0 Days)

Announcement Number: 5-H80-18-001

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00051

Target Population: Migrant Health Centers, Health Care for the Homeless

Current Project Period: 1/1/2017 - 12/31/2019

Resources [↗](#)

**Form 3 - Income Analysis**

As of 08/17/2017 06:11:59 PM

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

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income
<b>Part 1: Patient Service Revenue - Program Income</b>					
1. Medicaid	4500.00	18000.00	\$235.00	\$4,230,000.00	\$3,560,736.00
2. Medicare	720.00	4320.00	\$170.00	\$734,400.00	\$837,313.00
3. Other Public	0.00	0.00	\$0.00	\$0.00	\$163,330.00
4. Private	80.00	320.00	\$50.00	\$16,000.00	\$5,483.00
5. Self Pay	2200.00	7360.00	\$30.15	\$221,904.00	\$33,651.00
6. Total (Lines 1 - 5)	7500	30000	N/A	\$5,202,304.00	\$4,600,513.00
<b>Part 2: Other Income - Other Federal, State, Local and Other Income</b>					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$0.00	\$0.00
9. Local Government	N/A	N/A	N/A	\$6,334,391.00	\$8,857,082.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$0.00
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$0.00	\$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 - 13)	N/A	N/A	N/A	\$6,334,391.00	\$8,857,082.00
<b>Total Non-Federal (Non-section 330) Income (Program Income Plus Other)</b>					
15. Total Non-Federal Income (Lines 6 + 14)	N/A	N/A	N/A	\$11,536,695.00	\$13,457,595.00

Comments/Explanatory Notes (if applicable)

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

**Form 5A - Required Services**

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	[ X ]	[ X ]	[ _ ]
Diagnostic Laboratory	[ X ]	[ X ]	[ _ ]
Diagnostic Radiology	[ X ]	[ X ]	[ _ ]
Screenings	[ X ]	[ X ]	[ _ ]
Coverage for Emergencies During and After Hours	[ X ]	[ X ]	[ _ ]
Voluntary Family Planning	[ X ]	[ X ]	[ _ ]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Immunizations	[X]	[X]	[_]
Well Child Services	[X]	[X]	[_]
Gynecological Care	[X]	[X]	[_]
<b>Obstetrical Care</b>			
Prenatal Care	[X]	[X]	[_]
Intrapartum Care (Labor & Delivery)	[X]	[X]	[_]
Postpartum Care	[X]	[X]	[_]
Preventive Dental	[X]	[X]	[_]
Pharmaceutical Services	[X]	[X]	[_]
HCH Required Substance Abuse Services	[X]	[X]	[X]
Case Management	[X]	[X]	[X]
Eligibility Assistance	[X]	[X]	[_]
Health Education	[X]	[X]	[_]
Outreach	[X]	[X]	[_]
Transportation	[X]	[X]	[_]
Translation	[X]	[X]	[_]

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

**Form 5A - Additional Services**

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	[X]	[X]	[_]
<b>Behavioral Health Services</b>			
Mental Health Services	[X]	[X]	[_]
Substance Abuse Services	[_]	[_]	[_]
Optometry	[X]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[X]	[_]	[_]
Occupational Therapy	[X]	[_]	[_]
Physical Therapy	[X]	[_]	[_]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[X]	[_]	[_]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[_]	[_]	[X]

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



## Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Podiatry	[X]	[_]	[_]
Psychiatry	[X]	[_]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[X]	[_]	[_]
Cardiology	[X]	[X]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[X]	[X]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[X]	[_]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]
Other - Hepatology	[X]	[_]	[_]
Other - Neurology	[X]	[_]	[_]
Other - Orthopedics	[X]	[_]	[_]

## Form 5B - Service Sites

As of 08/17/2017 06:11:59 PM

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

sequoia teen wellness center (BPS-H80-009159)		Action Status: Picked from Scope	
Site Name	sequoia teen wellness center	Physical Site Address	200 JAMES AVE, REDWOOD CITY, CA 94062-5123
Site Type	Service Delivery Site	Site Phone Number	(650) 261-3710
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	11/5/2009	Site Operational By	4/1/2009
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
<b>Organization Information</b>			
No Organization Added			
Service Area Zip Codes	94062		
SOUTH SAN FRANCISCO CLINIC (BPS-H80-001373)		Action Status: Picked from Scope	
Site Name	SOUTH SAN FRANCISCO CLINIC	Physical Site Address	306 SPRUCE STREET, SOUTH SAN FRANCISCO, CA 94080-2741

Site Type	Service Delivery Site	Site Phone Number	(650) 877-7070
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	11/1/1999	Site Operational By	1/10/1999
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	94080
<b>CENTRAL COUNTY MENTAL HEALTH CTR (BPS-H80-000785)</b>	<b>Action Status: Picked from Scope</b>

Site Name	CENTRAL COUNTY MENTAL HEALTH CTR	Physical Site Address	1950 Alameda de las Pulgas, San Mateo, CA 94403
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3571
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/31/2004	Site Operational By	7/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	94403, 94402, 94401
<b>COASTSIDE MENTAL HEALTH CENTER (BPS-H80-000552)</b>	<b>Action Status: Picked from Scope</b>

Site Name	COASTSIDE MENTAL HEALTH CENTER	Physical Site Address	225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019-8200
Site Type	Service Delivery Site	Site Phone Number	(650) 726-6369
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/1/1998	Site Operational By	5/1/1998
FQHC Site Medicare Billing Number	Application for this site has not yet	FQHC Site Medicare Billing Number	

<b>Status</b>	been submitted to CMS		
<b>FQHC Site National Provider Identification (NPI) Number</b>	<b>Total Hours of Operation</b>		40
<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b>	<b>Number of Intermittent Sites</b>		0
<b>Site Operated by</b>	Grantee		
<b>Organization Information</b>			
No Organization Added			
<b>Service Area Zip Codes</b>	94019		
<b>DALY CITY YOUTH HEALTH CENTER (BPS-H80-004460)</b>			<b>Action Status: Picked from Scope</b>
<b>Site Name</b>	DALY CITY YOUTH HEALTH CENTER	<b>Physical Site Address</b>	2780 Junipero Serra Blvd, Daly City, CA 94015-1634
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 991-2240
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	1/1/1992	<b>Site Operational By</b>	1/1/1990
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>	<b>Total Hours of Operation</b>		40
<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b>	<b>Number of Intermittent Sites</b>		0
<b>Site Operated by</b>	Grantee		
<b>Organization Information</b>			
No Organization Added			
<b>Service Area Zip Codes</b>	94015		
<b>MOBILE HEALTH CLINIC (BPS-H80-003782)</b>			<b>Action Status: Picked from Scope</b>
<b>Site Name</b>	MOBILE HEALTH CLINIC	<b>Physical Site Address</b>	225 37th Ave, San Mateo, CA 94403-4324
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2786
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	1/5/1996	<b>Site Operational By</b>	7/1/1994
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>	<b>Total Hours of Operation</b>		40
<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b>	<b>Number of Intermittent Sites</b>		0

Site Operated by	Grantee		
<b>Organization Information</b>			
No Organization Added			
Service Area Zip Codes	94061, 94098, 94065, 94019, 94401, 94063, 94066, 94060, 94096, 94064, 94067, 94402, 94403, 94083		
<b>NORTH COUNTY MENTAL HEALTH (BPS-H80-005206)</b>			<b>Action Status: Picked from Scope</b>
Site Name	NORTH COUNTY MENTAL HEALTH	Physical Site Address	375 89th St, Daly City, CA 94015-1802
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8650
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/31/2004	Site Operational By	7/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
<b>Organization Information</b>			
No Organization Added			
Service Area Zip Codes	94015		
<b>39th Avenue Campus - Outpatient Clinics (BPS-H80-000595)</b>			<b>Action Status: Picked from Scope</b>
Site Name	39th Avenue Campus - Outpatient Clinics	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2222
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1994	Site Operational By	1/1/1970
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
<b>Organization Information</b>			
No Organization Added			
Service Area Zip Codes	94403		

MAPLE STREET SHELTER (BPS-H80-002922)		Action Status: Picked from Scope	
Site Name	MAPLE STREET SHELTER	Physical Site Address	1580 A MAPLE STREET, REDWOOD CITY, CA 94603-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 364-4664
Web URL	www.shelternetwork.com		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/7/2006	Site Operational By	1/7/2006
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Contractor		

Organization Information				
Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments
Shelter Network of San Mateo County	1450 Chapin Ave Burlingame, CA 94010-4044	1450 Chapin Ave Burlingame, CA 94010-4062	77-0160469	Shelter Network of San Mateo County is an HCH contractor that operates the 90-bed Maple Street Shelter facility located in Redwood City.

Service Area Zip Codes	94063
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Coastside Health Center (BPS-H80-006870)		Action Status: Picked from Scope	
Site Name	Coastside Health Center	Physical Site Address	225 Cabrillo Hwy, Suite 100A, HALF MOON BAY, CA 94019
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3941
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/5/1998	Site Operational By	1/5/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information	
No Organization Added	

Service Area Zip Codes	94019
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RON ROBINSON SENIOR CARE CENTER (BPS-H80-003064)		Action Status: Picked from Scope	
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<b>Site Name</b>	RON ROBINSON SENIOR CARE CENTER	<b>Physical Site Address</b>	222 W. 39TH AVE, S-131, SAN MATEO, CA 94403-4364
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2426
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	1/3/2004	<b>Site Operational By</b>	1/3/2004
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	40
<b>Months of Operation</b>	May, June, July, August, January, February, March, April, September, October, December, November		
<b>Number of Contract Service Delivery Locations</b>		<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Grantee		

**Organization Information**

No Organization Added

<b>Service Area Zip Codes</b>	94403
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**SOUTH COUNTY MENTAL HEALTH (BPS-H80-005388) Action Status: Picked from Scope**

<b>Site Name</b>	SOUTH COUNTY MENTAL HEALTH	<b>Physical Site Address</b>	802 BREWSTER AVE, REDWOOD CITY, CA 94063-1510
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 363-4111
<b>Web URL</b>			
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	1/1/1992	<b>Site Operational By</b>	1/1/1992
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	40
<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b>		<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Grantee		

**Organization Information**

No Organization Added

<b>Service Area Zip Codes</b>	94063, 94061
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**HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION (BPS-H80-001005) Action Status: Picked from Scope**

<b>Site Name</b>	HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION	<b>Physical Site Address</b>	225 37th Ave Mental Health Services-3rd Floor, San Mateo, CA 94403-4324
<b>Site Type</b>	Administrative	<b>Site Phone Number</b>	(650) 573-2541
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types

<b>Date Site was Added to Scope</b>	1/3/2001	<b>Site Operational By</b>	1/3/2001
<b>FQHC Site Medicare Billing Number Status</b>	Health center does not/will not bill under the FQHC Medicare system at this site	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	40
<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b>		<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Grantee		

**Organization Information**

No Organization Added

<b>Service Area Zip Codes</b>	94403		
<b>Fair Oaks Health Center (BPS-H80-005448)</b>		<b>Action Status: Picked from Scope</b>	
<b>Site Name</b>	Fair Oaks Health Center	<b>Physical Site Address</b>	2710 Middlefield Rd, Redwood City, CA 94063-3404
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 363-4602
<b>Web URL</b>	www.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	1/1/1988	<b>Site Operational By</b>	1/1/1998
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	40
<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b>		<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Grantee		

**Organization Information**

No Organization Added

<b>Service Area Zip Codes</b>	94063		
<b>DALY CITY CLINIC (BPS-H80-005524)</b>		<b>Action Status: Picked from Scope</b>	
<b>Site Name</b>	DALY CITY CLINIC	<b>Physical Site Address</b>	380 90th St, Daly City, CA 94015-1807
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 301-8600
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	1/5/1996	<b>Site Operational By</b>	1/5/1996
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	40

<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December	
<b>Number of Contract Service Delivery Locations</b>	<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Grantee	

<b>Organization Information</b>
No Organization Added

<b>Service Area Zip Codes</b>	94015
<b>HCH Mobile Dental Clinic (BPS-H80-008946)</b>	<b>Action Status: Picked from Scope</b>

<b>Site Name</b>	HCH Mobile Dental Clinic	<b>Physical Site Address</b>	795 Willow Rd, Menlo Park, CA 94025-2539
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2651
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Mobile Van	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	6/29/2009	<b>Site Operational By</b>	7/1/2010
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	16

<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December	
<b>Number of Contract Service Delivery Locations</b>	<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Grantee	

<b>Organization Information</b>
No Organization Added

<b>Service Area Zip Codes</b>	94025
<b>HCH Mobile Dental Van (BPS-H80-011967)</b>	<b>Action Status: Picked from Scope</b>

<b>Site Name</b>	HCH Mobile Dental Van	<b>Physical Site Address</b>	222 W 39th Ave, San Mateo, CA 94403-4364
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2561
<b>Web URL</b>			
<b>Location Type</b>	Mobile Van	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	8/15/2012	<b>Site Operational By</b>	8/15/2012
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	20

<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December	
<b>Number of Contract Service Delivery Locations</b>	<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Grantee	

<b>Organization Information</b>
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No Organization Added			
<b>Service Area Zip Codes</b>	94061, 94080, 94063, 94401, 94019, 94403		
<b>EDISON CLINIC (BPS-H80-004798)</b>		<b>Action Status: Picked from Scope</b>	
<b>Site Name</b>	EDISON CLINIC	<b>Physical Site Address</b>	222 W 39th Ave, S-130, San Mateo, CA 94403-4364
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 573-2358
<b>Web URL</b>	www.co.sanmateo.ca.us		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	1/1/1987	<b>Site Operational By</b>	1/1/1987
<b>FQHC Site Medicare Billing Number Status</b>	Application for this site has not yet been submitted to CMS	<b>FQHC Site Medicare Billing Number</b>	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	40
<b>Months of Operation</b>	May, June, July, August, January, February, March, April, September, October, December, November		
<b>Number of Contract Service Delivery Locations</b>		<b>Number of Intermittent Sites</b>	0
<b>Site Operated by</b>	Grantee		
<b>Organization Information</b>			
No Organization Added			

<b>Service Area Zip Codes</b>	94403			
<b>South County Community Health Center (Db; Ravenswood Family Health Center) (BPS-H80-005603)</b>		<b>Action Status: Picked from Scope</b>		
<b>Site Name</b>	South County Community Health Center (Db; Ravenswood Family Health Center)	<b>Physical Site Address</b>	1798 BAY RD, EAST PALO ALTO, CA 94303-1611	
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(650) 330-7400	
<b>Web URL</b>	www.ravenswoodfhc.org			
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types	
<b>Date Site was Added to Scope</b>	12/1/2003	<b>Site Operational By</b>	12/1/2003	
<b>FQHC Site Medicare Billing Number Status</b>	This site has a Medicare billing number	<b>FQHC Site Medicare Billing Number</b>	551946	
<b>FQHC Site National Provider Identification (NPI) Number</b>		<b>Total Hours of Operation</b>	62	
<b>Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December			
<b>Number of Contract Service Delivery Locations</b>		<b>Number of Intermittent Sites</b>	0	
<b>Site Operated by</b>	Contractor			
<b>Organization Information</b>				
<b>Organization Name</b>	<b>Address (Physical)</b>	<b>Address (Mailing)</b>	<b>EIN</b>	<b>Comments</b>
South County Community Health Center (Db; Ravensw	1798 Bay Rd Palo Alto, CA 94303-1611		94-3372130	

Service Area Zip Codes	94303, 94025
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**Form 5C - Other Activities/Locations**

As of 08/17/2017 06:11:59 PM

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

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

**Scope Certification**

As of 08/17/2017 06:11:59 PM

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

<b>1. Scope of Project Certification - Services – Select only one below</b>
<input checked="" type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project. <input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.
<b>2. Scope of Project Certification - Sites – Select only one below</b>
<input checked="" type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project. <input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.

As of 08/17/2017 06:11:59 PM

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

**Program Narrative Update - Environment and Organizational Capacity**

<b>Environment</b>	
<p>Discuss the major changes in the region, state, and/or community over the past year that have directly impacted/affected the progress of the funded project (e.g., changing service area demographics/shifting target population needs, changes in major health care providers in the service area, changes in key program partnerships, changes in insurance coverage, including Medicaid, Medicare and the Children's Health Insurance Program (CHIP).</p>	<p>Over the past year, the HCH/FH Program has experienced shifts in patient population due to 5 factors: continued implementation of the state's health insurance exchange; the state's water drought; the current national immigration policy; the success of the County's Strategic Plan to end Homelessness by Center On</p>

Homelessness (COH); and expanded efforts to outreach to the homeless. Due to the state's severe drought, the total number of migratory and farm workers in San Mateo County totals have dropped to 3,513 in 2016 – down from 3,962 in 2015, and 4,279 in 2014. Without water, the workers have had to move to other states that can provide them with agricultural work. According to SFGate.com, San Francisco Chronicle's online resource, "The historic statewide drought has struck especially hard along the southern San Mateo County coast. The local farm bureau says that the few hundred growers in the area, who produce upward of \$100 million worth of goods annually, have all taken significant losses. Most have cut production, some up to one-third." The current national discussion on immigration has had an impact on the HCH/FH Program as many have an increased fear of being deported and as a result there has been a drop in the number of patients receiving care through their migratory and farm worker program. The total impact of the policy is yet to be felt, but early fears prior to the 2016 election caused many workers to begin protecting themselves and their families. San Mateo County has been aggressively working to eliminate homelessness in their communities through the COH, a division under the County's Human Services Agency that coordinates homeless services throughout the county. In 2016, the COH developed a Strategic Plan to end homelessness in San Mateo County by 2020 through the implementation of goals designed to transition from a collection of homeless programs to a system that ends homelessness. The 2017 One Day Homeless Count and Survey documents a 16% reduction of homeless in the county from 2015 totals. As a direct result of the reduction in homeless individuals and migrant and seasonal farmworkers, HCH/FH increased their outreach efforts to include the implementation of The Street and Field Medicine Service Expansion program. Started in January 2016, the Program primarily targets those who are unsheltered street homeless individuals and migrant and seasonal farmworkers throughout San Mateo County who are not adequately accessing current medical care resources. The Street and Field Medicine Team works in close collaboration with multiple agencies, both within and outside the San Mateo County Health System, to engage these individuals directly where they live and work, provide all medical services feasible in the field, link individuals to primary care and specialty care services, promote preventive medical care, provide health education, and reduce the need for emergency department and inpatient care.

**Organizational Capacity**

**Discuss the major changes in the organization's capacity over the past year that have impacted or may impact the progress of the funded project, including changes in:**

- **Staffing, staff composition, and/or key staff vacancies;**
- **Operations;**
- **Systems, including financial, clinical, and/or practice management systems; and**
- **Financial status.**

The major change to the HCH/FH program was the implementation of The Street and Field Medicine Service Expansion program, which began January 2016. The program includes staffing of a 0.75 FTE Nurse Practitioner and a English/Spanish bilingual 1.0 FTE Medical Assistant that work in close collaboration with multiple agencies, both within and outside the San Mateo County Health System, to engage these individuals directly where they live and work, provide all medical services feasible in the field, link individuals to primary care and specialty care services, promote preventive medical care, provide health education, and reduce the need for emergency department and inpatient care. The program has been

successful in expanding access to needed health care services through the following partnerships: • LifeMoves (formerly InnVision Shelter Network) Homeless Outreach Team (HOT) – Providing engagement, eligibility, and enabling services to the unsheltered street homeless directly where they reside. • Puente de la Costa Sur in Pescadero – Providing engagement, eligibility, and enabling services to migrant and seasonal farmworkers in the surrounding farms directly where they work and reside. • The Pacifica Resource Center – Providing enabling services to the up to 200 street homeless and marginally housed individuals who have accessed services at the Center. • San Mateo Medical Center (SMMC) Inpatient and Emergency Department Discharge Team, which is comprised of Social Workers and Case Managers – Conducting weekly case conferences to identify unsheltered street homeless individuals who are being or have recently been discharged from the SMMC Inpatient Service and SMMC Emergency Department. Additionally, the Team Nurse Practitioner and Mobile Clinic Medical Director conduct inpatient consultations for unsheltered street homeless patients admitted to the SMMC Hospitalist Service.

### Program Narrative Update - Patient Capacity and Supplemental Awards

#### Patient Capacity

Referencing the % Change 2014-2016 Trend, % Change 2015-2016, and % Progress Toward Goal columns:

- Discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories.
- In the Patient Capacity Narrative column, explain key factors driving significant changes in patient numbers and any downward trends or limited progress towards the projected patient goals.

#### Notes:

- 2014-2016 Patient Number data are pre-populated from Table 3a in the UDS Report.
- The Projected Number of Patients value is pre-populated from the Patient Target communicated via email to the authorizing official and project director on May 8, 2017. If you did not receive this email, contact [BPHCPatientTargets@hrsa.gov](mailto:BPHCPatientTargets@hrsa.gov).

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

Unduplicated Patients	2014 Patient Number ⓘ	2015 Patient Number ⓘ	2016 Patient Number ⓘ	% Change 2014-2016 Trend ⓘ	% Change 2015-2016 Trend ⓘ	% Progress toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)

								<p>As stated earlier, there are several factors that have affected the HCH/FH Program's migrants and seasonal patient totals. The major decline in patient totals from 2014 to 2015 was a direct result of the severe drought and the resulting farming cutbacks. Without work in the region, migrant and seasonal farmworkers have had to leave the state to find agricultural work. To make matters worse, the current political environment policy to deport undocumented residents will continue to keep migrant and seasonal farmworkers from seeking care as the HCH/FH program is operated through the county government and they see an increased risk of being caught. In addition, San Mateo County began their work to end homelessness in the county through the Center for Homelessness and subsequent work to coordinate services to eliminate homelessness, in addition to providing currently needed services. COH has been successful and it is expected that the homelessness rate in the county will continue to drop dramatically over the next three years as the program picks up pace. These above factors will make it more and more difficult to reach the projected patient total of 8,800 patients by calendar year 2018. The HCH/FH Program has been working to increase their penetration within the county through expanding their outreach program to work to identify and provide health care to as many homeless individuals as possible. The Street and Field Medicine Service Expansion program works in close collaboration with multiple agencies, both within and outside the San Mateo County Health System, to engage these individuals directly where they live and work, provide all medical services feasible in the field, link individuals to primary care and specialty care services, promote preventive medical care, provide health education, and reduce the need for emergency department and inpatient care.</p>
<p><b>Total Unduplicated Patients</b></p>	<p>7707</p>	<p>6556</p>	<p>6696</p>	<p>-13.12%</p>	<p>2.14%</p>	<p>76.09%</p>	<p>8800</p>	

**Notes:**

- 2014-2016 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projection in the submission that initiated your current project period (SAC/NAP) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- If pre-populated patient projections are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

Project Period: 11/1/2001 - 12/31/2019								
Special Populations	2014 Patient Number	2015 Patient Number	2016 Patient Number	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Projected Number of Patients	Patient Capacity Narrative
<b>Total Migratory and Seasonal Agricultural Worker Patients</b>	2265	1947	1497	-33.91%	-23.11%	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2017 SAC = 0)	Program saw a steady increase in patients until 2014. The program was a strong and growing foothold in the community. This growth has stopped due to the severe drought California experienced since 2014 and the current national discussion on immigration. Both have reduced the number of seasonal and migratory farmworkers in the County and the latter has dramatically reduced the number of workers remaining who are willing to seek medical care.
<b>Total Public Housing Resident Patients</b>	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2017 SAC = 0)	Currently there are not any qualified public housing projects in San Mateo County.

Notes:

- 2014-2016 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projection in the submission that initiated your current project period (SAC/NAP) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- If pre-populated patient projections are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

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

Special Populations	2014 Patient Number ⓘ	2015 Patient Number ⓘ	2016 Patient Number ⓘ	% Change 2014-2016 Trend ⓘ	% Change 2015-2016 Trend ⓘ	% Progress toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
<b>Total People Experiencing Homelessness Patients</b>	5596	4714	5257	-6.06%	11.52%	89.10%	5900 (This number has been calculated by adding the following patient projections: FY 2017 SAC = 5900)	The HCH/FH Program saw a sharp decrease in patients during 2014 as COH continued to implement the HOPE plan to end homelessness and the economy continue to improve. COH works to aggressively eliminate homelessness through the coordination of homeless services throughout the county. In 2016, the COH developed a Strategic Plan to end homelessness in San Mateo County by 2020 through the implementation of goals designed to transition from a collection of homeless programs to a system that ends homelessness. The 2017 One Day Homeless Count and Survey documents a 16% reduction of homeless in the county from 2015 totals. As a direct result of the reduction in homeless individuals, HCH/FH increased their outreach efforts to include the implementation of The Street and Field Medicine Service Expansion program, which was started in January 2016. The Program primarily targets those who are unsheltered street homeless individuals and migrant and seasonal farmworkers throughout San Mateo County who are not adequately accessing current medical care resources. The Street and Field Medicine Team works in close collaboration with multiple agencies, both within and outside the San Mateo County Health System, to engage these individuals directly where they live and work, provide all medical services feasible in the field, link individuals to primary care and specialty care services, promote preventive medical care, provide health education, and reduce the need for emergency department and inpatient care. The HCH/FH Program has identified ongoing training for registration staff to be successful in assuring that accurate documentation of

Notes:

- 2014-2016 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projection in the submission that initiated your current project period

Supplemental Awards (SAC/NAP) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the BPR TA website for details on the selected supplemental funding award patient projections included.

Discuss the progress made in the program for details on the selected supplemental funding award patient projections included. Supplement, provide current data on progress in the current program. If the data are not available, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

In the Supplemental Award Narrative column, describe the following:  
 Project Period: 11/1/2001 - 12/31/2019  
 a. Progress toward goals;  
 b. Key contributing and resiliencing factors affecting progress toward goals; and  
 c. Plans for sustaining progress and relieving barriers to ensure goal achievement.

Type of Supplemental Award	Programmatic Goal	Numeric Goal (if applicable)	Goal	Numeric Progress toward goal (as applicable)	Supplemental Award Narrative
FY 2014 Behavioral Health Integration (BHI) Supplemental	Increase the number of patients with access to integrated behavioral health care	Not Applicable		Not Applicable	
FY 2015 NAP Satellite Grant	Achieve operational status and increase number of patients	Not Applicable		Not Applicable	
FY 2015 Behavioral Health Integration (BHI) Supplemental	Increase the number of patients with access to integrated behavioral health care	Not Applicable		Not Applicable	
FY 2015 Expanded Services (ES) Supplemental	Increase the number of patients and expanded services	Unduplicated Patients: 250		256	The HCH/FH Program's FY 2015 Expanded Services program was developed and implemented as a direct result of the reduction in homeless individuals and migrant and seasonal farmworkers in the county. Through the implementation of The Street and Field Medicine Service Expansion program, a 0.75 FTE Nurse Practitioner and a English/Spanish bilingual 1.0 FTE Medical Assistant work in close collaboration with multiple agencies, both within and outside the San Mateo County Health System, to engage these individuals directly where they live and work, provide all medical services feasible in the field, link individuals to primary care and specialty care services, promote preventive medical care, provide health education, and reduce the need for emergency department and inpatient care. In 2016, the program provided expanded services to 165 unduplicated homeless individuals. In addition, from January to June 2017, the program provided services to 91 unduplicated homeless individuals. The program has been quite successful and is expected to reach 250 for calendar year 2017.



Discuss the progress made in implementing recent supplemental Health Center Program awards. For each applicable supplement, provide current data on progress in the Numeric Progress Toward Goal column.

In the Supplemental Award Narrative column, describe the following:

- a. Progress toward goals;
- b. Key contributing and restricting factors impacting/affecting progress toward goals; and
- c. Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

Type of Supplemental Award	Programmatic Goal	Numeric Goal (if applicable)	Numeric Progress toward goal (as applicable)	Supplemental Award Narrative
<b>FY 2016 Substance Abuse Expansion</b>	Increase the number of patients receiving substance abuse services, including Medication-Assisted Treatment (MAT)	Not Applicable	Not Applicable	
<b>FY 2016 Oral Health Expansion</b>	Increase the percentage of health center patients receiving integrated dental services at the health center	Not Applicable	Not Applicable	
<b>FY 2017 NAP Satellite Grant</b>	Achieve operational status and increase number of patients	Not Applicable	Not Applicable	

**Program Narrative Update - One Time Funding**

▼ One-Time Funding Awards		
For each applicable One-Time Funding Award, in the Activities column, discuss the activities for which the funds were used and the impact on the organization.		
Type of One-Time Funding Award	Allowable Activities	Activities
<b>FY 2015 Quality Improvement Assistance (December 2014)</b>	<p>Developing and improving health center quality improvement (QI) systems and infrastructure:</p> <ul style="list-style-type: none"> <li>• training staff</li> <li>• developing policies and procedures</li> <li>• enhancing health information technology, certified electronic health record, and data systems</li> <li>• data analysis</li> <li>• implementing targeted QI activities (including hiring consultants)</li> </ul> <p>Developing and improving care delivery systems:</p> <ul style="list-style-type: none"> <li>• supplies to support care coordination, case management, and medication management</li> <li>• developing contracts and formal agreements with other providers</li> <li>• laboratory reporting and tracking</li> <li>• training and workflow redesign to support team-based care</li> <li>• clinical integration of behavioral health, oral health, HIV care, and other services</li> <li>• patient engagement activities</li> </ul>	<p>Due to outstanding grant conditions, San Mateo County did not receive FY 2015 Quality Improvement Assistance funding. Of note, San Mateo County estimates that it would have been one of the top scoring programs for 2014 had grant conditions not eliminated them from the program.</p>

For each applicable One-Time Funding Award, in the Activities column, discuss the activities for which the funds were used and the impact on the organization.

Type of One-Time Funding Award	Allowable Activities	Activities
<b>FY 2015 Quality Improvement Assistance (August 2015)</b>	<p>Developing and improving health center QI systems and infrastructure:</p> <ul style="list-style-type: none"> <li>• training staff</li> <li>• developing policies and procedures</li> <li>• enhancing health information technology, certified electronic health record, and data systems</li> <li>• data analysis</li> <li>• implementing targeted QI activities (including hiring consultants)</li> </ul> <p>Developing and improving care delivery systems:</p> <ul style="list-style-type: none"> <li>• supplies to support care coordination, case management and medication management</li> <li>• developing contracts and formal agreements with other providers</li> <li>• laboratory reporting and tracking</li> <li>• training and workflow redesign to support team-based care</li> <li>• clinical integration of behavioral health, oral health, HIV care, and other services</li> <li>• patient engagement activities</li> </ul>	<p>Due to outstanding grant conditions, San Mateo County did not receive the second round of FY 2015 Quality Improvement Assistance funding.</p>
<b>FY 2016 Quality Improvement Assistance (September 2016)</b>	<p>Developing and improving health center QI systems and infrastructure:</p> <ul style="list-style-type: none"> <li>• training staff</li> <li>• developing policies and procedures</li> <li>• enhancing health information technology, certified electronic health record, and data systems</li> <li>• data analysis</li> <li>• implementing targeted QI activities (including hiring consultants)</li> </ul> <p>Developing and improving care delivery systems:</p> <ul style="list-style-type: none"> <li>• purchasing supplies to support care coordination, case management, and medication management</li> <li>• developing and implementing contracts and formal agreements with other providers</li> <li>• laboratory reporting and tracking</li> <li>• training and workflow redesign to support team-based care</li> <li>• clinical integration of behavioral health, oral health, HIV care, and other services</li> <li>• patient engagement activities</li> </ul>	<p>San Mateo Received \$35,556 for FY 2016 Quality Improvement Assistance. The focus for the funding has been on staff, QI Committee, contracted providers, and Co-Applicant Board training to support the program's capacity to meet HRSA requirements and the ongoing challenges of providing quality, integrated care to homeless individuals, and migratory and seasonal farmworkers. Specific trainings completed include: • Sexual Orientation and Gender Identity Training • Farmworkers health via Western Forum Migrant &amp; Community Health 2017 • Homeless health via 2017 National Health Care for the Homeless Conference &amp; Policy Symposium San Mateo has requested to carryover these funds to continue to offer trainings that include an upcoming street medicine symposium in October, the development of board training material that includes information on the 19 program requirements.</p>

For each applicable One-Time Funding Award, in the Activities column, discuss the activities for which the funds were used and the impact on the organization.

Type of One-Time Funding Award	Allowable Activities	Activities
<b>FY 2016 Delivery System Health Information Investment</b>	<p>Implementing strategic investments in health information technology (health IT) enhancements to:</p> <ul style="list-style-type: none"> <li>accelerate health centers' transition to value-based models of care</li> <li>improve efforts to share and use information to support better decisions</li> <li>increase engagement in delivery system transformation</li> </ul> <p>Funding must be used for health IT investments in one or more of the following Activity Categories, with the option to expand telehealth in one or more of the categories as well:</p> <ul style="list-style-type: none"> <li>equipment and supplies purchase (required if the health center does not have an electronic health record (EHR) certified by the Office of the National Coordinator for Health IT (ONC) in use at any site)</li> <li>health information system enhancements</li> <li>training</li> <li>data aggregation, analytics, and data quality improvement activities</li> </ul>	<p>San Mateo Received \$50,748 for FY 2016 DSHII. The HCH/FH Program requested the DSHII supplemental funding to support the improvement of their Electronic Health Record's (eCW) capacity to present homeless and farmworker indicators, for easy and immediate recognition by providers when seeing a patient. Currently, these indicators are located in the eCW financial system and not the EHR, and HCH/FH does not utilize the system. As the proposed project was a new IT effort, the ramp-up of the project required additional time and coordination with IT department and the external vendor. The Program is working diligently with IT department in implementing this effort into the new Health Information Exchange (HIE). HCH/FH expects to have the funding expended by the September 11, 2017 deadline.</p>

**Program Narrative Update - Clinical/Financial Performance Measures**

**Clinical/Financial Performance Measures**

Referencing the % Change 2014-2016 Trend, % Change 2015-2016, and % Progress Toward Goal columns:

- Discuss the trends in Clinical and Financial Performance Measures.
- Maintenance or improvement in performance is expected; downward trends or limited progress toward the projected goals must be explained.
- In the Clinical/Financial Performance Measures Narrative column, describe the following as they relate to the data:
  - Progress toward goals;
  - Key contributing and restricting factors impacting/affecting progress toward goals; and
  - Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

**Notes:**

- See PAL 2016-02 for details about the ten performance measures that were updated in 2016.
- (\*) For the updated performance measures, if the application that initiated your current project period was an FY 2017 SAC, the Measure Goal field will be pre-populated and cannot be edited. However, if the application that initiated your current project period was an FY 2016 SAC or an FY 2017 NAP, provide a goal in the Measure Goal field that corresponds to the updated performance measure. The goal must be provided before the % Progress Toward Goal value can be calculated.
- If pre-populated performance measure goals are not accurate, provide adjusted goals and explain (e.g., goal for the low birth weight measure has increased based on improved patient tracking via a new EHR) in the appropriate Measure Narrative section.
- (\*\*)The Health Center Program Grant Cost Per Patient UDS data is pre-populated from the total BPHC Health Center Program grant drawn-down reported for each calendar year divided by the total unduplicated patients reported for each calendar year.

**Perinatal Health**

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Access to Prenatal Care	83.2300	89.4300	64.9600	21.85%	27.36%	81.20%	80.00%
Performance Measure Low Birth Weight	11.2100	8.0000	11.2100	-60.75%	-45.00%	99.00%	50.00%

**Measure Narrative**

Access to prenatal care in 1st trimester – The HCH/FH Program has experienced a slight decline in this important measure over the past year, which has sparked added focus for the program's administration and clinical staff. An analysis of the patients indicates that almost 31% are under the age of 20, and over 55% are under the age of 25. A restricting factor is a combination of denial and fear that causes some homeless women to delay seeking prenatal care until late in pregnancy. A contributing factor is that the HCH/FH conducts pregnancy testing and initiates benefits enrollment and scheduling of prenatal care appointments through mobile and fixed site clinic visits for any purpose. Low Birth Weight – The HCH/FH Program

has experienced a steady improvement of this measure as the SMMC specialty obstetrics clinic delivers prenatal care for HCH/FH patients with high risk pregnancies to manage risks and prevent premature births. In addition, the Program is working to strengthen linkages between specialty obstetrics care and Comprehensive Perinatal Services Program education, case management and support services to meet the needs of homeless and MSFW pregnant women. A restricting factor for this measure that impacts the progress of our patients toward assuring healthy birth weight is the stress of living in poverty/homelessness and exposure to domestic violence increase risks of premature birth for all HCH/FH patients, especially those carrying twins. The HCH/FH Program has assigned nurse case managers to coordinate indicated specialty obstetrics care, substance abuse treatment, housing and domestic violence services, nutrition assistance (WIC), and behavioral health services, as indicated.

**Preventive Health Screenings and Services**

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Dental Sealants	Data not available	Data not available	50.0000	Data not available	Data not available	76.92%	65.00%
Weight Assessment and Counseling for Children and Adolescents	80.0000	74.2900	57.1700	-28.54%	-23.04%	67.26%	85.00%
Adult Weight Screening and Follow-Up	Data not available	Data not available	28.5700	Data not available	Data not available	38.09%	75.00%
Tobacco Use Screening and Cessation Intervention	Data not available	Data not available	85.9600	Data not available	Data not available	89.54%	96.00%
Colorectal Cancer Screening	Data not available	Data not available	48.3600	Data not available	Data not available	80.60%	60.00%
Cervical Cancer Screening	Data not available	Data not available	60.0000	Data not available	Data not available	85.71%	70.00%
Childhood Immunization Status (CIS)	Data not available	Data not available	80.0000	Data not available	Data not available	88.89%	90.00%

**Measure Narrative**

**Oral Health: 22.86% (2015) –** The Program has experienced a dramatic improvement in this measure directly related to the expanded provision of sealants and other preventive oral health care through mobile clinic visits to homeless sites, fixed site SMMC health centers, and fixed site community dental clinics. In addition, the Program is recalling children treated for acute dental conditions to provide sealants and other preventive services. **Weight Assessment and Counseling for Children and Adolescents; Adult Weight Screening and Follow-Up: 44.29% (2014), 50% (2015) –** The Program experienced a decline in these measures due in part to the 2016 UDS criteria change that was made to align this measure with CMS. An additional restricting factor is that patient care teams inconsistently document follow-up plans for overweight/underweight patients. To support accurate documentation, a template is being developed to support the MA's documentation of BMI at each primary care appointment and alert providers to needed follow up. A contributing factor for this measure is that SMMC has adopted Healthy Weight for Life exam guidelines, including BMI documentation and culturally appropriate counseling techniques. **Tobacco Use Screening and Cessation Intervention: 77.14% (2014), 92.02% (2015) –** This measure experienced a slight decline from 2015 to 2016. It is expected that the 2016 UDS clinical criteria change to align it with CMS has had an impact on this measure. A contributing factor for this measure is that the Medical Assistants query patients about tobacco use and alert providers to assure that providers offer cessation counseling and pharmacotherapy. **Colorectal Cancer Screening: 34.29% (2014), 48.61% (2015) –** This measure has remained relatively the same for 2015 and 2016. A contributing factor is that the Program is working with the homeless shelters, service providers, and organizations providing services to assist patients with access to bathroom facilities and refrigerators for fecal occult blood test sample collection and storage. **Cervical Cancer Screening: 57.14% (2014), 64.29% (2015) –** This measure experienced a slight dip from the 2015 total but is expected to meet the goal of 70% by 2018. A restricting factor impacting progress is that many MSFWs are reluctant to have pap tests due to cultural modesty and rumors that tests reveal information about numbers of current and past sexual partners. The Program will continue to conduct provider training to explain the need for the testing and to counter rumors about what information is collected from the testing. **Childhood Immunization Status: 85.71% (2015); 88.57% (2014) –** This measure also experienced a slight decline from 2015 but is still expected to reach the goal of 90% by 2018. A restricting factor is that homeless and MSFW families are hard to reach with reminders that children are due for immunizations. Providers are communicating messages to families about the importance of immunizations for children.

**Chronic Disease Management**

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Asthma: Use of Appropriate Medications	Data not available	Data not available	98.5700	Data not available	Data not available	98.57%	100.00%
Coronary Artery Disease (CAD): Lipid Therapy	90.0000	80.4000	74.4700	-17.26%	-7.38%	77.57%	96.00%

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	98.5700	88.8400	83.6500	-15.14%	-5.84%	87.14%	96.00%
Hypertension: Controlling High Blood Pressure	Data not available	Data not available	53.3900	Data not available	Data not available	66.74%	80.00%
Diabetes: Hemoglobin A1c Poor Control	Data not available	Data not available	34.9200	Data not available	Data not available	139.68%	25.00%
HIV Linkage to Care	100.0000	80.0000	Data not available	Data not available	Data not available	Data not available	100.00%
Depression Screening and Follow Up	Data not available	Data not available	37.1400	Data not available	Data not available	57.14%	65.00%

**Measure Narrative**

**Asthma: 100% (2015)** – This measure experienced a slight dip. A restricting factor is that patients experience challenges remembering and obtaining prescription refills. The Program is working to contact patients who are overdue for prescription refills and assist with transportation to get to pharmacies. **Coronary Artery Disease** – This measure’s slight decline is a result of the 2016 UDS criteria change to align with CMS. An additional restricting factor is the high rates of liver damage from HCV and alcohol abuse among chronically homeless patients complicates prescriptions of lipid lowering therapies. The Program will conduct quality improvement checks and provide training to ensure ongoing compliance with clinical standards. **Ischemic Vascular Disease** – This measure has also experienced a steady decline since 2014. The most significant restricting factor is that some patients report problems obtaining and remembering to take aspirin. The Program is working with care teams to reinforce the importance of aspirin therapy and assist patients in obtaining and remembering to take aspirin. **Hypertension: 61.43% (2015); 64.29% (2014)** – The Program experienced a reduction in measure as well. A significant restricting factor is that many patients have multiple chronic health conditions and co-occurring behavioral health disorders that interfere with control of blood pressure. The Program is assisting patients to access appropriate specialty care and to quit smoking, choose healthy foods, and exercise. An additional restricting factor is that new patients that are being identified through The Street and Field Medicine Program who have not had any previous health care and who have multiple chronic health conditions and cooccurring behavioral health disorders. It is expected that as the patients receive needed care the measure will improve. **Diabetes: 30.89% (2015); 51.43% (2014)** – The Program saw a slight spike during 2016. Due to the expanded outreach efforts of The Street and Field Medicine Program, newly diagnosed diabetic homeless and MSFW patients have lacked access to care and developed complications of un/under-treated diabetes that impede blood glucose control. To support improved control, the SMMC endocrinology clinic provides specialty evaluation and treatment coordinated with primary care for diabetic patients with persistently high blood glucose levels. **HIV Linkage to Care – 0% (2016)** The Program did not have any newly diagnosed HIV patients. The Program has procedures in place to assure that when a patient does receive a new diagnosis they are followed up on and receive needed care. **Depression Screening and Follow Up: 27.14% (2015); 8.57% (2014)** – The Program continues to improve this measure and follow up documentation continues to be a key factor in improving this measure. Ongoing provider training is scheduled. A contributing factor is the upcoming protocol, including age-appropriate, evidence-based screening tools, for depression screening.

**Financial Measures**

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Total Cost Per Patient (Costs)	1,524.2831	1,972.9005	2,309.0672	51.49%	17.04%	102.23%	2258.77 : 1 Ratio
Medical Cost Per Medical Visit (Costs)	357.0947	395.2886	526.8022	47.52%	33.27%	133.27%	395.29 : 1 Ratio
Health Center Program Grant Cost Per Patient (Grant Costs)	240.0615	280.8710	299.2711	24.66%	6.55%	93.07%	321.57 : 1 Ratio

**Measure Narrative**

The financial performance measures are on track for being met by the end of the grant period. The ongoing high cost of living in San Mateo County, along with the late entry into care by the HCH and MSFW patients continue to increase costs of providing care. In contrast, the HCH/FW Program’s work to outreach to more homeless and Medi-Cal expansion have improved the total patient numbers. In addition, it is expected that the implementation of the patient-centered medical home (PCMH) and other QI/QA improvements will keep growth in the total cost per patient below our 7% annual target.

**Additional Measures**

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals	Is This Performance Measure Applicable?
(Farmworker immunizations) Percentage of farm worker patients ages 13 to 64 with one or more medical visits during the measurement year with documented, current tetanus, diphtheria, acellular pertussis (Tdap) immunizations.	Data not available	40.85%	44.5400	Data not available	Data not available	63.63%	70.00%	<input checked="" type="radio"/> Yes <input type="radio"/> No
(Voluntary family planning.) Percentage of female farm worker patients ages 13 to 50 with one or more medical visits during the measurement year with documented family planning education and counseling.	34.64%	24.25%	23.7300	Data not available	Data not available	39.55%	60.00%	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Measure Narrative**

Farmworker Immunizations – 2015 Measures – 40.85% 2016 Measures – 44.54% % Change 2014-2016 Trend – Data not available. % Change 2015-2016 Trend – 9.06% The HCH/FH Program has experienced mild success in improving this measure. Most notably is the fact that Latino adults (who comprise almost all local farm workers) have low rates of Tdap immunizations. This is due to lack of awareness of the importance and availability of immunizations, and their long-standing beliefs that vaccinations are only important for children. To improve this measure, providers check farm worker patients' Tdap status at all medical visits and provide education and vaccinations at visits made for any reason. A contributing factor is that Puente de la Sur, an HCH community partner, conducts outreach to educate farm workers and employers about the importance of Tdap immunizations to prevent bacterial diseases for which farm workers are at high risk. Voluntary Family Planning – 2014 Measure-- 34.64% 2015 Measures – 24.25% 2016 Measures – 23.73% % Change 2014-2016 Trend – -31.5% % Change 2015-2016 Trend – -2.15% The HCH/FH Program continues to work against the Latino cultural norms, including cultural concepts of Marianismo, which emphasize sexual morality and women's roles as mothers. These result in low rates of use of family planning services among foreign-born and first-generation farm worker teen and adult women. The Program continues to educate and is hopeful that over time there will be a gradual shift in this measure. A contributing factor is that Bilingual providers and clinical support staff provide family planning counseling and bilingual education materials designed for low literacy levels with an emphasis on preventing teen pregnancies and reducing repeat, unplanned pregnancies.

**TAB 3**

**Request to  
approve  
renew  
memberships**

DATE: September 14, 2017

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

FROM: Jim Beaumont, Director  
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO RE-APPOINT (2) BOARD MEMBERS TO FOUR-YEAR TERMS

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

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

For consideration at this meeting, the Board is being presented with the proposal to re-appoint Steve Carey and Brian Greenberg to another four-year terms. With Julia Wilson not continuing on the Board, the current approved Board size of 14 members will be maintained, with 11 member positions filled.

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



**TAB 4**

**Request to  
Create  
RFP Ad hoc  
Evaluation  
Committee**

DATE: September 14, 2017

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

FROM: Linda Nguyen, Program coordinator and Jim Beaumont, Program Director HCH/FH Program

SUBJECT: REQUEST TO CREATE AD HOC RFP EVALUATION COMMITTEE

The HCH/FH Program conducts a Request for Proposal to solicit health services for our homeless and farmworker populations every 2-3 years as required by County Policy. The program just released an RFP on September 1, 2017.

In December 2015 the Board passed a policy on evaluating funding decisions for Requests for Proposals and Solicitation of Services that states:

- Subject-specific Evaluation Teams will first evaluate proposals for new services and following committee discussion, will provide their written funding recommendations to the RFP Selection Committee.
- The RFP Selection Committee will review the Evaluation Teams' recommendations in light of overall funding priorities of the Program and may suggest alterations in the recommendations.
- The Selection Committee will create a comprehensive report of the Evaluation Teams' and the Selection Committee's reasoning and funding recommendations for presentation to the Co-Applicant Board for its review and decision.
- The Evaluation Teams and Selection Committee will be comprised of a substantial number of subject-knowledgeable Board members.
- The Selection Committee comprehensive report will be provided in the Board packet for transmittal to Board members several days in advance of the Board meeting. No reports for Board review will be accepted on the day of the Board meeting.
- The Co-Applicant Board will review the funding recommendations and decide whether to fund organizations as recommended, or the Board may elect to alter any recommendations as it deems appropriate.

Duties of the Selection committee/Ad hoc RFP committee:

- Read/evaluate all proposals received (14+)
- Meet to discuss proposals and make recommendations on any funding
- Report back to Board on recommendations with a final report drafted by staff
- Possible time commitment of 20 hours

Staff is also requesting members to serve on the initial evaluation committee for the following services:

- Medical
- Dental
- Mental health/substance abuse
- Enabling Services
- Coordinating services

Generally, Ad Hoc Committees are defined (for Brown Act purposes), as being temporary in term and singular in focus – as in exploring a specific subject. The committee shall have a minimum of three (3) and no more than four (4) members from among the voting membership of the Board.

**TAB 5**  
**Requests to**  
**Approve**  
**Travel**  
**Request**

DATE: September 14, 2017

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

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

SUBJECT: BOARD MEMBER TRAVEL REQUESTS FOR INTERNATIONAL STREET MEDICINE SYMPOSIUM – REQUEST FOR APPROVAL

The HCH/FH Program (Program) Co-Applicant Board (Board) approved (January 9, 2014) a policy regarding travel reimbursement for Board members who may travel for Board and/or HCH/FH (Program) business. The Board also approved a policy for the selection process of how Board members are selected for approved travel for reimbursement (March 13, 2014) and according to the policy:

The following is the Program policy for determining the approval of Board members for reimbursement for travel for trainings, meetings and conferences:

- For national events held outside of California: equivalent of full travel reimbursement of up to two (2) Board members.

So far the program has approved travel requests this year for 3 Board members to the NHCHC at D.C. in June 2017.

This request is for travel to the International Street Medicine Symposium in Pennsylvania in October, with schedule below.

Attached- Budget and letter request for Tayischa Deldridge

## October 19-21 in Allentown, Pennsylvania, USA

### Wednesday October 18, 2017

Street Medicine 101 Workshop  
8:30 am – 5 pm

### Thursday October 19, 2017

8 am – 8:30 am Registration  
8:30 am – 5 pm  
Host City Lectures and Break-out Groups

### Friday October 20, 2017

8 am – 8:30 am Registration  
8:30 am – Noon: Invited Lectures  
1 pm – 5pm: Invited Poster Presentations and Workshops

### Saturday October 21, 2017

8 am – 8:30 am Registration  
8:30 am – 12:30 pm Invited Lectures

**Ravenswood Family Health Center (RFHC)  
Conference Registration Budget Request**

Name of Conference	2017 International Street Medicine Symposium XIII					
Requested Days of Attendance	Wednesday October 18, 2017 - Saturday October 21, 2017					
Location of Conference	Allentown, Pennsylvania					
RHFC Staff Name	Position/role	Benefit of attendance	Request	Request amount	RFHC Contribution	Notes
Tayischa Deldridge	Community Collaborations/ Health Care for the Homeless Manager	Enhance knowledge and skills around delivering health care to the homeless, build networks and share knowledge with colleagues	4 days Conference Registration	\$230.00	\$ -	Street Medicine 101 Workshop on 10/18 plus Multi-Day registration from 10/19-21 (\$230)
			Airfare	\$ 650.00	\$ -	Round trip airfare plus fees and taxes, San Francisco Intl (SFO) to Lehigh Valley Intl in Allentown (ABE), departs Tuesday October 17, Returns Sunday October 22nd.
			5 days hotel room booking	\$ 711.40		Holiday Inn Allentown Center City daily double occupancy rate for 1 room. Hotel is located near conference site. Attendee will need stay overnight on Tuesday October 17, in order to attend Wednesday October 18 conference program, which starts at 8:30am
			Ground Travel	\$ 100.00		Transportion between airport and hotel, round trip.
<b>Total</b>				<b>\$1,691.40</b>	<b>\$ -</b>	



**San Mateo County Health Care for the Homeless/Farmworkers Health Program:  
International Street Medicine Symposium - Statement of Interest**

**Organization name:** South County Community Health Center  
(dba: **Ravenswood Family Health Center**)

**Federal Tax ID Number:** 94-3372130

**Address:** 1885 Bay Road, East Palo Alto, CA 94303

**Contact:** R. Wayne Yost, Acting CEO

**Phone:** 650-330-7410 | **Email:** wyost@ravenswoodfhc.org | **Fax:** 650-321-4552

**Program Manager:** Tayisha Deldridge, Community Collaborations/Health Care for the Homeless  
Manager

**Phone:** 650-330-7407 | **Email:** tdeldridge@ravenswoodfhc.org | **Fax:** 650-485-2094

Ravenswood Family Health Center (RFHC) is extremely grateful to San Mateo County's Health Care for the Homeless/Farmworkers Health Program for their continued support. RFHC is respectfully requesting a scholarship for our staff to attend the upcoming International Street Medicine Symposium (ISMS) in Allentown, Pennsylvania. At RFHC, we are very committed to improving the health of our homeless patients by providing quality health care including primary care, dental, behavioral health, and enabling services. Our Health Care for the Homeless Program staff would greatly benefit from attending the ISMS event as it would provide them further knowledge on how to enhance and expand our services for our homeless patients.

We are requesting a scholarship for the following staff to attend the International Street Medicine Symposium:

➤ **Tayisha Deldridge** – Community Collaborations/Health Care for the Homeless Manager

Ms. Deldridge has been working closely with our homeless populations for over eight years providing outreach, case management and regular follow-up, health education, and referrals to our homeless patients. Ms. Deldridge is also a board member at San Mateo County's Health Care for the Homeless/Farmworkers Health Program. According to SMC's Travel Policy, board members receive full travel reimbursement which includes cost of registration, travel, accommodations and per diem. We have included the cost of conference registration, airfare, hotel reservation, and ground travel in our budget request.

We greatly appreciate the opportunity to submit this scholarship request. Thank you for your time and consideration. We look forward to hearing from you soon.

**TAB 6**  
**Discussion**  
**on**  
**Unexpended**  
**Funds**

DATE: September 14, 2017

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: UNEXPENDED FUNDS DISCUSSION

During our bi-yearly call with our Project Officer, there was a brief discussion of the Program's recent history with Unexpended Funds. Following the call, the Board Chair requested we agendize a brief discussion on the topic so the Board may better understand the situations that lead to not expending all of the awarded grant funds.

The HCH/FH Grant from HRSA is essentially a cash grant. Because the expectation is that there will be ongoing program operations (as in awarding a three-year grant period), the annual amounts are expected to fund the effort for and in that year. For that reason, HRSA rarely will approve of carry-over of unexpended grant funds for use in the future grant year.

The attached graphs represent some of the basic issues for having unexpended funds. There are basically only two ways to broadly expend ongoing funding – recurring contracts and staffing. Both have potential issues that may result in falling short of fully expending their allocated funding, but staffing tends to be more stable in that regard. Historically, our contract awards were being expended in the low90% of funding. The past few years have seen that fall off to the low-to-mid 80%, at the same time we were increasing the aggregate value of the contracts. So where in 2012 a 7.5% shortfall in contract expenditures totaled around \$40,000, we now are looking at shortfalls of 15% on over \$1.5 million worth of contracts (\$225,000).

Realistically, based on our operational environment and the manner in which HRSA funds grantees, there is some amount of unexpended funding we will probably never be able to fully address. Most all of HRSA's supplemental and expanded services awards are announced late in our grant year. Working in a government structure, it will always be difficult to pivot that quickly to expend all of those late year awards in their first year. In addition, HRSA reminds us consistently of our obligation to ensure appropriate and beneficial usage of our awarded contracts in benefiting the homeless and farmworkers, and of the federal restrictions associated with our grant (not supplanting other funding, etc.). So we cannot simply increase the value of our ongoing contracts (which aren't being fully expended at their current value) without being able to demonstrate more, better or broader service benefits to our service populations.



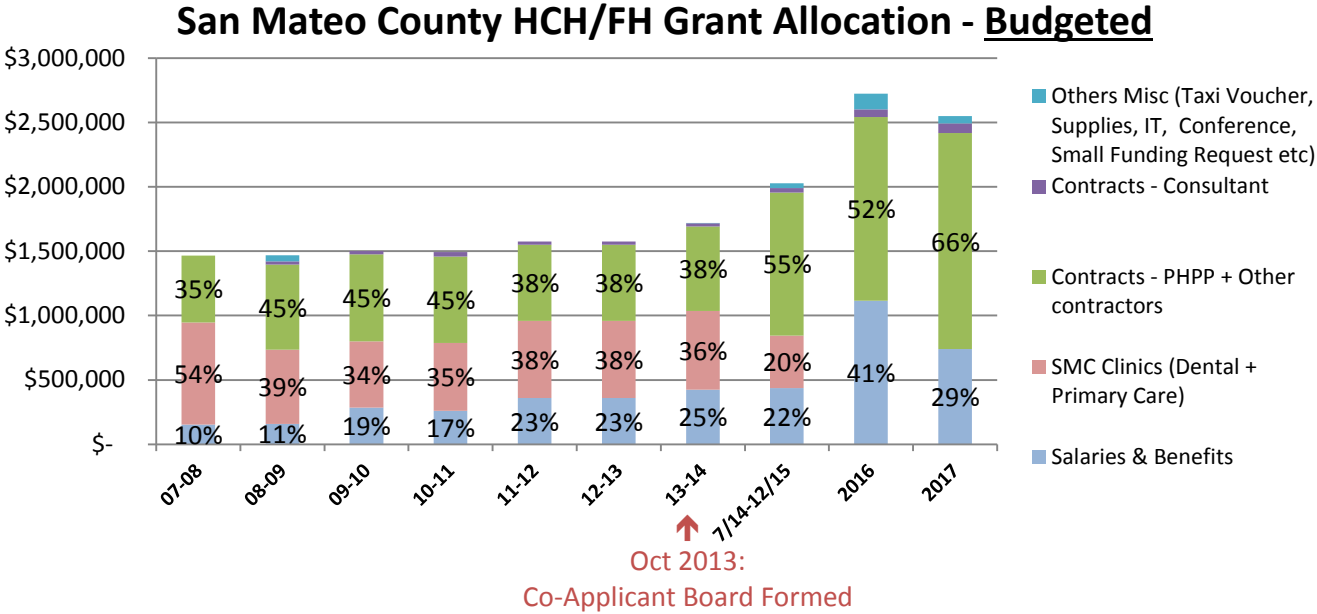
## ADDENDUM NOTES

For many years, the Program's budget was in relative balance as the award did not change much, and expenditures were comparatively standardized. Prior to July, 2015, the Program was providing a little over \$600,000 toward various SMMC clinic operations, based on those being the sites of the original proposals that generated the (additional) funding. Over time, these efforts could either no longer be shown to be specifically helping the homeless or farmworker populations, or other funding was now covering the services. We were also cited by HRSA reviewers for not having established that these funds were actually benefiting the homeless or farmworker populations. At this time, we also were funding almost exactly the same amount of contracts for services. And during this time (October 2013) the Co-Applicant Board took over governance of the Program, the direct funding to the clinics was ended, and we looked to expand Program contract services.

With the withdrawal of the clinic funding, the Program did expand its contracting efforts to provide additional and broader services to the homeless and farmworkers. But with the Program also receiving additional funding for some of those services (Expanded Services Grants) plus some supplemental awards, the Program's income was also increasing. The perfect storm came in 2016 with the actual annualization of a quarter million dollar supplemental award and our two large Expanded Services Awards. These combined increased our ongoing funding by around \$750,000.

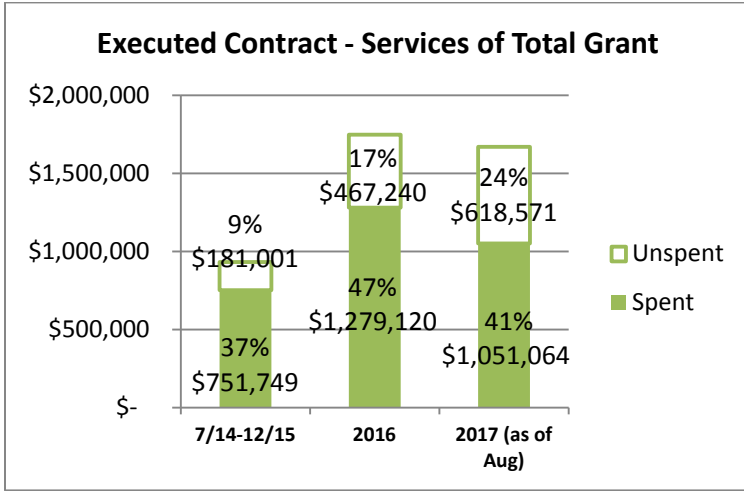
While we now contract for 2 ½ times what we were before 2015, it has not kept pace with the additional funding the Program has received. So we are basically still carrying most of the former clinic funding as unexpended.

# San Mateo County Healthcare for the Homeless / Farmworkers Health Program Grant Budget



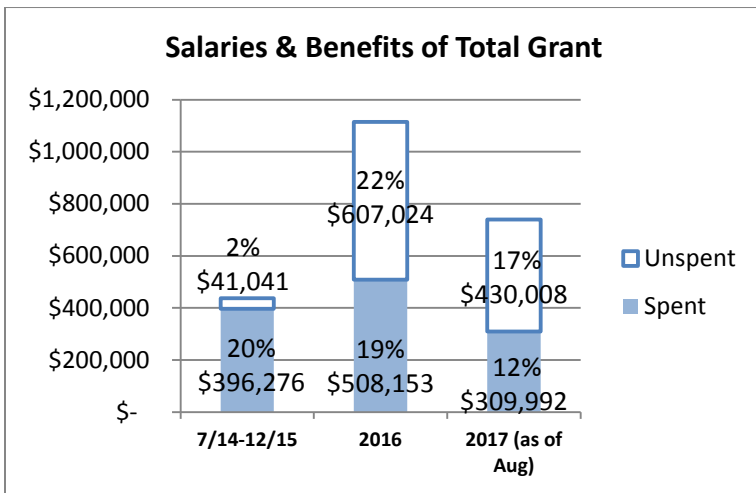
- Historically, 20-54% of grant fund were allocated to SMMC medical/dental clinics until June 2015
- Significant increase in contracts allocation after Co-Applicant Board was formed in October 2013

## San Mateo County HCH/FH Grant Allocation – Budgeted Vs. Actual



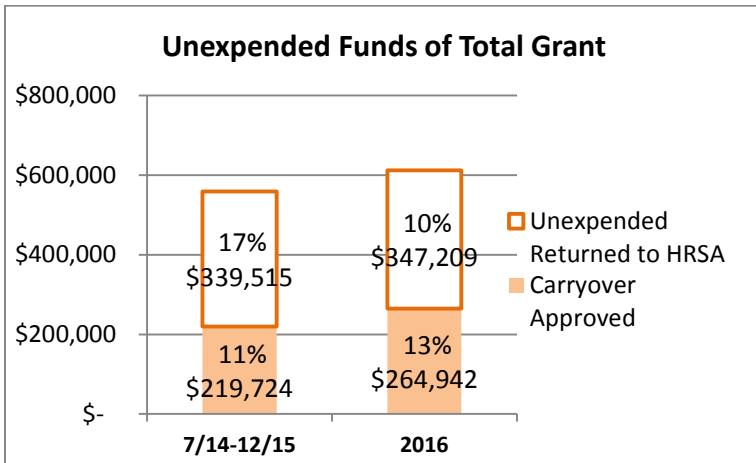
### Executed Contracts for Services

- Executed contracts could not spend up to the full contract amount due to:
  - Contractors did not serve up to the amount of unduplicated patients they proposed to serve
- 7/14-12/15: Program allocated 46% of total grant to contracted services, contractors invoiced 37% of total grant
- 2016: Program allocated 64% of total grant to contracted services, contractors invoiced 47% of total grant
- 2017 (as of August): Program allocated 65% of total grant to contracted services, contractors invoiced 41% of total grant for services provided January to July



### Salaries & Benefits

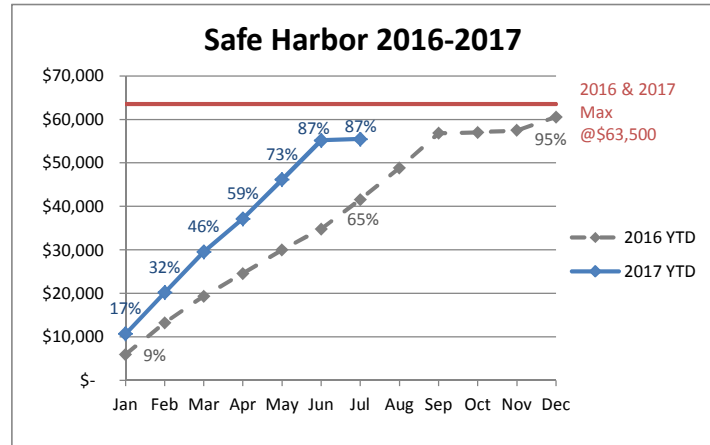
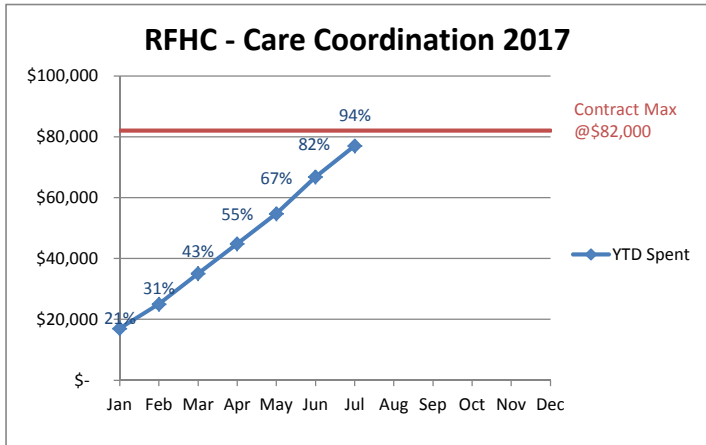
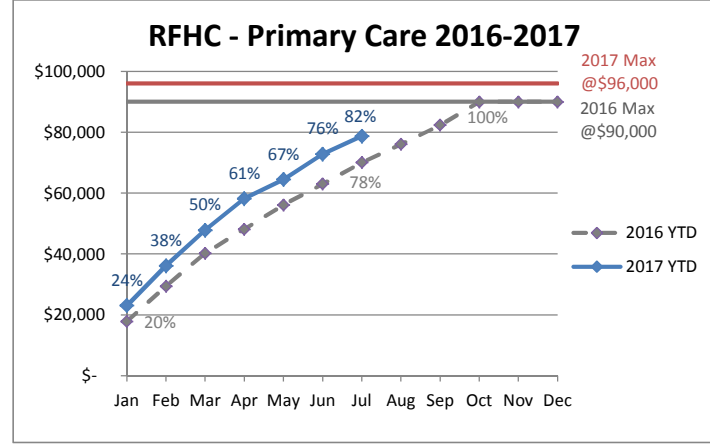
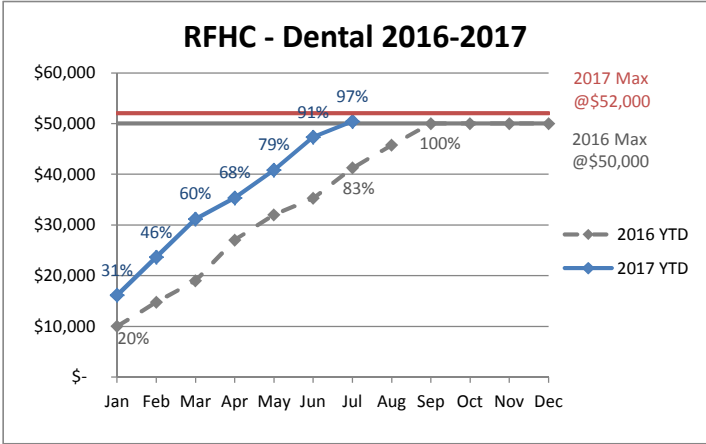
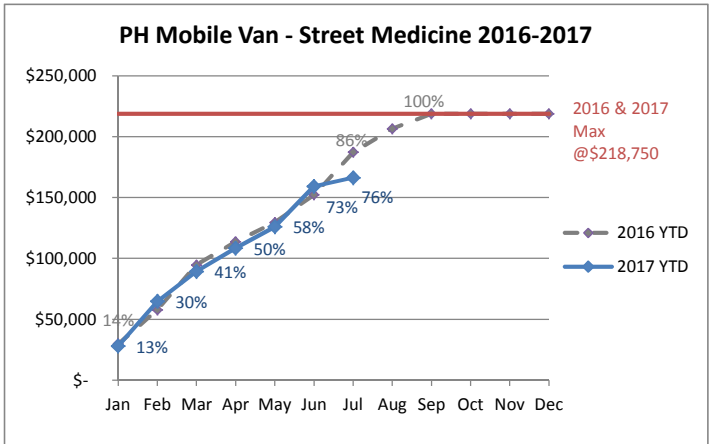
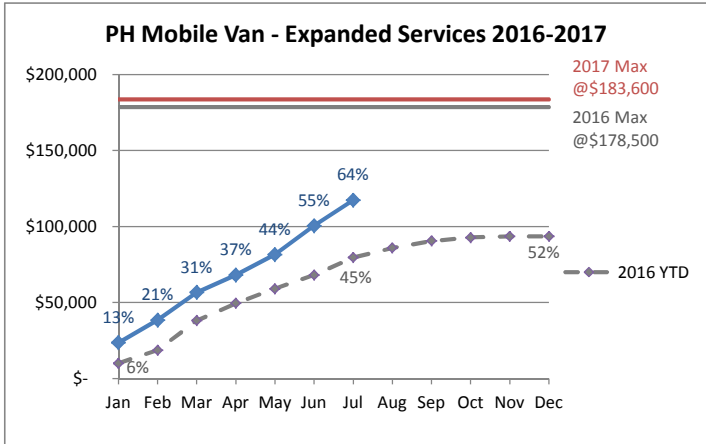
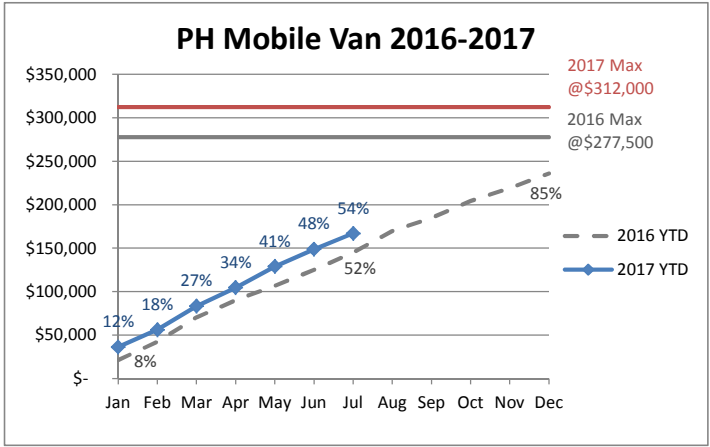
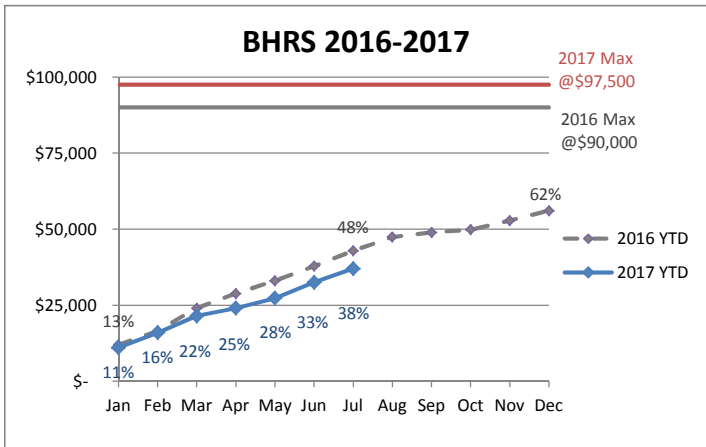
- For staff, including administrative and operations
  - Note: difference between administrative vs operations
- 7/14-12/15: Program allocated 22% of total grant to salaries & benefits,
- 2016: Program allocated 41% of total grant to salaries & benefits, Program spent 19% of total grant
- 2017 (as of August): Program allocated 29% of total grant to salaries & benefits, Program spent 12% of total grant from January to July



### Unexpended Funds

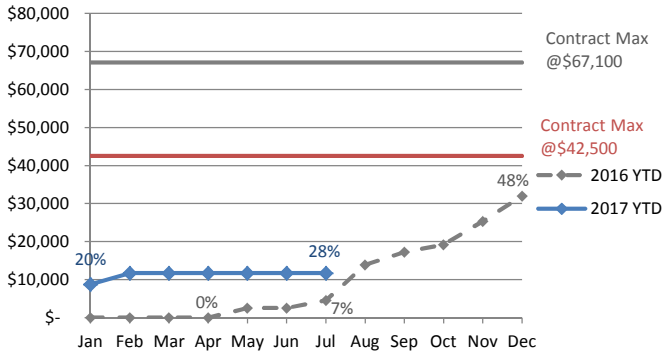
- Carryover: unobligated funds into the subsequent funding period
- 7/14-12/15: 28% of total grant was unspent, HRSA approved 11% carryover to 2016, all allocated in contracts
- 2016: 23% of total grant was unspent, HRSA approved 13% carryover to 2017, all allocated in contracts

San Mateo County Healthcare for the Homeless / Farmworkers Health Program  
 Contracted Services 2016-2017  
 Year to Date Expended (As of 8.31.2017)

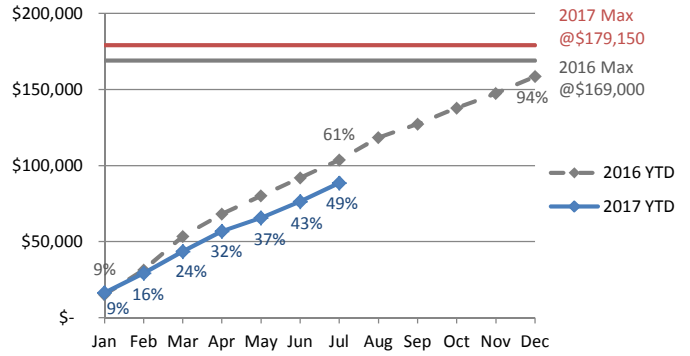


San Mateo County Healthcare for the Homeless / Farmworkers Health Program  
Contracted Services 2016-2017  
Year to Date Expended (As of 8.31.2017)

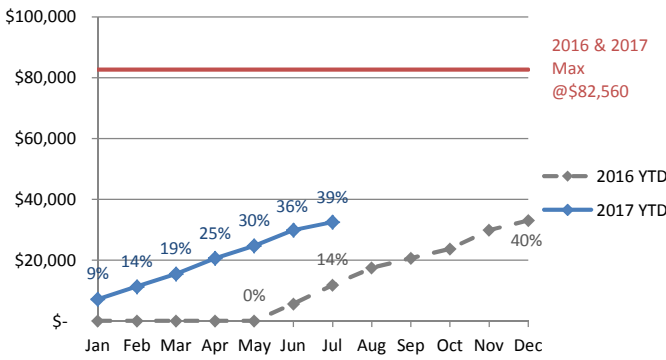
**Legal Aid 2016-2017**



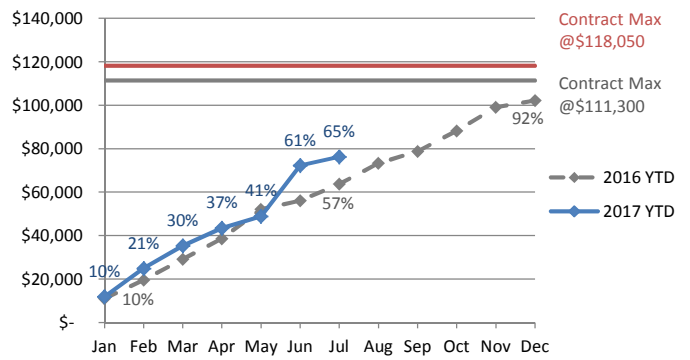
**LifeMoves - Care Coordination 2016-2017**



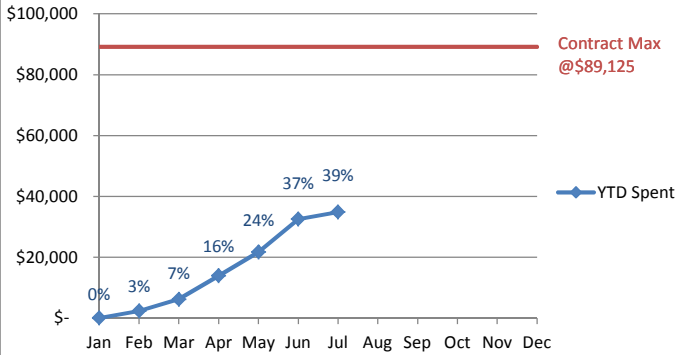
**LifeMoves - Street Medicine 2016-2017**



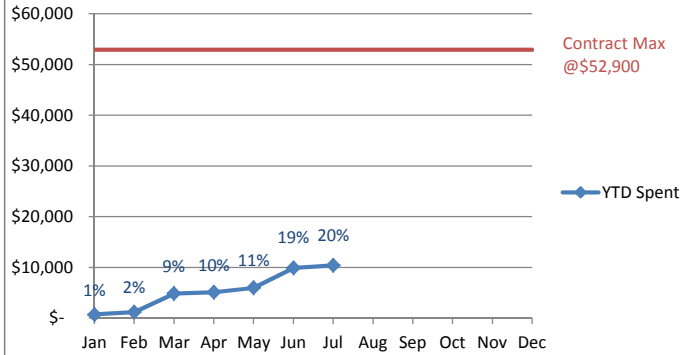
**Puente de la Costa Sur 2016-2017**



**Apple Tree Dental 2017**



**Project WeHOPE 2017**



**TAB 7**  
**Reques to**  
**Approve**  
**Staffing**  
**Proposal**

DATE: September 14, 2017

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

FROM: Jim Beaumont, Director  
HCH/FH Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE A PROGRAM STAFFING PLAN THROUGH 2018.

In January, 2016, we presented to the Board, a DRAFT Staffing Plan (attached) for the Program, covering expected needs through 2018. Intended to generate discussion to lead to a finalized Staffing Plan, the discussion has generally just continued on. To move the effort forward and provide Program with the tools necessary to operate and grow the Program, we are requesting Board action to approve a Staffing Plan for the Program through the end of 2018.

Virtually all of the needs cited in the January 2016 memo did come to fruition, and we believe the Program still will be best served with that Staffing Plan. To that end, we are proposing approval of that Staffing Plan, with adjustments to the original dates.

This plan will allow the program to move aggressively forward on the Strategic Plan the Board has approved, improve significantly our interactions with SMMC Clinical Services, provide for adequate oversight of our expanded portfolio of contracts and contractors, and pursue other known and future initiatives to improve the Program (web site, Care Management System, new service concepts, etc.).

What will approval of this Staffing Plan cost? The annualized cost for each position will vary, based on the exact classification used. Typically, we would expect the salary and benefits for each position to total between \$120,000 and \$150,000 annually (a nurse position would be +/- \$225,000, an Administrative Assistant position would be +/- \$85,000). Given the time necessary to gather approval within the County system for a position(s), there would be a marginal impact in 2017, possibly a couple of months at most, for salary and benefit costs. For each position hired, that would equate to approximately \$20,000. For 2018, the impact would be approximately \$250,000 to \$300,000 for the positions hired this year, plus approximately another \$125,000 to \$150,000 for the new positions added during 2018. Full annualized costs for 2019 and forward would be approximately \$500,000 to \$600,000.

For 2017, we currently project to have over \$400,000 in unexpended funds. For the immediate future (positions to be hired immediately), there is sufficient grant funding already available to cover



the cost. Hiring activity for 2018 would be contingent on available funds being clearly available for 2018 and future years. Historically, the Program received periodic supplemental funding awards that boost the ongoing grant. We also would be cognizant of the amount of funding having been committed during the current RFP cycle for 2018 through 2020.

We believe the proposed Staffing Plan provides the Program with the best opportunity to address current operational needs, fulfill the Strategic Plan, move the Program forward and place it in the best possible position to address future potential needs.

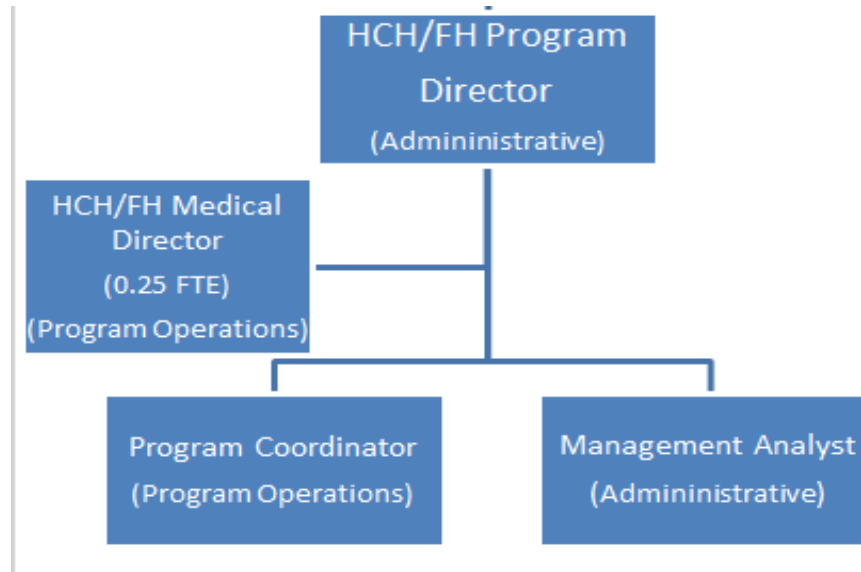
This request is for the Board to approve the attached HCH/FH Program Staffing Plan. A majority vote of the members present and voting is necessary to approve the request.

Attachments:

HCH/FH Program Staffing Plan



## CURRENT STAFFING



## FUTURE STAFFING

Presented  
Jan-16

As of  
September 2017

### Program/Operations

	<u>Title</u>	<u>Duties</u>	
2016/17	Program Coordinator	Program Monitoring/TA/Coordination	<b>Mid to Late 2017</b>
2016/17	Public Health Worker/Nurse/MA/? <i>Expanded roll for Medical Director?</i>	Clinical Support/Coordination	<b>Mid 2018</b>

### Administrative

2016/17	Program Development Specialist	Program Development/Planner	<b>Mid to Late 2017</b>
2018	Administrative Assistant	Board/Program Support	<b>Late 2018 or when necessary</b>



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 2016

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: STAFFING PLAN DISCUSSION

In accordance with the Co-Applicant Agreement and the Co-Applicant Board Bylaws, the Co-Applicant Board has authority over the program's budget as derived from the federal grant, and authority to set program policy, priorities, and services. In addition, the Board has the responsibility to ensure that the program is operated in accordance with HRSA Program Requirements. As noted by the reviewers in the recent Operational Site Visit (OSV), the program administration and operations are significantly deficient in staffing.

Based on recent experience with workload demands, the prospective needs of the program, comments of the OSV reviewers, and the direction received from those reviewers, Program has developed a DRAFT Staffing Plan to initiate the discussion for Program staffing going forward. The basis for this is an effort to put the Program in a position to appropriately respond to the known conditions to be presented in the immediate future, as well as many potential conditions that could likely arise. As Program staff is tied to the County recruitment and hiring process, having a plan in place provides the best opportunity to be in a position to respond effectively and quickly.

The positions noted on the plan are conceptual in nature. Exact titles, job descriptions, etc. would be addressed as time moves forward and Program can assess the specific needs. However, we can describe what we see as the likely general areas of staffing need.

The HCH/FH Strategic Plan is scheduled for completion and Board approval during the March/April 2016 time frame. Having some frame of reference for future staffing is an important consideration for inclusion as part of that plan. In addition, once the Strategic Plan is approved, there will be an immediate need to begin planning for and executing the designated direction presented by the Strategic Plan. Dependent on exactly what that direction is, we forecast the immediate need for (at least) one staff person to begin the process. This is expected to include implementation planning and subsequent execution of the implementation plan – be it development of new programs or immediate support for expanded current programs.



**Board of Supervisors:** Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier  
**Health System Chief:** Jean S. Fraser • **San Mateo Medical Center CEO:** Susan Ehrlich, MD, MPP

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In addition, there are other potentially immediate considerations. With current grant conditions to be addressed and an impending Operational Site Visit again in 2016, having appropriate staff to assist in the process is of significant importance. We also received almost a dozen and a half funding proposals from the issuance of our RFP, and there may potentially be additional submissions. It is very reasonable to expect that there will be additional contractors to support and monitor in the immediate future.

Based on how all of the above plays out, we fully expect to have a critical need for at least one (1) additional staff by mid-year 2016. As we move further out, we expect more of the items cited above to come to fruition and further staffing increases to be required. As some of these expected events occur, we can foresee a need for additional clinical support, both to directly interact with those providing clinical services for the Program and to support the efforts of the HCH/FH Medical Director. As described by the OSV reviewers, we need to have better communication and coordination with SMMC in order to ensure the program meets the service requirements of the grant and that our populations are being served at an optimum level. Working in conjunction with and in support of the HCH/FH Medical Director, this position will help address program compliance for our clinical efforts at SMMC, including population protocols and the clinical support the program receives from SMMC in areas such as credentialing.

The annualized cost for each of these positions is expected to be in the area of \$110,000 - \$150,000 including salary & benefits. Spread out over the next few years, this should not particularly impede the utilization of funds for the development of new services or the expansion of current ones. And, in general, staffing support needs to be included in each of those efforts as part of the decision process.

The staffing plan also addresses potential staffing needs beyond the immediate future needs. As the Program expands and staff fills out, there will be a probably need for generic support for overall operations, including basic support for the Board. Currently built into the plan is an Administrative Assistant position to provide broad support to the Board and Program staff and management. This position is planned to be filled sometime out in 2018 or as it is determined it is necessary (sooner or later), but the position has been put off until that time to provide for the program and the Board to assess the impact of the immediately-requested positions and actual staffing needs at that point.

As has been identified in the both the recent OSVs, the HCH/FH Program now has significantly more responsibilities than it did as recently as 5 years ago. With the need to provide the necessary information for the Board to perform its decision-making responsibilities, for the program to have the staffing necessary to move the program forward as directed by the Board in the upcoming Strategic Plan, for the program to have the resources to support the fiscal, analytical, and reporting requirements of the program as unique from those of SMMC, for the program to have the resources to work with SMMC on providing the best services possible in meeting the specific needs of our service populations, and for the Board and the Program to be able to show full accountability for the services and operations of the program, additional staff is a significant need. This DRAFT staffing plan is intended to begin that discussion.

This is not a request for the Board to take immediate action on the Staffing Plan. Rather, we wish to initiate the discussion and decision process for the Board to make any eventual action a simpler and more fluid process.

Attachments:

HCH/FH Program Staffing Plan

## CURRENT STAFFING

Director

Administrative

**Management Analyst**

Program/Operations

**Medical Director (0.25)**

**Program Coordinator**

## FUTURE STAFFING

Program/Operations

2016/17	Program Coordinator	Program Monitoring/TA/Coordination
2016/17	Public Health Worker/Nurse/MA/?	Clinical Support/Coordination

**Expanded roll for Medical Director?**

Administrative

2016/17	Program Development Specialist	Program Development/Coordination/Requirements Assuarance/Planner
2018	Administrative Assistant	Board/Program Support

**Early-Mid 2016**      Dependent on Startegic Plan, OSV, Volume on Contracts/Proposals  
 - One of Program Development Specialist OR Program Coordinator OR Clinical Support/Coordination

**Mid 2016 to Early 2017**      Dependent on Startegic Plan, OSV, Volume on Contracts/Proposals  
 - One of Program Development Specialist OR Program Coordinator OR Clinical Support/Coordination

**Mid 2017 on**      Dependent on Startegic Plan, OSV, Volume on Contracts/Proposals or Other Developments  
 - One of Program Development Specialist OR Program Coordinator OR Clinical Support/Coordination

**2018 or when necessary**      Administrative Assistant

**TAB 8**  
**Consumer**  
**Input**  
**NHCHC report**  
**back**



Alicia Garcia

2017 National Health Care for the Homeless Conference and Policy Symposium  
June 21-24, Washington DC

I attended the following presentations:

- *"The Sober Cycle"*
- Medical Respite
- Are We Doing Enough to End Homelessness
- Leap of Faith: How Spiritual Health and Wellness Impacts Recovery from Trauma and Health Outcomes
- Why a Hospital Would Pay for Permanent Supportive Housing: An Innovative Partnership for Frequent ER Visitors between the Presenting Organization and the Center of Housing for Health
- Financial Incentives for Smoking Abstinence in Homeless Smokers
- Are We Losing Consumer Voice in Data Sharing and Integration Efforts
- Access Street Feet

**Fostering Trauma-Informed Leadership Skills for Consumers** presented by Rodney Dawkins, NCAP Chair, Heartland Health Outreach, Joanne Guarino, NCAB Regional Representative, Boston Health Care for the Homeless Program, et. al.

The key points of this seminar: It is necessary to assume that every client that you serve has been through multiple traumatic experiences. There are many studies that conclude that a person who has gone through multiple traumas, especially in childhood will react to stressful situations in different ways than people who have not experienced multiple traumas. They showed slides to demonstrate that the brain formation of people severely traumatized in childhood vary as compared to the brain development of a non-traumatized individual.

This seminar discussed the importance of training your staff on trauma informed care and ways to create a trauma informed environment. It emphasized important variances such as when a person acts out, instead of wondering, 'what is wrong with you?' wondering instead, 'what happened to you?' The seminar demonstrated some scenarios of trauma informed care being provided to homeless individuals by service providers through skits.

There were several connections to Project WeHOPE: Project WeHOPE, as Project WeHOPE seeks to promote a trauma informed workplace. They provided training tools to help us further train our shelter staff and Dignity on Wheels staff in order to provide a more appropriate environment to the clientele we serve.

The technical knowledge that I gained was in relation to the importance of self-care for service providers. Neglecting to emphasize self-care can result in compassion fatigue or burn out. These two possibilities vary greatly by definition. I would like to discuss the difference between these two possible outcomes with HCH/FH Coo-Applicant Board and Program Staff.



From: Pastor Paul Bains

2017 National Health Care for the Homeless Conference and Policy Symposium  
June 21-24, Washington DC

I attended several presentations that were related to the services that we provide at Project WeHOPE. Listed in order of priority. As you know, we are planning on opening a small respite bed facility.

1. **Medical Respite presented by Julia Dobbins, MSW.** This session discussed the “how to” start a respite as either a stand -alone site or in an existing shelter or convalescent home. It explained how Julia was able to start a medical respite and the struggles and victories that emerged. She explained how forming a partnership is much more cost effective and how one can engage hospitals for support.

Connection to Project WeHOPE: Project WeHOPE is working to open a medical respite dormitory to address a need in our community for the clients we service. I received a lot of good tips and steps that are important to take in opening a medical respite.

2. **Are We Doing Enough to End Homelessness** was presented by Jim O’Connell M.D. President of Boston Healthcare for the Homeless. This seminar showed me how Boston is doing so much to end homelessness. They have state of the art programs, yet they still feel like they have more to do.

Connection to Project WeHOPE: we are constantly looking for ways to improve our program and to make sure that we are asking the right questions. They also emphasize having the right people at the table. This was highly relevant, as we are a thought leader for our community.

3. **Leap of Faith: How Spiritual Health and Wellness Impacts Recovery from Trauma and Health Outcomes** presented by Megan Smith, MSW, Outreach Program Manager, Adjunct Professor and Craig Kaufmann, MD, Clinical Assistant Professor of Psychiatry. This seminar explored the idea of spirituality being a tool to aid in healing from trauma. It emphasized the difference between religion and spirituality and discussed using meditation, prayer, becoming one with nature, etc. to assist people in the recovery process.

Connection to Project WeHOPE: Project WeHOPE takes a holistic approach to assisting people in becoming self-sufficient. This provided an additional tool for us to consider adding to our tool shed.

4. **Fostering Trauma-Informed Leadership Skills for Consumers** presented by Rodney Dawkins, NCAP Chair, Heartland Health Outreach, Joanne Guarino, NCAB Regional Representative, Boston Health Care for the Homeless Program, et. al. This seminar discussed the importance of training your staff on trauma informed care and ways to create a trauma informed environment. It demonstrated some scenarios of trauma informed care in the workplace.

Connection to Project WeHOPE: Project WeHOPE seeks to promote a trauma informed workplace. We train our shelter staff and Dignity on Wheels staff.

## **Report on the National Health Care for the Homeless Conference.**

### **Mother Champion**

#### Workshops:

- Caring for the Homeless Patient with Mental Illness:
- Health and Supportive Housing Capital Expansion: Building Access, Impact and Equity for Vulnerable Populations in our Communities
- Leap of Faith

First I'd like to say what a wonderful opportunity to be sent to a conference with such knowledgeable people. I was happy to meet Mr. Bobby Watts Chief Executive Officer of the conference. Mr B. Watts wanted to get to the some of the root causes of homelessness, and the vehicle that he used was through some of the speakers.

I wish I had a tape recorder; there was so much information to write down and to learn. The think tanks were the best. I asked so many questions, but at the same time I didn't want to take all the time. Portland Oregon had a model to look at. What I know is that no one agency can do it alone.

- Becky Wikinson MSW hospital outreach worker, and Drew Grabhame, a social worker, outreach social worker.

The next class I went to was about Constructing Powerful Stories a quote "Storytelling has the power to build empathy, connect people and share experiences of our consumers and our organizations". To me, this one to get financial assistance. We had a lot of story tellers in this class.

#### Caring for the Homeless Patient with Mental Illness:

This was a sad but informational class, on how to deal or two way to deal with mental ill homeless, patient and it showed us to different processes on they dealt with two different patients.

- Rose Garcia, MD, MPA and Carrie Kowalski, MPAP, PA C,

#### Health and Supportive Housing Capital Expansion: Building Access, Impact and Equity for Vulnerable Populations in our Communities

After is class I went to the speakers and collected their cards so I could call and ask more question.

#### The next class was a Leap of Faith

- Mr. Matt Bennett, MBA MA was just great again I got a lot of information to take home and read, his story was his on journey.

When he finished the teaching part of the class we all sat in a circle and we talked about our on story. That was great.

After this class, I went to SOME, means So Others Might Eat. What a great experience.





## Written Summary of the 2017 National Health Care For The Homeless Conference

Name: Tayischa Deldridge

Position: Collaborations/Health Care for the Homeless Manager

### Workshops attended:

- Medical Respite Care: Accessing Health & A Pathway Home
- Best Practices for community in a Metropolitan Area
- When Access Isn't enough
- San Mateo County Street and Field medicine
- Chronic disease Management undocumented and homeless how to make it work
- Consumer Advisory Boards Creating Effective Internal and Organization structure

### 1) Who were the speakers of interest, their backgrounds & expertise?

The presentation that I enjoyed the most was called "Dead People Don't Recover". This presentation was delivered by the following panel of speakers:

- David Munson, MD (Medical Director, Barbara McInnis House, Boston Health Care for the Homeless Program)
- Susan Keyes, RN (Nurse Educator, Barbara McInnis House, Boston Health Care for the Homeless Program)
- Kate Orlin, BSN, RN, CARN (SPOT Director, Boston Health Care for the Homeless Program)
- Courtney M Kenney, BA (Harm Reduction Specialist, Boston Health Care for the Homeless Program)
- David Rachlin, LICSW (Behavioral Health Clinician, Barbara McInnis House)

### 2) What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?

The presenters provided in-depth discussion of a case study: The Boston Health Care for the Homeless Program (BHCHP)'s innovative harm-reduction service to combat the opioid crisis and the increase in opioid-related death among the homeless community in City of Boston. I learned about different ways to work collaboratively with substance-use patients, instead of forcing or pressuring them into treatment. I also learned about strategies we can use to help patients avoid overdose while supporting their ability to access care on their own terms.

### 3) How does this connect to your work with the homeless and/or farmworker populations, and with the HCH/FH Program?

Even though San Mateo County doesn't have large opioid-user population, I learned if you meet people where they are at and help them on their own terms, meeting the needs of the sickest patients, you can do the greatest good and ultimately be most effective. This is the core of the Harm Reduction Model. To be an effective HCH outreach worker you need to understand this population and have compassion to not judge them but to treat their illnesses.

### 4) What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicant Board and Program Staff?

So many of our patients have told us that they were not given proper care from other medical or social service providers because of their life choices and drug use. When we adopt the harm reduction model we can learn to treat the illness on their terms. The McInnis House in Boston has modeled true dedication and understanding of the homeless population which enabled them to develop programs that are more effective and treat patients with more dignity. I also learned that respite care can be used as a gateway help substance users move toward recovery.

**TAB 9**  
**Discussion**  
**on**  
**membership**  
**Committees**

DATE: September 14, 2017

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

FROM: Linda Nguyen, Program Coordinator  
HCH/FH Program

SUBJECT: DISCUSSION ON CURRENT BOARD COMMITTEES/MEMBERSHIP

Generally, Ad Hoc Committees are defined (for Brown Act purposes), as being temporary in term and singular in focus – as in exploring a specific subject. Other committees that are permanent or long-lasting, as in regularly scheduled meetings, and with general topic or broad focused perspectives, would be considered Standing Committees and would be subject to the Brown Act requirements.

Committees and members:

**Board Recruitment** (Standing)

**Members:** Brian, Steve, Christian

The committee is charged with the task of the ongoing review of the Bylaws regarding Board membership, composition, recruitment and selection; gathering and discussing whatever information the committee deems appropriate and necessary to its work, including information on issues that may impair some individuals from participating in Board membership. The Committee shall also review all applications submitted for Board membership and make recommendations on the applications to the Board.

**Finance** (Standing)

**Members:** Christian, Robert, Allison

The committee is charged with the task of budgeting and financial planning, financial reporting, and the creation and monitoring of internal controls and accountability policies. Responsibilities included, but not limited to:

- Develop an annual operating budget with staff.
- Approve the budget within the finance committee.
- Monitor adherence to the budget.
- Set long-range financial goals along with funding strategies to achieve them.
- Develop multi-year operating budgets that integrate strategic plan objectives and initiatives.
- Present all financial goals and proposals to the board of directors for approval.

**Transportation** (Ad hoc)

**Members:** Steve, Christian

(disband December 2017)

Tasked with exploring Need and Method of Financing as Necessary for Medical Appointment Transportation for HCH/FH Patients.



**TAB 10**  
**QI Report**

DATE: September 14, 2017

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

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee met last on July 27, 2017.

The Outcome Measures for the 2017-2018 QI Plan were finalized and will be:

1. Cervical Cancer Screening
2. Diabetes HgbA1c < 8%
3. Hypertension
4. Adult Weight Assessment
5. Child Weight Assessment
6. Depression Screening utilizing PHQ-9
7. Tracking referrals to Primary Care from Enabling Services Agencies (LifeMoves, Puente de la Costa Sur, Safe Harbor Shelter/Samaritan House)

The San Mateo County HCH/FH Program QI Committee will next meet on September 21, 2017. At that time, the draft 2017-2018 QI Plan will be reviewed.

**TAB 11**  
**Director's**  
**Report**

DATE: September 14, 2017

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the August 10, 2017 Co-Applicant Board meeting:

1. Operational Site Visit & Grant Conditions

Program has continued to move forward with the planned efforts to achieve compliance with the HRSA Program Requirements. The updated status report is attached.

Of particular note, we received a written report from our TA call with our Project Officer and a HRSA Fiscal Consultant from July 12<sup>th</sup>. Much of the discussion on this call concerned the appropriateness of the County receiving enhanced FQHC reimbursement for MediCal for all MediCal patients, not just those within the scope of the 330 grant (homeless and farmworkers). We continue to work with SMMC Finance and County Counsel on providing the necessary responses to the consultant's stated position, and in pursuing clarification from HRSA policy staff on the issue.

2. Noncompeting Continuation (NCC)/Business Period Renewal (BPR)

Program staff successfully submitted the NCC/BPR on August 17, 2017. There is additional reporting and discussion, along with a Board Action item for this elsewhere on today's agenda.

3. HRSA Check-In

On August 14, 2017, Program had its bi-yearly call with our HRSA Project Officer. We reported on our progress with the current grant conditions, and covered various other areas of operation and performance.

4. Automation

Program staff attended all five (5) system demos in August. Based on the collective responses from all of the Health System Programs attending the demos, three (3) systems were requested to provide access to test/demos systems for further exploration by the interested programs. The selection of a proposed system is planned for fall.

5. RFP

Program published the program-wide RFP on September 1, 2017. There is a discussion item elsewhere on today's agenda for this item.

6. HRSA Compliance Manual

On August 28, 2017, HRSA released its Health Center Program Compliance Manual. In general, HRSA intends the manual to be the all-encompassing guide on the requirements for program operations. It replaces most previously issued PINS & PALS, previous Operational Site Manuals and various other documents.

This document is not only important going forward, but it could potentially reset what is required for compliance with currently issued grant conditions. Program is still reviewing the document and will have further information on any apparent impacts at future meetings. A copy of the Manual is attached to this report.

7. Needs Assessment

Program has received more than 450 surveys from partner agencies and is still collecting more surveys. Staff is inputting survey data and planning to work with a consultant in analyzing and preparing a report.

8. Site Visits

Program staff has completed site visits with all 9 contractors representing 14 contracts that started in May and completed in July 2017. The findings will assist the program during the RFP efforts in evaluating proposals and determining funding.

9. Seven Day Update

ATTACHED:

- Program Calendar
- Grant Condition Status Spreadsheet
- Health Center Program Compliance Manual email with link



**Health Care for the Homeless & Farmworker Health (HCH/FH) Program**  
**2017 Calendar (Revised September 2017)**

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>Board Meeting (September 14, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>QI Committee meeting</li> <li>Board training</li> <li>Renew Board members membership ( 4)</li> <li>National Conf. on health &amp; domestic violence SF (Sept 26-27)</li> </ul>	September	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (October 12, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Annual conflict of statement signed by Board members</li> <li>Board training</li> <li>International Street Medicine Symposium, Pennsylvania (Oct 19-21)</li> <li>Provider Collaborative Meeting</li> </ul>	October	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (November 9, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Board Chair/Vice Chair Nominations/Elections</li> <li>QI Committee meeting</li> </ul>	November	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (December 14, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Contracts go before BOS for 2018</li> </ul>	December	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (January 11, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Board training</li> </ul>	January	@San Mateo Medical Center

BOARD ANNUAL CALENDAR	
<u>Project</u>	<u>Deadline</u>
UDS submission- Review	April
SMMC annual audit- approve	April/May
Forms 5A and 5B -Review	June/July
Strategic Plan/Tactical Plan-Review	June/July
Budget renewal-Approve	August/sept- Dec/Jan
BPR/SAC-Approve	August
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

**ALL PLANS APPROVED BY HRSA. SUBMISSION DEADLINE FOR ALL ITEMS IS 11/07/17.**

Condition	Site Visit Findings	Action Steps	Status/notes
<b>#3 Staffing (Credentialing and Privileging Policies, Procedures and Documentation)</b>			<b>Plan completed for submission to HRSA.</b>
	The credentialing and privileging policy and procedure must be revised and board approved to state or include: That all LIPs will have primary source verification of education and training. A process by which OLPCs will be credentialed and privileged in accordance with HRSA PINs 2002 -22 and 2001-16.	With Priscilla;  HCH/FH - to amend & reference the SMMC C&P Policy and board approval.	Linda- working with medical staff, counsel and policy (Ellen) to change SMMC policy language.  Language change is on the MEC agenda for their June 13th meeting.  <b>Completed &amp; ready to go.</b>
	SMCHC must submit the board approved revised Credentialing and Privileging policy and procedure. Revised sections pertaining to the credentialing and privileging of OLCP must be highlighted.	Policy revised in October 2016	<b>Completed &amp; ready to go.</b>
	SMCHC must submit documentation that OLCP staff has been properly credentialed and privileged.	Check in with HR, Jim to check with Angela to identify who to work with; review current HR policies on OLIPs, get report(s)	<b>Met with SMMC HR. They agreed to provide a monthly report on the OLCPs statuses. Planned to begin including for Board approval with the July 2017 meeting.</b>  <b>Checked with HR on 08/01 re: status.</b>
<b>#6 Hospital Admitting Privileges &amp; Continuum of Care</b>			<b>Plan completed for submission to HRSA.</b>
	SMCHS must revise the agreements/arrangements with the hospitals providing pediatric and labor and delivery services to ensure that they clearly detail how patients will be referred for care, how the health center will communicate with the non-health center providers, how discharge planning will be managed, and how patient tracking will be performed.	MM - Obtain current contracts for medical services with external entities, places we refer; OB - Stanford? Sam & Norris - does HPSM have formal agreement with external entities for specialty services?	Eli emailed MM 4/10/2017 Working with HPSM, counsel and materials mangagement to review and place appropriate contract for amendment.  <b>Counsel reiving the availability of HPSM contracts for review.</b>  <b>Forwarded additional information to Counsel on 08/01</b>
<b>#2 Required or Additional Services</b>			<b>Plan completed for submission to HRSA.</b>
	• Develop and approve a tracking policy and procedure detailing how it orders and tracks labs, X-rays, and specialty referrals.	Check in with Dr. Alviles - smmc does not have adequate p&p, if they have created something since oct?	<b>Checked in w/ Ambulatory 08/01 re: status for policies.</b>
	• Have a formal written arrangement for the nurse triage services for the after-hours emergency services.	Linda - check-in with Sam and Norris on status on agreement	Sam will follow up with HPSM. Contact County counsel for agreement ?  <b>DRAFT Nurse Triage agreement completed.</b>  <b>Checked in with Sam 08/01 re: status of agreement.</b>
	• Obtain formal agreements/arrangements for transportation and translation services.	Jonathan - translation services contract - County - Taxi contracts  <b>All HCH/FH Care Coordination contratcs have language for the provision of transportation &amp; translation servcies.</b>	2 taxi contracts (expire 6/30/2017) saved at: G:\Budget\Taxi vouchers\Taxi Contract; Translation contracts obtained.  <b>HCH/FH contracts in-hand.</b>  <b>Completed &amp; ready to go.</b>
<b>#12 Financial Management and Control Policies</b>			<b>Plan completed for submission to HRSA.</b>

Condition	Site Visit Findings	Action Steps	Status/notes
	1. SMCHS and the co-applicant must establish a set of program financial reports of the entire Homeless/Farmworker Program on a monthly basis. This report is to include month and year to date reporting of the income and expenses of the program. The report is to be distributed to the programs management and provided to the co-applicant board to promote better controls and oversight of the programs operations.	<b>Meet with SMMC Fiscal Management and operations staff as needed. Include BI/IT staff as necessary.</b>	Plan: Meet with Dave McGrew and fiscal staff to formulate the plan for the development of the reports. Possibly clone current SMMC reports provided to the SMMC Board of Directors.  <b>Met with Financial Servcies. They will work with HIT to automate reports form our UDS suite (8A &amp; 9D).</b>  <b>Checked in with Ilhwan 08/01 re: status. Ilhwan met with BI 08/02. Additional information provided for their meeting.</b>
	2. Draw down of federal funds must be supported by documents that show that the funds drawn down are consistent with the approved funding by category. Updates to request and approvals of changes to the grant funding categories must be available in the program or easily accessible from the fiscal department supporting their grant activities.		See above.
	3. Financial reports of the program that include program income must be generated on a monthly basis as a part of the regular reporting of the program to ensure that the program is aware of the program income generated to assist them in managing the program. A mechanism must be established to retain information on the program income to ensure that any program income not used is still required to be available for use only to the Homeless/Farmworker Program for which it was generated or caused to be generated because of SMCHS receiving program income resulting from billing and collections using the FQH PPS rate made available to SMCHS as a result of the Homeless/Farmworker Program receiving the HRSA grant.		See above.  <b>Met with Counsel to discuss issue of enhanced FQHC reimbursement for Non-homeless/farmworker patients. Meeting set with Dabe McGrew and Steve Rouso to discuss questions relating to FQHC enhanced reimbursements.</b>
	4. The program director must receive adequate fiscal reports to manage the operations of the Homeless/Farmworker Program and review reports for accuracy to promote the accurate reporting and management supervisory controls.		See above.
	5. The co-applicant board must receive adequate fiscal reports on a monthly basis to include but not be limited to a HCH/FW Program report of federal and non-federal revenues and expenses for the month and year to date compared to budget that includes program income.		See above.
	6. The grantee must establish in the general ledger separate G/L accounts to capture the activities of the homeless program. The program director or other program staff must have access to or be able to request timely reports that reflect the proper recording of these program expenditures to be in compliance with PIN 2013-01 Budgeting and Accounting Requirements.		See above.
<b>#13 Billing and Collections Policies and Procedures</b>			<b>Plan completed for submission to HRSA.</b>
	1. SMCHS must operationalize the billing and collections policies they provided for our review. . Additionally, the organization must update the sliding fee policy related to billing under #9 to reflect that the Billing and collections policies are in place and functional.	Meet with SMMC Fiscal Management and operations staff as needed. Include BI/IT staff as necessary.	<b>Working on scheduling meetings.</b>
	2. Establish a process in which the accounts receivable aging balances of the homeless program can be monitored and analyzed to promote maximizing collections. This should include establishing a consistent method of obtaining A/R reports of the program and a process in which to review these reports with the SMCHS finance department staff.		
<b>#14 Budget</b>			<b>Plan completed for submission to HRSA.</b>

Condition	Site Visit Findings	Action Steps	Status/notes
	1. Establish a program report that compares actual results to budget for the month and year to date. This report is to include variance explanations that along with the report are provided to the board on a monthly basis for its review in assisting in fulfilling its fiduciary responsibility.	<b>This condition is being worked with the Financial Management and Control Policies condition (#12)</b>	<p>Plan: Meet with Dave McGrew and fiscal staff to formulate the plan for the development of the reports. Possibly clone current SMMC reports provided to the SMMC Board of Directors.</p> <p><b>Met with Financial Servcies. They will work with HIT to automate reports form our UDS suite (8A &amp; 9D).</b></p> <p><b>Checked in with Ilhwan 08/01 re: status. Ilhwan met with BI 08/02. Additional information provided for their meeting.</b></p>
	2. Establish program reports that include program income including the major funding sources from which can be compared to the budgeted program income on a month and year to date basis.		See above.
	3. Establish a written procedure or method of monitoring the grant expenditures and formally communicate with the Project Officer early to ensure that the opportunities to address the possible unused funds can be made early to determine how the funds may effectively used and approved by HRSA if required.		See above.
<b>#15 Program Data Reporting Capacity</b>			<b>Plan completed for submission to HRSA.</b>
	1. Although the organization has fiscal and clinical systems they must make appropriate changes to the reporting features to appropriately generate reports at the program level so that the data can be used as an effective tool for decision-making.	<b>HCH/FH has an expected set of routine reports. Meet with BI/IT to review and re-affirm.</b>	<p>Plan: Meet with Dave McGrew and fiscal staff to formulate the plan for the development of the reports. Possibly clone current SMMC reports provided to the SMMC Board of Directors.</p> <p><b>Met with Financial Servcies. They will work with HIT to automate reports form our UDS suite (8A &amp; 9D).</b></p> <p><b>Checked in with Ilhwan 08/01 re: status. Ilhwan met with BI 08/02. Additional information provided for their meeting.</b></p>
	2. Support data must be readily available for the UDS report to support what has been reported. Program management must work with the SMCHS to have access to the needed data to support the program	<b>Meet with BI/IT to ensure routine production of UDS-centered reports on at leats a quarterly basis throughout the year.</b>	<p>Met with Srivatsa (BI) to review scheduling of production of quarterly UDS reports.</p> <p><b>Q1 &amp; Q2 reports delivered.</b></p> <p><b>Completed &amp; ready to go.</b></p>
	3. The program must generate reports periodically that captures one or more of the financial measures for reporting and analysis to management and the board to promote management decision-making.	<b>Meet with BI/IT to develop a report focused on a Financial Performance Measure.</b>	<b>Working on scheduling meetings.</b>

## Linda Nguyen

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**From:** Jim Beaumont  
**Sent:** Friday, September 08, 2017 3:05 PM  
**To:** Linda Nguyen  
**Subject:** FW: BPHC Bulletin: Compliance Manual Released

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**From:** Health Resources and Services Administration [mailto:hrsa@public.govdelivery.com]  
**Sent:** Monday, August 28, 2017 9:50 AM  
**To:** Jim Beaumont <JBeaumont@smcgov.org>  
**Subject:** BPHC Bulletin: Compliance Manual Released



Dear Health Center Program Colleagues,

I am excited to announce the release of the Health Center Program Compliance Manual that provides a streamlined and consolidated resource to assist health centers in understanding and demonstrating compliance with Health Center Program requirements. Previous guidance on requirements resided in multiple guidance documents that totaled more than 170 pages. The manual consolidates all of these resources together into one, easy-to-use resource document that is nearly half the size.

In August of last year, we published a draft Compliance Manual and invited you to provide feedback. We received more than 700 comments and are very grateful for the time you took to provide your thoughtful feedback, which made this manual a better product.

The manual will help current and prospective health centers to better understand how to demonstrate compliance with Health Center Program requirements and for the Federal Torts Claims Act medical malpractice liability protection program. The manual will contribute to a stronger Health Center Program that is better positioned to improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

[See the Health Center Program Compliance Manual and the Summary of Comments and HRSA Responses document.](#) An accompanying FAQ document is [available here](#).

BPHC will periodically update the Compliance Manual FAQs and post additional technical assistance materials on the website as appropriate. In addition, the weekly BPHC Primary Health Care Digest will announce an All-Programs webcast in September to review our implementation plan and answer any additional questions.

If you have general questions about the manual, you may contact the BPHC Helpline [online](#) or by phone: 877-974-BPHC (2742) from 8:30 a.m. to 5:30 p.m. EDT, Monday through Friday (except Federal holidays). For specific questions related to your health center, please contact your project officer.

**TAB 12**  
**Budget &**  
**Finance Report**

DATE: September 14, 2017

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

Expenditures to date – through August 31, 2017 – currently reported as \$ 1,422,282.

The budget status remains unchanged from last month's report. Based on the current rate of expenditures, the program will end the year with over \$450,000 in unexpended funds. This is primarily being driven by underspending on our contracts & MOUs. Our current spend rate across all of our contracts and MOUs projects to just over 80% at the end of the year. This totals over \$300,000 in unexpended funds. We are also tracking to underspend in staff costs (salaries & benefits) at around \$140,000, pending any staffing additions. Other expenditure categories are either on track or have the expectation of being utilized later in the year. While some of this unexpended money may be utilized to support small funding requests, we would expect that amount to be substantially less than \$100,000 in total.

As is fairly typical, as we move through the year, there are fewer "new" unduplicated patients to be invoiced on the contracts. While a couple of contracts look like they will fully invoice their contracted amounts, most agreements will not, with a few projected to only expend around 2/3 of the contract amount.

As we have been reporting the past few months, with the slow-down in contract/MOU expenditures, current projections would leave us with an estimated \$465,000 in unexpended grant funds. This is similar to the previous two years, and we should be looking to cut the projection at least in half through additional (responsible) expenditures. One possibility to consider is choosing to support the acquisition of a Care Coordination/ Case Management System should one become recommended from the current RFP process and have support of Program staff.

Attachment:

- GY 2017 Summary Report

**GRANT YEAR 2017**

Details for budget estimates	Budget [SF-424]	To Date (08/31/17)	Projection for GY (+~18 wks)	Projected for GY 2018
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>490,000</u>	<u>295,725</u>	<u>447,700</u>	<u>490,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>250,000</u>	<u>99,889</u>	<u>150,000</u>	<u>250,000</u>
<u>Travel</u>				
National Conferences (1500*4)		10,384	22,354	9,000
Regional Conferences (1000*5)		3,084	4,500	7,000
Local Travel		987	1,500	2,000
Taxis		2,672	3,800	4,000
Van		411	800	3,000
	<u>25,000</u>	<u>17,538</u>	<u>32,954</u>	<u>25,000</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	1,106	4,000	10,500
Small Funding Requests				
	<u>10,500</u>	<u>1,106</u>	<u>4,000</u>	<u>10,500</u>
<u>Contractual</u>				
2016 Contracts		34,172	34,172	
2016 MOUs		20,100	20,100	
Current 2017 contracts	857,785	481,185	660,000	898,004
Current 2017 MOUs	811,850	461,150	690,000	800,000
---unallocated---/other contracts	63,369			
	<u>1,733,004</u>	<u>996,607</u>	<u>1,404,272</u>	<u>1,698,004</u>
<u>Other</u>				
Consultants/grant writer	20,000	3,700	25,000	60,000
IT/Telcom		3,167	8,000	8,000
New Automation			0	-
Memberships			4,000	4,000
Training		915	3,250	2,000
Misc (food, etc.)		3,636	5,000	2,500
	<u>41,500</u>	<u>11,418</u>	<u>45,250</u>	<u>76,500</u>
TOTALS - Base Grant	<u>2,550,004</u>	<u>1,422,282</u>	<u>2,084,176</u>	<u>2,550,004</u>
HCH/FH PROGRAM TOTAL	<u>2,550,004</u>	<u>1,422,282</u>	<u>2,084,176</u>	<u>2,550,004</u>
PROJECTED AVAILABLE	BASE GRANT		465,828	0
				based on est. grant of \$2,550,004



**TAB 13**

**Contractors  
report 1st  
Quarter**

DATE: September 14, 2017

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

FROM: Linda Nguyen, HCH/FH Program Coordinator and Elli Lo, Management Analyst

SUBJECT: Quarter 1 Report (January 1, 2017 through March 31, 2017)

**Program Performance**

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with seven community-based providers, plus two County-based programs for the 2017 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.

The following data table includes performance for the first quarter:

HCH/FH Performance <i>01/01/2017 – 03/31/2017</i>	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svs	300	66	22%	900	321	36%
Legal Aid Society of San Mateo County	20	0	0%	30	0	0%
LifeMoves (care coord)	550	138	25%	1500	265	18%
LifeMoves (eligibility)	50	12	24%			
LifeMoves (O/E)	40	10	25%			
LifeMoves (Street Medicine)	160	30	19%	300	90	30%
Project WeHope	230	21	9%	300	21	7%
Public Health Mobile Van	1300	370	28%	2500	576	23%
Public Health- Expanded Services	272	84	31%	544	100	18%
Public Health- Street Medicine	125	51	41%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	150	39	26%	530	117	22%
Puente (O/E)	180	68	38%			
Ravenswood (Primary Care)	600	299	50%	1900	582	31%
Ravenswood (Dental)	200	120	60%	600	238	40%
Ravenswood (Care Coordination)	400	171	43%	1200	395	33%
Samaritan House	175	84	48%	300	131	44%
Apple Tree Dental	115	8	7%	345	10	3%
<b>Total HCH/FH Contracts</b>	<b>4,867</b>	<b>1,571</b>	<b>32%</b>	<b>10,949</b>	<b>2,846</b>	<b>26%</b>



HCH/FH Performance 01/01/2017 – 12/31/2017	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svcs	Care Coordination	\$325/patient	300	66	\$ 21,450	\$97,500	22%
Legal Aid Society of San Mateo County	Provider Outreach	\$ 2,100	NA		\$ 1,000	\$42,500	7%
	Farmworker Outreach	\$ 6,900	NA		\$ 2,000		
	Legal Services	\$1,675/patient	20	0	\$ -		
LifeMoves (care coord & eligibility)	Care Coordination	\$265/patient	500	130	\$ 34,450	\$179,150	31%
	Intensive Care Coordination	\$525/patient	50	8	\$ 4,200		
	SSI/SSDI Eligibility Assistance	\$320/patient	50	12	\$ 16,000		
LifeMoves (O/E)	Health Coverage Eligibility Assistance	\$110/patient	40	10	\$ 1,100		
LifeMoves (Street Medicine)	Intensive Care Coordination	\$516/patient	160	30	\$ 15,480	\$82,560	19%
Project WeHope	Care Coordination	\$230/patient	230	21	\$ 4,830	\$52,900	9%
Public Health Mobile Van	Primary Care Services	\$225/patient	1300	370	\$ 83,250	\$312,000	27%
Public Health- Expanded Services	Primary Care Services to formerly incarcerated & homeless	\$675/patient	272	84	\$ 56,700	\$183,600	31%
Public Health- Street/Field Medicine	Primary Care Services	\$1,750/patient	125	51	\$ 89,250	\$218,750	41%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	\$360/patient	100	38	\$ 12,920	\$118,050	57%
	Intensive Care Coordination	\$525/patient	50	1	\$ 500		
Puente (O/E)	Health Coverage Eligibility Assistance	\$310/patient	180	68	\$ 54,000		
Ravenswood (Primary Care)	Primary Care Services	\$160/patient	600	299	\$ 47,840	\$96,000	50%
Ravenswood (Dental)	Dental Services	\$260/patient	200	120	\$ 31,200	\$52,000	60%
Ravenswood (Care Coordination)	Care Coordination	\$205/patient	400	171	\$ 35,055	\$82,000	43%
Samaritan House	Care Coordination	\$340/patient	150	78	\$ 26,520	\$63,500	46%
	Intensive Care Coordination	\$500/patient	25	6	\$ 3,000		
Apple Tree Dental	Dental Services	\$775/patient	115	8	\$ 6,200	\$89,125	7%
<b>Total HCH/FH Contracts</b>			<b>4,867</b>	<b>1,571</b>	<b>\$ 546,945</b>	<b>\$1,669,635</b>	<b>33%</b>

**Health Care for the Homeless/Farmworker Health Program**

**Selected Outcome Measure Review (Contracts); First Quarter (Jan 2017 through March 2017)**

Agency	Outcome Measure	1st Quarter Progress
<b>Apple Tree Dental</b>	<ul style="list-style-type: none"> <li>• At least 50% will complete their treatment plans.</li> <li>• At least 75% will complete their denture treatment plan.</li> </ul>	During the first quarter: <ul style="list-style-type: none"> <li>• 10% completed their treatment plans.</li> <li>• 0 completed their denture treatment plan.</li> </ul>
<b>Behavioral Health &amp; Recovery Services</b>	<ul style="list-style-type: none"> <li>• At least 75% (225) screened will have a behavioral health screening.</li> <li>• At least 55% (165) will receive care coordination services.</li> </ul>	During the first quarter: <ul style="list-style-type: none"> <li>• 66 clients (100%) had a behavioral health screening</li> <li>• 63 received care coordination services</li> </ul>
<b>Legal Aid</b>	<ul style="list-style-type: none"> <li>• Outreach to at least 50 Farmworkers and Providers</li> <li>• Host 8 outreach and education events targeting farmworkers</li> </ul>	During the first quarter: <ul style="list-style-type: none"> <li>• Outreach to at least 10 Farmworkers and Providers</li> <li>• Host 1 outreach and education events targeting farmworkers</li> </ul>
<b>LifeMoves</b>	<ul style="list-style-type: none"> <li>• Minimum of 50% (250) will establish a medical home.</li> <li>• At least 30% (150) of homeless individuals served have chronic health conditions.</li> </ul>	During the first quarter: <ul style="list-style-type: none"> <li>• 6% established a medical home</li> <li>• 71% of individuals served have a chronic health condition.</li> </ul>
<b>LifeMoves-CHOW/Street Medicine</b>	<ul style="list-style-type: none"> <li>• 20% served will establish medical home, that don't currently have one</li> <li>• 80% of clients with a scheduled primary care appointment will attend at least 1 appointment</li> </ul>	During the first quarter: <ul style="list-style-type: none"> <li>• 4.3% served will establish medical home, that don't currently have one</li> <li>• 23% of clients with a scheduled primary care appointment will attend at least 1 appointment</li> </ul>
<b>Public Health Mobile Van</b>	<ul style="list-style-type: none"> <li>• At least 20% of patient encounters will be related to a chronic disease.</li> </ul>	During the first quarter: <ul style="list-style-type: none"> <li>• 74 individuals with a chronic health condition</li> <li>• 115 of patient encounters will be related to a chronic disease.</li> </ul>
<b>PH- Mobile Van-Expanded Services</b>	At least 75% (166) of individuals will receive comprehensive health screening. At least 75% of clients with mental health and/or AOD issues will be referred to BHRS	During the first quarter: <ul style="list-style-type: none"> <li>• 84 of individuals will receive comprehensive health screening.</li> <li>• 100% of clients with mental health and/or AOD issues will be referred to BHRS</li> </ul>

<p><b>PH- Mobile Van- Street/Field Medicine</b></p>	<ul style="list-style-type: none"> <li>• At least 50% of street homeless/farmworkers seen will have a formal Depression Screen performed</li> <li>• At least 50% of street homeless/farmworkers seen will be referred to Primary Care</li> </ul>	<p>During the first quarter:</p> <ul style="list-style-type: none"> <li>• 75% of street homeless/farmworkers seen will have a formal Depression Screen performed</li> <li>• 19 of street homeless/farmworkers seen will be referred to Primary Care</li> </ul>
<p><b>Puente de la Costa Sur</b></p>	<ul style="list-style-type: none"> <li>• At least 85 farmworkers served will receive care coordination services.</li> <li>• At least 25 served will be provided transportation and translation services.</li> <li>• At least 70% (105) will participate in at least 1 health education class/ workshop.</li> </ul>	<p>During the first quarter:</p> <ul style="list-style-type: none"> <li>• 38 farmworkers received care coordination services.</li> <li>• 0 were provided transportation and translation services.</li> <li>• 0 participated in at least 1 health education class/ workshop.</li> </ul>
<p><b>RFHC – Primary Health Care</b></p>	<ul style="list-style-type: none"> <li>• At least 60% will receive a comprehensive health screening.</li> <li>• At least 250 (50%) will receive a behavioral health screening.</li> </ul>	<p>During the first quarter:</p> <ul style="list-style-type: none"> <li>• 100% received a comprehensive health screening.</li> <li>• 39 received a behavioral health screening.</li> </ul>
<p><b>RFHC – Dental Care</b></p>	<ul style="list-style-type: none"> <li>• At least 30% (39) will complete their treatment plans.</li> <li>• At least 85% will attend their scheduled treatment plan appointments.</li> <li>• At least 40% will complete their denture treatment plan.</li> </ul>	<p>During the first quarter:</p> <ul style="list-style-type: none"> <li>• 8% completed their treatment plans.</li> <li>• 77% attended their scheduled treatment plan appointments.</li> <li>• 50% completed their denture treatment plan.</li> </ul>
<p><b>RFHC – Enabling services</b></p>	<ul style="list-style-type: none"> <li>• At least 95% will receive care coordination services and will create health care case plans</li> <li>• 80% of patients with hypertension will have blood pressure levels below 140/90</li> </ul>	<p>During the first quarter:</p> <ul style="list-style-type: none"> <li>• At least 27% will receive care coordination services and will create health care case plans</li> <li>• 50% of patients with hypertension will have blood pressure levels below 140/90</li> </ul>
<p><b>Samaritan House- Safe Harbor</b></p>	<ul style="list-style-type: none"> <li>• All 100% (175) will receive a healthcare assessment.</li> <li>• At least 70% will complete their health care plan.</li> <li>• At least 70% (122) will schedule primary care appointments and attend at least one.</li> </ul>	<p>During the first quarter:</p> <ul style="list-style-type: none"> <li>• 84 receive a healthcare assessment.</li> <li>• 26 complete their health care plan.</li> <li>• 24% (20) will schedule primary care appointments and attend at least one.</li> </ul>

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

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

## **Contractor successes & emerging trends:**

- **Apple Tree Dental** states able to provide new patients with a treatment plan
  - No shows can be difficult to deal with due to work schedules; means another patient cannot be seen.
  - Late start this year due to new staff at Puente and location changing.
- **BHRS** states that County mental health services continue to be more easily accessible for those referred by the ARM Outreach and Support Team.
  - Staff also reports that some clients are having difficulty with finding affordable housing in SMC and long wait times for primary care at County facilities.
- **Legal Aid** provided training to Puente staff to continue the relationship for referrals.
  - Lost momentum with new staff at Puente, transportation remains a barrier for patients.
- According to **LifeMoves** reports lots of success in keeping clients engaged and connected to medical services with relationship with Street Medicine Team and WPC. Transportation is also better with revisions to taxi voucher policy to refer patients outside of SMMC.
  - Obtaining PC appointments through New Patient services line and Dental van has long wait times.
- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
  - Challenge of getting clients to go get labs done at SMMC and patient no-shows for appointments.
  - Lack of a medical nurse/case management for service coordination.
- **Puente** states that One E App data base is helpful for real time enrollment of ACE.
  - Renewal notifications/communication for ACE and Medi-Cal is confusing, miscommunication with HCU.
- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments and start of Street/Shelter medicine program on Wednesdays has been successful. Opening of pharmacy on site has helped with clients not needing to pick up at various pharmacies. .
  - Patients not wanting to change cover from other counties. The lack of affordable housing for clients is an on-going issue. Trend of seeing young patients in their 20s that can't afford housing.
- **Ravenswood Dental Care** experiences success through their "Access Dentist", providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
  - Health education on encouraging client to eat fresh food and not processed sugary products, lack of lunch food options in EPA- want a lunch program.
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
  - Struggles with transportation, access to shelter and food.
- **Samaritan House/Safe Harbor** states that Mobile Health Van is instrumental in providing comprehensive services to clients, as well as relationships with LifeMoves, Street Medicine and WPC.
  - Long wait for dental clinic, primary care access.