

**HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Special Meeting**

San Mateo Medical Center | 222 W. 39th Ave. 2nd Floor (Classroom 2) San Mateo
June 8, 2017, 9:00 A.M - 11:00 A.M.

AGENDA

| | | | |
|---|-----------------|---------------|-----------------|
| A. CALL TO ORDER | Robert Stebbins | | 9:00 AM |
| B. CHANGES TO ORDER OF AGENDA | | | |
| C. PUBLIC COMMENT | | | 9:05 AM |
| This item is reserved for persons wishing to address the committee on any HCH/FH-related matters that are not on this meeting agenda. Members of the public who wish to address the committee should complete a speaker's slip to make a public comment. Speakers are customarily limited to two minutes, but an extension can be provided to you at the discretion of the Board Chairperson. 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 Board's general policy is to receive the comment, or refer items to staff for comprehensive action or report. | | | |
| D. CLOSED SESSION | | | 9:08 AM |
| <ol style="list-style-type: none"> 1. <i>Action Item- Request to Approve Credentialing/Privileging list</i> 2. <i>Public Employee Performance Evaluation (§ 54957) – Program Director</i> | | | |
| E. CONSENT AGENDA | | | |
| All items on the consent agenda are approved by one action unless a request is made at the beginning of the meeting that an item be withdrawn or transferred to the regular agenda. Any item on the regular agenda may be transferred to the consent agenda | | | |
| 1. <i>Action Item- Request to Approve Meeting Minutes from May 18, 2017</i> | Linda Nguyen | Tab 1 | 9:25 AM |
| F. BOARD ORIENTATION | | | |
| 1. No Board Orientation items this meeting. | | | |
| G. BUSINESS AGENDA: | | | |
| 1. <i>Action Item- Request to Approve Forms 5A and 5B</i> | Jim Beaumont | TAB 2 | 9:30 AM |
| 2. <i>Action Item - Request to SMMC Audit</i> | Jim Beaumont | TAB 3 | 9:34 AM |
| 3. Board Committees | Jim Beaumont | TAB 4 | 9:38 AM |
| <ol style="list-style-type: none"> i. <i>Action Item- Request to Dissolve Health Navigation Committee</i> ii. <i>Action Item- Request to Extend Term of Ad Hoc Transportation Committee</i> iii. <i>Discussion on other Committee</i> | | | |
| 4. <i>Action Item - Request Approve Grant Conditions Plan</i> | Jim Beaumont | TAB 5 | 9:45 AM |
| Documents for the following item will be available for review at the meeting with time for review prior to consideration and action by the Board. | | | |
| 5. Board Membership Committee | Brian Greenberg | | 9:55 AM |
| <ol style="list-style-type: none"> i. <i>Committee Request to Approve Board Member</i> | | | |
| H. REPORT AGENDA: | | | |
| 1. Consumer Input | Linda Nguyen | TAB 6 | 10:00 AM |
| 2. HCH/FH Program QI Report/discussion on QI Award use | Frank Trinh | TAB 8 | 10:05 AM |
| <ol style="list-style-type: none"> i. Discussion on Nurse Manager | | | |
| 3. Board Ad Hoc Committee Report- Staffing | Julia Wilson | TAB 7 | 10:20 AM |
| 4. HCH/FH Program Director's Report | Jim/Linda | TAB 9 | 10:40 AM |
| <ol style="list-style-type: none"> i. Program Calendar | | | |
| 5. HCH/FH Program Budget/Finance Report | Jim Beaumont | TAB 10 | 10:45 AM |

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>.

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| 6. UDS submission | Jim Beaumont | TAB 11 10:50 AM |
| 7. Small Funding request report | Jim/Elli | TAB 12 10:55 AM |

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 2nd Thursday of the month (unless otherwise stated)
Next Regular Meeting July 13, 2017; 9:00 A.M. – 11:00 A.M. |Coastside clinic- HMB

H. ADJOURNMENT Robert Stebbins **11:00 AM**

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>

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (May 18, 2017)
SMMC**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Mother Champion
Tayischa Deldridge
Julia Wilson
Kathryn Barrientos
Steve Carey
Richard Gregory
Christian Hansen
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator
Sandra Nierenberg, County Counsel
Elli Lo, Management Analyst

Members of the Public

Absent: Daniel Brown, Brian Greenberg

| ITEM | DISCUSSION/RECOMMENDATION | ACTION |
|--|---|--|
| Call To Order | Robert Stebbins called the meeting to order at <u>10:07</u> A.M. Everyone present introduced themselves. | |
| Regular Agenda Public Comment | No Public Comment at this meeting. | |
| Closed session Request to Approve C&P list | Action item: Request to Approve Credentialing and Privileging List | Motion to Approve C&P list <u>MOVED</u> by Kat <u>SECONDED</u> by Steve, and APPROVED by all Board members present. |
| Regular Agenda Consent Agenda | All items on Consent Agenda (meeting minutes from Sept 8 meetings and the Program Calendar) were approved. Conversation about LGBTQ training, maybe have for Board orientation Please refer to TAB 1, 2 | Consent Agenda was <u>MOVED</u> by Julia <u>SECONDED</u> by Christian, and APPROVED by all Board members present. |
| Board orientation: Brown Act | Sandy Nierenberg, County Counsel presented on the Brown Act and it's requirements that include: <ul style="list-style-type: none"> • Violations to the Brown Act • Requirement of holding public meetings to involve the public and be transparent | |
| Regular Agenda Migrant Conf reports | Report back on Migrant conference by Julia Wilson, Tayischa Deldridge, Linda Nguyen and Elli Lo. Discussion on Migrant Clinician's Network program of Continuity of Care for patients that often move and need help obtaining a new PCP. How would such a program work with SMMC (public entity) and HCH/FH program? <i>Please refer to TAB 3 on the Board meeting packet.</i> | |

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| Regular Agenda QI Committee report /QI award discussion -Nurse Manager | <p><i>Tabled for next meeting</i></p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p> | |
| Transportation sub-committee | <p>Steve report: Review of taxi vouchers and use, have informed contractors of policy and allowed use.</p> | |
| Staffing- sub-committee | <p><i>Tabled for next meeting</i></p> <p><i>Please refer to TAB 5 on the Board meeting packet</i></p> | |
| Regular Agenda: HCH/FH Program Directors report | <p>Director reported:</p> <ul style="list-style-type: none"> • As reported last month, on March 14, 2017, we received Notice of Action (NOA) 16-01 on our grant, listing seven (7) grant conditions, each of those being the Program Requirements that we had not addressed in the March 13 submissions. Submission of plans to address these conditions is due to HRSA by June 12, 2017. • The proposal submission deadline for the RFP on a potential Care Coordination/Case Management System is May 23rd. The Proposer’s Information Conference was held in mid-April and we have since been responding to questions from potential bidders. It is expected that live demonstrations of a limited number of selected systems will occur during July. • The HCH/FH Program is again sponsoring a LGBTQ training to assist our partners in collecting and reporting this data. The training is scheduled for May 22, 2017 from 1:00 to 3:00 PM at Health System (Room 100) in San Mateo. If Board members have an interest in attending, please contact Linda Nguyen by May 12th. • The first three (3) of our contract partners’ site visits are scheduled for later this month, including a couple of our newer partners (Legal Aide & Project WeHOPE). <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p> | |
| Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i> | <ul style="list-style-type: none"> • As more months of contractor invoices have come in for the 2017 year, it appears now that we will underspend the contracts/MOUs by about 2% (~\$36,000). We are also tracking to underspend in Salaries & Benefits, pending any addition to staff. Other expenditure categories are either on track or have the expectation of being utilized later in the year. • Current projections would leave us with an estimated \$125,000 in unexpended grant funds. While better than the previous two years, we should be looking to cut the projection at least in half through additional (responsible) expenditures. However, in that process we need to be aware that we are still relatively early in the year and some of the expenditure rates (such as contracts & MOUs) may not have completely stabilized yet. <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p> | |

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| <p>Discussion on Board sub-committees</p> <p>Request to establish standing committee on Board membership</p> | <p>Discussion on extending the Transportation committee, disbanding the Health navigation committee and possibly forming other standing committees.</p> <p><i>Program is recommending that the Board acknowledge that the Ad Hoc Committee on Board Composition, Recruitment & Selection was designated to disband as of October 31, 2015. As the Board has a continuing need for the work done by this type of committee, it is recommended that the Board establish a Standing Committee on Board Membership, Composition, Recruitment & Selection.</i></p> <p><i>The following Board members will serve on the new Board membership/Recruitment Standing Committee: <u>Brian, Bob, Christian and Steve</u></i></p> <p>Action item: Request to establish standing committee on Board membership <i>Please refer to TAB 8 on the Board meeting packet</i></p> | <p>Request to establish standing committee on Board membership <u>MOVED</u> by Dick <u>SECONDED</u> by Kat, and APPROVED by all Board members present.</p> <p>Staff will inform all Standing committee members of the establishment of the new Standing Committee via email.</p> |
| <p>Contractors report - 4th quarter</p> | <ul style="list-style-type: none"> • There was a discussion on the status of contractors spending towards the end of the year for this 4th quarter update from 2016 contracts. • Public van's expanded service contract was an initial 2 year contract, so measuring their efforts had to be adjusted compared to other contractors. • There was also a small type for Mobile Van's Street/Field Medicine program that should read Primary care services not intensive care coordination. • Many contractors noted that affordable housing and limited access to dental services as large barriers for the clients they serve. <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p> | |
| <p>UDS submission</p> | <p>Tabled for next meeting</p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p> | |
| <p>Discussion on new grant conditions</p> | <p>Tabled for next meeting</p> <p><i>Please refer to TAB 11 on the Board meeting packet.</i></p> | |
| <p>Small funding request report</p> | <p>Tabled for next meeting</p> <p><i>Please refer to TAB 12 on the Board meeting packet.</i></p> | |
| <p>Strategic plan update</p> | <p>Tabled for next meeting</p> <p><i>Please refer to TAB 13 on the Board meeting packet.</i></p> | |
| <p>Adjournment</p> | <p>Time <u>11:00</u></p> | <p>Robert Stebbins</p> |

TAB 2

**Request to
approve Forms
5A and 5B**

DATE: June 8, 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 HCH/FH PROGRAM FOR FORMS 5A – SERVICES & FORM 5B - SITES

Under the Bylaws Article 3.E, the Board has the authority and responsibility to set the scope and availability of services to be delivered by and the location and hours of operation of the Program. This responsibility is also represented by HRSA Program Requirements #2 – Required and Additional Services, and Requirement #16 – Scope of Project.

Attached are the most up-to-date Form 5A – Services and Form 5B – Sites.

This request is for the Board to review and approve Form 5A – Services and Form 5B – Sites. Approval of this item requires a majority vote of the Board members present.

Attachments:

HCH/FH Form 5A
HCH/FH Form 5B

Self Updates: Services details

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

Grant Number: H80CS00051

BHCMS ID: 091140

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

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

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

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

Speciality Services

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

[Close Window](#)

 **Self Updates: Site details**

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

Grant Number: H80CS00051

BHCMS ID: 091140

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

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

Site Id: BPS-H80-001373

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

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

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

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

| | |
|--------------------------------|-------|
| Saved Service Area Zip Code(s) | 94080 |
|--------------------------------|-------|

Site Id: BPS-H80-000552

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

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

Site Id: BPS-H80-000785

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

Site Id: BPS-H80-006870

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

Site Id: BPS-H80-005206

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

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

Site Id: BPS-H80-009159

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

Site Id: BPS-H80-004460

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

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

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

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

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

Saved Service Area Zip Code(s) 94015

Site Id: BPS-H80-000595

Site Information

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

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

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

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

Saved Service Area Zip Code(s)

Site Id: BPS-H80-002922

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

Site Id: BPS-H80-001005

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

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

Site Id: BPS-H80-005448

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

Site Id: BPS-H80-005524

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

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

Site Id: BPS-H80-003064

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-005388

Site Information

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

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

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94063, 94061

Site Id: BPS-H80-008946

Site Information

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

| | | | |
|---|--|---|----|
| FQHC Site National Provider Identification (NPI) Number (Optional field) | | Total Hours of Operation (when Patients will be Served per Week) | 16 |
| Saved Months of Operation | January, February, March, April, May, June, July, August, September, October, November, December | | |
| Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type) | | Number of Intermittent Sites (Required only for 'Intermittent' Site Type) | |
| Site Operated by | Health Center/Applicant | | |
| Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field) | | | |
| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN | |
| No Subrecipient or Contractor information to be displayed | | | |
| Service Area Zip Code (Include only those from which the majority of the patient population will come) | | | |
| Saved Service Area Zip Code(s) | 94025 | | |

Site Id: BPS-H80-011967

| | | | |
|---|--|--|--|
| Site Information | | | |
| Site Name | HCH Mobile Dental Van | Physical Site Address | 222 W 39th Ave, San Mateo, CA 94403-4364 |
| Site Type | Service Delivery Site | Site Phone Number | (650) 573-2561 |
| Web URL | | | |
| Location Type | Mobile Van | Site Setting | All Other Clinic Types |
| Date Site was Added to Scope | 08/15/2012 | Site Operational Date | 08/15/2012 |
| FQHC Site Medicare Billing Number Status | Application for this site has not yet been submitted to CMS | Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) | |
| FQHC Site National Provider Identification (NPI) Number (Optional field) | | Total Hours of Operation (when Patients will be Served per Week) | 20 |
| Saved Months of Operation | January, February, March, April, May, June, July, August, September, October, November, December | | |
| Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type) | | Number of Intermittent Sites (Required only for 'Intermittent' Site Type) | |
| Site Operated by | Health Center/Applicant | | |
| Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field) | | | |
| Subrecipient/Contractor Organization Name | Subrecipient/Contractor Organization Physical Site Address | Subrecipient/Contractor EIN | |
| No Subrecipient or Contractor information to be displayed | | | |
| Service Area Zip Code (Include only those from which the majority of the patient population will come) | | | |
| Saved Service Area Zip Code(s) | 94061, 94080, 94063, 94401, 94019, 94403 | | |

Site Id: BPS-H80-004798

| | | | |
|-------------------------|--|--|--|
| Site Information | | | |
| | | | |

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

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

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-005603

Site Information

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

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

Site Id: BPS-H80-003782

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

Close Window

TAB 3

**Request to
approve SMMC
Audit**

DATE: June 8, 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 REVIEW AND ACCEPT THE FINANCIAL AUDIT

Program received notification from the San Mateo County Controller's Office of the issuance of the 2016 Single Audit Report. Per the Controller's Office, the report contained two (2) Financial Statement findings. The County has issued a Corrective Action Plan in addressing the findings.

As part of a government entity, an HCH/FH Program is included as a part of San Mateo County's overall Federal Single Audit. In accordance with HRSA requirements, the Co-Applicant Agreement and the Board's Bylaws, the Board has the responsibility and authority to review and accept the audit. The Board may also take action as it deems appropriate to address any concerns raised in the audit.

This request is for the Board to review and accept the financial audit. A majority vote of the members present is sufficient for approval of the request.

Attachments:

San Mateo County Federal Single Audit Report





COUNTY OF SAN MATEO
OFFICE OF THE CONTROLLER

Juan Raigoza
Controller

Shirley Tourel
Assistant Controller

555 County Center, 4th Floor
Redwood City, CA 94063
650-363-4777
<http://controller.smcgov.org>

COUNTY OF SAN MATEO
Corrective Action Plan
For the Fiscal Year Ended June 30, 2016

I. FINANCIAL STATEMENT FINDINGS

Finding 2016-001: Internal Controls Over Financial Reporting

Views of Responsible Officials:

As recommended we will ensure that the Controller's General Accounting Division staff receives continuous additional training in financial reporting.

Contact: Ngoc Nguyen, General Accounting Division Manager, Controller's Office.

Implementation Date: Ongoing

Finding 2016-002: Terminated Employees with User Access

Views of Responsible Officials:

We agree with auditors' comments and the following actions will be taken to improve the situation. The policy governing the user access, SMMC User ID & Access Management, has been revised to accelerate the notification of separation of employment by Human Resources to the appropriate system analyst. The policy was further changed to have bi-weekly and monthly reports sent to the appropriate system analyst, and requires a reconciliation to capture any missed terminations. This policy will be presented to the SMMC IT Audit Committee for approval. Further training for all hiring managers will take place to review their responsibility to immediately inform Human Resources when terminating or changing an employee's status that would affect their access to programs and systems.

Contact: Angela Gonzales, Human Resources Manager, San Mateo County Health System.

Implementation Date: January 1, 2017

II. FEDERAL AWARD FINDINGS

None reported.

TAB 3

**Request to
approve SMMC
Audit**

DATE: June 8, 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 REVIEW AND ACCEPT THE FINANCIAL AUDIT

Program received notification from the San Mateo County Controller's Office of the issuance of the 2016 Single Audit Report. Per the Controller's Office, the report contained two (2) Financial Statement findings. The County has issued a Corrective Action Plan in addressing the findings.

As part of a government entity, an HCH/FH Program is included as a part of San Mateo County's overall Federal Single Audit. In accordance with HRSA requirements, the Co-Applicant Agreement and the Board's Bylaws, the Board has the responsibility and authority to review and accept the audit. The Board may also take action as it deems appropriate to address any concerns raised in the audit.

This request is for the Board to review and accept the financial audit. A majority vote of the members present is sufficient for approval of the request.

Attachments:

San Mateo County Federal Single Audit Report





COUNTY OF SAN MATEO
OFFICE OF THE CONTROLLER

Juan Raigoza
Controller

Shirley Tourel
Assistant Controller

555 County Center, 4th Floor
Redwood City, CA 94063
650-363-4777
<http://controller.smcgov.org>

COUNTY OF SAN MATEO
Corrective Action Plan
For the Fiscal Year Ended June 30, 2016

I. FINANCIAL STATEMENT FINDINGS

Finding 2016-001: Internal Controls Over Financial Reporting

Views of Responsible Officials:

As recommended we will ensure that the Controller's General Accounting Division staff receives continuous additional training in financial reporting.

Contact: Ngoc Nguyen, General Accounting Division Manager, Controller's Office.

Implementation Date: Ongoing

Finding 2016-002: Terminated Employees with User Access

Views of Responsible Officials:

We agree with auditors' comments and the following actions will be taken to improve the situation. The policy governing the user access, SMMC User ID & Access Management, has been revised to accelerate the notification of separation of employment by Human Resources to the appropriate system analyst. The policy was further changed to have bi-weekly and monthly reports sent to the appropriate system analyst, and requires a reconciliation to capture any missed terminations. This policy will be presented to the SMMC IT Audit Committee for approval. Further training for all hiring managers will take place to review their responsibility to immediately inform Human Resources when terminating or changing an employee's status that would affect their access to programs and systems.

Contact: Angela Gonzales, Human Resources Manager, San Mateo County Health System.

Implementation Date: January 1, 2017

II. FEDERAL AWARD FINDINGS

None reported.

TAB 4

**Board
Commitees**

DATE: June 8, 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 DISSOLVE PATIENT NAVIGATOR/HEALTH NAVIGATION AD HOC COMMITTEE

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.

The Patient Navigator/Health Navigation Committee was established in March 2015. Based on the board committee discussion in the last Board meeting on May 18, 2017, the Board has determined the Patient Navigator/Health Navigation Committee has accomplished the exploring the specific subject and decided to dissolve the Patient Navigator/Health Navigation Sub-committee.

As deemed appropriate and necessary by the Board, the Board may take action to re-establish this committee at a future time.

This request is for the Board to dissolve the Patient Navigator/Health Navigation Ad-Hoc Committee and thank the committee members for the efforts. Approval of this action requires a majority vote of the Board members present.

DATE: June 8, 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 TO EXTEND AD HOC TRANSPORTATION COMMITTEE

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.

In March, 2015, the Board approved the formation of an ad hoc committee on Transportation. The committee was charged with the task of exploring the need for medical transportation and methods of financing. Based on the Board discussion in the last Board meeting on May 18, 2017, the Board determined to re-affirm and extend the Ad Hoc Transportation Committee for 6 months through December 31, 2017.

The committee shall have a minimum of three (3) and no more than four (4) members from among the voting membership of the Board. If not designated in the Board's action on this request, the committee shall designate a committee chair to lead the committee's activities. The committee would be charged with the task of exploring the need for medical transportation and methods of financing. The committee may, at its discretion, return partial or separate reports on the topics under its review. All reports will be written and provided to the HCH/FH staff at least 10 days prior to the meeting at which the report will be presented. The committee's report should provide succinct analysis of the issue and may present specific recommendations for Board action. Members of the committee may also prepare a minority report if there are differing views on the final report and the recommendations to be given to the Board. Program staff will assist the committee in logistical arrangements. The Board may give further instruction to the committee as the Board chooses. The Committee will formally be dissolved on December 31, 2017, unless otherwise extended by action of the Board.

This request is for the Board to re-affirm and extend the Ad Hoc Transportation Committee for 6 months through December 31, 2017. Approval of this action requires a majority vote of the Board members present.

TAB 5

**Request to
approve Grant
Conditions
Plans**

DATE: June 8, 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 ACKNOWLEDGE OR APPROVE HCH/FH PROGRAM PLANS FOR ADDRESSING CURRENT GRANT CONDITIONS

Current Program grant conditions require the submission to HRSA of action plans to address coming into compliance with the respective requirements. While it appears that Board approval of the plans is not a requirement of HRSA, the Co-Applicant Agreement or the Board's Bylaws, Program is bring the plans to the Board for their review and acknowledge or approve as the Board sees fit.

Attached are the six (6) plans to address the seven (7) grant conditions. The grant conditions for Financial Management Control and for Budgeting have been combined into a single plan as they are expected to be derived from the same data sets and underlying processes.

This request is for the Board to review and acknowledge or approve, as the Board may choose, the Program plans to address current grant conditions which will be submitted to HRSA.

Attachments:

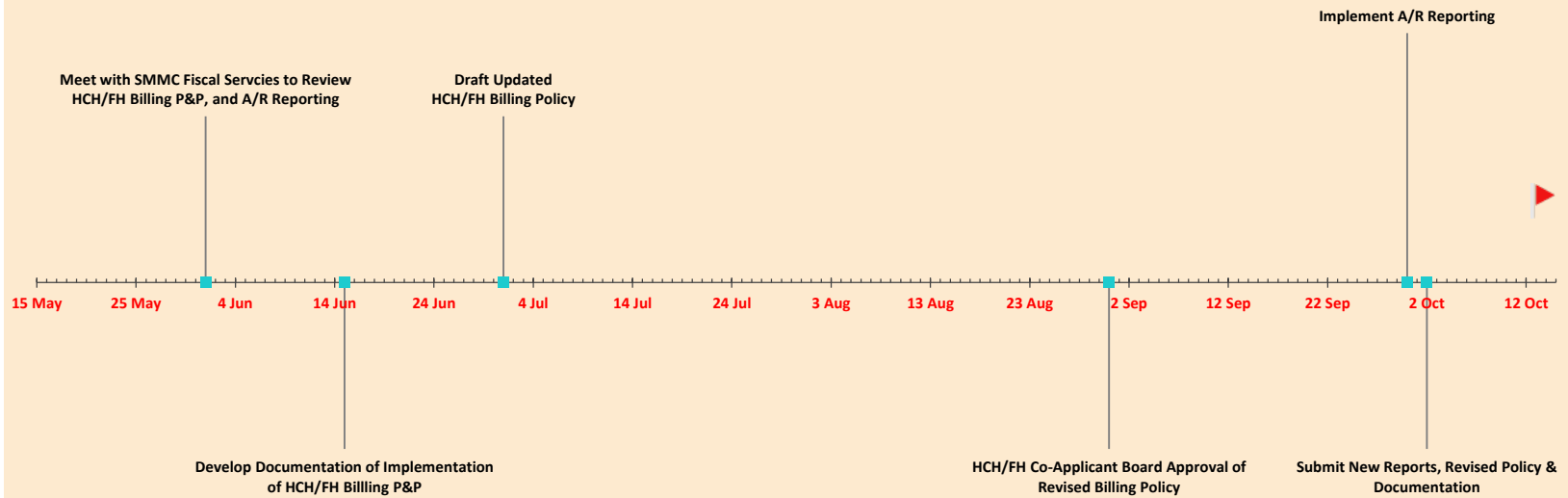
Grant Condition Plans (6)
Grant Condition Status Report



| Condition | Site Visit Findings | Action Steps | Status/notes |
|---|--|---|---|
| #3 Staffing (Credentialing and Privileging Policies, Procedures and Documentation) | | | |
| | 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 OLCPCs 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. |
| | SMCHC must submit the board approved revised Credentialing and Privileging policy and procedure. Revised sections pertaining to the credentialing and privileging of OLCPC must be highlighted. | Policy revised in October 2016 | Completed & ready to go. |
| | SMCHC must submit documentation that OLCPC 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 OLCPCs, get report(s) | Met with SMMC HR. They agreed to provide a monthly report on the OLCPCs statuses. Planned to begin including for Board approval with the July 2017 meeting. |
| #6 Hospital Admitting Privileges & Continuum of Care | | | |
| | 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? | Elli emailed MM 4/10/2017 Working with HPSM, counsel and materials management to review and place appropriate contract for amendment. Counsel reviewing the availability of HPSM contracts for review. |
| #2 Required or Additional Services | | | |
| | <ul style="list-style-type: none"> 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? | |
| | <ul style="list-style-type: none"> 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 ? |
| | <ul style="list-style-type: none"> Obtain formal agreements/arrangements for transportation and translation services. | Jonathan - translation services contract - County - Taxi contracts All HCH/FH Care Coordination contracts have language for the provision of transportation & translation services. | 2 taxi contracts (expire 6/30/2017) saved at: G:\Budget\Taxi vouchers\Taxi Contract; Translation contracts obtained. HCH/FH contracts in-hand. |
| Grant Condition | Site Visit Findings | Action Steps | Status |
| #12 Financial Management and Control Policies | | | |
| | 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. | Meet with SMMC Fiscal Management and operations staff as needed. Include BI/IT staff as necessary. | 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. Working on scheduling meetings. |
| | 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. | | |

| Condition | Site Visit Findings | Action Steps | Status/notes |
|--|---|--|---|
| | 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. | | |
| | 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. | | |
| | 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. | | |
| | 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. | | |
| #13 Billing and Collections Policies and Procedures | | | Plan completed for submission to HRSA. |
| | 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. | Working on scheduling meetings. |
| | 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. | | |
| #14 Budget | | | Plan completed for submission to HRSA. |
| | 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. | This condition is being worked with the Financial Management and Control Policies condition (#12) | See condition #12 above. |
| | 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. | | |
| | 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. | | |
| #15 Program Data Reporting Capacity | | | Plan completed for submission to HRSA. |
| | 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. | HCH/FH has an expected set of routine reports. Meet with BI/IT to review and re-affirm. | Working on scheduling meetings. |
| | 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 | | |
| | 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. | Meet with BI/IT to develop a report focused on a Financial Performance Measure. | |

Billing & Collection - Compliance Timeline



Milestones

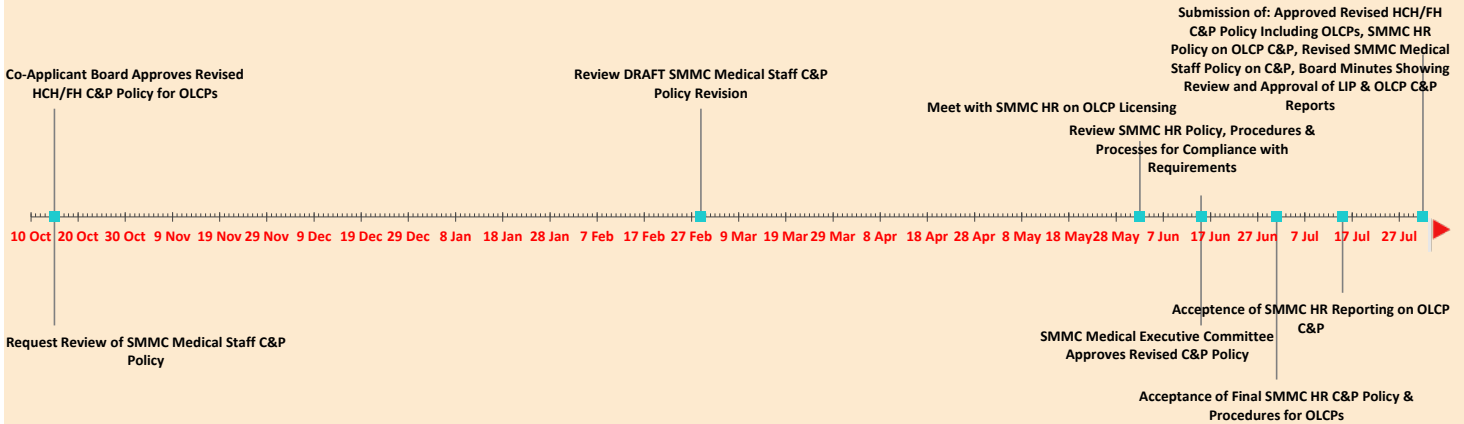
| | Date | Milestone | Assigned To | Position | Status | √ |
|------|-----------|--|-------------|----------|---------|---|
| A, B | 6/1/2017 | Meet with SMMC Fiscal Services to Review HCH/FH Billing P&P, and A/R Reporting | 1, 3 | 10 | Pending | |
| A | 6/15/2017 | Develop Documentation of Implementation of HCH/FH Billing P&P | 1, 3, 4 | -10 | Pending | |
| A | 7/1/2017 | Draft Updated HCH/FH Billing Policy | 1 | 10 | Pending | |
| A | 8/31/2017 | HCH/FH Co-Applicant Board Approval of Revised Billing Policy | 2 | -10 | Pending | |
| B | 9/30/2017 | Implement A/R Reporting | 1, 4 | 15 | Pending | |
| A,B | 10/2/2017 | Submit New Reports, Revised Policy & Documentation | 1 | -10 | Pending | |

Individuals Involved

- 1 HCH/FH Program
- 2 HCH/FH Co-Applicant Board
- 3 SMMC Fiscal Management Staff
- 4 SMMC Fiscal Operations Staff

- A 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.
- 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.

Credentialing & Privileging- Compliance Timeline



Milestones

| | Date | Milestone | Assigned To | Position | Status | ✓ |
|------------|------------|--|-------------|----------|----------|---|
| C | 10/15/2016 | Co-Applicant Board Approves Revised HCH/FH C&P Policy for OLCPs | 2 | 10 | Complete | ✓ |
| A | 10/15/2016 | Request Review of SMMC Medical Staff C&P Policy | 1, 5 | -10 | Complete | ✓ |
| A | 3/1/2017 | Review DRAFT SMMC Medical Staff C&P Policy Revision | 1 | 10 | Complete | ✓ |
| A | 6/15/2017 | SMMC Medical Executive Committee Approves Revised C&P Policy | 5, 3 | -10 | Pending | |
| B, D | 6/2/2017 | Meet with SMMC HR on OLCP Licensing | 1, 6, 7 | 7 | Pending | |
| B | 6/15/2017 | Review SMMC HR Policy, Procedures & Processes for Compliance with Requirements | 1 | 2 | Pending | |
| B | 7/1/2017 | Acceptance of Final SMMC HR C&P Policy & Procedures for OLCPs | 1, 4 | -15 | Pending | |
| B | 7/15/2017 | Acceptance of SMMC HR Reporting on OLCP C&P | 1 | -7 | Pending | |
| A, B, C, D | 8/1/2017 | Submission of: Approved Revised HCH/FH C&P Policy Including OLCPs, SMMC HR Policy on OLCP C&P, Revised SMMC Medical Staff Policy on C&P, Board Minutes Showing Review and Approval of LIP & OLCP C&P Reports | 1 | 15 | Pending | |

Individuals Involved

- 1 HCH/FH Program
- 2 HCH/FH Co-Applicant Board
- 3 SMMC Medical Executive Committee
- 4 SMMC Human Resources (HR)
- 5 Padilla-Romero Dir, Medical Staff Office
- 6 Angela Gonzales SMMC HR Manager
- 7 Atoniopatua Takapu HR Technician

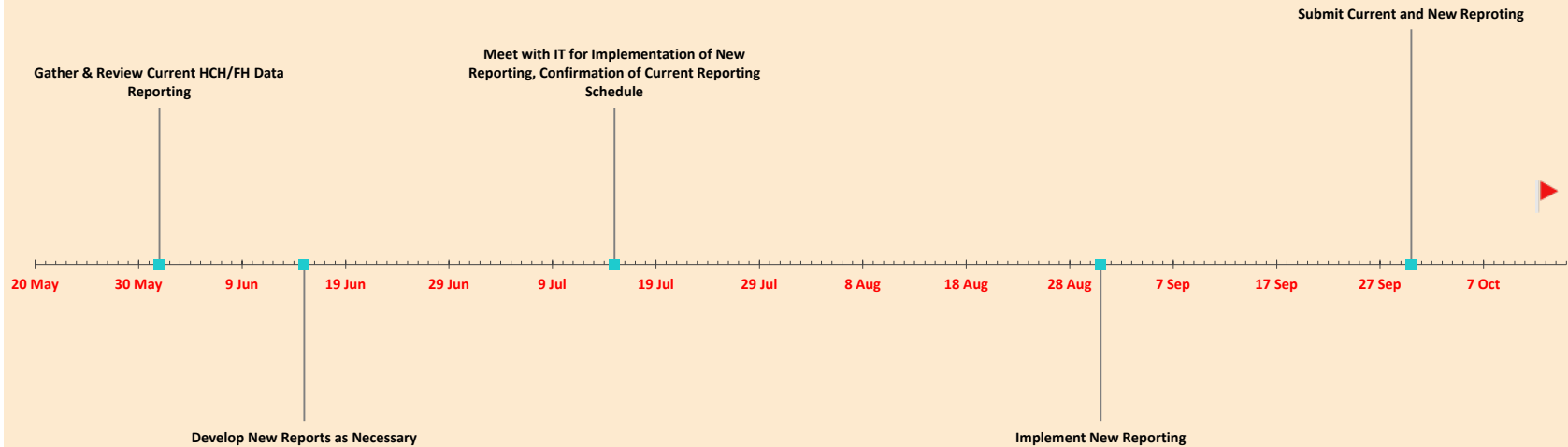
A The credentialing and privileging policy and procedure must be revised and board approved to state or include:
That all LIPs will have primary source verification of education and training.

B A process by which OLCPs will be credentialed and privileged in accordance with HRSA PINs 2002 -22 and 2001-16.

C 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.

D SMCHC must submit documentation that OLCP staff has been properly credentialed and privileged.

Program Data Reporting - Compliance Timeline



Milestones

| | Date | Milestone | Assigned To | Position | Baseline | Status | ✓ |
|---------|-----------|--|-------------|----------|----------|---------|---|
| A, B, C | 6/1/2017 | Gather & Review Current HCH/FH Data Reporting | 1 | 10 | | Pending | |
| A, B, C | 6/15/2017 | Develop New Reports as Necessary | 1, 3 | -10 | | Pending | |
| A, B, C | 7/15/2017 | Meet with IT for Implementation of New Reporting, Confirmation of Current Reporting Schedule | 1, 3, 4 | 10 | | Pending | |
| A, B, C | 8/31/2017 | Implement New Reporting | 1, 4 | -10 | | Pending | |
| A, B, C | 9/30/2017 | Submit Current and New Reporting | 1 | 15 | | Pending | |

Individuals Involved

- 1 HCH/FH Program
- 2 HCH/FH Co-Applicant Board
- 3 SMMC Business Intelligence Staff
- 4 SMMC Health IT Staff

- A 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 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
- C 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.

Financial Management & Control Policies, Budget - Compliance Timeline



Milestones

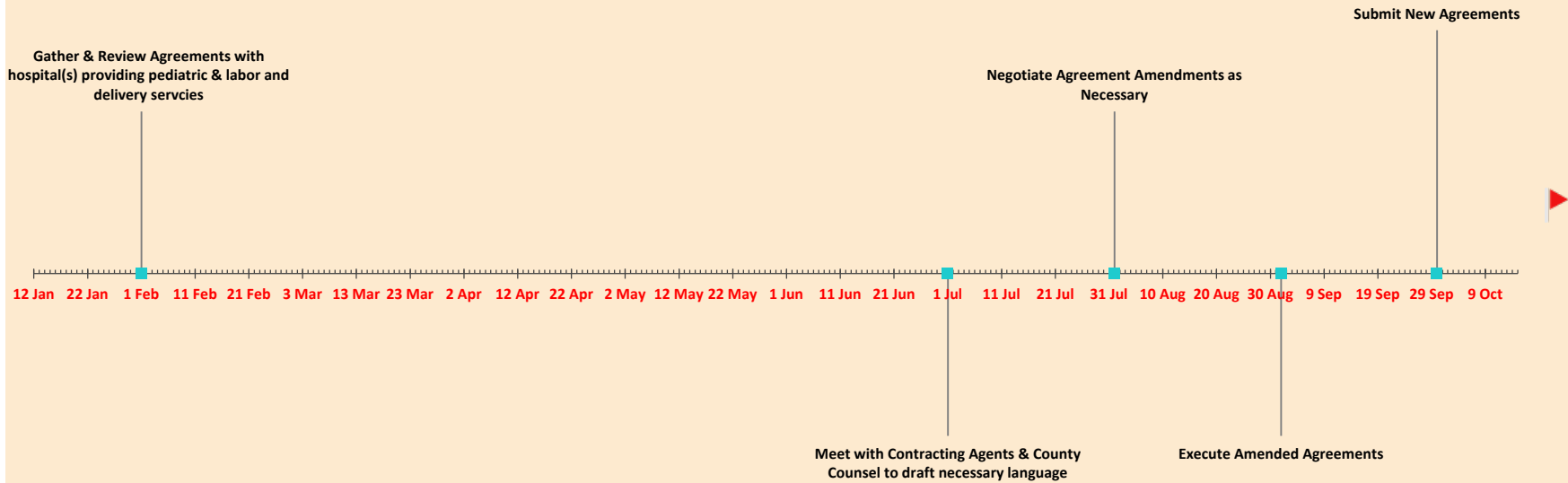
Individuals Involved

| | Date | Milestone | Assigned To | Position | Baseline | Status | ✓ |
|-------------|-----------|--|-------------|----------|----------|---------|---|
| A through H | 6/1/2017 | Gather & Review Current SMMC Fiscal Reporting | 1 | 10 | | Pending | |
| A through H | 6/15/2017 | Meet with SMMC Fiscal Services to Draft Necessary New Reports | 1, 3, 5 | -10 | | Pending | |
| A through H | 7/1/2017 | Meet with IT to Initiate Report Development | 1, 4, 5 | 7 | | Pending | |
| A through H | 8/31/2017 | Test New Reports | 1, 4 | -10 | | Pending | |
| A through H | 9/30/2017 | Implement New Fiscal Reporting | 1, 5 | 15 | | Pending | |
| I | 9/30/2017 | Develop HCH/FH Program procedures for monitoring grant expenditures to maximize utilization of available funds | 1 | -10 | | Pending | |
| A through I | 10/2/2017 | Submit New Reports, and procedures | 1 | 10 | | Pending | |

- 1 HCH/FH Program
- 2 HCH/FH Co-Aplicant Board
- 3 SMMC Fiscal Management Staff
- 4 SMMC Business Intelligence Staff
- 5 Health IT

- A 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 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.
- C 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.
- D 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.
- E 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.
- F 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.
- G 7. 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.
- H 8. 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.
- I 9. 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.

Hospital Admitting Privileges & Continuum of Care - Compliance Timeline



Milestones

| | Date | Milestone | Assigned To | Position | Status | ✓ |
|---|-----------|---|-------------|----------|----------|---|
| A | 2/1/2017 | Gather & Review Agreements with hospital(s) providing pediatric & labor and delivery services | 1 | 10 | Complete | ✓ |
| A | 7/1/2017 | Meet with Contracting Agents & County Counsel to draft necessary language | 1, 3, 5 | -10 | Pending | |
| A | 8/1/2017 | Negotiate Agreement Amendments as Necessary | 1, 3, 4, 5 | 10 | Pending | |
| A | 9/1/2017 | Execute Amended Agreements | 1, 3 | -10 | Pending | |
| A | 9/30/2017 | Submit New Agreements | 1 | 15 | Pending | |

Individuals Involved

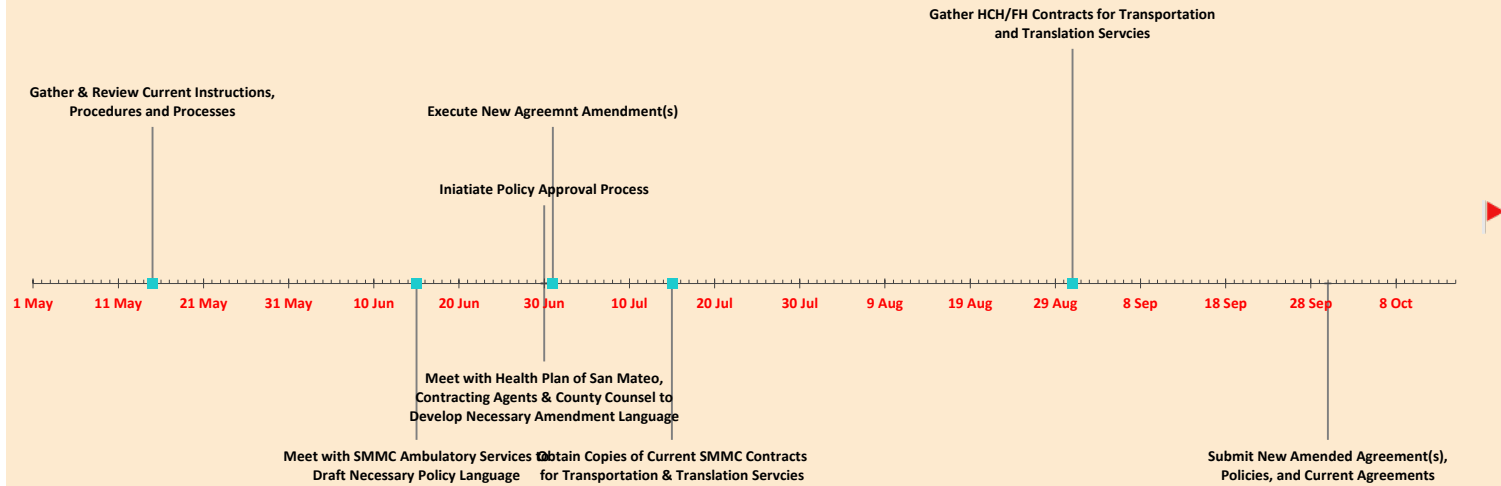
- 1 HCH/FH Program
- 2 HCH/FH Co-Applicant Board
- 3 SMMC Material Management (Contracting Office)
- 4 Health Plan of San Mateo (HPSM)
- 5 Assigned County Counsel

Total

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.

A

Required & Additional Services - Compliance Timeline



Milestones

| | Date | Milestone | Assigned To | Position | Status | ✓ |
|---------|-----------|---|-------------|----------|----------|---|
| A | 5/15/2017 | Gather & Review Current Instructions, Procedures and Processes | 1 | 10 | Complete | ✓ |
| A | 6/15/2017 | Meet with SMMC Ambulatory Services to Draft Necessary Policy Language | 1, 3, 5 | -10 | Pending | |
| A | 7/1/2017 | Initiate Policy Approval Process | 3 | 10 | Pending | |
| B | 7/15/2017 | Meet with Health Plan of San Mateo, Contracting Agents & County Counsel to Develop Necessary Amendment Language | 1, 4, 5, 6 | -10 | Pending | |
| B | 8/31/2017 | Execute New Agreement Amendment(s) | 1, 4, 6 | 15 | Pending | |
| C | 6/30/2017 | Obtain Copies of Current SMMC Contracts for Transportation & Translation Services | 1, 4 | 5 | Pending | |
| C | 6/30/2017 | Gather HCH/FH Contracts for Transportation and Translation Services | 1 | -5 | Pending | |
| A, B, C | 9/30/2017 | Submit New Amended Agreement(s), Policies, and Current Agreements | 1 | -10 | Pending | |

Individuals Involved

- 1 HCH/FH Program
- 2 HCH/FH Co-Applicant Board
- 3 SMMC Ambulatory Management Staff
- 4 SMMC Materials Management (Contracting Office)
- 5 Assigned County Counsel
- 6 Health Plan of San Mateo (HPSM)

- Notes:**
- A Develop and approve a tracking policy and procedure detailing how it orders and tracks labs, X-rays, and specialty referrals.
 - B Have a formal written arrangement for the nurse triage services for the after-hours emergency services.
 - C Obtain formal agreements/arrangements for transportation and translation services.

TAB 6
Consumer
Input



SAN MATEO COUNTY ONE DAY HOMELESS COUNT AND SURVEY

EXECUTIVE SUMMARY

May 2017

COUNTY OF SAN MATEO
HUMAN SERVICES AGENCY

2017 SAN MATEO COUNTY ONE DAY HOMELESS COUNT AND SURVEY

This executive summary provides an overview of key results from the 2017 San Mateo County One Day Homeless Count and Survey (“count”). The San Mateo County Human Services Agency’s Center on Homelessness coordinates the count in collaboration with community and County partners. The 2017 count was conducted in the early morning hours of January 26, 2017. Approximately 350 volunteers consisting of community-based providers, members of the public, and County staff, assisted by homeless guides, fanned out by foot and car to conduct an observational count and surveys of homeless persons observed in each census tract in the County. The County conducts the count every two years and the results provide one source of data, among many others, to help the County and its partners assess how to best serve homeless households and assist them with returning to housing as quickly as possible. The results are also submitted to the United States Department of Housing and Urban Development (HUD), which then compiles information about the homeless counts nationwide.

NUMBER OF HOMELESS PEOPLE

The 2017 count determined that there were **1,253 homeless people in San Mateo County on the night of January 25, 2017** comprised of:

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

The 2017 results show a 16% decrease in the overall homeless count compared to 2015, with the biggest decreases made in reduced numbers of people living on the streets and in encampments.

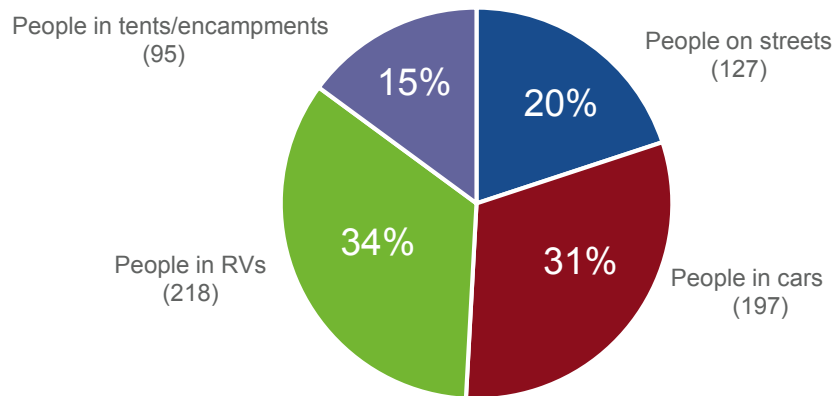
The table below provides information on the number of homeless people, including both sheltered and unsheltered people, from the counts from 2009 to 2017.



There was an 18% decrease in the number of **unsheltered** people in 2017 compared to 2015. The decrease was accounted for by fewer people being counted on the street (a 62% decrease) and tents (a 30% decrease), although there was an increase in the number of people counted in RVs (a 44% increase) and in the number of people in cars (a 25% increase).

The unsheltered count also included information about the locations where unsheltered people slept on the previous night: on the street, in cars, in RVs, or in tents/encampments.

Locations of Unsheltered Persons in 2017 Count
n=637



The **sheltered** count also decreased in comparison to 2015, with a 13% reduction in the number of sheltered homeless people. The total number of sheltered people went down from 708 in 2015 to 616 in 2017, with decreases shown in both the number of people in emergency shelter (a 17% decrease) and transitional housing (an 11% decrease).

A major change that impacted the count of people in emergency shelter from 2015 to 2017 was the removal of the Mental Health Residential Rehabilitation Treatment Program-Domiciliary Care for Homeless Veterans (VADOM Program), which is a program of the United States Department of Veterans Affairs (VA). HUD issued instructions to no longer include the VADOM in the emergency shelter count after 2015. Another major impact to the reduction in the emergency shelter count was a lower number of persons in the Motel Voucher Program.

The reduction of persons in transitional housing is due to the reclassification of the Health Care for Homeless Veterans (HCHV) beds. In 2015, HCHV beds were classified as transitional housing beds but in 2017 the HCHV beds were classified as emergency shelter beds in order to align with the VA and HUD classification. Therefore, these beds shifted from being counted as transitional housing beds to emergency shelter beds.

NUMBER OF HOMELESS PEOPLE IN INSTITUTIONS

The count also collected data in a variety of institutions on the night of January 25, 2017, including hospitals, the County correctional facility, and inpatient alcohol and drug treatment programs, to determine the number of people who were homeless upon entry. The data showed that the number of people who were homeless upon entry to the institution was 298, up by 3.1% from the 289 reported in 2015.

In previous counts in San Mateo County, the institutions count was included in the sheltered count. Starting with this 2017 count report, data from institutions has now been removed from the sheltered count and is being reported separately. In order to provide trend data over time, the institutions count has been removed from the sheltered count in all data in this report, including data from previous years.

While data collected via the institutions count is used for local planning, it is not included in the data submitted to HUD, therefore this change aligns the data in this report with the data submitted to HUD.

NUMBER OF HOMELESS HOUSEHOLDS

The 1,253 homeless people (including both sheltered and unsheltered) counted comprised **902 households**.

Overall, the number of homeless households decreased by 35%, with a substantial decrease in adult only households, as well as a decrease in family households.

The number of homeless unsheltered families decreased by 48%, from 35 families in 2015 to 19 families in 2017.

COMPARISON OVER TIME OF HOMELESS PERSONS

The table below provides information about the count since 2009. The trend shows that the total number of people is at its lowest count since 2009. After 2009, there were increases in 2011 and 2013, but a steady decrease from 2013 through 2017.

| LOCATION | 2009 | 2011 | 2013 | 2015 | 2017 | NET CHANGE (2015 TO 2017) | % CHANGE (2015 TO 2017) |
|-----------------------------------|--------------|--------------|--------------|--------------|--------------|---------------------------------|-------------------------------|
| Unsheltered Count | | | | | | | |
| People on streets | 422 | 466 | 353 | 331 | 127 | -204 | -62% |
| People in cars | 96 | 126 | 231 | 157 | 197 | 40 | 25% |
| People in RVs | 170 | 246 | 392 | 151 | 218 | 67 | 44% |
| People in tents/encampments | 115 | 324 | 323 | 136 | 95 | -41 | -30% |
| Subtotal Unsheltered Count | 803 | 1,162 | 1,299 | 775 | 637 | -138 | -18% |
| Sheltered Count | | | | | | | |
| People in Emergency Shelters | 341 | 258 | 272 | 254 | 211 | -43 | -17% |
| People in Transitional Housing | 403 | 441 | 431 | 454 | 405 | -49 | -11% |
| Subtotal Sheltered Count* | 744 | 699 | 703 | 708 | 616 | -92 | -13% |
| Total Homeless People | 1,547 | 1,861 | 2,002 | 1,483 | 1,253 | -230 | -16% |

**does not include institutions count*

Although the sheltered count has varied over time (including shifts due to HUD's definitional changes), it is the unsheltered count that has largely contributed to the overall decline in the total number of homeless people in San Mateo County. Specifically, in the 2017 count, the number was 637, 51% less than its highest of 1,299 in 2013.

GEOGRAPHIC BREAKDOWN

2017 Distribution of Unsheltered Homeless People by City

The following chart summarizes the geographic distribution of the unsheltered homeless people who were counted in 2017 and the change from previous counts. There were several cities with fewer people counted and an almost equal number where the homeless population increased.

| CITY | 2009 COUNT | 2011 COUNT | 2013 COUNT | 2015 COUNT | 2017 COUNT | NET CHANGE (2015-2017) | % CHANGE (2015-2017) |
|---------------------|---------------|---------------|---------------|---------------|---------------|------------------------------|-------------------------|
| Airport | 4 | 9 | 5 | 1 | 3 | 2 | 200% |
| Atherton | 0 | 1 | 0 | 1 | 0 | -1 | -100% |
| Belmont | 5 | 1 | 43 | 11 | 3 | -8 | -73% |
| Brisbane | 1 | 0 | 34 | 21 | 19 | -2 | -10% |
| Burlingame | 8 | 3 | 13 | 7 | 21 | 14 | 200% |
| Colma | 0 | 1 | 7 | 3 | 1 | -2 | -67% |
| Daly City | 49 | 44 | 27 | 32 | 17 | -15 | -47% |
| East Palo Alto | 204 | 385 | 119 | 95 | 98 | 3 | 3% |
| Foster City | 0 | 0 | 7 | 0 | 6 | 6 | NA |
| Half Moon Bay | 19 | 41 | 114 | 84 | 43 | -41 | -49% |
| Hillsborough | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Menlo Park | 25 | 72 | 16 | 27 | 47 | 20 | 74% |
| Millbrae | 1 | 1 | 21 | 8 | 7 | -1 | -13% |
| Pacifica | 16 | 95 | 150 | 63 | 112 | 49 | 78% |
| Portola Valley | 3 | 16 | 2 | 0 | 1 | 1 | NA |
| Redwood City | 220 | 233 | 307 | 223 | 94 | -129 | -58% |
| San Bruno | 34 | 14 | 99 | 8 | 26 | 18 | 225% |
| San Carlos | 11 | 9 | 10 | 20 | 28 | 8 | 40% |
| San Mateo | 99 | 68 | 103 | 82 | 48 | -34 | -41% |
| South San Francisco | 7 | 122 | 172 | 55 | 33 | -22 | -40% |
| Unincorporated | 95 | 47 | 46 | 32 | 30 | -2 | -6% |
| <i>Coastside</i> | | | | 22 | 22 | 0 | |
| <i>Central</i> | | | | 0 | 0 | 0 | |
| <i>North</i> | | | | 0 | 3 | 3 | |
| <i>South</i> | | | | 10 | 5 | -5 | |
| Woodside | 2 | 0 | 7 | 2 | 0 | -2 | -100% |
| Total | 803 | 1,162 | 1,299 | 775 | 637 | -138 | -18% |

CONCLUSION

The number of homeless persons decreased from the 2015 count to the 2017 count, including a significant decrease in the number of unsheltered people. The County and its partner agencies will continue to implement strategies identified in the strategic plan to address homelessness, using data from the count and many other data sources to help guide implementation. The County's Strategic Plan to End Homelessness can be found through the link at the bottom of the page here: <http://hsa.smcgov.org/center-homelessness>.

TAB 7
Sub-committee
report

Ad Hoc Program Staffing Committee

3/29/17

Present: Kathryn Barrientos, Brian Greenberg, Dick Gregory, Sandra Nierenberg, Julia Wilson

This Ad Hoc Committee met for the purpose of evaluating the request by Jim to increase the staffing of the HCH/FH Program. We reviewed the documents prepared by Jim and his staff: Program Staffing Utilization Report, Staffing Duties, IT Projects, and finally an Excel Report of hours utilized by the Program Coordinator and Management Analyst in various job categories. There was no specific report provided for the Executive Director so that it is unclear which of these categories listed were also performed by him. It was also felt that some of the work performed by the current staff could be delegated to an administrative assistant freeing staff to do other duties.

Since it was difficult to determine whether the request to increase another program position was appropriate we decided to look at the administrative costs this position would incur. By the group's calculation the current increase would lead to an overall administrative cost of 32.5% up from 22.5%. The group felt that taking money away from contract services should not be done. The overall consensus was that an administrative cost of 25% would be an appropriate amount.

To confirm that this is a good ballpark figure we did some research. Dick Gregory called a local Bay Area Program () and found that 20-25% was a good administrative cost range.

Plan: Julia Wilson will call Pat Fairchild to determine what other Homeless/Farmworker Programs spend for administrative services. Brian Greenberg will check in with Santa Clara County's Homeless Program. If confirmed that the proposed percentage is a viable range then Brian Greenberg will construct a letter notifying Jim of the committee's decision and proceed to notify the whole Co-Applicant Board for further discussion.

E-mail sent to Jim with CC's to Ad Hoc Program Staffing Committee

4/10/17

Jim:
The Ad Hoc Staffing Committee of the Co-Applicant Board met regarding your request to increased staffing.

Our recommendation is that a maximum of 25% of the award be expended on managing the business of your office. While we regret that we cannot recommend a higher figure, based on a quick review of other programs, we believe this to be reasonable.

The Ad Hoc Staffing Committee, like the rest of the board, is grateful for all the work of you and your staff. We look forward to further discussions regarding this matter.

Regards,
Brian Greenberg
Brian Greenberg, Ph.D.
VP, Programs & Services
main (650) 685-5880 ext. 116
email bgreenberg@lifemoves.org

4/6/17

To: Brian Greenberg, Kathryn Barrientos, Dick Gregory, Sandra Nierenberg

From: Julia Wilson

Pat Fairchild of HRSA and I discussed our current issue of setting up a percentage limit on the budget for Administrative Services. She agreed this would be an appropriate way to direct staff in their endeavor to increase staffing and that 20%-25% is within range of most programs.

However, Pat stated we are an unusual model since most programs provide direct service and can more clearly delineate direct and indirect costs. Our integration with San Mateo County Medical Clinics to provide clinical services and contracting various community agencies for enabling and case management services challenges us to differentiate Program Management such as oversight of contracts, policy development, etc., from Administrative services. These are Operational services and cannot be lumped into Administrative services.

She also pointed out that since we are reliant upon county and not our own staff to provide essential information, such as financial data, patient data, etc., we must take into account that the amount of time the staff has to track down and ensure follow through has to be included in the equation. There is a lot of time spent within the demands of the Health System.

And as we discussed in our last Ad Hoc meeting, Pat also mentioned that there was a need for an administrative assistant at probably a 50-75% FTE level to do General Administrative work such as board packet preparation, setting up, note taking, etc., with support by Linda to ensure substance is appropriate.

The last point Pat made was that the primary role of our program is to ensure that the contracted services are doing what we expect, i.e., providing the highest level of care to our vulnerable populations. Do we have the appropriate programmatic staff that are able to evaluate whether we are reaching the people we need to reach and reaching our set goals?

4.6.17

Added notes to discussion with Pat Fairchild not in first document:

1. Jim could do more grant writing to increase program budget
2. Not eligible for 501c3 grants but others are available.
3. There is concern that Jim's ability to work with county may be slow due to interpersonal problems.
4. Cost of a programmatic person with clinical and ability to evaluate health services and communicate programmatically to clinical staff would serve to increase commitment to service to Homeless and Farmworker populations.
5. Need ability to go talk to mobile clinic staff or other staff about how to serve Homeless or Farmworkers in a way that ensures optimal care.
6. Feels we need 1 FTE programmatic clinical staff. Feels we lack this.
7. 25% of \$2.5 million equals \$625,000. Cost of nurse with benefits is about \$200,000.
8. Crux of getting good services is to have the right players and good interactions.

DATE: March 9, 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 STAFFING UTILIZATION REPORT

Based on a review of actual staff effort, we have determined that the routine staff effort required to maintain general program operations is over 1,800 hours for the Program Coordinator position and almost 1,900 hours for the Management Analyst position. This is substantially problematic in that the typical actual available hours for a full-time staff person is in the area of 1,720 hours (max) per year.

And the above does NOT include any time for SAC, OSV, RFP * proposal review, Needs Assessment & Patient Satisfaction Survey, all of which add a total of 580 (PC) to 685 (MA) estimated hours per year (in which they would all occur).

That means we have a routine shortfall of a little less than a quarter-time staff, assuming no non-routine activities need to occur. For a year like 2016, it would indicate we were short almost one (1) full-time staff position,

And none of this includes substantial efforts to develop a website, improve training for SMMC staff around homeless and farmworker identification, do any clinic visits, provide extensive provider/partner training & TA in the field, developing new community partners, developing a disaster recovery plan, increasing the volume and quality of financial reporting, or any other project that might move the program forward or improve the health status of our populations.

Attachment:

- Narrative of duties
- Staffing Hours Spreadsheet
- IT projects

Staffing Duties

Contract Oversight

The number of contracts has drastically increased from five (5) agreements with four (4) agencies in 2013 to now fifteen (15) agreements with at least ten (10) agencies. This growth in agreements has a direct and significant impact on additional oversight to manage and monitor the contracted services. This includes not just verifying that the invoices are correct for payment, but ensuring that the specified services are being delivered to the benefit of our target populations as intended and provided administrative and programmatic technical assistance when and as necessary to our partners.

Monitoring contract duties include validating monthly data, reconciling data discrepancy with contractor, verifying that the invoices are correct for payment, reviewing quarterly reports, troubleshooting through problems and barriers identified on quarterly reports, providing technical assistance etc. For each contract, program spends about 40 hours per year, 3.33 hours per month, total up to 600 hours for all contracts per year.

Site Visit for Each Contract

Each executed contract requires a site visit. Site visit duties includes reviewing forms, compiling & preparing data for site visit review, coordinating with agency, conduct site visit, follow up TA if needed, compiling evaluation & report. Program Staff spend about ten (10) hours per contract. The number of contracts has drastically increased from five (5) agreements with four (4) agencies in 2013 to now fifteen (15) agreements with at least ten (10) agencies. This growth in agreements increase additional hours needed for Site Visit oversight.

Budget + Program Expense Oversight

Program staff reviews and oversees other expenses such as small funding request, taxi vouchers, operation expenses such as printer, supplies, equipment etc. Duties include reviewing and negotiating funding requests, validating expenses against budget, follow up on taxi voucher discrepancies or unauthorized rides, working with County finance staff in processing invoices etc. These duties add up to 200 hours annually.

Other Program Meetings

Program hosts monthly QI and quarterly Provider Collaborative meetings. Program also meets with various Medical Center Staff for troubleshooting, gathering relevant information and resources from other departments. For QI meetings, prep work includes working with Business Intelligence team on gathering and fine-tuning data, analyzing data, compiling various reports, researching for data criteria and resources etc. For Provider Collaborative meetings, prep work includes compiling data, researching and bringing new information/resources, working with Medical Center staff for common barriers that the contractors bring up, providing technical assistance, scheduling external trainings etc. With the growth of contractors and partners, Program Staff spend about 122 hours annually for other program meetings.

Board Support (meetings and training)

Monthly Board meetings take several hours (400 annually) as well as providing any board orientation/training. Staff must prepare at least a week in advance for Board materials that include drafting any policies and memos, working with sub-committees and contractors to draft contracts/reports, as well as researching relevant topics such as consumer topics and board training. Logistics of Board meetings include preparing board packets, reserving rooms, order catering, ensuring adequate attendance, as well as any A/V equipment that is necessary.

Board orientation/training is also an on-going effort that includes orientation for new Board members and on-going training to Board members. Staff updates and researches Board orientation documents, meets with new Board members and provides on-going Board training throughout the year

UDS (Uniform Data System annual report)

Every year staff works closely with our IT (Business Intelligence) department to execute the annual report Uniform Data System (UDS) to HRSA. The effort to produce the annual UDS report takes hundreds (600 annually) of hours to complete as it is currently a very manual process. Every year HRSA makes changes on required information to be collected for our UDS report, and may range from minor to major efforts. On-going meetings with IT department are required to ensure that the right data is collected for not only demographic information on our patients but also many medical outcome measures that are also required for the overall quality improvement effort. Staff combines and unduplicates all (thousands) patients of SMMC and all contractors as well as validates visits of each category. Verifying many clinical outcome measure reports through conducting numerous chart reviews is also required to ensure accurate reporting. Even as staff works with IT to produce universal reports for some outcome measures, some must be conducted manually with a chart sample of 70 conducted by chart reviews of E.H.R.s . There is an initial submission in February and final submission end of March that includes verifying any discrepancies and justifying so with written explanations.

Other Misc Duties and Special Projects

- Staff Meetings
- Conferences & External Trainings (NHCHC and Migrant Forum)
- External Meetings & Workgroups (COC, Oral Health Coalition, Disparities Workgroup)
- Strategic Plan efforts (Development, Report and Implementation)
- Needs Assessment/Patient Satisfaction Survey
- RFP Proposal Announcement / Reviewing Process
- Service Area Competition
- Operational Site Visit
- General Trainings, webinar, literature reviews
- IT/Case Management Software Project
- PSA Training
- Grant Conditions

| Common Efforts | ANNUAL HOURS | | Projects | Full-Time Position | hours |
|---|--------------|------|---------------------------------|--------------------|---------------------------|
| | Prog Coor | M.A. | | | |
| Site visits | 120 | 75 | PSA training | 2080 | |
| | | | Website creation/updates | | |
| general trainings, webinars, literature reviews | 40 | 60 | Visit Clinics | -80 | county scheduled holidays |
| | | | Provider Contractor TA in field | -100 | vacation |
| IT/Case mgmt software project | 104 | 65 | Outreach/program materials | -40 | sick leave |
| | | | Work with community partners | | |
| grant conditions | 208 | 208 | Disaster/recovery plan for h/fw | -200 | county issue time |
| | | | Program promotion | | |
| small funding request | 104 | 104 | | -52 | Supervision time |
| staff meetings | 104 | 104 | | | |
| | | | | 1608 | actual available hours |
| Board packet | 144 | 48 | | | |
| Board support | 120 | 102 | | | |
| UDS (training, prep, completion, etc.) | 300 | 300 | | | |
| Conferences & external trainings | 40 | 48 | | | |
| Other program meetings (Provider Collaborative, QI, etc.) | 76 | 46 | | | |
| External Meetings & Workgroups (Continuum of Care, Oral Health Coalition, Center on Homelessness, Disparities Workgroups, Health Coverage Coalition, etc. | 112 | 48 | | | |
| Strategic Plan implementation, etc. | 250 | 250 | | | |
| | 1722 | 1458 | | | |
| <u>Position Specific</u> | | | | | |
| Reviews of Invoices, data, vouchers, etc. + TA | | 272 | | | |
| contract work | | 75 | | | |
| Budget development, review, etc | | 208 | | | |
| Quarterly reports, service issues + TA | 208 | | | | |
| | 208 | 555 | | | |
| <u>Periodic & As Needed</u> | | | | | |
| SAC | 200 | 200 | | | |
| OSV | 180 | 180 | | | |
| Needs Assessment or Patient Satisfaction | 40 | 40 | | | |
| RFP/Proposal announcement | 120 | 225 | | | |
| Strategic Plan development | 100 | 100 | | | |
| | 640 | 745 | | | |

IT Projects

Health Information Exchange (HIE) June 2017

Project to collect health information from various sources, initially within the Health System Network, and subsequently across the county; this project is a lynchpin for the ability to provide clinical providers with “alerts” or other notification that the patient is homeless or a farmworker.

Mobile Health Coach Replacement Later 2017

Public Health Policy & Planning are adding an additional mobile clinic to their fleet; needs to be seamlessly connected to typical systems used in the clinical setting.

One-e-App Alternatives Summer 2017

Health Coverage Unit is looking to replace One-e-App, the current ACE eligibility system (with information referral to MediCal for those eligible); this eligibility determination is a key within the HCH/FH Sliding Fee Scale Policy

EMPI – Electronic Master Patient Index Early 2017

Master Index for all Health System clients/patients

Care/Case Management Solution Summer 2017

Project to identify a potential Case Management System for use by multiple Health System programs, including HCH/FH; could be critical to development of a HCH/FH program database and ability to do longitudinal analysis and other sophisticated patient/client reporting

EHR 2.0 Assessment Late 2018

Kick-off scheduled for 02/01/17; initial phase is for planning & information gathering, leading to an RFP.

In addition, there are numerous other IT projects & efforts that may tangentially touch our patients, incorporate our patients as part of a much larger group, or have some impact on operations. These include:

- Specialty Care Augmented Referral & Tracking
- Behavioral Health Data for Chronic Disease Care
- Electronic Document Management (EDM) Solution & Integration
- PRIME Program Implementation/Enterprise Data Warehouse & Dashboards
- Soarian Financial

Plus some projects that are, as yet, unscheduled:

- Geographic Information System (GIS) Integration

And we may develop additional projects for QI or based on potential new offerings from HRSA.

Additionally, we will be involved in the effort(s) to establish the collection of required SOGI data.

TAB 8
QI Report

DATE: June 8, 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 AND DISCUSSION ON QI AWARD USAGE

The San Mateo County HCH/FH Program QI Committee met on March 30, 2017.

The 2017-2018 QI Plan Outcome Measures were discussed, with the proposed Medical Outcome Measures to be evaluated being:

1. Cervical Cancer Screening/Pap Test
2. Diabetes HgbA1c < 8%
3. Hypertension
4. Adult Weight Assessment
5. Child Weight Assessment

The Enabling Services Outcome Measure of tracking Primary Care referrals from Enabling Services contracting agencies will also continue as part of the 2017-2018 QI Plan. The QI Committee is finalizing the details of this outcome measure, with the goal of expanding the number of referrals tracked.

The QI Committee will be working with BHRS to determine a Mental Health Outcome Measure to include in the 2017-2018 QI Plan. Details of this proposed Outcome Measure will be discussed at the next QI Committee meeting.

The QI Committee discussed possible Dental Outcome Measures. Currently, Dr. Dick Gregory is working with a consortium of Dental providers to determine possible Dental Quality Measures and building data collection infrastructure to measure them. Given the early stage of development for this potential Outcome Measure, the QI Committee will revisit Dental Outcome Measures for the 2018-2019 QI Plan.

The QI Committee also reviewed the Patient Satisfaction Survey Report, and will be finalizing it at the next QI Committee meeting. The report will be brought to the Co-Applicant Board after finalization.

The next QI Committee meeting will be in May 2017.

QI award possible uses

- Board training
- Tablet purchase/rental
- consultant/intern

Conferences

- NHCHC (DC in June)
- Street Medicine Conference (PA in October)

QI Award \$35,556

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This supplement must be used within 12 months of receipt of funds to support QI activities. Funds must be used consistent with all federal cost principles as noted in 45 CFR 75. In addition, health centers must use these funds for QI activities, which include but are not limited to:
 - Developing and improving health center QI systems and infrastructure, including training staff; developing policies and procedures; enhancing health information technology, certified electronic health record, and data systems; data analysis; and/or implementing targeted QI activities (including hiring consultants).
 - Developing and improving care delivery systems, including purchasing supplies to support care coordination, case management, and medication management; developing and implementing contracts and formal agreements with other providers; laboratory reporting and tracking; training and workflow redesign to support team-based care; clinical integration of behavioral health, oral health, HIV care, and other services; and/or patient engagement activities.
2. This award provides one-time funding for use during the period of September 1, 2016, through August 31, 2017. If funds are not fully expended by the end of your current budget period, you must request carryover to use the remaining funds in your next budget period. In order to use this funding in the upcoming budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF-425. In addition, a Prior Approval Request to carry over these funds must be submitted through EHB immediately following the FFR submission. Please consult the Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.
3. The purposes of the Fiscal Year (FY) 2016 Health Center Quality Improvement (QI) Fund one-time grant supplement are to: (1) recognize health centers that displayed high levels of quality performance in Calendar Year 2015 Uniform Data System reporting and/or significantly improved quality of care from 2014 to 2015; (2) provide support for those health centers to continue to strengthen quality improvement activities; and (3) to recognize and provide support for health centers with one or more sites with new and/or continued patient centered medical home recognition.
4. Health centers will be required to provide information on the QI activities supported through this one-time supplement via their FY 2017 Service Area Competition (SAC) application or FY 2017 Budget Period Renewal (BPR) progress report. More information will be provided as part of the SAC and BPR instructions.
5. Funds may not be used for fundraising, lobbying, incentives (gift cards, food), construction/renovation, facility or land purchases, or vehicle purchases. Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This is consistent with past practice and long-standing requirements applicable to grant awards to health centers. In addition, this supplemental funding may not be used: to supplant existing resources; to support bonuses or other staff incentives; for moveable equipment individually valued at \$5,000 or greater (except equipment related to Health Information Technology and certified Electronic Health Record systems).

All prior terms and conditions remain in effect unless specifically removed.

This award is based on performance across various criteria representing quality performance. The HRSA announcement is attached for reference, along with the actual Notice of Award and the listing of California awardees.

One of the more rewarding notes on this is that part of our award is in the Health Center Quality Leader category. This category represents having achieved among the best overall clinical performance among all health centers. It appears we were one of only 433 programs to receive an award in this category (over 1300 total health centers).

Clinical Quality Improvers - demonstrated notable improvement in one or more CQMs between 2014 and 2015.

³ **Health Center Quality Leaders** - achieved the best overall clinical performance among all health centers.

<https://bphc.hrsa.gov/programopportunities/qualityimprovement/awards.aspx?state=CA#improvers>

Healthcare for the Homeless/Farmworker Health Registered Nurse Position Discussion Draft
San Mateo County Healthcare for the Homeless/Farmworker Health Program Co-Applicant Board
Meeting
May 11, 2017

Background:

Homeless and Farmworker individuals accessing medical care in the San Mateo County Health System receive care from all Services within the Health System. Community-based organizations also provide extensive levels of medical, dental, and supportive care to our patients. Care to homeless and farmworker patients may be provided in spaces ranging from out-of-doors to inpatient settings.

Two problems to address:

1. From a QI perspective, the Program needs better to understand the quality and appropriateness of care for our patients in the widely dispersed and varied sites of care delivery within the County, and with the methods of delivery that may be specific to the sites. Identifying and then resolving problems facing clients and care providers throughout this spectrum of care delivery that impede quality and timeliness of highest level of care is the central responsibility of the HCH/FH QI committee.
2. Many providers of care to homeless and farmworker patients are not aware of the full range of services available to these individuals, either within the Health System or the network of care services provided by community-based organizations. The HCH/FH QI RN will serve as a coordinating source, educator, and liaison to WPC and other systems of referral, as well as to providers of care, within the County to expedite appropriate referrals and care for our patients.

The proposal is to hire a full-time Registered Nurse (RN), employed by San Mateo County, to be assigned as HCH/FH QI staff. The RN will report to the Program Medical Director, with responsibilities defined by the Director in consultation with the Board. RN responsibilities will be designed to address the above problems and any other relevant problems that may arise, and will include:

Problem identification and resolution in care delivery

Provide outreach and education to care providers within the Health System and in community agencies about services available to homeless and farmworker patients

Build working relationships across the spectrum of care delivery

Coordinate care referral processes

TAB 9
Director's
Report

DATE: June 08, 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 May 18, 2017 Co-Applicant Board meeting:

1. Operational Site Visit & Grant Conditions

Program continues to move forward with working on resolution to the seven (7) grant conditions. Elsewhere on today's agenda is a more complete report on this activity, the current status and the set of plans for coming into compliance that are to be submitted to HRSA.

2. Automation

We have been informed that there were 15 responses to the Care Coordination/Case Management System RFP. A meeting has been scheduled among the programs involved in the procurement to do a preliminary review of the proposals on Wednesday morning, June 7th. The expectation continues to be that there will be some live demonstrations from selected vendors during July.

3. Contracts

Since the May 18th meeting, Program has completed three (3) site visits with our contractors. Generally, these seem to have gone well. Through the end of June there are two more site visits scheduled.

4. One Day Count

The Human Services Agency's Center on Homelessness has released the Executive Summary for this year's One Day Count. The report is included in today's agenda under Consumer Input. In general, it shows a continued significant decline in the number of homeless on the street or in shelters (overall 16% reduction). The report also provides details of the unsheltered count by jurisdiction.

5. Seven Day Update

ATTACHED:

- Program Calendar



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

| EVENT | DATE | NOTES |
|---|-----------|---------------------------|
| <ul style="list-style-type: none"> • Board Meeting (June 8, 2017 from 9:00 a.m. to 11:00 a.m.) • National Health Care for Homeless Conference, DC (June 21-24th) • Health Outreach Partners conf. on outreach, Oakland (June 22nd) • Grant conditions plan due • Needs Assessment survey | June | @San Mateo Medical Center |
| <ul style="list-style-type: none"> • Board Meeting (July 13, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting • Site Visits with contractors | July | @Coastside Clinic |
| <ul style="list-style-type: none"> • Board Meeting (August 10, 2017 from 9:00 a.m. to 11:00 a.m.) • RFP announcement • Renew Board members membership (4) | August | @San Mateo Medical Center |
| <ul style="list-style-type: none"> • Board Meeting (September 14, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting • National Conf. on health & domestic violence SF (Sept 26-27) | September | @San Mateo Medical Center |
| <ul style="list-style-type: none"> • Board Meeting (October 12, 2017 from 9:00 a.m. to 11:00 a.m.) • Annual conflict of statement signed by Board members • International Street Medicine Symposium, Pennsylvania (Oct 19-21) • Renew annual conflict of interest statement all Board members | October | @San Mateo Medical Center |
| <ul style="list-style-type: none"> • Board Meeting (November 9, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting | November | @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 |
| Program Director annual review | Fall /Spring |
| Sliding Fee Scale (FPL)- review/approve | Spring |

TAB 10
Budget &
Finance Report

DATE: June 08, 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 May 31, 2017 – currently reported as \$ 855,060.

As more months of contractor invoices have come in for the 2017 year, it appears now that we will underspend the contracts/MOUs by about 5.5% (~\$120,000). We are also tracking to underspend in Salaries & Benefits, pending any addition to staff. Other expenditure categories are either on track or have the expectation of being utilized later in the year.

Most of the caveats from previous monthly reports still apply. We are still relatively early in the year (only at ~33% of the contract year) and some of the expenditure rates (such as contracts & MOUs) may not have completely stabilized yet. However, what has occurred is looking like our contracts will be expended at a 90-90% rate for the year.

Current projections would leave us with an estimated \$218,000 in unexpended grant funds. While better than the previous two years, we should be looking to cut the projection at least in half through additional (responsible) expenditures.

Attachment:
GY 2017 Summary Report

GRANT YEAR 2017

| Details for budget estimates | Budget [SF-424] | To Date (05/31/17) | Projection for GY (+~31 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>164,192</u> | <u>407,000</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>61,167</u> | <u>151,000</u> | <u>250,000</u> |
| <u>Travel</u> | | | | |
| National Conferences (1500*4) | | 719 | 22,354 | 9,000 |
| Regional Conferences (1000*5) | | 3,520 | 3,000 | 7,000 |
| Local Travel | | 230 | 1,000 | 2,000 |
| Taxis | | 685 | 2,200 | 4,000 |
| Van | | 411 | 800 | 3,000 |
| | <u>25,000</u> | <u>5,565</u> | <u>29,354</u> | <u>25,000</u> |
| <u>Supplies</u> | | | | |
| Office Supplies, misc. | 10,500 | 909 | 8,000 | 10,500 |
| Small Funding Requests | | | | |
| | <u>10,500</u> | <u>909</u> | <u>8,000</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 | 260,616 | 773,388 | 953,004 |
| Current 2017 MOUs | 811,850 | 305,350 | 747,250 | 800,000 |
| ---unallocated---/other contracts | | | | |
| | <u>1,669,635</u> | <u>620,238</u> | <u>1,574,910</u> | <u>1,753,004</u> |
| <u>Other</u> | | | | |
| Consultants/grant writer | | | 60,000 | 5,000 |
| IT/Telcom | | 2,131 | 8,000 | 8,000 |
| New Automation | | | 0 | - |
| Memberships | | | 4,000 | 4,000 |
| Training | | | 3,250 | 2,000 |
| Misc (food, etc.) | | 858 | 2,500 | 2,500 |
| | <u>21,500</u> | <u>2,989</u> | <u>77,750</u> | <u>21,500</u> |
| TOTALS - Base Grant | <u>2,466,635</u> | <u>855,060</u> | <u>2,248,014</u> | <u>2,550,004</u> |
| HCH/FH PROGRAM TOTAL | <u>2,466,635</u> | <u>855,060</u> | <u>2,248,014</u> | <u>2,550,004</u> |
| PROJECTED AVAILABLE BASE GRANT | | | <u>218,621</u> | 0 |
| | | | | based on est. grant of \$2,550,004 |

TAB 11

UDS submission

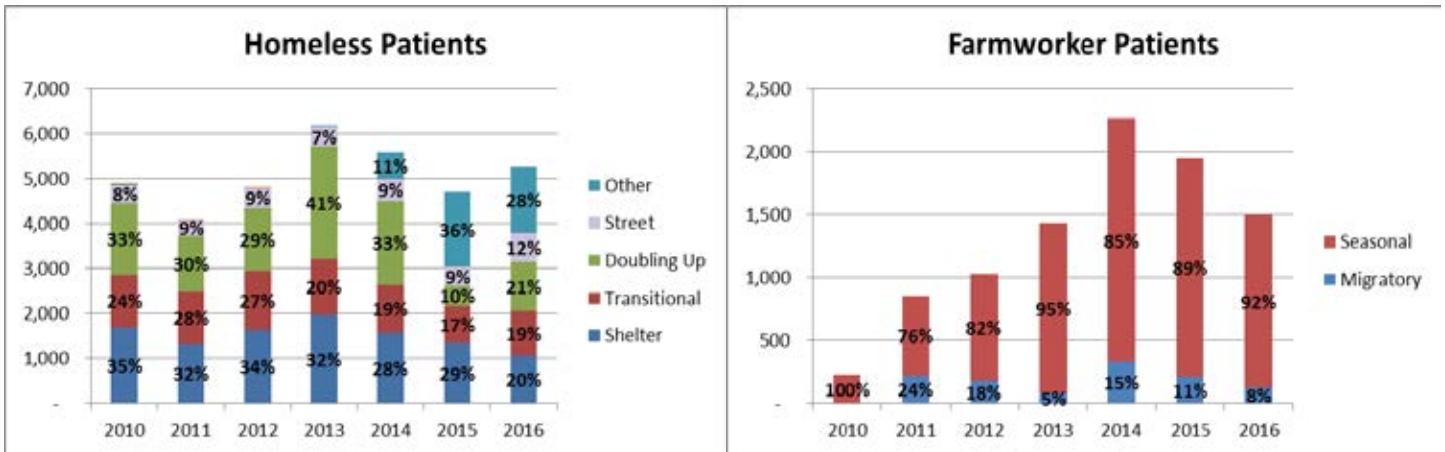
DATE: June 8, 2017
TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program
FROM: Linda Nguyen, Program Coordinator and Elli Lo, Management Analyst
SUBJECT: UDS SUBMISSION

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).

The shelter and transitional homeless population has decreased over the years, while the Street homeless count and Other homeless population has increased. The street count increase may be due to the efforts of the new Street Medicine program that started in January 2016. The doubling up population saw a large spike in 2013, due to a significant increase in the senior clinic (Ron Robinson). Staff has been working to resolve this data over the years as well as trying to conduct more training to SMMC registration staff.

The farmworker population saw a plateau in 2014 with a steady decrease in following reporting years. This may be due to California’s seasonal drought, with loss of employment as well as the challenging political climate.

The results from most of the clinical outcome measures have decreased due to the changes in some of the criteria as well as the start of using universal reports. 2015 was the first year program staff was able to obtain universal reports for some UDS clinical measures by working with our Business Intelligence staff, prior to this program staff had conducted 70 chart reviews for all clinical measures. The use of universal reports can bring about challenges in the accuracy of the results, because validating all the results may be difficult. 2016 UDS measurement year saw a significant change in reporting requirements for clinical outcome measures. In attempt to reduce reporting burden, clinical measures were revised to align with CMS clinical quality measures; because of this visit count criteria went from two to one visit to be counted in the reporting year (denominator), which decreased our clinical measure results.



ATTACHED:

- Trend chart for 7 years (2010-2016)
- UDS FINAL REPORT



| UDS Data | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|
| UNDUP PTS | 5,110 | 4,897 | 5,779 | 7,516 | 7,707 | 6,556 | 6,696 |
| • Homeless | 4,883 | 4,109 | 4,803 | 6,171 | 5,596 | 4,714 | 5,257 |
| • MSFW | 227 | 837 | 1,031 | 1,435 | 2,265 | 1,947 | 1,497 |
| VISITS | 20,002 | 20,854 | 28,400 | 39,628 | 41,361 | 37,915 | 39,616 |
| AGE RANGE | | | | | | | |
| • 0-19 YRS | 17% | 21% | 24% | 23% | 27% | 26% | 26% |
| • 20-64 YRS | 79% | 76% | 72% | 67% | 62% | 63% | 70% |
| • Over 65 YRS | 4% | 3% | 4% | 10% | 11% | 11% | 4% |
| SEX | | | | | | | |
| • Male | 58% | 55% | 52% | 51% | 52% | 52% | 50% |
| • Female | 42% | 45% | 48% | 49% | 48% | 48% | 50% |

Homeless Status

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|--------------|------|------|------|------|------|------|------------|
| Shelter | 35% | 32% | 34% | 32% | 28% | 29% | 20% |
| Transitional | 24% | 28% | 27% | 20% | 19% | 17% | 19% |
| Doubling Up | 33% | 30% | 29% | 41% | 33% | 10% | 21% |
| Street | 8% | 9% | 9% | 7% | 9% | 9% | 12% |
| Other | 0% | 0% | 0% | 0% | 11% | 36% | 28% |
| Unknown | 0% | 1% | 0% | 0% | 0% | 0% | 0% |

Farmworker Status

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|-----------|------|------|------|------|------|------|------------|
| Migratory | 0% | 24% | 18% | 5% | 15% | 11% | 8% |
| Seasonal | 100% | 76% | 82% | 95% | 85% | 89% | 92% |

| UDS Outcome Measures (HCH/FH Program SAC Goals) | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| • Childhood IZs Completed by Age 2-3 (90%) | 82% | 72% | 74% | 87% | 88% | 86% | 80% |
| • Pap Test in Last 3 Years (70%) | 64% | 60% | 86% | 67% | 57% | 64% | 60% |
| • Child & Adolescent BMI & Counseling (85%) | N/A | 70% | 47% | 83% | 80% | 74% | *62% |
| • Adult BMI & Follow-up Plan (75%) | N/A | 59% | 31% | 66% | 44% | 50% | 29% |
| • Tobacco Use Queried (96%) | N/A | 74% | 80% | 96% | 77% | * 92% | *86% |
| • Tobacco Cessation Offered (96%) | N/A | 97% | 90% | 90% | | | |
| • Treatment for Persistent Asthma (100%) | N/A | 83% | 88% | 100% | 100% | 100% | 99% |
| • Lipid Therapy in CAD Patients (96%) | N/A | N/A | 96% | 96% | 90% | *80% | *74% |
| • Aspirin Therapy in IVD Patients (96%) | N/A | N/A | 99% | 96% | 98% | *89% | *84% |
| • Colorectal Screening Performed (60%) | N/A | N/A | 40% | 54% | 34% | *49% | *48% |
| • Babies with Normal Birth Weight (95%) (all babies delivered) | 93% | 96% | 87% | 94% | 99% | 92% | 97% |
| • Hypertension Controlled <140/90 (80%) | 59% | 66% | 60% | 80% | 64% | 61% | *53% |
| • Diabetes Controlled <9 HgbA1C (75%) | 61% | 73% | 71% | 74% | 49% | *69% | *54% |
| • First Trimester Prenatal Care (80%) | 61% | 73% | 71% | 75% | 84% | 89% | 65% |

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

| UDS Outcome Measures | HCH/FH Program 2016 (SAC goal) | 330-Progs CA 2015 | Healthy People 2020 Goals |
|--|--------------------------------|-------------------|-----------------------------------|
| • Childhood Immunizations Complete by Age 2-3 | 80% (90% goal) | 78.1% | 80% |
| • Pap Test in Last 3 Years | 60% (70% goal) | 57.3.6% | 93% |
| • Child & Adolescent BMI & Counseling | *62% (85% goal) | 56% | 57.7 (BMI)/15.2% for all patients |
| • Adult BMI & Follow-up Plan | 29% (75% goal) | 62.6% | 53.6% (BMI)/31.8% (obese adults) |
| • Tobacco Use Queried | *86% (96% goal) | 82.1% | 69% |
| • Treatment for Persistent Asthma | 99% (100% goal) | 82.7% | Diff measures |
| • Lipid Therapy in CAD Patients | *74% (96% goal) | 75.1% | Diff measures |
| • Aspirin Therapy in Ischemic Heart Disease Patients | *84% (96% goal) | 78.1% | Diff measures |
| • Colorectal Screening Performed | 48% (60% goal) | 41.2% | Diff measures |
| • Babies with Normal Birth Weight (all babies) | 97% (95% goal) | 93.7% | 92% |
| • Hypertension Controlled (<140/90) | *53% (80% goal) | 64.6% | 61% |
| • Diabetes Controlled (<9 HgbA1c) | *54% (75% goal) | 55.3.% | 85% |
| • First Trimester Prenatal Care | 65% (80% goal) | 77% | 78% |

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

TAB 12

**Small Funding
Requets report**

DATE: June 8, 2017

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

FROM: Elli Lo, Management Analyst and Jim Beaumont, Director HCH/FH Program

SUBJECT: SMALL FUNDING REQUEST BI-ANNUAL REPORT

In accordance with the HCH/FH Program Policy on Small Funding Requests, Program shall provide the Board a summary of the status of the small funding requests from the prior 6-12 months. In 2016, the Program spent \$54,663 on Small Funding Requests.

Below is a summary of the approved requests and reports:

| Agency | Amount Spent | Purpose | Report |
|--|--------------|---|--|
| LifeMoves | \$ 2,731 | CPR Training Supplies for LifeMoves Staff | <ul style="list-style-type: none"> 71 LifeMoves staff were trained & certified |
| Society of St. Vincent de Paul of San Mateo County | \$ 13,735 | Basic survival necessities items for homeless and farmworker individuals of San Mateo County. | <ul style="list-style-type: none"> Had a larger quantity assistance to distribute to the homeless this winter SVdP overall new clients added between 11/2016 to 3/2017 = 337 clients |
| Ravenswood Family Health Center | \$ 8,100 | For Homeless patients served in the RFHC's Shelter and Street Medicine Clinic. | <ul style="list-style-type: none"> Between 12/2016 to 2/2017, items were distributed to 67% shelter homeless and 33% street homeless Distributed items at over 11 locations: RFHC, street/encampments, Project WeHOPE, transitional homes, Free At Last, Our Common Ground, bus stops, parks, other public locations Did not encounter the large number of people anticipated in the winter months, will continue to distribute these short-term consumerables in the future in the same manner as RFHC has currently done. |
| Puente de la Costa Sur | \$ 9,172 | Health-related items for farmworker during holidays | <ul style="list-style-type: none"> Distributed to 80 male farmworkers at the La Sala Men's Posada holiday event Distributed to 60 female farmworkers who regularly attend Zumba classes |

| Agency | Amount Spent | Purpose | Report |
|---------------------------------------|------------------|--|---|
| Star Vista | \$ 6,102 | Health-related items for street homeless at First Chance program | <ul style="list-style-type: none"> • Distributed 28% of items as of February 2017 • Remaining items are kept on site and provided for clients as needs are identified either by the staff or the client, upon request • Distributing the remaining 11 hoodies, 29 raingear and 38 sleeping bags through street outreach in homeless encampments in Half Moon Bay, where we know there are homeless encampments |
| Project WeHOPE | \$ 12,660 | Winter Protection and Hygiene Items for shelter and street homeless | <ul style="list-style-type: none"> • 138 unduplicated individuals received items • Distributed via Dignity on Wheels truck to street homeless dwelling in automobiles & RV's and homeless in Project WeHOPE Shelter, East Palo Alto and Redwood City |
| Apple Tree Dental | \$ 1,084 | Consumable oral health supplies for farmworkers and families at outreach events | <ul style="list-style-type: none"> • Distribute to <ul style="list-style-type: none"> o existing 52 farmworker patients in 2016 o future 63 farmworker patients in 2017 o additional patients & their family members along with educational information (both adults & children) o farmworker families at community events or school screening events on the Coastside |
| Legal Aid Society of San Mateo County | \$ 1,078 | Health-related items for outreach, health education to farmworkers; LIBRE Blue Cards (benefits info), first aid kits | <ul style="list-style-type: none"> • Distributed 16 first aid kits and 91 Blue Cards as of 2/10/2017 at community and outreach events |
| Total | \$ 54,663 | | |

Attached full reports from -

- Apple Tree Dental
- Legal Aid Society of San Mateo County
- Project WeHOPE
- Puente de la Costa Sur
- Ravenswood Family Health Center
- Star Vista
- Society of St. Vincent de Paul of San Mateo County



San Mateo County HCH/FH Program: Final Report & Invoice for Reimbursement

Funding to support the purchase of oral health-related items for outreach events to farmworker population in San Mateo County.

Apple Tree Dental California was approved for reimbursement of \$1,197 towards the purchase of oral health products to be distributed directly to farmworkers and their families in San Mateo County. The purchase and receipt of all of the purchased products is complete.

Included in this report are the following:

1. Copies of the purchase orders for the approved products (*see attached documents*);
2. Documentation for the payment for the products (*see attached Bill Payment Stub*);
3. The following are photos of the purchased products:



*Bundle for
ages four
and
younger.*



*Bundle for
ages five to
seven years.*



*Bundle for
ages eight
to adult.*



*Bundle
for
adults.*

(Continued on next page.)



APPLE TREE DENTAL

SONRISAS CENTER

4. Summary of the product distribution plan:
 - Give to our existing 52 farmworker patients as they come in for their follow up visits.
 - Give to the additional 63 farmworker patients that we will see in 2017.
 - Give additional bundles to these patients along with educational information to be used by their family members (*both adults and children*).
 - Give out at community events or school screening events on the Coastsides, where there are a large number of farmworker families.

5. We are expanding the Puente patient count from 52 farmworker patients treated in 2016 to 115 patients to be treated in 2017. We anticipate that having oral health products to distribute, along with educational materials, to San Mateo County Farmworkers and their families will increase the oral health of that community and decrease the number of dental issues that it experiences. We will give updated distribution information later in the year, when the services have been provided.

6. There is not an invoice for payment, as we received a check in payment in 2016.

Apple Tree Dental California is very grateful for the continued support from San Mateo County to assist the critical oral health care needs of the Coastsides Farmworkers and their families.



February 10, 2017

HCH/FH Program:

In December, Legal Aid Society of San Mateo County received \$1,078.38 in funding from the HCH/FH Small Funding Requests. These funds were used to purchase 50 First Aid Kits and print 1,000 LIBRE Blue Cards. Since receiving these funds, Legal Aid staff have been able to distribute 16 First Aid Kits and 91 Blue Cards:

On December 7, 2016, Legal Aid staff distributed 50 LIBRE blue cards to farmworkers and providers at a post-election community forum hosted in Pescadero.

Legal Aid staff distributed all 15 First Aid Kits on December 27, 2016 to 16 farmworkers in the Lower Campinoti Farm. Legal Aid staff also distributed 16 LIBRE Blue Cards to these same farmworkers.

Most recently, on January 24, 2017, Legal Aid staff held a presentation at the Latino Collaborative (comprised entirely of providers), where they distributed approximately 25 LIBRE blue cards.

Before receiving these funds, Legal Aid staff did not have any First Aid Kits to distribute. At community outreach events or even through community tabling, it was challenging to attract people. Having the ability to provide farmworkers with the first aid kits, not only provides them with a tool they can have in their workplace, but also draws them into connecting and speaking to Legal Aid staff. We hope to continue to use the remaining First Aid Kits to engage additional people.

The LIBRE blue cards have proven essential to not only providing clients and community members with information on the spot about health programs available in the County, but also information on how to contact the LIBRE program at Legal Aid for assistance or to answer questions. The BLUE cards have been especially useful at provider trainings and education events, as now providers feel they have a go-to card that provides information on questions their clients may have, as well as, contact information for referrals.

Please let us know if you have any questions or need additional information about the use of these items as described above.

Sincerely,

Maria Vazquez Mata
LIBRE Attorney
Legal Aid Society of San Mateo County

Project WeHOPE
Small Funding Request Final Report 2016

This grant helped us improve our outreach efforts to clients who are not sheltered and/or receiving case management. More specifically, our staff were extremely motivated to distribute these items to those on need who are dwelling in automobiles and RV's. They were very excited to take these items with our Dignity on Wheels truck. Staff and volunteers went out with the truck in the middle of the night on some cases and provided showers and laundry services to people who had not used Dignity on Wheels in the past. Additionally, the individuals were very excited to receive the items and we are sure that they have enhanced the quality of their lives. Our case managers have made subsequent visits to many of the recipients of the items and they expressed their gratitude and how a crucial need was met.

Further, clients in the shelter were given the "Clean Under" and "Dignity for Women" items. They also received some of the items from Warm & Dry. They were very happy to receive these items and expressed how helpful it was to have them, as most of these items were not available to them from other sources.

San Mateo County Health Care for the Homeless/Farmworker Health Request for Small Funding Report

March 31, 2017

The Small Funding requested from the San Mateo County Health Care for the Homeless/Farmworker Health Program (HCH/FH) supported Puente de la Costa Sur's (Puente) La Sala Men's Posada. The La Sala Posada is a holiday event for our farmworker men's program that includes the distribution of these essential winter items and a holiday meal. La Sala, along with many events that cater to farmworkers, usually involves providing a communal and comfortable space for farmworkers to congregate and socialize. Most importantly, it also contributes to reduce the isolation that can result from living away from familial support and in a rural community with limited resources.

This request allowed Puente to expand the number of farmworkers from 60 to 80. Attendance for La Sala reached 80 individuals. In addition, we were able to provide 60 farmworker women who regularly attend Zumba with toiletries, including gloves and sunscreen. The funds filled a gap to support the critical material needs of farmworkers in the winter months and allowed us to increase Puente's outreach and capacity of the La Sala posada event by 33%.

Due to the significant drop in temperatures, along the coast at night, (usually nearing 30 degrees), sleeping bags, jackets, and gloves, along with necessary toiletries, are essential winter items. The small funding provided participants with essential items that would assure warmth and safety throughout the winter. Something to note, farmworkers wages also drop significantly during the winter months, making certain items, although essential, not affordable. In addition, many farmworkers walk in the winter months and a flashlight/headlamp is indispensable in rural Pescadero where streets and roads are not well lit.

La Sala is a community empowerment group aimed at single male farmworkers who might feel isolated because their families are not here with them. La Sala allows men to eat a home cooked meal twice a week together, and have a space for community discussion, outreach, and engagement. The health benefits of this include prevention (the men drink less alcohol and engage in less risky behavior such as drinking), increased community cohesion, many of the men participate in ESL classes, and awareness of resources through Puente, such as the weekly health clinic, events, and other safety net services, such as tax preparation.

The Small Funding Request amplified Puente's ability to provide essential winter items and connect the farmworker population with Puente services. The necessary items not only met basic needs (such as increased warmth in inadequate housing conditions during a cold and wet winter), but furthermore show that the community cares. In turn, this sense of caring and utility lead to increased engagement and wraparound services, which lead to better health outcomes for the farmworkers and their families.

La Sala is one of Puente's oldest programs. The La Sala Posada provides an entrance point for new participants to connect with Puente and to learn about its services and for continuing participants to access services. As an organization, Puente is always listening and responding to our participants. Based on need and requests from participants, we develop new programs or grow existing programs to support our farmworker population.

La Sala Distribution- 80 attendees

| | | | | |
|--|--|--|------------|--------|
| Sleeping bags | | | 1 | HCHMSF |
| socks | | | 3 pairs | HCHMSF |
| T-shirts (dark colors) short sleeve | | | 2 each | HCHMSF |
| Heavy winter jacket | | | 1 | HCHMSF |
| Hoodie | | | 1 | HCHMSF |
| water bottle | | | 1 each | HCHMSF |
| work gloves | | | 3 each | HCHMSF |
| CO/Smoke Detectors | | | 1 each | HCHMSF |
| Long Sleeve Shirts | | | 2 each | HCHMSF |

Ravenwood Family Health Center
Small Funding Request Report 2016

| Item | Purchased quantity | # of patients receiving item/month before HCH one time funding | # of patients given item after HCH one time funding from Dec-Feb (total) | # of Shelter Homeless patients given item Dec-Feb (breakdown) | # of Street Homeless patients given item Dec-Feb (breakdown) | Progress Report and Plan for On-going Distribution |
|--------------------------------|--------------------|--|--|---|--|--|
| Pill box | 480 | 0 | 65 | 40 | 25 | <p>We originally planned the budget request with the understanding that we had a year to distribute the short-term consumerables that we purchased. When we were notified that the timeline was actually around 2 months, we tried our best to expand our outreach and distribute the purchased items to as many homeless individuals as possible. However, due to the short time frame we were not able to complete our distribution. Seasonal and weather related factors impacted our rate of distribution. During the holiday season, and afterwards through an unusually cold and rainy winter, many homeless individuals left East Palo Alto to seek shelter elsewhere. We were informed that most people went to the warming shelter in Santa Clara County. As a result we were not able to encounter the large number of people we anticipate in the summer months. Also, for certain items such as bottled water, there is much less demand in the winter as compared to in the summer, when homeless individuals need constant rehydration due to the heat.</p> <p>We will continue to distribute these short-term consumerables in the future in the same manner as we have currently done. The following is a list of sites where we distribute:</p> <ul style="list-style-type: none"> • At Ravenswood Family Health Center (RFHC), to our homeless patients who come seeking care. • On the street or in encampments where we meet homeless individuals as we conduct our walking rounds. • At RFHC's weekly Shelter and Street Medicine Clinic, at Project WeHOPE. • At two transitional homes for teens where our patients reside. • At drug treatment facilities such as Free At Last, and Our Common Ground, where our patients access services. • At bus stops, parks and other public locations where homeless patients gather. We set up distribution tables to increase visibility in the community. |
| Travel First Aid Kit | 300 | 0 | 70 | 45 | 25 | |
| Box of large bandages | 4 | 20 | 50 | 50 | 0 | |
| Box of small bandages | 4 | 20 | 50 | 50 | 0 | |
| Personal sharps container | 200 | 0 | 15 | 5 | 10 | |
| Small sized tarp | 50 | 0 | 4 | 0 | 4 | |
| Large sized tarp | 50 | 0 | 5 | 0 | 5 | |
| Standard rain poncho | 100 | 0 | 56 | 32 | 24 | |
| Hand sanitizer | 400 | 0 | 41 | 16 | 25 | |
| Box of tampons | 150 | 0 | 20 | 18 | 2 | |
| Box of female sanitary pads | 150 | 0 | 73 | 68 | 5 | |
| Box of condoms | 2 | 0 | 410 | 160 | 250 | |
| Box of Neosporin wipes | 1 | 20 | 144 | 144 | 0 | |
| Package of bottled water | 30 | 0 | 280 | 232 | 48 | |
| Package of Antiviral Facemasks | 6 | 20 | 74 | 50 | 24 | |



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

Ravenswood Family Health Center

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Kim Wynn, Director of Decision Support and Front Office Operations
Joanna Zygmunt, Psy D, Integrated Behavioral Health Services Clinical Director

December 22, 2016

Elli Lo

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

Dear Elli,

On behalf of Ravenswood Family Health Center (RFHC) and the communities we serve, we thank you for your grant payment of \$8,100.04, which we received on December 22nd, 2016. Your funding allowed us to purchase urgently needed items for our homeless patients, improving their lives and enhancing our capacity to serve this vulnerable population.

We believe that success and prosperity start with good health.

Last fiscal year, RFHC served over 15,000 patients. Nearly 2 in 3 live in poverty, supporting a family of four on less than \$24,300 a year. Our comprehensive medical, dental and mental health services help prevent some 8,750 emergency room visits a year, saving hospitals and taxpayers millions of dollars.

Thank you for being part of the RFHC care team. We look forward to sharing our successes with you as we continue to grow.

Warm Regards,

Luisa Buada, RN, MPH
Chief Executive Officer
South County Community Health Center
d.b.a. Ravenswood Family Health Center
Federal Tax ID # 94-3372130

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

Star Vista
Healthcare for Homeless
Report
February 2017

Product Distribution

| Item | Purchased | Distributed | Balance |
|-------------------------|-----------|-------------|---------|
| Rain Suits | 50 | 20 | 30 |
| Socks | 100 | 48 | 52 |
| First Aid Kits | 20 | 10 | 10 |
| Sweatshirts | 100 | 23 | 77 |
| Toothbrush & Paste Kits | 100 | 26 | 74 |
| Sleeping Bags | 100 | 6 | 94 |

The balance of items remaining are kept on site and provided for clients as needs are identified either by the staff or the client, upon request.

How this funding request is expanding the efforts of your program.

StarVista's sobering station staff are in a unique position to come into contact with homeless individuals who are disinclined to stay at homeless shelters due to the nature of our program. Because of this, the Healthcare for Homeless Small Grant enabled us to address some urgent needs of our local unsheltered homeless that likely would not otherwise have been met, such as maintaining hygiene, wellness & safety, warmth during the extremely cold weather this winter, and protection from a particularly persistent rainy season. Receiving this funding has made all this possible and made a difference for dozens of homeless men and women during this particularly inclement winter.



Photo Credit: http://www.salem-news.com/stimg/november302006/homeless_america1.jpg

Vignette

One particular client, Bob*, is a 70 year old veteran who has been to our sobering station 57 times over the past 24 years. He is usually brought in by law enforcement for being drunk in public and sometimes referred by hospitals after being discharged from the ER and not having a safe place to recuperate. Every time Bob comes through the sobering station he speaks with one of our substance abuse counselors; sometimes he is abrupt and refuses to share anything and other times he shares a great deal. Bob is always respectful and courteous to the staff and never causes and problems in the facility. Still, each time he comes to the sobering station, the counselors try to give him referrals to services such as the VA, AOD programs, Housing Services, Therapy Services, Medical Assessments, and Psychiatric Evaluations. Unfortunately, Bob never follows through. This year was different.

On 12/23/16, 2 days before Christmas, Bob was in the sobering station again but this time before he was discharged the staff gave him supplies made possible because of the Healthcare for Homeless mini grants program: a sleeping bag, sweatshirt, rain suit, first aid kit, toothbrush & paste kit, and socks! In response, Bob was moved and smiled at staff – a very rare occurrence. When Bob received referrals from staff the next day, he showed a new willingness to follow through. It was clear the needed supplies opened the door to a new level of connection with Bob – and his example is clear, given the sobering station’s experience with him. The dozens of other clients we served with these supplies also have developed a more trusting relationship with staff and it is expected we will be better able to facilitate productive referrals as a result of the deeper trust offered by these supplies. In addition, clients will be less likely to get sick as they are sheltered from the elements and have the tools for preventive dental care and first aid. We greatly appreciate the Health Care for the Homeless/Farmworker Health Program.

Photos of items



Hoodie/Sweatshirt Sample



Dental Kits



First Aid Kits



Socks



Rain Suits



Sleeping Bag

FINAL REPORT from the Society of St. Vincent de Paul of San Mateo County

With help from this \$13,735 fund reimbursement from the County Healthcare for Homeless and Farm Workers Program, this winter we distributed 6,017 pairs of socks; 6,068 items for personal hygiene (toothbrushes, toothpaste, deodorant, razors, etc.); and 654 sleeping bags to the chronically unhoused. We were also able to provide ponchos, hand warmers, and blankets to meet increased demand compared to last winter when we ran out of these items.

The entirety of this funding was expended to help meet the needs of our homeless clients. Thanks to this help from the Health Care for the Homeless/Farm Worker Program, we had a larger quantity assistance to distribute to the homeless this winter. We welcome an average of 80 homeless visitors every day, and many of them visit frequently, for food, sleeping bags, clothing and laundry assistance and other survival necessities. When the weather turns cold, windy and wet, we provide them with ponchos, dry socks and underwear, hand warmers, blankets, and other cold weather gear. This grant from SMC HCH/FHP was especially welcome during this exceptionally wet winter season.

Recently, "John" stopped by SVdP's South San Francisco Café St Vincent to say hello and to let us know that he has his own place again and a new job working with rescue dogs. Fifteen years ago, we got him into Safe Harbor shelter. After a brief stay at the shelter, he found work as bike courier and rented a home for a decade. However, five years ago, due to the economy and personal struggles he became homeless again and went back into the shelter. Now he is happy to be working again and safely housed. He is very grateful for all that SVdP has done for him.

St. Vincent de Paul's Safety Net program includes 1) SVdP's three Homeless Help Centers (HHCs) in South San Francisco, San Mateo, and Redwood City, which provide food, clothing and other basic survival necessities to the homeless across all of San Mateo County, and 2) SVdP's Peninsula Family Resource Center (PFRC)—a homelessness prevention program serving low-income, precariously housed families in San Mateo County, and. These programs exist to help our most vulnerable neighbors remain healthy and housed. Last fiscal year (October 1, 2015 – September 30, 2015), SVdP served 25,050 clients across all SVdP programs.

In FY 2016, the three SVdP HHCs served 80,000+ meals. In addition, they provided the following assistance: approximately \$100,000 worth of clothing and shoes through vouchers redeemed at SVdP thrift stores in South San Francisco, San Bruno, Daly City, San Mateo, and Redwood City.

Approximately 85% of our Homeless Help Center clients are male. Over the last two years, we have seen an increase in the number of senior citizens (over age 60) especially at our South San Francisco Homeless Help Center. Many of these are not long-term homeless clients but are precariously housed and food insecure.

This reimbursement grant has helped hundreds of homeless individuals stay warm and dry in this winter. On their behalf, thank you for partnering with the Society of St. Vincent de Paul in caring!

Society of St. Vincent de Paul of San Mateo County

Below are the Case Card counts for past years:

Number of new clients added BETWEEN '2016-11-01' and '2017-03-28' = 337

Number of new clients added BETWEEN '2015-11-01' and '2016-10-31' = 828

YTD Analysis report for all 3 Homeless Help Centers – Overall # of

| HHC's San Mateo County. | | | | | | | | | | | |
|---|--------------|---------------|------------|-----------------|-------------|------------------|-----------|-----------|-------------|-----------------|------------|
| Reports Menu | | | | | | | | | | | |
| PRINT | | | | | | | | | | | |
| Year To Date Analysis Report | | | | | | | | | | | |
| Calendar Year : From '2016-10-01' To '2017-09-30' | | | | | | | | | | | |
| Year To Date Analysis Report for: SSF | | | | | | | | | | | |
| Month | Food Served | Undup Clients | Shelter | Tramp -ortation | Legal (all) | Clothing & Shoes | Referrals | Medical | Hygiene | Commun -ication | New Client |
| Oct | 4320 | 495 | 46 | 146 | 6 | 437 | 6 | 0 | 327 | 147 | 18 |
| Nov | 4780 | 513 | 73 | 161 | 17 | 438 | 4 | 2 | 360 | 120 | 26 |
| Dec | 4617 | 460 | 54 | 139 | 10 | 518 | 6 | 4 | 334 | 141 | 24 |
| Jan | 4589 | 470 | 51 | 200 | 17 | 532 | 5 | 0 | 360 | 139 | 32 |
| Feb | 4 | 0 | 37 | 196 | 14 | 503 | 10 | 4 | 377 | 152 | 14 |
| Mar | 0 | 0 | 28 | 212 | 7 | 493 | 14 | 0 | 345 | 151 | 11 |
| Apr | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| May | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jun | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jul | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Aug | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals : | 18510 | 1936 | 289 | 1074 | 71 | 2921 | 45 | 10 | 2133 | 650 | 125 |

| Year To Date Analysis Report for: SMC | | | | | | | | | | | |
|---------------------------------------|-------------|---------------|------------|-----------------|-------------|------------------|-----------|-----------|-------------|-----------------|------------|
| Month | Food Served | Undup Clients | Shelter | Tramp -ortation | Legal (all) | Clothing & Shoes | Referrals | Medical | Hygiene | Commun -ication | New Client |
| Oct | 1279 | 165 | 46 | 133 | 24 | 354 | 0 | 1 | 219 | 0 | 28 |
| Nov | 0 | 0 | 40 | 109 | 12 | 369 | 0 | 4 | 184 | 0 | 29 |
| Dec | 0 | 0 | 44 | 135 | 15 | 391 | 0 | 1 | 151 | 0 | 33 |
| Jan | 1 | 0 | 43 | 165 | 12 | 344 | 0 | 1 | 133 | 1 | 27 |
| Feb | 0 | 0 | 19 | 170 | 13 | 328 | 0 | 2 | 175 | 0 | 20 |
| Mar | 0 | 0 | 35 | 113 | 10 | 343 | 0 | 2 | 196 | 0 | 14 |
| Apr | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| May | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jun | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jul | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Aug | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals : | 1280 | 165 | 229 | 825 | 66 | 2159 | 0 | 12 | 1056 | 3 | 151 |

| Year To Date Analysis Report for: RWC | | | | | | | | | | | |
|---------------------------------------|-------------|---------------|------------|-----------------|-------------|------------------|-----------|----------|-------------|-----------------|------------|
| Month | Food Served | Undup Clients | Shelter | Tramp -ortation | Legal (all) | Clothing & Shoes | Referrals | Medical | Hygiene | Commun -ication | New Client |
| Oct | 329 | 276 | 33 | 15 | 0 | 604 | 0 | 0 | 1609 | 0 | 27 |
| Nov | 328 | 273 | 49 | 16 | 0 | 713 | 0 | 0 | 1517 | 0 | 25 |
| Dec | 332 | 275 | 64 | 9 | 0 | 689 | 0 | 0 | 1597 | 0 | 24 |
| Jan | 339 | 275 | 109 | 10 | 0 | 689 | 0 | 0 | 1539 | 0 | 26 |
| Feb | 295 | 250 | 34 | 11 | 0 | 556 | 0 | 0 | 925 | 0 | 22 |
| Mar | 218 | 208 | 47 | 11 | 0 | 395 | 0 | 0 | 652 | 0 | 10 |
| Apr | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| May | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jun | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jul | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Aug | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals : | 1841 | 1557 | 336 | 72 | 0 | 3636 | 0 | 0 | 7839 | 0 | 134 |