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

Co-Applicant Board Meeting Agenda

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

May 9, 2019; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA			9:02am
C. PUBLIC COMMENT			9:05am

Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.

AGENDA	SPEAKER(S)	TAB	TIME
D. CONSUMER INPUT/GUEST SPEAKER a. **Migrant Conference report out** b. **SB1152 SMMC Update**	Steve Carey Kelsey Datillo, Social Work Supervisor		9:07am
E. CLOSED SESSION- There is no closed session at this meeting.			
F. MEETING MINUTES			
1. Meeting minutes from March 14. 2019	Linda Nguyen	**Tab 1**	9:35am
G. BOARD PRESENTATIONS AND DISCUSSIONS			
a. ***SMC 2018 Annual Federal Program Performance Report (UDS)***	HCH/FH Staff	**Tab 2**	9:37am
b. ***Patient satisfaction survey***	Danielle		
H. BUSINESS AGENDA			
1. SMMC Audit	Robert/Jim	**Tab 3**	10:15am
a. ***Action item Request to approve audit***			
2. Oral Health Infrastructure funding	Jim/Sofia	**Tab 4**	10:20am
a. ***Action item Request to approve application***			
3. Integrated Behavioral Health funding	Jim/Sofia	**Tab 5**	10:25am
a. ***Action item Request to approve application***			
4. Board member request	Adonica/Steve C./ Robert	**Tab 6**	10:35am
a. ***Action Item to approve new Board members***			
G. REPORTING AGENDA			
1. Sub-committee reports	Steve C./Robert		10:40am
2. QI report	Frank/Danielle	**Tab 7**	10:45am
3. HCH/FH Program Director's Report	Jim Beaumont	**Tab 8**	10:50am
4. HCH/FH Program Budget/Finance Report	Robert/Jim	**Tab 9**	10:55am

H. 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.

1. Future meetings – every 2nd Thursday of the month (unless otherwise stated)
   a. Next Regular Meeting June 13, 2019; 9:00AM – 11:00AM at Fair Oaks Clinic| RWC

I. ADJOURNMENT — 11:00am

TAB 1

Meeting Minutes

Request to Approve

Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (April 11, 2019)
SMMC

Co-Applicant Board Members Present
Brian Greenberg
Christian Hansen
Eric DeBode
Robert Anderson
Steven Kraft
Mother Champion
Steve Carey
Victoria Sanchez De Alba
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

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

Members of the Public
Isabelle LaSalle- Assembly member Marc Berman's office
Shanna Hughes- San Mateo Police Dept
Tricia O'Hara- Puente

Absent Tayischa Deldridge, Adonica Shaw

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9:09 A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Consumer Input-	Isabelle LaSalle from Assembly Member Marc Berman's office came to discuss AB302- Community Colleges- Safe Lots for Homeless Students. AB302 would allow homeless community college students to sleep in their vehicles overnight in campus parking facilities, meeting the immediate needs of homeless students. The bill addresses community colleges first, because four year colleges (State schools and University of California system) typically offer housing for students, whereas community colleges typically do not. This bill also leverages and builds upon existing law that requires community college districts to provide shower facilities for homeless students (AB1995 from 2016). A report released by the Chancellor's Office of the California Community College System surveyed nearly 40,000 students at 57 schools and found 19% of respondents experienced homelessness in the previous year. The law would go into effect July 1, 2020, and all community college districts would be required to develop a plan that would include: definition of homeless student; designation and monitoring of overnight parking facilities; development of waiver form; accessible bathrooms; rules and hours of operation. The bill is being reviewed by the Appropriations Committee, establishing the costs.	
Board Orientation Funding Opportunities	Program Director presented on two funding opportunities that Health Resources Administration Services announced recently with applications due soon: 1) Oral Health Infrastructure funding with estimated award value of $300,000 to be used for support underlying infrastructure needs such as Dental Electronic Health Record (E.H.R); with a submission date of April 22, 2019 and May 21, 2019 (two-step process) 2) Integrated Behavioral Health (IBH) Services with estimated $145,000 award value to expand services for Substance Abuse/Mental Health services with required additional 0.5 new Full time equivalent staff. Submission due May 13, 2019. Program Director also presented on 3 possible options for the IBH funding: a. Add Behavioral Health and Alcohol and Other drug (AOD) staff to Street/Field	**Request to approve applying for Oral Health funding for Dental E.H.R.** MOVED by Steve Carey SECONDED by Christian, and APPROVED by all Board members present **Request to approve**

	Medicine team b. Support incidental Medical Services at BHRS treatment locations (i.e.Palm Ave) c. Provide intensive case management services for BHRS AOD clients in Dept of housing Permanent supportive housing. Conversation about the various funding and how they would address services for both the homeless and farmworker populations. Members discussed the merits between Options A and B and the majority supported Option A, as it most clearly illustrated working with both homeless and farmworker population, which is required for funding. The program will announce the next Request for Proposal for all health care services in 2020. Please refer to TAB 1	**applying for IBH funding and pursue option A- working with Street/field Med team** MOVED by Steven Kraft SECONDED by Robert, Abstain- Steve C., Christian and APPROVED by all remaining Board members present
Needs Assessment discussion	Discussion on Needs Assessment (NA) effort for this year lead by staff. Inquire which board members want to be involved in this effort for feedback on survey and data to collect. Board members: Victoria and Brian volunteered to be involved and provide feedback to staff on NA.	Board members: Victoria and Brian volunteered to be involved and provide feedback to staff on NA.
No Closed session		
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from March 14, 2019) were approved. Please refer to TAB 2	Consent Agenda was MOVED by Christian SECONDED by Steve K, and APPROVED by all Board members present.
Sliding Fee Scale **Action Item- Request to approve Sliding fee scale**	One of the Federal Program Requirements is to have an approved Sliding Fee Discount Program (SFDP). This Board approved policy for the SFDP in October 2014 and was subsequently updated on June 9, 2016, October 12, 2017, February 08, 2018 & April 12, 2018. According to the Program's Sliding Fee Discount Program Policy "The income levels included in the SFDS shall be updated annually based on the annual release of the Federal Poverty Level". The attached revisions to the Sliding Fee Scale Schedule are based on the updates to the 2019 (FPL) guidelines. **Action item: Request to approve Sliding fee scale** Please refer to TAB 3	**Request to approve Sliding fee scale** MOVED by Steve K SECONDED by Christian, and APPROVED by all Board members present
Public Health, Policy and Planning contracts **Action Item- Request to amend PHPP contracts**	The HCH/FH program (Program) currently has two Memorandum of Understanding (MOU) with Public Health, Policy and Planning Division (PHPP) to deliver primary care service via the mobile van and street medicine program. The Program is looking to extend both MOUs with PHPP to December 31, 2020. This request is for the board to take action to amend the MOUs with PHPP. The proposed amendments is to extend the service period from June 30, 2019 to December 31,	**Request to amend PHPP contracts** MOVED by Steve C. SECONDED by Robert, and APPROVED by all

	2020. The service costs will remain the same for both contracts. **Action item: Request to amend PHPP contracts** Please refer to TAB 4	Board members present **Recused-** Frank Trinh - staff
QI Plan **Action Item- Request to approve QI Plan**	Medical Director discussed the proposed annual plan and changes from previous years, which include: • Reporting period will be from April 2019-2020 • goals will be based on clinical performance data from 2018 Uniform Data Systems report • additional clinical performance goals from grant application/report • patient grievances and provider satisfaction • Four clinical quality measures of focus based on hospital efforts, national quartile ranking The four clinical measures that will be focused on for 2019/2020 QI plan will be: Cervical Cancer screening, Diabetes, Prenatal care first trimester and Depression screening & follow up. There was a discussion on having a measure to focus on nutrition and food insecurity. Currently there is a measure for children and adult on nutritional counseling. Discussion on focusing nutrition in next Strategic Plan. **Action Item- Request to approve QI Plan** Please refer to TAB 5	**Request to approve QI Plan** MOVED by Steve K SECONDED by Steve C, and APPROVED by all Board members present
Travel Request **Action Item- Request to approve travel requests from non board members**	The program has already approved 2 Board members and 4 non-board members from attending the NHCHC. The program has received two additional requests from Non-Board member for the upcoming 2019 National Health Care for Homeless Conference (NHCHC) in D.C. (May 22-25): Brighton Ncube, Ambulatory Director and Amanda Hing-Hernandez Nurse Practitioner with Mental Health Primary Care at North County: Brighton Ncube requested $2,211 to support travel for attendance to NHCHC Amanda Hing-Hernandez requested $1,290 to support travel for attendance to NHCHC **Action Item- Request to approve travel requests from non board members** Please refer to TAB 6	**Request to approve travel request for both Amanda and Brighton** MOVED by Steve C. SECONDED by Robert, and APPROVED by all Board members present Staff will inform both of their approved travel requests.
Board membership **Action Item- Request to approve Board membership**	Board Recruitment/membership committee members interviewed Victoria on April 4th on the phone. Victoria has a passion for the farmworker community and she will be an advocate for their healthcare needs. She has been advocating for social justice and equality for much of her life and presently works as a Public Relations/Communications professional continuing that work with various sectors	**Request to approve board membership - Victoria** MOVED by Steve C SECONDED by Robert,

	of the community. Victoria has done outreach to Coastside farmworkers and she has a good grasp of their lives working in the agriculture sector. Victoria served as a farmworker along with her family in Monterey County. Victoria expressed an interest on working on a subcommittee. **Action Item- Request to approve Board membership** Please refer to TAB 7	and APPROVED by all Board members present
Discussion on Annual report	Recruitment/membership committee will review final annual report.	
Sub-committee reports	Finance committee- Robert reported that the committee review expenditures from January and February and will closely review the two new contractors' performance. Steven Kraft reported on the first Homeless Community Advisory group meeting/focus group. Victoria volunteered to help with the Farmworker Community Advisory group efforts.	
Regular Agenda: HCH/FH Program **Directors report**	Grant Conditions/Operational Site Visit (OSV) Report On March 28, 2019, we received a NOA lifting one of the clinical grant conditions (relating to privileging for OLCPs). In addition, we have had numerous correspondence with our Project Officer on the other two (2) clinical grant conditions, one of which we understand will also be lifted imminently, and for the other, we have collected the necessary information and documents to submit. HRSA's processing will require them to issue a 60-day grant condition to create the submission environment for us to provide the information and documents. This should occur within the next week or so. HRSA Funding Opportunities- discussed earlier in the meeting. As anticipated, HRSA released two (2) Funding Opportunities; 1.) Oral Health Infrastructure and 2.) Integrated Behavioral Health Services Expansion. *Please refer to TAB 8 on the Board meeting packet.*	
Regular Agenda: HCH/FH Program **Budget & Financial Report**	Current projections for year-end are, at best, estimates at this point in the year. Our current projection is that total grant expenditures will be $2,923,734 by the end of the year, which would leave an estimated $29,916 in unexpended grant funds. However, approximately $138,000 of our grant funds have some level of spending restrictions, so we have an estimate of being potentially $100,000 overextended with our grant funds. We expect this number to come down as we get further into the year and can clearly identify where we have been able to expend the restricted funds and having a better idea on the rate of expenditures for our contracts and MOUs. Based on the current numbers, we would not be able to recommend any new or additional expenditures. *Please refer to TAB 9 on the Board meeting packet.*	
Adjournment	Time __10:54 a.m.________	Brian Greenberg

Potential Service Concepts for IBHS Funding – 2019

Available: $145,000 ongoing funding

Requires: Minimum Additional 0.5 FTE

TITLE	ADD BEHAVIORAL HEALTH (MENTAL HEALTH and/or AOD) STAFF TO THE STREET/ FIELD MEDICINE TEAM	SUPPORT INCIDENTAL MEDICAL SERVICES AT BHRS TREATMENT LOCATIONS (i.e. Palm Ave)	PROVIDE INTENSIVE CASE MANAGEMENT SERVICES FOR BHRS AOD CLIENTS IN DOH PERMANENT SUPPORTIVE HOUSING
Service Delivery Method	County Staff	Likely Private Staff	County or Private Staff
Population Served	Homeless & Farmworker	Predominately Homeless	Predominately Homeless
Estimate Cost	$120,000 - $160,000 per year depending on final position classification	Unknown	Estimated $90,000 - $120,000 per year.
Form of Action	County MOU	Contract	Contract, County MOU or Direct Staff
Estimated FTE	1.0	=> 0.5	1.0
Estimated Number Served	100+	Unknown (estimated 50% of Palm Ave. clients are homeless)	25
Implementation	Estimated 90 days after award	Unknown. Need to determine process for contracting.	Depending on method of service chosen, 90 days to six months
Potential Issues	Supervision of staff	Potential contracting issues	Supervision of staff and/or contracting issues

COUNTY OF SAN MATEO

HEALTH CARE FOR THE HOMELESS & FARMWORKER HEALTH

2018 Annual Report

222 W. 39TH STREET, SAN MATEO, CA 94403 | T: 650-573-4741

SMMC_HCH_FH_PROGRAM@SMCGOV.ORG

OUR MISSION:

To serve homeless and farmworker individuals and families by providing access to comprehensive health care in a supportive, welcoming, and accessible environment.

OUR VALUES:

ACCESS *Homeless and farmworker individuals and their families have full access to the continuum of health care and social services*

DIGNITY *Services provided by HCH/FH Program are respectful, culturally competent and treat the whole person's physical health and behavioral health*

INTEGRITY *Homeless and farmworker individuals and their families are valued and considered a partner in making decision regarding their health care*

INNOVATION *Services provided by the HCH/FH Program will be targeted to respond to the needs of the homeless and farmworker individuals and their families with the outcome of making these individuals healthier and their lives more stable*

LETTER from the BOARD CHAIR

Overall, the idea is simple - if people don't wait until an emergency to see their doctor, their health outcomes are better, and the health system saves money. This explains why health insurance companies and large companies offer wellness programs encouraging employees to exercise and make annual visits to their primary care physician.

Still, few of us really like going to the doctor or the dentist, or confronting mental illness in ourselves or loved ones. Add the stress and isolation associated with being homeless or an immigrant in a politically hostile climate - the two populations our program focuses on - and it is both obvious and proven that seeking health care is de-prioritized on a personal level and more difficult to obtain on a systematic level due to stigma, geographic accessibility, health literacy, fear and more.

This is where Health Care for the Homeless/ Farmworker Health (HCH/FH) comes into the picture. We channel federal funds to alleviate some of the burdens these two populations disproportionally feel in an attempt to reduce health disparities and hopefully reduce health costs. We leverage the extensive services of San Mateo Health and partner with respected community based organizations (see pages 5 &6) to provide primary, dental, behavioral health and case management services. In 2018, 4,600 homeless individuals and 1,100 farmworkers received health related services from San Mateo Health or one of our partner organizations (see page 4).

Even though we've been at this for 28 years, this is our first Annual Report. We are happy to share the programs' 2018 work, plans for the following year and invite new partners, health care providers, and community members to join us in this important work.

- Brian Greenberg, Board Chair

IT TAKES A VILLAGE – A CLIENT'S STORY

Bill S. became homeless when his apartment in South San Francisco burned down in the summer of 2018. At 71 years old, he didn't have anywhere else to go and turned to Safe Harbor, a shelter in South San Francisco run by Samaritan House. Bill was battling alcohol abuse and chronic obstructive pulmonary disease (COPD). Over the years, he had gone to numerous emergency rooms for his COPD exacerbations but did not have a primary care doctor.

The team on the San Mateo Mobile Health Van, which comes to Safe Harbor weekly, was able to get Bill's COPD under control and connect him to the SMC integrated medication assistance team (IMAT) for alcohol support. By early fall, Bill reported he had not drank since working with IMAT and had established a primary care team at the Ron Robinson Senior Care Center Moreover, with the assistance of LifeMoves, Bill received a housing voucher and moved into an assisted living apartment in the late Fall.

BACKGROUND

Health Care for the Homeless/Farmworker Health Program (HCH/FH)

San Mateo County's Health Care for the Homeless/Farmworker Health Program is a federally funded program which has delivered and coordinated health care and support services for homeless individuals and families since 1991. In July 2010, the program received additional funding to provide similar services to farmworkers and their families/dependents.

HCH/FH is funded by United States Department of Health and Human Services Health Resources and Services Administration ("HRSA") pursuant to Sections 330(g) and 330(h) of the Public Health Service Act to support the planning for and delivery of services to medically underserved populations. It is jointly governed by an independent Co-Applicant Board and San Mateo County Board of Supervisors.

People in San Mateo County experiencing homelessness or farmworkers can access any San Mateo County Health touch point – San Mateo Medical Center and satellite clinics, mobile clinics and numerous other County and community-based organizations - to receive health services regardless of insurance or documentation status. HCH/FH has agreements with county and nonprofit organizations to provide these services.

Strategic Plan Goals

In 2015, HCH/FH developed a strategic plan with four high level goals:

1. Expand health services for homeless and farmworkers
2. Improve the ability to assess the on-going needs for homeless and farmworkers
3. Maximize the effectiveness of the HCH/FH Board and Staff
4. Improve communication about resources for the homeless and farmworkers

The strategic plan will be updated in 2019.

Quality Improvement

HCH/FH monitors clinical outcomes of people experiencing homelessness and farmworkers to ensure their health outcomes such as rates of diabetes, heart disease, and prenatal care are on par with the general population.

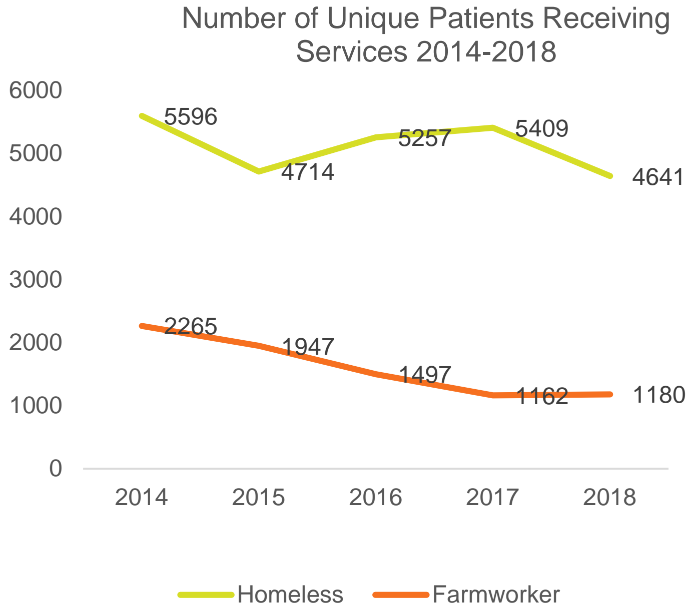
Each year, the Quality Improvement/Quality Assurance subcommittee defines targets for health outcomes monitored by HRSA and works with partners [illegible] them. In 2018, diabetes control bec[illegible] which was incorporated into [illegible] plan for implementation.

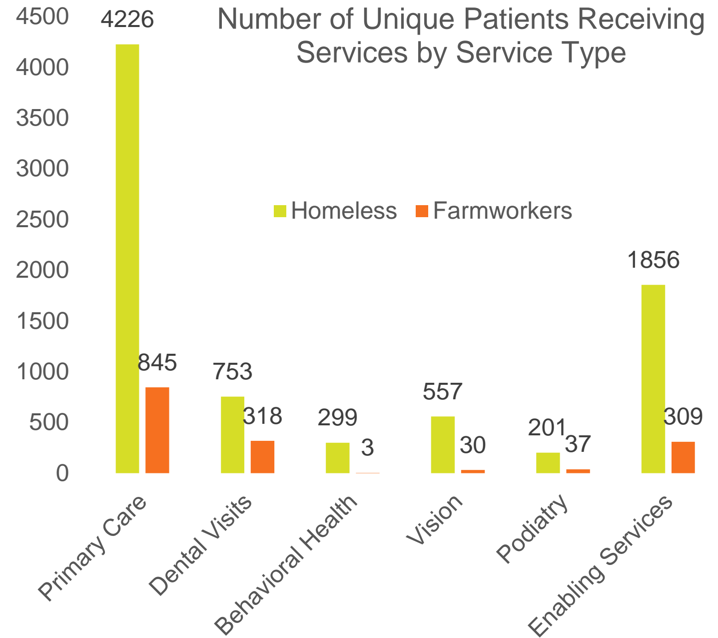
Placeholder

2018 in Review

Homeless and Farm Workers in San Mateo County who have accessed health services

The Center on Homelessness conducts a one-day count every two years. In 2018, the number of street homeless using the Housing Authority's definition was about 600. HCH/FH uses a broader definition of homelessness, which includes people who are doubling up (i.e. couch surfing). In 2018, about 4,600 homeless patients received health care services through the HCH/FH program (primary, dental, etc).





The term farmworkers is also very broad from HRSA's perspective, and includes both migrant workers who have multiple employers or just one, aged and disabled workers and their families. According to Legal aid society of San Mateo County, fears of deportation plague immigrant families in our community and across the United States.

Spotlight: Mental Health Services and Substance Use Disorder

Substance use disorders impact the health and well-being of individuals, families, and entire communities across the country, and have been called "one of the critical public health problems of our time. HCH/FH until 2018 was not able to allocate many resources to mental health.

Mental health and substance use are particularly and intricately connected to the overall well-being of vulnerable populations.

In 2018, HRSA announced supplemental funding for Substance Use Disorder and Mental Health Services (SUD MH), which was in addition to a similar announcement in 2017 for Access Increases in Mental Health and Substance Abuse Services (AIMS).

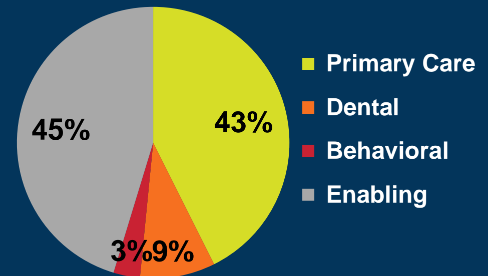
HCH/FH was able to secure funding from both mental health and substance use opportunities. This led to the development of two new community partnerships – StarVista and El Centro – to find ways of increasing services for farmworker and people experiencing homelessness.

Additionally, the funding was used to conduct a county-wide Substance Use Needs Assessment, develop resources for people struggling with substance use, and a website framework. This work is being finalized in the early 2019 months as El Centro and StarVista are ramping up to provide services, all of which are exciting developments for the HCH/FH program.

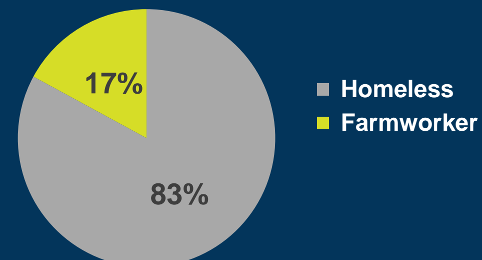
Budget

The program's 2018 grant budget was roughly $3M, about two-thirds goes to contracts, and a third for operations (staff salaries, consultants). The contract breakdown is:

Expenditures by Service Type



Expenditures by Population



SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS AND FARMWORKERS IN SAN MATEO COUNTY

The Health Care for the Homeless/Farmworker Health Program works with the below organizations to ensure people experiencing homelessness and farmworkers in San Mateo County are able to receive primary care, dental care, behavioral and substance use services, and care coordination services.

Most of these organizations provide services beyond those described here, which focus on HCH/FH contracted services.

Primary Care

San Mateo County Mobile Health Clinic

A state-of-the-art van which provides drop-in, no appointment necessary primary care services to homeless patients throughout San Mateo County at regularly scheduled sites.

San Mateo County Street/Field Medicine

In an effort to meet patients where they are, this backpack medicine program provides primary care to people experiencing homelessness on streets, encampments and to farmworkers in the fields.

Dental Care

San Mateo Mobile Dental Clinic

Provides comprehensive dental care services to San Mateo County residents throughout San Mateo County at various locations including homeless shelters. Qualified patients are assigned to the clinic.

Provides comprehensive dental services to farmworkers and their families in the Southcoast region of San Mateo County, including exams, fillings, and crowns. Sonrisas works closely with Puente to outreach and identify farmworkers.

San Mateo Medical Center and Clinics

Anyone who is experiencing homelessness, is a farm worker or family member of a farm worker can receive health care services at the county hospitals or clinics throughout the county. SMMC is a safety net hospital for all county residents. Clinics cover the entire county and services includes primary, pediatrics, OBGYN, podiatry.

Provider Spotlight

Placeholder

Place holder verbiage to highlight the amazing work providers across the County are providing to people experiencing homelessness and to people working in the fields. Place holder verbiag... ighlight the amazing work providers acro... are providing t... peop... exper...g homelessness and to people working in the fields. providing to people experiencing homelessness and to

Behavioral Health

Includes mental health and substance use treatment/outreach.

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Provides a broad spectrum of services for children, youth, families, adults and older adults for the prevention, early intervention and treatment of mental illness and/or substance use conditions.

EL CENTRO DE LIBERTAD
The Freedom Center

Provides outreach/prevention education programs, screening and navigation assistance on substance use to homeless and farmworkers throughout San Mateo county. One of HCH/FH’s newest partnerships.

STAR VISTA

Provides outreach/engagement services, including engagement with Medication Assisted Treatment services, and substance abuse and mental health services to homeless and farmworkers throughout San Mateo County.

Enabling Services

Are non-clinical services that aim to increase access to healthcare and improve health outcomes, i.e. transportation, health literacy

Provides care coordination, health insurance enrollment including SSI/SSDI to homeless patients throughout San Mateo County. LifeMoves also collaborates with the SMC Street Medicine Team to provide medical needs assessment of street homeless.

Provides care coordination and health insurance eligibility/enrollment to farmworkers in the South Coast of San Mateo County. This includes outreach, education, transportation and translation services.

Provides health care coordination services and patient education to clients experiencing homelessness at their Safe Harbor shelter located in South San Francisco.

Ravenswood Family Health Center

Located in a renovated, state-of-the-art building in East Palo Alto, Ravenswood Family Health Center is a Federally Qualified Health Center that provides comprehensive health care to residents of East Palo Alto. This includes primary care, dental care, behavioral health and enabling services specifically intended to connect people experiencing homelessness to the care they need.

Placeholder

HCH/FH Board Members

Meet our 2019 Board Members, and their reason for joining the Board. Board Members are passionate San Mateo County residents who are not employed by San Mateo County Health.

Board Member Name
Role/Job

Board Member Name
Role/Job

Board Member Name
Role/Job

Board Member Name
Role/Job

Board Member Name
Role/Job

Board Member Name
Role/Job

Board Member Name
Role/Job

Board Member Name
Role/Job

Board Member Name
Role/Job

Looking Ahead to 2019

Medical Respite, also referred to as recuperative care, provides acute and post-acute medical care for people who are homeless and too ill to be on the street/shelter but not ill enough to be in a hospital. Research has shown reduced health costs to hospitals and the overall health system when Medical Respite is a discharge option or Emergency Room deterrent. Currently, San Mateo County does not have a comprehensive model. Due to a confluence of events including increased hospital interest, it has become a large focus of the HCH/FH program in late 2018. In partnership with the San Mateo Hospital Consortium, a Community Task Force composed of diverse stakeholders has been formed to identify a comprehensive medical respite plan for the County in the first half of 2019.

HCH/FH is focusing on numerous other initiatives in 2019 ranging from **data quality** improvement projects to seeking new and innovative projects. Examples include **increasing dental services** to farmworkers on the coast and exploring ways to improve **nutrition** which can in turn alleviate the burden of chronic illness. Additionally, HCH/FH will be conducting a **program needs assessment** and updating its **strategic plan.**

Staff

Jim Beaumont
Program Director

Frank Trinh, M.D.
Medical Director

Danielle Hull
Clinical Coordinator

Irene Pasma
Implementation Coordinator

Linda Nguyen
Program Coordinator

Sofia Recalde
Management Analyst

Get Involved

- Attend a Board Meeting
- Join the Board as a voting member
- Join one of two Advisory Boards
- Keep an eye out for RFPs to submit a proposal

TAB 2

Board Presentations:
SMC 2018 Annual Program Performance

Patient Satisfaction survey

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: May 9, 2019

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

FROM: Sofia Recalde, Management Analyst and Danielle, Clinical Coordinator

SUBJECT: 2018 SMC Annual Federal Program Performance Report – UDS Final Submission

HCH/FH program staff submitted the final Uniform Data System (UDS) report on March 5, 2019, The UDS is a standard data set that is reported annually and provides consistent information about health centers. It includes patient demographics, services provided, clinical processes and results, patients' use of services, costs, and revenues that document how San Mateo Health System, and the performance of HCH/FH contractors. Over the years there have been fluctuations in both the homeless and farmworker populations. The criteria for the clinical outcome measures have also changed significantly; this is reflected in the UDS trend charts showing data on eight years of UDS reporting (2010-2018).

Demographics
Overall the number of homeless and farmworker patients utilizing HCH/FH services in San Mateo County has continued its downward trend 2015. The HCHC/FH program saw a 12% reduction in the total number of patients between 2017 and 2018 from 6,482 to 5,733 patients. The reduction is largely attributed to the homeless patient population, as the number of farmworker patients remains steady.

The number of homeless adults ages 20 to 64 decreased by 18%, while the number of youth and senior homeless patients stayed about the same between 2017 and 2018. The number of homeless patients who double up decreased 23% from 1,691 in 2017 to 1,227 in 2018, and the number of homeless patients whose status is "other" decreased 33% from 835 in 2017 to 563 in 2018.

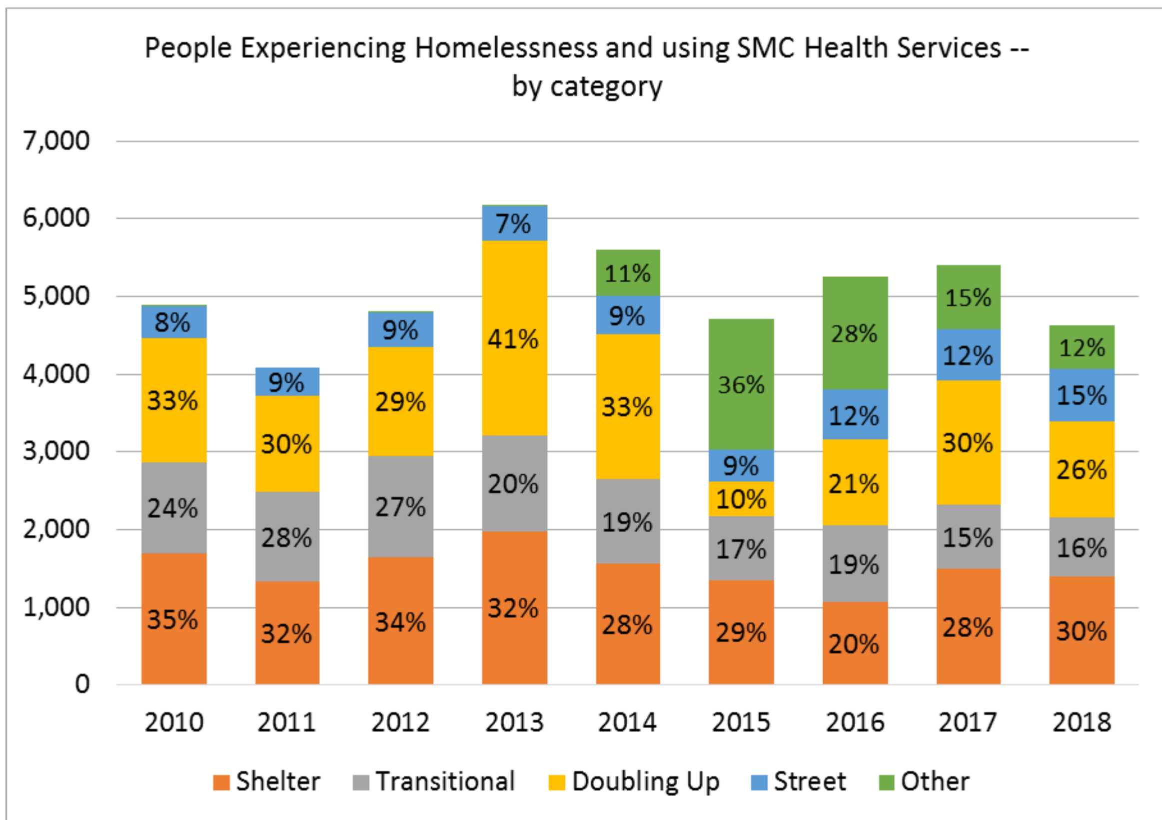
Although it was a modest increase of 2%, this is the first reporting year since 2014 that farmworker participation in the HCH/FH program has increased. However, the number of farmworker patients ages 0-19 years continues to decline and saw a 15% reduction from 477 to 406 youth accessing HCH/FH services between 2017 and 2018. The migrant farmworker population remains steady (1,120 in 2017 and 1,155 in 2018), while the number of seasonal farmworkers continues to decline, from 42 in 2017 to 25 in 2018.

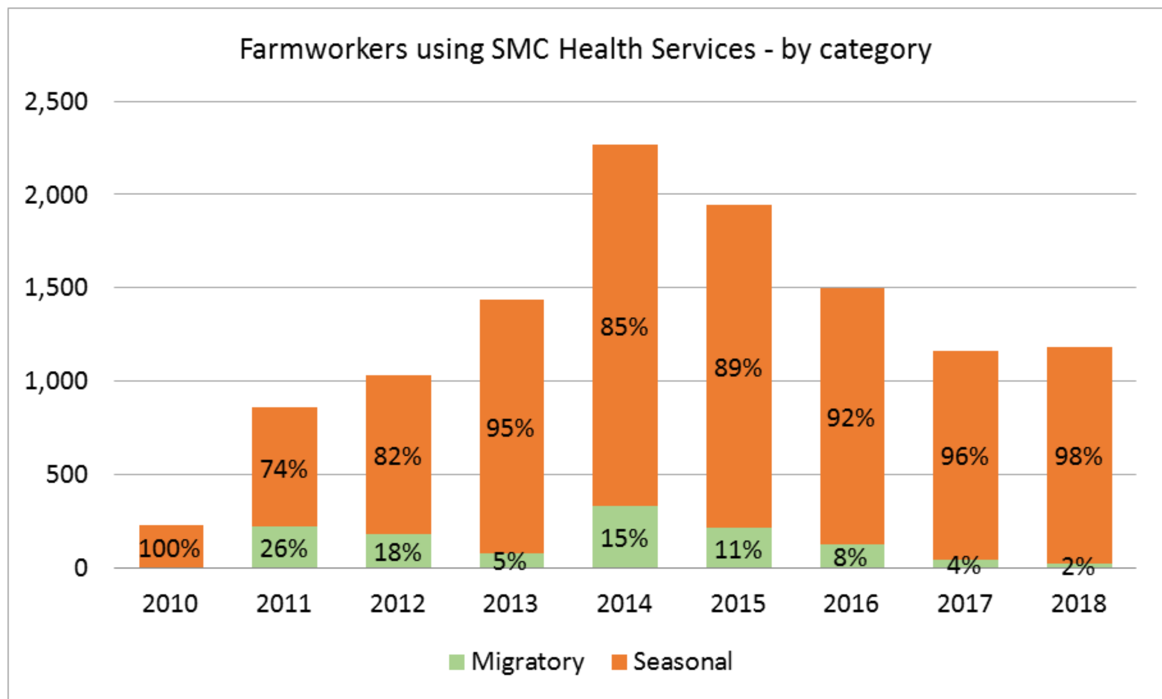
Clinical
In the 2018 UDS Report, 2 clinical outcome measures (out of 14 on table) saw an improvement, 5 clinical outcome measures stayed relatively the same, and 4 measures declined by 5% or more. 2015 was the first-year program staff was able to obtain universal reports for some UDS clinical measures 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).

Financial

In 2018, a total of 40 FTEs conducted 33,738 clinic visits for 5,733 unduplicated patients. Patients accessed multiple services, such as medical (4,969 patients), dental (1,164 patients), mental health (302 patients), podiatry (2434 patients), vision (563 patients), enabling (2,162 patients) and supportive services. The total cost to provide healthcare and enabling services to homeless and farmworker individuals under HCH/FH in 2018 was $17,022,108, which was simila to HCH/FH costs in 2017 ($17.3M). HCH/FH Program revenue in 2018 included $4.1M in Medicaid and Medicare reimbursement, $2.4M from a HRSA section 330 grant, and $11.1M from County (ACE) support.





ATTACHED:

- Trend chart for 9 years (2010-2018)
- Detailed breakdown of population
- Financial Summary – Staffing, Cost & Revenue
- 2018 UDS FINAL SUBMISSION

Summary of HCH/FH Program Performance 2010 - 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total # of Visits	20,002	20,854	28,400	39,628	41,361	37,915	39,616	39,130	33,738
Total # of Patients	5,110	4,897	5,779	7,516	7,707	6,556	6,696	6,482	5,733
Homeless	4,883	4,109	4,803	6,171	5,596	4,714	5,257	5,409	4,641
Farmworker	227	837	1,031	1,435	2,265	1,947	1,497	1,162	1,180
Sex									
Male	58%	55%	52%	51%	52%	52%	50%	56%	57%
Female	42%	45%	48%	49%	48%	48%	50%	44%	43%
Age Range									
0-19 yrs	17%	21%	24%	23%	27%	26%	26%	15%	16%
20-64 yrs	79%	76%	72%	67%	62%	63%	70%	76%	74%
65+ yrs	4%	3%	4%	20%	22%	22%	4%	9%	11%

Homeless Status

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Shelter	35%	32%	34%	32%	28%	29%	20%	28%	30%
Transitional	24%	28%	27%	20%	19%	17%	19%	15%	16%
Doubling Up	33%	30%	29%	41%	33%	10%	21%	30%	26%
Street	8%	9%	9%	7%	9%	9%	12%	12%	15%
Other	0%	0%	0%	0%	11%	36%	28%	15%	12%
Unknown	0%	1%	0%	0%	0%	0%	0%	0%	0%

Farmworker Status

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Migratory	0%	24%	18%	5%	15%	11%	8%	4%	2%
Seasonal	100%	76%	82%	95%	85%	89%	92%	96%	98%

Detailed breakdown of homeless & farmworker patients 2010 - 2018

Universal

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total # of Patients	**5,110**	**4,897**	**5,779**	**7,516**	**7,707**	**6,556**	**6,696**	**6,482**	**5,733**
Male	2,948	2,671	3,031	3,796	3,997	3,421	3,378	3,621	3,263
Female	2,162	2,226	2,748	3,720	3,710	3,135	3,318	2,861	2,470
Age Range									
0-19 yrs	881	1,013	1,411	1,715	2,113	1,717	1,714	948	914
20-64 yrs	4,034	3,708	4,143	5,012	4,771	4,140	4,701	4,930	4,214
65+ yrs	195	176	225	789	823	699	281	604	605

Homeless

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total # of Homeless Pts	**4,833**	**4,109**	**4,803**	**6,171**	**5,596**	**4,714**	**5,257**	**5,409**	**4,641**
Shelter	1,694	1,330	1,641	1,981	1,562	1,355	1,071	1,489	1,396
Transitional	1,171	1,148	1,305	1,228	1,083	814	981	827	765
Doubling Up	1,602	1,247	1,406	2,515	1,867	451	1,103	1,601	1,227
Street	402	356	447	436	488	408	643	657	681
Other	2	-	1	11	596	1,686	1,459	835	563
Unknown	12	28	3	-	-	-	-	-	9
Sex									
Male	2,851	2,380	2,637	3,227	2,989	2,563	2,676	3,117	2,733
Female	2,032	1,729	2,166	2,944	2,607	2,151	2,581	2,292	1,907
Age Range									
0-19 yrs	754	595	881	1,016	928	696	951	483	491
20-64 yrs	3,936	3,346	3,722	4,401	3,887	3,370	4,066	4,369	3591
65+ yrs	193	168	200	754	781	648	240	557	559

Farmworkers

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total # of FW pts	**227**	**857**	**1,031**	**1,435**	**2,265**	**1,947**	**1,497**	**1,162**	**1,180**
Migratory	-	220	183	77	329	213	127	42	25
Seasonal	227	637	848	1,358	1,936	1,734	1,370	1,120	1,155
Sex									
Male	97	325	425	612	1,082	909	745	565	574
Female	130	512	606	823	1,183	1,038	752	597	606
Age Range									
0-19 yrs	127	422	540	730	1,254	1,052	765	477	406
20-64 yrs	97	404	461	663	966	836	689	635	723
65+ yrs	3	11	30	42	45	59	43	50	51

HCH/FH 2018 Financial Summary

Staff/Visit/Patients

	FTE	Clinic Visits	Patients
Medical	**13.3**	**21,390**	**4,969**
Dental	**1.6**	**3,852**	**1,164**
Mental Health	**1.9**	**1,807**	**302**
Other: Podiatry	**0.2**	**479**	**234**
Vision	**0.4**	**859**	**563**
Pharmacy	**4.7**		
Enabling Services	**0.4**	**5,351**	**2,162**
Facility & Non-Clinical Support	**17.9**		
Management & Support Staff	**5.3**		
Patient Support Staff	**12.6**		
TOTAL	**40**	**33,738**	**9,394**

Financial Cost

	Accrued Cost
Total Clinical	**8,595,490**
Medical	6,748,695
Dental	522,792
Mental Health	597,954
Pharmacy & Pharmaceuticals	532,496
Other: Podiatry	69,594
Vision	123,959
Total Enabling	**711,160**
Case Management	711,160
Facility & Non-Clinical Support	**7,715,458**
TOTAL	**17,022,108**

Revenue

	Amount Collected
Patient Revenue	**4,051,614**
Medicaid	2,578,390
Medicare	1,419,024
Other Public Non-Managed Care	26,524
Private	155
Self-Pay	27,521
Federal Grant	**2,410,741**
HRSA 330 - Farmworker	506,256
HRSA 330 - Homeless	1,904,485
Non-Federal Grant	**11,131,967**
Local ACE	11,131,967
TOTAL	**17,594,322**

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

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

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

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

You are NOW using the UDS Reporting Environment. Please prepare, validate, and submit complete calendar year UDS performance data at this time.

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

Date Requested: 03/25/2019 1:48 PM EST

Date of Last Report Refreshed: 03/25/2019 1:48 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2018

Contact Information

Do you self-identify as an NMHC?: No

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UDS Contact	Jim Beaumont	(650) 573 2459	Not Available	jbeaumont@smcgov.org
Project Director	Jim Beaumont	(650) 573 2459	(650) 573 2030	jbeaumont@smcgov.org
Clinical Director	Not Available	Not Available	Not Available	Not Available
Chair Person	Not Available	Not Available	Not Available	Not Available
CEO	Jim Beaumont	(650) 573 2459	Not Available	jbeaumont@smcgov.org

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UDS Report - 2018

Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)	Total Patients (f)
94404	2	26	10		**38**
94403	49	114	46	2	**211**
94402	15	47	10		**72**
94401	156	374	68	5	**603**
94303	172	416	77	9	**674**
94080	92	283	78	3	**456**
94070	3	26	8		**37**
94066	49	75	20	8	**152**

94063	220	330	73	24	**647**
94062	13	44	17	1	**75**
94061	42	126	31	3	**202**
94060	156	221	4	10	**391**
94044	12	37	15	1	**65**
94038	8	11	2		**21**
94065	3	5	4		**12**
94030	4	16	14		**34**
94025	63	101	24	4	**192**
94020	8	13	2		**23**
94019	196	495	41	12	**744**
94015	22	67	25	0	**114**
94014	31	70	18		**119**
94010	7	42	16	1	**66**
94005	234	25	1		**260**
94002	8	76	22		**106**

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	131	234	43	3	**411**
Unknown Residence	4	4			**8**
Total (Zip Codes + Other Zip Codes)	**1700**	**3278**	**669**	**86**	**5733**

Comments

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Table 3A - Patients By Age And By Sex Assigned At Birth

Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)

1.	Under Age 1	32	31
2.	Age 1	18	13
3.	Age 2	32	17
4.	Age 3	23	20
5.	Age 4	25	21
6.	Age 5	22	24
7.	Age 6	20	25
8.	Age 7	15	18
9.	Age 8	28	17
10.	Age 9	24	21
11.	Age 10	21	21
12.	Age 11	31	28
13.	Age 12	26	32
14.	Age 13	21	25
15.	Age 14	20	19
16.	Age 15	26	24
17.	Age 16	20	27
18.	Age 17	21	24
	Subtotal Patients (Sum lines 1-18)	**425**	**407**
19.	Age 18	25	26
20.	Age 19	16	22
21.	Age 20	20	24
22.	Age 21	28	25
23.	Age 22	38	22
24.	Age 23	38	34
25.	Age 24	49	33
26.	Ages 25-29	250	170
27.	Ages 30-34	281	197
28.	Ages 35-39	292	203
29.	Ages 40-44	258	205
30.	Ages 45-49	270	185
31.	Ages 50-54	308	218
32.	Ages 55-59	357	218
33.	Ages 60-64	300	183
	Subtotal Patients(Sum lines 19-33)	**2530**	**1765**
34.	Ages 65-69	166	113
35.	Ages 70-74	71	86

36.	Ages 75-79	41	50
37.	Ages 80-84	17	31
38.	Ages 85 and over	13	18
	Subtotal Patients(Sum lines 34-38)	**308**	**298**
39.	**Total Patients(Sum Lines 1-38)**	**3263**	**2470**

HCH

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	16	15
2.	Age 1	10	9
3.	Age 2	23	12
4.	Age 3	16	12
5.	Age 4	14	14
6.	Age 5	12	19
7.	Age 6	11	10
8.	Age 7	7	12
9.	Age 8	10	12
10.	Age 9	15	12
11.	Age 10	8	10
12.	Age 11	16	17
13.	Age 12	6	14
14.	Age 13	7	9
15.	Age 14	10	12
16.	Age 15	12	13
17.	Age 16	12	16
18.	Age 17	14	11
	Subtotal Patients(Sum lines 1-18)	**219**	**229**
19.	Age 18	12	10
20.	Age 19	10	11
21.	Age 20	15	14
22.	Age 21	25	18
23.	Age 22	31	10
24.	Age 23	32	30
25.	Age 24	44	26
26.	Ages 25-29	222	141
27.	Ages 30-34	245	158

28.	Ages 35-39	251	159
29.	Ages 40-44	218	140
30.	Ages 45-49	229	143
31.	Ages 50-54	279	184
32.	Ages 55-59	334	193
33.	Ages 60-64	283	167
	Subtotal Patients(Sum lines 19-33)	**2230**	**1404**
34.	Ages 65-69	155	103
35.	Ages 70-74	67	78
36.	Ages 75-79	36	48
37.	Ages 80-84	16	27
38.	Ages 85 and over	11	18
	Subtotal Patients(Sum lines 34-38)	**285**	**274**
39.	**Total Patients(Sum Lines 1-38)**	**2734**	**1907**

MHC

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	16	16
2.	Age 1	8	4
3.	Age 2	9	6
4.	Age 3	8	9
5.	Age 4	11	8
6.	Age 5	10	6
7.	Age 6	9	15
8.	Age 7	8	6
9.	Age 8	19	6
10.	Age 9	9	10
11.	Age 10	14	12
12.	Age 11	15	12
13.	Age 12	20	20
14.	Age 13	14	19
15.	Age 14	10	7
16.	Age 15	16	12
17.	Age 16	9	12
18.	Age 17	8	13
	Subtotal Patients(Sum lines 1-18)	**213**	**193**

19.	Age 18	13	17
20.	Age 19	7	11
21.	Age 20	6	11
22.	Age 21	3	10
23.	Age 22	9	13
24.	Age 23	6	6
25.	Age 24	8	8
26.	Ages 25-29	27	31
27.	Ages 30-34	39	40
28.	Ages 35-39	45	47
29.	Ages 40-44	47	70
30.	Ages 45-49	45	45
31.	Ages 50-54	32	34
32.	Ages 55-59	28	26
33.	Ages 60-64	21	18
	Subtotal Patients(Sum lines 19-33)	**336**	**387**
34.	Ages 65-69	13	11
35.	Ages 70-74	4	9
36.	Ages 75-79	6	2
37.	Ages 80-84	1	4
38.	Ages 85 and over	1	
	Subtotal Patients(Sum lines 34-38)	**25**	**26**
39.	**Total Patients(Sum Lines 1-38)**	**574**	**606**

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UDS Report - 2018

Table 3B - Demographic Characteristics

Universal

S.No	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1.	Asian	8	312		**320**
2a.	Native Hawaiian	21	24		**45**
2b.	Other Pacific Islander	7	140		**147**

2.	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	**28**	**164**		**192**
3.	Black/African American	11	496		**507**
4.	American Indian/Alaska Native	18	5		**23**
5.	White	1685	1378		**3063**
6.	More than one race	581	141		**722**
7.	Unreported/Refused to report race	191	133	582	**906**
8.	**Total Patients (Sum Lines 1 + 2 + 3 to 7)**	**2522**	**2629**	**582**	**5733**

S.No	Patients by Linguistic Barriers to Care	Number (a)
12.	Patients Best Served in a Language Other Than English	2560

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	50
14.	Straight (not lesbian or gay)	2825
15.	Bisexual	35
16.	Something else	11
17.	Don't know	2366
18.	Chose not to disclose	446
19.	**Total Patients (Sum Lines 13 to 18)**	**5733**

S.No	Patients by Gender Identity	Number (a)
20.	Male	1723
21.	Female	1493
22.	Transgender Male/ Female-to-Male	1
23.	Transgender Female/ Male-to-Female	6
24.	Other	2284
25.	Chose not to disclose	226
26.	**Total Patients (Sum Lines 20 to 25)**	**5733**

HCH

S.No	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1.	Asian	8	310		**318**
2a.	Native Hawaiian	16	24		**40**

2b.	Other Pacific Islander	6	133		**139**
2.	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	**22**	**157**		**179**
3.	Black/African American	11	492		**503**
4.	American Indian/Alaska Native	18	5		**23**
5.	White	996	1365		**2361**
6.	More than one race	333	136		**469**
7.	Unreported/Refused to report race	91	131	566	**788**
8.	**Total Patients (Sum Lines 1 + 2 + 3 to 7)**	**1479**	**2596**	**566**	**4641**

S.No	Patients by Linguistic Barriers to Care	Number (a)
12.	Patients Best Served in a Language Other Than English	1938

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	44
14.	Straight (not lesbian or gay)	2273
15.	Bisexual	32
16.	Something else	11
17.	Don't know	1952
18.	Chose not to disclose	329
19.	**Total Patients (Sum Lines 13 to 18)**	**4641**

S.No	Patients by Gender Identity	Number (a)
20.	Male	1377
21.	Female	1105
22.	Transgender Male/ Female-to-Male	1
23.	Transgender Female/ Male-to-Female	6
24.	Other	1987
25.	Chose not to disclose	165
26.	**Total Patients (Sum Lines 20 to 25)**	**4641**

MHC

S.No	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1.	Asian	0	3		**3**
2a.	Native Hawaiian	6	0		**6**

2b.	Other Pacific Islander	1	10		**11**
2.	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	**7**	**10**		**17**
3.	Black/African American	0	6		**6**
4.	American Indian/Alaska Native	0	0		**0**
5.	White	718	19		**737**
6.	More than one race	262	8		**270**
7.	Unreported/Refused to report race	101	3	43	**147**
8.	**Total Patients (Sum Lines 1 + 2 + 3 to 7)**	**1088**	**49**	**43**	**1180**

S.No	Patients by Linguistic Barriers to Care	Number (a)
12.	Patients Best Served in a Language Other Than English	663

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	6
14.	Straight (not lesbian or gay)	582
15.	Bisexual	4
16.	Something else	0
17.	Don't know	467
18.	Chose not to disclose	121
19.	**Total Patients (Sum Lines 13 to 18)**	**1180**

S.No	Patients by Gender Identity	Number (a)
20.	Male	368
21.	Female	400
22.	Transgender Male/ Female-to-Male	0
23.	Transgender Female/ Male-to-Female	0
24.	Other	349
25.	Chose not to disclose	63
26.	**Total Patients (Sum Lines 20 to 25)**	**1180**

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Table 4 - Selected Patient Characteristics

Universal

Income As Percent Of Poverty Guideline

S.No	Characteristic	Number of Patients (a)
1.	100% and below	4490
2.	101 - 150%	399
3.	151 - 200%	216
4.	Over 200%	47
5.	Unknown	581
6.	**Total (Sum lines 1-5)**	**5733**

S.No	Principal Third Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	92	1608
8a.	Medicaid (Title XIX)	735	2543
8b.	CHIP Medicaid	0	0
8.	**Total Medicaid (Sum lines 8a+8b)**	**735**	**2543**
9a.	Dually eligible (Medicare and Medicaid)		521
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)		669
10a.	**Other Public Insurance (Non-CHIP) (specify)**		
10b.	Other Public Insurance CHIP		
10.	**Total Public Insurance (Sum lines 10a+10b)**	**0**	**0**
11.	Private Insurance	5	81
12.	**Total (Sum lines 7+8+9+10+11)**	**832**	**4901**

Managed Care Utilization

S.No	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member Months	18563				18563
13b.	Fee-for-service Member Months		2352			2352
13c.	**Total Member Months**	**18563**	**2352**	**0**	**0**	**20915**

(Sum lines 13a+13b)					

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g awardees only)	25
15.	Seasonal (330g awardees only)	1155
16.	**Total Agricultural Workers or Dependents (All health centers report this line)**	**1180**
17.	Homeless Shelter (330h awardees only)	1402
18.	Transitional (330h awardees only)	765
19.	Doubling Up (330h awardees only)	1227
20.	Street (330h awardees only)	684
21.	Other (330h awardees only)	563
22.	Unknown (330h awardees only)	0
23.	**Total Homeless (All health centers report this line)**	**4641**
24.	**Total School Based Health Center Patients (All health centers report this line)**	**26**
25.	**Total Veterans (All health centers report this line)**	**47**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**	**0**

HCH

Income As Percent Of Poverty Guideline

S.No	Characteristic	Number of Patients (a)
1.	100% and below	4107
2.	101 - 150%	214
3.	151 - 200%	109
4.	Over 200%	15
5.	Unknown	196
6.	**Total (Sum lines 1-5)**	**4641**

S.No	Principal Third Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	77	1190
8a.	Medicaid (Title XIX)	366	2288
8b.	CHIP Medicaid		
8.	**Total Medicaid (Sum lines 8a+8b)**	**366**	**2288**
9a.	Dually eligible (Medicare and Medicaid)		491

9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)		654
10a.	**Other Public Insurance (Non-CHIP) (specify)**		
10b.	Other Public Insurance CHIP		
10.	**Total Public Insurance (Sum lines 10a+10b)**	**0**	**0**
11.	Private Insurance	5	61
12.	**Total (Sum lines 7+8+9+10+11)**	**448**	**4193**

Managed Care Utilization

S.No	Special Populations	Number of Patients (a)
16.	**Total Agricultural Workers or Dependents (All health centers report this line)**	**1180**
17.	Homeless Shelter (330h awardees only)	1402
18.	Transitional (330h awardees only)	765
19.	Doubling Up (330h awardees only)	1227
20.	Street (330h awardees only)	684
21.	Other (330h awardees only)	563
22.	Unknown (330h awardees only)	0
23.	**Total Homeless (All health centers report this line)**	**4641**
24.	**Total School Based Health Center Patients (All health centers report this line)**	**21**
25.	**Total Veterans (All health centers report this line)**	**46**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**	**0**

MHC

Income As Percent Of Poverty Guideline

S.No	Characteristic	Number of Patients (a)
1.	100% and below	477
2.	101 - 150%	205
3.	151 - 200%	115
4.	Over 200%	22
5.	Unknown	361
6.	**Total (Sum lines 1-5)**	**1180**

S.No	Principal Third Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	34	438
8a.	Medicaid (Title XIX)	372	281

8b.	CHIP Medicaid		
8.	**Total Medicaid (Sum lines 8a+8b)**	**372**	**281**
9a.	Dually eligible (Medicare and Medicaid)		30
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)		35
10a.	**Other Public Insurance (Non-CHIP) (specify)**		
10b.	Other Public Insurance CHIP		
10.	**Total Public Insurance (Sum lines 10a+10b)**	**0**	**0**
11.	Private Insurance		20
12.	**Total (Sum lines 7+8+9+10+11)**	**406**	**774**

Managed Care Utilization

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g awardees only)	25
15.	Seasonal (330g awardees only)	1155
16.	**Total Agricultural Workers or Dependents (All health centers report this line)**	**1180**
23.	**Total Homeless (All health centers report this line)**	
24.	**Total School Based Health Center Patients (All health centers report this line)**	**5**
25.	**Total Veterans (All health centers report this line)**	**1**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**	**0**

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Table 5 - Staffing And Utilization

Universal

Medical Care Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
1.	Family Physicians		637	
2.	General Practitioners	0.9	1911	
3.	Internists	1.3	2896	
4.	Obstetrician/Gynecologists	0.3	659	
5.	Pediatricians	0.5	1077	

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
7.	Other Specialty Physicians	1.3	2868	
8.	**Total Physicians (Sum lines 1-7)**	**4.3**	**10048**	
9a.	Nurse Practitioners	2.4	5473	
9b.	Physician Assistants	0.1	396	
10.	Certified Nurse Midwives			
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**2.5**	**5869**	
11.	Nurses	6.5	5473	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	**Total Medical (Sum lines 8+10a through 14)**	**13.3**	**21390**	**4969**

Dental Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
16.	Dentist	1.1	3779	
17.	Dental Hygienists		73	
17a.	Dental Therapists			
18.	Other Dental Personnel	0.5		
19.	**Total Dental Services (Sum lines 16-18)**	**1.6**	**3852**	**1164**

Mental Health Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
20a.	Psychiatrists	1	896	
20a1.	Licensed Clinical Psychologists	0.9	894	
20a2.	Licensed Clinical Social Workers		17	
20b.	Other Licensed Mental Health Providers			
20c.	Other Mental Health Staff			
20.	**Total Mental Health (Sum lines 20a-20c)**	**1.9**	**1807**	**302**

Substance Use Disorder Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
21.	**Substance Use Disorder Services**			

Other Professional Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
22.	**Other Professional Services Specify** Podiatry	0.2	479	234

Vision Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
22a.	Ophthalmologists	0.3	553	
22b.	Optometrists	0.1	306	
22c.	Other Vision Care Staff			
22d.	**Total Vision Services (Sum lines 22a-22c)**	**0.4**	**859**	**563**

Pharmacy Personnel

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
23.	Pharmacy Personnel	4.7		

Enabling Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
24.	Case Managers	0.4	3903	
25.	Patient/Community Education Specialists		1448	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
27c.	Community Health Workers			
28.	**Other Enabling Services Specify**			
29.	**Total Enabling Services (Sum lines 24-28)**	**0.4**	**5351**	**2162**

Other Programs/Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
29a.	**Other Programs/Services Specify:**			
29b.	Quality Improvement Staff			

Administration And Facility

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
30a.	Management and Support Staff	5.3		
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff	12.6		
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**	**17.9**		

Grand Total

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
34.	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)**	**40.4**	**33738**	

HCH

Medical Care Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
1.	Family Physicians	637	
2.	General Practitioners	1605	
3.	Internists	2713	
4.	Obstetrician/Gynecologists	534	
5.	Pediatricians	285	
7.	Other Specialty Physicians	2512	
8.	**Total Physicians (Sum lines 1-7)**	**8286**	
9a.	Nurse Practitioners	4765	
9b.	Physician Assistants	384	
10.	Certified Nurse Midwives		
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**5149**	
11.	Nurses	4997	
15.	**Total Medical (Sum lines 8+10a through 14)**	**18432**	**4226**

Dental Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
16.	Dentist	2525	
17.	Dental Hygienists	73	

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
17a.	Dental Therapists		
19.	**Total Dental Services (Sum lines 16-18)**	**2598**	**753**

Mental Health Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
20a.	Psychiatrists	894	
20a1.	Licensed Clinical Psychologists	874	
20a2.	Licensed Clinical Social Workers	17	
20b.	Other Licensed Mental Health Providers		
20c.	Other Mental Health Staff		
20.	**Total Mental Health (Sum lines 20a-20c)**	**1785**	**299**

Substance Use Disorder Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
21.	**Substance Use Disorder Services**		

Other Professional Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
22.	**Other Professional Services Specify** Podiatry	413	201

Vision Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
22a.	Ophthalmologists	281	
22b.	Optometrists	424	
22d.	**Total Vision Services (Sum lines 22a-22c)**	**705**	**557**

Enabling Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
24.	Case Managers	3674	
25.	Patient/Community Education Specialists	1448	
29.	**Total Enabling Services (Sum lines 24-28)**	**5122**	**1856**

Grand Total

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
34.	**Grand Total (Lines 15+19+20+21+22+22d+29)**	**29055**	

MHC

Medical Care Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
1.	Family Physicians		
2.	General Practitioners	314	
3.	Internists	195	
4.	Obstetrician/Gynecologists	129	
5.	Pediatricians	796	
7.	Other Specialty Physicians	375	
8.	**Total Physicians (Sum lines 1-7)**	**1809**	
9a.	Nurse Practitioners	901	
9b.	Physician Assistants	12	
10.	Certified Nurse Midwives		
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**913**	
11.	Nurses	550	
15.	**Total Medical (Sum lines 8+10a through 14)**	**3272**	**845**

Dental Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
16.	Dentist	938	
17.	Dental Hygienists		
17a.	Dental Therapists		
19.	**Total Dental Services (Sum lines 16-18)**	**938**	**318**

Mental Health Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
20a.	Psychiatrists	2	
20a1.	Licensed Clinical Psychologists	20	
20a2.	Licensed Clinical Social Workers		

20b.	Other Licensed Mental Health Providers		
20c.	Other Mental Health Staff		
20.	**Total Mental Health (Sum lines 20a-20c)**	**22**	**3**

Substance Use Disorder Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
21.	**Substance Use Disorder Services**		

Other Professional Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
22.	**Other Professional Services Specify** Podiatry	77	37

Vision Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
22a.	Ophthalmologists	29	
22b.	Optometrists	18	
22d.	**Total Vision Services (Sum lines 22a-22c)**	**47**	**30**

Enabling Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
24.	Case Managers	490	
25.	Patient/Community Education Specialists		
29.	**Total Enabling Services (Sum lines 24-28)**	**490**	**309**

Grand Total

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
34.	**Grand Total (Lines 15+19+20+21+22+22d+29)**	**4846**	

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Table 5A - Tenure for Health Center Staff

Universal

S.No	Health Center Staff	Full and Part Time Persons (a)	Full and Part Time Total Months (b)	Locum, On-Call, etc Persons (c)	Locum, On-Call, etc Total Months (d)
1.	Family Physicians				
2.	General Practitioners	38	3549		
3.	Internists	42	1645		
4.	Obstetrician/Gynecologists	10	1779		
5.	Pediatricians	26	3148		
7.	Other Specialty Physicians	66	8239		
9a.	Nurse Practitioners	58	5492		
9b.	Physician Assistants	15	401		
10.	Certified Nurse Midwives				
11.	Nurses	72	8051		
16.	Dentists	24	1962		
17.	Dental Hygienists				
17a.	Dental Therapists				
20a.	Psychiatrists	38	1071		
20a1.	Licensed Clinical Psychologists	10	472		
20a2.	Licensed Clinical Social Workers				
20b.	Other Licensed Mental Health Providers				
22a.	Ophthalmologist	3	234		
22b.	Optometrist	4	242		
30a1.	Chief Executive Officer	1	102		
30a2.	Chief Medical Officer	1	53		
30a3.	Chief Financial Officer				
30a4.	Chief Information Officer				

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Table 6A - Selected Diagnoses And Services Rendered

Universal

Selected Infectious And Parasitic Diseases

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	405	80
3.	Tuberculosis	A15- through A19-, O98.01	26	14
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0)	57	32
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	92	38
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	277	115

Selected Diseases Of The Respiratory System

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5.	Asthma	J45-	534	288
6.	Chronic lower respiratory diseases	J40- through J44-, J47-	543	186

Selected Other Medical Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	405	110
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	61	41
9.	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	3052	672
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28- , I30- through I52-	2195	508
11.	Hypertension	I10- through I16-	3699	1124
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	194	139
13.	Dehydration	E86-	1	1
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	0	0
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	1292	889

Selected Childhood Conditions (Limited To Ages 0 Through 17)

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15.	Otitis media and Eustachian tube disorders	H65- through H69-	102	69
16.	Selected perinatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	89	44
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	687	355

Selected Mental Health And Substance Use Disorder Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18.	Alcohol related disorders	F10-, G62.1	935	261
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	942	540
19a.	Tobacco use disorder	F17-, O99.33	432	256
20a.	Depression and other mood disorders	F30- through F39-	2100	528
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	1139	329
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	63	21
20d.	Other mental disorders excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0-and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34, R45.1, R45.2, 45.5, R45.6, R45.7, R45.81, R45.82, R48.0	1355	460

Selected Diagnostic Tests/Screening/Preventive Services

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21.	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	398	370
21a.	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	231	224
21b.	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	245	238
22.	Mammogram	**CPT-4:** 77052, 77057, 77065, 77066, 77067 OR **ICD-10:** Z12.31	377	348
23.	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	200	189

24.	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal; diphtheria; tetanus; pertussis (DTaP) (DTP) (DT); mumps; measles; rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	966	739
24a.	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90688, 90749, 90756	1264	1167
25.	Contraceptive management	**ICD-10:** Z30-	463	248
26.	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393	392	267
26a.	Childhood lead test screening (9 to 72 months)	**ICD-10:** Z13.88 **CPT-4:** 83655	58	49
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, H0050	196	183
26c.	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 OR **HCPCS:** S9075 OR **CPT-II:** 4000F, 4001F, 4004F	1724	533
26d.	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	707	500

Selected Dental Services

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27.	Emergency Services	**ADA:** D9110	28	22
28.	Oral Exams	**ADA:** D0120, D0140, DO145, D0150, D0160, D0170, D0171, D0180	782	604
29.	Prophylaxis - adult or child	**ADA:** D1110, D1120	348	296
30.	Sealants	**ADA:** D1351	43	38
31.	Fluoride treatment - adult or child	**ADA:** D1206, D1208 **CPT-4:**99188	238	174
32.	Restorative services	**ADA:** D21xx through D29xx	730	299
33.	Oral surgery (extractions and other surgical procedures)	**ADA:**D7xxx	437	293
34.	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	511	256

Sources of Codes:
ICD-10-CM (2018). National Center for Health Statistics (NCHS).
CPT (2018). American Medical Association (AMA).
Code on Dental Procedures and Nomenclature CDT Code (2018) - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

HCH

Selected Infectious And Parasitic Diseases

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by	Number of Patients

			Diagnosis Regardless of Primacy (a)	with Diagnosis (b)
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	377	78
3.	Tuberculosis	A15- through A19-	24	12
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0)	57	32
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	91	37
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	275	114

Selected Diseases Of The Respiratory System

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5.	Asthma	J45-	443	234
6.	Chronic lower respiratory diseases	J40- through J44-, J47-	538	181

Selected Other Medical Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	370	100
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	48	33
9.	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	2735	600
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28- , I30- through I52-	2158	492
11.	Hypertension	I10- through I16-	3468	1036
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	167	121
13.	Dehydration	E86-	1	1
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	0	0
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	1034	706

Selected Childhood Conditions (Limited To Ages 0 Through 17)

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)

15.	Otitis media and Eustachian tube disorders	H65- through H69-	56	41
16.	Selected perinatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	26	17
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	555	273

Selected Mental Health And Substance Use Disorder Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18.	Alcohol related disorders	F10-, G62.1	931	257
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	938	536
19a.	Tobacco use disorder	F17-	429	254
20a.	Depression and other mood disorders	F30- through F39-	2032	492
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	1064	290
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	47	14
20d.	Other mental disorders excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0-and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34, R45.1, R45.2, 45.5, R45.6, R45.7, R45.81, R45.82, R48.0	1278	405

Selected Diagnostic Tests/Screening/Preventive Services

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21.	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	366	340
21a.	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	215	208
21b.	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	236	229
22.	Mammogram	**CPT-4:** 77052, 77057, 77065, 77066, 77067 OR **ICD-10:** Z12.31	298	274
23.	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	168	158
24.	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal; diphtheria; tetanus; pertussis (DTaP) (DTP) (DT); mumps;	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713,	749	589

	measles; rubella (MMR); poliovirus; varicella; hepatitis B	90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748		
24a.	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90688, 90749, 90756	974	904
25.	Contraceptive management	**ICD-10:** Z30-	284	151
26.	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393	143	106
26a.	Childhood lead test screening (9 to 72 months)	**CPT-4:** 83655	29	25
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, H0050	159	147
26c.	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 OR **HCPCS:** S9075 OR **CPT-II:** 4000F, 4001F, 4004F	1706	527
26d.	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	675	479

Selected Dental Services

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27.	Emergency Services	**ADA:** D9110	26	20
28.	Oral Exams	**ADA:** D0120, D0140, DO145, D0150, D0160, D0170, D0171, D0180	607	471
29.	Prophylaxis - adult or child	**ADA:** D1110, D1120	191	177
30.	Sealants	**ADA:** D1351	11	10
31.	Fluoride treatment - adult or child	**ADA:** D1206, D1208 **CPT-4:**99188	85	69
32.	Restorative services	**ADA:** D21xx through D29xx	566	225
33.	Oral surgery (extractions and other surgical procedures)	**ADA:**D7xxx	401	262
34.	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	471	234

Sources of Codes:
ICD-10-CM (2018). National Center for Health Statistics (NCHS).
CPT (2018). American Medical Association (AMA).
Code on Dental Procedures and Nomenclature CDT Code (2018) - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

MHC

Selected Infectious And Parasitic Diseases

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)

1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	28	2
3.	Tuberculosis	A15- through A19-, O98.01	2	2
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0)	0	0
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	1	1
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	2	1

Selected Diseases Of The Respiratory System

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5.	Asthma	J45-	91	54
6.	Chronic lower respiratory diseases	J40- through J44-, J47-	6	6

Selected Other Medical Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	35	10
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	14	9
9.	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	376	84
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	39	17
11.	Hypertension	I10- through I16-	314	106
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	29	20
13.	Dehydration	E86-	0	0
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	0	0
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	266	190

Selected Childhood Conditions (Limited To Ages 0 Through 17)

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15.	Otitis media and Eustachian tube disorders	H65- through H69-	49	30

16.	Selected perinatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	63	27
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	148	89

Selected Mental Health And Substance Use Disorder Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18.	Alcohol related disorders	F10-, G62.1	26	7
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	18	7
19a.	Tobacco use disorder	F17-	3	2
20a.	Depression and other mood disorders	F30- through F39-	71	38
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	78	41
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	16	7
20d.	Other mental disorders excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0-and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34, R45.1, R45.2, 45.5, R45.6, R45.7, R45.81, R45.82, R48.0	82	57

Selected Diagnostic Tests/Screening/Preventive Services

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21.	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	36	34
21a.	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	19	19
21b.	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	13	13
22.	Mammogram	**CPT-4:** 77052, 77057, 77065, 77066, 77067 OR **ICD-10:** Z12.31	81	76
23.	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	37	35
24.	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal; diphtheria; tetanus; pertussis (DTaP) (DTP) (DT); mumps; measles; rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	226	159

24a.	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90688, 90749, 90756	315	287
25.	Contraceptive management	**ICD-10:** Z30-	190	100
26.	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393	250	162
26a.	Childhood lead test screening (9 to 72 months)	**CPT-4:** 83655	29	24
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, H0050	37	36
26c.	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 OR **HCPCS:** S9075 OR **CPT-II:** 4000F, 4001F, 4004F	18	6
26d.	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	36	24

Selected Dental Services

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27.	Emergency Services	**ADA:** D9110	2	2
28.	Oral Exams	**ADA:** D0120, D0140, DO145, D0150, D0160, D0170, D0171, D0180	179	137
29.	Prophylaxis - adult or child	**ADA:** D1110, D1120	158	120
30.	Sealants	**ADA:** D1351	32	28
31.	Fluoride treatment - adult or child	**ADA:** D1206, D1208 **CPT-4:**99188	154	106
32.	Restorative services	**ADA:** D21xx through D29xx	168	75
33.	Oral surgery (extractions and other surgical procedures)	**ADA:**D7xxx	38	33
34.	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	42	23

Sources of Codes:
ICD-10-CM (2018). National Center for Health Statistics (NCHS).
CPT (2018). American Medical Association (AMA).
Code on Dental Procedures and Nomenclature CDT Code (2018) - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Date of Last Report Refreshed: 03/25/2019 1:48 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2018

Table 6B - Quality Of Care Measures

Universal

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

Section A - Age Categories For Prenatal Care Patients:

Demographic Characteristics Of Prenatal Care Patients

S.No	Age	Number of Patients (a)
1.	Less than 15 years	2
2.	Ages 15-19	4
3.	Ages 20-24	16
4.	Ages 25-44	65
5.	Ages 45 and over	0
6.	**Total Patients (Sum lines 1-5)**	**87**

Section B - Early Entry Into Prenatal Care

S.No	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	38	0
8.	Second Trimester	9	0
9.	Third Trimester	40	0

Section C - Childhood Immunization Status

S.No	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	35	35	19

Section D - Cervical Cancer Screening

S.No	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	1364	70	41

Section E - Weight Assessment And Counseling For Nutrition And Physical Activity Of Children And Adolescents

S.No	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)

12.	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile and counseling on nutrition and physical activity documented	537	537	310

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

S.No	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	4057	70	23

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

S.No	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, and (2) if identified to be a tobacco user received cessation counseling intervention	3686	3686	3221

Section H - Use Of Appropriate Medications For Asthma

S.No	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication	53	53	47

Section I - Coronary Artery Disease (CAD): Lipid Therapy

S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed a Lipid Lowering Therapy (c)
17.	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy	211	211	154

Section J - Ischemic Vascular Disease (IVD): Use Of Aspirin Or Another Antiplatelet

S.No	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI,	Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other

		CABG, or PCI Procedure (a)		Antiplatelet Therapy (c)
18.	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	306	306	261

Section K - Colorectal Cancer Screening

S.No	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	1751	1751	949

Section L - HIV Linkage To Care

S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first-ever diagnosis	2	2	2

Section M - Preventive Care And Screening: Screening For Depression And Follow-Up Plan

S.No	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive,(2) had a follow-up plan documented	3918	70	19

Section N - Dental Sealants For Children Between 6-9 Years

S.No	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22.	MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar	34	34	25

San Mateo, CA

Date of Last Report Refreshed: 03/25/2019 1:48 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2018

Table 7 - Health Outcomes and Disparities

Deliveries and Birth Weight

S.No	Prenatal Services	Patients (a)
0	HIV-Positive Pregnant Women	0
2	Deliveries Performed by Health Center's Providers	0

Hispanic/Latino

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
1a.	Asian	0	0	0	0
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	0	0	0	0
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	18	0	2	16
1f.	More Than One Race	12	1	0	11
1g.	Unreported/Refused to Report Race	2	0	0	2
	Subtotal Hispanic/Latino	**32**	**1**	**2**	**29**

Non-Hispanic/Latino

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
2a.	Asian	1	0	0	1
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	0	0	0	0
2c.	Black/African American	3	0	0	3
2d.	American Indian/Alaska Native	0	0	0	0
2e.	White	3	0	0	3
2f.	More Than One Race	0	0	0	0
2g.	Unreported/Refused to Report Race	0	0	0	0

	Subtotal Non-Hispanic/Latino	7	0	0	7

Unreported/Refused To Report Race And Ethnicity

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
h.	Unreported/Refused to Report Race and Ethnicity	0	0	0	0
i.	**Total**	**39**	**1**	**2**	**36**

Controlling High Blood Pressure

Hispanic/Latino

S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
1a.	Asian	3	0	0
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	2	0	0
1c.	Black/African American	1	0	0
1d.	American Indian/Alaska Native	7	0	0
1e.	White	395	9	5
1f.	More Than One Race	101	1	1
1g.	Unreported/Refused to Report Race	13	10	7
	Subtotal Hispanic/Latino	**522**	**20**	**13**

Non-Hispanic/Latino

S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
2a.	Asian	151	5	3
2b1.	Native Hawaiian	0	0	0
2b2.	Other Pacific Islander	43	3	3
2c.	Black/African American	111	18	11
2d.	American Indian/Alaska Native	2	0	0
2e.	White	387	22	14
2f.	More Than One Race	38	1	0
2g.	Unreported/Refused to Report Race	2	1	1

	Subtotal Non-Hispanic/Latino	734	50	32

Unreported/Refused To Report Race And Ethnicity

S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
h.	Unreported/Refused to Report Race and Ethnicity	13	0	0
i.	**Total**	**1269**	**70**	**45**

Diabetes: Hemoglobin A1c Poor Control

Hispanic/Latino

S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
1a.	Asian	1	1	1
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	1	1	0
1c.	Black/African American	1	1	0
1d.	American Indian/Alaska Native	3	3	0
1e.	White	195	195	59
1f.	More Than One Race	63	63	22
1g.	Unreported/Refused to Report Race	38	38	11
	Subtotal Hispanic/Latino	**302**	**302**	**93**

Non-Hispanic/Latino

S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
2a.	Asian	59	59	8
2b1.	Native Hawaiian	0	0	0
2b2.	Other Pacific Islander	38	38	10
2c.	Black/African American	73	73	18
2d.	American Indian/Alaska Native	1	1	0
2e.	White	131	131	44
2f.	More Than One Race	14	14	7
2g.	Unreported/Refused to Report Race	3	2	1

	Subtotal Non-Hispanic/Latino	319	318	88

Unreported/Refused To Report Race And Ethnicity

S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
h.	Unreported/Refused to Report Race and Ethnicity	25	25	7
i.	**Total**	**646**	**645**	**188**

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Table 8A - Financial Costs

Universal

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

Financial Costs For Medical Care

S.No	Cost Center	Accrued Cost (a) $	Allocation Of Facility and Non-Clinical Support Services (b) $	Total Cost After Allocation of Facility and Non-Clinical Support Services (c) $
1.	Medical Staff	4377253	3734664	**8111917**
2.	Lab and X-ray	668527	710726	**1379253**
3.	Medical/Other Direct	1702915	1685987	**3388902**
4.	**Total Medical Care Services (Sum lines 1-3)**	**6748695**	**6131377**	**12880072**

Financial Costs For Other Clinical Services

S.No	Services	Accrued Cost (a) $	Allocation Of Facility and Non-Clinical Support Services (b) $	Total Cost After Allocation of Facility and Non-Clinical Support Services (c) $
5.	Dental	522792	360688	**883480**
6.	Mental Health	597954	592009	**1189963**
7.	Substance Use Disorder			**0**
8a.	Pharmacy not including pharmaceuticals	394024	406939	**800963**

8b.	Pharmaceuticals	138472		**138472**
9.	**Other Professional Specify:** Podiatry	69594	94702	**164296**
9a.	Vision	123959	122727	**246686**
10.	**Total Other Clinical Services (Sum lines 5-9a)**	**1846795**	**1577065**	**3423860**

Financial Costs Of Enabling And Other Services

S.No	Services	Accrued Cost (a) $	Allocation Of Facility and Non-Clinical Support Services (b) $	Total Cost After Allocation of Facility and Non-Clinical Support Services (c) $
11a.	Case Management	711160		**711160**
11b.	Transportation			**0**
11c.	Outreach			**0**
11d.	Patient and Community Education			**0**
11e.	Eligibility Assistance			**0**
11f.	Interpretation Services			**0**
11g.	**Other Enabling Services Specify:**			**0**
11h.	Community Health Workers			**0**
11.	**Total Enabling Services Cost (Sum lines 11a-11h)**	**711160**	**7016**	**718176**
12.	**Other Related Services Specify:**			**0**
12a.	Quality Improvement			**0**
13.	**Total Enabling and Other Services (Sum Lines 11, 12, and 12a)**	**711160**	**7016**	**718176**

Facility And Non-Clinical Support Services And Totals

S.No	Services	Accrued Cost (a) $	Allocation Of Facility and Non-Clinical Support Services (b) $	Total Cost After Allocation of Facility and Non-Clinical Support Services (c) $
14.	Facility	1044440		
15.	Non-Clinical Support Services	6671018		
16.	**Total Facility And Non-Clinical Support Services (Sum Lines 14 And 15)**	**7715458**		
17.	**Total Accrued Costs (Sum lines 4+10+13+16)**	**17022108**		**17022108**
18.	**Value of Donated Facilities, Services and Supplies Specify:**			
19.	**Total with Donations (Sum lines 17 and 18)**			**17022108**

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

Universal

S.No	Payer Category	Full Charges This Period (a) $	Amount Collected This Period (b) $	Collection of Reconciliation / Wrap Around Current Year (c1) $	Collection of Reconciliation / Wrap Around Previous Year (c2) $	Collection of Other Payments: P4P, Risk Pools, etc. (c3) $	Penalty / Payback (c4) $	Allowances (d) $	Sliding Fee Discounts (e) $	Bad Debt Write Off (f) $
1.	Medicaid Non-Managed Care	1836351	892731	814108				785964		
2a.	Medicaid Managed Care (capitated)	6680394	1685659	878764				4994735		
2b.	Medicaid Managed Care (fee-for-service)									
3.	**Total Medicaid (Sum lines 1+2a+2b)**	**8516745**	**2578390**	**1692872**	**0**	**0**	**0**	**5780699**		
4.	Medicare Non-Managed Care	1625675	668182	287616				724743		
5a.	Medicare Managed Care (capitated)									
5b.	Medicare Managed Care (fee-for-service)	1662307	750842	284486				729412		
6.	**Total Medicare (Sum lines 4+5a+5b)**	**3287982**	**1419024**	**572102**	**0**	**0**	**0**	**1454155**		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	271669	26524	202				128138		
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)									
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)									
9.	**Total Other Public (Sum lines 7+8a+8b)**	**271669**	**26524**	**202**	**0**	**0**	**0**	**128138**		
10.	Private Non-Managed Care	5017	130					799		
11a.	Private Managed Care (capitated)	6558	25					6533		
11b.	Private Managed Care									

	(fee-for-service)									
12.	**Total Private (Sum lines 10+11a+11b)**	**11575**	**155**			**0**	**0**	**7332**		
13.	Self-pay	2476222	27521						2401321	47380
14.	**Total (Sum lines 3+6+9+12+13)**	**14564193**	**4051614**	**2265176**				**7370324**	**2401321**	**47380**

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Table 9E - Other Revenues

Universal

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

S.No	Source	Amount (a) $
1a.	Migrant Health Center	506256
1b.	Community Health Center	
1c.	Health Care for the Homeless	1904485
1e.	Public Housing Primary Care	
1g.	**Total Health Center (Sum lines 1a through 1e)**	**2410741**
1j.	Capital Improvement Program Grants	
1k.	Capital Development Grants, including School Based Health Center Capital Grants	
1.	**Total BPHC Grants (Sum lines 1g+1j+1k)**	**2410741**

Other Federal Grants

S.No	Source	Amount (a) $
2.	Ryan White Part C HIV Early Intervention	
3.	**Other Federal Grants Specify:**	
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
5.	**Total Other Federal Grants (Sum lines 2-3a)**	**0**

Non-Federal Grants Or Contracts

S.No	Source	Amount (a)

		$
6.	**State Government Grants and Contracts Specify:**	
6a.	**State/Local Indigent Care Programs Specify:** San Mateo County ACE (Affordable Care for Everyone) Program	11131967
7.	**Local Government Grants and Contracts Specify:**	
8.	**Foundation/Private Grants and Contracts Specify:**	
9.	**Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)**	**11131967**
10.	**Other Revenue (non-patient related revenue not reported elsewhere) Specify:**	
11.	**Total Revenue (Sum lines 1+5+9+10)**	**13542708**

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Health Center Health Information Technology (HIT) Capabilities

HIT

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?:
[X]: Yes, installed at all sites and used by all providers
[_]: Yes, but only installed at some sites or used by some providers
[_]: No

1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?:
[X]: Yes
[_]: No

Vendor: eClinicalWorks, LLC

Other (Please specify):

Product Name: eCW

Version Number: 10SP1

ONC-certified Health IT Product List Number: CHP-023393

Vendor:

Other (Please specify):

Product Name:

Version Number:

1b. Did you switch to your current EHR from a previous system this year?:
[_]: Yes
[X]: No

1c. How many sites have the EHR system in use?:

1d. How many providers use the EHR system?:

1e. When do you plan to install the EHR system?:
[_]: a. 3 months
[_]: b. 6 months
[_]: c. 1 Year or more
[_]: d. Not planned

2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing):
[X]: Yes

[_]: No
[_]: Not Sure

3. Does your center use computerized, clinical decision support, such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?:
[X]: Yes
[_]: No
[_]: Not Sure

4. Does your center exchange clinical information electronically with other key providers/health care settings, such as hospitals, emergency rooms, or subspecialty clinicians?:
[_]: Yes
[X]: No
[_]: Not Sure

5. Does your center engage patients through health IT, such as patient portals, kiosks, or secure messaging (i.e., secure email) either through the EHR or through other technologies?:
[_]: Yes
[X]: No
[_]: Not Sure

6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?:
[X]: Yes
[_]: No
[_]: Not Sure

7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?:
[X]: We use the EHR to extract automated reports
[_]: We use the EHR but only to access individual patient charts
[_]: We use the EHR in combination with another data analytic system
[_]: We do not use the EHR

8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as Meaningful Use?:
[_]: Yes, all eligible providers at all sites are participating
[X]: Yes, some eligible providers at some sites are participating
[_]: No, our eligible providers are not yet participating
[_]: No, because our providers are not eligible
[_]: Not Sure

8a. If yes (a or b), at what stage of Meaningful Use (MU) are the majority (more than half) of your participating providers attested (i.e., what is the stage for which they most recently received incentive payments)?:
[_]: Received MU for Modified Stage 2
[_]: Received MU for Stage 3
[X]: Not Sure

8b. If no (c only), are your eligible providers planning to participate?:
[_]: Yes, over the next 3 months
[_]: Yes, over the next 6 months
[_]: Yes, over the next 12 months or longer
[_]: No, they are not planning to participate

9. Does your center use health IT to coordinate or to provide enabling services, such as outreach, language translation, transportation, case management, or other similar services?:
[_]: Yes
[X]: No

If yes, specify the type(s) of service:

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Other Data Elements

Other Data Elements

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

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

1b. How many patients received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?: 148

2. Did your organization use telehealth in order to provide remote clinical care services? (The term 'telehealth' includes 'telemedicine' services, but encompasses a broader scope of remote healthcare services. Telemedicine is specific to remote clinical services whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.):
[X]: Yes
[_]: No

2a1. Who did you use telehealth to communicate with? (Select all that apply):
[_]: Patients at remote locations from your organization (e.g., home telehealth, satellite locations)
[X]: Specialists outside your organization (e.g., specialists at referral centers)

2a2. What telehealth technologies did you use? (Select all that apply):
[X]: Real-time telehealth (e.g., video conference)
[_]: Store-and-forward telehealth (e.g., secure email with photos or videos of patient examinations)
[_]: Remote patient monitoring
[_]: Mobile Health (mHealth)

2a3. What primary telehealth services were used at your organization? (Select all that apply):
[_]: Primary care
[_]: Oral health
[_]: Behavioral health: Mental health
[_]: Behavioral health: Substance use disorder
[X]: Dermatology
[_]: Chronic conditions
[_]: Disaster management
[_]: Consumer and professional health education
[_]: Other (Please specify)

Other (Please specify):

2b. If you did not have telehealth services, please comment why (Select all that apply):
[_]: Have not considered/unfamiliar with telehealth service options
[_]: Lack of reimbursement for telehealth services
[_]: Inadequate broadband/telecommunication service (Select all that apply)
[_]: Lack of funding for telehealth equipment
[_]: Lack of training for telehealth services
[_]: Not needed
[_]: Other (Please specify)

Other (Please specify):

Inadequate broadband/telecommunication service (Select all that apply):
[_]: Cost of service
[_]: Lack of infrastructure
[_]: Other (Please specify)

Other (Please specify):

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

Enter number of assists: 271

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Data Audit Report

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

Edit 03950: Numbers Questioned For Patients Aged 15 - 44. - Females age 15-44 is outside the typical range when compared to total patients age 15-44. Please

correct or explain. Females aged 15-44 (1036);Males aged 15-44 (1362);Ratio of Females age 15-44 to total patients age 15-44: (0.43)

Related Tables: Table 3A(UR)

Jim Beaumont (Health Center) on 02/14/2019 6:28 PM EST: We are a special population only project, with 80% of our patients being homeless. Historically, the 15-44 age range among the homeless is heavily male.

Table 3B-Demographic Characteristics

Edit 05142: Unreported Race/Ethnicity in Question - A large proportion of patients (10.15)% are reported as having no race or ethnicity on Line 7 Col c: Unreported/Refused to report race. Please correct or explain.

Related Tables: Table 3B(UR)

Jim Beaumont (Health Center) on 02/14/2019 6:37 PM EST: We have verified the numbers as correct. We saw a large increase in the number of individuals who refused to report with our enabling services contractors. A significant part of the enabling services effort is the outreach required to our special populations (homeless and farmworker) to engage them in accessing services. While every effort is made to collect the data, it is not seen as worth losing the engagement of the patient if they are very hesitant. We continue to work with our contractor on interviewing skills and follow-up to achieve more complete data sets.

Table 4-Selected Patient Characteristics

Edit 06100: Veterans in Question - On Health Care for the Homeless - There was a (-55.34)% change in veteran patients this year compared to the prior year on line 25. Please correct or explain.

Related Tables: Table 4(HCH)

Jim Beaumont (Health Center) on 02/14/2019 6:48 PM EST: With significant access to Veteran's Hospitals and Health Care in the area, we continue to see a drop in the number of veterans we serve each year (last year the drop was approximately 33%).

Table 4-Selected Patient Characteristics

Edit 01943: Private revenue reported in question - Private Managed Care Collections are reported on Table 9D with no matching Private Managed Care Member months on Table 4, Line 13c Column d. This is generally not possible. Please correct or explain.

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

Jim Beaumont (Health Center) on 02/14/2019 6:51 PM EST: Note that the collections reported is $25.00. We do not have a managed care arrangement with any private insurance providers. However, we also do not refuse services, so occasionally someone with coverage from a private insurance managed care plan will end up receiving services. We do make every effort to collect for the charges in these cases, although the return is usually quite small.

Edit 04132: Inter-year Change in Patients - There is a decrease in the number of Homeless patients reported on Line 23 Column (a) (4641) from prior year Line 23 Column (a) (5409) . Please correct or explain.

Related Tables: Table 4(UR)

Jim Beaumont (Health Center) on 02/14/2019 6:43 PM EST: The recent One Day Counts in our County has continued to show a decrease in the homeless population (the latest count - from January 2019 - won't be published until later this year), so this is not unexpected, and is arguably a good thing if it represents that there are fewer homeless individuals. The largest reductions were among the Doubling Up and Other counts, We expect this reflects that many individuals in the homeless population simply leave the County due to the extremely high cost of living/housing.

Edit 06099: Veterans in Question - On Universal - There was a (-54.37)% change in veteran patients this year compared to the prior year on line 25. Please correct or explain.

Related Tables: Table 4(UR)

Jim Beaumont (Health Center) on 02/14/2019 6:47 PM EST: With significant access to Veteran's Hospitals and Health Care in the area, we continue to see a drop in the number of veterans we serve each year (last year the drop was approximately 33%).

Table 5-Staffing and Utilization

Edit 04144: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY =(414), CY = (299)). Please correct or explain.

Related Tables: Table 5(HCH)

Jim Beaumont (Health Center) on 02/14/2019 7:08 PM EST: With significant decreases in total homeless patients and visits, we would expect to see a significant change in Mental Health patients and visits as well.

Edit 04150: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (1238), CY = (1856)). Please correct or explain.

Related Tables: Table 5(HCH)

Jim Beaumont (Health Center) on 02/14/2019 7:13 PM EST: We have increased our focus on Enabling Services due to the issues with engaging our populations (homeless and farmworker). We have increased our contracting for these services and worked would expect to see such increases.

Table 5-Staffing and Utilization

Edit 06373: Mental Health Visit per Patient in Question - On Migrant Health Center - Mental Health visits per mental health patient varies substantially from national average.CY (7.33); PY National Average (2.84). Please correct and explain.

Related Tables: Table 5(MHC)

Jim Beaumont (Health Center) on 02/14/2019 7:09 PM EST: This is the result of small sample size issues.

Edit 04682: Inter-year Patients questioned - On Migrant Health Center - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (81), CY = (309)). Please correct or explain.

Related Tables: Table 5(MHC)

Jim Beaumont (Health Center) on 02/14/2019 7:13 PM EST: We have increased our focus on Enabling Services due to the issues with engaging our populations (homeless and farmworker). We have increased our contracting for these services and worked would expect to see such increases.

Table 5-Staffing and Utilization

Edit 04134: Substantial Inter-year variance in Providers - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (4.3). Prior Year - (6.1). Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/14/2019 6:55 PM EST: With the decrease in the number of patients, there was also a decrease in the number of visits. This largely reflects the reduction in Physician FTE required for the fewer visits.

Edit 00158: PA Productivity Questioned - A significant change in Productivity (visits/FTE) of PAs on Line 9b (3960) is reported from the prior year (6370). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/14/2019 7:00 PM EST: As we are working with 0.1 FTE, this somewhat reflects rounding issues from a small sample.

Edit 00052: Dentist Productivity Questioned - A significant change in Productivity (visits/FTE) of Dentists on Line 16 (3435.45) is reported from the prior year (2785). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/14/2019 7:03 PM EST: This is the result of rounding for relatively small changes in utilization rates. A greater proportion of the visits were also reported by our contractors who are not paid on an hour or FTE basis, so their FTE do not appear in the Table.

Edit 04143: Inter-year Patients questioned - On Universal - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY = (416), CY= (302)). Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/14/2019 7:06 PM EST: With a significant decrease in total patients and visits, we would expect a similar decrease in patients and visits in the Mental Health service area.

Edit 04149: Inter-year Patients questioned - On Universal - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (1311), CY = (2162)). Please correct or explain.

Related Tables: Table 5(UR)

Jim Beaumont (Health Center) on 02/14/2019 7:12 PM EST: We have increased our focus on Enabling Services due to the issues with engaging our populations (homeless and farmworker). We have increased our contracting for these services and worked would expect to see such increases.

Table 6A-Selected Diagnoses and Services Rendered

Edit 05460: Dental in Question - For Migrant Table: Total dental visits (773) on Table 6A(MHC) is less than the total dental visits reported on Table 5(MHC) Line 10 Column b (938). Please correct or explain.

Related Tables: Table 6A(MHC), Table 5(MHC)

Linda Nguyen (Health Center) on 02/15/2019 11:08 AM EST: This is consistent with last year's reporting, as table 5 data is based off provider visits while table 6A data critiera is specific to billing codes and would reflect a smaller data set as we would expect.

Table 6A-Selected Diagnoses and Services Rendered

Edit 05461: Dental in Question - For Homeless Table: Total dental visits (2358) on Table 6A(HCH) is less than the total dental visits reported on Table 5(HCH) Line 19 Column b (2598). Please correct or explain.

Related Tables: Table 6A(HCH), Table 5(HCH)

Linda Nguyen (Health Center) on 02/15/2019 11:08 AM EST: This is consistent with last year's reporting, as table 5 data is based off provider visits while table 6A data critiera is specific to billing codes and would reflect a smaller data set as we would expect.

Table 6A-Selected Diagnoses and Services Rendered

Edit 05459: Dental in Question - Total dental visits (3117) on Table 6A(Universal) are less than or equal to the total dental visits reported on Table 5(Universal) Line 19 Column b (3852). This is unusual because dental visits often include more than one service, so on Table 6A each dental service would be counted on the corresponding line, but on Table 5, the combined services would be shown as one visit. Please correct or explain.

Related Tables: Table 6A(UR), Table 5(UR)

Linda Nguyen (Health Center) on 02/15/2019 11:08 AM EST: This is consistent with last year's reporting, as table 5 data is based off provider visits while table 6A data critiera is specific to billing codes and would reflect a smaller data set as we would expect..

Table 6B-Quality of Care Indicators

Edit 06315: Inter-year change in Prenatal Care by Referral Only - Last year you indicated prenatal care was provided by referral only. Please confirm that you provided prenatal care directly during the reporting year. If you still provide prenatal care by referral only, please check the referral only box on the table.

Related Tables: Table 6B

Danielle Hull (Health Center) on 02/14/2019 8:36 PM EST: Confirmed that we did not check this box on the 2017 UDS report. We provide prenatal care directly.

Edit 03873: Entry By Trimester In Question - You report a disproportionate number of women entering prenatal care in the third trimester (40) on Table 6B Line 9 compared to the total number of prenatal patients reported on Line 6 (87);(45.98)%. Please correct or explain.

Related Tables: Table 6B

Jim Beaumont (Health Center) on 03/05/2019 8:38 PM EST: Our target populations (homeless and farmworker) are difficult to engage in care, so there is year-to-year inconsistency in the rates for each trimester.

Edit 05787: Line 17 Universe in Question - Based on the universe for total patients with Coronary Artery Disease (CAD) on line 17 column A, we estimate a prevalence rate of (4.97)%. This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Danielle Hull (Health Center) on 02/14/2019 8:49 PM EST: In the 2018 measurement period, 67% of the patient population was over the age of 40. Our patient population by age and circumstance can be considered as higher risk for CAD. The trend for CAD is consistent with what we observed in the 2017 report as our patient population continues to age.

Edit 05789: Line 18 Universe in Question - Based on the universe reported for total patients with Ischemic Vascular Disease (IVD) on line 18 column A we estimate a prevalence rate of (7.20)%. This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Danielle Hull (Health Center) on 02/14/2019 8:47 PM EST: In the 2018 measurement period, 67% of the patient population is over the age of 40. Our patient population by age and circumstance can be considered as higher risk for IVD. This is consistent with the aging homeless population trends we observed last year.

Table 7-Health Outcomes and Disparities

Edit 06317: Hypertension Patients by Race or Ethnicity in Question - The total number of Native Hawaiian patients with hypertension reported on Table 7 (0) is low compared to total Native Hawaiian patients reported on Table 3B (45). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Arthur Stickgold (Reviewer) on 02/27/2019 1:34 PM EST: Table 7. The “unreported / refused to report” category, "non-Hispanic" category, and “more than one race” category do not have a norm to compare against. Each of these categories is made up of a very heterogeneous population on the national level and on the local level it is made up largely of the distinct racial/ethnic population which is dominant at that site.
****
Table 7. Small numbers – especially but not exclusively for Native Hawaiians, Pacific Islanders and AIAM, permit random variance to have to great an impact on the resulting ratio. Data are not considered to be significant.

Edit 06323: Hypertension Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to report race patients with hypertension reported on Table 7 (15) is low compared to total Unreported/Refused to report race patients reported on Table 3B (324). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Arthur Stickgold (Reviewer) on 02/27/2019 1:34 PM EST: Table 7. The “unreported / refused to report” category, "non-Hispanic" category, and “more than one race” category do not have a norm to compare against. Each of these categories is made up of a very heterogeneous population on the national level and on the local level it is made up largely of the distinct racial/ethnic population which is dominant at that site.
****
Table 7. Small numbers – especially but not exclusively for Native Hawaiians, Pacific Islanders and AIAM, permit random variance to have to great an impact on the resulting ratio. Data are not considered to be significant.

Edit 06326: Hypertension Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to Report Race and Ethnicity patients with hypertension reported on Table 7 (13) is low compared to total Unreported/Refused to Report Race and Ethnicity patients reported on Table 3B (582). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Arthur Stickgold (Reviewer) on 02/27/2019 1:34 PM EST: Table 7. The “unreported / refused to report” category, "non-Hispanic" category, and “more than one race” category do not have a norm to compare against. Each of these categories is made up of a very heterogeneous population on the national level and on the local level it is made up largely of the distinct racial/ethnic population which is dominant at that site.
****
Table 7. Small numbers – especially but not exclusively for Native Hawaiians, Pacific Islanders and AIAM, permit random variance to have to great an impact on the resulting ratio. Data are not considered to be significant.

Edit 05467: Hypertension Universe in Question - The universe of hypertensive patients reported on Table 7 is greater than the total hypertensive patients reported on Table 6A. This is possible only if you have seen hypertensive patients during the year without diagnosing them with hypertension. Please review and correct or explain.

Related Tables: Table 7, Table 6A(UR)

Danielle Hull (Health Center) on 02/14/2019 8:57 PM EST: This is due to a different reporting criteria; table 6A only includes diagnosis from the reporting period and table 7-denominator includes diagnosis of hypertension within the first six months of the measurement period or any time prior to the measurement period.

Edit 06328: Diabetes Patients by Race or Ethnicity in Question - The total number of Native Hawaiian patients with Diabetes reported on Table 7 (0) is low compared to total Native Hawaiian patients reported on Table 3B (45). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Arthur Stickgold (Reviewer) on 02/27/2019 1:34 PM EST: Table 7. The "unreported / refused to report" category, "non-Hispanic" category, and "more than one race" category do not have a norm to compare against. Each of these categories is made up of a very heterogeneous population on the national level and on the local level it is made up largely of the distinct racial/ethnic population which is dominant at that site.
****
Table 7. Small numbers – especially but not exclusively for Native Hawaiians, Pacific Islanders and AIAM, permit random variance to have to great an impact on the resulting ratio. Data are not considered to be significant.

Edit 06337: Diabetes Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to Report Race and Ethnicity patients with diabetes reported on Table 7 (25) is low compared to total Unreported/Refused to Report Race and Ethnicity patients reported on Table 3B (582). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Arthur Stickgold (Reviewer) on 02/27/2019 1:34 PM EST: Table 7. The "unreported / refused to report" category, "non-Hispanic" category, and "more than one race" category do not have a norm to compare against. Each of these categories is made up of a very heterogeneous population on the national level and on the local level it is made up largely of the distinct racial/ethnic population which is dominant at that site.
****
Table 7. Small numbers – especially but not exclusively for Native Hawaiians, Pacific Islanders and AIAM, permit random variance to have to great an impact on the resulting ratio. Data are not considered to be significant.

Table 8A-Financial Costs

Edit 03729: Costs Higher Than Reasonable for Staff Only - Medical Staff Costs on Table 8a, Line 1 are higher than typical salaries alone for the FTE reported on Table 5 Line 15. Please correct or explain. (Cost/FTE (329116.77); PY National Average (97998.35))

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

Jim Beaumont (Health Center) on 02/14/2019 7:28 PM EST: We are located in the Bay Area where cost of living and staffing costs are extremely high, especially when compared to the national average.

Edit 04117: Cost Per Visit Questioned - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (722.55); Prior Year (546.06).

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

Jim Beaumont (Health Center) on 02/14/2019 7:30 PM EST: Largely due to the decrease in total medical visits as there are substantial fixed costs that do not decrease when there are fewer visits.

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (229.36); Prior Year (208.40).

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

Jim Beaumont (Health Center) on 02/14/2019 7:31 PM EST: Largely due to the decrease in dental visits compared to fixed costs.

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (658.53); Prior Year (742.49).

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

Jim Beaumont (Health Center) on 03/05/2019 8:31 PM EST: More visits were handled by Clinical Psychologists, resulting in a slightly lower cost due to the lower Salary & Benefit costs.

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (69594)(Podiatry) and Table 5, Line 22 (0.2)(Podiatry) . Review and confirm that FTEs relate to costs or correct.

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

Jim Beaumont (Health Center) on 02/14/2019 7:46 PM EST: This data is correct. Note the high cost of living and for medical professionals in the BayArea.

Edit 05937: Cost per Visit Questioned - Vision Cost Per visit is substantially different than the prior year. Current Year (287.18); Prior Year (214.61).

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

Jim Beaumont (Health Center) on 02/14/2019 7:49 PM EST: This is largely due to the decrease in visits without a decrease in fixed costs.

Edit 06311: Enabling Cost per FTE in Question - Cost per FTE for all enabling service categories reported are the same. Please report only those direct costs that are specific to each enabling service category.

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

Jim Beaumont (Health Center) on 02/14/2019 7:51 PM EST: The vast majority of our Enabling Services costs are from contracts for services that are NOT based on hours or FTEs, so no FTEs are reported. SO there is no distinction to be made for FTE costs by type of Enabling Service.

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

Edit 01917: FQHC Medicaid Non-Managed Care retros questioned - FQHC Medicaid Non-Managed Care retros (814108) exceed 50% of (892731). Verify that Columns C1 through C4 are included in Column b and subtracted from Column d. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 02/14/2019 7:55 PM EST: Columns C1 through C4 are included in Column b and subtracted from Column d. A large portion of collections are routinely done through reconciliation.

Edit 01973: FQHC Medicaid Capitation retros exceed 50% total collections - FQHC Medicaid Capitation retros(878764) exceed 50% of (1685659). Verify that Verify that Cols C1 through C4 are included in Col B and subtracted from Col D. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 02/14/2019 7:55 PM EST: Columns C1 through C4 are included in Column b and subtracted from Column d. A large portion of collections are routinely done through reconciliation.

Edit 04121: Charge to Cost Ratio Questioned - Total charge to cost ratio of (0.89) is reported which suggests that charges are less than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 9D, Table 8A

Arthur Stickgold (Reviewer) on 02/27/2019 1:46 PM EST: 5. Table 9D. FYI – Unused old rules – and the statute – require the charge to cost ratio to be 1.0 It never was and in California last year it was 1.22 (1.23 national). That said, the reason your ratio is low is that your costs are so extraordinarily high. For example, your medical cost is $766 per visit (up from $546 last year!!!), the average in California is $210. FYI

Edit 01965: Large change in accounts receivable for Total Other Public is reported - Total Other Public, Line 9: When we subtract collections (Column b) and adjustments (Column d) from your total Other Public charges (Column a) there is a large difference (43.07)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Arthur Stickgold (Reviewer) on 02/27/2019 1:47 PM EST: 2s2b

Edit 05982: Private Insurance Managed Care Capitated revenue reported in question - Private Insurance managed care capitated collections are reported on Table 9D Line 11a Column (b) (25) , with no matching managed care capitated member months on Table 4 Line 13a Column (d) (0) . This is generally not possible. Please correct or explain.

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

Jim Beaumont (Health Center) on 02/14/2019 8:07 PM EST: We do not have any agreements with Private Insurance Capitated Plans, but occasionally provide

service to a patient who has such coverage. Because we have no agreements, we have no way of determining member months, but we still make every effort to make collection on the charges for services.

Edit 02028: Large change in accounts receivable for Total Private is reported - Total Private, Line 12: When we subtract collections (Column b) and adjustments (Column d) from your total Private charges (Column a) there is a large difference (35.32)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 02/14/2019 8:02 PM EST: We do not have agreements with any Private Insurance Plans, but every effort is made to collect on those patients from such plans that we provide services to. Adjustments are delayed as these collection efforts proceed.

Edit 03988: No Accounts Receivable in question - Table 9D Line 13, Self Pay Charges - Collections - Sliding Discount - Bad Debt equals zero. It is unusual to have no accounts receivable/balance. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 03/05/2019 8:34 PM EST: Instructions imply that whatever portion of a State/Local Indigent Care Program is not paid or written off should be reported as sliding fee discounts. The value represnented in sliding fee discounts is specifically the value of charges less the payments and less the known write-off.

Edit 04064: Average Charges - Average charge per medical + dental + mental health + vision + other professional visits varies substantially from the prior year national average. Current Year (635.60); Prior Year National Average (277.18). Please correct or explain.

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

Jim Beaumont (Health Center) on 02/14/2019 8:09 PM EST: This is a typical result due to our service area being in one of the higher cost of living parts of the Bay Area.

Table 9E-Other Revenues

Edit 02178: Inter-Year Variation in Grant Funds - Current year Migrant Health Center (Section 330(g)) funds vary substantially from the prior year. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - Value reported on Table 9E Line 1a Column a (506256). Prior Year - Value reported on Table 9E Line 1a Column a (389661)

Related Tables: Table 9E

Jim Beaumont (Health Center) on 02/14/2019 8:14 PM EST: Our current year award represented an increase in the proportion of the award that HRSA allocated to the Migrant Program. There is also a substantial increase in the total award utilized.

Edit 03467: Inter-Year variation in grant funds - Current year Health Care for the Homeless(Section 330(h)) funds vary substantially from the prior year on Table 9E Line 1c. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - On Table 9E Line 1c Column a (1904485). Prior Year - On Table 9E Line 1c Column a (1465867).

Related Tables: Table 9E

Jim Beaumont (Health Center) on 02/14/2019 8:15 PM EST: There was a substantial increase in the amount of the award utilized and drawn down.

Edit 04089: State/Local Indigent Care Program Exceeds Sliding Discounts - Line 6a Column a (11131967) on Table 9E exceeds Line 13 Column e (2401321) on Table 9D. Please correct or explain.

Related Tables: Table 9E, Table 9D

Arthur Stickgold (Reviewer) on 02/27/2019 2:01 PM EST: 7. Table 9D/9E. You write that the SFDP and the safety net funds have nothing to do with each other. Sorry – that is totally wrong. Review themanual for instructions. I think you may be reporting correct numbers if, in fact, you tdruely believe that all of your sliding fee patients have incomes of over 200% of poverty. Correct if appropriate and advise us.

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2018

Comments

Report Comments
Not Available

Table 6B Comments
Updated Table 6B Section A and B: 3/5/2019

Table 1. Participating health agencies and recorded surveys

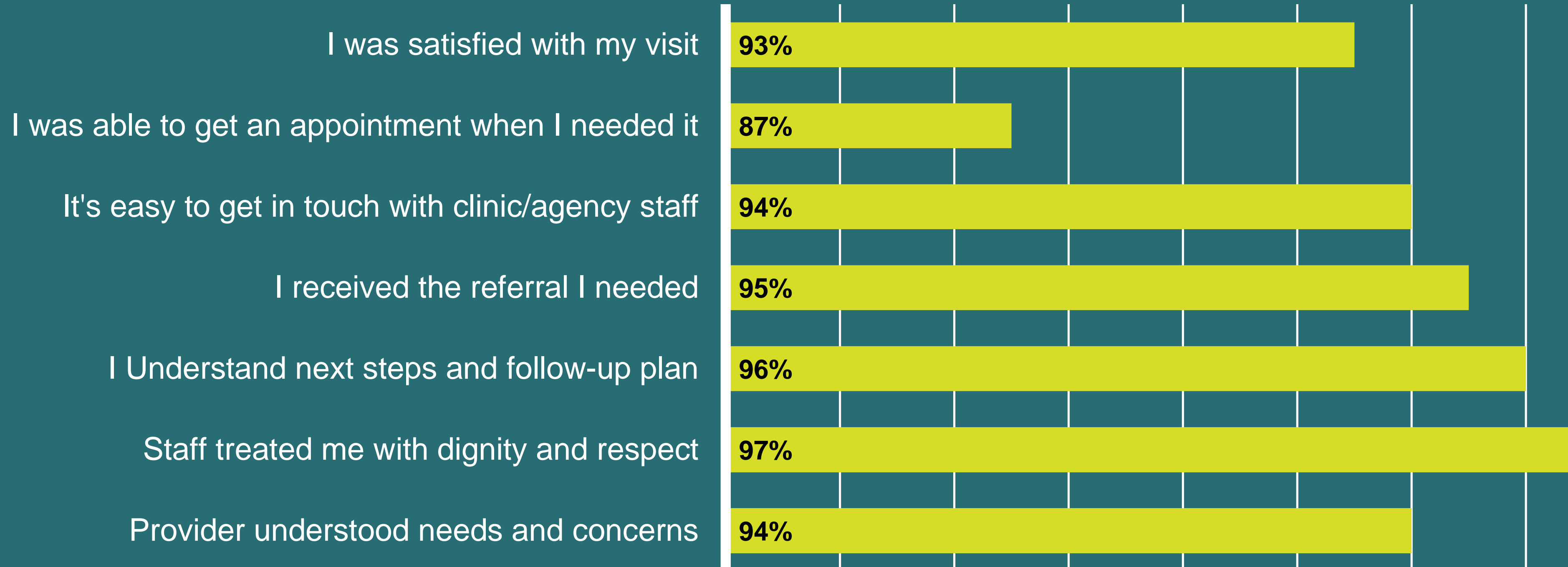
Agency	Number	Percent
Medical		
PHPP Mobile Clinic	25	13%
Ravenswood Family Health Center	25	13%
Subtotal	**50**	**26%**
Dental		
SMMC Mobile Dental Clinic	15	8%
Ravenswood Family Health Center	30	16%
Sonrisas Dental Clinic	16	8%
Subtotal	**61**	**32%**
Behavioral Health		
Behavioral Health & Recovery Services	16	8%
Coastside Mental Health	12	6%
Subtotal	**28**	**15%**
Enabling		
Puente de la Costa Sur	20	11%
LifeMoves	15	8%
Samaritan House - Safe Harbor	16	8%
Subtotal	**51**	**27%**
Total	**190**	**100%**

2018 Patient Satisfaction Survey Report

- Distributed to 10 service sites in San Mateo County
- 4 survey tools were developed to collect data regarding patient satisfaction with medical, dental, behavioral, and enabling services
- Majority of questions common across all 4 survey tools, with additional unique questions specific to services received
- Offered in Spanish, English, and Tongan
- Of 225 surveys distributed, 190 surveys were administered and recorded
- Patients who participated received gift cards in compensation for their time

2018 Patient Satisfaction Survey Report

Survey participants across all services reported high levels of satisfaction with their health care visits.



SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

Areas for Improvement

A few areas of potential improvement are indicated by the surveys. Some areas of potential improvement relate to a specific service or agency.

- **Two respondents offered suggestions for improvement of medical services:**
  - One respondent suggested additional clinic hours on Sunday mornings from 8 am to 12 pm.
  - Another respondent stated they would have liked more communication between treatment steps.
- **Several respondents offered suggestions for improvement for enabling services:**
  - Two respondents requested more group events, such as mental health, games, support, and exercise groups.
  - One respondent asked for more clear explanations of client expectations from case managers.
- **The percentage of respondents who strongly agreed or agreed they were able to get an appointment when they needed it decreased from 92% in 2016 to 87% in 2018.**
  - Both medical and behavioral service percentages in this category **increased** from 2016 to 2018.
  - Dental services showed a **decrease** from 86% in 2016 to 75% in 2018. The program should examine new ways of expanding access to dental service appointments when needed.

Limitations

- Future surveys should consider including a question for respondents to self-identify as homeless or farmworker to ensure the quality of services is standard across both populations.

- Limitations of the Patient Satisfaction Survey include
  - Small sample sizes
  - Single point-in-time
  - Surveys administered to respondents by agency employees which may have influenced responses.
  - Survey bias may play a role in the responses as well, as respondents are already engaged in services.

TAB 3

Request to Approve

SMMC Audit

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: May 2, 2019

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

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

SUBJECT: REQUEST FOR THE BOARD TO REVIEW AND ACCEPT THE COUNTY OF SAN MATEO 2018 SINGLE AUDIT REPORT

The County of San Mateo Controller's Office sent HCH/FH the 2018 Single Audit Report, which showed no findings.

Since HCH/FH is part of the County of San Mateo system, HCH/FH is included in the County of San Mateo's annual overall Single Audit. In accordance with HRSA requirements, the HCH/FH Co-Applicant Board is required to review and accept the audit, and may raise concerns or take action if needed.

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

Attachment:

- County of San Mateo 2018 Single Audit Report

COUNTY OF SAN MATEO

Single Audit Reports

Year Ended June 30, 2018

COUNTY OF SAN MATEO
Single Audit Reports
Year Ended June 30, 2018

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Certified
Public
Accountants

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

To the Board of Supervisors of
the County of San Mateo
Redwood City, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the County of San Mateo (County) as of and for the year ended June 30, 2018, and the related notes to the financial statements, which collectively comprise the County's basic financial statements, and have issued our report thereon dated November 21, 2018. Our report contains a reference to other auditors who audited the financial statements of the Housing Authority of the County of San Mateo, the San Mateo County Employees' Retirement Association, the First 5 San Mateo County, and the Health Plan of San Mateo, as described in our report on the County's financial statements. The financial statements of the Health Plan of San Mateo were not audited in accordance with *Government Auditing Standards*. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported separately by those auditors.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the County's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control. Accordingly, we do not express an opinion on the effectiveness of the County's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Macias Gini & O'Connell LLP
2121 N. California Boulevard, Suite 750
Walnut Creek, CA 94596

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Macias Gini & O'Connell LLP

Walnut Creek, California
November 21, 2018

Independent Auditor's Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance; and Report on State of California Department of Community Services and Development, Community Services Block Grant, Schedules of Revenues and Expenditures

To the Board of Supervisors of
the County of San Mateo
Redwood City, California

Report on Compliance for Each Major Federal Program

We have audited the County of San Mateo's (County) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the County's major federal programs for the year ended June 30, 2018. The County's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

The County's basic financial statements include the operations of the Housing Authority of County of San Mateo (Housing Authority), which expended $93,873,169 in federal awards that are not included in the accompanying schedule of expenditures of federal awards during the year ended June 30, 2018. Our audit, described below, did not include the operations of the Housing Authority because the Housing Authority engaged other auditors to perform an audit in accordance with the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the County's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Uniform Guidance. Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the County's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the County's compliance.

Opinion on Each Major Federal Program

In our opinion, the County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2018.

Report on Internal Control Over Compliance

Management of the County is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the County's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the County's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance and Report on State of California Department of Community Services and Development, Community Services Block Grant, Schedules of Revenues and Expenditures

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the County as of and for the year ended June 30, 2018, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. We issued our report thereon dated November 21, 2018, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of

federal awards and the State of California Department of Community Services and Development, Community Services Block Grant, schedules of revenues and expenditures are presented for purposes of additional analysis as required by the Uniform Guidance and the State of California Department of Community Services and Development, respectively, and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards and the State of California Department of Community Services and Development, Community Services Block Grant, schedules of revenues and expenditures are fairly stated in all material respects in relation to the basic financial statements as a whole.

Macias Gini & O'Connell LLP

Walnut Creek, California
March 21, 2019

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COUNTY OF SAN MATEO

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2018

Federal Grantor/Pass-Through Grantor/Program Title	Catalog of Federal Domestic Assistance Number (CFDA)	Federal Expenditures	Amount Provided to Subrecipients	Pass-Through Identifying Number
U.S. DEPARTMENT OF AGRICULTURE				
Passed Through State of California, Department of Food and Agriculture:				
Plant and Animal Disease, Pest Control, and Animal Care	10.025	$ 222,389	$ -	16-0517-SF
Plant and Animal Disease, Pest Control, and Animal Care	10.025	22,739	-	17-0213-028-SF
Plant and Animal Disease, Pest Control, and Animal Care	10.025	90,239	-	17-0154-038-SF
Plant and Animal Disease, Pest Control, and Animal Care	10.025	2,676	-	16-0679-SF
Plant and Animal Disease, Pest Control, and Animal Care	10.025	6,839	-	17-0549-018-SF
Plant and Animal Disease, Pest Control, and Animal Care	10.025	410,637	-	17-0118
Total Plant and Animal Disease, Pest Control, and Animal Care		755,519	-	
Senior Farmers Market Nutrition Program	10.576	12,000	12,000	None
Passed Through State of California, Department of Social Services:				
SNAP Cluster:				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program (SNAP)	10.561	8,592,086	-	None
State Administrative Matching Grants for SNAP	10.561	697,284	-	16-10141
Subtotal of SNAP Cluster		9,289,370	-	
Passed Through State of California, Department of Education:				
Child Nutrition Cluster:				
School Breakfast Program	10.553	54,413	-	41-10413-6045223-01
National School Lunch Program	10.555	85,903	-	41-10413-6045223-01
Subtotal of Child Nutrition Cluster		140,316	-	
Passed Through State of California, Department of Public Health:				
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	2,631,628	-	15-10112
Subtotal of Pass-Through Programs		12,828,833	12,000	
TOTAL U.S. DEPARTMENT OF AGRICULTURE		12,828,833	12,000	
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT				
Direct Programs:				
Community Development Block Grants / Entitlement Grants	14.218	4,117,779	2,689,263	--
Emergency Solutions Grant Program	14.231	198,057	182,555	--
Home Investment Partnerships Program	14.239	1,615,631	1,445,265	--
Continuum of Care Program	14.267	177,307	-	CA1402L9T121500
Continuum of Care Program	14.267	48,724	-	CA1563L9T121600
Continuum of Care Program	14.267	40,405	-	CA1401L9T121500
Continuum of Care Program	14.267	58,350	-	CA1401L9T121601
Subtotal of Continuum of Care Program		324,786	-	
Subtotal of Direct Programs		6,256,253	4,317,083	
Passed Through State of California, Department of Housing and Community Development:				
Emergency Solutions Grant Program	14.231	250,168	241,833	16-ESG-11111
Passed Through City and County of San Francisco:				
Housing Opportunities for Persons with AIDS	14.241	641,498	576,125	None
TOTAL U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		7,147,919	5,135,041	
U.S. DEPARTMENT OF THE INTERIOR				
Passed Through State of California, Department of Parks and Recreation:				
Natural Resource Damage Assessment and Restoration	15.658	4,359	-	C1668034
TOTAL U.S. DEPARTMENT OF THE INTERIOR		4,359	-	
U.S. DEPARTMENT OF JUSTICE				
Direct Programs:				
Edward Byrne Memorial Justice Assistance Grant Program	16.738	23,317	-	--
DNA Backlog Reduction Program	16.741	173,108	-	--
Equitable Sharing Program	16.922	267,313	-	--
Subtotal of Direct Programs		463,738	-	
Passed Through State of California, Corrections Standards Authority:				
Juvenile Accountability Block Grants	16.523	11,499	-	CSA 181-09
Passed Through National Police Athletic/Academic League Inc.				
Juvenile Mentoring Program	16.726	254,747	-	2017-JU-FX-0007
Passed Through State of California, Emergency Management Agency:				
Paul Coverdell Forensic Sciences Improvement Grant Program	16.742	21,667	-	CQ16-12-0410
Paul Coverdell Forensic Sciences Improvement Grant Program	16.742	8,012	-	CQ17-13-0410
Subtotal of Paul Coverdell Forensic Sciences Improvement Grant Program		29,679	-	
Crime Victim Assistance	16.575	444,388	-	VW17360410
Crime Victim Assistance	16.575	205,086	-	XV15010410
Crime Victim Assistance	16.575	384,970	-	XC16010410
Subtotal of Crime Victim Assistance		1,034,444	-	
Passed Through State of California, Board of State and Community Corrections:				
Edward Byrne Memorial Justice Assistance Grant Program	16.738	5,088	-	2017-44
Edward Byrne Memorial Justice Assistance Grant Program	16.738	3,152	-	2018-42
Edward Byrne Memorial Justice Assistance Grant Program	16.738	295,395	-	BSCC-638-17
Subtotal of Edward Byrne Memorial Justice Assistance Grant Program		303,635	-	
Subtotal of Pass-Through Programs		1,634,004	-	
TOTAL U.S. DEPARTMENT OF JUSTICE		2,097,742	-	

See notes to the schedule of expenditures of federal awards

COUNTY OF SAN MATEO

Schedule of Expenditures of Federal Awards (continued)

Year Ended June 30, 2018

Federal Grantor/Pass-Through Grantor/Program Title	Catalog of Federal Domestic Assistance Number (CFDA)	Federal Expenditures	Amount Provided to Subrecipients	Pass-Through Identifying Number
U.S. DEPARTMENT OF TRANSPORTATION				
Direct Programs:				
Job Access and Reverse Commute Program	20.516	$ 10,088	$ -	--
Airport Improvement Program	20.106	1,071,346	-	--
Subtotal of Direct Programs		1,081,434	-	
Passed Through State of California, Department of Transportation:				
Highway Planning and Construction	20.205	3,608,325	-	BRLO-5935(053)
Highway Planning and Construction	20.205	39,780	-	BRLO-5935(052)
Highway Planning and Construction	20.205	218,476	-	BPMP- 5935(062)
Highway Planning and Construction	20.205	8,461	-	BPMP- 5935(069)
Highway Planning and Construction	20.205	8,845	-	STPL-5935(078)
Subtotal of Highway Planning and Construction		3,883,887	-	
Passed Through San Mateo County Transit District:				
Job Access and Reverse Commute Program	20.516	155,102	-	None
Subtotal of Pass-Through Programs		4,038,989	-	
TOTAL U.S. DEPARTMENT OF TRANSPORTATION		5,120,423	-	
U.S. ENVIRONMENTAL PROTECTION AGENCY				
Passed Through State of California, Water Resources Control Board:				
Capitalization Grants for Clean Water State Revolving Funds	66.458	304,475	-	C-06-7810-110
TOTAL U.S. ENVIRONMENTAL PROTECTION AGENCY		304,475	-	
U.S. DEPARTMENT OF EDUCATION				
Passed Through State of California, Department of Rehabilitation:				
Rehabilitation Services - Vocational Rehabilitation Grants to States	84.126	719,982	-	29829
TOTAL U.S. DEPARTMENT OF EDUCATION		719,982	-	
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				
Direct Programs:				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	1,909,188	-	--
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	25,701	-	--
Subtotal of Direct Programs		1,934,889	-	
Passed Through State of California, Department of Aging:				
Special Programs for the Aging - Title VII, Chapter 3 - Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	10,103	10,103	AP-1718-08
Special Programs for the Aging - Title VII, Chapter 2 - Long Term Care Ombudsman Services for Older Individuals	93.042	43,109	43,109	AP-1718-08
Special Programs for the Aging - Title III, Part D - Disease Prevention and Health Promotion Services	93.043	42,067	42,067	AP-1718-08
Aging Cluster:				
Special Programs for the Aging - Title III, Part B - Grants for Supportive Services and Senior Centers	93.044	639,253	540,855	AP-1718-08
Special Programs for the Aging - Title III, Part C - Nutrition Services	93.045	1,405,640	1,256,178	AP-1718-08
Nutrition Services Incentive Program	93.053	178,330	178,330	AP-1718-08
Subtotal of Aging Cluster		2,223,223	1,975,363	
National Family Caregiver Support, Title III, Part E	93.052	327,058	293,818	AP-1718-08
Medicare Enrollment Assistance Program	93.071	27,834	27,834	MI-1718-08
Affordable Care Act State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models	93.626	5,610	5,610	FA-1718-08
State Health Insurance Assistance Program	93.324	101,340	101,340	HI-1718-08
Passed Through Health Plan of San Mateo:				
Medical Assistance Program	93.778	217,283	-	None
Passed Through State of California, Department of Community Services and Development:				
Community Services Block Grant	93.569	234,650	220,150	17F-2040
Community Services Block Grant	93.569	203,380	203,380	18F-5040
Subtotal of Community Services Block Grant		438,030	423,530	
Passed Through State of California, Department of Health Care Services:				
Disabilities Prevention	93.184	690,281	-	San Mateo (41)
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	93.505	613,525	-	15-10170 San Mateo
Immunization Cooperative Agreements	93.268	279,573	-	17-10072
Children's Health Insurance Program	93.767	521,923	-	None
Medical Assistance Program	93.778	1,844,004	-	None
Medical Assistance Program	93.778	121,847	-	17-10243
Maternal and Child Health Services Block Grant to the States	93.994	940,063	-	201741 San Mateo

COUNTY OF SAN MATEO

Schedule of Expenditures of Federal Awards (continued)

Year Ended June 30, 2018

Federal Grantor/Pass-Through Grantor/Program Title	Catalog of Federal Domestic Assistance Number (CFDA)	Federal Expenditures	Amount Provided to Subrecipients	Pass-Through Identifying Number
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (Continued)				
Passed Through State of California, Department of Public Health:				
Hospital Preparedness Program (HPP)	93.889	$ 79,846	$ -	14-10540
Hospital Preparedness Program (HPP)	93.889	224,720	$ -	17-10192
Subtotal of Hospital Preparedness Program (HPP)		304,566	-	
Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.069	127,050	$ -	14-10540
Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.069	568,169	-	17-10192
Subtotal of Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements		695,219	-	
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	188,404	-	None
HIV Care Formula Grants	93.917	338,423	-	15-11026
HIV Care Formula Grants	93.917	220,476	-	17-10775
Subtotal of HIV Care Formula Grants		558,899	-	
Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	4,378	-	15-10267
Disabilities Prevention	93.184	126,723	-	San Mateo
Passed Through State of California, Department of Mental Health:				
Projects for Assistance in Transition from Homelessness (PATH)	93.150	141,047	141,047	None
Block Grants for Community Mental Health Services	93.958	997,276	196,487	None
Passed Through State of California, Department of Social Services:				
Guardianship Assistance	93.090	247,492	-	None
Promoting Safe and Stable Families	93.556	320,143	230,462	None
Temporary Assistance for Needy Families	93.558	20,904,500	2,074,373	None
Refugee Cash and Medical Assistance Program and Refugee Social Services Program	93.566	9,927	-	None
Community-Based Child Abuse Prevention Grants	93.590	29,132	29,132	None
Adoption and Legal Guardianship Incentive Payments	93.603	17,143	-	None
Stephanie Tubbs Jones Child Welfare Services Program	93.645	340,800	-	None
Foster Care - Title IV-E	93.658	10,679,087	409,071	None
Foster Care - Title IV-E	93.658	1,550,950	-	2024.00.01
Subtotal of Foster Care - Title IV-E		12,230,037	409,071	
Adoption Assistance	93.659	2,829,913	-	None
Social Services Block Grant	93.667	353,852	-	None
Chafee Foster Care Independence Program	93.674	143,613	68,575	None
Medical Assistance Program	93.778	10,653,574	-	None
Passed Through State of California, Department of Child Support Services:				
Child Support Enforcement	93.563	7,396,735	-	None
Passed Through State of California, Department of Education:				
Child Care Mandatory and Matching Funds of the Child Care and Development Fund	93.596	543,388	543,388	CAPP-7055-01
Passed Through State of California, Alcohol and Drug Programs:				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	4,655,029	4,655,029	None
Passed Through Public Health Foundation Enterprises, Inc.:				
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	8,043	-	6 NU50CK000410-03-06
Passed Through Council of State & Territorial Epidemiologists (CSTE):				
NON-ACA/PPHF - Building Capacity of the Public Health System to Improve Population Health through National Nonprofit Organizations	93.424	18,766	-	V08-04122018
NON-ACA/PPHF - Building Capacity of the Public Health System to Improve Population Health through National Nonprofit Organizations	93.424	41,539	-	V06-02.2017
Subtotal of NON-ACA/PPHF - Building Capacity of the Public Health System to Improve Population Health through National Nonprofit Organizations		60,305	-	
Passed Through City and County of San Francisco:				
HIV Emergency Relief Project Grants	93.914	1,165,275	257,055	H89HA00006
HIV Prevention Activities - Health Department Based	93.940	206,180	-	6 NU62PS003638-05-03
Subtotal of Pass-Through Programs		73,578,466	11,527,393	
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES		75,513,355	11,527,393	
OFFICE OF THE EXECUTIVE PRESIDENT				
Direct Program:				
High Intensity Drug Trafficking Areas Program	95.001	3,931,072	-	--
TOTAL OFFICE OF THE EXECUTIVE PRESIDENT		3,931,072	-	
U.S. DEPARTMENT OF HOMELAND SECURITY				
Passed Through City and County of San Francisco:				
Homeland Security Grant Program	97.067	2,975,837	-	2016-0102
Homeland Security Grant Program	97.067	2,422,152	-	2017-0083
Passed Through the County of Santa Clara:				
Homeland Security Grant Program	97.067	175,921	-	2016 SHSGP
Passed Through State of California, Emergency Management Agency:				
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	352,367	-	FEMA-4305-DR-CA, 081-0000(
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	639,472	-	FEMA-4308-DR-CA, 081-0000(
Subtotal of Disaster Grants - Public Assistance (Presidentially Declared Disasters)		991,839	-	
Emergency Management Performance Grants	97.042	281,538	-	2017-0007
Homeland Security Grant Program	97.067	255,777	-	2017-0083
Homeland Security Grant Program	97.067	546,256	-	2015-00078
Homeland Security Grant Program	97.067	1,531,047	-	2016-0102
Subtotal of Pass-Through Programs		9,180,367	-	
TOTAL U.S. DEPARTMENT OF HOMELAND SECURITY		9,180,367	-	
TOTAL EXPENDITURES OF FEDERAL AWARDS		$ 116,848,527	$ 16,674,434	

See notes to the schedule of expenditures of federal awards

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COUNTY OF SAN MATEO

Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2018

1. GENERAL

The schedule of expenditures of federal awards (Schedule) includes the federal grant activity of the County of San Mateo (County). All federal financial assistance received directly from federal agencies as well as federal financial assistance passed through other agencies are included in this Schedule, except for assistance related to Medical Assistance (Medi-Cal) and Medicare Hospital Insurance (Medicare) (Note 5) and the Housing Authority of the County of San Mateo (Housing Authority) (Note 6).

2. BASIS OF ACCOUNTING

The accompanying Schedule is presented using the modified accrual basis of accounting for program expenditures accounted for in the governmental funds and the accrual basis of accounting for program expenditures accounted for in the proprietary funds as described in Note 2.B of the County's basic financial statements. Such expenditures are recognized following the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The County did not elect to use the 10% de minimis cost rate as covered in Title 2 U.S. Code of Federal Regulations section 200.414 Indirect (F&A) costs.

3. RELATIONSHIP TO FEDERAL FINANCIAL REPORTS

Amounts reported in the accompanying Schedule agree or can be reconciled with amounts reported in the related federal financial assistance reports.

4. RELATIONSHIP TO BASIC FINANCIAL STATEMENTS

Federal award expenditures agree or can be reconciled with the amounts reported in the County's basic financial statements.

5. MEDI-CAL AND MEDICARE

Direct Medi-Cal and Medicare expenditures are excluded from the Schedule. These expenditures represent fees for services and are not included in the Schedule or in determining major programs. The County assists the State of California in determining eligibility and provides Medi-Cal and Medicare services through County-owned facilities. However, administrative costs related to Medi-Cal and Medicare are included in the Schedule under the Medical Assistance Program (Federal CFDA number 93.778).

6. HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

Housing Authority federal expenditures are excluded from the Schedule and are separately audited by other auditors. Federal expenditures for the Housing Authority programs are taken from the separately issued single audit report for the year ended June 30, 2018. The federal programs of the Housing Authority are as follows:

Program Title	CFDA Number	Federal Expenditures
Moving To Work Demonstration Program:		
Low Rent Operating Subsidy	14.881	$ 5,270
Capital Fund	14.881	274,954
Housing Choice Vouchers	14.881	83,294,543
Total Moving to Work Demonstration Program		83,574,767
Other Programs:		
Continuum of Care	14.267	6,108,323
Housing Choice Vouchers	14.871	3,844,130
ROSS-FSS Coordinator	14.896	345,949
Total other programs		10,298,402
Total Department of Housing and Urban Development		93,873,169
Total Expenditures of Federal Awards		$ 93,873,169

7. CALIFORNIA DEPARTMENT OF AGING (CDA) SINGLE AUDIT REPORTING REQUIREMENTS

The terms and conditions of agency contracts with CDA require agencies to display state-funded expenditures discretely along with the related federal expenditures. For state grants not involving federal funding, the amounts are to be displayed separately. The following schedule is presented to comply with these requirements.

Federal Grantor Pass-through Grantor Program Title	CFDA No.	Grant/ Contract Number	Expenditures State	Expenditures Federal
U.S. Department of Health and Human Services				
Passed through California Department of Aging				
Special Programs for Aging-Title VII, Chapter 3 Programs for Prevention of Elder Abuse, Neglect, & Exploitation	93.041	AP-1718-08	$ -	$ 10,103
Special Programs for Aging-Title VII, Chapter 2 Long Term Care Ombudsman Services for Older Individuals	93.042	AP-1718-08	-	43,109
Special Programs for Aging-Title III, Part D Disease Prevention and Health Promotion Services	93.043	AP-1718-08	-	42,067
Special Programs for Aging-Title III, Part B Grants for Supportive Services and Senior Centers	93.044	AP-1718-08	27,486	639,253
Special Programs for Aging-Title III, Part C Nutrition Services (*)	93.045	AP-1718-08	146,524	1,405,640
National Family Caregiver Support	93.052	AP-1718-08	-	327,058
Nutrition Services Incentive Program	93.053	AP-1718-08	-	178,330
Medicare Enrollment Assistance Program (MIPPA)	93.071	MI-1718-08	-	27,834
Health Insurance Counseling and Advocacy Program (HICAP)	93.324	HI-1718-08	196,392	101,340
Affordable Care Act State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models	93.626	FA-1718-08	-	5,610
Total Expenditures of CDA and Federal Awards			370,402	$ 2,780,344
State Awards-California Department of Aging:				
Ombudsman State Health Facilities Citation Penalties Account		AP-1718-08	10,994	
Ombudsman Skilled Nursing Facility Quality & Accountability Fund		AP-1718-08	52,224	
Ombudsman Public Health & Licensing and Certification Fund		AP-1718-08	30,567	
Total Expenditures of CDA Awards			$ 464,187	

COUNTY OF SAN MATEO
Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2018

8. PROGRAM TOTALS

The following table summarizes programs funded by various sources whose totals are not shown on the Schedule.

	CFDA no. / Program Title / Federal Grantor or Pass-Through Grantor	Pass Through Identifying Number		Federal Expenditures
(1)	**CFDA no. 14.231 - Emergency Solutions Grant Program**			
	U.S. Department of Housing and Urban Development	None		$ 198,057
	State of California, Department of Housing and Community Development	16-ESG-11111		250,168
			Program Total	$ 448,225
(2)	**CFDA no. 16.738 - Edward Byrne Memorial Justice Assistance Grant Program**			
	U.S. Department of Justice	None		$ 23,317
	State of California, Board of State and Community Corrections	BSCC-638-17		295,395
	State of California, Board of State and Community Corrections	2018-42		3,152
	State of California, Board of State and Community Corrections	2017-44		5,088
			Program Total	$ 326,952
(3)	**CFDA no. 20.516 - Jobs Access - Reverse Commute Program**			
	U.S. Department of Transportation	None		$ 10,088
	San Mateo County Transit District	None		155,102
			Program Total	$ 165,190
(4)	**CFDA no. 93.184 - Disabilities Prevention**			
	State of California, Department of Health Care Services	San Mateo (41)		$ 690,281
	State of California, Department of Public Health	San Mateo		126,723
			Program Total	$ 817,004
(5)	**CFDA no. 93.778 - Medical Assistance Program (Medicaid: Title XIX)**			
	State of California, Department of Health Care Services	None		$ 1,844,004
	State of California, Department of Health Care Services	17-10243		121,847
	State of California, Department of Social Services	None		10,653,574
	Health Plan of San Mateo	None		217,283
			Program Total	$ 12,836,708
(6)	**CFDA no. 97.067 - Homeland Security Grant Program**			
	City and County of San Francisco	2017-0083		$ 2,422,152
	City and County of San Francisco	2016-0102		2,975,837
	State of California, Emergency Management Agency	2015-00078		546,256
	State of California, Emergency Management Agency	2016-0102		1,531,047
	State of California, Emergency Management Agency	2017-0083		255,777
	County of Santa Clara	2016 SHSGP		175,921
			Program Total	$ 7,906,990

COUNTY OF SAN MATEO

Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2018

9. SCHEDULES OF STATE OF CALIFORNIA EMERGENCY MANAGEMENT AGENCY GRANT EXPENDITURES

The following schedule represents expenditures for U.S. Department of Justice grants passed through the State of California Emergency Management Agency (CalEMA) as well as CalEMA funded grant expenditures for the year ended June 30, 2018. This information is included in the County's single audit report at the request of CalEMA.

Program Title and Expenditure Category	Grant Number Grant Period	Budget	Cumulative through June 30, 2017	Actual 7/1/17-6/30/18 Non-match*	Actual 7/1/17-6/30/18 Match	Cumulative through June 30, 2018	Remaining Budget
Victim Witness Assistance Program							
Personnel Services	VW17360410	$ 667,903	$ -	$ 412,648	$ 82,728	$ 495,376	$ 172,527
Operating Expenses	10/1/17-9/30/18	54,599	-	31,740	6,633	38,373	16,226
Equipment	CFDA no. 16.575	-	-	-	-	-	-
Total		$ 722,502	$ -	$ 444,388	$ 89,361	$ 533,749	$ 188,753
Victim Witness Assistance Program **							
Personnel Services	VW16350410	$ 962,681	$ -	$ 597,444	$ 205,547	$ 802,991	$ -
Operating Expenses	10/1/17-9/30/18	-	-	-	-	-	-
Equipment	CFDA no. 16.575	-	-	-	-	-	-
Total		$ 962,681	$ -	$ 597,444	$ 205,547	$ 802,991	$ -
Underserved Victim Advocacy and Outreach Program							
Personnel Services	XC16010410	$ 386,196	$ 135,039	$ 93,689	$ -	$ 228,728	$ 157,468
Operating Expenses	7/1/16-12/31/19	982,720	-	291,281	1,061	292,342	690,378
Equipment	CFDA no. 16.575	-	-	-	-	-	-
Total		$ 1,368,916	$ 135,039	$ 384,970	$ 1,061	$ 521,070	$ 847,846
Underserved Victim Advocacy and Outreach Program							
Personnel Services	XV15010410	$ 820,314	$ 323,054	$ 205,086	$ 51,270	$ 579,410	$ 240,904
Operating Expenses	4/1/16-12/31/19	-	-	-	-	-	-
Equipment	CFDA no. 16.575	-	-	-	-	-	-
Total		$ 820,314	$ 323,054	$ 205,086	$ 51,270	$ 579,410	$ 240,904
Paul Coverdell Forensic Science Improvement Grant Program							
Personnel Services	CQ16-12-0410	$ -	$ -	$ -	$ -	$ -	$ -
Operating Expenses	7/1/17-12/31/17	21,695	-	21,667	-	21,667	28
Equipment	CFDA no. 16.742	-	-	-	-	-	-
Total		$ 21,695	$ -	$ 21,667	$ -	$ 21,667	$ 28
Paul Coverdell Forensic Science Improvement Grant Program							
Personnel Services	CQ17-13-0410	$ -	$ -	$ -	$ -	$ -	$ -
Operating Expenses	1/1/18-12/31/18	20,204	-	8,012	-	8,012	12,192
Equipment	CFDA no. 16.742	-	-	-	-	-	-
Total		$ 20,204	$ -	$ 8,012	$ -	$ 8,012	$ 12,192

* Actual non-match expenditures are reported as federal expenditures in the Schedule under the designated CFDA numbers.

** Grant number #VW16350410 expired as of September 30, 2017 with a residual balance of $159,690. There were no expenditures incurred on the grant in fiscal year 2017/2018. Thus the remaining budget is reflected as $0 in the table above. and it will not be carried forward into future fiscal years.

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COUNTY OF SAN MATEO
Schedule of Findings and Questioned Costs
Year Ended June 30, 2018

Section I – Summary of Auditor's Results

Financial Statements:

Type of auditor's report issued on whether the financial statements audited were prepared in accordance with accounting principles generally accepted in the United States of America:	Unmodified
Internal control over financial reporting:	
• Material weakness(es) identified?	No
• Significant deficiency(ies) identified?	None reported
Noncompliance material to financial statements noted?	No

Federal Awards:

Internal control over major programs:	
• Material weakness(es) identified?	No
• Significant deficiency(ies) identified?	None reported
Type of auditor's report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	No

Identification of major programs:

Program Title	CFDA Number
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program (SNAP)	10.561
Temporary Assistance for Needy Families	93.558
Child Support Enforcement	93.563
Foster Care – Title IV-E	93.658
High Intensity Drug Trafficking Areas Program	95.001

Dollar threshold used to distinguish between Type A and Type B programs:	$3,000,000
Auditee qualified as low-risk auditee?	No

Section II – Financial Statement Findings

No findings are reported.

Section III – Federal Awards Findings and Questioned Costs

No findings are reported.

COUNTY OF SAN MATEO
OFFICE OF THE CONTROLLER

Juan Raigoza
Controller

Shirley Tourel
Assistant Controller

County Government Center
555 County Center, 4th Floor
Redwood City, CA 94063-1665
650-363-4777
http://controller.smcgov.org

COUNTY OF SAN MATEO
Schedule of Prior Year Findings and Questioned Costs
Year Ended June 30, 2018

Prior Year Findings and Questioned Costs

Financial Statement Findings:

None reported.

Federal Awards Findings:

None reported.

SUPPLEMENTARY INFORMATION

COUNTY OF SAN MATEO
State of California Department of Community Services and Development
Community Services Block Grant (CSBG) – CFDA No. 93.569

Contract No. 18F-5040
Schedule of Revenues and Expenditures
For the Period January 1, 2018 to June 30, 2018

REVENUES	Fiscal Year 2017/18	Total Audited Costs	Total Reported Expenses	Total Budget
Grant Revenue	$ 203,380	$ 203,380	$ -	$ 493,670
EXPENDITURES				
Administrative Costs				
Salaries and Wages	$ -	$ -	$ -	$ 14,500
Program Costs				
Sub-Contractors	203,380	203,380	203,380	479,170
Total Expenditures*	$ 203,380	$ 203,380	$ 203,380	$ 493,670

* Expenditures are reported in the Schedule of Expenditures of Federal Awards under the designated CFDA and pass-through entity numbers.

COUNTY OF SAN MATEO

State of California Department of Community Services and Development
Community Services Block Grant (CSBG) – CFDA No. 93.569

Contract No. 17F-2040
Schedule of Revenues and Expenditures
For the Period January 1, 2017 to December 31, 2017

REVENUES	Fiscal Year 2016/17	Fiscal Year 2017/18	Total Audited Costs	Total Reported Expenses	Total Budget
Grant Revenue	$ 216,615	$ 234,650	$ 451,265	$ -	$ 451,265
EXPENDITURES					
Administrative Costs					
Salaries and Wages	$ -	$ 14,500	$ 14,500	$ 14,500	$ 14,500
Program Costs					
Sub-Contractors	216,615	220,150	436,765	436,765	436,765
Total Expenditures*	$ 216,615	$ 234,650	$ 451,265	$ 451,265	$ 451,265

* Expenditures are reported in the Schedule of Expenditures of Federal Awards under the designated CFDA and pass-through entity numbers.

TAB 4

Request to approve Oral Health funding

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: May 9, 2019

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

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

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

The Health Services & Resources Administration (HRSA) announced a competitive, supplemental funding opportunity, Oral Health Infrastructure (OHI), on March 22, 2019 to support a one-time infrastructure investment to provide new or enhance existing high quality, integrated oral health services. The estimated award value is up to $300,000, and HRSA expects to issue awards to approximately 250 health centers. HCH/FH submitted the initial application to grants.gov before the April 22 deadline. The deadline to submit supplemental information via HRSA Electronic Handbook (EHB) is May 21.

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

Since the OHI funding opportunity has a quick submission deadline (May 21, 2019) and the Board is required to approve the program's grant applications, we are bringing this supplemental grant request to the Board for its approval. HCH/FH staff is requesting preliminary approval to move forward with the submission as described above, and the final submission will be brought to the Board for final approval at the next Board meeting.

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

<u>Attachment:</u>

- Project Abstract

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

PROJECT ABSTRACT

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

The proposed infrastructure project. San Mateo Medical Center's, the public hospital and clinic system for San Mateo County, Homeless/Farmworker Health Program's (HCH/FH) Oral Health Integration grant request to purchase, implement, and integrate the eClinicalWorks (ECW) electronic dental record into HCH/FH's integrated health and wellness program.

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

The target population and organization. HCH/FH provides integrated dental care to the 7,151 homeless, and the 4,620 farmworker and their family members who reside in San Mateo County and provides whole-person and culturally-appropriate primary medical, dental, behavioral health, vision, and specialty services for homeless people. The 2013 Homeless Census estimated the annual homeless population at 7,151 service area residents. In 2010, HCH/FH expanded our program to also include providing the whole-person and culturally-appropriate care to migratory and seasonal farmworkers located in San Mateo County. This population includes 2,100 farmworkers (CA Employment Development Dept., 2014) and their estimated 2,520 family members (based on USDA projections) in the rural, coastal region of the service area.

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

TAB 5

Request to Approve IBH funding

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: May 9, 2019

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

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

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

The Health Services & Resources Administration (HRSA) announced an expanded services supplemental funding opportunity, Integrated Behavioral Health Services on March 29, 2019 to support the expansion of high quality behavioral health services through activities such as workforce expansion, professional development and training, clinical workflow and practice transportation, opioid prevention, pain management, and advancement of telehealth and other health information technologies. The estimated award value is $145,000, and HRSA expects to issue up to 1,375 awards. The application deadline is May 13, 2019.

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

Since the IBHS funding opportunity has a quick submission deadline (May 13, 2019) and the Board is required to approve the program's grant applications, we are bringing this supplemental grant request to the Board for its approval. HCH/FH staff is requesting preliminary approval to move forward with the IBHS submission as described above, and the final submission will be brought to the Board for final approval at the next Board meeting.

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

TAB 6

Request to Approve New Board Membership

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

DATE: May 9, 2019

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

FROM: Board Membership/Recruitment Committee
HCH/FH Program

SUBJECT: BOARD NOMINATION FOR SHANNA HUGHES AND SUZANNE MOORE

The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws.

The Board Composition Committee has interviewed a candidate it wishes to present to the Board. Summaries of Board Composition Committee evaluation and recommendation for each candidate accompany this TAB.

This request is for the approval of new Board members to enlarge the knowledge and expertise available to the Board for its review and planning duties.

Board Recruitment/membership committee members interviewed Shanna Hughes and Suzanne Moore. Shanna is currently a San Mateo police officer assigned to the Homeless Outreach Team and she interacts with our local street homeless on a daily basis. Shanna said she understands the needs of the street homeless, especially in regard to health care. Shanna would like to see our local HOT team work more closely with the Street Medicine Team in delivering medical needs to the street homeless.
Suzanne Moore served as a Family Nurse Practitioner at Daly City and South San Francisco Clinics and provided care to mostly adults with chronic mental health issues. She remains active in her community volunteering for organizations such as: Fair Rents 4 Pacifica, Pacifica Housing 4 All, Anti-Displacement Coalition of San Mateo, and Pacifica Resource Center. With experience in health care, local government, as well as her involvement in policy and housing issues, Suzanne should be considered for Board membership.

The Board Recruitment/Membership Committee nominates Shanna Hughes and Suzanne Moore for a seat on the Co-Applicant Board of the Health Care for the Homeless/Farmworker Health Program.

ATTACHMENT:
- SHANNA HUGHES APPLICATION
- SUZANNE MOORE APPLICATION

Board Composition Committee
Nomination to Board

Welcome to the San Mateo County Health Care for the Homeless/Farm Worker Health Co-Applicant Board Application for Board Membership.

1. What is your name, residence address and contact information (phone and email)?
   Shanna Hughes, [redacted]
   [redacted]

2. What is your place of employment and title, if applicable?
   [redacted]

3. What experience and/or skills do you have that would make you an effective member of the Board? (Skills & experiences that will be of benefit to the Board.)
   I am currently the SMPD Homeless Outreach Officer and work closely with Life Moves and other County agencies. I have also been a Hospital Officer for the Sacramento Police Department. I am crisis intervention trained with 12years of law enforcement experience.

4. Why do you wish to be a Board member?
   Law Enforcement is on the front line and privey to the needs and concerns of our community's homeless population. My position will allow me to assist in the outreach effort.

5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker? (Not a requirement)
   No

We highly encourage applicants who are homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker.

The Board requires a member to be a **resident of San Mateo County**.

Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.

- No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board.
  (45 CFR Part 74.42 and 42 CFR Part 51c.304b)

Board Composition Committee
Nomination to Board

Welcome to the San Mateo County Health Care for the Homeless/Farm Worker Health Co-Applicant Board Application for Board Membership.

1. What is your name, residence address and contact information (phone and email)?
   Suzanne Moore, [redacted]

2. What is your place of employment and title, if applicable?
   Retired Family Nurse Practitioner

3. What experience and/or skills do you have that would make you an effective member of the Board? (Skills & experiences that will be of benefit to the Board.)

As a former San Mateo County employee, I practiced at the Daly City and South San Francisco Clinics as a primary care provider. My client panel consisted mostly of adults with chronic mental health issues - and especially at the Daly City Clinic, I worked closely with Behavioral Health. I feel this direct experience could prove useful to the Board, though I acknowledge I will have a learning curve.

At the end of my clinical career, I realized that many of my clients had their health directly impacted by the housing crisis. Upon retirement, I became more active as a community volunteer:

- Volunteer coordinator for Fair Rents 4 Pacifica, Steering Committee member for Pacifica Housing 4 All as well as their Treasurer;
- Member of the Anti-Displacement Coalition of San Mateo,
- Outreach volunteer for Pacifica Resource Center.

In my volunteer efforts, I have come to learn that the housing crisis in my home town demonstrates itself in increased homelessness, displacement, worker shortages, and long commutes/transportation problems. I am hoping that participation in HCH/FW may make a difference for every community in San Mateo.

4. Why do you wish to be a Board member?
   To learn, to share, and to make a difference.

5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker? (Not a requirement)
   No

We highly encourage applicants who are homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker.

The Board requires a member to be a **resident of San Mateo County**.

Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.

- No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board.
(45 CFR Part 74.42 and 42 CFR Part 51c.304b)

TAB 7

QI Memo

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

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

DATE: May 9th, 2019

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

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

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee met on April 25th, 2019. The following discussed we as follows:

- **Enabling Services Measure Data:** Frank Trinh completed the analysis of case management clients receiving enabling services who have been referred into primary care. The three organizations included were BHRS ARM, Puente, and LifeMoves. The referrals were tracked from November 2017 to February 2018. This cohort was monitored for primary care appointments scheduled and attended, seen by mobile clinic or street medicine, seen at SMMC ED, or seen at SMMC PES between November 2017 to February 2019.

Site	BHRS	Puente	LifeMoves
Total # Primary Care Referrals – November 2017-February 2018	**5**	**15**	**48**
No Primary Care Appts Scheduled	0	6	14
No Primary Care Appts Scheduled (%)	**0**	**40.0**	**29.2**
1 Primary Care Appt Scheduled	0	2	9
1 Primary Care Appt Scheduled (%)	**0**	**13.3**	**18.8**
2 Primary Care Appts Scheduled	2	3	5
2 Primary Care Appts Scheduled (%)	**40.0**	**20.0**	**10.4**
>2 Primary Care Appts Scheduled	3	4	19
>2 Primary Care Appts Scheduled (%)	**60.0**	**26.7**	**39.6**
No Primary Care Appts Attended	0	6	25
No Primary Care Appts Attended (%)	**0**	**40.0**	**52.1**
1 Primary Care Appt Attended	2	3	7
1 Primary Care Appt Attended (%)	**40.0**	**20.0**	**14.6**
≥2 Primary Care Appts Attended	3	6	15
≥2 Primary Care Appts Attended (%)	**60.0**	**40.0**	**31.3**
Seen by Mobile Clinic	1	0	15
Seen by Mobile Clinic (%)	**20.0**	**0**	**31.3**
Seen by Street & Field Med	0	6	36

Seen by Street & Field Med (%)	**0**	**40.0**	**75.0**
Seen in SMMC ED	3	1	27
Seen in SMMC ED (%)	**60.0**	**6.7**	**56.3**
Seen in SMMC PES	1	0	9
Seen in SMMC PES (%)	**20.0**	**0**	**18.8**

- **HCH/FH Program Needs Assessment**: The HCH/FH Program has begun preliminary planning meetings for the biennial program needs assessment. The assessment will begin in April with a tentative completion date of June 30th, 2019.
- **AIMS One-Time Funding SUD-MH Patient Education Materials**: JSI completed the Substance Use Disorder patient education material documents as part of the AIMS One-Time Grant Funding and were forwarded to collaborators. The documents have been translated and are being reformatted by the SMMC graphic designer. The QI Committee determined the dissemination plan:
    1. Track organizations that receive the materials.
    2. Establish baseline number of calls received by BHRS ACCESS Call Center prior to dissemination and monitor for change.
- **Selected Clinical Quality Measures of Focus and Monitored Measures:**

Clinical Quality Measures (CQM)	**FY19 Q1**	**SAC/BPR Goals**	**Healthy People 2020 Goals**	**SMMC Goals (Prime/QIP)**	**CA 330 Programs**	**2017 Adjusted Quartile Ranking***
Cervical Cancer Screening	**61%**	75%	93%	60.8%	60%	1
Diabetes	**54%**	75%	85%	70.9%	66%	1
Prenatal Care 1st Trimester	**75%****	80%	78%	----	78%	4
Depression Screening & Follow-up	**9%**	65%	*No comparable measure*	38.6%	64%	4

*Ranking (from 1 to 4) of health center clinical performance compared to other health centers nationally

**Small sample size, not true representation

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

TAB 8
Director's Report

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

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: May 09, 2019

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the April 11, 2019 Co-Applicant Board meeting:

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

   As anticipated and reported at the last Board meeting, on April 4, 2019, HRSA issued a Notice of Award (NOA) 17-13 establishing a 60-day grant condition on the Program Requirement for Clinical Staffing, e – Credentialing & Privileging Files. This NOA also lifted the Clinical Staffing – c. Procedures for Review of Credentials grant condition. On April 09, 2019, Program submitted the requested documents and information on the 60-day grant condition.

   On May 02, 2019, HRSA issued NOA 17-14 lifting the 60-day grant condition.

   All of the grant conditions from the 2018 Operational Site Visit have now been lifted except for the two related to our agreement with Ravenswood Family Health Center (RFHC). Our Project Officer has confirmed that those two (2) conditions are still under review with HRSA.

2. HRSA Funding Opportunities

   We continue to work with our grant writer on the development and submission of the Oral Health Infrastructure grant application. An update on that application is elsewhere on today's agenda.

   Also elsewhere on today's agenda is an update on the request for funding to be submitted to HRSA by tomorrow for the Integrated Behavioral Health Services Supplemental Funding.

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

   The HCH/FH Program is scheduled to present at the June 3, 2019 SMMC Board of Director's meeting, focused on the Program Annual Report.

4. Seven Day Update

ATTACHED:

- Program Calendar

Health Care for the Homeless & Farmworker Health (HCH/FH) Program

2019 Calendar (*Revised May 2019*)

EVENT	DATE	NOTES
• **Board Meeting (May 9, 2019 from 9:00 a.m. to 11:00 a.m.)** • **2019 NHCHC conference in DC- May 22-25** • Review UDS submission on Board agenda • SMMC annual audit review • Funding opportunities (Oral health and IBH) applications due	May	@ San Mateo Medical Center
• **Board Meeting (June 13, 2019 from 9:00 a.m. to 11:00 a.m.)** • QI Meeting • Site visit with Contracts begin	June	@Fair Oaks Clinic- RWC
• **Board Meeting (July 11, 2019 from 9:00 a.m. to 11:00 a.m.)** • Provider Collaborative meeting	July	@Coastside Clinic- HMB
• **Board Meeting (August 8, 2019 from 9:00 a.m. to 11:00 a.m.)** • QI Meeting • SAC/BPR due • Approve program annual budget	August	
• **Board Meeting (September 12, 2019 from 9:00 a.m. to 11:00 a.m.)**	September	

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

TAB 9

Budget & Finance Report

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

DATE: May 09, 2019

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

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Estimated grant expenditures to-date are $946,428. In addition, we have an estimate $5,339 in expenditures for items not claimable on the grant, for total Program estimated expenditures of $951,767.

Current projections for year-end are, at best, guesses at this point in the year. Our current projection is that total grant expenditures will be $2,925,055 by the end of the year, which would leave an estimated $28,595 in unexpended grant funds. However, approximately $138,000 of our grant funds have some level of spending restrictions, so we have an estimate of being potentially $100,000 over-extended with our grant funds. We expect this number to come down as we get further into the year and can clearly identify where we have been able to expend the restricted funds and having a better idea on the rate of expenditures for our contracts and MOUs.

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

Attachment:

- GY 2019 Summary Grant Expenditure Report Through 03/31/19

GRANT YEAR 2019

Details for budget estimates	Budgeted [SF-424]	To Date (04/30/19)	Projection for GY (+~35 weeks)	Projected for GY 2020
EXPENDITURES				
Salaries				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	554,324	198,379	563,379	582,035
Benefits				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	224,198	69,287	198,759	235,407
Travel				
National Conferences (2500*8)	20,000		30,000	15,000
Regional Conferences (1000*5)	5,000	3,721	2,500	5,000
Local Travel	1,000	107	1,000	1,000
Taxis	3,500	160	1,500	3,000
Van & vehicle usage	3,000	258	1,250	2,500
	32,500	4,246	36,250	26,500
Supplies				
Office Supplies, misc.	7,500	2,009	7,000	10,000
Small Funding Requests				
	7,500	2,009	7,000	10,000
Contractual				
2017 Contracts		55,827	55,827	50,000
2017 MOUs		23,540	23,540	45,000
Current 2018 contracts	951,500	330,849	905,500	951,500
Current 2018 MOUs	872,000	248,400	825,000	872,000
ES contracts (AIMS/SUD-MH)	262,500	7,350	262,500	232,500
---unallocated---/other contracts				
	2,086,000	665,966	2,072,367	2,056,000
Other				
Consultants/grant writer	30,000		25,000	30,000
IT/Telcom	12,000	4,241	12,000	12,000
New Automation			0	-
Memberships	4,000	2,300	2,300	2,000
Training	10,000		7,500	3,000
Misc	750		500	500
	56,750	6,541	47,300	47,500
TOTAL	2,961,272	946,428	2,925,055	2,957,442
GRANT REVENUE				
Available Base Grant *	2,648,400		2,648,400	2,755,454
Available Expanded Services Awards **	305,250		305,250	
HCH/FH PROGRAM TOTAL	2,953,650	946,428	2,953,650	2,755,454
BALANCE	(7,622)	**PROJECTED AVAILABLE**	**28,595**	(201,988)
				based on est. grant of $2,755,454

* includes $13,196 of QI targeted funding
** includes $175,000 of one-time funding (SUD-MH) ($125,250 unallocated)

Total special allocation required **$ 138,446**

Non-Grant Expenditures	Budgeted	To Date	Projection	Projected for GY 2020
Salary Overage	13090	4,714	13,090	13,750
food	2500	625	2,500	2,500
incentives/gift cards	1,000		1,000	1,000
	16,590	5,339	16,590	17,250

TOTAL EXPENDITURES **BUDGETED** **2,977,862** **PROJECTED** **2,941,645** **NEXT YEAR** **2,974,692**

TO DATE **951,767**