

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

Co-Applicant Board Meeting Agenda

275 Blomquist street, Redwood City, CA (Navigation Center)

August 10th, 2023, 10:00am - 12:00pm

This meeting of The Health Care for The Homeless/Farmworker Health board will be held in-person at
275 Blomquist street, Redwood City, CA (Navigation Center)

Remote participation in this meeting will not be available. To observe or participate in the meeting please attend in-person at above location.

*Written public comments may be emailed to masfaw@smcgov.org and such written comments should indicate the specific agenda item on which you are commenting.

***Please see instructions for written and spoken public comments at the end of this agenda.**

A. CALL TO ORDER & ROLL CALL	Robert Anderson	10:00am
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B. PUBLIC COMMENT		
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.		

C. ACTION TO SET THE AGENDA & CONSENT AGENDA	Robert Anderson	10:05am
1. Approve meeting minutes from July 13, 2023, Board Meeting		Tab 1
2. Contracts and MOUs update		Tab 2
3. Budget and Finance Report		Tab 3
4. Quality Improvement/Quality Assurance update		Tab 4
5. HCH/FH Director's Report		Tab 5

D. COMMUNITY ANNOUNCEMENTS / GUEST SPEAKER		
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.		
Community updates	Board members	10:10 am
Navigation Center Overview and Healthcare in Action	Robert Moltzen and Dr. Jessica Dong	10:15am

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E. BUSINESS AGENDA			
1. Approve final Service Area Competition (SAC) application	Jim Beaumont	11:00 am	Tab 6
2. Approve the Creation of a Board Ad-Hoc Committee on Program Staffing and Staffing Structure	Jim Beaumont	11:05 am	Tab 7

F. REPORTING & DISCUSSION AGENDA			
1. Farmworker patients as Board member	Jim Beaumont	11:15 min	
2. Navigation Center Tour	Robert Moltzen	11:30am	

G. ADJOURNMENT		12:00pm
Future meeting: September 14th, 2023, 10am-12pm at Half Moon Bay Library Address: 620 Correas St, Half Moon Bay, CA 94019		

***Instructions for Public Comment During Meeting**

Members of the public may address the Members of the HCH/FH board as follows:

Written public comments may be emailed in advance of the meeting. Please read the following instructions carefully:

1. Your written comment should be emailed to masfaw@smcgov.org.
2. Your email should include the specific agenda item on which you are commenting or note that your comment concerns an item that is not on the agenda or is on the consent agenda.
3. Members of the public are limited to one comment per agenda item.
4. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words.
5. If your emailed comment is received by 5:00 p.m. on the day before the meeting, it will be provided to the Members of the HCH/FH board and made publicly available on the agenda website under the specific item to which your comment pertains. If emailed comments are received after 5:00p.m. on the day before the meeting, HCH/FH board will make every effort to either (i) provide such emailed comments to the HCH/FH board and make such emails publicly available on the agenda website prior to the meeting, or (ii) read such emails during the meeting. Whether such emailed comments are forwarded and posted, or are read during the meeting, they will still be included in the administrative record.

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TAB 1
Meeting
Minutes



**HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
 Co-Applicant Board Meeting Minutes
 Venus Room- Department of Housing 264 Harbor Blvd., Bldg. A Belmont, CA 94002
 Date, July 13, 2023, 10am-12pm**

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
<ul style="list-style-type: none"> • Robert Anderson, Chair • Victoria De Alba Sanchez, Vice Chair • Tony Serrano • Suzanne Moore • Tayischa Deldridge • Francine Serafin-Dickson • Gabe Garcia • Judith Guerrero • Steve Kraft • Janet Schmidt • Jim Beaumont (ex officio) 	<ul style="list-style-type: none"> • Meron Asfaw • Gozel Kulieva • Alejandra Alvarado • Irene Pasma • Francisco Vargas • Frank Trinh • Amanda Martin 	<ul style="list-style-type: none"> • Marisol Scalera Durani • Joaquin Jimenez • Diana McDonnell 	<ul style="list-style-type: none"> • Steve Carey • Brian Greenberg

A. Call to order & roll call	Robert Anderson called the meeting to order at 10:00 am and did a roll call.	
B. Public comment	<p>Joaquin Jimenez</p> <p>ALAS was recognized as non-profit of the year and Joaquin provided an update regarding the Equity Express Bus. The bus continues to visit farms, and ALAS is exploring using the bus four times per week. They currently use the Equity Express Bus on Monday-Wednesday and will possibly be expanding to Thursday (floating day) to add two more farms to the list of farms they already visit. ALAS is currently visiting up to 27 farms total, including Rocket Farms which employs about 100 employees. Joaquin</p>	

	<p>recognized that ALAS has been visiting some farms that they haven't seen in almost three years.</p> <p>ALAS has been distributing funds to the farmworker community from March 2020 to May 2023. These fundings are going to workers from multiple ranches along the coast side such as Seahorse Ranch, Pastorino, with the goal to ultimately implement funding distribution of farmworkers in need to the whole county. So far, ALAS has distributed almost half a million dollars with the goal to reach 2 million dollars in their whole year distribution.</p> <p>Joaquin provided a housing update with the Mercy Housing Plan located on 555 Kelly Ave. in Half Moon Bay, striving to build a 4-story complex with a resource center on the 1st floor. Conversations are being had surrounding street/field medicine providing support at this resource center once the project gets finalized. The current ALAS team providing this outreach has increased to six people, consisting of three promotores direct support to farmworkers by visiting the farms, three people on the Equity Express Bus to aid people who are interested in mobile services, and one person raising funding for CET funds.</p> <p>Tony Serrano expressed concern for the decrease in farmworkers attending work due to weather and questioned how this will affect the services provide by ALAS. Joaquin recognized that farmworkers have struggled with recent floods and the HMB shooting. The conditions have caused come farmworkers to move to other towns or back to Mexico, while some farms reduced their hours to two days per week. Joaquin stated that farmworkers are arriving to work later in the year due to harsh weather conditions in the area. ALAS did a food distribution and increased their distribution to two days to support farmworker needs. ALAS also did a funding distribution in February 2023 to support farmworkers who were not able to receive employment during this time due to weather conditions.</p> <p>Gabe Garcia and Robert Anderson expressed the importance of trying to bring in a farmworker to speak at a future board meeting to hear their voices, and how this has been a challenge in the past due to board meeting scheduling times. Jim recommended adding this topic as an agenda item to discuss in a future meeting.</p>	
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<p>C. Action to set the agenda and consent agenda</p>	<ol style="list-style-type: none"> 1. Approve meeting minutes from June 8th, 2023, Board Meeting 2. Contracts and MOUs update 3. Budget and Finance Report 4. Quality Improvement/Quality Assurance update 5. HCH/FH Director’s Report 	<p>Request to approve the Consent Agenda was <u>MOVED</u> by Steve Kraft and <u>SECONDED</u> by Suzanne Moore</p> <p>APPROVED by all Board members present.</p>
<p>D. Community announcements / Guest speaker</p>	<p>Suzanne Moore:</p> <p>Suzanne wanted to remind the board about the Board of Supervisor listening session that occurs last Monday regarding the importance of strengthening local tenant protection rights. She stressed of the importance of listening to presentation by county staff and supervisors if they haven’t done so already. The presentation and follow up remarks stressed the importance of protecting the most at-risk populations by preventing evictions.</p> <p>County staff was present and hosted presentations, helped drafted ordinances containing valuable information that board could utilize. She remarked that a key theme stressed was the importance linking tenant protection with prevalence to homelessness and advocating for property rights. Susanne reminded the board that the ordinance might return in fall or winter, stressing the need for the board to familiarize themselves with this topic and asking if board would like to take a position in this matter.</p>	
<p>E. Business Agenda</p> <ol style="list-style-type: none"> 1. Review and Approve Policy and Procedures 	<p>Under the board bylaws, the board has the authority and responsibility to set the scope and availability of services to be delivered by the HCH/FH program. The board also has the responsibility and authority to set the location and hours of operation of the HCH/FH program. The Co-Applicant Board reviews and approves HCH/FH program’s scope of project as represented by Forms 5A, 5B & 5C.</p> <p>As the board is aware, this year HCH/FH must submit the service area grant application, where they must include policy and procedures required by HRSA. These policies and procedures need to be updated and reviewed at least once every 3 years; the board must</p>	<p>MOVED by Gabe Garcia SECONDED by Judith Guerrero APPROVED by all members.</p>

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	review and approve them to remain in compliance. No changes have been made to the policy and procedures.	
2. Approval of staff preparing and submitting Service Area Competition (SAC) Application	<p>This request relates to same service area application listed above. The SAC application is due July 26th. HCH/FH is finalizing this application and the board must approve the progress on the SAC application. HCH/FH presents the version currently being finalizing to the board which includes a cover sheet and abstract. The board must approve this as concept and approve the program moving forward as the application finalizes.</p> <p>This request is for the Board to approve the staff development and submission of the Service Area Competition (SAC) grant application reflective by the presented draft application for content and concept. A majority vote of the Board members present is required to approve the grant application.</p>	<p>MOVED by Tayischa Deldridge SECONDED by Francine Serafin-Dickson APPROVED by all members.</p>
<p>F. Reporting and Discussion Agenda</p> <p>1. National Healthcare for the Homeless Conference debrief</p>	<p>Irene Pasma:</p> <p>This presentation provided an overview of the Healthcare for the Homeless conference with occurred in Baltimore, MD in May, that several county staff members attended, showing representation across health. A theme seen across the conference were leading with lived experience. This conference was 20 year anniversary of national consumer advisory board being formed. There were numerous sessions and breakout slots where county health tried to spread and attend a variety of sessions to gather maximum information. Irene shared those attendees met after the conference to share our final thoughts on what was learned from the conference. Irene expressed gratitude for this unique opportunity to board for letting staff and board members attend the conference.</p> <p>A few themes stood out on clinical and behavioral health level that were stated during the presentation:</p> <ul style="list-style-type: none"> - From the clinical scope, there was a focus on bringing quality of care and hospice care to people who are sheltered or living on the street. The importance of supporting staff whose clients have passed away was stressed, and helping staff process their feelings. Dying with dignity in a place that 	

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	<p>unhoused individuals consider their home, like a shelter, was an importance theme to consider.</p> <ul style="list-style-type: none"> - Behavioral health: cross-training teams regarding suicide ideation is needed so people feel comfortable addressing this population and can provide holistic care. - Housing and Care Coordination: Irene revealed there’s a team in Oakland who created project with the theme to “house the unhousable”; stating there is a lot HCH/FH can do to learn from their project model. - Data: other health centers are leveraging universities and students to build up workforce to get their expertise and Irene reiterated the importance of engaging with other stakeholders. - Lived experience: The importance of having people with lived experience come speak to board was reflected upon, and the need to implement a formal structure for this type of coordination. <p>Tayischa Deldridge attended the conference and explained that it was the 20th anniversary of the National Consumer Advisory Board, so the conference was celebrating consumers with lived experience. She mentioned that someone came from Maple Street and presented on their unhoused journey, ultimately working for Life Moves.</p> <p>Next year’s meeting hasn’t officially been announced, but its location is predicted to be on the west coast. Tony stressed the importance of remembering about the transition of unhoused individuals, and how the board should discuss the topic of dying with dignity at a future meeting. This thought was seconded by Robert, stating people die on the street every day and San Mateo County resources should improve upon this. The board recognized a celebration for success with the value that street/field medicine contribute to the program and having an FQHC administration that’s integrated into the county health system.</p>	
<p>2. HCH/FH program Needs Assessment results discussion</p>	<p>Dian McDonnell and Irene Pasma:</p> <p>Diana McDonnell, from Harder and Co. Consulting, has been working alongside HCH/FH to finalize the Needs Assessment and shared the report that is currently being finalized. Diana explained HCH/FH is mandate to conduct a Needs Assessment every 3 years, which leads into strategic planning that will be put out in 2024. The goal of this Needs Assessment was</p>	

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	<p>to understand care experiences from the care team and patient perspective. From here, the team must make recommendations to improve services and reduce barriers.</p> <p>Diana explained that the care team surveys were administered via email and online survey and advertised in the Summer 2022 staff newsletter. The total number of care team respondents were 86, who shared that on average 72% of the care team feel comfortable providing services to their group with PCPs having the lowest rate. Diana's recommendation was to create focus groups to support staff. Gabe recognized that some providers might be answering honestly in saying that they don't know much about people experiencing homelessness, while MSA's spending more time with patients might be reflective of their higher value. Frank mentioned importance of the 20% in the PCP column, and the value of bringing this information back to SMMC, engaging SMMC leadership and engaging the entire provider staff of pc as a concerted effort.</p> <p>Behavioral Health education and providing services was rated lower, with Diana's recommendation for cross education roles. Marisol shared thoughts of providing feedback to medical educators and professionals providing medical certifications so they can make recommendations to support SMMC staff. SMMC is planning a de-escalation training for staff to provide additional support.</p> <p>Patients were surveyed in the Winter 2022-23 via text message in English and Spanish, adults only, and were gifted a \$10 gift card upon survey completion. The average age for patient respondents was early to mid-40's for both program subpopulations. Diana stressed that the results for the patient surveys validated that health status and housing quality, being measures in comparison to each other, reflect that the lower the patient housing quality is, the lower the health status records were. Diana reiterates that the long-term plans are to align care team responses with patient communication feedback to see what patients are understanding from providers and how confident providers feel providing services to farmworkers and people experiencing homelessness.</p> <p>Suzanne suggested that providers might not feel as confident because of a language barrier that is not visible in the findings yet. Irene and Diana provided final recommendations that are being worked on, the primary one being to share this information with SMMC leadership to make sure the context in the final report resonates with what they're seeing</p>	
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	<p>hospital wide. HCH/FH will continue monitoring insurance status and telehealth support and continue identifying how to reduce barriers. Frank suggested changing the presentation language to view SMMC broken up into departments instead of SMMC as a whole for a more comprehensive analysis. Tony provided feedback that more tangible results will be helpful to see what HCH/FH can feasibly start improving upon. Jim stated this feedback will go into the strategic planning process to implement change within HCH/FH and throughout SMMC, reminding board members that Social Determinants of Health are directly correlated with the health status of the patient, an overarching theme in this Needs Assessment cycle.</p>	
<p>3. Homeless, Engagement, Assessment, and Linkage (HEAL) program update</p>	<p>Amanda Martin, HEAL clinician:</p> <p>Amanda’s role is a psychiatric social worker who works for south county. She presented that her working goal is to expand what resources HEAL (homeless engagement assessment and linkage) can serve and expand on language capabilities within the team. HEAL team is part of BHRS, with funding from the HCH/FH program, and it provides therapy and engaging with people experiencing homelessness for 9-12 months at a time, assessing their needs, and linking them with more permanent support. HEAL can provide mental health support to unhoused individuals in a shelter setting, encampments, or in a save public setting such as Starbucks. Amanda shared that HEAL is actively recruiting a Spanish clinician and will have a psychiatrist providing services 2-3 times /week.</p> <p>Amanda provided insightful feedback from some of her clients she visits, stating that people experiencing homelessness often feel unheard and underserved; they just want their dignity back, and a mentor to provide support. HEAL encourages people experiencing homelessness to take care of themselves and engage in a space for community where they can engage with each other, mainly occurs at a shelter. Therapy groups that HEAL provides to people experiencing homelessness at shelters might the only time that some people experiencing homelessness can come together and engage with one another.</p> <p>Amanda presented that the priority of HEAL is trying to meet immediate needs of clients, using a solution- focused approach. HEAL provides trauma-informed care through a holistic approach via art therapy, mindfulness, dance, and movement. In 2023, HEAL has already provided mental health services to 71 people and has helped created 67 behavioral health workshops. HEAL also supports the Crisis Respond team around the county.</p>	

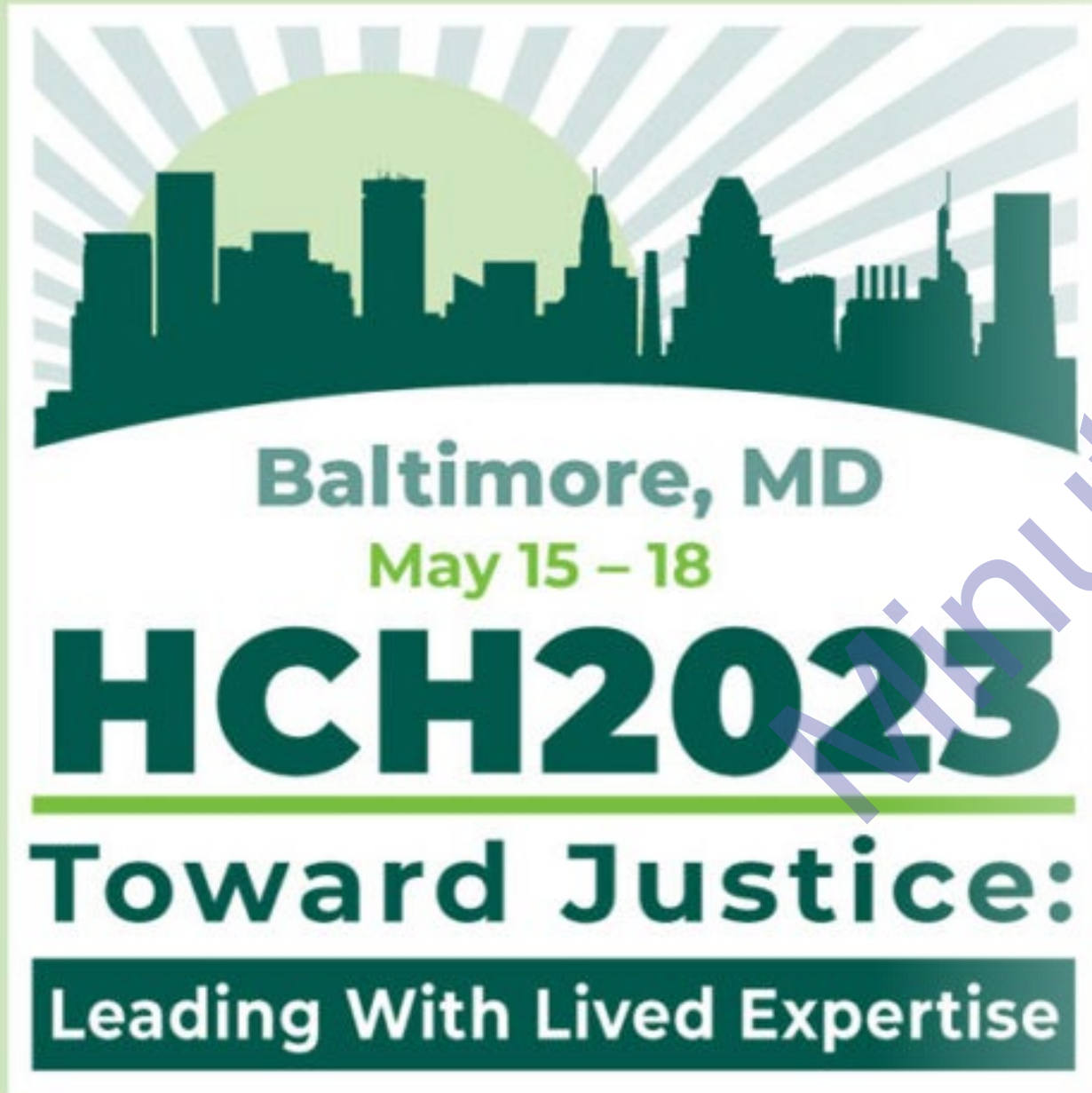
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	<p>Some challenges were revealed throughout this presentation, such as lack of language diversity among clinicians and needing more access to psychiatric care for clients. Inherent challenges in the population make mental health a secondary priority. Amanda explained there's not much incentive for people experiencing homelessness to engage in treatment and HEAL can't "force" clients to do treatment; the primary incentive is self-motivation. HEAL strives to provide people with a space to have a conversation with a clinician when often that gets overlooked with this vulnerable population. Amanda asked the HCH/FH board for help promoting the program and increasing HEAL awareness. Clarifying what HEAL doesn't and doesn't do will lead to more tangible resources for clients, like food, water, and hygiene kits which HEAL regularly distributes. She closed by encouraging the creation of more mental health workshops for the county staff and community partners.</p>	
<p>4. Enhancing Lives Through AOD Service: A Case Manager's Perspective</p>	<p>Francisco Vargas, AOD case manager:</p> <p>The focus of Francisco's role is to provide Alcohol and Other Drugs (AOD) case management to unhoused individuals and support the street medicine team countywide. Francisco reviewed his scope of services which include but are not limited to performing client evaluation via assessment tools and providing program information to pass out to patients who are interested. As an AOD case manager, Francisco shared that he coordinates with other divisions to holistically improve on patient care and assists with court mandates by reminding patients of their court visits. Francisco regularly puts together harm reduction kits for distribution, picks up around 20 lunches from Samaritan House to distribute, which creates a pathway for an introduction and patient engagement. He stated the importance of engaging in motivational interviewing tools with all patients and tries to follow up with clients weekly or biweekly, depending on what's in the best interest of the patient.</p> <p>Francisco shared the street/field medicine schedule with the board, stating that Mondays, Tuesdays, and Thursdays are when street medicine goes out to engage with patients; sometimes Life Moves is present during those encounters. Wednesdays and Fridays are more "intimate days" where Francisco can talk to clients one-on-one. Francisco explained that a big part of job is collaborating with other providers, Life Moves, HEAL team, IMAT, and correction centers as needed to assist with patient engagement.</p>	

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	<p>Francisco highlighted multiple barriers that he experiences when engaging with patients in street/field medicine. He shared a case study where a patient needing emergent care tested positive for COVID-19 and his team accommodated to the patients care needs by isolating him in a staff members office for immediate care. He reiterated the importance of following up with patient care with this vulnerable population, taking them to 12 step meetings to improve health outcomes. Transportation is a consistent barrier seen in the street/field medicine program, providing for patient’s pets, managing patient’s different priorities outside of their health outcomes, and vehicles. Vehicles are a barrier because not all treatment facilities allow people to park their cards for long periods of time. San Mateo County only has 1 treatment facility to send patients to which can also provide barriers for people experiencing homelessness.</p> <p>Roberts expressed gratitude, stating if it was not for AOD case managers the homeless outreach team wouldn’t be as successful as it’s been. Francisco reminded the board that some AOD managers are overloaded with clients, and there is an immediate need for clinicians who can speak multiple languages. Currently the MSA on the team can translate from Spanish to English for the team, but the need for additional support was stressed.</p>	
<p>5. Understanding the 12 Steps and Other Recovery Tools</p>	<p>Steve Carey:</p> <ul style="list-style-type: none"> - Steve was not able to attend this board meeting and will be presenting at a future meeting. 	<p>This item will be discussed at the August board meeting.</p>
<p>6. Adjournment</p>	<p>Future Meeting: Navigation Center 275 Blomquist street, Redwood City, CA August 10th, 10am-12pm</p>	<p>The meeting adjourned at 12:05pm.</p>

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Conference Overview

Prepared for the HCH/FH July 2023
Board Meeting

Irene Pasma, MPH
Staff

Board Funded Attendees

San Mateo Medical Center

- Joan Taylor, Mental Health Primary Care Nurse Practitioner*
- Gozel Kulieva, HCH/FH Staff*
- Alejandra Alvarado, HCH/FH Staff*
- Irene Pasma, HCH/FH Staff

Public Health Policy and Planning

- Anessa Farber, Street/Field/Mobile/Edison Clinic Manager*
- Serena Deverich, Street Medicine Nurse Practitioner*
- James O'Connell, Street Medicine/Mobile Clinic, Nurse Practitioner*
- Frank Vargas, Street Medicine AOD Outreach Worker*

Behavioral Health & Recovery Services

- Fatima Cornejo, HCH counselor*
- Amanda Martin, HEAL clinician*

HCH/FH Board Members

- Tayischa Deldridge

*first time attendee



General Feedback

- Conference Theme: Leading with Lived Experience
- Tremendous amount of information to bring back to our work
- Perspective: San Mateo is well resourced and positioned to serve this patient population
- Inspiring to meet providers across the country and be energized by mutual passion for this work
- A lot of gratitude from attendees for the opportunity to attend a conference



Specific Nuggets Attendee

De-Brief Meeting

Clinical

- Bringing palliative care to patients experiencing homelessness to the street and shelter setting; dying with dignity in place
- Supporting staff to talk about death and taking care of themselves; need more sensitivity/compassion/self care training and resources in clinics and departments county-wide
- Provide training to all internal staff about how to handle PEH on drugs that might come into the clinic
- Providers need to sit down and talk with patients to identify needs + lifestyle and identify what are realistic expectations for them to follow

Behavioral Health

- Cross-train teams on how to discuss suicide ideation so they feel comfort assessing
- Teaching PEH symptoms to identify mental health breakdowns if it happens during non-peak hrs, and how to combat these symptoms until help arrives

(Continued).
Specific Nuggets
Attendee De-
Brief Meeting

Housing/Care Coordination

- Housing on its own is a 'waste of time', need to provide on-going wrap around services "after care" for once people move into independent living
- Housing the un-housable model in Oakland is worth looking into

Data and System Integration

- Many programs are leveraging university partnerships to review data and make improvement recommendations, as well as an avenue to engage students/new generation in building workforce capacity
- Need to think differently/creatively of how CES operates

Lived Experience

- Need to set up formal structures to gather input from people with lived experience
- At every point of your decision making, need lived experience
- Need to have dedicated staff to get this level of input



Additional Thoughts/Questions?



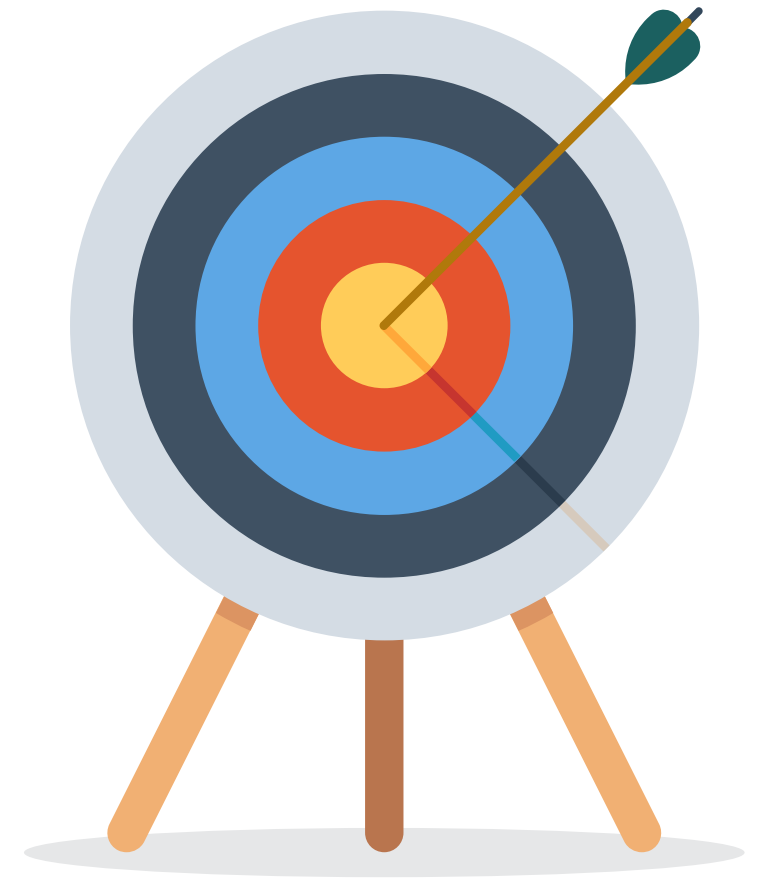
July 13, 2023



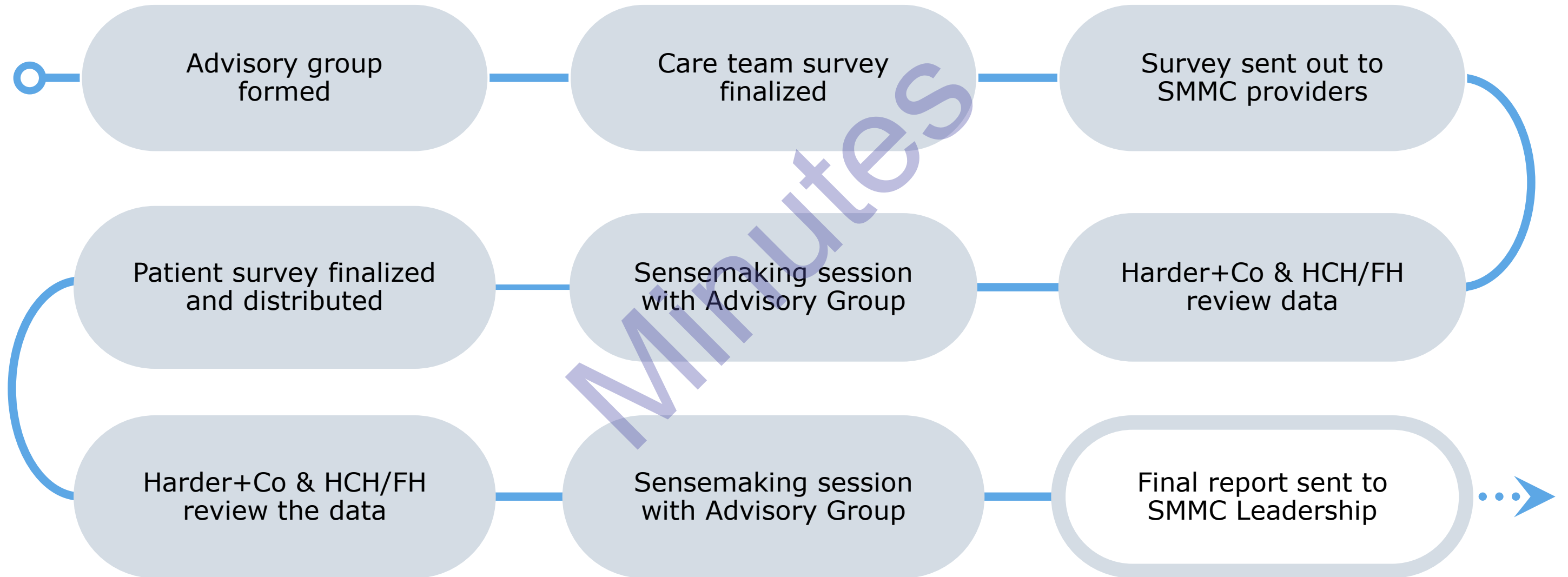
Healthcare for Homeless/Farmworker Health Needs Assessment **Co-Applicant Board Meeting**

Needs Assessment Goal

- **Understand the care experience /** journey of SMMC HCH/FH patients and care team
- **Make system recommendations** based on the findings
 - Improve service delivery
 - Reduce barriers
 - Improve patient & care team satisfaction



Where we are





Survey Overview

Survey Distribution

Care Team

- Summer 2022
- Online survey
- Email invitation
 - Advisors and department managers
 - Medical Staffing Office (licensed independent practitioners)
- Hospital newsletter (SMMC Heartbeat)



Patients

- Winter 2022/2023
- In person: HCH/FH clinics and community partners
- Online: via text to H/FW Patient Master List
- English and Spanish
- Age 18+
- \$10 gift card

Approved by SMMC Clinical Standards Committee & Solutions IRB

Care team respondents' characteristics (n=86)

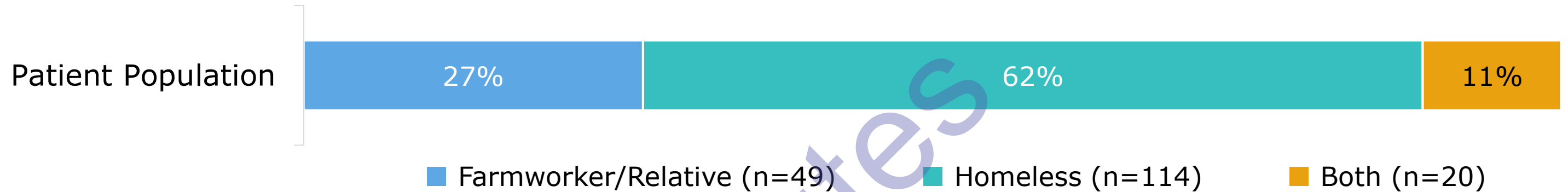
Roles	Number of respondents	Percent of respondents
Licensed professional*	11	13%
MD / NP / PA (non-PCP)	14	16%
MSA	10	12%
PCP / Physician / NP / PA	5	6%
PSA	21	24%
RN	13	15%
Social worker	12	14%

* Licensed professional: Dietician, Physical Therapist, Therapist, Radiology, Respiratory Therapist, Speech-language pathologist

Care team respondents' characteristics

SMMC Location <i>(could be >1)</i>	Number of respondents	Percent of respondents
39th Ave (inpatient and outpatient)	50	58%
Adolescent Clinics (Daly City, Redwood City)	15	17%
Coastside Clinic	6	7%
Fair Oaks	15	17%
Mental Health Primary Care	1	1%
Mobile Clinic	4	5%
Mobile Dental	2	2%
South San Francisco	5	6%
Other <i>(includes jail and BHRS Clinic)</i>	2	2%

Patient respondents' characteristics (n=183)



Patient respondents' demographics

Patient Population	Average Age	Gender Identity				
		Women	Men	Gender fluid	Trans-gender	Not listed
Farmworker/Relative	42 years	57%	43%	0%	0%	0%
Homeless	48 years	41%	56%	1%	0	1%
Both	41 years	25%	75%	0%	0%	0%
Total	46 years	44%	55%	1%	0%	1%

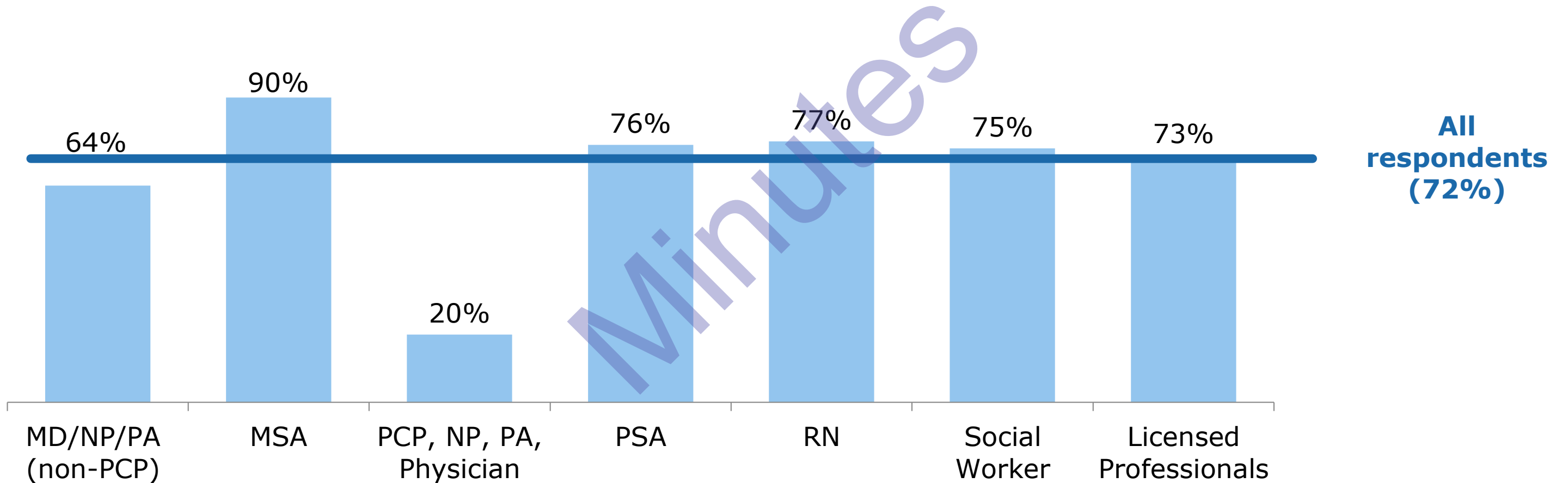
RESULTS

Care Team

Comfort providing services



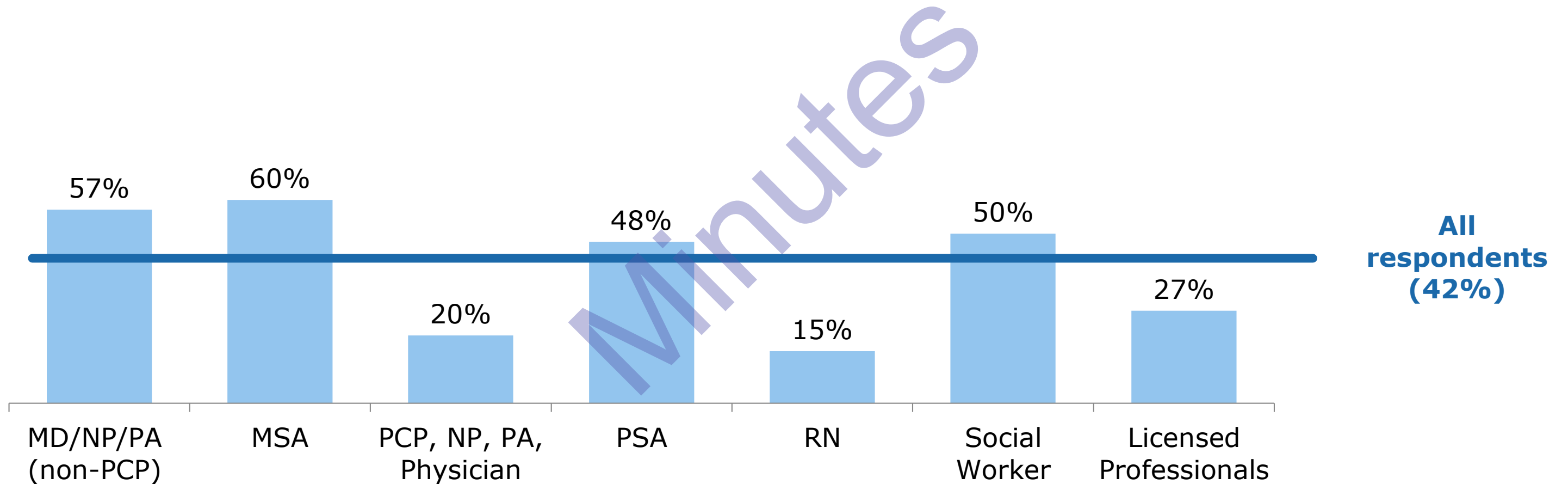
I feel comfortable providing services to homeless and farmworker patients



Care team confidence



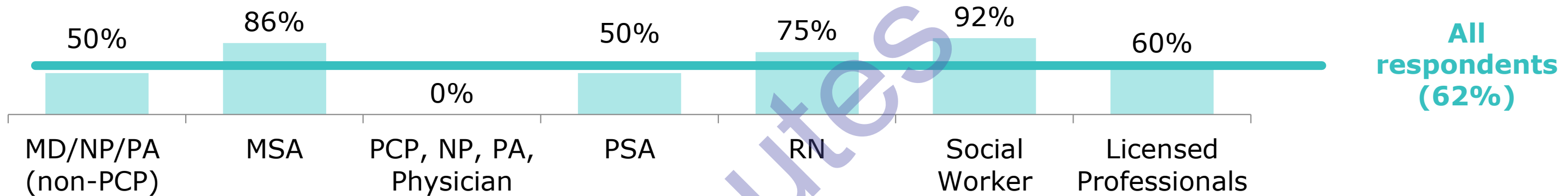
I am confident in my ability to address the complex needs that patients have.



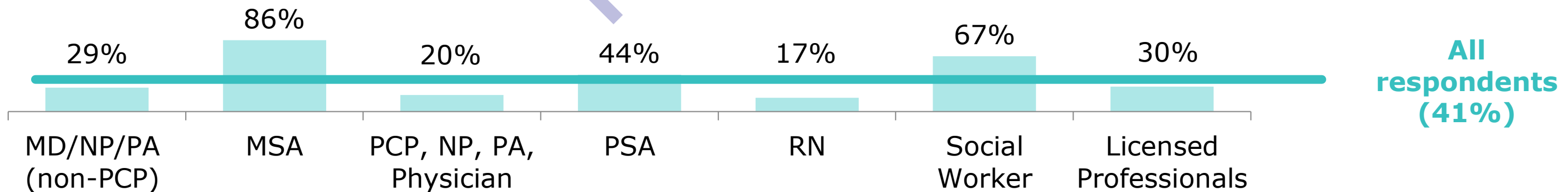
Connections to Resources & Structural Supports



I feel confident contacting a patient's case manager when necessary.



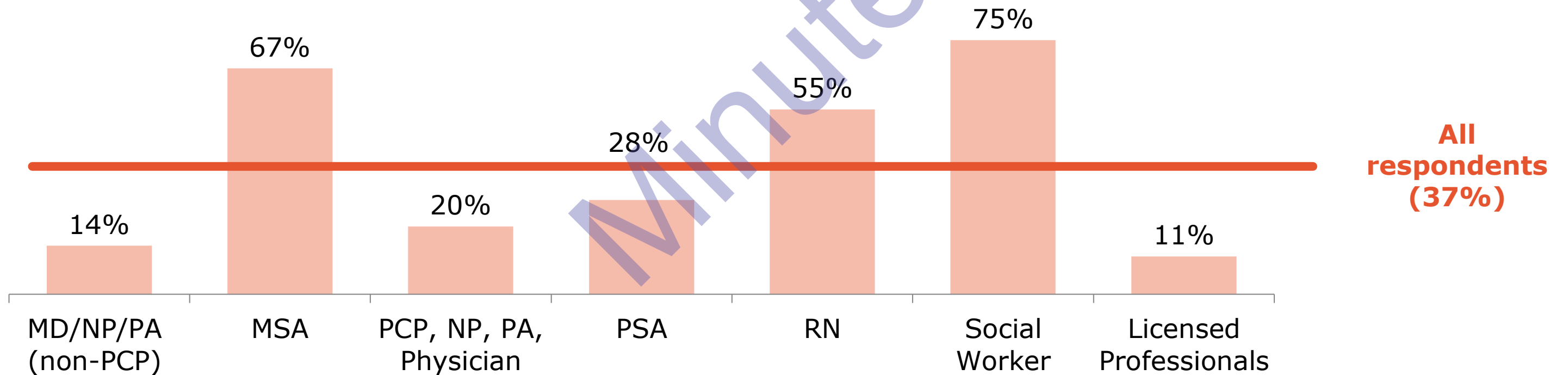
I know how to find out who a patient's community case manager is.



Behavioral Health

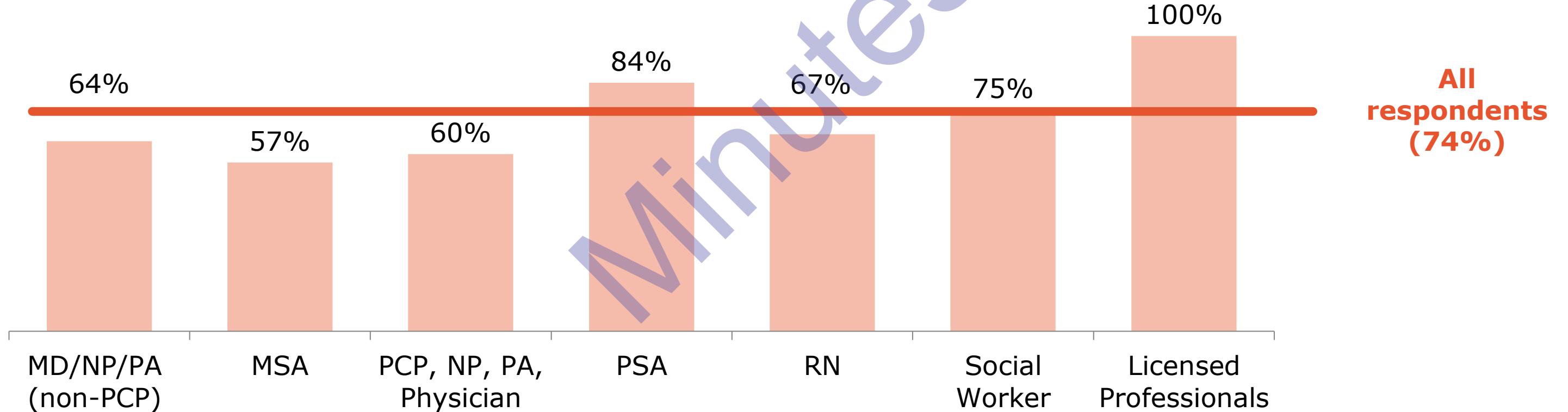


When a patient asks for help, I feel confident I can educate them on behavioral health and available behavioral health services.





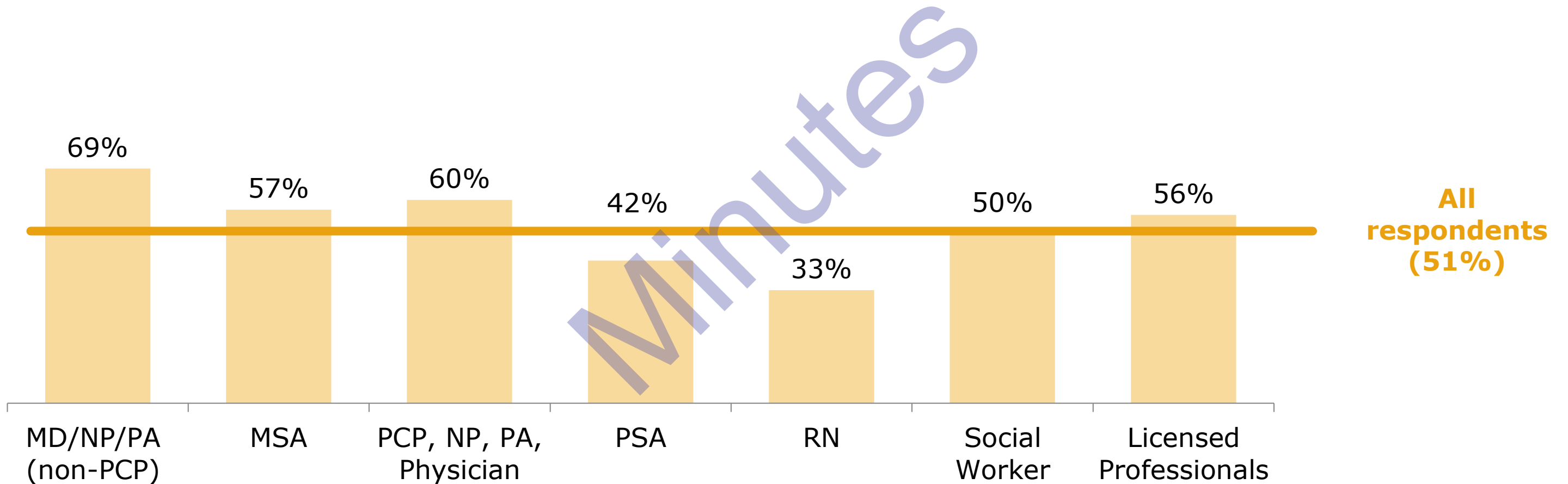
My department would benefit from more training on how to de-escalate a heightened or tense situation with a patient.



Care Team Satisfaction



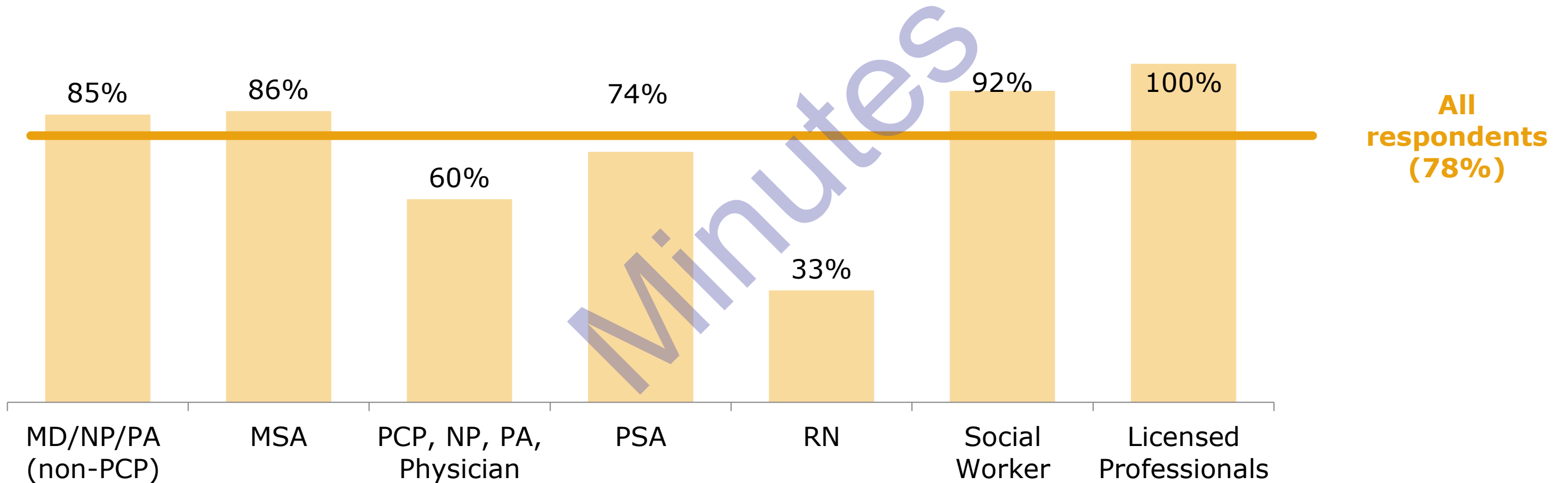
I feel valued by San Mateo Medical Center for the work I do.



Care Team Satisfaction



I feel valued by my patients for the work I do.

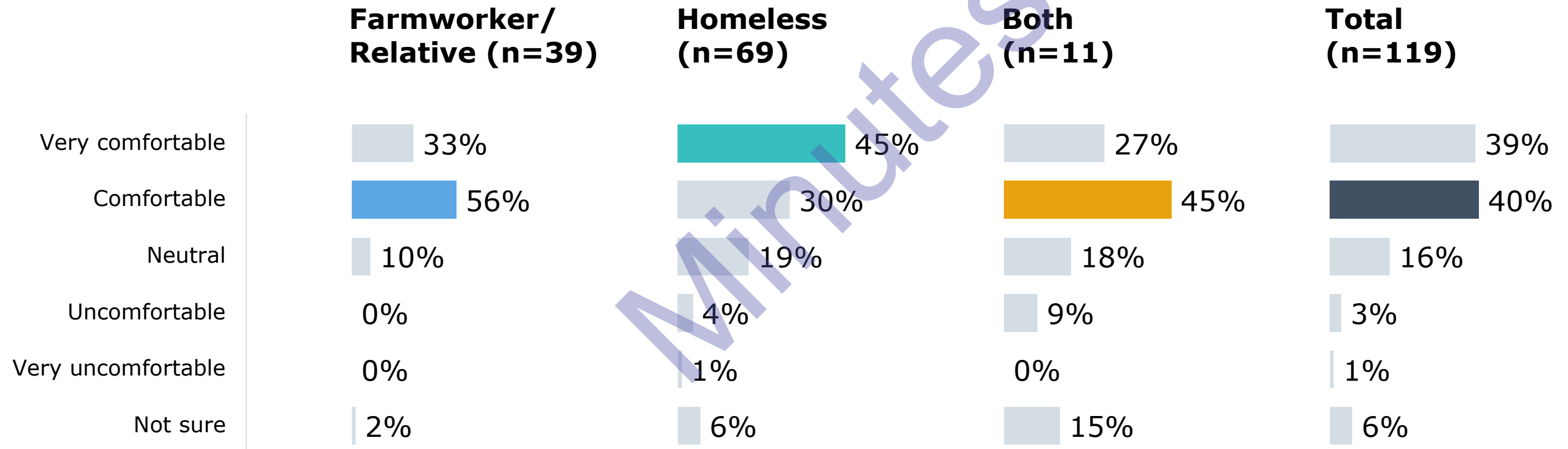


RESULTS

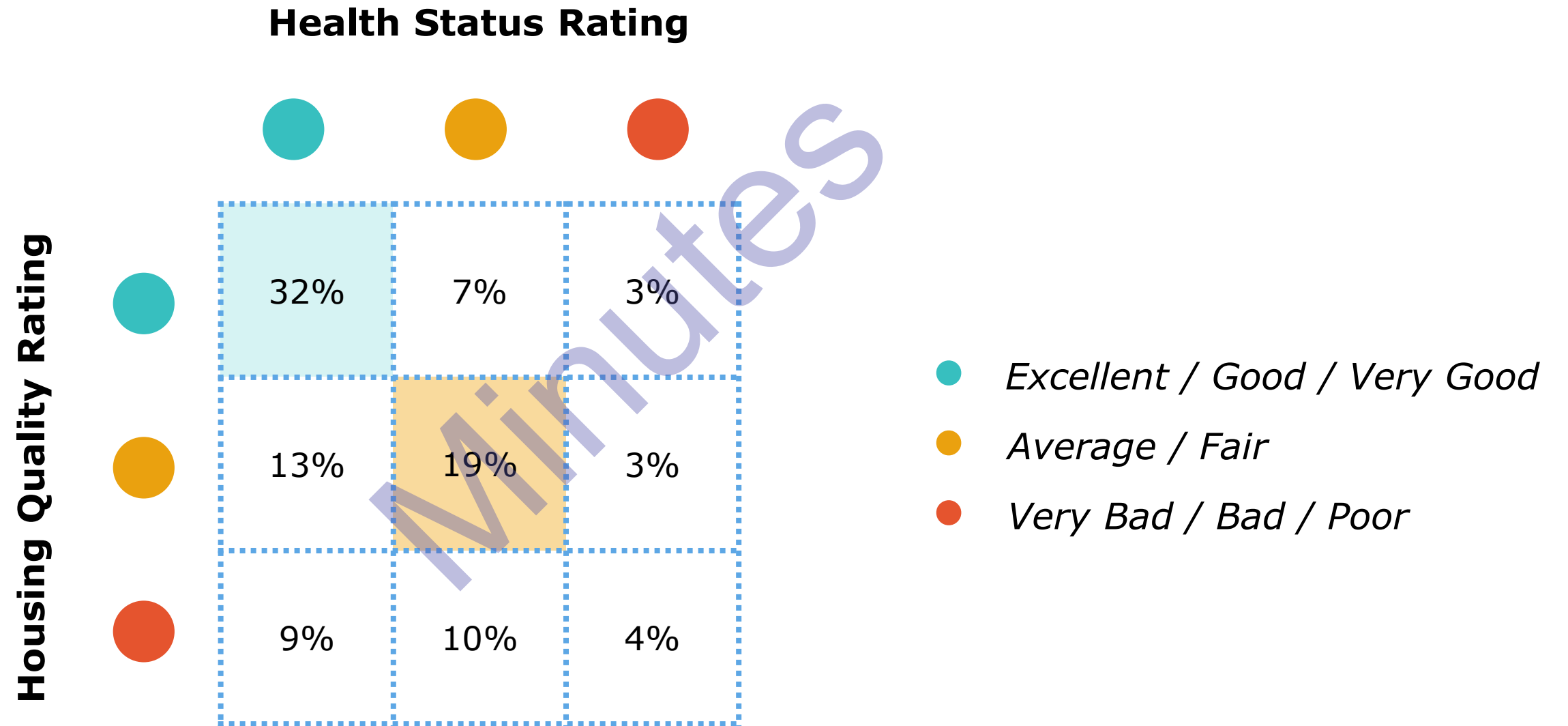
Patients Experiencing Homelessness and Farmworkers / Family of Farmworkers

Patient Satisfaction

How comfortable do you feel talking with your healthcare provider about your medical condition(s) and needs?

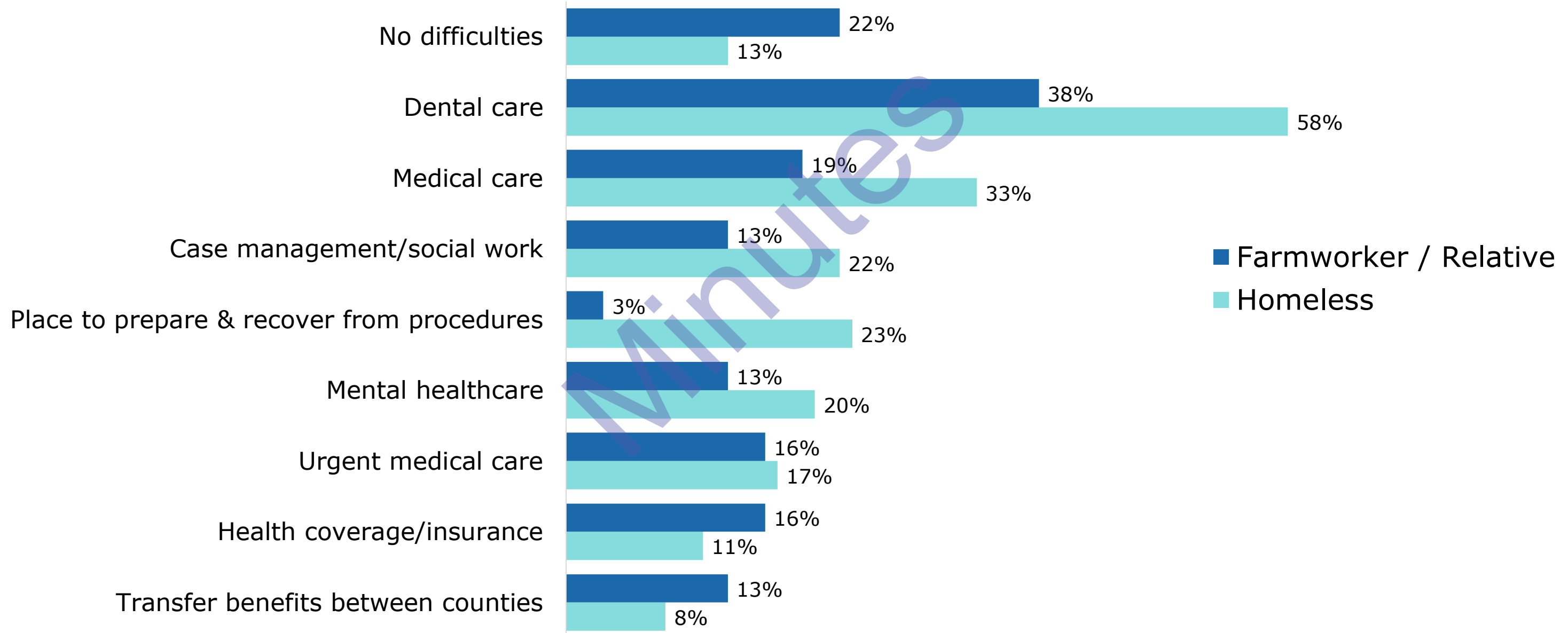


Health Status & Housing Quality



Experience Accessing Care

Patient has experienced difficulty accessing:

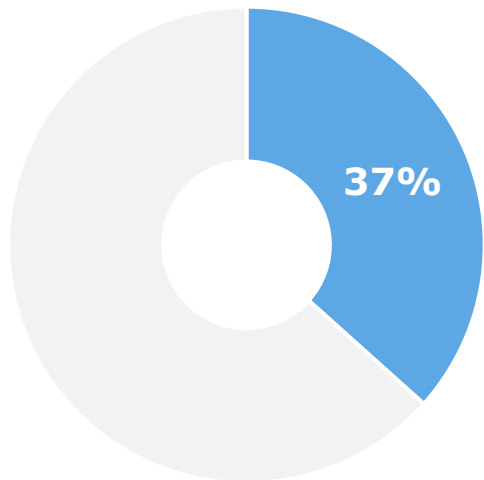


Health Cost Burden

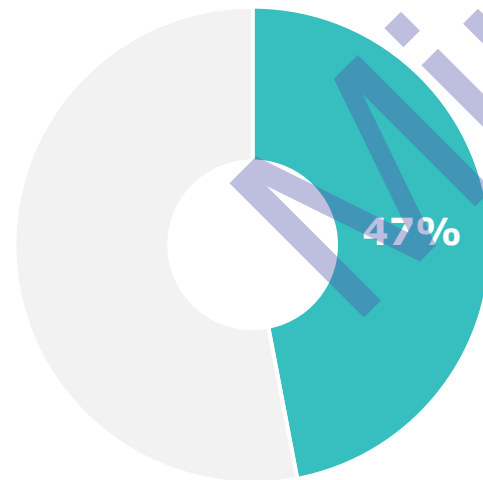
In the last 12 months, because of the amount you had to pay for care, have you cut back or done without some necessity, such as food, rent, or other basics?

The following said YES:

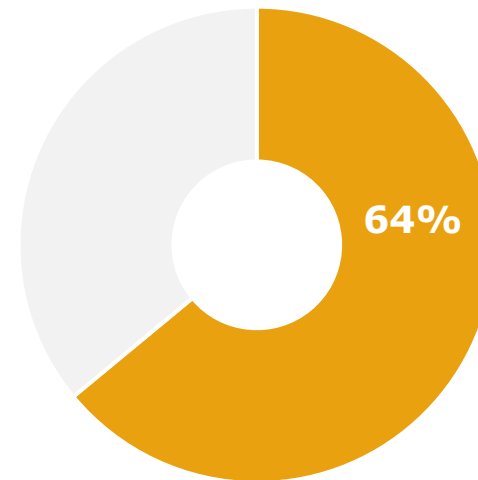
**Farmworker/
Relative (n=44)**



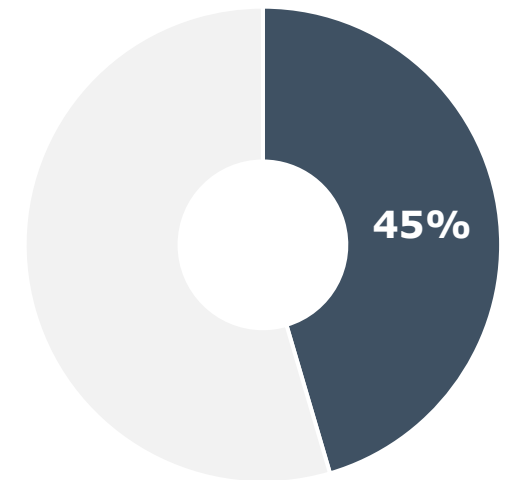
Homeless (n=102)



Both (n=14)

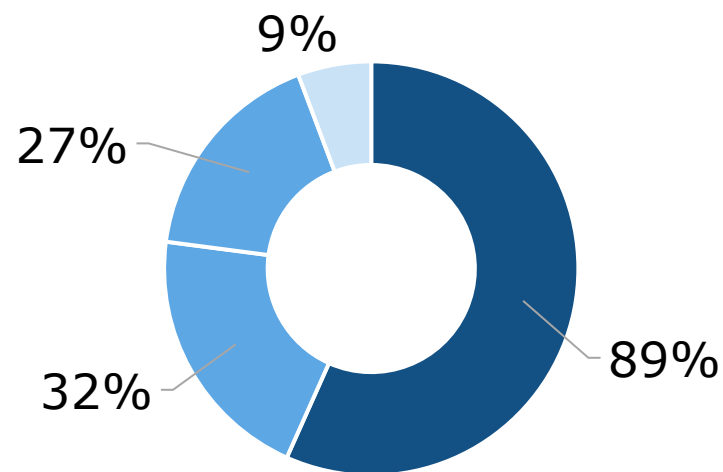


Total (n=160)



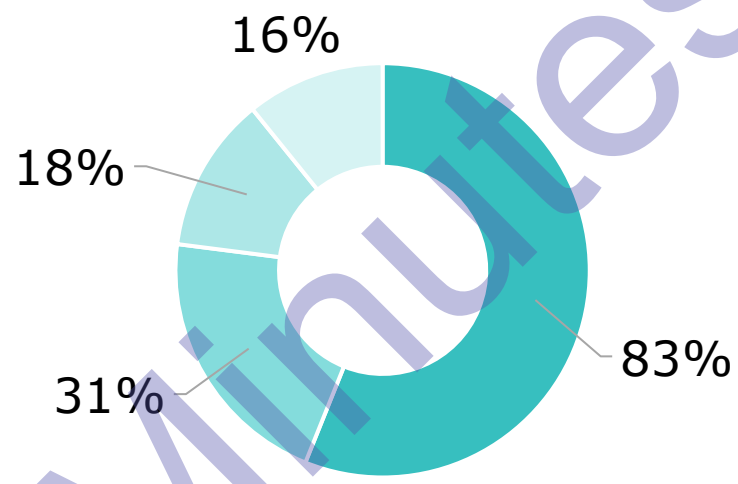
Healthcare Appointment Preferences

Farmworker/ Relative of farmworker



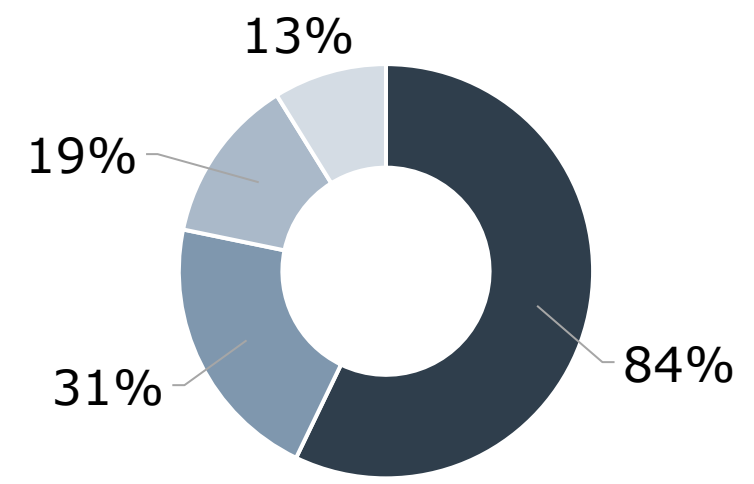
■ In-person ■ Telephone
■ Drop-in Clinic ■ Virtual Video

Homeless



■ In-person ■ Telephone
■ Drop-in Clinic ■ Virtual Video

Overall



■ In-person ■ Telephone
■ Drop-in Clinic ■ Virtual Video

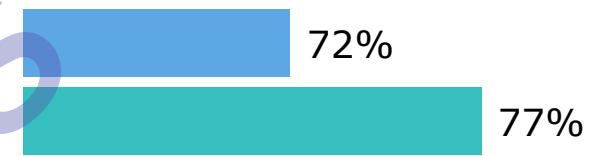
*Of those who prefer virtual video: only **30%** have **Internet/WiFi** access at current living situation, but the survey respondent did not necessarily indicate that this is a barrier.*

Care team & patient communication alignment

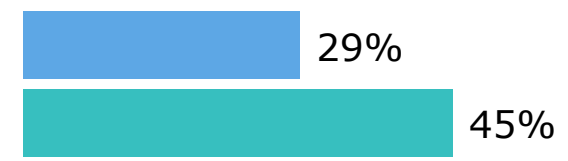
Care Team

I am confident in my ability to communicate health information and/or resource information to my patients in a way that they understand.

Farmworker/Relative
Homeless

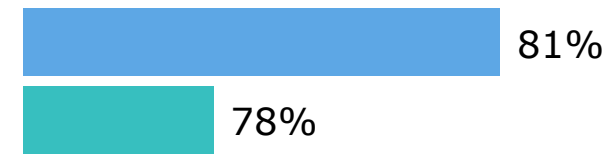


I am confident that my patients understand what they need to do regarding their health when they leave the clinic or are discharged.

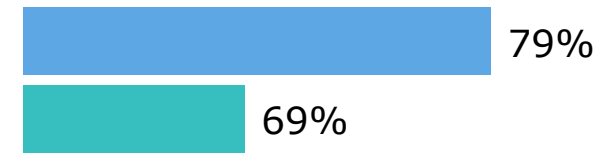


Patients

Does your healthcare provider explain your health conditions to you in a way that is clear? (% often / always)



My clinic gives me enough information to take care of my health. (% agree / strongly agree)



Minutes

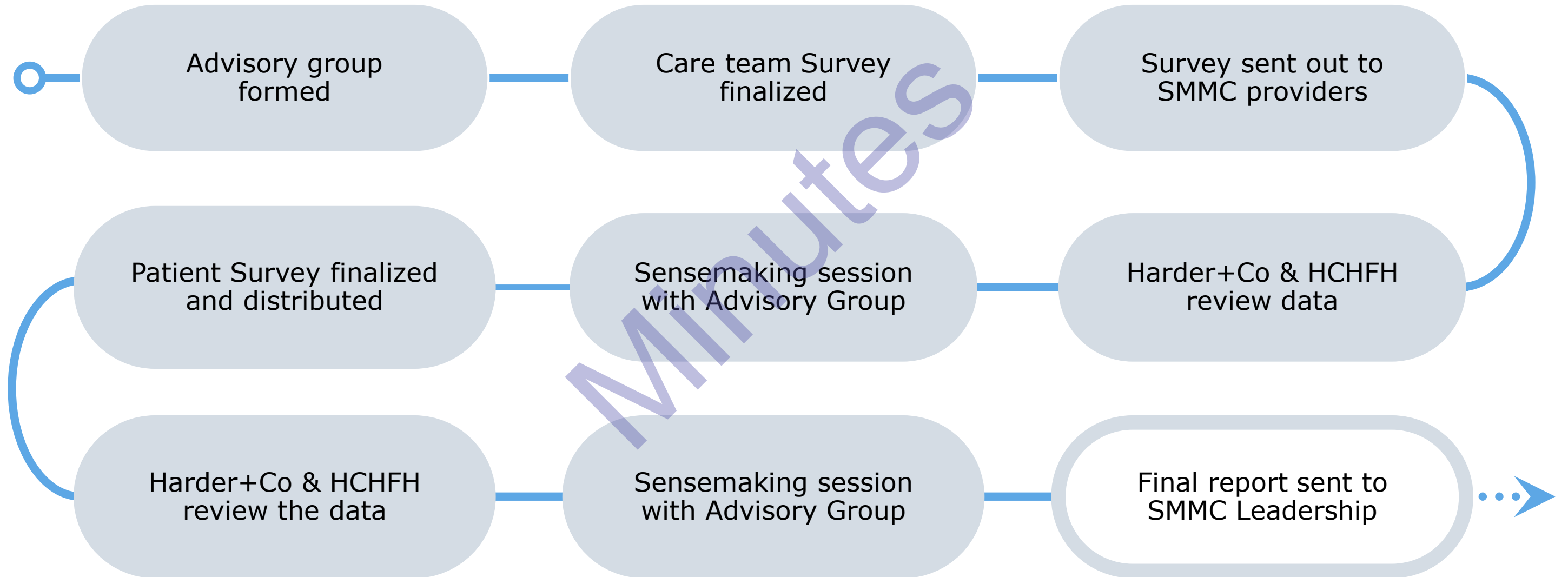
Potential Final Report Recommendations

1. Working on how to best embed Social Determinants of Health / Community Referral pathways into Epic. In the interim, HCH/FH support clinic teams with information and connections.
2. Continuing to better understand how to support patients interested in tele-health with technology and support.
3. Continue closely monitoring insurance status of both patient populations and working with the Health Coverage Unit and community partners to ensure clients get signed up and remain signed up to insurance.
4. Continue working with SMMC and County Health in identifying ways to reduce barriers for both populations in accessing oral health care in San Mateo County.

Next Steps



Where do we go from here?



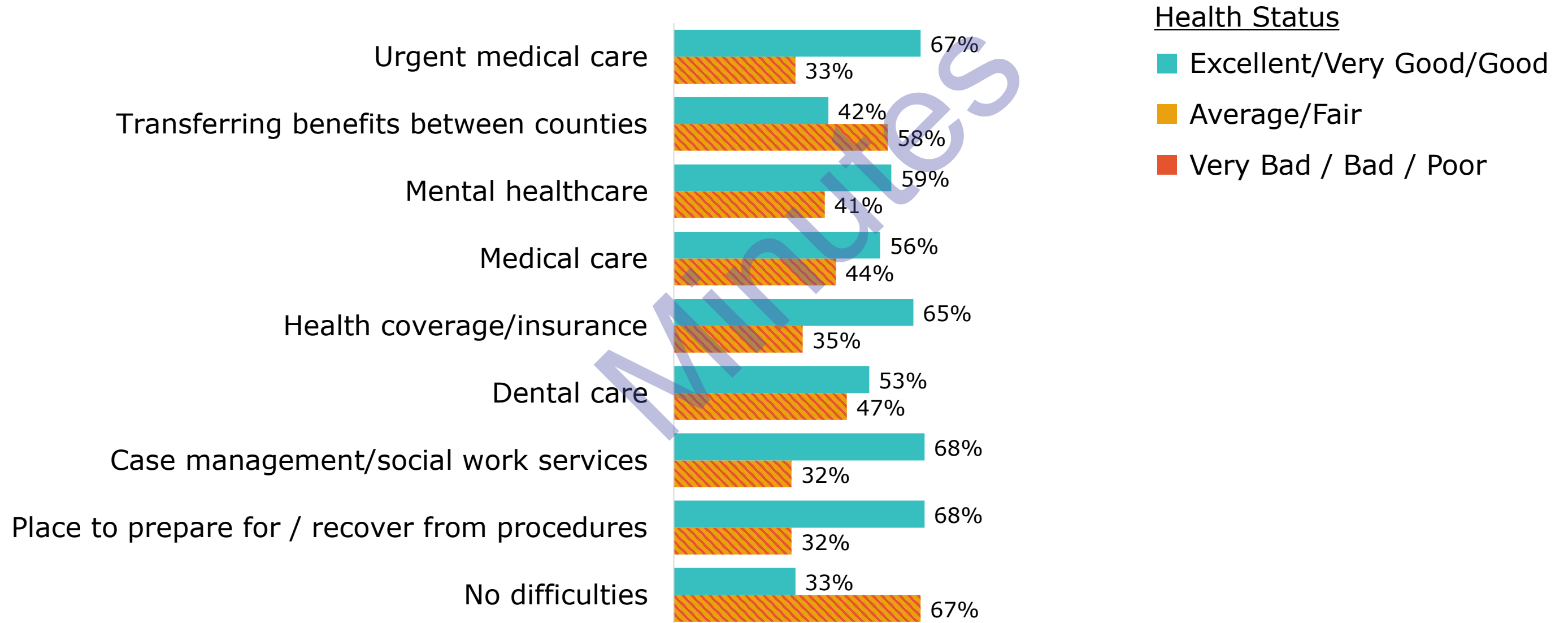
July 13, 2023



Healthcare for Homeless/Farmworker Health Needs Assessment **Co-Applicant Board Meeting**

Health Status & Accessing Care

Patient has experienced difficulty accessing:



HEAL

By Amanda Martin, MA, AMFT, ATR-P

July 13/2023

Intro

My Role

My Region

What I Enjoy

What I Hope for HEAL's Future

Minutes

AGENDA

Overview of the HEAL Program

Overview of the HEAL Program's Achievements & Impact on Client Outcomes

Highlights of Successful Interventions & Strategies Implemented by HEAL Clinicians

Data & Statistics

Challenges Faced by the HEAL Program

Testimonials & Case Studies Demonstrating the Positive Impact of the HEAL Program on Clients' Lives

Collaborative Efforts with other Healthcare Professionals & Community Partners to Enhance Client Care

Areas the HCH/FH Board/Program can Support the HEAL Program in the Future

Overview of the HEAL Program

- What does HEAL stand for?

HEAL: Homeless Engagement Assessment & Linkage

- Who are we?

Currently: Amanda Martin & Kristy Coleman; Actively recruiting a Spanish-speaking clinician

- What do we do?

Provide in-field therapeutic services to those experiencing homelessness

Overview of the HEAL Program's Achievements and Impact on Patient Outcomes

According to Clients, HEAL:

- Serves the Un(der)served
- Hears the Unheard
- Helps them get their dignity back
- Empowers them to find and use their voice
- Gives them a "friend, colleague, & mentor"
- Provides them with insight that becomes a catalyst for change
- Encourages them to take care of themselves & feel worthy of being taken care of
- Allows them a space for community, laughter, and growth

Highlights of Successful Interventions & Strategies Implemented by HEAL Clinicians

Our Interventions are:

- Solution- Focused
- Trauma-Informed
- Aimed at Addressing Immediate Needs

Holistic Modalities:

- Art Therapy
- Mindfulness
- Dance & Movement

"Relationship is the Intervention"

A Closer Look At What HEAL Does

- In 2023, HEAL has provided 71 people experiencing homelessness mental health treatment!
- We have conducted 67 behavioral workshops (Art Therapy, Mindfulness, Movement & Dance, and Aging Adults) at 4 homeless shelters throughout the county
- Response to crises as a part of the CRT (HMB, school, etc.)

Data & Statistics

Challenges Faced by the HEAL Program

- Lack of Language Diversity Amongst Clinicians
- Access to Psychiatric Care for Clients
- Occasional Lack of Follow-through and/or Understanding from Community Partners
- Inherent Challenges of Our Populations (Lack of Resources & Security/Safety = Difficulty keeping appointments, Mental Health Isn't Always a Top Priority, & Complex Trauma Requiring More Permanent Care/Issues Re. Abandonment)
- No Incentive to Engage in Treatment (Outside of Personal Motivation)
 - Difficulty in Meeting Immediate/Tangible Needs

Testimonials & Case Studies Demonstrating the Positive Impact of the HEAL Program on Clients' Lives

- Empowered Young Mother of 4
- Man turning his life around for himself & his daughter with the help of his therapist and pup
- Unheard Middle-aged Vet
- Mother grieving through artistic expression
- Proud Disabled Polynesian Man makes his mark in Art Therapy

Areas the HCH/FH board/program can support the HEAL Program in the future

- Help promote the program to increase partnership and awareness of our services
- Support in providing outside orgs clarification about what HEAL does/doesn't do
- Tangible resources for clients (food, hygiene items, etc.)
- Seek out client feedback on what they want/need from us, our community (Programs/Events that include the population/clients)
- Host Mental Health Workshops for Community Partners

Minutes

Q & A

Thank You!

Minutes



HEAL FAQ

HOMELESS ENGAGEMENT ASSESSMENT & LINKAGE PROGRAM FREQUENTLY ASKED QUESTIONS

WHAT DOES HEAL STAND FOR? -----

HOMELESS ENGAGEMENT ASSESSMENT & LINKAGE

WHAT IS HEAL? -----

WE ARE A BHRS TEAM THAT PROVIDES **IN-FIELD & VIRTUAL** MENTAL HEALTH TREATMENT TO THOSE EXPERIENCING HOMELESSNESS WITHIN **SAN MATEO COUNTY**.

WHAT SERVICES ARE PROVIDED? -----

WE PROVIDE SHORT-TERM THERAPY SERVICES, OUTREACH, ENGAGEMENT, AND CARE COORDINATION TO HOMELESS CLIENTS IN THE FIELD OR BY PHONE/VIDEO CALL. WE THEN REFER CLIENTS TO LONG-TERM THERAPY WITHIN THE COUNTY.

WHAT KIND OF ISSUES DO HEAL CLINICIANS SUPPORT CLIENTS WITH? -----

OUR CLIENTS HAVE A WIDE RANGE OF NEEDS, AND WE SUPPORT THEM WITH MENTAL HEALTH ISSUES, SUBSTANCE ABUSE ISSUES, AND A VARIETY OF OTHER ISSUES THAT MAY BE ATTRIBUTED TO THEIR EXPERIENCE WITH HOMELESSNESS. WHEN APPROPRIATE, HEAL CLINICIANS MAY REFER CLIENTS TO RELATED SPECIALTY SERVICES TO HELP ADDRESS THEIR SPECIFIC NEEDS, COORDINATING CARE UNTIL THE CONNECTION IS MADE.

WHAT ARE THE REQUIREMENTS TO RECEIVE SERVICES THROUGH HEAL? -----

CLIENTS MUST BE SAN MATEO COUNTY RESIDENTS AND EXPERIENCING HOMELESS (FOR ALL AGES; NO MEDICAL INSURANCE REQUIREMENTS).

DOES HEAL ONLY PROVIDE INDIVIDUAL TREATMENT SERVICES? COUPLES? FAMILIES? GROUPS? -----

WE PRIMARILY WORK WITH INDIVIDUALS, BUT CAN PROVIDE COUPLES OR FAMILY THERAPY WHEN APPLICABLE. EACH CLINICIAN ALSO RUNS THERAPY GROUPS FOCUSED ON A VARIETY OF TOPICS AT SHELTERS THROUGHOUT THE COUNTY.

HOW CAN I MAKE A REFERRAL? CAN CLIENTS SELF-REFER? -----

SERVICE PROVIDERS CAN EMAIL HS_BHRS_HEAL@SMCGOV.ORG OR CONTACT HEAL CLINICIANS VIA PHONE WITH CLIENT'S NAME, D.O.B., LOCATION AND REASON FOR REFERRAL. **YES**, CLIENTS CAN SELF REFER BY EMAILING WITH THE SAME INFO.

I AM A CLINICIAN WITH A HOMELESS CLIENT, WHO IS HARD TO LOCATE. CAN I REFER THEM TO HEAL? -----

HEAL'S AIM IS TO HELP POTENTIAL CLIENTS CONNECT TO LONG-TERM THERAPEUTIC SERVICES. IF A CLIENT IS **ALREADY CONNECTED TO MENTAL HEALTH SERVICES**, THEY **CANNOT BE REFERRED** TO HEAL. CLINICIAN CAN CONTACT THE CLIENT'S HOT CASE MANAGER DIRECTLY TO SEEK SUPPORT TO RE-CONNECT WITH THE CLIENT, OR MAKE A REFERRAL TO A HOT TEAM IF CLIENT HAS NOT BEEN CONNECTED YET.

WHAT IF A CLIENT WANTS TO START LONG-TERM THERAPY IMMEDIATELY? -----

ON A CASE-BY-CASE BASIS, WHEN REQUESTED, CLINICIANS MAY DECIDE THAT A CLIENT IS SUITABLE TO BE REFERRED TO LONG TERM THERAPY SOONER.

ARE SERVICES VOLUNTARY? -----

YES, OUR THERAPEUTIC SERVICES ARE COMPLETELY VOLUNTARY; CLIENTS MUST CHOOSE AND CONSENT TO ENGAGE IN OUR SERVICES.

WHAT ARE HEAL'S HOURS OF OPERATION? -----

HEAL'S HOURS OF OPERATION ARE TYPICALLY MONDAY-FRIDAY, 8AM-5PM. HEAL CLINICIANS ARE NOT AVAILABLE ON THE WEEKENDS.

DOES HEAL HAVE AN OFFICE TO MEET WITH CLIENTS? -----

NO, WE DO NOT HAVE AN OFFICE, BUT WE ARE ABLE TO COLLABORATE WITH CLIENTS TO CHOOSE A CONVENIENT AND SAFE PLACE TO MEET, INCLUDING ANY BHRS CLINIC SITES.

DO CLIENTS HAVE TO PAY FOR SERVICES? -----

NOPE! ANY POTENTIAL CLIENT THAT MEETS THE REQUIREMENTS NECESSARY TO RECEIVE SERVICES WILL DO SO WITHOUT ANY COST TO THEM.

CAN HEAL PROVIDE MEDICATION? -----

HEAL CAN COORDINATE WITH STREET MEDICINE PSYCHIATRIST TO PROVIDE MEDICATION EVALUATION AND MEDICATION SUPPORT SERVICES.

DOES HEAL HELP WITH HOUSING? -----

NOT DIRECTLY, AS MENTAL HEALTH IS THE FOCUS OF OUR TEAM, BUT WE COLLABORATE WITH OTHER SERVICE PROVIDERS TO HELP ADDRESS OUR CLIENT'S NEEDS. OUR CLINICIANS CAN PROVIDE MENTAL HEALTH ASSESSMENTS FOR A HOUSING PLACEMENT, HOUSING RESOURCES, AND COORDINATE CARE TO SUPPORT HOUSING APPLICATION, INTERVIEW AND HOUSING STABILITY.

IF A CLIENT GETS HOUSED, CAN THEY STILL RECEIVE SERVICES THROUGH HEAL? -----

YES, CLIENTS WHO HAVE BEEN RECEIVING CLINICAL SERVICES FROM HEAL CAN CONTINUE TO RECEIVE CARE AFTER BEING HOUSED. WE RECOGNIZE THAT THE TRANSITION FROM BEING UNHOUSED TO BEING HOUSED CAN BE A DIFFICULT ONE AND WANT TO PROVIDE SUPPORT TO CLIENTS DURING AND FOLLOWING THIS TRANSITION.

Enhancing Lives Through AOD Service: A Case Manager's Perspective

Presenter: Francisco Vargas, AOD case manager (PHPP)

Date: July 13th/2023

1. Introduction and Role and Responsibilities of an AOD Service Case Manager
2. Assessment and identification of client needs
 - A. Approach
 - B. Developing Comprehensive Treatment Plans
 - C. Incorporating evidence-based interventions
3. Collaboration with Service Providers
4. Identifying challenges and addressing barriers
5. Case Studies and Success Stories
6. Conclusion/Q&A

Minutes

Tab 2
Contracts and
MOUs update



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

FROM: Meron Asfaw, Community Program Coordinator

DATE: August 10th, 2023

SUBJECT: HCH/FH Program Contractors and MOUs Status Update - July 2023

I am writing to provide you with a comprehensive update on the status of the contractors and MOUs associated with the HCH/FH program. The HCH/FH program has contracted with several County departments and community-based organizations to offer primary care, behavioral health, enabling, and dental services to people experiencing homelessness, farmworkers, and their dependents. Please find below a detailed description of each contractor's status update for July 2023:

- 1. Abode Services:** Abode Services has been conducting robust outreach efforts and exploring creative ways to engage newly housed patients and referral agencies. They have also received referrals from within the program. Please find a summary of Abode's contract performance as of July 2023 below:

Services (Contract summary)	Target	Number of Clients Served to Date (July 2023)	Contract Performance
<ul style="list-style-type: none"> • Medical Care Coordination • Helping to establish medical home • Assisting client with scheduling and attending healthcare appointments • Transportation • Assisting client with completion and renewal eligibility benefits • Providing health related resources 	100 clients	64 clients	64%

- 2. Ayudando Latinos a Soñar (ALAS):** ALAS and Health Coverage Unit (HCU) have been collaborating to enroll clients into health coverage. The waiting list has been addressed by the HCU staff. ALAS and HCU are working together to refer new clients smoothly. Despite a decrease in farmworkers in the field due to weather, ALAS anticipates an increase in the coming months. Below is a summary of ALAS's contract performance as of July 2023:



Services (Contract summary)	Target	Up to Date	Performance
Health Navigation	200	131	65.5%
Health Education Classes	50	21	42%
Transportation	120	9	7.5%
Staff Professional Development	1	0	0

3. Behavioral Health & Recovery Services (BHRS): BHRS provided a quarterly report, and below is the summary and performance of the three programs/MOUs under BHRS:

3.1 HCH: Here is a summary of quarter 2 contract performance for Behavioral Health Care Coordination

Contract Goal	Quarterly Report (Q2)	Year-to-date total	Contract Performance (Year-to-date)
150 unduplicated individuals annually receive behavioral health services	41	92	61%
Over 800 visits annually	331	617	77%

BHRS is providing care coordination services, both in person and via telehealth, with the goal of delivering behavioral health services to a minimum of 150 unduplicated individuals experiencing homelessness annually, comprising over 800 visits. The quarterly report provides an update on the progress made towards this goal.

The number of unduplicated homeless individuals served during this quarter was 41, with a year-to-date total of 92. This indicates progress towards the goal of reaching 150 unduplicated individuals annually.

The number of encounters provided during the quarter was 331, with a year-to-date total of 617. This shows ongoing engagement with individuals in delivering behavioral health services.

100% of unduplicated homeless individuals received a behavioral health screening assessment, ensuring that all individuals accessing the services were assessed for their behavioral health needs.



100% of unduplicated homeless individuals served were documented as having a behavioral/mental health issue, highlighting the importance of providing targeted care to address their specific needs.

Regarding the specific objectives and outcomes:

- Percent % of unduplicated homeless individuals that received an individualized care plan and participated in their plan year to date was 96%. This indicates a high level of engagement and collaboration with individuals in developing and implementing their care plans.
- Percent % of unduplicated homeless individuals that completed their care coordination plan year to date was 58%. While there is room for improvement, over half of the individuals have successfully completed their care coordination plans.
- The number of patients who received behavioral health coordination services and attended at least one scheduled appointment was 58%. This highlights the importance of ensuring individuals follow through with their appointments for effective care coordination.
- The number of unduplicated homeless individuals that established a medical home (minimum two completed visits for primary medical care and/or behavioral health services) year to date was 21. This demonstrates progress in connecting individuals with consistent and ongoing primary healthcare.
- 36 patients were referred/connected to behavioral health treatment services, showing collaboration and successful referrals to ensure individuals receive the necessary specialized care.
- 11 patients were referred to ACCESS for behavioral/mental health treatment services during the quarter, with a year-to-date total of 30. This reflects consistent referrals and collaboration with other providers for comprehensive care.

Challenges and concerns identified:

- Difficulty in contacting clients by phone and locating them in person poses a challenge to providing effective behavioral/mental health services coordination.
- An emerging trend related to homelessness is the concern over access to housing and individuals expressing a preference for non-congregate shelters.
- One successful encounter involved connecting a client to primary care through the Homeless Care Hub (HCH). The success of this encounter can be attributed to the client's improved access to primary care, aided by transportation assistance provided by the HCH.
- A challenge identified is the lack of phone access for clients, hindering communication and follow-up with providers. Finding alternative means of communication is necessary to overcome this challenge.
- No income or revenue was reported for services provided via the contract during this quarter.
- No programmatic issues or staffing changes were reported that would impact service provision.
- Assistance requested includes funding for water, hygiene kits, and snacks for homeless individuals.

The report highlights the positive outcomes achieved in providing behavioral/mental health services coordination to homeless individuals, including high rates of engagement, successful referrals, and the establishment of medical homes. However, challenges such as



communication barriers and housing access need to be addressed to further improve the provision of services.

3.2 HEAL: Here is the summary of quarter 2 report for HEAL clinicians

Contract Goal	Quarter 2 report	Year-to-date total	Contract Performance
150 unduplicated	35	72	48%
800 visits	154	242	30%

During this quarter, the provision of behavioral/mental health services to seriously mentally ill (SMI) homeless individuals showed positive outcomes and some areas for improvement. The HEAL program's flexibility in accommodating clients' needs and reducing barriers to access received positive feedback. Collaboration between behavioral health, physical health, and AOD services was effective in addressing the holistic needs of clients with comorbid substance abuse and mental health issues. Improved referrals from community partners who gained a better understanding of the program were noted.

However, challenges were observed in engaging clients with SMI in therapeutic services due to lack of insight and delusional tendencies. Community partners' limited understanding of SMI resulted in a lack of trauma-informed approaches and potential distrust. Additionally, accurately assessing the needs of SMI clients posed difficulties due to unfounded fear.

Emerging trends and concerns related to homelessness include Substance Use Disorder as a significant barrier to therapy and willingness to seek shelter. Reluctance to enter shelters was noted due to loss of autonomy and perceived lack of care by shelter staff. The intersection of mental health, homelessness, and the criminal justice system led to repeated interactions with the police and challenges in continuity of care.

Successful encounters with homeless individuals accessing primary health care were reported, such as increased awareness through reading reference books on treatment, leading to subsequent visits to dentists and primary care providers. Connecting clients with supportive services like appointment scheduling and transportation facilitated access to dental and medical care.

Challenges regarding access to care for homeless individuals included clients with Substance Use Disorder tending to miss appointments for medical or mental health care. Negative language and attitudes from some community partners impacted the therapeutic relationship and client trust.

No income or revenue was reported during this quarter for services provided via contract.

Programmatic issues that might impact providing services include the need for additional clinicians, particularly Spanish-speaking clinicians, in the Half Moon Bay area to ensure equitable access to services. Dedicated interpreters for monolingual clinicians were requested to support Spanish-speaking clients.



Assistance requested from HCH/FH includes Motivational Interviewing and Cognitive Behavioral Therapy (CBT) trainings on the Learning Management System (LMS). Workshops for collaborating staff from multiple agencies to learn best practices in working with mental illness and substance abuse disorders were also sought. Basic training on mental illness to improve understanding and engagement with clients with mental health issues, especially those with SMI, was requested to enhance service provision.

3.3 EI-Centro

Contract Goal	Quarter 2 report	Year-to-date total	Contract performance
SUD Case management for 30-35	2	5	17%-14%

- The Quarter 2 report for the Substance Use Services for Farmworkers and their Dependents contract highlights both progress and challenges. During this quarter, 2 unduplicated individuals received co-occurring substance use case management screenings, with a total of 5 individuals assessed year to date. Referrals to AOD Outpatient services were successful for 8 individuals this quarter, and a total of 13 individuals were referred year to date. However, no referrals were made to AOD Inpatient services or Mental Health services (BHRS) this quarter or year to date, prompting the need for further investigation into potential barriers.
- The contractor conducted 40 psychoeducation classes during this quarter, a positive step in raising awareness about substance use and related issues among the target population. Nevertheless, staffing challenges posed difficulties in implementing planned activities and maintaining consistent outreach efforts. Engaging with homeless individuals at Coasthouse and providing services at the office for farmworkers have been successful strategies, while challenges in establishing consistent outreach or groups at farms require immediate attention and resolution.
- The report identifies transportation and shelter availability as major concerns expressed by farmworker/homeless individuals, necessitating collaboration with relevant agencies to address these crucial needs. Although no specific successful encounters were reported during the quarter, increased engagement in SUD services is commendable. However, attendance issues underscore the need for ongoing efforts to improve service utilization.
- Access to care remains a significant challenge due to the lack of available housing and shelter for farmworker/homeless individuals. Collaborating with housing agencies will be essential to finding solutions and ensuring care access is not hindered by these challenges.

The Quarter 2 report emphasizes staffing challenges have had a notable impact on outreach and service consistency. Addressing these issues should be a priority to optimize program effectiveness. The Quarter 2 report provides valuable insights into the progress and challenges of the Substance Use Services for Farmworkers and their Dependents contract. While there have been positive developments, addressing staffing challenges, consistent outreach, and access to housing and shelter are critical areas for improvement. By focusing on these aspects,



the program can better achieve its goal of providing essential substance use services to the farmworker/homeless population in Half Moon Bay area. Regular monitoring and support from the contract monitor will be crucial in ensuring the program's success.

- 4. LifeMoves:** LifeMoves has been supporting the street medicine team, and communication between the two teams is excellent. Here is the contract performance as of July 31, 2023:

Service	Target	Up to Date	Performance
Medical Care Coordination	400	272	68%
HI assistance	75	47	62%
In-person visits with SMMC, BHRS, and Mobile Clinic	100	140	140%
In-person visits with Street Medicine (unduplicated)	100	85	85%
Telehealth visits	20	13	65%

- 5. Public Health Policy & Planning (PHPP):** The street medicine team has started providing services near SFO Airport once a month as a pilot program to identify needs. However, they found fewer patients this month and plan to try a different time next month for better reach. The Street Medicine will also be at the HMB library every other week to provide primary care services. The Mobile Clinic is exploring new sites, but implementation may take time. The PHPP team has requested winter supplies for patients during the upcoming winter, and HCH/FH staff will work together to identify the necessary supplies.

- 6. Puente:** Puente sent a quarterly 2 report, and below is the summary of the report.

Service	Target	Q1	Q2	Year-to-date total	Contract performance
Care Coordination (CC)	200	65	34	99	49.5%
Health Insurance Assistance	160	52	54	106	66.3%

Performance Measures:

- Number of Unduplicated Farmworker Individuals Served: During Quarter 2, the Contractor provided services to 88 unduplicated farmworker individuals, contributing to a year-to-date total of 205 individuals served.
- Number of Unduplicated Farmworker Individuals that Received Care Coordination Services: The Contractor offered care coordination services to 34 unduplicated farmworker individuals during the reporting period, making the year-to-date count reach 99 individuals.



- Percentage of Farmworker Individuals and Their Dependents Connected to County Health: Approximately 67% of farmworker individuals and their dependents were connected to county health services, including behavioral, dental, primary, and Field medicine, during Quarter 2.
- Number of Unduplicated Farmworker Individuals Assisted with Health Insurance Application: The Contractor assisted 54 unduplicated farmworker individuals with health insurance applications in Quarter 2, resulting in a year-to-date count of 106 individuals.
- Number of Health Insurance Applications Submitted: During the quarter, the Contractor submitted 43 health insurance applications, with the year-to-date total reaching 82.

Program Highlights:

- What is Working Well: The Community Development team's ability to offer appointments both in person and over the phone has been successful, with most participants opting for phone appointments. Building a strong relationship with Coastside Clinic's new manager, which facilitated referrals and streamlined the process for participants.
 - What is Not Working Well: The recent updates and changes to health insurance enrollment systems presented challenges for the Community Resource Navigator. Although the team managed the changes well, there was a learning curve that still requires attention.
 - Trends and Emerging Concerns: Providing financial assistance to local farmworkers impacted by winter storms highlighted the struggles faced by low-income farmworker households in meeting monthly expenses.
 - Successful Encounter: The Contractor assisted a participant in enrolling his daughter in school by providing health insurance enrollment support and facilitating access to required vaccines through Coastside Clinic. The participant's daughter was able to start school promptly.
 - Challenges Regarding Access to Care: There is a dental waitlist with 28 participants, underscoring the need for improved access to dental care for farmworkers.
 - Income or Revenue Received: No income or revenue was reported for services provided via the contract during Quarter 2.
 - Programmatic Issues: Staffing changes included Laura Rodriguez's departure from the Community Development team and the addition of three new Community Resource Navigators.
 - Assistance from HCH/FH: No specific help or assistance from HCH/FH was requested by the Contractor.
 - Conclusion: The Contractor's performance during Quarter 2 demonstrated progress in reaching the contract's objectives, including providing care coordination, health insurance assistance, and improved access to county health services for farmworkers and their dependents. The challenges encountered were effectively managed, and the Contractor's efforts continue to positively impact the target population's healthcare access and overall well-being.
7. **Sonrisas:** Sonrisas provided dental services at Puente but had to move to the La Honda Puente's office due to space constraints. They are currently experiencing Wi-Fi issues at the new location, and HCH/FH staff is exploring possible county support.
8. **Saturday Dental Clinic at Coastside Clinic:** HCH/FH staff met with the dental clinic and discussed the possibility of increasing dental providers and expanding the Saturday



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

dental clinic. The dental clinic mentioned that they are currently in the process of hiring additional staff.

ALAS is referring patients to the Saturday dental clinic, and HCH/FH have collaborated to streamline the referral and communication process since the clinic started in June 202. However, the ALAS team changed the person managing the referral spreadsheet. As a result, HCH/FH, the dental team, and ALAS met to discuss the referral and communication process. Both ALAS and the dental team discussed ways to improve communication and efficiently refer clients for the once-a-month Saturday dental clinic. This meeting will continue every three months to check in and discuss the program's progress

Tab 3
Budget and
Finance Report



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

DATE: August 10, 2023

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

The early run of the expenditure report for July shows a monthly grant expenditure of \$76,490. This is very likely to be an understatement as the County has been going through its year-end processing and almost no invoice payments appear on the report. However, the expenditures for salaries & benefits, the second largest component of our budget (after contracts & MOUs) continued to track as expected.

We are now able to roll-up all of the expenditures for the first half of the year, as the grant drawdown has been completed. This has allowed us to “catch-up” on a number of expenses that missed the monthly reports due to the timing of the reports. Based on this, we now project that our overall grant expenditures for the year will be approximately \$3,750,000. This will reduce our unexpended funds amount to around \$730,000

Our total mid-year expenditures by category:

Salaries	\$372,361
Benefits	153,171
Travel	10,616
Supplies	132
Contracts & MOUs	1,531,572
Consultants	50,403
IT/Phone	7,676
Training/Memberships/Misc.	<u>1,342</u>
	\$2,131,743

Attachment:

- GY 2023 Summary Grant Expenditure Report Through 07/31/23



GRANT YEAR 2023

July \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (07/31/23)	Projection for end of year	Projected for GY 2024
EXPENDITURES					
<u>Salaries</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	<u>721,000</u>	52,474	<u>424,835</u>	<u>745,000</u>	<u>798,375</u>
<u>Benefits</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	<u>270,000</u>	19,473	<u>172,644</u>	<u>310,000</u>	<u>330,000</u>
<u>Travel</u>					
National Conferences (2500*8)	15,000	4,543	14,769	29,000	35,000
Regional Conferences (1000*5)	5,000			8,000	10,000
Local Travel	1,500			500	1,000
Taxis	1,000		187	500	500
Van & vehicle usage	1,500		311	1,000	1,500
	<u>24,000</u>		<u>15,267</u>	<u>39,000</u>	<u>48,000</u>
<u>Supplies</u>					
Office Supplies, misc.	10,000		132	10,000	10,000
Small Funding Requests					
	<u>10,000</u>		<u>132</u>	<u>10,000</u>	<u>10,000</u>
<u>Contractual</u>					
2021 Contracts			27,691	27,691	
2021 MOUs			412,500	412,500	
Current 2022 MOUs	1,241,000		602,230	1,241,000	1,200,000
Current 2022 contracts	865,979		489,151	875,000	825,000
---unallocated---/other contracts					
	<u>2,106,979</u>		<u>1,531,572</u>	<u>2,556,191</u>	<u>2,025,000</u>
<u>Other</u>					
Consultants/grant writer	40,000		50,403	65,000	25,000
IT/Telcom	4,200		7,676	15,000	30,000
New Automation				0	-
Memberships	2,000		2,875	7,500	5,000
Training	5,000		495	5,000	20,000
Misc			1,342	1,500	1,500
	<u>51,200</u>		<u>62,791</u>	<u>94,000</u>	<u>81,500</u>
TOTAL	<u>3,183,179</u>	76,490	<u>2,207,241</u>	<u>3,754,191</u>	<u>3,292,875</u>
GRANT REVENUE					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Carryover	1,626,391		1,626,391	1,626,391 estimate	
Available Expanded Services Awards **					730,832 carryover
HCH/FH PROGRAM TOTAL	<u>4,485,023</u>		<u>4,485,023</u>	<u>4,485,023</u>	<u>3,589,464</u>
BALANCE	1,301,844	Available	2,277,782	730,832	296,589
			Current Estimate	Projected	
					based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	13,750	1,578	14,440	35,000	45,000
Health Coverage	57,000	6,829	40,829	70,000	90,000
base grant prep	60,000	22,658	22,658	45,000	
food	2,500			2,500	2,500
incentives/gift cards	1,000		288	1,000	1,500
	<u>134,250</u>		<u>78,215</u>	<u>153,500</u>	<u>139,000</u>
TOTAL EXPENDITURES	3,317,429		2,285,456	3,907,691	NEXT YEAR 3,431,875



DATE: August 10th, 2023

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

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

FROM: Gozel Kulieva, Management Analyst

SUBJECT: Contractor Financial Progress Report Jan-Jun 2023

Contractor Financial Progress Report

Table 1 below provides a summary of the financial performances of the HCH/FH Program’s contracts for Q2 (January through June) of 2023. Table 1 describes the names of the contracting agencies, their annual contract amount with the HCH/FH Program, year to date amount spent, and year to date percent spent. For the period of January through June the anticipated expectation is that contracting agencies would expend about 50% of their annual contract amount. A percent performance in and around 50% indicates a healthy performance. Various factors influence how a contract performs, for a detailed explanation please refer to the Community Program Coordinator Memo dated August 10, 2023.

Table 2 describes the names of the contracting agencies and contracting services provided to the HCH/FH Program’s target populations.

Table 1

Contract	Contract Amount	Amount Spent	% YTD 2023
Abode	\$ 149,999	\$ 49,784	33%
ALAS	\$ 182,200	\$ 103,371	57%
BHRS EI Centro	\$ 60,000	\$ 60,000	100%
BHRS HCH	\$ 90,000	\$ 54,600	61%
BHRS HEAL	\$ 150,000	\$ 83,472	56%
Daly City Partnerships *	\$ 78,519	\$ 32,051	41%
Life Moves	\$ 350,000	\$ 251,025	72%
PHPP AOD Services	\$ -	\$ 39,103	
PHPP Mobile Clinic & Street/Field Med	\$ 825,000	\$ 412,500	50%
PHPP ARPA Expansion*	\$ 404,486	\$ 404,486	100%
Puente	\$ 169,780	\$ 94,538	56%
Puente *	\$ 9,821	\$ 4,960	51%
Saturday Dental Clinic (Coastside Clinic)	\$ 70,000	\$ 5,834	8%
Sonrisas	\$ 123,000	\$ 55,360	45%
TOTAL	\$ 2,271,699	\$ 1,595,724	70%

**Contracts with an asterisk denote limited time supplemental awards designated for special projects.*

Table 2

Contractor	Services
Abode	Enabling Services: <ul style="list-style-type: none"> • Medical Care Coordination • Helping to establish medical home • Assisting client with scheduling and attending healthcare appointments • Transportation Assistance • Assisting client with completion and renewal eligibility benefits • Providing health related resources
ALAS	Enabling Services: <ul style="list-style-type: none"> • Health Navigation Assistance • Health Education Classes • Transportation Assistance
Behavioral Health & Recovery Services (BHRS)	1. Homeless Care Coordination (HCH)
	2. Homeless Engagement Assessment and Linkage (HEAL)
	3. El Centro Substance Use Services for Farmworkers and their Dependents
Daly City Partnerships* (12/01/2022 to 12/31/2023)	<ul style="list-style-type: none"> • Expanding COVID-19 Vaccinations (ECV). Limited term contract awarded for special projects.
Life Moves	Enabling Services: <ul style="list-style-type: none"> • Medical Care Coordination • Health Insurance Assistance • Transportation Assistance • Assisting clients with scheduling and attending healthcare appointments
Public Health Policy and Planning (PHPP)	Primary Care: <ul style="list-style-type: none"> • Mobile Clinic • Street & Field Medicine
	Alcohol and Other Drug (AOD) Services. Under this contract the HCHF Program funds 1 position on PHPP's case management team. The total contract amount is \$392,500 for a period of 11/2020-12/31/2023. Services provided are as follows: <ul style="list-style-type: none"> • Counseling • Referral to services • Case management
PHPP ARPA Expansion (7/1/2022 – 3/31/2023)	American Rescue Plan Award (ARPA)*: <ul style="list-style-type: none"> • Expansion of services through addition of new staff
Puente	Enabling Services: <ul style="list-style-type: none"> • Medical Care Coordination • Health Insurance Assistance • Transportation Assistance

Puente* (12/01/2022 to 12/31/2023)	<ul style="list-style-type: none"> Expanding COVID-19 Vaccinations (ECV). Limited term contract awarded for special projects.
Saturday Dental Clinic	Dental Services
Sonrisas	Dental Services

Respectfully,

Gozel Kulieva
Management Analyst
Healthcare for the Homeless and Farmworker Health Program
gkulieva@smcgov.org

Tab 4

**Quality Improvement/Quality
Assurance Updates**



DATE: August 10th, 2023

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
Alejandra Alvarado, Clinical Services Coordinator HCH/FH Program

SUBJECT: QI/QA COMMITTEE REPORT

- **Half Moon Bay Library- BP Cuffs**
 - HCH/FH program is collaborating with Half Moon Bay library on a pilot project to provide blood pressure kits to library patrons, targeting library card holders who are farmworkers and people experiencing homelessness. The MOU proposal for this project is being finalized, and the blood pressure kits will be distributed to the Half Moon Bay Library in August to commence the pilot project.
- **AMI Phones Project**
 - HCH/FH program is renewing their contract with AMI Strategies to provide cell phones to people experiencing homelessness in San Mateo County. The goal of this project is to strengthen telehealth services and virtual communication between our patient population and SMMC. Phone usage will be managed by HCH/FH staff to track participant engagement with devices.
- **Patient Satisfaction Survey Data**
 - The Patient Satisfaction data is being reviewed by the HCH/FH program. Discussions are being had internally to analyze results and determine dissemination of survey results throughout SMMC. The results of the Patient Satisfaction Survey data will be shared at the upcoming QI/QA Committee meeting.
- **Q2 2023 Performance Metrics Data**
 - HCH/FH is continuously working with the BI team to receive and review quarterly reports for the Q2 2023 priority performance measures that are tracked by the program. These reports will be analyzed, and the findings will be presented at the upcoming QI/QA Committee meeting.

Tab 5

HCH/FH's Director

Report



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

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

DATE: August 10, 2023

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 July 13, 2023, Co-Applicant Board meeting: much of the activity for the month is being reported on specifically elsewhere on today's agenda.

HCH/FH completed and timely submitted the Program's Service Area Competition application. At the last meeting, the Board approved a draft outline of 4th the submission and gave approval for Program to proceed with completing and submitting the application. As the Board is required to approve the actual application, we are back with the submitted application for Board approval. This will be during the Business section of today's agenda. [Note: The submitted application is included in your Board packet. Save a tree: please do not print the document – it is lengthy – unless you really need to do so.] We may not hear on our application until October or November.

We continued the finalization of our Needs Assessment and continued meeting with stakeholders for input into our Strategic Plan.

The HCH/FH Program continues to work with Health Administration, PHPP, LifeMoves and HiA (Healthcare in Action) in bringing all the service components to the County Homeless Navigation Center. We are also continued to work with Health Administration on assisting with the equipment needs for the Navigation Center medical and dental clinics. We have reached agreement with University of Pacific on the contract for them to provide dental services at the Navigation Center and hope to have it on the Board of Supervisor's September 12th agenda. And Program continues to work with Health Admin in procuring funding support for services at the Navigation Center.

Seven Day Update

ATTACHED:

- Program Calendar





2023 Calendar - County of San Mateo Health Care for the Homeless & Farmworker Health (HCH/FH) Program

Board meetings are in-person on the 2nd Thursday of the Month 10am-12pm

Month	Events
January	<ul style="list-style-type: none"> HCH/FH Board's first meeting of the year HCH/FH Board will vote on new time change for the board meeting
February	<ul style="list-style-type: none"> Initial UDS Submission: February 15, 2023 2023 Western Forum for Migrant and Community Health, February 14-16, Long Beach, CA. https://www.nwrpca.org/events/event_details.asp?legacy=1&id=1670924
March	<ul style="list-style-type: none"> HCH/FH Board will return to an in-person meeting. Location: SMMC Education Room 2 Sliding Fee Discount Scale (SFDS)-Approve
April	<ul style="list-style-type: none"> East Coast Migrant Health Stream, Orlando FLA; sponsored by North Carolina Comm Health Center Assoc. April 5-7 Midwest Stream Forum on Agricultural Worker Health, Austin, TX; sponsored by National Center for Farmworker Health, April 24-26 SMMC Annual Audit – Approve In-person meeting location: County Building Room 101 455 County Center Redwood City, CA 94063
May	<ul style="list-style-type: none"> 2023 National Conference for Agricultural Worker Health, Seattle WA; sponsored by National Association of Community Health Centers (NACHC), May 2-4. National Health Care for the Homeless Conference and Policy Symposium, May 15-18, Baltimore, Maryland https://nhchc.org/trainings/conferences/
June	<ul style="list-style-type: none"> Services/Locations Form 5A/5B – Approve In-person meeting location: Half Moon Bay Library 620 Correas St, Half Moon Bay, CA 94019 (Half Moon Bay Library)
July	<ul style="list-style-type: none"> In-person meeting location: 264 Harbor Blvd., Bldg. A Belmont, CA 94002 (Department of Housing, Venus Room) Approving policy and procedures Approving SAC application
August	<ul style="list-style-type: none"> Meeting location: Navigation Center
September	<ul style="list-style-type: none"> Program Director Annual Review Meeting location: Half Moon Bay Library
October	<ul style="list-style-type: none"> Meeting location: Navigation Center
November	<ul style="list-style-type: none"> Board Chair/Vice Chair Elections Meeting location: County Building Room 101 455 County Center Redwood City, CA 94063
December	<ul style="list-style-type: none"> Strategic Plan Target Overview Meeting location: County Building Room 101 455 County Center Redwood City, CA 94063

BOARD ANNUAL CALENDAR	
Project	Timeframe
UDS Submission – Review	Spring
SMMC Annual Audit – Approve	April/May
Services/Locations Form 5A/5B – Approve	June/July
Budget Renewal - Approve	July/Sept (program)– December/January (grant)
Annual Conflict of Interest Statement	October (and during new appointments)
Annual QI/QA Plan – Approve	Winter
Board Chair/Vice Chair Elections	November/December
Program Director Annual Review	Fall/Spring
Sliding Fee Discount Scale (SFDS)	Spring
Strategic Plan Target Overview	December

Tab 6
Approve final Service Area
Competition (SAC)
application

DATE: August 10, 2022

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE STAFF DEVELOPMENT AND SUBMISSION OF THE SERICE AREA COMETITION (SAC) GRANT APPLICAION

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

On July 26, in accordance with the Board's direction, Program submitted the Service Area Competition application. Attached is a pdf copy of the application and it's attachments.

This request is for the Board to approve the HCH/FH Program's Service Area Competition (SAC) grant application. A majority vote of the Board members present is required to approve the grant application.

Attachments:

SAC Application Documents



Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 11/30/2025

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/> Competing Continuation
--	--	--	--	--

* 3. Date Received: <input type="text"/> 6/14/2023	4. Applicant Identifier: <input type="text"/>
--	---

* 5.a Federal Entity Identifier: <input type="text"/> Application #:218770 <input type="text"/> Grants.Gov #:GRANT13915959	5.b Federal Award Identifier: <input type="text"/> H80CS00051
---	---

* 6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. Applicant Information:	
* a. Legal Name <input type="text"/>	<input type="text"/> San Mateo, County Of
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-6000532	* c. Organizational UEI: <input type="text"/> PP88MKPKJZ54

d. Address:	
* Street1: <input type="text"/> Street2: <input type="text"/>	<input type="text"/> 222 W 39th Ave
* City: <input type="text"/>	<input type="text"/> San Mateo
County: <input type="text"/>	<input type="text"/> San Mateo
* State: <input type="text"/>	<input type="text"/> CA
Province: <input type="text"/>	<input type="text"/>
* Country: <input type="text"/>	<input type="text"/> US: United States
* Zip / Postal Code: <input type="text"/>	<input type="text"/> 94403-4364

e. Organization Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <input type="text"/> Mr.	* First Name: <input type="text"/> Jim
Middle Name: <input type="text"/> Middle Name:	
Last Name: <input type="text"/> Beaumont	
Suffix: <input type="text"/>	
Title: <input type="text"/> Director	
Organizational Affiliation: <input type="text"/>	
* Telephone Number: <input type="text"/> (650) 573-2459	Fax Number: <input type="text"/>
* Email: <input type="text"/> jbeaumont@smcgov.org	

9. Type of Applicant 1: <input type="text"/> B: County Government
Type of Applicant 2: <input type="text"/>
Type of Applicant 3: <input type="text"/>
* Other (specify): <input type="text"/>

* 10. Name of Federal Agency: <input type="text"/> N/A
--

11. Catalog of Federal Domestic Assistance Number: <input type="text"/> 93.224 CFDA Title: <input type="text"/> Community Health Centers

* 12. Funding Opportunity Number: <input type="text"/> HRSA-24-066 * Title: <input type="text"/> Service Area Competition
--

13. Competition Identification Number: <input type="text"/> 9193 Title: <input type="text"/> Service Area Competition
--

Areas Affected by Project (Cities, Counties, States, etc.): <input type="text"/> See Attachment

* 15. Descriptive Title of Applicant's Project: <input type="text"/> Health Center Cluster Project Description: <input type="text"/> See Attachment
--

16. Congressional Districts Of:	* a. Applicant <input type="text"/> CA-14	* b. Program/Project <input type="text"/> CA-14
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Additional Program/Project Congressional Districts: <input type="text"/> See Attachment
17. Proposed Project: <input type="text"/>

Application (Continuation Sheet)

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="\$2,858,632.00"/>
* b. Applicant	<input type="text" value="\$0.00"/>
* c. State	<input type="text" value="\$11,500,000.00"/>
* d. Local	<input type="text" value="\$0.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$3,494,719.00"/>
* g. TOTAL	<input type="text" value="\$17,853,351.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent Of Any Federal Debt(if "Yes", provide explanation in attachment.)
 Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)
 I Agree

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Jim"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Beaumont"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text"/>		
* Telephone Number:	<input type="text" value="(650) 573-2459"/>	Fax Number:	<input type="text" value="(650) 573-2030"/>
* Email:	<input type="text" value="jbeaumont@smcgov.org"/>		
* Signature of Authorized Representative:	<input type="text" value="Jim Beaumont"/>	* Date Signed:	<input type="text" value="6/14/2023"/>

Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-24-066

CFDA(s)

93.224

Applicant Name

San Mateo, County Of

Descriptive Title of Applicant's Project

Health Center Cluster

Project Abstract

Project Title: Service Area Competition Applicant Name: San Mateo, County of Address: 222 W. 39th Ave., San Mateo, CA 94403 Contact Name: Jim Beaumont, Director Contact Phone Number: 650-573-2459 E-Mail Address: jbeaumont@smcgov.org Web Site Address: www.smcgov.org Congressional Districts: CA-14 and CA-18 Section 330 Funding Requested: \$2,858,632, HCH, MH Proposed Service Area Identification Number (ID), City, And State: 014, San Mateo, CA Unduplicated patients to be served: 6,308 (95% SAAT patient target) Organization, community to be served, target populations, service delivery sites and locations, and services to be provided: The Health Care for Homeless/Farmworker Health (HCH/FH) Program has delivered comprehensive health services to homeless people residing in San Mateo County since 1990 and to farmworkers and their dependents since 2010. Housed within San Mateo Medical Center (SMMC), the public hospital and clinic system for San Mateo County, HCH/FH leverages the primary care, dental care, behavioral health, and enabling services provided by SMMC and San Mateo County Health (SMCH), serving approximately 3,783 homeless patients and 1,071 farmworkers residing in the service area in 2022. The HCH/FH network of care includes 21 service sites including one administrative site, one mobile medical unit, and one dental mobile unit. In addition, HCH/FH partners with community-based organizations to supplement the services provided by SMMC and SMCH to increase homeless and farmworker access to primary care, dental care, and behavioral health care through a variety of activities, including care navigation and coordination, outreach, insurance eligibility assistance and health education. Major health care needs and barriers to be addressed by the proposed project: Access to health care services can be extremely difficult for homeless individuals and is often compounded by a disproportionately high incidence of mental health disorders, substance abuse, dental problems, Hepatitis C, upper respiratory and skin infections, and injuries. Migrant and seasonal farmworkers face high rates of chronic conditions such as diabetes and hypertension, occupational injuries and illnesses, mental health and substance abuse. Transportation, cultural, linguistic and other barriers limit access to care for all low-income residents especially homeless people and farmworkers. How the proposed project will address the need for comprehensive primary health care services in the community and target population: The HCH/FH network of front-line mobile and fixed-site services linked to SMMC and SMCH engages homeless people and farmworkers who cannot or will not use primary health services in conventional settings. Case management services based in homeless shelters and a community resource center serving farmworkers connect patients to comprehensive services, including SMMC and SMCH. HCH/FH emphasizes accessibility, affordability and relationship-building to counter the practical, cultural/linguistic and attitudinal barriers that impede access to healthcare for homeless people and farmworkers. Number of current and proposed patients, visits, providers: HCH/FH will continue to provide primary medical care, dental services, behavioral health, case management, and enabling services. In 2022, 4,854 patients utilized HCH/FH services through 30,651 visits provided by 40 FTE staff; 14.93 FTE medical providers delivered 19,825 primary care visits. The HCH/FH Program is applying for a continuation of 330 grant funding under opportunity HRSA-24-066 with a goal to serve 6,308 unique patients by the end of calendar year 2026, as established in the Service Area Announcement Table (SAAT) with a 95% patient target.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: San Mateo, County of

* Street1: 222 W 39th Ave

Street2:

* City: San Mateo

County: San Mateo

* State: California Province:

* Country: United States * ZIP / Postal Code: 94403-4364

UEI:

Project/ Performance Site Congressional District: 15

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$2,258,319.00	\$11,845,828.00	\$14,104,147.00
Migrant Health Centers	93.224	\$0.00	\$0.00	\$600,313.00	\$3,148,891.00	\$3,749,204.00
Total		\$0.00	\$0.00	\$2,858,632.00	\$14,994,719.00	\$17,853,351.00

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$700860.00	\$5130707.00	\$5831567.00
b. Fringe Benefits	\$206754.00	\$2125873.00	\$2332627.00
c. Travel	\$32000.00	\$0.00	\$32000.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$4442.00	\$2748274.00	\$2752716.00
f. Contractual	\$1876576.00	\$87436.00	\$1964012.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$38000.00	\$4902429.00	\$4940429.00
i. Total Direct Charges (sum of a-h)	\$2858632.00	\$14994719.00	\$17853351.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$2858632.00	\$14994719.00	\$17853351.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	\$0.00	\$9,085,000.00	\$2,760,828.00	\$11,845,828.00
Migrant Health Centers	\$0.00	\$2,415,000.00	\$733,891.00	\$3,148,891.00
Total	\$0.00	\$11,500,000.00	\$3,494,719.00	\$14,994,719.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$2,858,632.00	\$714,658.00	\$714,658.00	\$714,658.00	\$714,658.00
Non-Federal	\$14,994,720.00	\$3,748,680.00	\$3,748,680.00	\$3,748,680.00	\$3,748,680.00
Total	\$17,853,352.00	\$4,463,338.00	\$4,463,338.00	\$4,463,338.00	\$4,463,338.00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Health Care for the Homeless	\$2,258,319.00	\$2,258,319.00	\$0.00	\$0.00
Migrant Health Centers	\$600,313.00	\$600,313.00	\$0.00	\$0.00
TOTAL	\$2,858,632.00	\$2,858,632.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0348-0046
Expiration Date 12/31/2013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. * Status of Federal Action:

- a. bid/offer/application
- b. initial award
- c. post-award

3. * Report Type:

- a. initial filing
- b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known:

*Name

*Street 1

Street 2

* City State

* Zip Congressional District, if known:

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

6. * Federal Department/Agency: <input type="text" value="U.S Department of Health and Human Services, HRSA"/>	7. * Federal Program Name/Description: <input type="text" value="Health Center Program"/> CFDA Number, if applicable: <input type="text" value="93.224"/>
8. Federal Action Number, if known: <input type="text" value="HRSA-24-066"/>	9. Award Amount, if known: <input type="text" value="\$0.00"/>

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 * Street 2

* City State * Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State * Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name Prefix: * First Name Middle Name

* Last Name Suffix

Title: Telephone No.: Date:

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL

Program Specific Form(s) - Review

00218770: San Mateo, County Of		Due Date: 07/26/2023 (Due In: 0 Days)
Announcement Number: HRSA-24-066	Announcement Name: Service Area Competition	Application Type: Competing Continuation
Grant Number: H80CS00051	Target Population: Migrant Health Centers, Health Care for the Homeless	

Resources [🔗](#)

View

[FY 2024 SAC User Guide](#) | [Funding Opportunity Announcement](#) | [SACTA](#)

Form 1A - General Information Worksheet

As of 07/26/2023 03:01:29 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

1. Applicant Information	
Applicant Name	San Mateo, County Of
Fiscal Year End Date	December 31
Application Type	Competing Continuation
Grant Number	H80CS00051
Business Entity	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input checked="" type="checkbox"/> Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input checked="" type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other If 'Other' please specify:

2. Proposed Service Area	
2a. Service Area Designation	
Select MUA/MUP <small>(Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces)</small> Find an MUA/MUP 🔗	<input checked="" type="checkbox"/> Medically Underserved Area (MUA) ID # 00354 <input type="checkbox"/> Medically Underserved Population (MUP) ID # <input type="checkbox"/> Medically Underserved Area Application Pending ID # <input type="checkbox"/> Medically Underserved Population Application Pending ID #

2b. Service Area Type	
Choose Service Area Type	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated - Specify population density by providing the number of people per square mile: 0.00

2c. Patients and Visits	
Unduplicated Patients and Visits by Population Type	
How many unduplicated patients are projected to be served by December 31, 2025? <small>(This projection is for calendar year 2025.)</small>	6308

Population Type	UDS / Baseline Value		Projected by December 31, 2025 (January 1 - December 31, 2025)	
	Patients	Visits	Patients	Visits
Total	N/A	N/A	6308	39144
General Underserved Community 📄 <small>(Include all patients/visits not reported in the rows below)</small>	N/A	N/A	0	0
Migratory and Seasonal Agricultural Workers and Families	N/A	N/A	1327	8236
Public Housing Residents	N/A	N/A	0	0

People Experiencing Homelessness	N/A	N/A	4981	30908
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Patients and Visits by Service Type				
Service Type	UDS / Baseline Value		Projected by December 31, 2025 (January 1 - December 31, 2025)	
	Patients	Visits	Patients	Visits
Total Medical Services	N/A	N/A	5105	25768
Total Dental Services	N/A	N/A	1106	4054
Behavioral Health Services				
Total Mental Health Services	N/A	N/A	383	1137
Total Substance Use Disorder Services	N/A	N/A	0	0
Total Vision Services	N/A	N/A	730	1041
Total Enabling Services	N/A	N/A	2658	7144

Form 1C - Documents On File

As of 07/26/2023 03:01:29 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	05/15/2023	
Procurement procedures.	02/22/2023	
Standards of Conduct/Conflict of Interest policies/procedures.	06/16/2014	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	07/13/2023	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. ¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A.)	07/13/2023	[_]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. ² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A.)	07/13/2023	[_]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	07/13/2023	
Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	07/13/2023	
Coverage for Medical Emergencies During and After Hours operating procedures.	03/01/2013	
Continuity of Care/Hospital Admitting operating procedures.	06/01/2019	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	07/13/2023	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	12/09/2021	
Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	08/26/2021	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	01/13/2015	[_]
Evidence of Nonprofit or Public Center Status	01/13/2015	

Form 4 - Community Characteristics

As of 07/26/2023 03:01:29 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Race	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Asian	232,842	29.7%	35,143	29.7%
Native Hawaiian	439	0.06%	66	0.06%
Other Pacific Islander	8,520	1.09%	1,286	1.09%
Black/African American	18,393	2.35%	2,776	2.35%
American Indian/Alaska Native	3,940	0.5%	595	0.5%
White	378,793	48.31%	57,171	48.31%
More than One Race	59,059	7.53%	8,914	7.53%
Unreported/Chose Not To Disclose Race (if applicable)	82,080	10.47%	12,387	10.47%
Total	784,066	100%	118,338	100%

Hispanic or Latino/a Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Hispanic or Latino/a	185,221	23.62%	27,955	23.62%
Non-Hispanic or Latino/a	516,765	65.91%	77,995	65.91%
Unreported/Chose Not To Disclose Race (if applicable)	82,080	10.47%	12,388	10.47%
Total	784,066	100%	118,338	100%

Income as a Percent of Poverty Guideline	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
100% and below	47,833	6.1%	47,446	40.09%
101-200%	71,470	9.12%	70,892	59.91%
Over 200%	664,763	84.78%	0	0%
Total	784,066	100%	118,338	100%

Principal Third Party Medical Insurance	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Medicaid	97,409	12.42%	14,702	12.42%
Medicare	127,123	16.21%	19,186	16.21%
Other Public Insurance	0	0%	0	0%
Private Insurance	531,209	67.75%	80,175	67.75%
None/Uninsured	28,325	3.61%	4,275	3.61%
Total	784,066	100%	118,338	100%

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Migratory/Seasonal Agricultural Workers and Families	3,855	0.49%	3,855	3.26%
People Experiencing Homelessness	6,688	0.85%	6,688	5.65%
Residents of Public Housing	27,049	3.45%	0	0%
School Age Children	117,635	15%	883	0.75%
Veterans	33,000	4.21%	608	0.51%
Lesbian, Gay, Bisexual and Transgender	15,991	2.04%	145	0.12%
People Living with HIV	257	0.03%	27	0.02%
Individuals Best Served in a Language Other Than English	15,265	1.95%	1,428	1.21%

Other 0 0% 0 0%

Form 2 - Staffing Profile

As of 07/26/2023 03:01:29 PM
 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

▼ Management and Support Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)	1.00	N/A
Finance Director/Chief Financial Officer (CFO)	0.00	NO
Chief Operations Officer (COO)	0.00	NO
Chief Information Officer (CIO)	0.00	NO
Clinical Director/Chief Medical Officer (CMO)	0.35	NO
Other Management and Support Personnel	4.15	NO
▼ Facility and Non-Clinical Support Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Fiscal and Billing Personnel	0.00	NO
IT Personnel	0.00	NO
Facility Personnel	0.00	NO
Patient Support Personnel	13.09	NO
▼ Physicians		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Family Physicians	0.00	NO
General Practitioners	0.34	NO
Internists	1.43	NO
Obstetrician/Gynecologists	0.19	NO
Pediatricians	0.39	NO
Other Specialty Physicians	0.89	NO
▼ Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurse Practitioners	2.76	NO
Physician Assistants	0.14	NO
Certified Nurse Midwives	0.00	NO
▼ Medical Care Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurses	8.79	NO
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)	0.00	NO
Laboratory Personnel	0.00	NO
X-Ray Personnel	0.00	NO
▼ Dental		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	1.40	NO
Dental Hygienists	0.00	NO

Dental Therapists	0.00	NO
Other Dental Personnel - Assistant	0.50	NO
▼ Behavioral Health (Mental Health and Substance Use Disorder Services)		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0.45	NO
Licensed Clinical Psychologists	0.71	NO
Licensed Clinical Social Workers	0.00	NO
Other Licensed Mental Health Providers	0.00	NO
Other Mental Health Personnel	0.00	NO
Substance Use Disorder Providers	0.00	NO
▼ Professional Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services Personnel - Podiatry	0.21	NO
▼ Vision Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.23	NO
Optometrists	0.08	NO
Other Vision Care Personnel	0.00	NO
▼ Pharmacy Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	3.17	NO
▼ Enabling Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	0.54	NO
Patient and Community Education Specialists	0.00	NO
Outreach Workers	0.00	NO
Transportation Workers	0.00	NO
Eligibility Assistance Workers	0.00	NO
Interpretation Personnel	0.00	NO
Community Health Workers	0.00	NO
Other Enabling Services Personnel	0.00	NO
▼ Other Programs and Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Personnel		NO
Other Programs and Services Personnel		NO
▼ Total FTEs		
Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	40.81	N/A

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	3,712	23,034	\$109.00	\$2,510,706.00	\$2,227,291.00
2. Medicare	720	4,467	\$160.00	\$714,720.00	\$1,281,679.00
3. Other Public	0	0	\$0.00	\$0.00	\$123,088.00
4. Private	77	476	\$120.00	\$57,120.00	\$19,501.00
5. Self Pay	1,800	11,167	\$19.00	\$212,173.00	\$156,195.00
6. Total (Lines 1 to 5)	6309	39144	N/A	\$3,494,719.00	\$3,807,754.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$11,500,000.00	\$12,278,031.00
9. Local Government	N/A	N/A	N/A	\$0.00	\$0.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$0.00
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$0.00	\$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$11,500,000.00	\$12,278,031.00
Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	\$14,994,719.00	\$16,085,785.00

Comments/Explanatory Notes (if applicable)

As of 07/26/2023 03:01:29 PM
 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[X]	[_]	[_]
Diagnostic Laboratory	[X]	[_]	[_]
Diagnostic Radiology	[X]	[_]	[_]
Screenings	[X]	[_]	[_]
Coverage for Emergencies During and After Hours	[X]	[_]	[_]
Voluntary Family Planning	[X]	[_]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[_]	[_]
Gynecological Care	[X]	[_]	[_]
Obstetrical Care			
Prenatal Care	[X]	[_]	[_]
Intrapartum Care (Labor & Delivery)	[X]	[_]	[_]
Postpartum Care	[X]	[_]	[_]
Preventive Dental	[X]	[_]	[_]
Pharmaceutical Services	[X]	[_]	[_]
HCH Required Substance Use Disorder Services	[X]	[X]	[_]
Case Management	[X]	[X]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Eligibility Assistance	[X]	[X]	[_]
Health Education	[X]	[X]	[_]
Outreach	[X]	[X]	[_]
Transportation	[X]	[X]	[_]
Translation	[X]	[X]	[_]

As of 07/26/2023 03:01:29 PM
 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Form 5A - Additional Services

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

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Form 5A - Specialty Services

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

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Other - Complimentary and Alternative Medicine	[_]	[X]	[_]
Other - Hepatology	[X]	[_]	[_]
Other - Neurology	[X]	[_]	[_]
Other - Orthopedics	[X]	[_]	[_]

Form 5B - Service Sites

As of 07/26/2023 03:01:29 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

COASTSIDE MENTAL HEALTH CENTER (BPS-H80-000552)		Action Status: Picked from Scope	
Site Name	COASTSIDE MENTAL HEALTH CENTER	Physical Site Address	225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019-8200
Site Type	Service Delivery Site	Site Phone Number	(650) 726-6369
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/1/1998	Site Operational By	5/1/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94019		
39th Avenue Campus - Outpatient Clinics (BPS-H80-000595)		Action Status: Picked from Scope	
Site Name	39th Avenue Campus - Outpatient Clinics	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2222
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1994	Site Operational By	1/1/1970
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751904
FQHC Site National Provider Identification (NPI) Number	1932288859	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94403		
CENTRAL COUNTY MENTAL HEALTH CTR (BPS-H80-000785)		Action Status: Picked from Scope	
Site Name	CENTRAL COUNTY MENTAL HEALTH CTR	Physical Site Address	1950 Alameda de las Pulgas, San Mateo, CA 94403
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3571
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/31/2004	Site Operational By	7/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94403, 94402, 94401		
HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION (BPS-H80-001005)		Action Status: Picked from Scope	
Site Name	HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION	Physical Site Address	225 37th Ave Mental Health Services- 3rd Floor, San Mateo, CA 94403-4324
Site Type	Administrative	Site Phone Number	(650) 573-2541
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/3/2001	Site Operational By	1/3/2001
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94403		
SOUTH SAN FRANCISCO CLINIC (BPS-H80-001373)		Action Status: Picked from Scope	
Site Name	SOUTH SAN FRANCISCO CLINIC	Physical Site Address	306 SPRUCE STREET, SOUTH SAN FRANCISCO, CA 94080-2741
Site Type	Service Delivery Site	Site Phone Number	(650) 877-7070
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types

Date Site was Added to Scope	11/1/1999	Site Operational By	1/10/1999
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751905
FQHC Site National Provider Identification (NPI) Number	1750460671	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94080		
MAPLE STREET SHELTER (BPS-H80-002922)			Action Status: Picked from Scope
Site Name	MAPLE STREET SHELTER	Physical Site Address	1580 A MAPLE STREET, REDWOOD CITY, CA 94603-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 364-4664
Web URL	www.shelternetwork.com		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/7/2006	Site Operational By	1/7/2006
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Contractor		

Organization Information

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

Service Area Zip Codes	94063		
Daly City Youth Health Center (BPS-H80-022195)			Action Status: Picked from Scope
Site Name	Daly City Youth Health Center	Physical Site Address	350 90th St., 3rd Floor, Daly City, CA 94015-1880
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/22/2018	Site Operational By	9/27/2018
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40

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

Organization Information

No Organization Added

Service Area Zip Codes	94015		
RON ROBINSON SENIOR CARE CENTER (BPS-H80-003064)		Action Status: Picked from Scope	
Site Name	RON ROBINSON SENIOR CARE CENTER	Physical Site Address	222 W 39th Ave # S-131, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2426
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/3/2004	Site Operational By	1/3/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94403		
Coastside Health Center (BPS-H80-006870)		Action Status: Picked from Scope	
Site Name	Coastside Health Center	Physical Site Address	225 Cabrillo Hwy S Ste 100A, Half Moon Bay, CA 94019-1738
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3941
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/5/1998	Site Operational By	1/5/1998
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751898
FQHC Site National Provider Identification (NPI) Number	1841379765	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94019		
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MOBILE HEALTH CLINIC (BPS-H80-003782)		Action Status: Picked from Scope	
Site Name	MOBILE HEALTH CLINIC	Physical Site Address	225 37th Ave, San Mateo, CA 94403-4324
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2786
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/5/1996	Site Operational By	7/1/1994
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number	1194804013	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94061, 94098, 94065, 94019, 94401, 94063, 94066, 94060, 94096, 94064, 94067, 94402, 94403, 94083
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sequoia teen wellness center (BPS-H80-009159)		Action Status: Picked from Scope	
Site Name	sequoia teen wellness center	Physical Site Address	200 JAMES AVE, REDWOOD CITY, CA 94062-5123
Site Type	Service Delivery Site	Site Phone Number	(650) 261-3710
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	11/5/2009	Site Operational By	4/1/2009
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751907
FQHC Site National Provider Identification (NPI) Number	1568540557	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94062
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HCH Mobile Dental Van (BPS-H80-011967)		Action Status: Picked from Scope	
Site Name	HCH Mobile Dental Van	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2561
Web URL			
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/15/2012	Site Operational By	8/15/2012

FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	20
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94061, 94080, 94063, 94401, 94019, 94403		
DALY CITY YOUTH HEALTH CENTER (BPS-H80-004460)		Action Status: Picked from Scope	
Site Name	DALY CITY YOUTH HEALTH CENTER	Physical Site Address	2780 Junipero Serra Blvd, Daly City, CA 94015-1634
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1992	Site Operational By	1/1/1990
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751888
FQHC Site National Provider Identification (NPI) Number	1023196011	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94015		
EDISON CLINIC (BPS-H80-004798)		Action Status: Picked from Scope	
Site Name	EDISON CLINIC	Physical Site Address	222 W 39th Ave # S-130, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2358
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1987	Site Operational By	1/1/1987
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94403		
NORTH COUNTY MENTAL HEALTH (BPS-H80-005206)		Action Status: Picked from Scope	
Site Name	NORTH COUNTY MENTAL HEALTH	Physical Site Address	375 89th St, Daly City, CA 94015-1802
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8650
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/31/2004	Site Operational By	7/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94015		
SOUTH COUNTY MENTAL HEALTH (BPS-H80-005388)		Action Status: Picked from Scope	
Site Name	SOUTH COUNTY MENTAL HEALTH	Physical Site Address	802 BREWSTER AVE, REDWOOD CITY, CA 94063-1510
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4111
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1992	Site Operational By	1/1/1992
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94063, 94061		
Fair Oaks Health Center (BPS-H80-005448)		Action Status: Picked from Scope	
Site Name	Fair Oaks Health Center	Physical Site Address	2710 Middlefield Rd, Redwood City, CA 94063-3404
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4602
Web URL	www.sanmateo.ca.us		

Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1988	Site Operational By	1/1/1998
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751887
FQHC Site National Provider Identification (NPI) Number	1386728533	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94063		
DALY CITY CLINIC (BPS-H80-005524)		Action Status: Picked from Scope	
Site Name	DALY CITY CLINIC	Physical Site Address	380 90th St, Daly City, CA 94015-1807
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8600
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/5/1996	Site Operational By	1/5/1996
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751906
FQHC Site National Provider Identification (NPI) Number	1265522619	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations	0	Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	94015		
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Form 5C - Other Activities/Locations

As of 07/26/2023 03:01:29 PM
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Activity/Location Information	
Type of Activity	Portable Clinical Care
Frequency of Activity	Monday through Thursday
Description of Activity	"Backpack Medicine" - Street & Field Primary Care Delivery
Type of Location(s) where Activity is Conducted	Streets, alleys, encampments, farms, and other sites frequented by street homeless and farmworker patients.

Activity/Location Information	
Type of Activity	Health Education
Frequency of Activity	Daily at SMMC/HCH service sites.
Description of Activity	Health education focused on the awareness, prevention and management of chronic conditions such as diabetes is provided at various service sites.

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

Form 6A - Current Board Member Characteristics

As of 07/26/2023 03:01:29 PM
 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

List of All Board Member(s)						
Name	Current Board Office Position Held	Area of Expertise	10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative
Robert Anderson	Chair	Retired San Mateo Police Officer	No	No	Live	Yes (HCH)
Tony Serrano	Member	Farmworker Outreach and Homeless	No	No	Live, Work	Yes (MHC)
Steve Carey	Member	Formerly Homeless	No	No	Live, Work	Yes (HCH)
Janet Schmidt	Member	PTSD and Homelessness	No	No	Live, Work	Yes (HCH)
Gabe Garcia	Member	Retired Physician and Farmworker	No	No	Live	Yes (MHC)
Francine Serafin Dickson	Member	Healthcare and Nursing	No	No	Live, Work	Yes (HCH)
Tayischa Deldridge	Member	HCH Healthcare	Yes	No	Live, Work	Yes (HCH)
Brian Greenberg	Member	Behavioral Health	No	No	Live, Work	Yes (HCH)
Suzanne Moore	Member	Retired Nurse and Volunteer Advocate	No	No	Live, Work	Yes (HCH)
Steven Kraft	Member	Homelessness	No	Yes	Live, Work	Yes (HCH)
Judith Guerrero	Member	Social Services and Safety Net Services	No	No	Live, Work	Yes (MHC, HCH)
Victoria Sanchez De Alba	Vice Chair	Public Relations Professional and Farmworker Community Leader	No	No	Live, Work	Yes (MHC, HCH)

Patient Board Member(s) Classification	
Gender	Number of Patient Board Members
Male	6
Female	6
Unreported/Refused to Report	0
Ethnicity	Number of Patient Board Members
Hispanic or Latino/a	4
Non-Hispanic or Latino/a	8
Unreported/Declined to Report	0
Race	Number of Patient Board Members
Native Hawaiian	0
Other Pacific Islander	0
Asian	0
Black/African American	1
American Indian/Alaska Native	0
White	11
More Than One Race	0
Unreported/Declined to Report	0

If you are a public organization/center, do the board members listed above represent a co-applicant board?
 YES NO N/A

Form 6B - Request for Waiver of Board Member Requirements

As of 07/26/2023 03:01:29 PM
 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Request for Waiver

Name of Organization: San Mateo, County Of

1. New Waiver Request

Are you requesting a new waiver of the 51% patient majority governance requirement? Yes No

2. For Applicants With Previous Waiver

2a. Do you currently have a waiver of the 51% patient majority governance requirement? Yes No

2b. Are you requesting the patient majority waiver to be continued? Yes No Not Applicable
 (This question is required if you answered Yes to question 2a.)

3. Demonstration of Good Cause for Waiver (Demonstrate good cause for the waiver request by addressing the following areas)

3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver.
 (This question is required if you answered Yes to question 1 and/or question 2b.)

The HCH/FH Program mission is to serve people experiencing homelessness and farmworkers and their families by providing comprehensive healthcare in a supportive, welcoming, and accessible environment. The HCH/FH Program serves these populations with medical, dental, and enabling services in accessible locations where people experiencing homelessness and farmworkers can receive timely care for physical and behavioral needs. Since people experiencing homelessness and farmworkers and their families face significant socioeconomic circumstances, they are unable to participate as active board members.

3b. Provide a description of the health center's attempts to meet the requirement to date and explain why these attempts have not been successful.
 (This question is required if you answered Yes to question 1 and/or question 2b.)

Since it's HCH designation in 1991 and MHC designation in 2010, the HCH/FH Program has held a waiver of this requirement due to the specific and unique funding of only HCH and MHC designations. However, Mr. Robert Anderson (Board chair -Retired San Mateo Police Officer) and Brian Greenberg (Board Member - Psychologist, addiction treatment services) have participated in outreach efforts over the years at various CBOs and local farms to try and recruit patient representatives to serve on the board, all to not much success (farmworkers have

to work specific hours).

4. Alternative Mechanism Plan for Addressing Patient Representation

Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center.

(This question is required if you answered Yes to question 1 and/or question 2b.)

The HCH/FH Program will continue recruiting our patient population representatives. Currently Board Vice-chair –Victoria Sanchez De Alba (Public Relations Professional & Farmworker Community Leader), who is a former farmworker herself, does ongoing outreach to recruit farmworkers for the board. Steve Kraft (Board Member) is formerly homeless. Additionally, every board meeting has an agenda item for public (and the board) to provide updates on homeless and farmworker relevant news. Susan Moore (Board member) is very active in the community and is involved in homelessness prevention. Also, this year the county began commencing Farmworker Advisory Council, which the HCH/FH staff have attended (at least once).

Form 8 - Health Center Agreements

As of 07/26/2023 03:01:29 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

PART I: Health Center Agreements

1. Does your organization have a parent, affiliate, or subsidiary organization? If **Yes**, indicate the number of each agreement by type in 1a, 1b, or 1c below and complete Part II. If **No, Part II is Not Applicable.**

Yes No

1a. Number of Parent Organizations

1b. Number of Affiliate Organizations

1c. Number of Subsidiary Organizations

Total Number of Parent, Affiliate, or Subsidiary Organizations

0

2. Do you currently have, or plan to utilize:

a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? *For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.*

Or

b) Subawards to carry out a portion of the proposed scope of project. *The purpose of a subaward is to carry out a portion of the **Federal award** and creates a Federal assistance relationship with the subrecipient.*

Yes No

Note(s):

- Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be identified and addressed in this form. The acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work.

If **Yes**, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If **No, Part II is Not Applicable.**

2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project.

1

2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project.

0

2c. **Total** number of contracts for substantive programmatic work and/or subawards.

1

Part II: Attachments

All parent, affiliate or subsidiary agreements, as well as contracts for substantive programmatic work and subawards, including contracts or subawards which involve a parent, affiliate, or subsidiary organization referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit.

Organization Name

Life Moves

Type of Agreement

Contract

▼ Attachments

Document Name	Size	Date Attached	Description
LifeMoves_MapleStreetShelter.pdf	352 kB	07/24/2023	LifeMoves Formerly known as Shelter Network of San Mateo County

Form 12 - Organization Contacts

As of 07/26/2023 03:01:29 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Contact Information				
Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Mr. Jim Beaumont	BA	jbeaumont@smcgov.org	(650) 573-2549
Contact Person	Name	Highest Degree	Email	Phone Number
HCH/MH Director	Jim Beaumont	BA	jbeaumont@smcgov.org	(650) 573-2459
Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Dr. Frank Trinh	M.D.	ftrinh@smcgov.org	(650) 240-6183
Dental Director	Name	Highest Degree	Email	Phone Number
Behavioral Health Director	Name	Highest Degree	Email	Phone Number
Behavioral Health Director	Dr. Kapil Chopra	M.D.	kchopra1@smcgov.org	(650) 301-8726

Summary Page

As of 07/26/2023 03:01:29 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2026

Service Area	
1. What is the Service Area Announcement Table (SAAT) identifying information for the service area that you are proposing to serve?	<p>Service Area ID #: 014</p> <p>Service Area City: San Mateo</p> <p>State: California (CA)</p>

Patient Projection	
2. What is the total unduplicated patient projection for calendar year 2025? Note: If changes are required, revisit Form 1A ↗ .	6308
3. What is the Patient Target from the Service Area Announcement Table (SAAT) for the proposed service area?	6640
4. Percent of the service area Patient Target proposed to be served in calendar year 2025. Note: This value must be at least 75 percent for the application to be considered eligible for funding.	95.00%
5. <input checked="" type="checkbox"/> By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A ↗ (see item 2 above), HRSA will track progress made toward the additional patient projections for any other funding awarded within my period of performance that can be monitored by December 31, 2025 (i.e., patient commitments from awarded applications, if any).	

Federal Request for Health Center Program Funding	
6. I am requesting the following types of Health Center funding:	
Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	\$0.00
Health Care for the Homeless – HCH-330(h)	\$2,258,319.00
Migrant Health Centers – MHC-330(g)	\$600,313.00
Public Housing Primary Care – PHPC-330(i)	\$0.00
Total	\$2,858,632.00

Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table (SAAT) for the service area. If a funding reduction is required based on

the patient projection (value between 75 and 94.9 percent in item 4 above), this figure should be lower than the value in the SAAT. See the Summary of Funding section of the NOFO for details.

Scope of Project: Sites and Services

7. I am proposing the following site(s): (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

8. Sites Certification (New and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one option below

By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it accurately reflects all services and service delivery methods included in my current approved scope of project.

By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it requires changes that I have submitted through the change in scope process.

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one option below

By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it accurately reflects all sites included in my current approved scope of project.

By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it requires changes that I have submitted through the change in scope process.

11. 120 Day Compliance Achievement Plan Certification

By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and by the due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.

12. Uniform Data System (UDS) Report Certification

By checking this box, I certify that I have reviewed the [UDS Resources](#), including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.

13. Applicants for HCH and PHPC Funding: Supplement and Not Supplant Certification (New and competing supplement applicants only)

Not Applicable. My organization is submitting a competing continuation application, or submitting a new or competing supplement application, but the organization is NOT requesting HCH and/or PHPC funding on the SF-424A.

By checking this box, I certify that my organization will utilize HCH and/or PHPC grant funding to supplement and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.

Describe, with specific examples, how you will utilize the requested federal funds to add new or expand existing services to individuals experiencing homelessness and/or residents of public housing within your service area, as well as how this is an increase or expansion of the services your organization was providing previously for these populations. (maximum 1,000 characters)

Close Window

FY2024 SAC Budget Narrative H80CS00051 Project Period 01.01.2024-12.31.2026	YEAR ONE		YEAR ONE TOTAL	MHC	HCH	YEAR TWO	YEAR THREE
	Federal	Non-Federal					
REVENUE							
Program Income (fees, premiums, 3rd party reimbursements, and payments generated from the projected delivery of services)		\$ 3,494,719	\$ 3,494,719	\$ 733,891	\$ 2,760,828	\$ 3,599,561	\$ 3,707,547
State Government (ACE Program)		\$ 11,500,000	\$ 11,500,000	\$ 2,415,000	\$ 9,085,000	\$ 11,845,000	\$ 12,200,350
Local Government		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Private Grants / Contracts		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contributions		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applicant		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Federal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SAC Funding Request	\$ 2,858,632		\$ 2,858,632	\$ 600,313	\$ 2,258,319	\$ 2,858,632	\$ 2,858,632
Total Revenue	\$ 2,858,632	\$ 14,994,719	\$ 17,853,351	\$ 3,749,204	\$ 14,104,147	\$ 18,303,193	\$ 18,766,529
EXPENSES							
<i>Personnel</i>							
Administration	\$ 700,860		\$ 700,860	\$ 147,181	\$ 553,679	\$ 721,886	\$ 743,542
Medical Staff	\$ -	\$ 3,072,563	\$ 3,072,563	\$ 645,238	\$ 2,427,325	\$ 3,164,740	\$ 3,259,682
Dental Staff	\$ -	\$ 291,736	\$ 291,736	\$ 61,265	\$ 230,471	\$ 300,488	\$ 309,503
Mental Health Staff	\$ -	\$ 457,539	\$ 457,539	\$ 96,083	\$ 361,456	\$ 471,265	\$ 485,403
Substance Use Disorder Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Enabling Staff	\$ -	\$ 1,308,869	\$ 1,308,869	\$ 274,862	\$ 1,034,007	\$ 1,348,135	\$ 1,388,579
Other Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL PERSONNEL	\$ 700,860	\$ 5,130,707	\$ 5,831,567	\$ 1,224,629	\$ 4,606,938	\$ 6,006,514	\$ 6,186,710
<i>Fringe Benefits</i>							
FICA @ 7.65%	\$ 53,615.80	\$ 392,499.09	\$ 446,114.88	\$ 93,684.13	\$ 352,430.76	\$ 459,498.33	\$ 473,283.28
Medical @ 10.5%		\$ 612,314.55	\$ 612,314.55	\$ 128,586.05	\$ 483,728.49	\$ 630,683.98	\$ 649,604.50
Retirement @ 20%	\$ 140,172.02	\$ 1,026,141.40	\$ 1,166,313.42	\$ 244,925.82	\$ 921,387.60	\$ 1,201,302.83	\$ 1,237,341.91
Dental @ 1.45%	\$ 10,162.47	\$ 74,395.25	\$ 84,557.72	\$ 17,757.12	\$ 66,800.60	\$ 87,094.45	\$ 89,707.29
Unemployment and Worker's Compensation @ 0.4%	\$ 2,803.44	\$ 20,522.83	\$ 23,326.27	\$ 4,898.52	\$ 18,427.75	\$ 24,026.06	\$ 24,746.84
Disability @ 0%			\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FRINGE @ 40%	\$ 206,754	\$ 2,125,873	\$ 2,332,627	\$ 489,852	\$ 1,842,775	\$ 2,402,606	\$ 2,474,684
<i>Travel & Conferences</i>							
Western Migrant Forum	\$ 9,000		\$ 9,000	\$ 1,890	\$ 7,110	\$ 9,270	\$ 9,548
National HCH Conference	\$ 10,000		\$ 10,000	\$ 2,100	\$ 7,900	\$ 10,300	\$ 10,609
Street Medicine Institute Symposium	\$ 6,000		\$ 6,000	\$ 1,260	\$ 4,740	\$ 6,180	\$ 6,365
Local Travel (891 miles/month @ \$0.655 per mile)	\$ 7,000		\$ 7,000	\$ 1,470	\$ 5,530	\$ 7,210	\$ 7,426
TOTAL TRAVEL	\$ 32,000	\$ -	\$ 32,000	\$ 6,720	\$ 25,280	\$ 32,960	\$ 33,949
<i>Equipment</i>							
			\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EQUIPMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Supplies</i>							
Program Admin Supplies (\$350 per month x 12 months)	\$ 4,442	\$ 357	\$ 4,799	\$ 1,008	\$ 3,791	\$ 4,943	\$ 5,091
Office Supplies (\$35,000 per month x 12 months)		\$ 420,000	\$ 420,000	\$ 88,200	\$ 331,800	\$ 432,600	\$ 445,578

Drugs/Pharmaceuticals (\$66,469 x 12 months)		\$ 797,628	\$ 797,628	\$ 167,502	\$ 630,126	\$ 821,557	\$ 846,204
Lab & X-ray Costs (\$18.65 per 24,778 visits)		\$ 462,110	\$ 462,110	\$ 97,043	\$ 365,067	\$ 475,973	\$ 490,252
Medical & Dental Supplies (\$43.11 per visit 24,778 visits)		\$ 1,068,180	\$ 1,068,180	\$ 224,318	\$ 843,862	\$ 1,100,225	\$ 1,133,232
TOTAL SUPPLIES	\$ 4,442	\$ 2,748,274	\$ 2,752,716	\$ 578,070	\$ 2,174,646	\$ 2,835,298	\$ 2,920,357
<i>Contractual & County Agencies</i>							
BHRS - County Agency	\$ 250,000		\$ 250,000	\$ 52,500	\$ 197,500	\$ 257,500	\$ 265,225
LifeMoves - Contractual	\$ 350,000		\$ 350,000	\$ 73,500	\$ 276,500	\$ 360,500	\$ 371,315
PHPP Mobile Clinic & Street Field Medicine - County Agency	\$ 825,000		\$ 825,000	\$ 173,250	\$ 651,750	\$ 849,750	\$ 875,243
Puente de la Costa Sur - Contractual	\$ 192,929		\$ 192,929	\$ 40,515	\$ 152,414	\$ 198,717	\$ 204,678
Ayudando Latinos a Sonar (ALAS) - Contractual	\$ 121,083		\$ 121,083	\$ 25,427	\$ 95,656	\$ 124,715	\$ 128,457
Abode Services - Medical Care Coordinator - Contractual	\$ 87,564	\$ 87,436	\$ 175,000	\$ 36,750	\$ 138,250	\$ 180,250	\$ 185,658
SMMC Saturday Dental Clinic - County Agency	\$ 30,000		\$ 30,000	\$ 6,300	\$ 23,700	\$ 30,900	\$ 31,827
Sonrisas - Contractual	\$ 20,000		\$ 20,000	\$ 4,200	\$ 15,800	\$ 20,600	\$ 21,218
Consulting (Needs Assessment, OSV) - Contractual						\$ 100,000	
TOTAL CONTRACTUAL & COUNTY AGENCY	\$ 1,876,576	\$ 87,436	\$ 1,964,012	\$ 412,443	\$ 1,551,569	\$ 2,122,932	\$ 2,083,620
<i>Construction</i>							
None	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL CONSTRUCTION	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Other</i>							
Staff Training	\$ 5,000		\$ 5,000	\$ 1,050	\$ 3,950	\$ 4,150	\$ 6,275
Memberships	\$ 5,000		\$ 5,000	\$ 1,050	\$ 3,950	\$ 4,150	\$ 6,275
Information Technology	\$ 18,000	\$ 592,000	\$ 610,000	\$ 128,100	\$ 481,900	\$ 598,300	\$ 636,249
Rent/Utilities		\$ 3,060,000	\$ 3,060,000	\$ 642,600	\$ 2,417,400	\$ 3,060,000	\$ 3,085,000
Printing/Copying		\$ 78,200	\$ 78,200	\$ 16,422	\$ 61,778	\$ 75,546	\$ 82,812
Maintenance		\$ 267,280	\$ 267,280	\$ 56,129	\$ 211,151	\$ 255,298	\$ 287,957
Custodial		\$ 556,756	\$ 556,756	\$ 116,919	\$ 439,837	\$ 541,432	\$ 592,648
Recycling & Bio-waste		\$ 69,194	\$ 69,194	\$ 14,531	\$ 54,663	\$ 71,270	\$ 73,408
Communications	\$ 10,000	\$ 254,999	\$ 264,999	\$ 55,650	\$ 209,349	\$ 268,442	\$ 271,988
Miscellaneous		\$ 24,000	\$ 24,000	\$ 5,040	\$ 18,960	\$ 24,295	\$ 24,599
TOTAL OTHER	\$ 38,000	\$ 4,902,429	\$ 4,940,429	\$ 1,037,490	\$ 3,902,939	\$ 4,902,883	\$ 5,067,210
TOTAL DIRECT CHARGES	\$ 2,858,632	\$ 14,994,719	\$ 17,853,351	\$ 3,749,204	\$ 14,104,147	\$ 18,303,193	\$ 18,766,530

FEDERALLY-SUPPORTED PERSONNEL JUSTIFICATION TABLE

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
Alejandra Alvarado	Clinical Services Coordinator	100%	\$ 96,768	No Adjustment	\$ 96,768
Amanda Hing Hernandez	Medical Director	10%	\$ 216,965	\$ 212,100	\$ 22,194
Frank Trinh	Medical Director	25%	\$ 301,309	\$ 212,100	\$ 53,025
Gozel Kulieva	Management Analyst	100%	\$ 121,045	No Adjustment	\$ 121,045
Irene Pasma	Planning and Implementation Coordinator	100%	\$ 117,243	No Adjustment	\$ 117,243
Jim Beaumont	Program Director	100%	\$ 160,671	No Adjustment	\$ 160,671
Kapil Chopra	Behavioral Health Director	15%	\$ 378,560	\$ 212,100	\$ 31,815
Meron Asfaw	Community Program Coordinator	100%	\$ 98,099	No Adjustment	\$ 98,099
Total					\$ 700,860

Tab 7

Approve the Creation of a Board Ad-Hoc Committee on Program Staffing and Staffing Structure

DATE: August 10, 2022

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO EATABLSH AN AD HOC COMMITTEE TO REVIEW PROGRAM STAFFING AND STAFFING PROCESSES

In accordance with the Board's Bylaws, the Board may establish Ad Hoc Board Committees to address specific subjects of Board interest or concern. Given the impact of staff turnover on Program operations as seen over the past year, Program would like to engage the Board is a review of current staffing components and practices, with consideration of both short-term and long-term staffing stability.

As a Board member only committee, an Ad Hoc Committee on Program Staffing does not require Brown Act adherence. It can be composed of less than a majority of Board members (6 or less), must be short term and focused on a specific issue, and report on that issue back to the full Board for any final Board action.

On Board approval to establish the committee, it is Board practice to make committee membership available to all Board members who express their interest in membership on the committee. If the number of Board members interested is a majority of the Board, by Board practice, the Board Chair will designate those members who will comprise the committee.

This request is for the Board to establish an Ad Hoc Committee on Program Staffing to review short- and long-term staffing considerations for the Program. The Committee shall be composed of Members of the Board who express interest in membership on the Committee, subject to Board Chair keeping the Committee membership less than a Board majority. The Committee shall complete their considerations and report back to the Board no later than March 31, 2024. A majority vote of the Board members present is required to approve the grant application.