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

Co-Applicant Board Meeting Agenda

Join Microsoft Teams Meeting

+1 628-212-0105 ID: 422 773 836#

July 11, 2020; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA			
C. PUBLIC COMMENT			9:03am
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.			
D. CONSUMER INPUT • **Supporting resident transitions out of motels post-COVID** **E. CLOSED SESSION** • **No closed session**	Jessica Silverberg		9:07am
F. CONSENT AGENDA 1. Meeting minutes from June 11, 2020	Sofia Recalde	**Tab 1**	9:22am
G. BUSINESS AGENDA 1. County of San Mateo 2019 Single Audit Report • **Request to approve the County of San Mateo 2019 Single Audit Report** 2. Contract extension • **Request to approve an amendment to the Sonrisas contract to extend the agreement term through June 30, 2021, increasing the budget by $80,150 to an amount not to exceed $500,125**	Jim Beaumont Sofia Recalde	**Tab 2**	9:25am 9:30am
H. REPORTING AGENDA 1. QI Report 2. Finance Report 3. HCH/FH Program Director's Report **I. BOARD PRESENTATIONS AND DISCUSSIONS** 1. Review HCH/FH Needs Assessment • **Advise staff as to which findings should be included in the Executive Summary and who should be in the NA distribution** 2. 2019 SMC Annual Federal Program Performance Report (UDS) 3. Strategic Plan/RFP Update 4. COVID-19 Update and Discussion • **Review COVID-19 communication efforts**	Danielle/Frank Jim Beaumont Jim Beaumont Irene Pasma Staff Irene/Sofia Irene Pasma	**Tab 3** **Tab 4**	9:40am 9:50am 9:55am 10:05am 10:20am 10:35am 10:50am
J. BOARD COMMUNICATIONS AND ANNOUNCEMENTS			
Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.			
1. Future meetings – every 2nd Thursday of the month (unless otherwise stated) a. Next Regular Meeting August 13, 2020; 9:00AM – 11:00AM			
K. ADJOURNMENT	Brian Greenberg		11:00am

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact HCH/FH staff at SMMC_HCH_FH_Program@smcgov.org in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. Public records that relate to any item on the open session agenda for a regular board meeting are available for public inspection. The HCH/FH Co-Applicant Board agendas are posted at least 72 hours prior to the meeting and are accessible online at: https://www.smchealth.org/smmc-hchfh-board. Records that are distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the Board. The designated location for such inspection is San Mateo Medical Center, 222 W 39th Ave, San Mateo. Please contact HCH/FH staff at SMMC_HCH_FH_Program@smcgov.org with any requests.

TAB 1

Consent Agenda

Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (June 11, 2020)
Microsoft Teams Meeting

Co-Applicant Board Members Present
Brian Greenberg
Tayischa Deldridge
Suzanne Moore
Robert Anderson
Steven Kraft
Victoria Sanchez De Alba
Mother Champion
Eric Debode
Michael Vincent Hollingshead
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present
Irene Pasma, Program Implementation Coordinator
Danielle Hull, Clinical Coordinator
Sofia Recalde, Management Analyst
Andrea Donahue, County Counsel's Office
Frank Trinh, Program Medical Director
Henrietta Williams, SMMC Financial Services Manager

Members of the Public
Belinda Arriaga, Executive Director ALAS

Absent: Christian Hansen

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	The Board chair invited comments from attendees regarding Black Lives Matter. Multiple Board members and staff made statements regarding their support of Black Lives Matter and the importance of movement. Brian Greenberg called the meeting to order at 9:15. Everyone present introduced themselves.	
Public Comment	No public comment	
Consumer Input Local policies- Suzanne Moore	Suzanne Moore presented information on the following: **HMB Review from April 9th**: • The City and Abundant Grace proposed a project for Francis State Beach campground to make safe parking there, but CA state parks did not support it. • https://www.hmbreview.com/news/state-parks-nixes-homeless-shelter-at-campsite/article_ed451972-7a80-11ea-a231-27b9a61f5138.html **Housing Leadership Council of San Mateo County - Policy Breakfast Speaker Series: Emergency Housing in COVID May 22nd** • Discussion between County Manager, Mike Callagy, and All Home CEO and Founder, Tomiquia Moss, regarding current state of homelessness and homeless prevention, austerity, and	

	options that were being considered by the County. Tomiquia mentioned 75% of homeless are in cars/RVs. It was suggested to invite Tomiquia to come present at a future Board meeting. • https://www.facebook.com/hlcsmc/videos/policy-breakfast-speaker-series-emergency-housing-in-covid/527447708134194/ **Redwood City Safe Parking Community Meeting June 1** • There will be a study at the City Council's June 22nd meeting regarding safe parking. They would use the 1405 Maple Street site by women's jail. City Council Member Diana Reddy said that she's available to the Board to clarify any questions. This program would not be 24/7. • https://www.redwoodcity.org/home/showdocument?id=21836 • https://www.smdailyjournal.com/news/local/rvs-to-call-maple-street-home-in-redwood-city/article_9495c3c0-a15f-11ea-ad42-1f8fc4621cba.html	
Closed Session	No Closed Session	
Consent Agenda Meeting minutes	*Please refer to TAB 1 on the Board meeting packet.* All items on Consent Agenda (meeting minutes from May 7, 2020)	**Consent Agenda** was MOVED by Steve SECONDED by Suzanne and APPROVED by all Board members present but Eric who had to step away for a moment.
Business Agenda: Request to approve COVID testing budget	*Please refer to TAB 2 on the Board meeting packet.*	**Request to approve COVID-19 testing budget** MOVED by Steve SECONDED by Ty and APPROVED by all Board members present.
Request to approve ALAS contract	Staff presented a proposal to enter into a contract with services with ALAS to provide counseling and case management services and additional outreach to farmworkers and their dependents in the Half Moon Bay Area. Belinda Arriaga, Executive Director of ALAS, shared that mental health issues in the North Coast are starker than even those who have worked with the population expected. Belinda shared a story about a father who asked for mental health services in the region due to high stress in his family as an example of whom the services in the proposed contract will benefit.	**Request to approve ALAS contract** MOVED by Victoria, SECONDED by Suzanne and APPROVED by all Board members present.
Request to approve StarVista amendment	Staff presented an amendment to the StarVista contract to modify the target number of clients served by decreasing the target number of youth case management services at Daybreak and	**Request to approve StarVista amendment**

	increasing the target number of adult therapeutic services at First Chance. This change was proposed to address Daybreak's limited capacity to serve new youth due to the impact of COVID on shelter turnover. These modifications do not change the contract budget.	MOVED by Robert SECONDED by Steve and APPROVED by all Board members present.
Request to safe parking letters of support	Staff shared two draft letters indicating the HCH/FH Board's support of Safe Parking programs in San Mateo County. One letter will be sent to the San Mateo County Board of Supervisors and the second letter is meant to be used by concerned citizens to share with local city councils and committees to demonstrate support for Safe Parking programs. Staff will amend the Cities letter provided in the Board packet to remove a duplicate paragraph and once final it will be sent to the Board Members and the Board Chair will be requested to send it to the following people (as was done with the Moratorium on tent encampment sweeps earlier in the pandemic). The revised Cities letter of support is attached. San Mateo County, Supervisor Carol Groom San Mateo County, Supervisor Don Horsely San Mateo County, Supervisor Warren Slocum San Mateo County, Supervisor David Canepa San Mateo County, Supervisor Dave Pine San Mateo County, Public Health Officer Scott Morrow Michael Callagy, San Mateo County Manager Ken Cole, Director of Human Services Agency Selina Toy Lee, H.S.A. Director of Collaborative Community Outcomes Jessica Silverberg, H.S.A. Manager, Center on Homelessness Several Board members agreed that the County needs to provide leadership and coordination with Cities to promote Safe Parking.	**Request to approve letters of support** MOVED by Steve SECONDED by Suzanne and APPROVED by all Board members present.
Reporting Agenda: QI Report	*Please refer to TAB 3 on the Board meeting packet.* Staff indicated they are looking for one more Board member to join the new QI Subcommittee. Michael Hollingshead volunteered to join the QI committee.	
HCH/FH Program Budget & Financial Report	HCH/FH Program Director reported the following related to the projected deficit for the San Mateo Medical Center: - The medical center's projected budget gap has grown over the last few months, but it's unknown what the total impact will be; SMMC has been seeing more patients via telehealth; governments and health systems have been left out of federal relief - Due to the County allocating additional interim funds, the changes planned for the retail pharmacy and primary care components of BHRS will be postponed - Most staff cuts (staffing of limited terms or other positions) are moving forward	

HCH/FH Program Director's Report	Program Director announced that a Public Records request had been received.	
Board Presentation/ Discussions Strategic Plan/RFP	*Please refer to TAB 4 on the Board meeting packet.* - Calendar invites forthcoming for strategic subcommittee meetings - Goal is to have contract amendments for the Board to approve in August - Staffing shortage is impacting program's capacity to work through contracting and RFP process	
Quarter 1 Contractor Report	Staff reviewed contractor's performance over Q1 as well as shared challenges and successes. Slides presented are attached.	
COVID-19 Update	The below items were reported (no slides were presented): - COVID-19 testing: o Is being conducted on the Coast via Verily in Half Moon Bay at Cunha Intermediate School and by the County - once at Pescadero High and once at Cunha Intermediate o Surveillance testing strategy for shelters is being discussed but a plan doesn't exist yet - Personal Protective Equipment (PPE): o Using the CARES budget, HCH/FH is working to provide funding to organizations to purchase PPE now as it's becoming easier to do so to prepare for a potential future COVID-19 wave - Telehealth: o Danielle Hull is working with Puente and Maple Street to establish tele-health stations to make it easier for patients to access primary care - Center on Homelessness, Human Services Administration and Emergency Operations Center are working together to develop a transition plan for those staying at non-congregate sites during COVID.	
Board Communication & Updates	The next meeting will also be a Teams meeting.	
Adjournment	Time 11:01	Brian Greenberg

6/15/2020

The Co-Applicant Board of the San Mateo County Health Care for the Homeless/Farmworker Health Program ("HCH/FH Board") is in support of creating Safe Parking programs throughout San Mateo County through cooperation and coordination with all involved parties. The HCH/FH Board is comprised of local community leaders who oversee the federal program managed by San Mateo County to support the access and delivery of necessary and appropriate healthcare services for the homeless and farm worker communities.

Homelessness is a serious, ongoing social concern in the Bay Area. With the lack of affordable housing, more and more individuals and families are being forced out of their current homes and either move from the area or become homeless. Many of the Bay Area residents now experiencing homelessness are stable community members who can simply no longer afford the high costs of housing. Furthermore, more and more San Mateo County residents are turning to their vehicles for a place to stay and sleep. The 2017 San Mateo County One Day Homeless Count found that over 65% of unsheltered homeless individuals were living/sleeping in their cars and RVs, a 34% increase from 2015. Even though the total count of unsheltered homeless persons in the County has continued to drop, the number and percentage of individuals living in their vehicles has increased.

Homeless persons living in their vehicles face an increased risk of trauma, health issues and displacement similar to other unsheltered homeless persons. Continuous moving of locations makes accessing health services and other support services difficult. Safe Parking programs provide safe, secure locations for vehicularly-housed individuals and families, which includes those living in cars or unhooked motorhomes, to park and sleep. Further, in these types of programs, outreach and essential services are co-located to support the families and individuals involved.

To that end, the HCH/FH Board opposes efforts to ban overnight parking countywide and encourages the establishment of Safe Parking locations for the vehicularly-housed residents. Without holistic approaches to address the underlying issues, the individuals involved are simply put at a greater risk of harm, health issues, and permanent displacement.

Thank you.

The Co-Applicant Board of the San Mateo County Health Care for the Homeless/Farmworker Health Program

Brian Greenberg, Ph.D.
HCH/FH Co-Applicant Board Chair

HCH/FH
Q1 Contractor Quarterly Review

January 2020 – March 2020

Contractor Financial Performance | Jan – Mar 2020

Contractor	Contract Amount	Amount Spent	% YTD 2020	% YTD 2019	EOY 2019
Behavioral Health & Recovery Services	$90,000	$38,000	42%	26%	57%
El Centro de Libertad	$73,500	$9,600	13%	9%	51%
LifeMoves	$295,750	$91,945	31%	37%	99%
PHPP Mobile Van & Expanded Services	$482,250	$123,145	26%	23%	93%
PHPP Street & Field Medicine	$249,750	$123,950	50%	44%	100%
Puente de la Costa Sur	$183,500	$64,500	35%	37%	96%
Ravenswood - Medical	$107,100	$32,589	30%	25%	81%
Ravenswood - Dental	$54,725	$16,915	31%	35%	89%
Ravenswood - Enabling	$97,000	$17,072	18%	28%	60%
Samaritan House - Safe Harbor	$81,000	$33,500	41%	35%	94%
Sonrisas Dental	$131,675	$45,800	35%	35%	83%
StarVista	$150,000	$52,800	35%	1%	79%
TOTAL	$1,996,250	$649,816	33%		

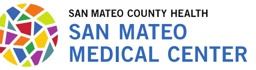
Almost without exception, Q1 performance was as good or better than last year.

Contractor Pt Count | Jan – Mar 2020

Agency	Contracted Service	Target 2020 Undup Pts	Actual 2020 YTD Undup Pts	% YTD 2020	% YTD 2019
Behavioral Health & Recovery Svs	Care Coordination (CC)	180	76	42%	26%
El Centro	CC	100	10	10%	8%
	Motivaitonal Outreach	60 presentations	7 presentations	12%	22%
	Prevention Education	35 presentations	10 presentations	29%	0%
Life Moves	CC	385	82	21%	28%
	Intensive CC	75	50	67%	60%
	Street Medicine	140	28	20%	51%
	SSI/SSDI	40	30	75%	14%
	Eligibility	40	25	63%	14%
	Transportation	450 trips	83 trips	18%	30%
PHPP Mobile Van & Expanded Services	Primary Care (PC)	1,000	204	20%	25%
	PC for formerly incarcerated & homeless	210	77	37%	21%
PHPP- Street & Field Medicine	Primary Care	135	67	50%	44%

Contractor Pt Count | Jan – Mar 2020

Agency	Contracted Service	Target 2020 Undup Pts	Actual 2020 YTD Undup Pts	% YTD 2020	% YTD 2019
Puente de la Costa Sur	CC	180	41	23%	24%
	Intensive CC	20	11	55%	0%
	Health Insurance Assistance	170	77	45%	68%
Ravenswood	Primary Care	700	213	30%	25%
	Dental	275	85	31%	35%
	CC	500	88	18%	28%
Samaritan House / Safe Harbor	Care Coordination (CC)	200	75	38%	36%
	Intensive CC	10	10	100%	0%
Sonrisas Dental	Dental	115	40	35%	41%
StarVista	Adult Outreach & Engagement	150	78	52%	3%
	Adult Therapeutic Services	75	78	104%	0%
	Youth CC	75	5	7%	0%
	Youth Therapeutic Services	25	7	28%	0%
	Transportation	300 trips	40 trips	13%	2%



Challenges | Jan – Mar 2020

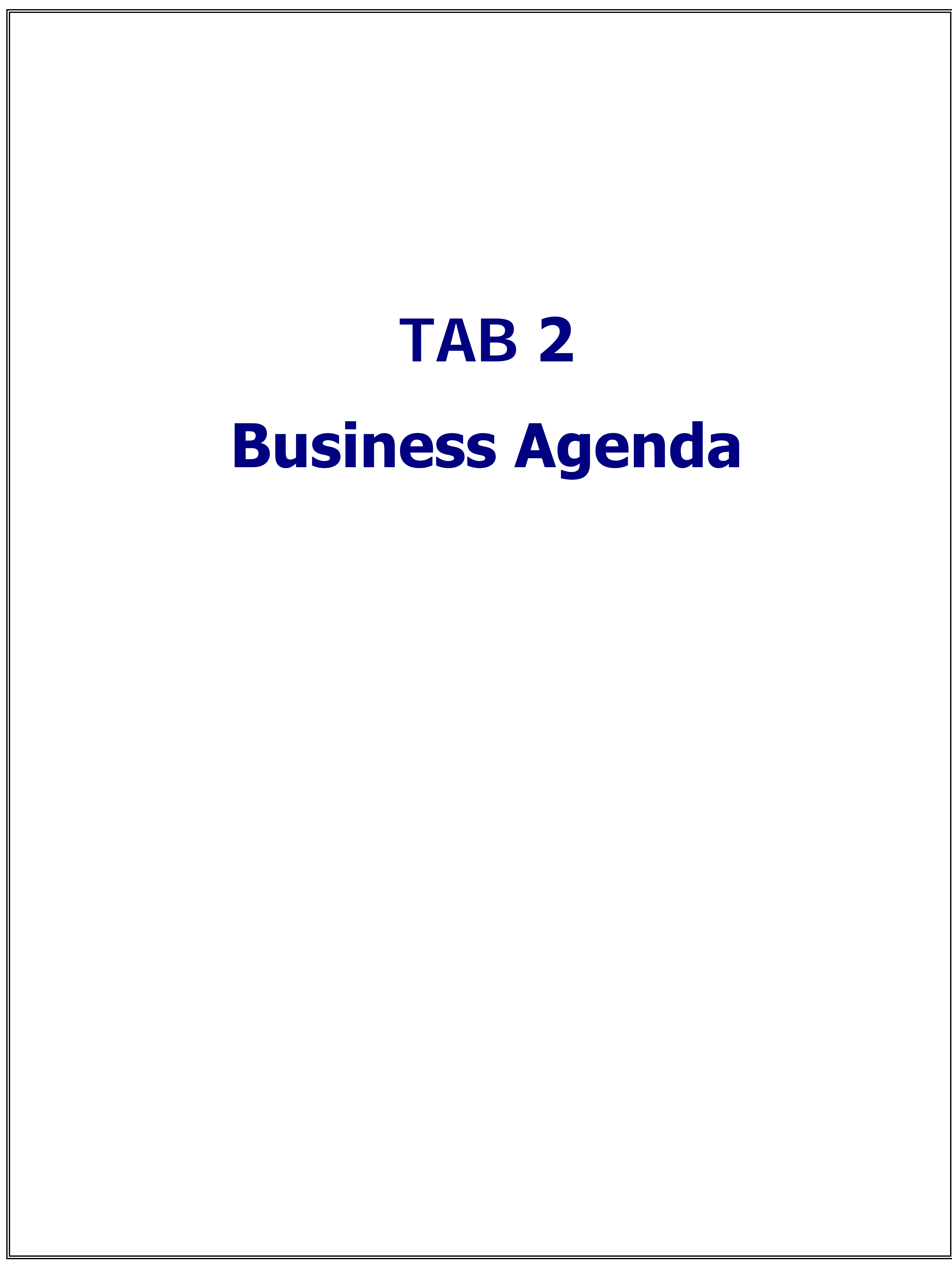
- RFHC:
  - Saturday clinic closed
  - Dental clinic closed except for urgent care visits
  - Mobile team not providing primary care at encampments during COVID/Shelter in Place
- Safe Harbor: Challenges getting doctor signature on forms to complete disability assessments or housing during COVID
- Puente
  - Two staff departures
  - Poor cell service limits ability to conduct telehealth visits during COVID
  - Long HSA call wait times to get medi-cal questions answered

Successes | Jan – Mar 2020

- RFHC: Quickly and effectively communicated COVID safety information to shelters and encampments and distributed masks and meals to homeless individuals
- PHPP: Collaboration with LifeMoves, Puente, HCH/FH and HSA to distribute meals and supplies during COVID
- Sonrisas: Hired a Spanish speaking dental assistant for Pescadero clinic (but unfortunately clinic is closed during COVID)
- StarVista: Youth have been more actively engaged in group and individual therapeutic services during COVID

Looking ahead:

- Q2 update will be provided in August
- Continue monitor COVID impact on contractors and clients
- Contract extensions
- Telehealth (update provided later in the Board meeting)
- 2020 Site Visits TBD



TAB 2

Business Agenda

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

DATE: July 9, 2020

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

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

SUBJECT: REQUEST FOR THE BOARD TO REVIEW AND ACCEPT THE COUNTY OF SAN MATEO 2019 SINGLE AUDIT REPORT

The County of San Mateo Controller's Office sent HCH/FH the 2019 Single Audit Report, which showed no findings.

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

This request is for the Board to review and accept the County of San Mateo 2019 Single Audit Report.

Attachment to be provided separately:

- County of San Mateo 2019 Single Audit Report

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

DATE: July 9, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO SONRISAS CONTRACT

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a contract in place with Sonrisas Dental Health to provide dental services to farmworkers and their dependents in the Pescadero region. Sonrisas is contracted to provide dental services to 115 unique farmworker individuals each calendar year between 2018 – 2020 at a rate of $1,145 per unique individual. Based on prior years' performance between January and June, staff is proposing to amend their contract to provide services to a total of 70 unique farmworker individuals between January 1, 2021 – June 30, 2021. The rate would remain the same. This contract extension will add $80,150 to their contract, bringing the contract total to $500,125 for the period of January 1, 2018 – June 30, 2021.

This request is for the Board to approve the proposed amendment to the Sonrisas Dental Health contract.

Attachments:

- Exhibits A & B for the Sonrisas amendment

Sonrisas Dental Health Inc.

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement. The first reporting period is January 1, 2018 – December 31, 2018. The second reporting period is January 1, 2019 – December 31, 2019. The third reporting period is January 1, 2020 – December 31, 2020. The fourth reporting period is January 1, 2021 – June 30, 2021.

The County of San Mateo, through the Health Care for the Homeless/Farmworker Health (HCH/FH) Program, is contracting with Sonisas Dental Health Inc. (Sonrisas) (Contractor). The term for this Agreement is January 1, 2018 to June 30, 2021. During the Agreement term, Sonrisas shall provide a full range of preventive and restorative dental services, including examinations, prophies, fillings, crowns, prosthetics, x-rays, periodontal deep cleanings and other general dental services as described in Diagnostic and Preventative, and Basic Services below. Sonrisas will provide dental services to:

- At least 115 unduplicated farmworkers or farmworker family members who meet the Bureau of Primary Health Care (BPHC) criteria for migrant or seasonal agricultural workers for a total of 460 dental visits during the first three reporting periods.
- At least 70 unduplicated farmworkers or farmworker family members for a total of 200 dental visits during the fourth reporting period.

A minimum of 15 farmworkers or farmworker family members will be provided with Major Restorative Services as defined below. Referrals for patients requiring more specialized care such as oral surgery, periodontal services, and endodontic care will be coordinated by Sonrisas staff to either private offices or San Francisco dental schools. Coordination may include scheduling, transportation, and interpretation services as needed.

A minimum of 98 of the farmworkers or farmworker family members are to be adults (over the age of 18 at the time services are initiated). A minimum of 104 farmworker or farmworker family members will be from the Pescadero, California area.

Treatment Plan Priorities:

- Alleviate pain
- Restore function
- Prevent further disease
- Consider esthetic results

Diagnostic and Preventative:

- Exam and evaluation
- Routine cleaning
- Digital imaging
- Dental education
- Palliative treatment for dental pain
- Periodontal deep cleaning

Basic Services:

- Composite and amalgam fillings
- Extractions
- Temporary Crowns
- Stainless steel crowns

Major Restorative:
Qualification for removal prosthetics: 1) no teeth, 2) no posterior occlusion, 3) missing front teeth

- **Full Dentures –** If the arch is edentulous or teeth needing extraction will cause the arch to become edentulous
- **Partial Dentures with metal framework –** If three or more teeth are missing in the same posterior quadrant and limited occlusion on the opposing bi-lateral quadrant
- **Acrylic-Base stay plate (Flipper) –** If one to four anterior teeth are missing in the same arch, or if the needing of an extraction will cause them to be missing

Sonrisas will coordinate their effort under this Agreement with Puente de la Costa Sur, the core service agency in Pescadero, California, to outreach and identify farmworkers primarily from the Pescadero area for potential services under this Agreement.

The dental services to be provided by Sonrisas will be implemented as measured by the following objectives and outcome measures.

Objective 1: Provide access to dental health services to at least 115 individuals who qualify as farmworkers or farmworker family members in San Mateo County for a minimum total of 460 visits during each of the first three reporting periods and 70 unduplicated individuals for a total of 200 visits during the fourth reporting period.

Outcome Measure 1.A: Each patient receiving services under this contract will receive a full dental examination, cleaning and a written dental treatment plan.

Outcome Measure 1.B: Each patient will be scheduled for a series of appointments to complete their treatment plan. Sonrisas will schedule patients for services.

Outcome Measure 1.C: Each patient's progress on their dental plan will be tracked, with the goal to make significant progress in their treatment plans. At least 50% of dental patients will complete their treatment plans within the twelve-month period.

Objective 2: Provide routine and comprehensive dental services (diagnostic and preventive, and basic services as outlined above), to at least 115 individual farmworkers or farmworker family members during each of the first three reporting periods and 70 farmworkers or farmworker family members during the fourth reporting period resulting in improved overall health status.

Outcome Measure 2.A: At least 85% of patients will attend their scheduled treatment plan appointments.

Outcome Measure 2.B: At least 85% of patients will have improved oral health

Objective 3: Provide major restorative (as previously outlined). Replace missing teeth with dentures to restore full function and improve self-esteem for a minimum of 15 farmworkers or farmworker family members.

Outcome Measure 3.A: All extractions necessary before denture treatment can begin will occur within three months of the initial visit.

Outcome Measure 3.B: At least 75% of the individuals will complete their denture treatment plan and have dentures delivered within the contract period.

Objective 4: To ensure continuity of care and, if needed, referrals to other health services.

Outcome Measure 4.A: Identify each patient's medical primary care provider during dental evaluations.

Outcome Measure 4.B: Provide referrals to Primary Care services to 95% of patients who do not have a medical primary care provider.

Objective 5: Provide additional services to patients in need.

Outcome Measure 5.A. Document the number of patients receiving deep cleaning with the number of quadrants.

Outcome Measure 5.B. Document the number of root canal, build up and crown services performed during the second reporting period only.

In addition, Sonrisas will provide a Spanish-speaking staff member who has knowledge of medical terminology to serve as an interpreter for Spanish-speaking patients and collect critical health information from farmworker patients.

RESPONSIBILITIES:

Data Reporting
All demographic information as defined by the HCH/FH Program will be obtained from each farmworker or farmworker family member individual receiving dental services from Sonrisas during the reporting period. All encounter information as defined by the HCH/FH Program will be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with a monthly invoice. This may include data for farmworker or farmworker family members for whom the Contractor is not reimbursed. The Contractor will also assess and report each individual's homeless status as defined by Bureau of Primary Health Care.

Reporting requirements: Monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

- A monthly invoice detailing the contract services delivered in the previous month will be submitted to the HCH/FH Program by the 10th day of the following month. Invoices shall be sufficiently detailed to allow for tracking as maybe necessary.
- Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th day of the month following the completion of each calendar quarter throughout the contract.
- If contractor observes routine and/or ongoing problems in accessing medical or dental care services within SMMC, Contractor shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.
- Any revenue received from services provided under any HCH/FH contract must be reported.

Site visits will occur at least annually, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc;

The HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Meetings/activities:

- Participate in planning and quality assurance activities/meetings related to the HCH/FH Program.
- Participate in HCH/FH Provider Collaborative Meetings and other workgroups.
- Participate in County and community activities that address farmworker issues.
- Provide active involvement in the Bureau of Primary Health Care (BPHC) Office of Performance Review Process.

All Health Resources & Services Administration (HRSA) / BPHC reporting requirements as may be designated. If Contractor charges patients for contract services, a sliding fee scale policy must be in place, and must be submitted to the HCH/FH Program for review.

When disclosing funding sources and/or reporting on activities funded covered under this contract, Sonrisas shall acknowledge that activities are supported by an agreement with the San Mateo County HCH/FH program, utilizing funds from HRSA under the Health Center Program authorized under Section 330 of the Public Health Act.

Contractor agrees to provide evidence that its Credentialing and Privileging policies and procedures are in compliance with BPHC requirements and to make any reasonable adjustments to such policies and procedures needed to bring such policies and procedures into compliance.

Contractor will report any breach of client protected health information to County as soon as it is known to have occurred.

Contractor agrees to provide evidence that demonstrates compliance requirements pursuant to the HRSA Health Center Program.

The following are the contracted reporting requirements that the HCH/FH Program must fulfill:

- Monitor Sonrisas's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
- Review, process and monitor monthly invoices.
- Review quarterly reports to assure that goals and objectives are being met.
- Perform at least one (1) site visit during the contract year to assess program operations, review data collection and case files and validate program submissions.
- Provide technical assistance to Contractor on the HCH/FH Program, or in support of this contract, as needed.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor at a rate of $1,145.00 for each unduplicated farmworker or farmworker family member invoiced for contract services (excluding root canals, build ups and crowns) during each reporting period, up to the maximum of 115 unduplicated individuals in the first three reporting periods and 70 in the fourth reporting period, and limited as defined in Exhibit A for "unique unduplicated," age, location and service level.

County shall pay Contractor at a rate of $2,095.00 for each unduplicated farmworker or farmworker family member invoiced before December 10, 2019 for a root canal, build up and crown service during the second reporting period, up to the maximum of 10 unduplicated individuals, and limited as defined in Exhibit A for "unique unduplicated," age, location and service level. If a patient is unable to follow through with the entirety of the recommended treatment for a tooth (root canal, build up and crown), Sonrisas Dental Health may invoice for the portion of the treatment completed in thirds, i.e. $698.33 for each portion.

County shall pay Contractor at a rate of $250 per day for interpreter services, up to a maximum of 16 days during the second reporting period of 2019. Sonrisas will provide a Spanish-speaking staff member who has knowledge of medical terminology to serve as an interpreter for Spanish-speaking patients and collect critical health information from farmworker patients.

Contractor will invoice the HCH/FH Program by the 10th day of the month after rendered services with the number of farmworker individuals and encounters for the previous month.

The term of this Agreement is January 1, 2018 through June 30, 2021. Maximum payment for services provided under this Agreement will not exceed FIVE HUNDRED THOUSAND ONE HUNDRED TWENTY-FIVE DOLLARS ($500,125).

2018 Reporting Period: January 1 – December 31, 2018

Service	Maximum Unit	Payment per Unit	Max Total
Dental Services (excluding root canals, build ups and crowns)	115 unduplicated patients	$1,145	**$131,675**

2019 Reporting Period: January 1 – December 31, 2019

Service	Maximum Unit	Payment per Unit	Max Total
Dental Services (excluding root canals, build ups and crowns)	115 unduplicated patients	$1,145	$131,675
Root canals, build ups and crowns (can be invoiced in addition to Dental Services)	10 unique patients for complete treatment or the portion of treatment completed	$2,095 per complete treatment or $698.33 per each of three (3) portions	$20,950
Interpretation services	16 days	$250	$4,000
		TOTAL	**$156,625**

2020 Reporting Period: January 1 – December 31, 2020

Service	Maximum Unit	Payment per Unit	Max Total
Dental Services (excluding root canals, build ups and crowns)	115 unduplicated patients	$1,145	**$131,675**

2021 Reporting Period: January 1 – June 30, 2021

Service	Maximum Unit	Payment per Unit	Max Total
Dental Services (excluding root canals, build ups and crowns)	70 unduplicated patients	$1,145	**$80,150**

TAB 3

Reporting Agenda

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

DATE: July 9th, 2020

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

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

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee had a virtual meeting on June 25th, 2020.

- New members of the committee received an overview of the QI Committee, summary of clinical quality measures, required reporting, and past and present QI projects.
- 2020 QI Annual Plan
    - Committee members reviewed UDS 2019 data, FY20 Q2 clinical data, 2019 Needs Assessment cancer prevalence data, and 2019 clinical quality measures stratified by farmworker status, homeless status, and homeless status sub-categories.
    - Clinical quality measures and projects of focus for the 2020 Annual Plan were discussed. HCH/FH Staff will draft the plan and have Committee Members provide edits prior to submission to board approval.

Overview of QI/QA Committee

- Historically, HCH/FH had limited capacity (3 FTE, 0.25 Medical Director)
- Expanded capacity with new program staff
- Committee began with contracted staff, expanded to mix of external CBO staff and internal SMMC staff

2017-2018 QI Calendar

Approval of QI Plan Outcome Measures by HCH/FH Program Co-Applicant Board
Enabling services contractors begin to collect patient referral list
1st Quarter data evaluation and report to HCH/FH Program Co-Applicant Board

2018-2019 QI Calendar

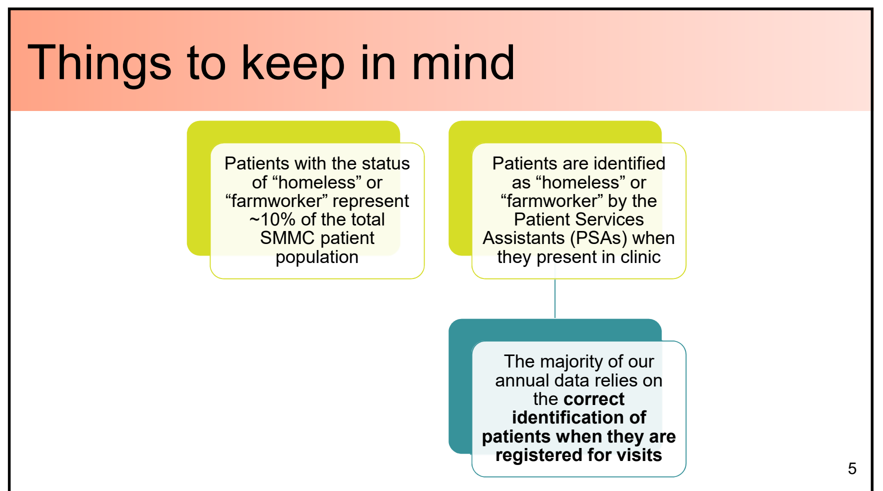
Approval of QI Plan Outcome Measures by HCH/FH Program Co-Applicant Board
Approval of QI Plan Patient Satisfaction Survey by HCH/FH Program Co-Applicant Board
Evaluation of QI Plan Outcome Measure 1
UDS Report completion (no work on QI plan)
Begin Planning for Needs Assessment
Review/approve Credentialing and Priviledging Policies
Needs Assessment Survey and Focus Groups

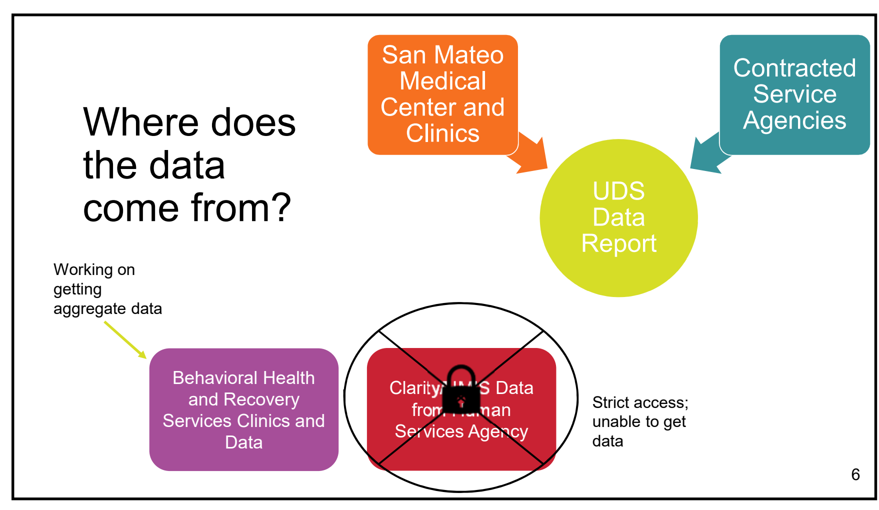
3

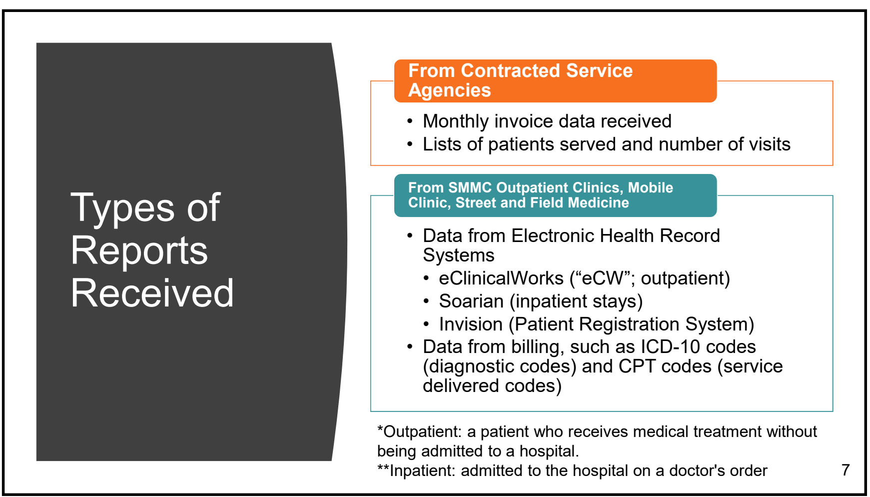
QI Committee Responsibilities (Annual Calendar)

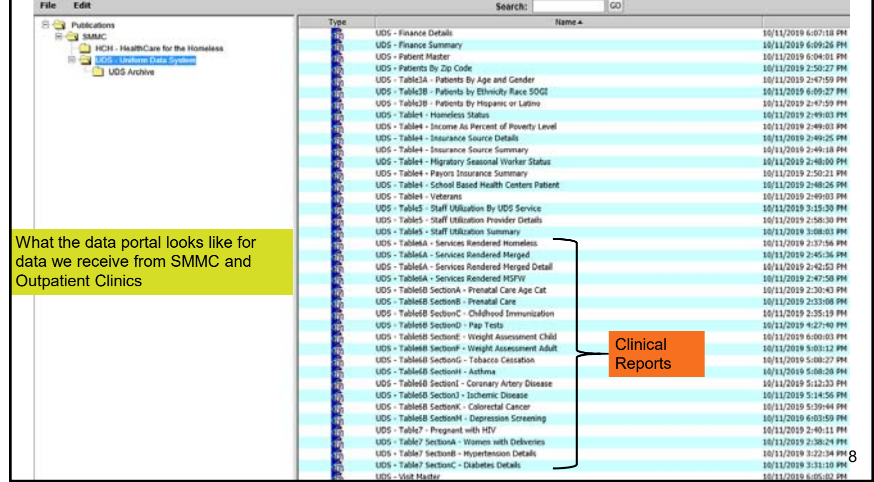
EVENT	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
HCH/FH QI Committee Meetings	X				X			X			X		
Approval of QI Plan by HCH/FH Program Co-Applicant Board			X										
FY20 Patient Satisfaction Survey					X	X	X						
UDS Report								X	Final Report FY20				
Review/approve Credentialing and Privileging Policies					X								
Evaluation of Selected CQMs	Review Q2				Review Q3			Review 2019 Data					
FY19 HCH/FH Program Needs Assessment	Finalize Report												
FY20-21 QI Annual Plan Amendments	X												

4


Things to keep in mind
Patients with the status of “homeless” or “farmworker” represent ~10% of the total SMMC patient population
Patients are identified as “homeless” or “farmworker” by the Patient Services Assistants (PSAs) when they present in clinic
The majority of our annual data relies on the correct identification of patients when they are registered for visits
5


Where does the data come from?
San Mateo Medical Center and Clinics
Contracted Service Agencies
UDS Data Report
Working on getting aggregate data
Behavioral Health and Recovery Services Clinics and Data
Clarity/HMIS Data from Human Services Agency
Strict access; unable to get data
6


Types of Reports Received
From Contracted Service Agencies
Monthly invoice data received
Lists of patients served and number of visits
From SMMC Outpatient Clinics, Mobile Clinic, Street and Field Medicine
Data from Electronic Health Record Systems
eClinicalWorks (“eCW”; outpatient)
Soarian (inpatient stays)
Invision (Patient Registration System)
Data from billing, such as ICD-10 codes (diagnostic codes) and CPT codes (service delivered codes)
*Outpatient: a patient who receives medical treatment without being admitted to a hospital.
**Inpatient: admitted to the hospital on a doctor's order
7


What the data portal looks like for data we receive from SMMC and Outpatient Clinics
Clinical Reports
8

What "Counts"?

Visits

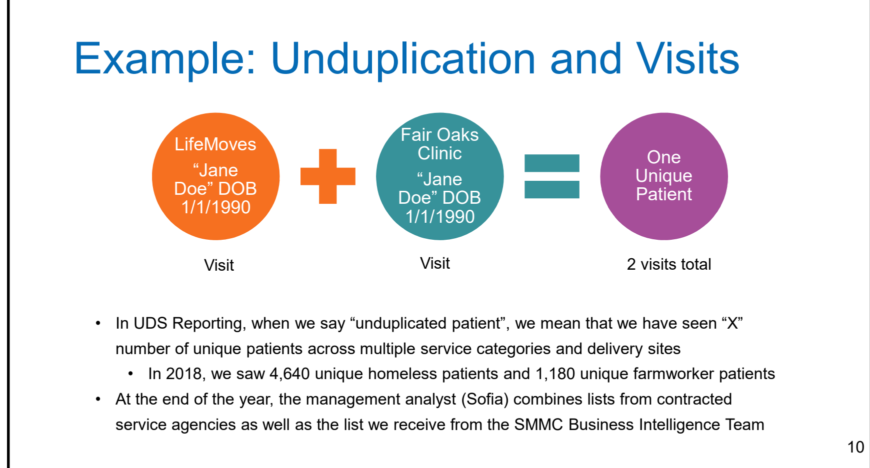
- Clinic Visits are documented face-to-face visits with a provider who exercises independent, professional judgement in the provision of services to the patient
- Count one visit per patient
- Per visit type per day
- Per provider per day
- Per provider type per day

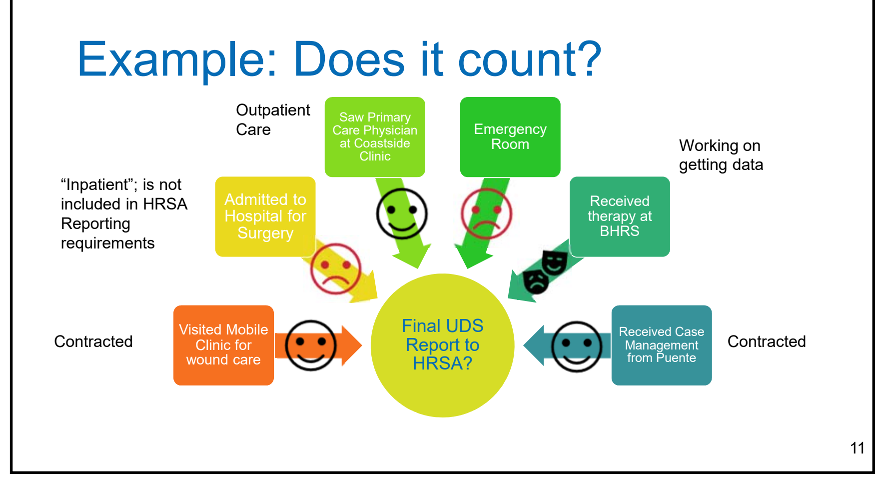
Patients

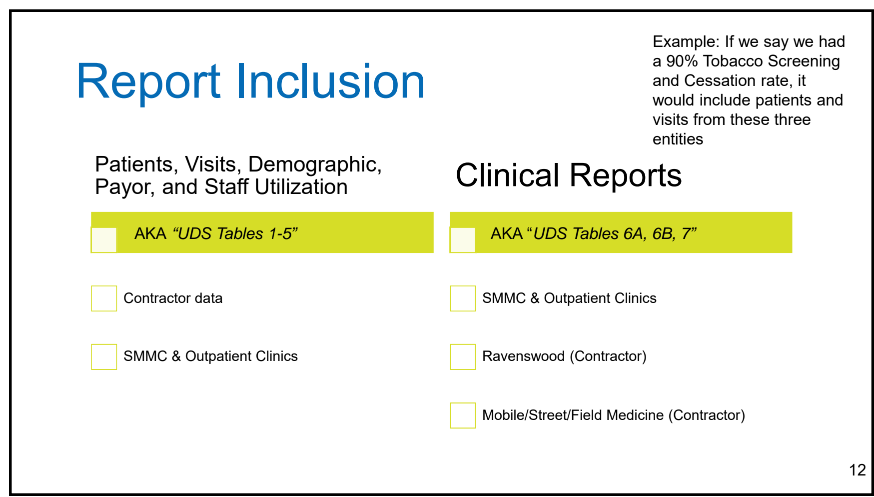
- Patients are unduplicated, meaning they are only counted once per calendar year.
- Unique patients can appear in multiple service categories

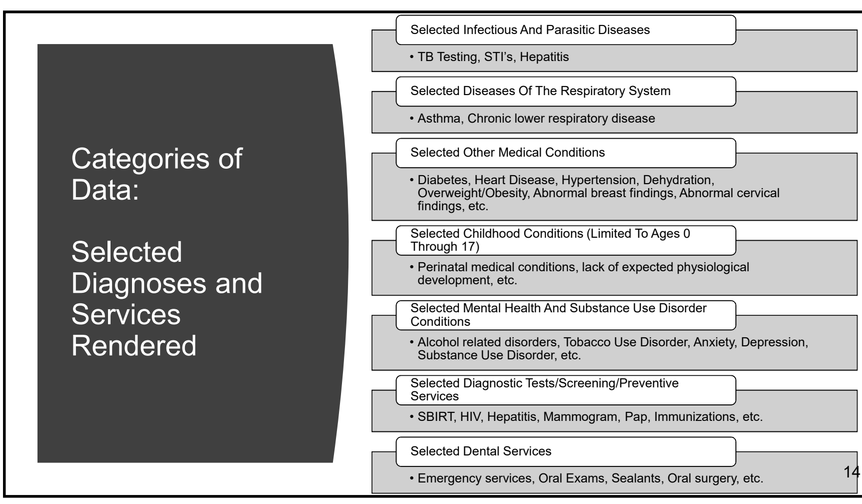
Only outpatient visits are counted; Emergency Room or Inpatient visits are not included in HRSA reporting requirements.

9









UDS 2019: Things to note

- **All clinical measures reported the universe of patients**
  - Historically, low performing clinical measures were chart reviewed. This boosted rates of success because required follow-up is not always documented in structured fields
  - Base QI Award eligibility requires health centers to report out on universe of patients; HCH/FH should receive some award for UDS 2019

15

Each Clinical Measure has a unique criteria

Example: Diabetes Report Criteria

- All Unduplicated Patients
- Born between 1944 and 2001 (Age 18 and 75 at the end of Reporting Year)
- Had 1 or more Medical visits during the Reporting Year
- Had a visit with diagnosis of Diabetes Melitus during Reporting Year
- Had at a least one HbA1C value recorded in the Reporting Year
- Exclusions: Patients diagnosed with Polycystic Ovaries, Gestational Diabetes and Steroid-Induced Diabetes during the Reporting Year

16

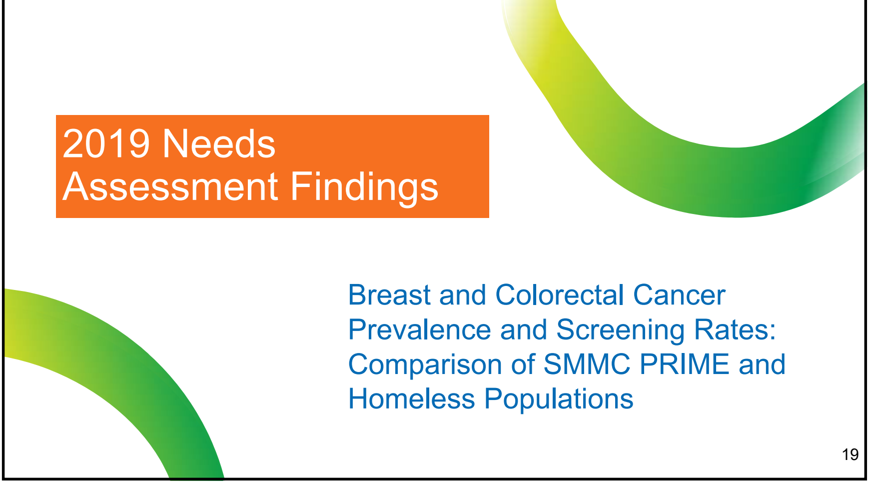
6B & 7 Clinical Tables

UDS Outcome Measures	2012	2013	2014	2015	2016	2017	2018	2019
Childhood IZs Completed by Age 2-3 (90%)	74%	87%	88%	86%	80%	66%	54%	**64%**
Pap Test in Last 3 Years (70%)	86%	67%	57%	64%	60%	63%	*59%	**54%**
Child & Adolescent BMI & Counseling (85%)	47%	83%	80%	74%	*57%	*59%	*58%	**57%**
Adult BMI & Follow-up Plan (75%)	31%	66%	44%	50%	29%	43%	*33%	**27%**
Tobacco Use Queried (96%)	80%	96%	77%	* 92%	*86%	*78%	*87%	**89%**
Tobacco Cessation Offered (96%)	90%	90%						
Treatment for Persistent Asthma (100%)	88%	100%	100%	100%	99%	*90%	*89%	**100%**
Lipid Therapy in CAD Patients (96%) Replaced by Statin Therapy in 2019	96%	96%	90%	*80%	*74%	*81%	*73%	**74%**
Aspirin Therapy in IVD Patients (96%)	99%	96%	98%	*89%	*84%	*86%	*85%	**86%**
Colorectal Screening Performed (60%)	40%	54%	34%	*49%	*48%	*57%	*54%	**58%**
Babies with Normal Birth Weight (95%) (all babies delivered)	87%	94%	99%	92%	97%	98%	92%	**89%**
Hypertension Controlled <140/90 (80%)	60%	80%	64%	61%	*53%	*63%	64%	**63%**
Diabetes Controlled <9 HgbA1C (75%)	71%	74%	49%	*69%	*54%	*72%	*71%	**67%**
First Trimester Prenatal Care (80%)	71%	75%	84%	89%	65%	49%	44%	**60%**
Depression Screening and Follow-up			8.6%	27%	37%	41%	27%	**22%**

UDS Outcome Measures	HCH/FH Program 2019	330-Progs CA 2018	Healthy People 2020 Goals	Adjusted Quartile Ranking 2018
Childhood Immunizations Complete by Age 2-3	**64%**	39.21%	80%	1
Pap Test in Last 3 Years	**54%**	60.59%	93%	1
Child & Adolescent BMI & Counseling	**57%**	69.86%	57.7 (BMI)/15.2% for all patients	3
Adult BMI & Follow-up Plan	**27%**	71.78%	53.6% (BMI)/31.8% (obese adults)	4
Tobacco Use Queried	**89%**	89.84%	69%	2
Treatment for Persistent Asthma	**100%**	86.06%	Diff measures	3
Statin Therapy	**74%**	NEW	Diff measures	NEW
Aspirin Therapy in Ischemic Vascular Disease Patients	**86%**	80.88%	Diff measures	2
Colorectal Screening Performed	**58%**	45.73%	Diff measures	1
Babies with Normal Birth Weight (all babies)	**89%**	93.33%	92%	3
Hypertension Controlled (<140/90)	**63%**	65.63%	61%	2
Diabetes Controlled (<9 HgbA1c)	**67%**	65%	85%	1
First Trimester Prenatal Care	**60%**	78.04%	78%	4
Depression Screening and F/U	**22%**	69.37%	Diff measures	4

- ‘330 Programs in CA’ comparison and the ‘Adjusted Quartile Ranking 2018’ represent **a different reporting year than HCH/FH Program 2019**
  - Quartile rankings will change for 2019
- Healthy People 2020 Goals may change in the next year (Healthy People 2030)

18



Methodology

- Joint effort between HCH/FH and SMMC Population Health
- Time Period: Calendar Year 2018
- 2018 Data sources:
  - SMMC Encounter Data
  - SMMC Claims Data from HPSM
  - HCH/FH 2018 UDS Report

20

All Cancer Prevalence - 2018

For Total Population	SMMC PRIME	SMMC Homeless
Total Population (N)	49,781	3,382
# with Any Cancer Diagnosis	360	81
Prevalence Rate per 100K (Any Cancer Diagnosis)	**723**	**2,395**

*** 3x Higher Prevalence in SMMC Homeless Population**

For Female Population	SMMC PRIME	SMMC Homeless
Total Female Population (N)	22,557	1,328
# Female with Any Cancer Diagnosis	168	39
Prevalence Rate per 100K (Female, Any Cancer Diagnosis)	**745**	**2,936**

*** 3.9x Higher Prevalence in SMMC Homeless Population**

21

Breast Cancer: Prevalence and Screening Rates - 2018

Breast Cancer Prevalence	SMMC PRIME	SMMC Homeless
Total Female Population (N)	22,557	1,328
# Female with Breast Cancer Diagnosis	81	29
Prevalence Rate per 100K (Female, Breast Cancer Diagnosis)	**359**	**2,183**

*** 6x Higher Prevalence in SMMC Homeless Population**

Breast Cancer Screening: Female, Age 50-74 years	SMMC PRIME	SMMC Homeless
Total Female Population, Age 50-74 years (N)	5,684	625
# with Mammogram in 2018	4,303	263
Breast Cancer Screening Rate in 2018 (%)	**75.7**	**42.1**

*** 1.8x Higher Breast Cancer Screening Rate in SMMC PRIME Population**

22

Colorectal Cancer: Prevalence and Screening Rates - 2018

Colorectal Cancer Prevalence	SMMC PRIME	SMMC Homeless
Total Population (N)	49,781	3,382
# with Colorectal Cancer Diagnosis	36	7
Prevalence Rate per 100K (Colorectal Cancer Diagnosis)	**72**	**207**

*** 2.9x Higher Prevalence in SMMC Homeless Population**

Colorectal Cancer Screening: Age 51-75 years	SMMC PRIME	SMMC Homeless
Total Population, Age 51-75 years (N)	8,230	1,549
# with FIT, Sigmoidoscopy, or Colonoscopy in 2018	4,974	374
Colorectal Cancer Screening Rate in 2018 (%)	**60.4**	**24.1**

*** 2.5x Higher Colorectal Cancer Screening Rate in SMMC PRIME Population**

23

Breast Cancer Prevalence and Screening Rates in Homeless Women: What does it mean?

- Of 57 patients coded with
    - Malignant neoplasm of unspecified site of right female breast
    - Malignant neoplasm of unspecified site of female breast
    - Malignant neoplasm of unspecified site of left female breast
  - 56 had a homeless status of “Doubling Up”, 1 was “Other”
- Age
  - Range: 35 to 87
  - Average: 58
  - Median: 58

24

Did we meet our 2019 Annual Plan goals?

- **Cervical Cancer Screening**
  - Goal: Improve the percentage of women ages 21 to 68 with a medical visit who are screened for cervical cancer in 2019 by 5%.
- **Diabetes**
  - Goal: Reduce the percentage of known diabetic patients ages 18 to 75 with a medical visit who had HbA1c > 9.0% in 2019 by 5%.
- **Prenatal Care in the First Trimester**
  - Goal: Improve the percentage of prenatal care patients who enter prenatal care during their first trimester in 2019 by 5%.
- **Depression Screening and Follow-up**
  - Goal: Improve the percentage of patients ages 12 and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool, and, if screening is positive, for whom a follow-up plan is documented on the date of the positive screen in 2019 by 5%.

25

QI/QA Annual Plan 2019

Clinical Measures of Focus	2018	2019
Cervical Cancer Screening	59%	54%
Diabetes (A1c <9%)	71%	67%
Prenatal Care 1st Trimester	44%	60%
Depression Screening and Follow-up	27%	22%

Prenatal care
- Report still needs to be improved

Depression Screening and Follow-up
- Historically, this measure has been chart reviewed; this year we reported out on the universe of patients; resulted in reduction

26

Rationale for choosing these goals for 2019 QI/QA

- Cervical Cancer Screening: Shelter and Street homeless are a disparity groups
- Diabetes: Shelter and Other are disparity groups
- Depression Screening: Farmworker extreme disparity group (1.9% success rate in Q3); Homeless success rate 18.9%, Street and transitional disparity groups
- Prenatal Care: investigating internal processes to improve measure — Success rate has been decreasing since 2015 (89% to 44% in 2018)

27

Homeless outcome measures by sub category.

UDS Outcome Measures	HCH/FH Program Farmworkers	SMMC PRIME/QIP*	HCH/FH Program Homeless	Doubling Up	Shelter	Other	Street	Transitional
Pap Test in Last 3 Years	79%	66.10%	46%	65%	23%	54%	37%	39%
Tobacco Use Queried	93%	95.50%	89%	95%	84%	85%	82%	92%
Aspirin Therapy in Ischemic Vascular Disease Patients	83%	94.60%	86%	90%	88%	73%	80%	77%
Hypertension Controlled (<140/90)	64%	78.10%	63%	68%	58%	57%	60%	63%
Diabetes Controlled (<9 HgbA1c)	73%	75.70%	66%	75%	50%	60%	63%	60%
Depression Screening and F/U	2%	55.90%	22%	33%	14%	24%	19%	12%
Time period: Jan-Dec 2019	*Slightly different time period and population; Feb 2019-Jan 2020; PRIME patients more engaged in care							

28

QI Projects 2019: Year in Review

Diabetes Action Plan
- Diabetes Action Plan cleared by HRSA
  - Reporting no longer required
- For POC HbA1c test cohort on PHPP Mobile Health Clinic:
  - At baseline, 46% of patients had HbA1c > 9%
  - 42% of patients with follow-up HbA1c showed improvement
- Need to develop further relationships and processes with SMMC for addressing components #2 and #3

2018 UDS Patient Profile
- Overview of the 2018 UDS Patient Profile which included data on when visits were (time, day, month), where visits were (#patients per clinic, # visits per clinic, #visits/patient/clinic), and analysis of current efforts for the selected QI clinical measures

SUD Patient Education Materials
- Worked in collaboration with BHRS, AOD, IMAT, and IBHS to develop tailored substance use treatment education materials
- Distributed internally and to external organizations; available on BHRS website
- Unable to connect with the ACCESS Call Center to discuss any increase in # of calls and referral processes to treatment

QI Projects 2019: Year in Review

Trainings
- Total of 4 trainings coordinated by the HCH/FH Program
  - Diabetes Medication Management for Homeless and Farmworkers
  - Trauma Informed Care: Self Care Strategies (2 sessions)
  - Outreach Workshop for Special Populations

Prioritization of Homeless patients at SMMC Clinics
- Currently, if patient identifies themselves as homeless when calling New Patient Connection Center, they will be given their first appointment to establish care within 2-4 weeks [expedited]
- Will be included as part of the standard of work to ensure longevity of prioritization

QI Award 2020
- Assessed reasons for ineligibility for QI Award in 2019; improvement of internal reporting processes to ensure award in 2020

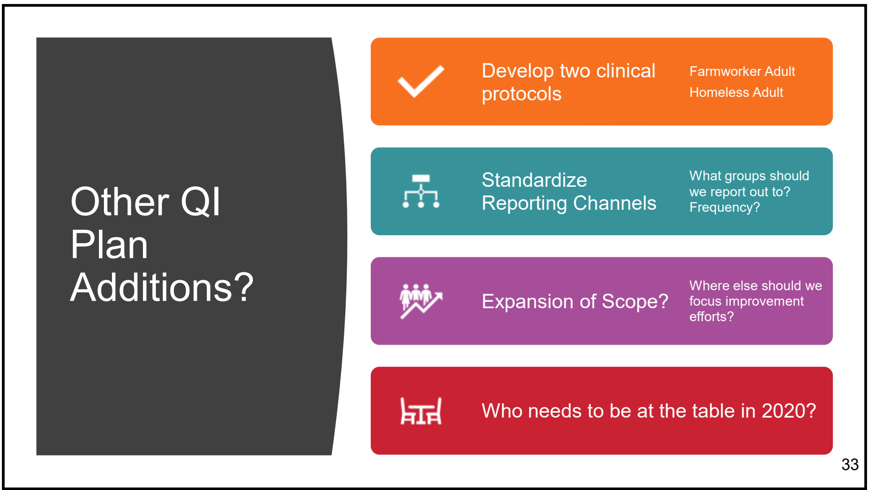
QI Projects: Past and Present

Past
- Diabetes POC A1c Machine on Mobile Clinic
- Enabling Services Evaluation: Case Management to Primary Care Visits

Present
- Telehealth Stations Pilot
- PSA Training Module to improve data quality

QI/QA Annual Plan 2020

Suggested Measures of Focus (From February 2020 Meeting)
- Preventative Care and Screening: Adult BMI Screening and Follow-up Plan
  - Follow-up Plan when BMI is outside normal parameters
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Depression Screening and Follow-up
- Diabetes A1c >9%
- Prenatal Care in the 1st Trimester



Other QI Plan Additions?
Develop two clinical protocols
Farmworker Adult
Homeless Adult
Standardize Reporting Channels
What groups should we report out to? Frequency?
Expansion of Scope?
Where else should we focus improvement efforts?
Who needs to be at the table in 2020?
33

Clinical Quality Measures (CQM)	**FY19 Q2**	**FY20 Q2**
Cervical Cancer Screening	58%	**53.4%**
Diabetes (A1c <9%)	60%	**53.3%**
Depression Screening & Follow-up	14%	**20.9%**
Hypertension	64.5%	**29.7%**
Child Weight Assessment	43%	**21.9%**
Adult Weight Assessment	25%	**23.2%**
Colorectal Cancer Screening	54%	**44.8%**
Tobacco Use and Cessation	89%	**89.3%**
Coronary Artery Disease (CAD): Lipid Therapy	75%	**80.7%**

Table shows rates for Homeless and Farmworker patients combined.

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

DATE: July 09, 2020

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

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary expenditure numbers for June 2020 show a total expenditure of $180,394, of which $175,630 is claimable against the grant. There are additional expenditures for county cost items that had not been posted at the time the organizational account report was run. Contract expenditures include all of those known through and for June as of when this report was produced.

Because of the COVID health emergency, projections for the year are preliminary and will likely stay that way for some time. Nonetheless, at this point we estimate that base grant expenditures will be $2,896,162. While our current base grant award for 2020 is $2,625,049, we anticipate being able to carryover $166,213 of unexpended 2019 funds based on HRSA's new carryover policy (although there is some risk that it might not happen), which ultimately provides us with a projected under-expended balance of **$37,600** for the 2020 Grant Year (GY). The projections do estimate around a 96% - 97% expenditure rate on our contracts, which is higher than has occurred in recent history. Most of the non-contractual under expenditure can be attributed to lower salary and benefit expenditures through having a position unfilled for a period of time.

As we know, the HCH/FH Program has received multiple awards for support for the COVID-19 crisis. Each of the awards has been issued as separate and unique items which will require complete separate accounting for expenditures against those awards. As we get further into the experience with COVID and the awards, we will be adding those expenditures to this report.

Attachment:

- GY 2020 Summary Grant Expenditure Report Through 06/30/20

GRANT YEAR 2020

Details for budget estimates	Budgeted [SF-424]	*June $$*	To Date (03/30/20)	Projection for final adds	*allocated to SUD-MH or IBHS*	Projected for GY 2021
EXPENDITURES						
Salaries						
Director, Program Coordinator						
Management Analyst ,Medical Director						
new position, misc. OT, other, etc.						
	601,000	*45,376*	307,781	590,000		631,050
Benefits						
Director, Program Coordinator						
Management Analyst ,Medical Director						
new position, misc. OT, other, etc.						
	160,000	*9,390*	79,123	154,000		171,990
Travel						
National Conferences (2500*8)	16,000		2,529	2,529		25,000
Regional Conferences (1000*5)	5,000		8,671	8,671		5,000
Local Travel	1,500			1,000		1,500
Taxis	1,000	*41*	789	1,500		1,000
Van & vehicle usage	1,000		314	1,000		2,000
	24,500		12,303	14,700		34,500
Supplies						
Office Supplies, misc.	10,000		4,999	15,000		12,000
Small Funding Requests		*9,473*	46,990	47,000		
	10,000		51,989	62,000		12,000
Contractual						
2019 Contracts			54,817	54,817		
2019 MOUs			33,145	33,145		
Current 2020 MOUs	822,000		368,975	800,000		872,000
Current 2020 contracts	1,033,250	*98,225*	523,387	990,000		1,034,000
ES contracts (SUD-MH & IBHS)	150,000	*8,500*	95,050	142,500	*142,500*	150,000
---unallocated---/other contracts						
	2,005,250		1,075,374	2,020,462		2,056,000
Other						
Consultants/grant writer	30,000		3,594	20,000		30,000
IT/Telcom	10,000	*2,003*	8,976	25,000		20,000
New Automation				0		-
Memberships	2,500	*500*	500	2,500		5,000
Training	3,000	*2,122*	3,499	7,000		10,000
Misc	500			500		500
	46,000		16,569	55,000		65,500
TOTAL	2,846,750	*175,630*	1,543,139	2,896,162	*142,500*	2,971,040
GRANT REVENUE						
Available Base Grant	2,625,049			2,625,049		2,625,049
Carryover	132,709			166,213		167,000 IBHS
Available Expanded Services Awards **	317,000			317,000		
HCH/FH PROGRAM TOTAL	3,074,758			3,108,262		2,792,049
BALANCE	**228,008**		**PROJECTED AVAILABLE**	**212,100**		**(178,991)**
	(88,992)		**BASE GRANT PROJECTED AVAILABLE**	**37,600**		based on est. grant of $2,678,621 before reduction

** includes $150,000 of SUD-MH (allocated) & $167,000 for IBHS not yet allocated

Total special allocation required $ 138,446

Non-Grant Expenditures	Budgeted	This month	To date	Projected		Next year
Salary Overage	12500	*1442*	8,652	12,498		13,750
Health Coverage	57000	*3322*	23,092	47,256		57,000
base grant prep	-					0
food	2500		300	2,500		1,500
incentives/gift cards	1,000			1,000		1,500
	73,000	*4,764*	32,044	63,254		73,750
TOTAL EXPENDITURES	**2,919,750**	*180,394*	**1,575,183**	**2,959,416**	**NEXT YEAR**	**3,044,790**
	BUDGETED	*This month*	**TO DATE**	**PROJECTED**		
COVID Expenditures		*9473*	9473			

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

DATE: July 09, 2020

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 June 11, 2020 Co-Applicant Board meeting:

As would be expected, the HCH/FH Program has continued to be primarily focused on the coronavirus pandemic and its impact on the homeless and farmworker populations in San Mateo County. While at the time of the June meeting, there appeared to be some progress toward "re-opening" the economy, recent trends in cases has slowed that to some extent locally. Nationally, the situation is much more dire, as a number of states are reaching their capacity of hospital beds.

Much of the Program's activities for the past month are captured in the COVID update elsewhere on today's agenda.

With the focus on the Health Emergency, HRSA has continued its suspension of many routine activities such as site visits, etc. We have been informed that Business Period Renewal (the annual filings between competitive awards) instructions should be released around July 15th, and we will have approximately 60 days to complete and submit our BPR. This Business Period Renewal/Non-Competing Continuation (BPR/NCC) normally is very extensive, similarly to the Service Area Competition (SAC) application. HRSA has indicated that they were planning opn simplifying the process for this year in light of the pandemic.

The Program has opened discussions with SMMC on providing some support to allow the retail pharmacy at the main campus to continue to provide services for our populations.

While some restrictions have been lifted related to Shelter in Place (SiP) and Work From Home (WFH), the County is currently still encouraging those that can to continue to WFH. At this point, all HCH/FH staff continue to WFH, only going to the office on occasion.

Seven Day Update

ATTACHED:

- Program Calendar

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

2020 Calendar (*Revised July 2020*)

EVENT	DATE	NOTES
• **Board Meeting (July 9, 2020 from 9:00 a.m. to 11:00 a.m.)** • **County of San Mateo Audit approval** • Provider Collaborative meeting	July	
• **Board Meeting (August 13, 2020 from 9:00 a.m. to 11:00 a.m.)** • **Approve Program Budget and Non-Competing Continuation Renewal** • **Approve Services/Sites: Form 5A, 5B, 5C** • Contractor Report - Quarter 2	August	
• **Board Meeting (September 10, 2020 from 9:00 a.m. to 11:00 a.m.)**	September	
• **Board Meeting (October 8, 2020 from 9:00 a.m. to 11:00 a.m.)** • Annual Conflict of Interest Statements	October	
• **Board Meeting (November 12, 2020 from 9:00 a.m. to 11:00 a.m.)** • Contractor Report - Quarter 3	November	
• **Board Meeting (December 10, 2020 from 9:00 a.m. to 11:00 a.m.)**	December	

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

TAB 4
Presentations & Discussion

San Mateo County Health Care for the Homeless and Farmworker Health Program

2019 Needs Assessment

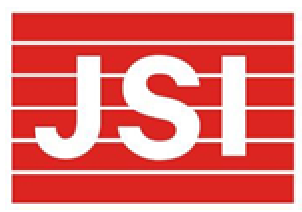


TABLE OF CONTENTS

Executive Summary 2

Introduction 3

Methodology 4

Survey 4

Literature Review 4

Farmworkers 5

Background 5

Health Survey for Farmworkers and Their Dependents 5

Agriculture in San Mateo County 7

Immigration 9

HCH/FH Program 10

Health Care Utilization 11

Farmworker Health metrics 15

SMMC Outpatient Visits 16

Factors Impacting Farmworker Health and Access to Care 20

Farmworker Survey Limitations 33

People Experiencing Homelessness 34

Background 34

Health Survey for People Experiencing Homelessness 35

Homelessness and Health 37

Homelessness in San Mateo County 37

Access to Care and Services 47

Barriers to Care 47

Homeless Survey Limitations 49

References 50

Appendices 54

EXECUTIVE SUMMARY

INTRODUCTION

The San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program is a county program that is federally funded by the Health Resources and Services Administration (HRSA) through the Public Health Act. The Public Health Act supports over 1,300 Community Health Centers, Health Care for the Homeless Programs, Migrant/Farmworker Health Programs, and Public Housing Health Centers around the country. These programs support the availability and delivery of health services for their populations and focus on primary care, dental care, behavioral health, and supportive services in the outpatient setting. HCH/FH is the only known program in the United States which is both a Health Care for the Homeless Center and a Migrant Health Center.

The HCH/FH Program complies with all HRSA regulations and grant requirements, therefore providing for all San Mateo County Health outpatient clinics to be considered Federally Qualified Health Centers (FQHC) and receive higher Medi-Cal and Medi-Care reimbursement rates. Persons experiencing homelessness and/or farmworkers living in San Mateo County can access primary health care regardless of their ability to pay. For the purposes of this report, collectively all outpatient clinics are referred to as the San Mateo Medical Center (SMMC) unless specifically named. See Appendix E for a full list of outpatient clinics.

In 2019, HCH/FH received its grant award for the 2020-2022 cycle, with a first-year award of $2.6 million to address gaps in the health system. As is discussed throughout this report, farmworker and homeless populations have complex health issues and face significant barriers to accessing care. To help address these gaps, HCH/FH contracts with community-based organizations for clinical and supportive services and provides funding towards County Health programs such as the Mobile Clinic and Field/Street Medicine teams. See Appendix D for a full list of contractors.

The HCH/FH Program is governed jointly by the San Mateo County Board of Supervisors and an independent Board which is composed of community members who live in San Mateo County and are not employed by San Mateo County Health. The Board decides how grant funds are spent and is responsible for ensuring compliance with HRSA's regulations and grant requirements.

As part of its effort to improve access to, delivery of, and quality of health care for these populations, HCH/FH conducts a needs assessment biennially. This includes administration of a health needs and health utilization survey among homeless and farmworker residents to gather information on how these populations access care, the kind of care and services they need, and potential barriers to services.

This report – the 2019 needs assessment – also includes a literature review to build on and integrate findings from previous research and assessments conducted in San Mateo County and provide additional context to survey results. The full surveys and complete data tables can be found in the Appendices. The development of this needs assessment was supported by John Snow, Inc. (JSI), and

will be used to inform decisions on health care planning and delivery for HCH/FH for the coming years, including the development of HCH/FH's 2020-2023 Strategic Plan.

METHODOLOGY

This needs assessment was conducted using a variety of data sources, including quantitative data from hospital medical records, federal Uniform Data System (UDS) reporting, self-reported health data from surveys, and data from a literature review. Relevant information collected from these sources is integrated throughout this report. The methodology for identifying and collecting self-reported health data via surveys is detailed below.

SURVEY

Surveys were designed by HCH/FH staff and administered by partner organizations and/or trusted community members. Separate surveys were developed and administered for the homeless and farmworker populations and the methodology for each is explained separately. No personally identifiable information was collected, and individuals could decline to answer the survey or stop at any point. The Social Ecological Model and previous Needs Assessment surveys were used to inform survey questions.

LITERATURE REVIEW

JSI reviewed roughly 70 documents provided by HCH/FH staff or identified based on conversations with them to support the needs assessment. These documents included prior needs assessments, patient satisfaction surveys, annual federal reporting (UDS data), census data, Point In Time Count reports, and prior research conducted by or on behalf of HCH/FH. These documents were reviewed for relevant data to provide additional detail or context to survey findings. When data were available for multiple years, the most recent information was included, or a comparison across years was made.

FARMWORKERS

Background

Migrant health centers provide care to farmworkers and their dependents who earn less than 200% of the federal poverty level [1]. HRSA defines farmworkers as individuals that derived a majority of their income from agricultural employment at any time within the past 24 months, as well as individuals who are retired or disabled former farmworkers. HRSA defines dependents as family members who rely on farmworkers' income.

HRSA uses the North American Industry Classification System (NAICS) to define agricultural work, and includes codes for crop production (seeds, grain, nuts, fruits, vegetables) animal production (cattle, pigs) and aquaculture (fish) [2]. In 2018, there were 174 migrant health centers in the United States, providing services to almost 900,000 farmworkers across the United States [1].

Health Survey for Farmworkers and Their Dependents

SURVEY DESIGN

HCH/FH designed a farmworker-specific health survey. The farmworker survey focused on workplace injuries, pesticide exposures, food and diet, and living conditions (see Appendix A for the complete survey). Numerous resources and stakeholder were consulted to generate the survey (see Table 1).

Table 1 Survey Resources and Stakeholder

Resources Referenced:	Stakeholders consulted:
– Survey tool for the Sonoma County Farmworker Health Survey (FHS) 2013-14: Report on the health and well-being of Sonoma County farmworkers – Half Moon Bay Survey conducted in 2016 by Abundant Grace, a local nonprofit – 2-Item Hunger Vital Sign HM Screen	– Puente de la Costa Sur – Food System Alliance – Medical Director, HCH/FH – Field Medicine Team – HCH/FH Board Members with Farmworker Background – JSI – HCH/FH QI/QA Committee

SURVEY ADMINISTRATION

Most of San Mateo County's farms are located on the Coast. HCH/FH wanted to ensure both North Coast and South Coast were included in the Needs Assessment.

Half Moon Bay

HCH/FH partnered with Abundant Grace, a nonprofit located in Half Moon Bay, to distribute most of the surveys. The organization had previous experience administering a survey in February 2018 by working with trusted community members and paying administrators $10 per survey administered.

HCH/FH used this same model and also asked the administrator to give $5 to the individual responding. By asking community members to administer the survey, HCH/FH hoped to get responses from people not necessarily already connected to services to better understand their health needs.

Abundant Grace organized an evening meeting with refreshments for the individuals who would administer the surveys. This was a combination of women who administered the 2018 Abundant Grace survey and high school students who are part of an after-school achievement program. HCH/FH staff conducted the training, covering respondent eligibility requirements, importance of the survey, and the rationale behind potentially complex or sensitive questions. Each administrator was given 10 surveys, typically in Spanish, and some in English. Administrators were also given "Public Charge" fliers if anyone they were speaking to had questions about the Rule (see Appendix A). This team administered about 140 surveys.

Pescadero

HCH/FH asked Puente de la costa Sur, a trusted community based organization which has a contract with HCH/FH to provide services, to administer surveys in the community. Puente has administered HCH/FH surveys in the past, and they provided edits to the survey as well as support ensuring the translated Spanish version was culturally appropriate. Puente administered about 40 surveys.

Table 2 Survey Administration

Administrated by:	Farmworker n=151	Family of Farmworker n=29
Puente de la Costa Sur	35	3
Half Moon Bay Community Leaders	116	26

RESPONDENT CHARACTERISTICS

In total, 180 surveys were completed: 151 by farmworkers and 29 by family members of farmworkers. Over 43% of farmworkers (n=66) indicated how long they had been employed in agricultural labor. Among these respondents, the average length of employment was 16 years.

Table 3 Length of Employment

	n=66	Percent
1-3 years	11	17%
4-10 years	15	23%
11-20 years	23	35%
21-30 years	11	17%
31-40 years	5	8%
>40 years	1	2%

Table 4 Respondent Sex

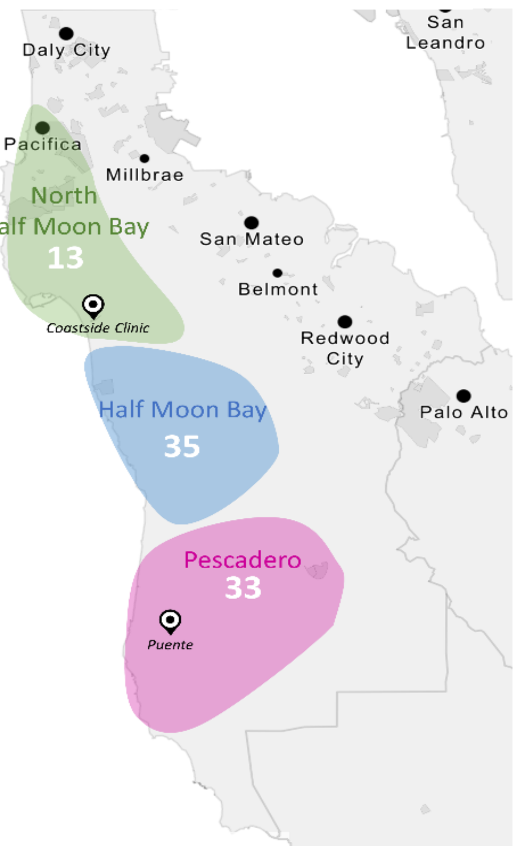
	Farmworker n=151	Family of Farmworker n=29
	Average age: 45	Average age: 32
Males	72	9
Females	75	20
Unknown Sex	4	0
Total	151	29

*Respondents had to be 18 or older to participate in the survey

Agriculture in San Mateo County

There are about 80 farms[1] in San Mateo County, the majority of which are located along the Coast (see Figure 1). Most are owned by local residents – Rocket Farms is the only large grower with other locations outside of San Mateo County [3]. By acreage, these farms are relatively small in size and the 2012 Agricultural Census showed only 27 operations employed 10 or more workers [4]. Most farmworkers work in the agricultural sector as their primary job, full time, and have been long-term members of the local agricultural workforce [4].

Figure 1 Agricultural Areas in SMC



While San Mateo County has a smaller agricultural industry than neighboring counties such as Sonoma and Monterey, it still grossed an estimated $149.2 million in 2018 [5]. The main agricultural product by gross value was indoor floral and nursery crops, valued at $87.9 million in 2018. The next largest commodity type was vegetables crops – Brussels sprouts, fava beans and leeks at $28 million [5].

[1]This is fewer than the number the USDA lists in the most recent Census of Agriculture, but the number is representative of the farms (excluding aquaculture enterprises) where farmworkers per HRSA's definition are working in San Mateo County [52]

The North Coast (El Granada, Half Moon Bay, Moss Beach, Montara, and Pacifica) is more urban and – by percentage – has more nursery/greenhouse operations, whereas the South Coast (Pescadero, La Honda, Loma Mar) is more rural and has more vegetable/field crops (see Figure 2).

Figure 2 Crops Grown by Coastal Region

BAE Urban Economics et al., 2016

While vegetable/field crops are the majority of the acreage in San Mateo County, nursery/greenhouses employ more labor and gross significantly more annually. The nursery industry employs more people than field crops because the plants require more handling: potting, hand irrigating in greenhouses, turning the pots so the plants grow evenly, and packaging and shipping. By contrast, field crops are sprinkler irrigated and treatments (if necessary) are done by tractor, reducing the need for labor. Harvesting vegetables requires seasonal labor, whereas greenhouse operations are year round [3].

Of 151 farmworkers who participated in the 2019 Needs Assessment Survey, 72% (n=108) responded they worked in nursery operations, 21% (n=32) indicated they worked in produce, and 3% (n=4) listed other operations (e.g. ranching, field crops) (See Table 5). Taking into account the crop value labor demands for nurseries, the survey sample is deemed an accurate representation of the labor force by crop type in the county [3]. Future needs assessments should better assess the aquaculture labor force as this was beyond the scope of this report.

Table 5 What type of crop(s) or product(s) do you work with? *Mark all that apply*

	n=151	Percent
Vegetables/Fruits/Nuts	32	21%
Livestock Operations	2	1%
Nursery/Floral	108	72%
Aquaponics/Aquaculture	2	1%
Straw/Grain	1	1%
Blank	9	6%

Migrant Health Centers provide services to farmworkers and their dependents; however getting an accurate count – especially for the latter – is difficult. The San Mateo County 2016 Agricultural Workforce Housing Needs Assessment estimated there were 1,700-1,900 farmworkers in the County in 2016. Numbers collected by HCH/FH put the number of farmworkers closer to 1,300-1,600 in 2018 in a continued downward trend in the labor force [4], [6]. The USDA uses a multiplier of 1.2 to estimate the number of family members associated with farmworkers [7], but for San Mateo County a multiplier of 1.3 is utilized to reflect a highly settled community, indicating that the total target population for the HCH/FH Program is between 2,990 and 3,680 (see Table 6).

Table 6 Estimated Farmworker and Farmworker Dependents Population

Farmworker Population Estimate in San Mateo County	Farmworker Dependents Estimates in San Mateo County	Total HCH/FH Target Population in San Mateo County
1,300-1,600	1,690-2,080	2,990-3,680

Immigration

In California, 90% of farmworkers are immigrants – the highest percentage of any state and nearly 20% higher than the national average [7]. Furthermore, more than half of the immigrant farmworker population in California is undocumented [8]. In SMC, 51% of farmworker respondents in a recent study reported that they were undocumented, aligning with the state trend [4], [8]. For this reason, many farmworkers in California – and in San Mateo County – are impacted by local, state, and federal immigration policies.

At the national level, the Trump administration is increasing its focus on federal immigration enforcement in the interior of the United States in addition to its operations at the border [9]. The administration has identified California as a target location for interior immigration enforcement, with the former director of ICE stating California will "see a lot more special agents, a lot more deportation officers" and that ICE will "have no choice but to conduct at-large arrests in local neighborhoods and at worksites" in the state [9].

In addition, the recently amended Public Charge rule specifies a person can be denied a change in immigrant status (i.e. obtaining a green card or citizenship) if they use Medicaid, food stamps, housing vouchers, or other forms of public assistance [10]. This is already negatively impacting immigrant communities in San Mateo County as service utilization across the Health System and Human Services Agency are decreasing due to fear of future repercussions [11].

In contrast to the federal government's stance on immigration, California has the most progressive immigration policies of any state in the nation [11]. Between 2013 and 2017, the California legislature considered and passed seven laws[2] designed to protect workers in the state from the risk of retaliation and discrimination related to their immigration status [11]. Most recently, beginning January 1, 2020, young adults under the age of 26, regardless of immigration status, are eligible for Medi-Cal coverage [12].

In San Mateo County, farmworkers have indicated concerns about their immigration status impacting their ability to access healthcare. Farmworkers who are undocumented may be afraid to come forward and seek treatment services [13]. The 2019 Needs Assessment Survey found 10% of all farmworkers/family members who reported problems receiving necessary medical attention in the last 12 months listed immigration concerns as a primary factor. Anecdotal evidence including questions asked by Half Moon Bay community leaders during the survey administration training suggests immigration concerns are greater than the reported 10% on the survey. However, people may have felt uncomfortable answering the question or there could have been selection bias in the survey administration, as people concerned about their immigration status might have declined to participate in the survey.

HCH/FH Program

HCH/FH began providing health care to farmworkers and their families in 2010. Per its grant condition, the program directs 20% of its overall funding toward farmworker and family member health services. Over the past several years, HCH/FH has funded community based organizations and county programs to connect farmworkers to health services beyond the care provided at brick and mortar SMMC clinics with a focus on the South Coast due to its geographic remoteness from services. A few examples are listed in Table 7, and a full list of 2019 HCH/FH contracts is listed in Appendix D.

---

[2] AB 263 (2013), SB 666 (2013), AB 524 (2013), AB 2751 (2014), AB 622 (2015), SB 1001 (2016), and AB 450 (2017)

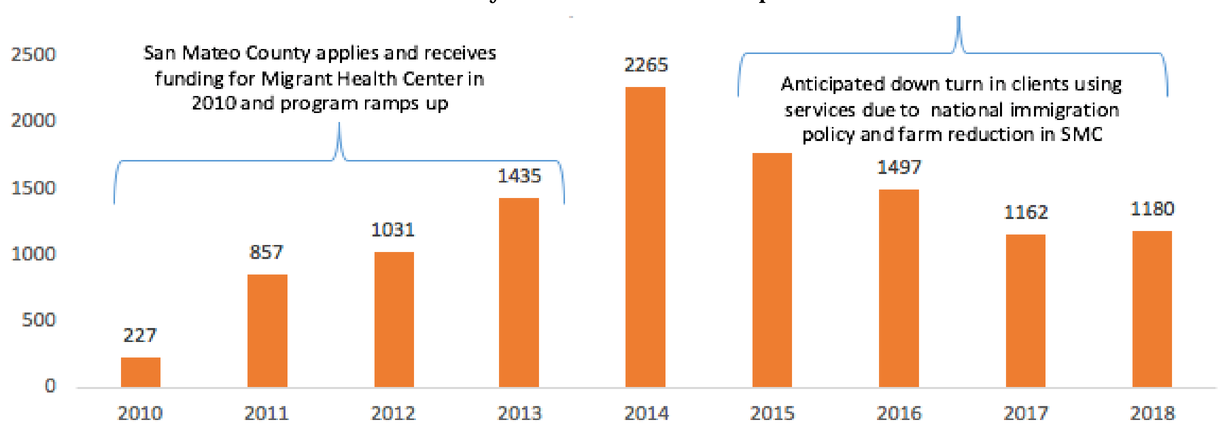
Table 7 HCH/FH Contracted Services

Type of Service	Provider	Details
Primary Care	San Mateo County Public Health Policy and Planning (PHPP) Field Medicine Team	– Workers are seen in the field in the South Coast at lunch time or after work (depending on owner's rules); Field Team also has clinic hours at Puente on Wednesdays. – Not funded by HCH/FH but an important resource: Coastside clinic providers see patients at Puente 5-8pm on Thursday evenings.
Enabling Services	Puente de la Costa Sur	– Community health workers help individuals navigate health system and signing up for health insurance
Dental Services	Sonrisas	– Preventive care, caries, crowns, extractions

Health Care Utilization

In 2018, 1,180 farmworkers and their family members received services at SMMC or through a contracted HCH/FH provider [14]. This is a slight increase from the prior year, but overall continues a downward trend from 2015 (see Figure 2). Based on farmworker and their dependents population estimates, the total population HCH/FH could have anticipated providing services to is 3,000-3,700. Therefore, 32%-40% of the total farmworker/dependents population in San Mateo County received health services through SMMC or a contracted HCH/FH provider in 2018. The 2019 Needs Assessment survey indicates about 60% of respondents had seen a doctor or nurse in the last 12 months and 25% had not. Of respondents connected to care, 85% saw someone at SMMC, meaning 50% of all respondents were seen at SMMC in the last 12 months; a slightly higher value than the estimate above.

Figure 2 Utilization of SMMC Services and HCH/FH Contractors by Farmworkers and Dependents



In an attempt to understand how to better plan services for farmworkers and their adult family members, the 2019 Needs Assessment asked questions regarding time of year and week most convenient to see a health provider. The majority of respondents (54%) did not have a preference, though the next highest category was winter (26%) (see Table 8). This aligns with the Agricultural Workforce Housing needs assessment which indicated January and February are the lowest employment months coinciding with a winter lull in farm work.

Table 8 What times of year are you more likely to get medical care? *Mark all that apply*

	n=180	Percent
Spring	12	7%
Summer	15	8%
Fall	8	4%
Winter	46	26%
No preference	97	154
Blank	6	3%

Saturday was listed as the favored day of the week to see a health provider (see Table 9). Currently, Coastside Clinic is open 8am-4pm on Saturdays. However, for those living in Pescadero, getting to Half Moon Bay can be challenging if they do not have access to a car. Considering Saturday services in Pescadero, in addition to the Thursday evening appointments available 5pm-8pm, can be a focus for HCH/FH.

Table 9 What days of the week are you most available to go to get medical care? *Mark all that apply*

	n=180	Percent
Monday	25	14%
Tuesday	23	13%
Wednesday	25	14%
Thursday	33	18%
Friday	37	21%
Saturday	56	31%
Sunday	21	12%
No preference	55	31%
Blank	16	9%

Combined, the data points to somewhere between 30-50% of the total farmworker and dependent population is seen at SMMC or HCH/FH contractors. Among those who said they were not able to see a doctor or nurse in the last 12 months, a variety of reasons were listed by respondents (see Figure 3). Several of these are explored in further detail elsewhere in this report.

Figure 3 If you had trouble accessing health care in the last 12 months, please circle all reasons why (n=44)

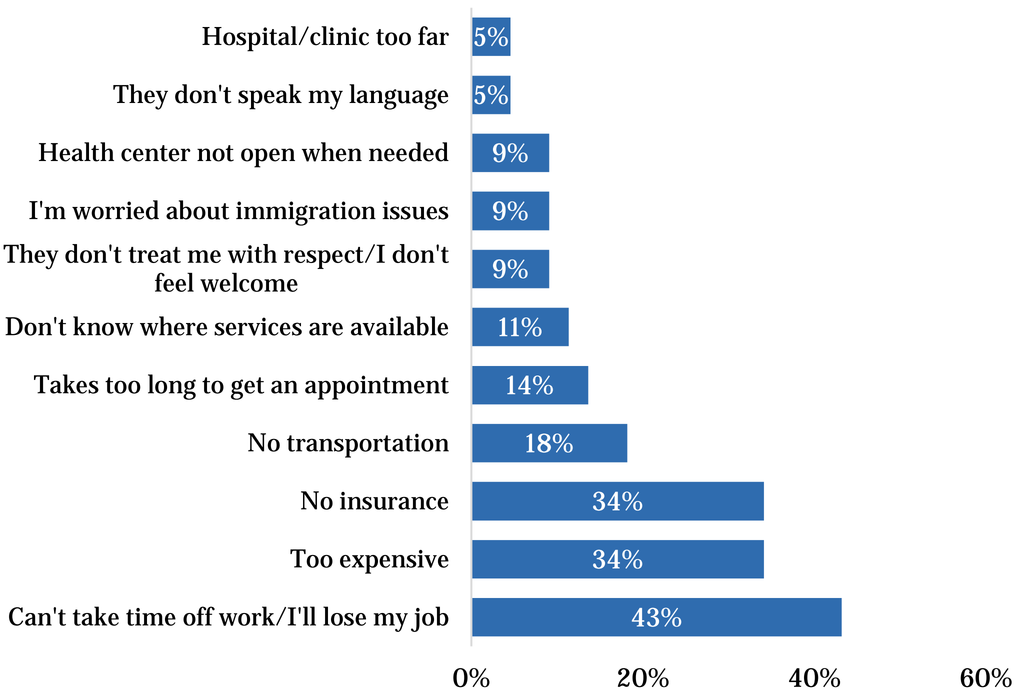


Figure 4 Have you seen a doctor or a nurse in the last 12 months?

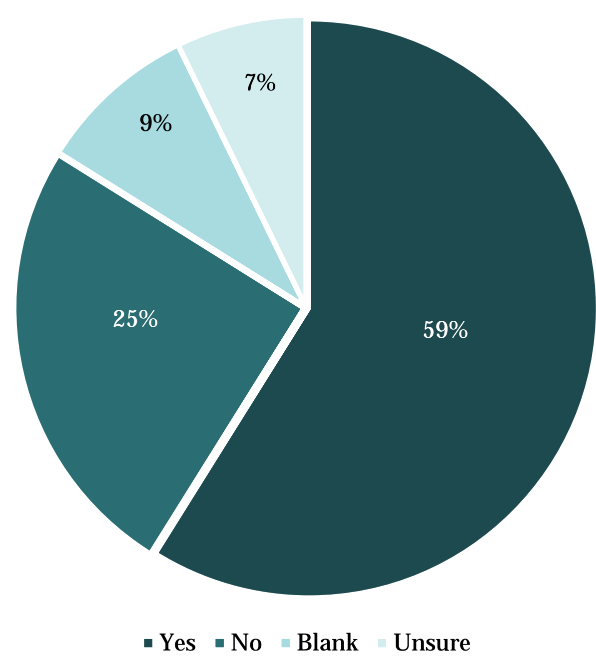


Figure 5 If you saw a doctor or nurse in the last 12 months, where were you seen? (n=106)

Non-SMMC: 5, 5, 4, 1

SMMC: 64, 14, 13

0% 20% 40% 60% 80% 100%

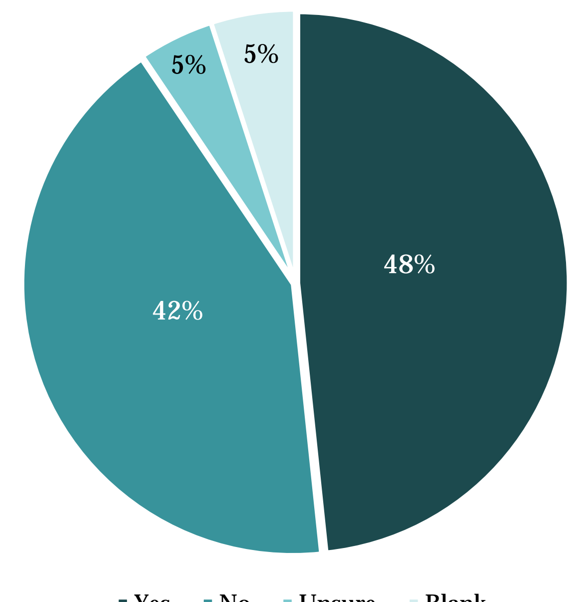
Coastside Clinic | Pescadero (Puente) | SMMC (includes ED) | Private (includes Seton) | Stanford | Kaiser (includes ED) | Rotacare

A deeper analysis shows the majority of farmworker/dependents seen at SMMC clinics are children: the mode age was 12 and the median age 23, the majority were seen for vaccinations. This is likely because vaccinations are mandatory for school admission and children are covered by Medi-Cal making it both mandatory and feasible to see a primary care physician.

Meanwhile, the average farmworker in San Mateo County is between 43-45 and may be uninsured (see section on Health Insurance) [4]. This indicates that older family members of farmworkers and farmworkers are not as connected to primary care as their children, making this another area on which HCH/FH could focus [4], [6].

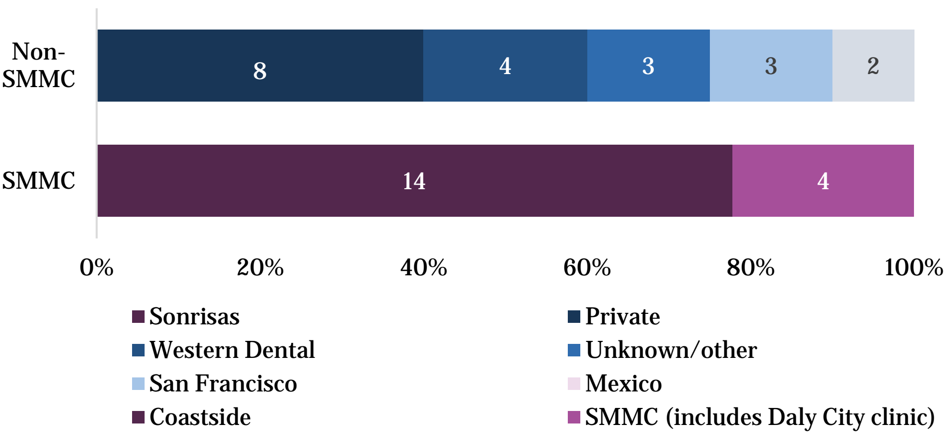
Lastly, while 60% of survey respondents had seen a doctor or nurse in the last 12 months, only 48% had seen a dentist (see Figures 4 and 6).

Figure 6 Have you seen a dentist in the last 12 months?



Similar to previous HCH/FH needs assessment, access to dental care continues to be a large need in this community [15]. Among respondents who had seen a dentist in the last 12 months, the majority were seen at Sonrisas, either at the Half Moon Bay or Pescadero locations, followed by at Coastside Clinic (see Figure 7).

Figure 7 If you saw a dentist in the last 12 months, where were you seen? (n=38)



SMMC/HCHFH contractors saw the greatest number of farmworkers and families in 2014 and there has been a steady decline since then. A number of factors may explain the decrease:

- Chilling effect: individuals, particularly adults, are hesitant to seek medical care, among other types of social benefits, due to the Public Charge ruling and general national political environment [11]
- Decrease in farm labor: farmland square acreage decrease and lack of affording housing[4], [5]
- Need for more outreach in the North Coast, where HCH/FH does not have as many tailored services as on the South Coast
- Identification of farmworker/dependent status during clinic registration is imperfect and is slated for improvement at SMMC
- Individuals may be going to non-SMMC clinics (Kaiser, RotaCare), especially if they are earning above 200% federal poverty level

Farmworker Health Metrics

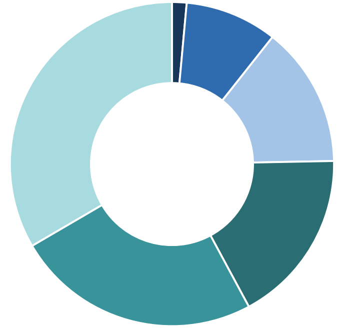
The 2019 Needs Assessment Survey found the majority of farmworkers in the county (55%; n=85) rated their health as either "average" or "bad."[3] Approximately 30% of farmworkers surveyed rated their health as "good," and less than 10% rated their health as "very good" or "excellent." This differs from a 2013 study of farmworkers where the majority rated their health status between "fair" and

[3] Self-reported health status is regarded as a good indicator of a person's overall health. https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-320

"good." While the studies had different methodology of collecting data, it is noteworthy there is a decrease in self-reported well-being in this community.

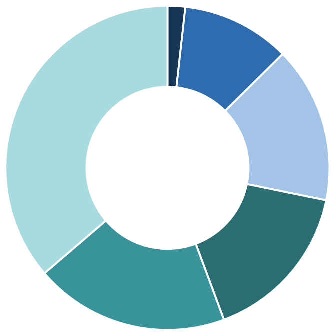
Health is impacted by community and place as much as by genetics and personal decisions, which is why this survey asked respondents to indicate reasons they enjoy living in San Mateo County as well as what could be better (see Figures 8 and 9). A similar question was asked by San Mateo County's Behavioral Health and Recovery Services group to the broader Coastal community (not solely farmworkers). Respondents to their survey identified community strengths in areas of family, faith, community, and culture. Barriers to wellness included awareness and availability of culturally and linguistically appropriate services, transportation, and limited financial stability.

Figure 8 What do you like about living or working in San Mateo County?



- Other
- Schools
- Job opportunities
- I feel welcome in my community
- Friends and family are here
- The weather

Figure 9 What is something that could be better?



- Other
- Better schools
- More activities for kids and older adults
- More grocery stores/access to fresh food
- Better public transportation
- More affordable housing

SMMC Outpatient Visits

SMMC's Population Health team ran the top 20 diagnostic codes for farmworkers/family members with outpatient visits in 2018 at SMMC (n=883[4]). The encounters are unduplicated, but one patient may have had several outpatient visits with different primary diagnosis codes, i.e. one visit could have been for diabetes and another one for hypertension. The full list of diagnostic codes can be found in Appendix F.

---

[4] This value is lower than 1,180 reported earlier for 2018 because it excludes those individuals who were only seen by an HCH/FH contractor, i.e. only at Puente for enabling services.

Table 10 SMMC Outpatient Visit

Reason for outpatient encounter in 2018 among farmworker/family	Number of encounters
Routine child health examination with abnormal findings (n=325) combined with "encounter for immunization" (n=157)	482 (21%)
Type 2 diabetes mellitus without complications (n=209) combined with "Type 2 Diabetes Mellitus" (n=110)	319 (14%)
Dental examination and cleaning with abnormal findings (n=188) combined with dental caries (n=58)	246 (11%)
Supervision of normal pregnancy, unspecified, third trimester (n=167) combined with health examination for a newborn (n=40)	207 (10%)
Essential (primary) hypertension	167 (7%)

DIABETES AND HYPERTENSION

It was expected that hypertension and diabetes would appear in the top encounters. The Center on Disease Control (CDC) indicates Hispanic/Latino Americans are more likely to have type 2 diabetes (17%) versus non-Hispanic white (8%) [16]. The majority of California farmworkers are of Hispanic/Latino descent. SMMC medical records show about 17% of adults 18 and older seen had diabetes diagnosis and 11% reported having diabetes in the 2019 Survey (Figure 11).

Hypertension rates among the Latino/Hispanic community are closer to 20% for men and 25% for women over 20 years of age [17]. SMMC records show about 21% of farmworker/families seen older than 18 had hypertension in 2018, and 15% of individuals reported hypertension in the 2019 Needs Assessment survey.

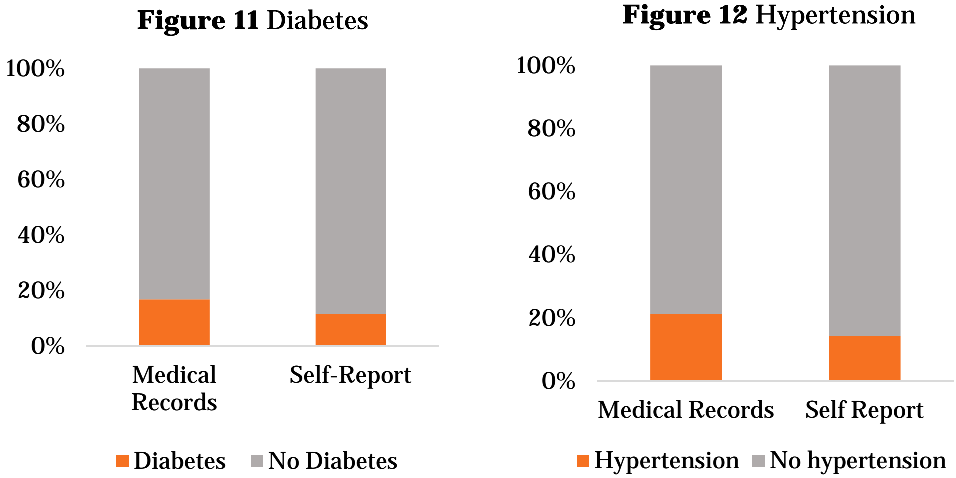


Figure 11 Diabetes

Figure 12 Hypertension

In the 2019 Needs Assessment Survey, respondents who reported diabetes were more likely to have visited the doctor in the last year as compared to those who did not have diabetes. Those who reported having high blood pressure were significantly more likely to have visited the doctor in the past year compared to those without high blood pressure.

In both instances, those who self-reported they do not have diabetes or hypertension and had not seen a doctor in the last year might have the disease but may be unaware, so it would be expected the self-reported values are lower than the actual rates of the disease in this population. This further confirms the need for outreach in the community about getting connected to primary care.

Additionally, through the HCH/FH Quality Improvement Plan and the Federally mandated Diabetes Action Plan for 2019, HCH/FH has set out to reduce the percentage of known diabetic patients ages 18 to 75 with a medical visit who had uncontrolled diabetes (HbA1c > 9.0%) in 2020 by 5%. This is being addressed through internal changes in patient identification and follow up.

WOMEN'S AND CHILDREN'S HEALTH

In the 2019 Needs Assessment Survey, sixty percent (n=57) of women reported they consulted a doctor or a nurse for women's health in the past year. Twenty-one percent said no with 12% unsure. Follow up questions were not asked regarding where women received services or reasons they were not able to. This can be a future survey effort to understand if there are additional barriers to obtaining women's health.

Cervical Cancer Screening

In 2018, over half (606/1180) of farmworker/family members patients who received services at SMMC or through an HCH/FH contractor were female [14]. Of women who were 23-64 years old, 81% (n=192) received a cervical cancer screening (pap smear) in 2018[18]. This screening rate exceeds SMMC's goal of 72% screening rate as well as HCH/FH program goal of 75% [19]. Still, the HCH/FH QI plan has set a rigorous goal to improve the percentage of women ages 21 to 68 with a medical visit who are screened for cervical cancer in 2020 by 5%.

SPOTLIGHT: THE MONTEREY COUNTY MEDICAL-LEGAL PARTNERSHIP

Medical-legal partnerships aim to address both systems-wide issues while also providing legal assistance to individual patients. In Salinas, California Rural Legal Assistance (CRLA) is present at one of their Migrant Health Centers to train clinicians to identify women of reproductive age who may need legal counseling to understand their eligibility for paid vs unpaid leave. CRLA then provides legal counseling, especially taking into consideration patients' economic concerns. HCH/FH is looking into implementing a version of this service in SMC.

Prenatal Care

As seen above, third trimester visits were the fourth (n=167) most common primary reason for being seen at a clinic. This indicates pregnant women are utilizing services at SMMC for prenatal care. However, the lack of first- and second- trimester visits might indicate women are not connecting to care earlier in their pregnancies or are getting care elsewhere [20]. The HCH/FH QI set the goal to improve the percentage of prenatal care patients who enter prenatal care during their first trimester in 2020 by 5%.

Children

Among children who received care at SMMC in 2018, 22% were diagnosed with a lack of expected physiological development [14]. This represents a decrease since 2015, when 28% of children were diagnosed with lack of expected physiological development [6]. A large number of factors can contribute to a lack of expected developmental outcomes for children of farmworkers, including parental poverty, frequent moves, low health expectations, interrupted schooling, overcrowded living conditions, and poor sanitation facilities [6]. Further analysis is needed to ascertain whether the rates seen among the farmworker population differ from the general population and how the small sample size might be impacting the rate.

BEHAVIORAL HEALTH

Comprehensive county-specific quantitative data on substance use and unmet substance use treatment needs are not available for the farmworker population. Further, HCH/FH cannot currently track how many farmworkers/dependents received mental health/substance use disorder services through the County's Behavioral Health Recovery Services division. Discussions to change this have begun internally, but this – as well as cultural beliefs around seeking mental help – may explain why mental health-related diagnostic codes are not in the top 20 encounter reasons.

The 2019 Needs Assessment Survey corroborates other reports recently conducted in San Mateo County on the topic of mental health and drug use as well as available services (2018 Substance Use Needs Assessment, 2019 Behavioral Health Needs Assessment). Farmworkers/family members consider mental health and alcohol/drug use as a problem in their community and there is a lack of knowledge of where to get services for either. See Figures 13, 14, and 15.

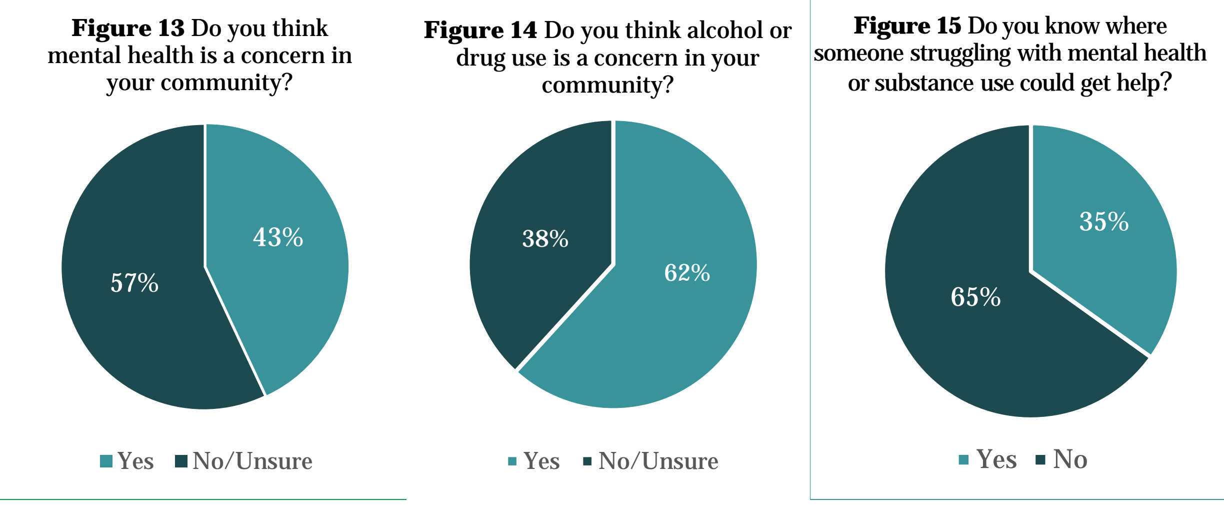


Figure 13 Do you think mental health is a concern in your community?

Figure 14 Do you think alcohol or drug use is a concern in your community?

Figure 15 Do you know where someone struggling with mental health or substance use could get help?

There is a need for trauma-informed care for the farmworker community, as past traumatic experiences may play a role in farmworker's substance use, as well as in their mental health [13], [21]. HCH/FH providers and experts have observed that the experience of immigration – which the majority of farmworkers in San Mateo County have had – is associated with "perpetual mourning"

[21]. Pre-migration experiences may have included violence and upheaval, and the journey itself is often fraught with violence and risk. Loss, grief, isolation, discrimination, confusion, and uncertainty face immigrants – all of which can negatively impact mental and behavioral health outcomes [21]. Additionally, the HCH/FH QI Plan has set a goal to improve the percentage of patients ages 12 and older screened for depression and if screened positive, for whom a follow-up plan is documented on the date of the positive screen in 2020 by 5%.

At the writing of this report, Behavioral Health and Recovery Services (BHRS) has an open Request for Proposal for a Multi-Cultural Well-Being Center to be located on the coast, with the intent of providing culturally response community-based mental health and substance use services and programming among other services [22].

Factors Impacting Farmworker Health and Access to Care

HEALTH INSURANCE

Despite California expanding Medi-Cal to children up to 25 years, regardless of immigration status, and San Mateo County's Affordable Care for Everyone (ACE) program, insurance coverage remains a major barrier to care for the adult farmworker and family members. Respondents to the 2019 survey indicated "no insurance" and "too expensive" as reasons #2 and #3 for not being able to access care. This aligns with previous HCH/FH needs assessments that showed similar concerns.

ACE is a county funded health care program for all low-income adults, regardless of immigration status, who do not qualify for other health insurance. It may be a good option for undocumented persons, but anecdotal evidence shows farmworkers are often ineligible as their income exceeds 250% of the federal poverty line. To further complicate matters, because farmworkers' income fluctuates with seasonal changes in the demand for labor, they are often above the federal poverty line during harvest and below it at other times in the year. Educating farmers how to fill out eligibility documents is an important aspect of what the Health Coverage Unit at SMMC does as well as HCH/FH contractors.

Children, on the other hand, have high rates of coverage, with 70-90% covered by Medi-Cal alone, not counting other insurance options (see Figures 16 and 17). This data confirms that when individuals have health insurance (i.e. farmworker children), primary care is accessed. When an individual does not have health insurance or is underinsured (i.e. farmworker adults and adult dependents), they are less likely to come to a primary care clinic. This is borne out in visitation data: adults accounted for far fewer visits at SMMC in 2018 [14]. HCH/FH should continue its efforts via contracts and through partnership with the Health Coverage Unit to ensure farmworkers and their families are correctly covered.

Figure 16 2018 Insurance of Farmworker and Family Seen at SMMC/HCHFH Contractor

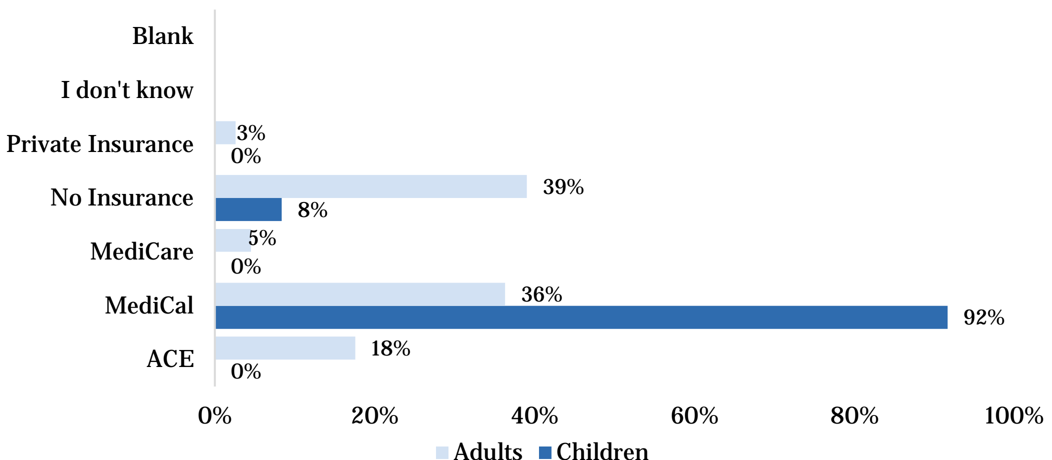
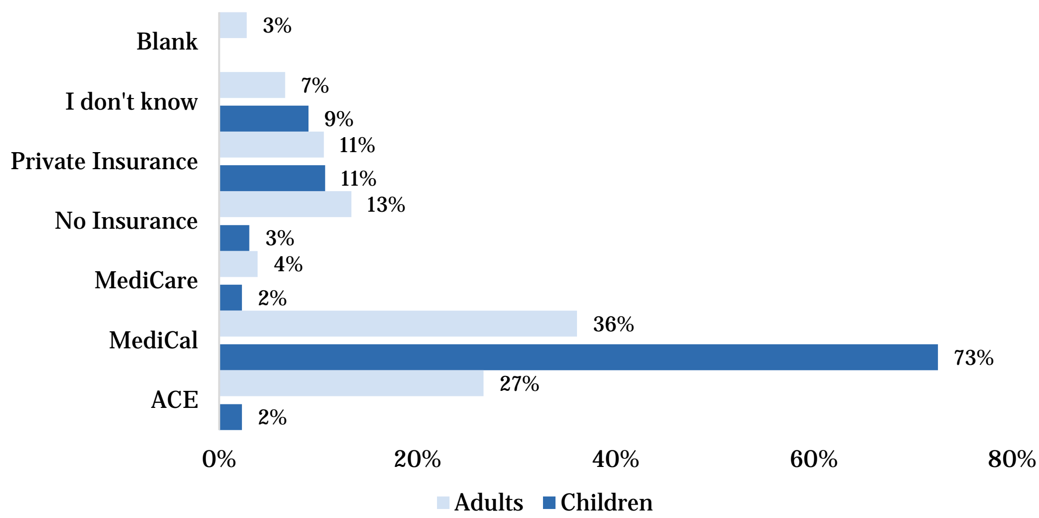


Figure 17 Self-Report Insurance from 2019 Survey



OCCUPATIONAL CONDITIONS

Farmworkers face workplace hazards similar to those found in other industrial settings, such as working with heavy machinery and hard physical labor. They also face unique occupational hazards specific to farm work, including pesticide exposure, skin disorders, infectious diseases, respiratory problems, hearing and vision disorders, and musculoskeletal injuries [23]. The nature of farm labor directly impacts workers' health and wellness, as a variety of risks and hazards are inherent to the work. For the first time in HCH/FH programmatic history, the 2019 Needs Assessment Survey asked respondents about aspects of their jobs to get an understanding of the type of work they do and their wellbeing. Overall, the responses indicate a relatively favorable working environment, though it is important to note that – even in an anonymous survey – workers may not feel comfortable responding freely. Furthermore, this survey may not represent farmworkers who work on the most labor intensive farms in San Mateo County.

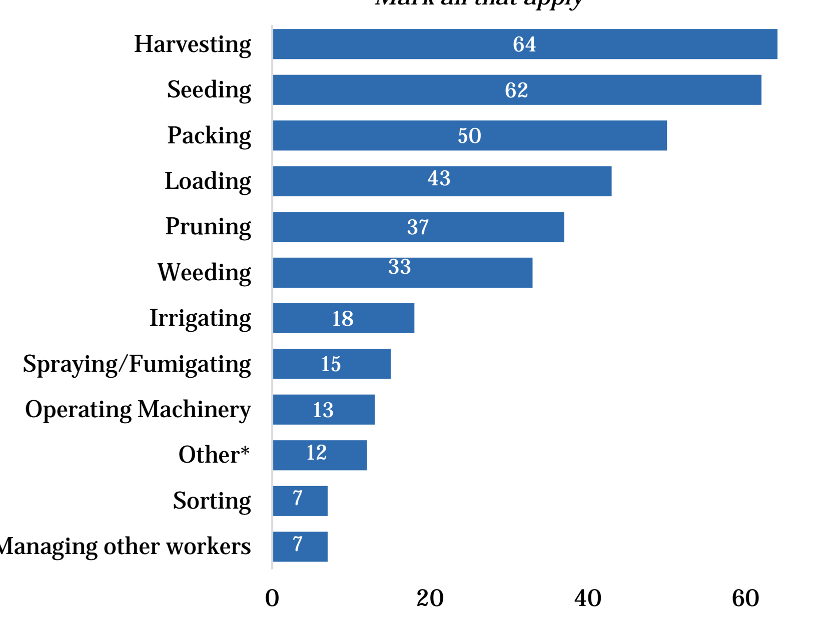
Work Day Details

The majority of farmworker respondents work 8-9 hour days (68%, n=103) and get 6 hours of sleep a night (63%, n=95). Further, 80-90% of respondents indicated they have access to shade for breaks (n=126) and get a break during the workday to eat (n=136). Of those who get a break, 93% (n=126) bring food from home and 12% (n=16) buy food on the way to work. When it comes to water, 66% (n=99) of respondents indicated they have access to clean running water at work. Of those who did not (n=15), 33% (n=5) said their employer did not provide bottled water and 27% (n=4) said their employer did.

The type of work done by the respondents covered the full range of activities conducted in agriculture, though the largest categories were harvesting and seeding (see Figure 18). As mentioned earlier in this report, nursery/floral operations employ a larger number of labor than other types of crops in San Mateo County and this is reflected in the survey sample.

Among respondents who indicated they were not able to see a health provider in the last 12 months, the highest quoted reason (43%) was "Can't take time off work/I'll lose my job." For this reason, a Field Medicine model where healthcare providers come to farmworkers works well;however, HCH/FH may also consider reaching out to farm owners to collaboratively identify ways keep the labor force healthy.

Figure 18 What type of agriculture work do you do?
Mark all that apply



*other includes: driving (2), horses (2), ranching (2), florist (1), fertilizing 91), maintenance (1), moving straw (1), nursery (1), and secretary (1)

Injuries

According to a 2015 report of the Bureau of Labor Statistics of the U.S. Department of Labor, agriculture remains one of the most dangerous industries in the United States with the highest incidence of fatal workplace injuries [23]. The agricultural industry also has a high number of cases involving nonfatal occupational injury and illness that required either time off from work or job transfer and restriction. Retrieving San Mateo County specific data is beyond the scope of this report, however considering the large number of nursery/floral operations which do not require the same type of large machinery as field crops, fatalities and serious injury in San Mateo County are expected to be rare.

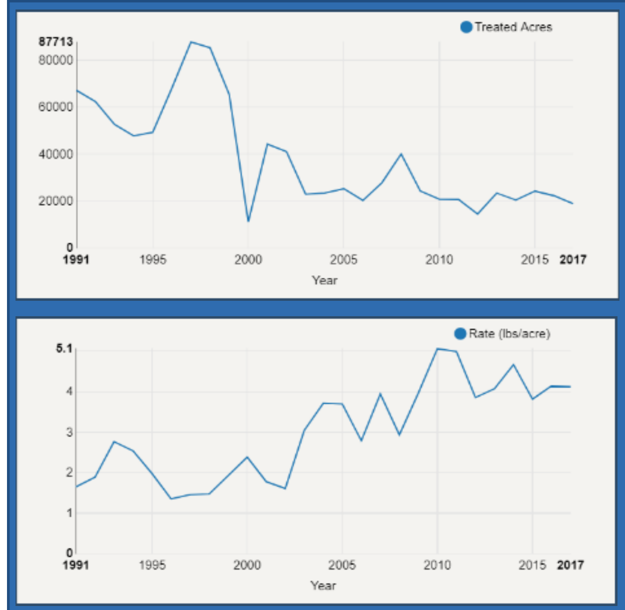
Among farmworkers who completed the 2019 Needs Assessment Survey, 17% (n=25) reported receiving an injury at work. The majority (n=12) reported cuts, followed by falls (n=3). Males and females were equally likely to report having suffered a job-related injury. Among those respondents who reported injuries, less than a third (n=8) reported that their health was "good" or better. By comparison, among farmworker respondents who did not report receiving an injury at work, almost 50% (n=46) reported that their health was "good" or "better". Reporting a work place injury can be a complicated process and a sensitive topic: survey respondents may not have felt comfortable fully disclosing injury despite responding anonymously.

Pesticide Exposure

Pesticide exposure is one of the most common risk factors associated with farm labor. Farmworkers can suffer serious short- and long-term health outcomes as a result of pesticide exposure [24]. If a farmworker comes into direct contact with a pesticide, short-term acute effects may include stinging eyes, rashes, blisters, blindness, nausea, dizziness, and headaches. Extended low-level exposure to pesticides over the long-term can have chronic health effects such as cancer, infertility, birth defects, endocrine disruption, and neurological disorders. Studies have also found that children exposed to pesticides are at a higher risk for asthma, cancer, and neurodevelopmental problems [24]. For these reasons, pesticides are tightly regulated.

In San Mateo County since 1991, the number of acres treated with pesticides has declined significantly, but during that same time period the application rate has increased (see Figure 19). As a result, persons who work in areas that are treated with pesticides may be at risk of being exposed to a higher concentration of pesticides.

Figure 19 Trends in pesticide application in San Mateo County



The top chart shows the number of treated acres, and the bottom chart shows the rate of application (pounds per acre). Charts are from the online California Pesticide Mapping Tool (Tracking California, 2020).

In California, every county has an agricultural commissioner's office that is tasked with pesticide use enforcement and serves as the local branch of the Department of Pesticide Regulation (a division of CalEPA) [3]. In San Mateo County, this is the Department of Agriculture, Weights and Measures. Growers are required to report all pesticide use to this office on a monthly basis and follow rules and regulations regarding buffer zones and drift. Local officials have the authority to inspect any grower facility at any time where pesticide activity is occurring, and can level agricultural civil penalties of up to $5,000 per incident [3].

Furthermore, state law in California requires annual training on pesticides for fieldworkers. The training covers 20 required topics and must be presented in a language that the employee understands [3]. The hazard communication requirement states that safety information and information on what was applied to the fields within the last 30 days must be posted where the employees begin their day. Additionally, California requires employers report pesticide exposure incidents into a centralized system within 24 hours of an occurrence [25].

Most counties in California report significantly higher levels of pesticide use than San Mateo County, which consistently ranks in the bottom third of all counties in the state (40th out of 58 counties) [26]. Between 2014 and 2017, the top three pesticides applied in San Mateo County were potassium n-methyldithiocarbamate, 1,3-Dichloropropene, and pentachloronitrobenzene, respectively [26]. All three of these pesticides are considered highly toxic, but it is unlikely a farmworker would be directly exposed to them because they are strictly regulated (See Figure 20) [27].

Figure 20 Characteristics of the top three pesticides applied in San Mateo County

Potassium n-methyldithiocarbamate	1,3-Dichloropropene	Pentachloronitro-benzene
• aka metam potassium • non-selective soil fumigant acts as a fungicide, nematicide, insecticide, and herbicide • acts as a fungicide, nematicide, insecticide, and herbicide • harmful if swallowed, inhaled, or absorbed through the skin. • causes severe burns and eye damage	• aka 1,3-D • soil fumigant • toxic if swallowed or absorbed through the skin. 1,3-D can cause serious eye irritation, is harmful if inhaled, and may cause respiratory irritation.	• aka PCNB • Fungicide • harmful if swallowed, inhaled, or absorbed through the skin

National Center for Biotechnology Information et al., 2020

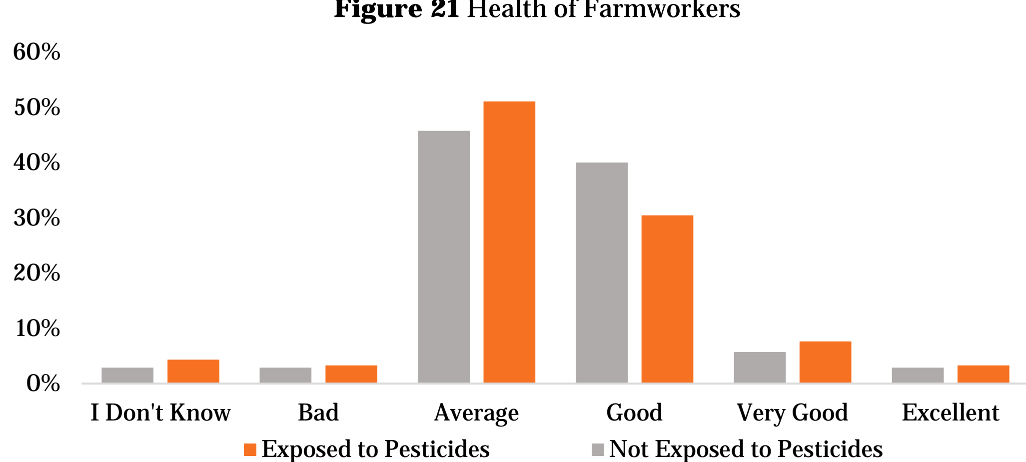
Almost 60% (n=92) of farmworker respondents to the 2019 Needs Assessment Survey reported having been exposed to pesticides at work, and just under 10% (n=15) reported they were unsure whether or not they had been exposed. Females reported exposure to pesticides at work at a higher rate than did males (70% versus 60%). Of respondents who reported having been exposed to pesticides, 99% (n=91) indicated they wore at least one form of protection while at work. While the pesticide exposure question was phrased in the context of exposure at work, the term "exposure" is very broad and future surveys should pose the question differently to get a better understanding of the type and extent of exposure. This would also allow a better understanding of whether the protection worn is adequate for the exposure.

Table 11 Types of Protection Worn by Pesticide-Exposed Farmworkers (n=92)
respondents could select multiple answers

Respirator	35
Gloves	84
Boots	54
Overalls	43
Face Protection	24
Solar Protection	44
No Protection	1

Self-reported health among those who reported exposure to pesticides at work was slightly worse than among farmworkers who did not report pesticide exposure. Among those who reported pesticide exposure, 41% said their health was “good,” “very good,” or “excellent;” eight percentage points lower than among those who were not exposed to pesticides (see Figure 21).

Figure 21 Health of Farmworkers



While there are strict regulations to ensure pesticide-worker safety, there is often community fear about pesticide exposure and potential health related problems. Farm owners, on the other hand, may feel they are mandated to follow new and ever changing complex regulations. HCH/FH can tackle these serious issues by considering leveraging a Promotoras health model and developing relationships with farm owners.

SOCIAL DETERMINANTS OF HEALTH

Food Security

As of 2012, a third of low-income households in San Mateo County were food insecure [28]. San Mateo has one of the lowest CalFresh participation rates in the state among those who are income-eligible [28]. It is possible this participation rate will further decrease given the recent changes to the Public Charge rule (see “Immigration” section, above).

Farmworkers’ food access and eating patterns are influenced by work schedules, transportation, income fluctuations, and cultural preferences [28]. The 2019 Needs Assessment Survey aimed to capture the relative food security of respondents, as well as gather some information about their eating habits using the two-item Hunger Vital Sign HM Screen. A positive response to either of these two items indicates a high likelihood that the person is food insecure [29].

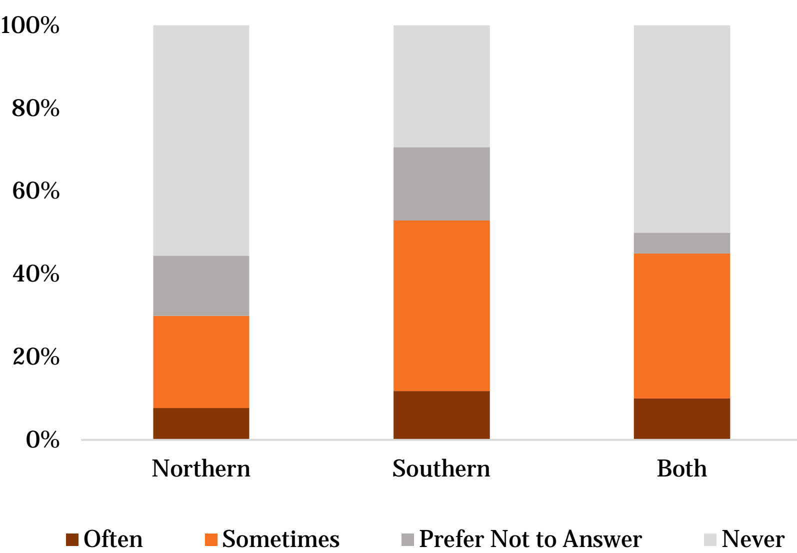
People between the ages of 36 and 45 are the most food insecure age cohort. This is also the largest cohort, with almost a third of all respondents falling in this age group (n=52). More than half of all

male respondents between the ages of 36 and 45 reported being “often” or “sometimes” worried about running and being unable to afford food (see Figure 22).

Figure 22 Percent of responses to the question, “In the last 12 months, how often did you worry about running out of food before you had money to buy more?” disaggregated by sex and age

More than half of all respondents in the Southern part of San Mateo County reported they were “often” or “sometimes” worried about running out of food before they would have enough money to buy more (see Figure 23). Food insecurity was similarly high among those farmworkers who live and work in different parts of the county. Food insecurity was lowest in the northern part of the county, where only 30% of respondents reported being food insecure.

Figure 23 Food Insecurity among farmworkers by Location. Percent of responses disaggregated by where respondent lives and works



This is likely because Pacifica and Half Moon Bay have more grocery stores and restaurants whereas the Southern part of the county is significantly more rural and does not have a major chain grocery store like Safeway. Of survey respondents who live in North Coast County, 72% indicated they could get or buy healthy food close to where they live or work. Meanwhile, of those respondents who live in South Coast County, only 43% responded that they could do so.

Lastly, among the 19 respondents who reported they had diabetes, 47% (n=9) screened positive for food insecurity and 21% (n=4) indicated they did not want to answer. This highlights a programmatic potential to focus on patients with diabetes and their ability to help manage the disease by having access to nutritious food.

Language Barriers

Language is often a health care barrier associated with the farmworker population, as some farmworkers only speak Spanish and have limited literacy [30]. However, only 5% (n=2) of survey respondents who said they had trouble accessing health care in the last 12 months noted "[clinic staff] don't speak my language" as one of the reasons. Still, ensuring bilingual services are available and delivered in a culturally competent manner that uses the strong extended family, community, and spiritual supports found in Latino cultures should remain a goal for SMMC and HCH/FH contractors [21]. The needs assessment did not capture indigenous dialects spoken in the County - this could be a future question.

Housing

San Mateo County has a significant shortage of affordable housing which is acutely felt by the farmworker community on the Coast. For a full description and analysis of current housing status and recommendations, refer to the 2016 San Mateo County Agricultural Workforce Housing Needs Assessment. That housing report is referenced throughout this report, and some of its findings are briefly

summarized in Tables 12, 13, and 14, on this and the following page, with additional information from the 2019 Survey administered by HCH/FH.

In 2016, there were approximately 468 agricultural workers (not including their families) living in housing specifically targeted to agricultural workers. This includes Moonridge I and II in Half Moon Bay and on-site housing, predominately in the South Coast region. An estimated 1,020 to 1,140 more affordable units for the agricultural workforce are needed [4].

Table 12 Farmworker Housing Burden by Location of Housing (from the 2016 Agricultural Workforce Housing Needs Assessment)

	Live on Farm	Live off Farm
Number of Respondents	121	166
Live Away from Family	56.2%	13.9%
Households Facing Cost Burden	7.9%	48.3%
Households Facing Overcrowding	43.3%	39.7%
Median Rental Rate	$124	$1,000
Median Income	$21,000	$38,000

Table 13 Farmworker Housing Burden by Job Type (from the 2016 Agricultural Workforce Housing Needs Assessment)

	Work in Nursery	Work in Non-Nursery
Number of Respondents	107	207
Live with Family Members	82.2%	57.3%
Households Facing Cost Burden	47.4%	21.4%
Households Facing Overcrowding	41.1%	44.2%
Households with no reported housing problems	61.7%	56.5%
Housing Unit needs repair	32.1%	40.7%
Median Rental Rate	$892	$400
Median Income	$34,000	$24,000

Table 14 Farmworker Housing Burden by Work Location (from the 2016 Agricultural Workforce Housing Needs Assessment)

	Work in Northern Region	Work in Southern Region
Number of Respondents	149	159
Live in Same Region	97.3%	90.4%
Live with Family	78.5%	54.4%
Households Facing Cost Burden	40.6%	15.0%
Households Facing Overcrowding	36.4%	48.1%
Median Rental Rate	$884	$400
Median Household Income	$30,000	$25,000

However, the majority of Coastside area agricultural workers must compete on the open market for available housing. The median annual income for workers is about 58% below the median wage for all employees in San Francisco and San Mateo Counties [4]. The relatively low wages make it very difficult for farm laborers to compete for housing within the very tight for-sale and rental housing market conditions on the Coast. The 2016 Agricultural Workforce Housing Report found about 30% of farmworkers were excessively housing-cost burdened, and almost 10% faced extreme cost burdens related to their housing. It is estimated that only 28% of farmworkers in San Mateo County have adequate housing [6].

Of respondents to the 2019 Needs Assessment Survey, 53% (n=95) reported they live in an apartment, 37% (n=66) in a house, 3% (n=6) in a dormitory/bunk house on farm (aka on-site housing) and the remaining 8 were in the “other” category (garage, trailer, tent). In San Mateo County, the majority of on-site housing is in Pescadero and the majority of single-family housing is in Half Moon Bay [4].

Farmworkers living on-site in dorms or bunk houses are less likely to experience excessive housing cost burdens as compared to those living offsite. However “the affordability appears to have a trade-off, which is greater proportions of workers reporting overcrowding and/or housing problems and/or overall housing need of minor major repair”[4].

The 2019 survey respondents under-represent the workforce living onsite (3% versus an estimated 30% per the 2016 Agricultural Housing Report), but 67% (n=4) of those who reported living in dorms rated the quality of their housing as either “bad” or “very bad.” Of those who rated their housing quality as “bad” or “very bad,” 17% (n=3) rated their health as “bad” and 22% (n=4) said their health as “good” or “very good.” Nearly a third of respondents (n=12) who reported they lived in

a barracks-style setting said that their housing was "too crowded." While the survey numbers are small, they corroborate the 2016 Agricultural Housing Report and draw a connection between poor housing conditions and self-reported poor health. For those living onsite, reporting housing issues to farm owners/employers can be challenging as it may jeopardize both housing and work prospects whereas those living off-site are often excessively housing-cost burdened due to the high cost of rent.

Building adequate housing for the agricultural workforce is an ongoing concern in San Mateo County and extensive recommendations were made in the 2016 Agricultural Workforce Housing Needs Assessment. Producers and farmworkers have said that a key reason for the County's shrinking farm labor pool is the lack of available housing [4]. The strict and complicated regulatory environment in San Mateo County makes it difficult to build new farm housing in the area [31]. To try and address the issue of inadequate housing for farmworkers, two tax-raising measures were introduced and approved by voters to fund the Agricultural Workforce Housing Pilot Program, but the results of this program are not yet public [32]–[34].

Job Security

Job security/stability is linked to mental and physiological wellbeing [35]. The recent closure of Bay City Flower Company in Half Moon Bay – which resulted in over 200 employee layoffs in September 2019 – had a large impact on the farmworker community in SMC [36].

Employment rates in San Mateo's agricultural sector have been trending down year-round since 2005 though wages have increased over this same period, from $9.07/hour to $13.97/hour, an increase which has kept pace with inflation [36]. For this community, job security and housing are intimately connected. As mentioned above, a key reason for the County's shrinking farm labor pool is believed to be lack of available housing. During focus group sessions, producers indicated housing availability is a key concern for producers in recruiting and retaining employees. At the same time, agricultural workers indicated housing availability severely constrained their job mobility, and that workers living in on-farm housing would be reluctant to leave an unsatisfactory employment situation, because of the lack of other viable housing choices if they lost their employer-provided housing.

Additionally, there is fear among this community that marijuana enterprises will increase on the Coast due to its legalization. This would result in a net loss of employment opportunities as federal regulations bar undocumented workers from participating in the production of cannabis [36]. Currently there are no marijuana growers on the Coast and 2 hemp growers. The HCH/FH program should continue monitoring the crop mixture in SMC and keep an awareness of changing needs within the community.

Transportation

In a national needs assessment, lack of safe transportation was identified as the number one barrier to healthcare access by farmworkers and migrant health professionals [37]. In the 2019 Needs Assessment Survey, over 42% (n=78) of all respondents listed public transportation as a way to improve life in San Mateo County. It also found that among those individuals who said they had not seen a health provider in the last 12 months, 18% (n=8) indicated lack of transportation as a barrier.

The 2019 Needs Assessment Survey found that 66% (n=102) of farmworkers surveyed both lived and worked in the northern part of the county, 21% (n=33) both lived and worked in the southern part of the county, and 13% (n=20) lived in one part of the county and worked in the other.

Further, cars were by far the most common form of transportation, with 87% of farmworkers listing that they either got to work in a "car" (55%) or by "carpooling" (32%). All respondents who live and work in different parts of the county listed that they either carpooled or rode to work in a car. Car reliance was next highest in the South, where 87% said they either carpooled or arrived at their job in a car. Alternative forms of transportation were highest in the North, where 18% of respondents said they either walked, biked, or rode the bus to work. This is to be expected as there is more development in the North Coast.

These findings confirm the need to advocate for better public transportation on the Coast as well as ensure that services are available in both the North and South Coast.

Farmworker Survey Limitations

Limitations to the 2019 Needs Assessment Survey data collection and analysis process are outlined below; the findings described above should be considered with these limitations in mind.

- Only 180 farmworkers were surveyed; this relatively small sample size can give an indication of the population but cannot be used to extrapolate to the general population
- A high number of survey administrators (~15) introduced large variability in survey distribution, despite the training event.
- Some data may be underreported in the survey in cases where respondents may have felt uncomfortable disclosing (accidents at work, for example).
- Data around pesticide exposure should be interpreted with caution; the survey did not include a clear definition of what was meant by "exposure" to pesticides or ask respondents to identify the type of exposure that was experienced.
- We do not have information on the extent to which survey respondents overlap with the population of people accessing services through HCH/FH or SMMC (and who are thus represented in UDS and claims data). This makes it difficult to draw conclusions from comparisons across the two data sources.
- We do not have data on the distribution of farmworkers across the County (e.g., how many farmworkers in the full population of SMC work and live in the North versus the South). This makes it difficult to know how representative the survey population is of the actual farmworker population.

PEOPLE EXPERIENCING HOMELESSNESS

BACKGROUND

San Mateo County Health is one of 1,362 health centers receiving funding under Health Resources and Services Administration (HRSA) Section 330(h) of the Public Health Service Act to service individuals experiencing homelessness. Healthcare for Homeless (HCH) programs connect individuals experiencing homelessness to outpatient care – primary, dental, and mental health. Frequently this is achieved through robust case management, i.e. providing transportation and signing people up for health insurance.

HRSA defines homelessness broadly, including those who are 'couch surfing' or living in Permanent Supportive Housing. This allows health centers to connect people who are housing insecure to services. Below are the homeless categories HCH programs use:

Street	Homeless Shelter	Transitional Housing	Doubling Up	Other
• This includes someone living on a street or in their vehicle	• Short term or emergency shelter, often in a communal area	• Also known as "transitional shelter" usually in a private unit with longer lengths of stay. • Patients may go from an emergency shelter to a "transitional shelter".	• Temporarily living with friend or *extended* family members with no tenancy rights • Often referred to as "couch surfing"	• Single residency occupant (SRO) • Hotels/motels • day-to-day paid housing • Permanent supportive housing

Health Survey for People Experiencing Homelessness

SURVEY DESIGN

The survey for people experiencing homelessness was developed primarily to understand health needs of the aging homeless population and how they compare to the general aging population (see Appendix B). Numerous resources and stakeholders were consulted to generate the survey, including:

Table 15 Survey Resources and Stakeholders

Resources Referenced:	Stakeholders consulted:
– San Mateo County Senior Homeless Population Needs Assessment, Prepared for Mission Hospice by Peninsula Conflict Resolution Center, January 11, 2019 – 2019 San Mateo County Medical Respite Data Collection & Analysis, Prepared by Irene Pasma, County of San Mateo Health Care for the Homeless/Farmworker Health Program and Francine Serafin-Dickson, Hospital Consortium of San Mateo County – San Mateo County Aging and Adult Services Needs Assessment	– HCH/FH Medical Director – JSI – HCH/FH Board members – LifeMoves Staff – HCH/FH QI/QA Committee

SURVEY ADMINISTRATION

Surveys were administered by HCH/FH contractors, typically by giving the survey to clients during the intake process. A kick-off call was held to walk administrators through the survey and answer any questions. If someone was not able to attend the call, a separate call was scheduled.

Surveys were administered by the following entities:

- **Safe Harbor Shelter –** an adult shelter in South San Francisco run by Samaritan House
- **Maple Street Shelter** - an adult shelter in Redwood City run by LifeMoves
- **LifeMoves Homeless Outreach Team (HOT)** – case managers who go to some of the hardest-to-reach homeless individuals typically living on the street/encampments
- **Ravenswood Family Health Center** – an FQHC in East Palo Alto; the clinic's Street Team administered the surveys at some other EPA locations for example the shelter directly across the street
- **PHPP Mobile Van –** goes to various locations throughout San Mateo County

- **PHPP Street Team –** goes to various locations throughout San Mateo County
- **HCH/FH Staff –** conducted a handful of surveys by joining PHPP Street Team

These organizations have contract agreements for data sharing with HCH/FH. An individual could decline to complete a survey or stop at any time while filling one out. Surveys were available in English, Spanish and Tongan. If an individual did complete a survey, he or she received a $5 Safeway gift card.

Table 16 Survey Administration

Entity Administering Survey	Number of Surveys Administered	Percent of Total (n=274)
HOT	8	3%
Maple Street Shelter	62	23%
Mobile Clinic	42	15%
Ravenswood	80	29%
Safe Harbor Shelter	61	22%
Street Team	21	8%

RESPONDENT CHARACTERISTICS

A total of 274 surveys were administered and completed by individuals ranging from age 15 to 85. Roughly two-thirds of respondents were male, and the median length of homelessness was just under one year.

Table 17 Age of Survey Respondents (n=274), average age: 48.5 years

Under 18	2	1%
18-29	30	11%
30-39	46	17%
40-49	43	16%
50-59	78	28%
60-69	48	18%
70-79	12	4%
80+	2	1%
Blank	13	5%

Table 18 Gender Identity of Survey Respondents (n=274)

Female	100	36%
Male	170	62%
Other	1	0%
Blank	3	1%

Table 19 Length of Homelessness among Survey Respondents (n=274)

Less than 1 month	28	10%
1 to 6 months	50	18%
>6 to 12 months	28	10%
>1 to 3 years	59	22%
>3 to 5 years	26	9%
>5 to 10 years	27	10%
>10 years	21	8%
Blank	35	13%

HOMELESSNESS AND HEALTH

The experience of being homeless has detrimental impacts on an individual's physical and mental health [38]. Adults experiencing homelessness suffer from a disproportionate share of chronic health conditions and are three-to-four times more likely to die prematurely than non-homeless persons [38], [39]. The National Coalition for the Homeless estimates that up to a quarter of people experiencing homelessness also have severe mental health conditions [39].

Experiencing homelessness also increases utilization of high-cost care [38]. Hospital stays among people experiencing homelessness in the United Sates are nearly twice as long as the average stay and cost over $2,500 more on average. These stays were four times as likely to take place within a week of a prior emergency department visit or hospital stay, and readmission risk is much higher when patients are discharged to the street or a shelter where treatment and recovery are disrupted. In San Francisco, people experiencing homelessness account for 30% of emergency psychiatric service episodes [39]. Therefore, helping patients establish and maintain primary care physicians has the potential to keep people healthier and keep health system costs lower.

HOMELESSNESS IN SAN MATEO COUNTY

San Mateo County and much of California is facing an affordable housing crisis. California has 13 of the 14 least affordable metropolitan areas in the country, and a shortfall of 1.5 million affordable homes [40]. Approximately 7,500 families in SMC are on closed waiting lists for public housing and rental assistance, and eight in 10 residents rate the availability of affordable housing in the community as "fair" or "poor" [21], [41]. The high cost of living and low supply of affordable housing are driving a growing and increasingly urgent homelessness crisis in SMC and across the state, which has direct impacts on health outcomes for individuals [40], [42].

The 2019 Point In Time (PIT) Count conducted in San Mateo County (SMC) identified 1,512 people experiencing homeless on a single night, composed of people on the street and in shelters. The single-night total was 21% higher than the PIT Count conducted in 2017, though less than the 2011 and 2013 Counts [43].

An estimated 4,638 to 6,798 people experience homelessness in the County annually using the broader HRSA definition of homelessness [6]. This is the target population for the HCH/FH program, though calculating the number of individuals 'doubling up' is very complicated and likely under-represented in this estimate [43].

DEMOGRAPHICS

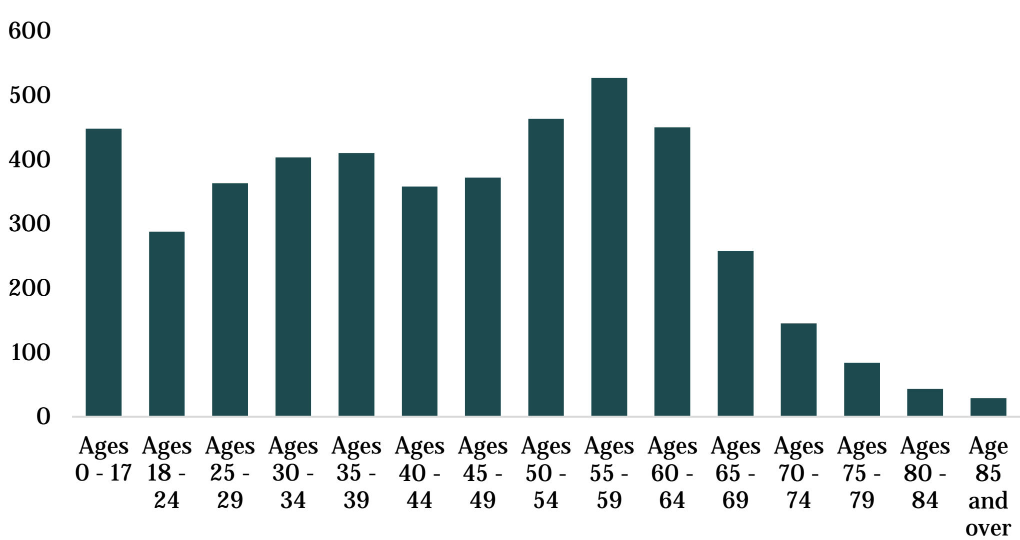
Table 20 below describes the race/ethnicity of people experiencing homeless in SMC in 2018, as well as the race/ethnicity of those people experiencing homelessness who received services at SMMC or HCH/FH contracts.

Table 20 Race/Ethnicity of People Experiencing Homelessness in SMC. Data sources: County of San Mateo Human Services Agency, 2019; San Mateo County Health Services Agency, 2019; County of San Mateo, 2016

	2019 PIT Count (N=1,512)	Received services through HCH/FH in 2018 (n=4641)	General Population of SMC
White	66.6%	51%	39.9%
Black/African American	13.3%	11%	2.9%
Asian	2.5%	7%	28.3%
American Indian / Alaska Native	6.2%	0.5%	0.8%
Native Hawaiian / Pacific Islander	3.6%	4%	1.6%
Multiple races	7.8%	10%	4.5%
Hispanic/LatinX	38.1%	32%	25.1%
Unreported		17%	

Individuals experiencing homelessness in SMC are predominantly male (66.9% vs. 32.9% female) and white. These figures were similar for 2019 Needs Assessment Survey respondents, 37% of whom identified as female, 63% of whom identified as male, and one of whom responded "other." The median age of patients experiencing homelessness who were seen at San Mateo Medical Center (SMMC) in 2018 was 47, and the median age of 2019 Needs Assessment Survey respondents was 50 [18]. Figure 24 below depicts the age distribution of people experiencing homelessness who received services through HCH/FH in 2018; previous needs assessments suggest that the number of seniors experiencing homelessness is increasing in the County [6].

Figure 24 2018 Age Distribution Of Individuals Experiencing Homelessness



In 2019, 21.2% of people experiencing homelessness in SMC were chronically homeless, a slight increase from 2017 [43].[5] Among 2019 Needs Assessment Survey respondents, the median length of homelessness was just under one year (11.97 months), with the shortest time being less than one month and the longest being nearly 30 years. Half of respondents reported being homeless before (50%).

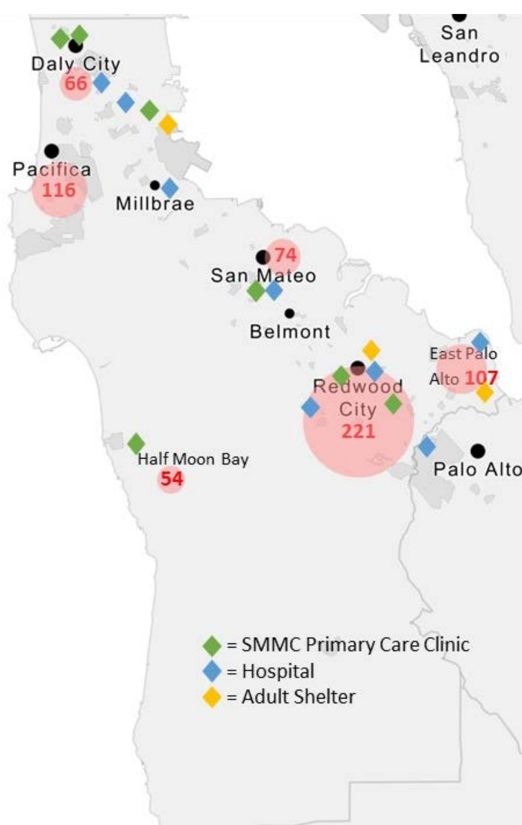
---

[5] Chronic homelessness is defined by the Department of Housing and Urban Development as "someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years, and also has a condition that prevents them from maintaining work or housing" (Point-in-Time, 2017).

WHERE AND HOW PEOPLE ARE SHELTERED

Of the 1,512 individuals experiencing homelessness identified in the 2019 PIT Count, 60% (901) were unsheltered (living on streets, in cars, in recreational vehicles, or in tents), and 40% (611) were sheltered (in emergency shelters and transitional housing programs). The highest per capita homeless populations are concentrated in the southern part of the County, in Redwood City and East Palo Alto, the poorest city in the service area, and in the northern coastal community of Pacifica. The County's largest unsheltered homeless populations were also located in Redwood City, East Palo Alto, and Pacifica [6]. Figure 25 below highlights the areas in the County with the largest populations of unsheltered individuals, and their location with respect to health care services and shelters.

Figure 25 Top 6 locations for unsheltered people experiencing homelessness (2019 PIT Count)



There was an overall increase in homelessness in SMC from 2017 to 2019. The PIT Count revealed that this increase was driven primarily by a significant increase (127%) in the number of people living in recreational vehicles [43]. This is a trend that has been seen in other counties in the Bay Area and is likely related to the high cost of living leading to individuals with jobs being unable to afford homes or rent. A separate recent study found that 50% of people living in vehicles in San Mateo County were not connected to health care, suggesting a gap in services for this growing population [44]. The 2019 PIT also found a 24% increase in the number of people sleeping on the street, and a 7% decrease in the number of people sleeping in cars.

Among 2019 Needs Assessment Survey respondents, 65% were sheltered at the time of the survey, and 35% were unsheltered. The median ages of the two groups were similar (51 and 50 respectively).

HEALTH OF PEOPLE EXPERIENCING HOMELESSNESS IN SMC

The 2019 PIT Count found that up to 31% of sheltered and 23% of unsheltered individuals reported severe mental illness, and up to 21% of sheltered and 12% of unsheltered individuals reported alcohol and/or drug use. Similarly, of the patients experiencing homelessness who received services through HCH/FH in 2018, 25.9% (1,201) were diagnosed with mental health disorders and 17.1% (793) were diagnosed with substance use disorders [14]. For those patients experiencing homelessness who had

emergency encounters at SMMC in 2018, eight of the top ten and 12 of the top 20 diagnoses were mental health or substance use related [18].

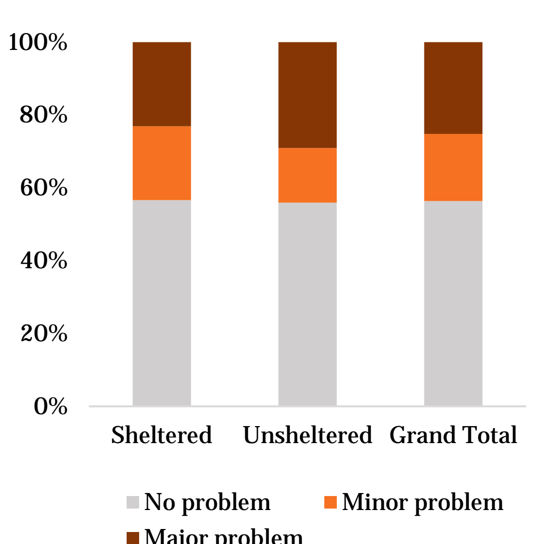
Outpatient encounters at SMMC in 2018 for patients experiencing homelessness were dominated by physical health diagnoses, with diabetes mellitus, chronic pain, and hypertension being the three most common [18]. Breast cancer is also a common diagnosis among this population, with 71 patients diagnosed with breast cancer in 2018 (the 11th most common diagnosis for outpatient encounters at SMMC), despite the fact that breast cancer screening is lower among the population of people experiencing homelessness (42%) than among the general SMMC population (75%) [18]. Further, colorectal cancer screening among homeless clients at SMMC is lower (24%) than the general population (60%) [18]. This is a large area of opportunity for SMMC and has been brought to the attention of the hospital Quality Improvement group. Of all patients experiencing homelessness who received services through HCH/FH in 2018, 12.9% (600) were diagnosed with diabetes mellitus, 22.2% (1,034) were diagnosed as overweight or obese, 10.6% (492) were diagnosed with heart disease, and 22.3% (1,036) were diagnosed with hypertension [14].

Among 2019 Needs Assessment Survey respondents, 62% described their general health as "good", "very good", or "excellent." This figure was the same regardless of whether an individual was sheltered or unsheltered at the time of the survey. The top six problems respondents reported facing over the last 12 months were: 1. stress or anxiety; 2. dental pain and other problems; 3. feeling depressed; 4. feeling lonely, sad, or isolated; 5. chronic pain; and 6. weight management/healthy eating. Figures 26 and 27 show that some of these conditions vary by shelter status; for both dental pain/problems and chronic pain, unsheltered individuals were slightly more likely to report them as a "major problem" than sheltered individuals.

Figure 26 Reports of dental pain and other problems as a problem in the last 12 months, by shelter status

100%
80%
60%
40%
20%
0%
Sheltered
Unsheltered
Grand Total
Not applicable
No problem
Minor problem
Major problem

Figure 27 Reports of chronic pain as a problem in the last 12 months, by shelter status



Numerous reported health challenges among 2019 Needs Assessment Survey respondents varied by shelter status, as described in Figures 28-31 below. Unsheltered individuals were more likely to identify incontinence, kidney issues/failure, and accidental falls causing injury as a problem they faced in the last year. It may be that individuals with these health conditions are more likely to be turned away by shelters, and thus end up unsheltered, because shelters are not equipped to care for individuals with complex needs. Interestingly, cancer was much more likely to be reported as a problem for sheltered individuals.

Figure 28 Reports of bladder or bowel incontinence/toileting as a problem in the last 12 months, by shelter status

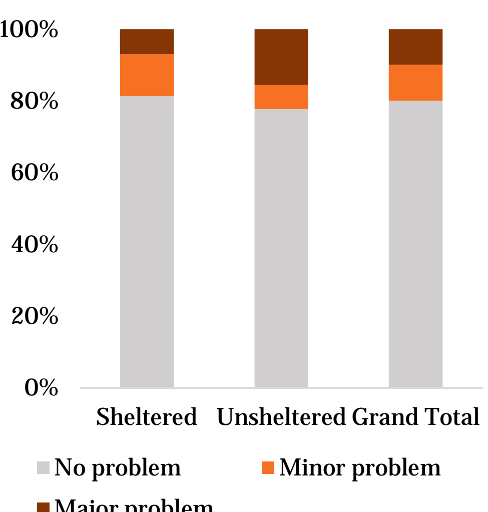


Figure 29 Reports of issues with kidneys/kidney failure as a problem in the last 12 months, by shelter status

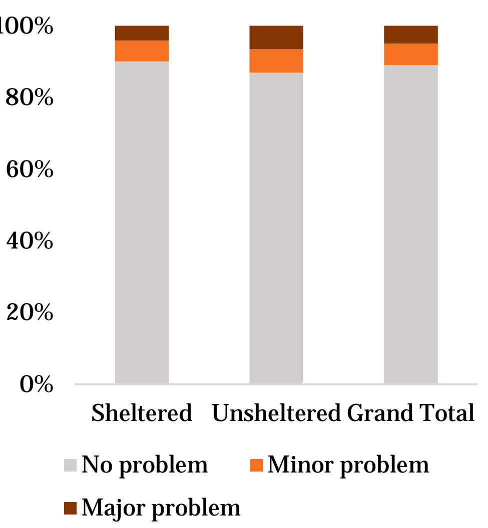


Figure 30 Reports of accidental falls causing injury as a problem in the last 12 months, by shelter status

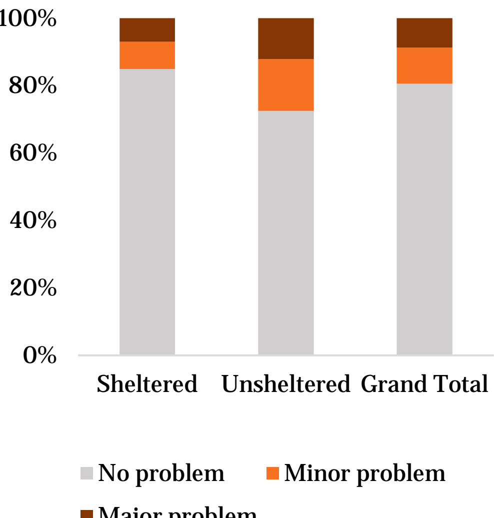
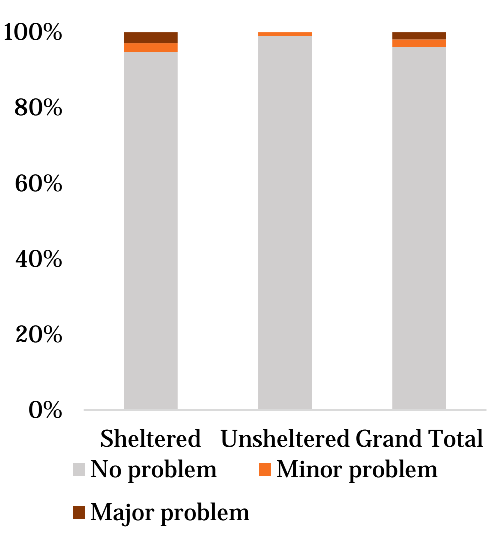


Figure 31 Reports of cancer as a problem in the last 12 months, by shelter



SOCIAL ISOLATION

Social isolation and loneliness have been linked to increased risk for numerous physical and mental health conditions, including heart disease, obesity, anxiety and depression, and cognitive decline [45]. Roughly a quarter (24.7%) of 2019 Needs Assessment Survey respondents identified feeling lonely, sad, or isolated as a major problem they faced in the last year. This number was highest among respondents under 30 (29.4%) and age 70 and above (28.6%). However, 70% of respondents "agreed" or "strongly agreed" that there are people they can reach out to if they need help, and 65% "agreed" or "strongly agreed" that they feel welcome in their community. Younger respondents (0-29) were much more likely to feel welcome (82% "agreed" or "strongly agreed") than older adults, many of whom respondent neutrally.

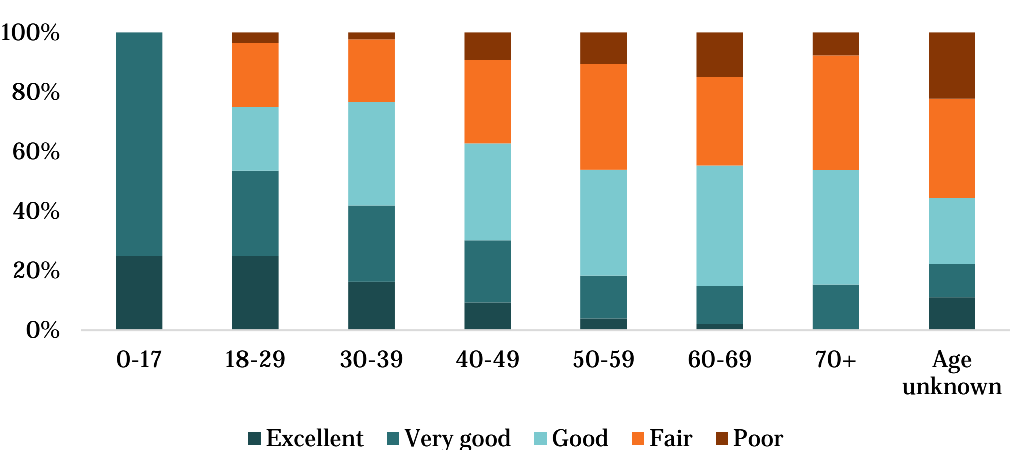
AGING AND HOMELESSNESS

Physical and mental health conditions associated with aging, including incontinence, ability to manage activities of daily living, and dementia, can require a level of care and service that many shelters are not equipped to provide [46]. For the general population, these types of conditions and symptoms typically emerge when an individual is in their 70s and 80s [47]. The combination of an aging homeless population and the fact that people experiencing homelessness may experience these conditions at an earlier age than the general population means there may be a rapidly growing population whose needs cannot currently be met in shelters [46].

Nationally, there is a surge in older homeless people driven by a single group – younger baby boomers born between 1955 and 1965. This group has made up a third of total homeless population for several decades, meaning in 2014 individuals older than 50 made up 31% of the nation's homeless population. More recent reports indicate more than half of homeless adults in the United States are over age 50 [48]. While HCH/FH has heard individuals experiencing homelessness are 50 and older in San Mateo County, HCH/FH data 2015-2019 shows the average age of a homeless client seen at SMMC or a contractor through HCH/FH was 42 years old [46]. This might indicate older individuals are not coming in for health care services and closer collaboration between HCH/FH and San Mateo County's Aging and Adult Services is an opportunity.

Due to national trends and anecdotal evidence in the County, this Needs Assessment attempted to better understand ailments associated with aging. Fifteen percent of 2019 Needs Assessment Survey respondents reported having trouble getting or keeping a shelter bed due to health reasons; the median age for this group was slightly higher than those who did not report trouble getting or keeping a shelter bed (55.5 years vs. 50 years). San Mateo County adult shelters may consider boosting their capacity to address clients' medical issues.

Figure 32 Self-reported general health among survey respondents, by age



Recent patient encounter data from SMMC does not reveal a different in the median age of onset for dementia or incontinence between the general population and individuals experiencing homelessness [18]. However, 2019 Needs Assessment Survey data reveals that respondents aged 50-59 report facing similar aging-related conditions and challenges as older respondents. Figures 33-38 show that there is an increase in reports of incontinence, vision loss, problems with moving around (walking or changing clothes), chronic pain, accidental falls causing physical injury, and getting in and out of bed as minor or major problems among respondents aged 50-59.

Figure 33 Reports of bladder or bowel incontinence/toileting as a problem in the last 12 months, by age

100%
80%
60%
40%
20%
0%
0-17
18-29
30-39
40-49
50-59
60-69
70+
Age unknown
No problem
Minor problem
Major problem

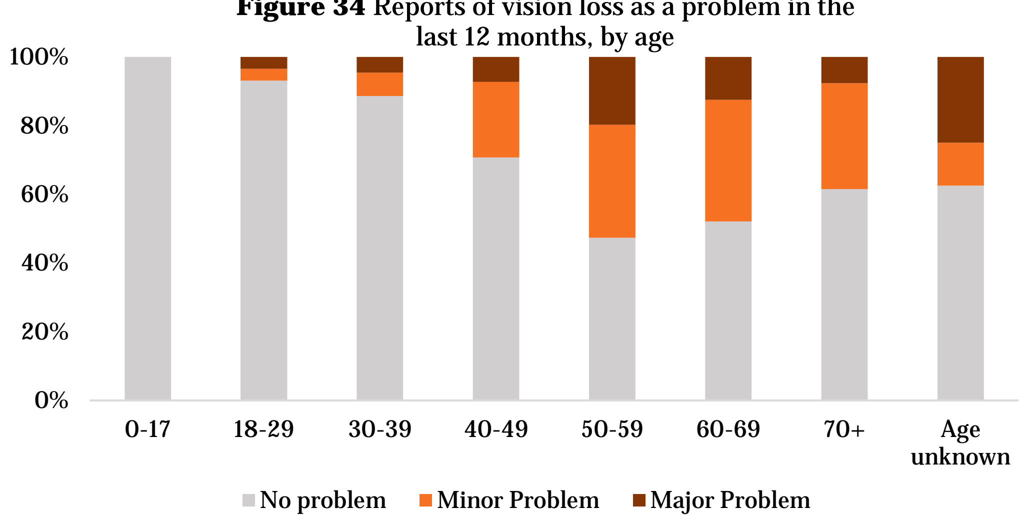


Figure 34 Reports of vision loss as a problem in the last 12 months, by age

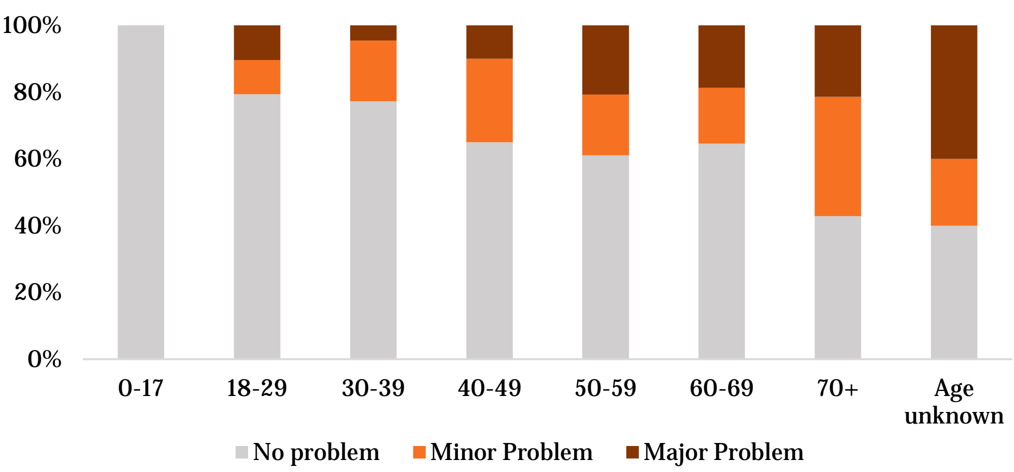


Figure 35 Reports of problems with moving around (like walking or changing clothes) in the last 12 months, by age

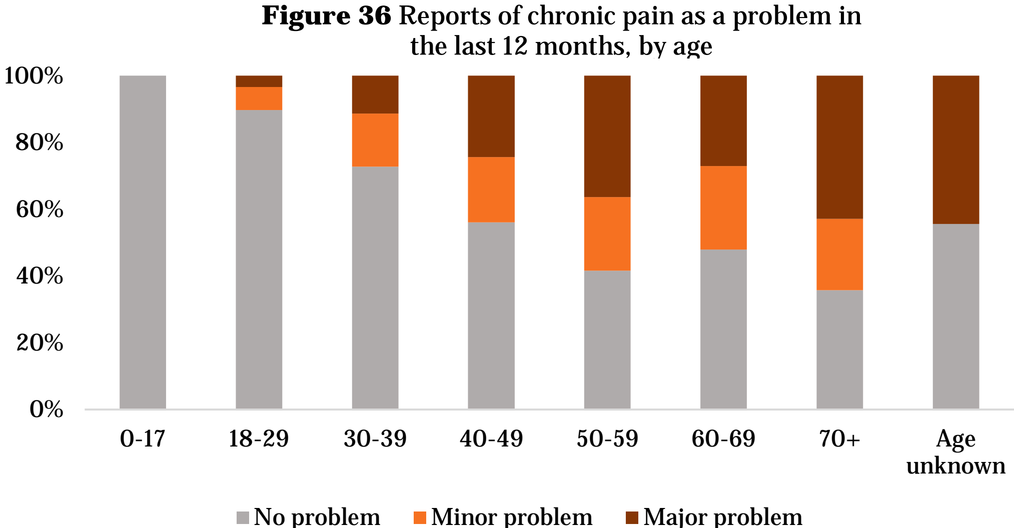


Figure 36 Reports of chronic pain as a problem in the last 12 months, by age

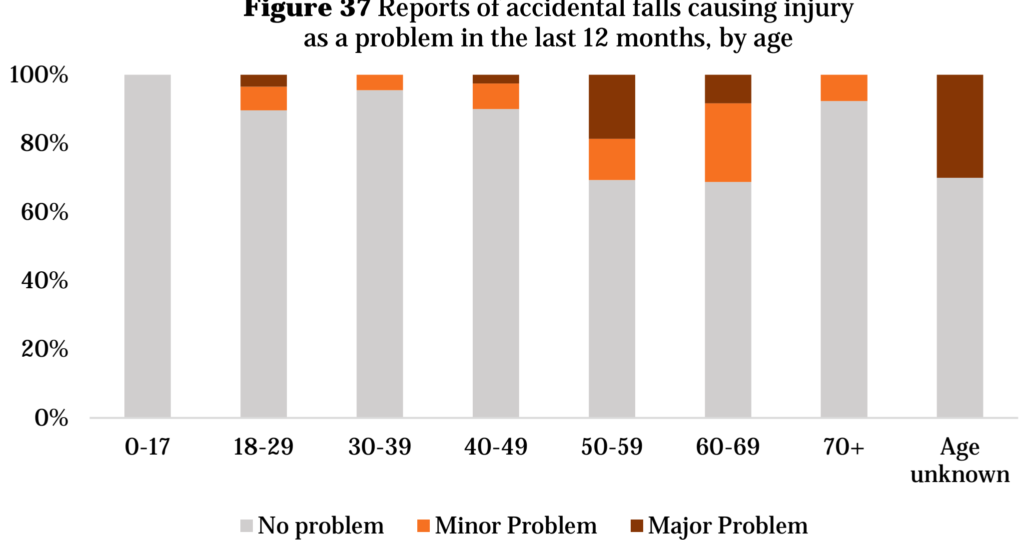


Figure 37 Reports of accidental falls causing injury as a problem in the last 12 months, by age

Figure 38 Reports of problems getting in and out of bed in the last 12 months, by age

100%
80%
60%
40%
20%
0%
0-17 18-29 30-39 40-49 50-59 60-69 70+ Age unknown

No problem Minor problem Major problem

Effective January 2019, SB1152 mandates California hospitals cannot release patients experiencing homelessness to the streets without adequate planning to combat "patient dumping" [49]. However, in many instances, the appropriate or best location for discharge is unavailable. In an effort to better understand appropriate discharge locations for homeless individuals from hospitals in San Mateo County, hospital discharge planners at Sequoia, Seton, San Mateo Medical Center, and Kaiser (Redwood City and South San Francisco) hospitals were asked to respond to a survey looking back over 2 weeks' worth of discharges of homeless patients. Their responses overwhelmingly indicated long-term placement as a large need in the County. It can be assumed this is due to an aging population as well as complex health needs which discharge planners do not expect the individual will be able to overcome living independently. This is particularly alarming because Board and Cares

across California are closing due to low Medi-Cal & Medicare reimbursement rates and increasing housing costs [50]. At the time of writing this report, the first ever county Medical Respite pilot has begun in South San Francisco through a partnership between Health Plan of San Mateo and Whole Person Care. This 6-bed facility is intended for 4-6 week stays for individuals experiencing homelessness needing to recuperative after a hospital stay. While this is an exciting and important development, the larger need for longer term care remains unmet.

Table 21 Hospital Discharge Trends of People Experiencing Homelessness

Discharge Location Post Hospital Stay	Percentage of Homeless Individuals at Discharge
Medical Respite	14%
Short term skilled nursing facility (SNF)	14%
Long term placement (Board & Care/Assisted Living, Long term SNF)	46%
Mental Health/Substance Abuse Services	14%
Other (shelter, hospice)	13%

Access to Care and Services

Unsheltered individuals experiencing homelessness tend to be frequent users of emergency services and often face significant barriers to receiving appropriate health care [43]. Among all 2019 Needs Assessment Survey respondents, 62% reported visiting the emergency room in the last year and 38% reported staying at a hospital for longer than one night in the last year. Sixty-five percent also reported seeing a doctor or nurse for an outpatient visit in the last year, 38% reported going to therapy or counseling, and 28% reported seeing a dentist in the last year.

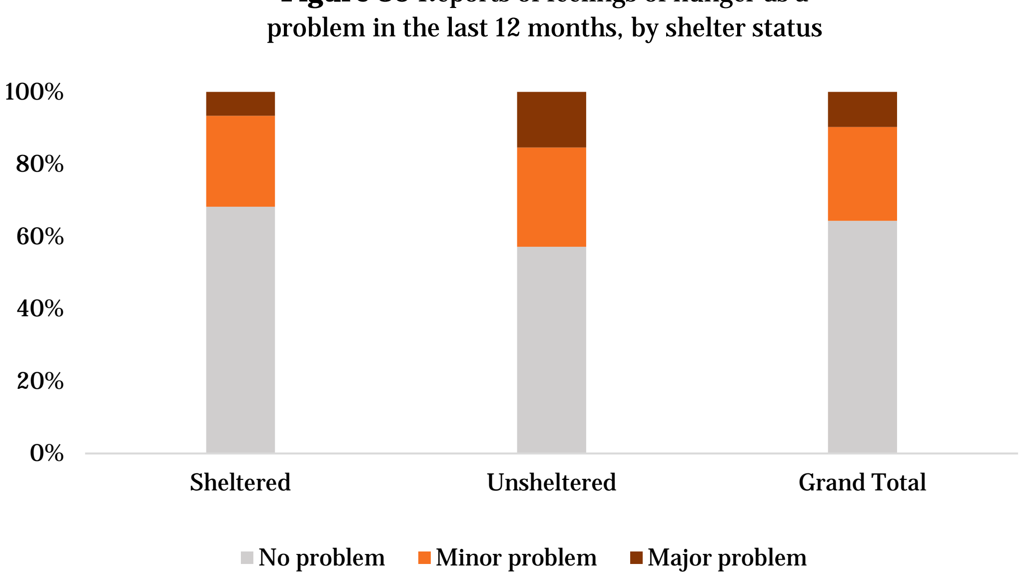
Barriers to Care

The 2017 HCH/FH Program Needs Assessment identified length of time to get an appointment, inability to afford healthcare bills, and a lack of insurance as significant barriers to care for people experiencing homelessness. In 2018, 27% (1,267) of HCH/FH patients experiencing homelessness were uninsured, and an additional 14% had an unknown insurance status. 2019 Needs Assessment Survey respondents had higher levels of insurance, with only 9% reporting having no insurance. However, among those respondents who provided a reason for not receiving outpatient care, 14% cited a lack of insurance. Additionally, a quarter (26%) of respondents who provided a reason for not receiving dental care named a lack of insurance or inability to afford the cost.

FOOD INSECURITY

As noted above, food security is a challenge for populations across SMC. A 2016 study in SMC found that 79% of people experiencing homelessness reported currently accessing free meals, and 59% used a food pantry [28]. Among individuals surveyed in the 2019 PIT Count, 55% had accessed free meals and 41% were recipients of CalFresh. Among 2019 Needs Assessment Survey respondents, 9% reported feelings of hunger as a major problem in the last 12 months, and 20% named weight management/eating health as a major problem. As Figure 39 shows, feelings of hunger were a more significant problem for individuals who were unsheltered at the time of the survey.

Figure 39 Reports of feelings of hunger as a problem in the last 12 months, by shelter status



Beyond food security, food nutrition is another important consideration for individuals experiencing homelessness especially those with diabetes or hypertension. Managing these diseases requires low-carbohydrate diets but this would be challenging in a shelter or street setting, or through food received at a food pantry. LifeMoves' Maple Street adult shelter conducted a Nutrition Food Assessment in 2018 and hired a nutritionist to help the shelter better plan its meals to meet its clients' health needs [51]. Other shelters in San Mateo County can consider similar programs.

Homeless Survey Limitations

Limitations to the 2019 Needs Assessment Survey homelessness data collection and analysis process are outlined below; the findings described above should be considered with these limitations in mind.

- Clients often filled out the survey themselves, which could mean they did not understand a question or did not answer all the questions. When someone else administered the survey to the client, Question 4 – which asks clients to rate about 15 health issues – was extremely tedious; HCH/FH staff were later told and witnessed themselves when administering surveys that the question led to administrator and client burn out.
- The survey is administered at places where individuals are already connected to some type of services, which may lead to bias in the responses. This was acceptable to the team because the purpose of the survey was to better understand homelessness and aging and to a lesser extend barriers to care. Still, this excludes homeless individuals who are likely the most difficult to connect to services.
- Survey administrators have been homeless providers for a long time and as much as possible ensured an individual only filled out one survey, but it is possible an individual filled out more than one survey, particularly if they moved between shelters during the time of survey administration.
- When breaking down survey data by age group and response categories, the sample sizes for analysis became small; they may not reflect the trends or breakdowns of a larger population.
- We do not have information on the extent to which survey respondents overlap with the population of people accessing services through HCH/FH or SMMC (and who are thus represented in UDS and claims data). This makes it difficult to draw conclusions from comparisons across the two data sources.

REFERENCES

[1] Health Resources & Services Administration, "2018 National Health Center Data - National Program Grantee Data," 2020. [Online]. Available: https://bphc.hrsa.gov/uds/datacenter.aspx?fd=mh. [Accessed: 10-Feb-2020].

[2] Health Resources & Services Administration, "HRSA Farmworker Definition." 2016.

[3] San Mateo County Department of Agriculture, "Correspondence with the San Mateo County Department of Agriculture." 2019.

[4] BAE Urban Economics, SAGE, and California Farmlink, "San Mateo County Agricultural Workforce Housing Needs Assessment." 2016.

[5] San Mateo County Department of Agriculture, "2018 Agricultural Crop Report," 2019.

[6] County of San Mateo, "SAC Narrative - HCH/FH 2019," 2019.

[7] T. Hernandez, S. Gabbard, and JBS International, "Findings from the National Agricultural Workers Survey (NAWS), 2015-2016: A Demographic and Employment Profile of United States Farmworkers," 2018.

[8] University of California at Davis, "NAWS California: Migration Dialogue," *Rural Migr. News*, vol. 23, no. 3, 2017.

[9] D. Costa, "California leads the way: a look at California laws that help protect labor standards for unauthorized immigrant workers," *Econ. Policy Inst.*, 2018.

[10] H. Neidig, "Supreme Court allows Trump administration to move forward with 'public charge' rule," *The Hill*, 27-Jan-2020.

[11] County of San Mateo Board of Supervisors, "Response to Public Charge." 2018.

[12] California Department of Health Care, "Young Adult Expansion," 2020. [Online]. Available: https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/YoungAdultExp.aspx. [Accessed: 10-Feb-2020].

[13] JSI, "County of San Mateo Substance Use Needs Assessment," 2019.

[14] San Mateo County Health Services Agency, "2018 UDS Data." 2019.

[15] JSI, "San Mateo County Health Care for the Homeless and Farmworker Health Program: 2017 Needs Assessment," 2018.

[16] U.S. Centers for Disease Control and Prevention, "Hispanic/Latino Americans and Type 2 Diabetes," 2019. [Online]. Available: https://www.cdc.gov/diabetes/library/features/hispanic-

diabetes.html. [Accessed: 10-Feb-2020].

[17] U.S. Centers for Disease Control and Prevention, "Health of Hispanic or Latino Population," *FastStats*, 2019. [Online]. Available: https://www.cdc.gov/nchs/fastats/hispanic-health.htm. [Accessed: 10-Feb-2020].

[18] San Mateo Medical Center and Population Health Analytics, "San Mateo Medical Center 2018 Encounter Data." 2019.

[19] San Mateo County Health, "HCH/FH Program QI/QA Committee 2019 Annual Plan," 2019.

[20] San Mateo Medical Center Population Health Analytics Team, "Top 20 Diagnoses for Farmworkers with Outpatient Active Encounters for 2018." 2019.

[21] County of San Mateo, "SAC Narrative- HCH/FH 2016," 2016.

[22] San Mateo County Health Behavioral Health & Recovery Services, "RFP for Multi-Cultural Wellness Program, Coastside Community." 2019.

[23] National Center for Farmworker Health Inc., "Occupational Health & Safety Factsheet: Agricultural Worker Occupational Health & Safety," 2017.

[24] Farmworker Justice, "Issue Brief: The Role of Exposure Incident Reporting in the Regulation of Pesticides," 2012.

[25] California Department of Public Health, "Occupational Pesticide Illness Prevention Program," 2019. [Online]. Available: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/OPIPP/Pages/OPIPP.aspx. [Accessed: 11-Feb-2020].

[26] Tracking California, "Agricultural Pesticide Mapping Tool," 2020. [Online]. Available: https://trackingcalifornia.org/pesticides/pesticide-mapping-tool. [Accessed: 10-Feb-2020].

[27] National Center for Biotechnology Information, National Institutes of Health, and National Library of Medicine, "1,3-Dichloropropene," *PubChem*, 2020. [Online]. Available: https://pubchem.ncbi.nlm.nih.gov/compound/1_3-Dichloropropene. [Accessed: 13-Feb-2020].

[28] JSI, "San Mateo County Health Care for Homeless/Farmworker Health Program: Promising Nutrition and Food Access Programs," 2016.

[29] E. R. Hager *et al.*, "Development and validity of a 2-item screen to identify families at risk for food insecurity," *Pediatrics*, vol. 126, no. 1, 2010, doi: 10.1542/peds.2009-3146.

[30] San Mateo Medical Center, "Farmworker Outreach Summary Report (September 2012)." 2013.

[31] L. Grote, "Regulatory Barriers to Agricultural Workforce Housing in San Mateo County," 2017.

[32] C. Lambert, “POST, farms work together to build much-needed housing,” *Half Moon Bay Review*, 2018. [Online]. Available: https://www.hmbreview.com/opinion/post-farms-work-together-to-build-much-needed-housing/article_4a19b8de-69c5-11e8-94d2-473ce59fd951.html/. [Accessed: 11-Feb-2020].

[33] K. Cole and San Mateo County Department of Housing, “Providing Farmworker Housing: POST and Blue House Farm,” 2016. [Online]. Available: https://cmo.smcgov.org/providing-farmworker-housing-post-and-blue-house-farm/. [Accessed: 11-Feb-2020].

[34] POST, “POST Unveils Housing for Laborers at San Gregorio Farm,” 2018. [Online]. Available: https://openspacetrust.org/post-news/san-gregorio-housing/. [Accessed: 11-Feb-2020].

[35] J. A. Llosa, S. Menéndez-Espina, E. Agulló-Tomás, and J. Rodríguez-Suárez, “Job insecurity and mental health: A meta-analytical review of the consequences of precarious work in clinical disorders,” *An. Psicol.*, vol. 34, no. 2, pp. 211–223, 2018, doi: 10.6018/analesps.34.2.281651.

[36] L. Leyden, “Local leaders respond after Bay City closes,” *Half Moon Bay Review*, 18-Sep-2019.

[37] JSI, “San Mateo County Health Care for Homeless/Farmworker Health Program: Nonemergency Medical Transportation.” 2016.

[38] JSI, “San Mateo County Health Care for Homeless/Farmworker Health Program: Medical Respite Care,” 2016.

[39] B. Greenberg, S. Korb, K. Cronon, and R. Anderson, “Supportive housing best practices in a mid-sized US urban community,” *Housing, Care Support*, vol. 16, no. 1, pp. 6–15, 2013, doi: 10.1108/14608791311310465.

[40] California State Senate and Committee on Budget and Fiscal Review, “Homelessness Hearing Agenda for February 25, 2016.” 2016.

[41] Healthy Community Collaborative of San Mateo County, “Select Results from the Health & Quality of Life Survey: San Mateo County.” 2018.

[42] National Health Care for the Homeless Council, “Social Determinants of Health: Predictors of Health among People without Homes.” 2016.

[43] County of San Mateo Human Services Agency, “2019 San Mateo County One Day Homeless Count and Survey,” 2019.

[44] County of San Mateo Human Services Agency, “2019 RV Survey Findings.” 2019.

[45] National Institute on Aging and National Institutes of Health, “Social isolation, loneliness in older people pose health risks,” 2019.

[46] Peninsula Conflict Resolution Center, “San Mateo County Senior Homeless Population Needs

Assessment," 2019.

[47] E. Jaul and J. Barron, "Age-Related Diseases and Clinical and Public Health Implications for the 85 Years Old and Over Population.," *Front. public Heal.*, vol. 5, p. 335, 2017, doi: 10.3389/fpubh.2017.00335.

[48] E. Abbs, R. Brown, D. Guzman, L. Kaplan, and M. Kushel, "Risk Factors for Falls in Older Adults Experiencing Homelessness: Results from the HOPE HOME Cohort Study," *J. Gen. Intern. Med.*, Jan. 2020, doi: 10.1007/s11606-020-05637-0.

[49] California State Legislature, "SB-1152 Hospital patient discharge process: homeless patients." 2018.

[50] J. Wiener, "Health catastrophe: Vanishing board-and-care-homes leave residents with few options," *Cal Matters*, 2019.

[51] K. Roth, "Life Moves Nutrition Assessment: Final Report," 2018.

[52] United States Department of Agriculture, "2017 Census of Agriculture: County Profile for San Mateo County, California." 2019.

APPENDIX A

Farmworker Survey, Public Charge Fliers, Eligibility Criteria & Survey Administration Instructions

APPENDIX B

PEOPLE EXPERIENCING HOMELESSNESS SURVEY

APPENDIX C

Data Tables Summarizing Farmworker Surveys And People Experiencing Homelessness Surveys

APPENDIX D

2019 HCH/FH Contracted Services

APPENDIX E

SAN MATEO COUNTY OUTPATIENT CLINICS

APPENDIX F

DIAGNOSTIC CODES

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

DATE: July 9, 2020

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

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

SUBJECT: 2019 SMC Annual Federal Program Performance Report – UDS Final Submission

HCH/FH program staff submitted the final Uniform Data System (UDS) report on March 17, 2020. The UDS is a standard data set that is reported annually and provides consistent information about health centers. It includes patient demographics, services provided, clinical processes and results, patients' use of services, costs, and revenues that document how San Mateo Health System and HCH/FH contractors perform. Over the years there have been fluctuations in both the homeless and farmworker populations. The criteria for the clinical outcome measures have also changed significantly; this is reflected in the UDS trend charts showing data on ten years of UDS reporting (2010-2019).

Demographics

Overall the number of homeless and farmworker patients utilizing HCH/FH services in San Mateo County has continued its declined since 2015. A total of 5,721 homeless and farmworker patients accessed HCH/FH services in 2019, which is comparable to 2019 (5,733). Although the number of homeless individuals accessing HCH/FH services increased 3% from 4,641 in 2018 to 4,769 in 2019, the number of farmworkers and dependents who accessed HCH/FH services decreased 14% from 1,180 in 2018 to 1,022 in 2019.

The reduction in farmworker use of healthcare services is consistent with the declining demand for farmworker labor in San Mateo County and the "chilling effect" of the current immigration climate causing farmworkers and their families to hesitate seeking medical care and other social benefits. The reduction is consistent regardless of age, gender, type of service accessed (i.e., primary care, dental, behavioral health, enabling services) and organization type (i.e., community-based versus County program). Of note, the number of female farmworkers or female family members who sought out HCH/FH services in 2019 decreased 20% compared to 2018, and 2019 was the first year since the Farmworker Health program began that more males (538) than females (606) accessed HCH/FH services.

The number of homeless individuals living in shelters who accessed HCH/FH services in 2019 decreased nearly 10%, while the number of street homeless individuals who accessed HCH/FH services increased 15%. The increase in street homeless patients is consistent with findings from the 2019 San Mateo County One Day Homeless Count, which saw an increase in unsheltered homeless individuals, especially those living in cars and RVs.

Another interesting finding is that the number of homeless adults ages 20-64 and 65+ decreased slightly in 2019 compared to 2017 and 2018; however, the number of youth that accessed HCH/FH services increased 46% from 491 in 2018 to 717 in 2020.

The number of homeless individuals who accessed HCH/FH mental health services increased 74% from 299 in 2018 to 521 in 2019. This is partially due to the addition of StarVista as a contractor in 2019 to deliver SUD-MH case management and therapeutic services to homeless individuals.

Clinical

In the 2019 UDS Report, 7 clinical outcome measures (out of 14 on table) saw an improvement, 4 clinical outcome measures stayed relatively the same, and 3 measures declined by 5% or more. This in an improvement from 2018, where 2 clinical outcome measures (out of 14 on table) saw an improvement, 5 clinical outcome measures stayed relatively the same, and 4 measures declined by 5% or more. Clinical measures continue to change annually to align with Center for Medicaid Services (CMS) measures, of which SMMC adheres to for reimbursement and pay-for-performance (P4P) programs. Additionally, the clinical measure for Coronary Artery Disease was replace by "Statin Therapy for the Prevention and Treatment of Cardiovascular Disease" to better align with CMS.

Financial

In 2019, a calculated total of 39.23 FTE (vs. 40.4 in 2018) provided for 33,379 service visits (33,738) for 5,721 patients (5,733) at a total cost of $18.2 million ($17.1). Across the board, most service and patient counts were within a couple percent increase (medical patients, dental visits, podiatry visits, vision patients) or decrease (medical visits, dental patients, podiatry patients, vision visits). The exceptions were Behavioral Health, where there was a 73% increase in patients and 20 percent increase in total visits, and Enabling Services where visits were down 14% but services reached 16% more individuals.

Overall, total calculated costs were up 6.4%, with all reimbursements also up: MediCal/Medicare up 2.5%; county/ACE up 5.66% and our HRSA 330 grant up 16.67%. With increased costs and a very slight decrease in patients and visits, the average cost per patient ($3,181 for the year) and per visit ($545 per visit) also increased (6.7% & 7.6%)

In general, there was only slight changes in 2019 from 2018, with the exception of significant increases in Behavioral Health patients and visits. Much of this is the result of our current contract with StarVista and increased Integrated Behavioral Health services at SMMC.

ATTACHED:

- Program performance 2010-2019
- Clinical Outcomes 2012-2019
- 2019 UDS Final Submission

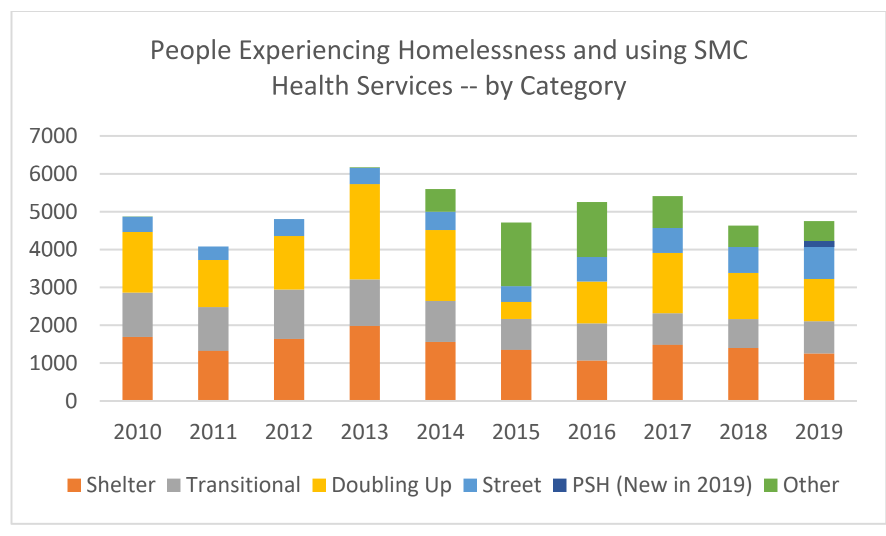
Summary of HCH/FH Program Performance 2010 – 2019

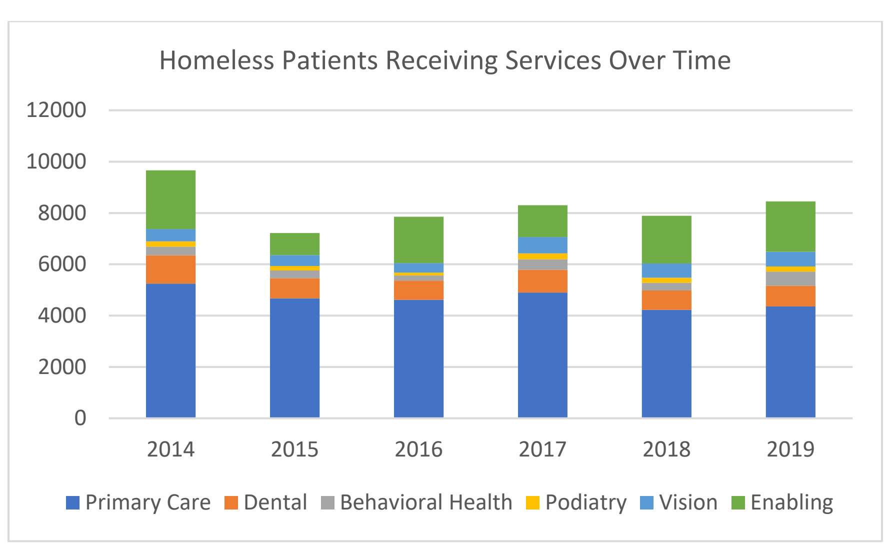
Universal

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total # of Patients	5,110	4,897	5,779	7,516	7,707	6,556	6,696	6,482	5,733	5,721
Total # of Visits	20,002	20,854	28,400	39,628	41,361	37,915	39,616	39,130	33,738	33,379
Homeless	4,883	4,109	4,803	6,171	5,596	4,714	5,257	5,409	4,641	4,769
Farmworker	227	837	1,031	1,435	2,265	1,947	1,497	1,162	1,180	1,020
Sex										
Male	58%	55%	52%	51%	52%	52%	50%	56%	57%	58%
Female	42%	45%	48%	49%	48%	48%	50%	44%	43%	42%
Age Range										
0-19 yrs	17%	21%	24%	23%	27%	26%	26%	15%	16%	19%
20-64 yrs	79%	76%	72%	67%	62%	63%	70%	76%	74%	71%
65+ yrs	4%	3%	4%	20%	22%	22%	4%	9%	11%	10%

Homeless

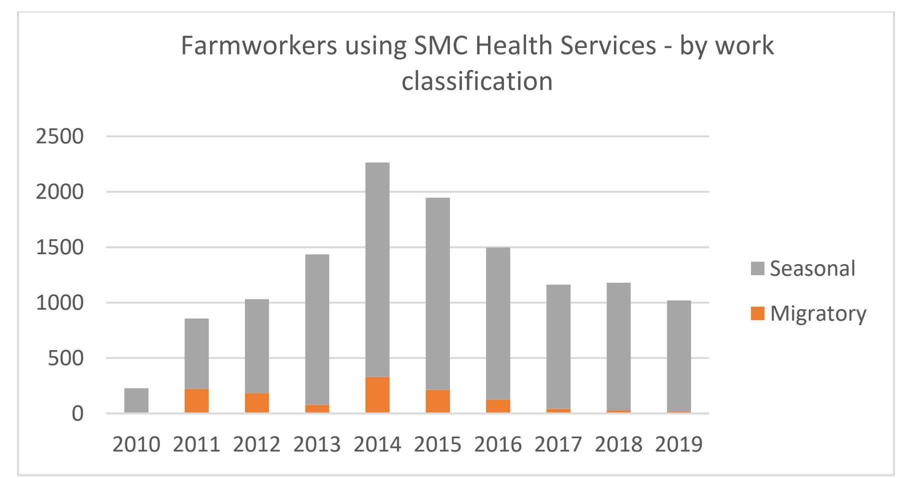
Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Shelter	1694	1330	1641	1981	1562	1355	1071	1489	1396	1258
Transitional	1171	1148	1305	1228	1083	814	981	827	765	849
Doubling Up	1602	1247	1406	2515	1867	451	1103	1601	1227	1122
Street	402	356	447	436	488	408	643	657	681	852
PSH (New in 2019)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

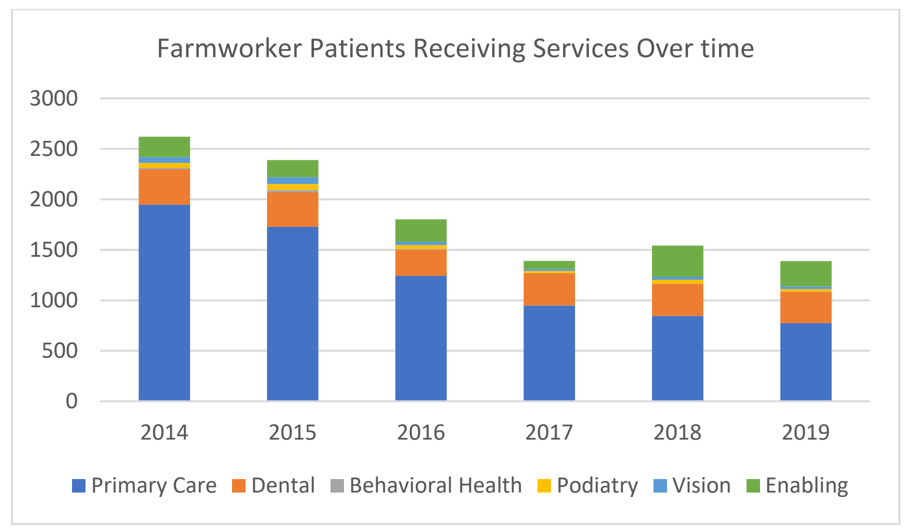




Farmworker

Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Migratory		220	183	77	329	213	127	42	25	18
Seasonal	227	637	848	1358	1936	1734	1370	1120	1155	1002
Total	227	857	1031	1435	2265	1947	1497	1162	1180	1020





UDS Outcome Measures	2012	2013	2014	2015	2016	2017	2018	2019	
Childhood IZs Completed by Age 2-3 (90%)	74%	87%	88%	86%	80%	66%	54%	64%	↑
Pap Test in Last 3 Years (70%)	86%	67%	57%	64%	60%	63%	*59%	54%	↓
Child & Adolescent BMI & Counseling (85%)	47%	83%	80%	74%	*57%	*59%	*58%	57%	↓
Adult BMI & Follow-up Plan (75%)	31%	66%	44%	50%	29%	43%	*33%	27%	↓
Tobacco Use Queried (96%)	80%	96%	77%	* 92%	*86%	*78%	*87%	89%	↑
Tobacco Cessation Offered (96%)	90%	90%							
Treatment for Persistent Asthma (100%)	88%	100%	100%	100%	99%	*90%	*89%	100%	↑
Lipid Therapy in CAD Patients (96%) Replaced by Statin Therapy in 2019	96%	96%	90%	*80%	*74%	*81%	*73%	74%	↑
Aspirin Therapy in IVD Patients (96%)	99%	96%	98%	*89%	*84%	*86%	*85%	86%	↑
Colorectal Screening Performed (60%)	40%	54%	34%	*49%	*48%	*57%	*54%	58%	↑
Babies with Normal Birth Weight (95%) (all babies delivered)	87%	94%	99%	92%	97%	98%	92%	89%	↓
Hypertension Controlled <140/90 (80%)	60%	80%	64%	61%	*53%	*63%	64%	63%	↓
Diabetes Controlled <9 HgbA1C (75%)	71%	74%	49%	*69%	*54%	*72%	*71%	67%	↓
First Trimester Prenatal Care (80%)	71%	75%	84%	89%	65%	49%	44%	60%	↑
Depression Screening and Follow-up			8.6%	27%	37%	41%	27%	22%	↓

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Contact Information

Do you self-identify as an NMHC?: No

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

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	91	235	39	1	366
Unknown Residence	12	19	1	1	33
Total	1667	3300	660	94	5721

Comments

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

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

Universal

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	38	33
2	Age 1	23	21
3	Age 2	36	13
4	Age 3	34	16
5	Age 4	20	27
6	Age 5	23	24
7	Age 6	29	30
8	Age 7	39	20
9	Age 8	27	25
10	Age 9	31	21
11	Age 10	28	17
12	Age 11	30	27
13	Age 12	41	17

Line	Age Groups	Male Patients (a)	Female Patients (b)
14	Age 13	17	31
15	Age 14	27	30
16	Age 15	28	33
17	Age 16	32	34
18	Age 17	23	46
19	Age 18	19	26
20	Age 19	21	27
21	Age 20	22	33
22	Age 21	35	21
23	Age 22	38	19
24	Age 23	35	32
25	Age 24	39	29
26	Ages 25-29	242	184
27	Ages 30-34	274	176
28	Ages 35-39	277	186
29	Ages 40-44	276	193
30	Ages 45-49	247	183
31	Ages 50-54	319	192
32	Ages 55-59	360	200
33	Ages 60-64	292	165
34	Ages 65-69	155	108
35	Ages 70-74	68	79
36	Ages 75-79	34	48
37	Ages 80-84	19	29
38	Age 85 and over	11	17
39	**Total Patients** (Sum of Lines 1-38)	**3309**	**2412**

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	25	21
2	Age 1	14	10
3	Age 2	31	8
4	Age 3	27	14
5	Age 4	12	21
6	Age 5	18	20
7	Age 6	22	22
8	Age 7	28	13
9	Age 8	17	21
10	Age 9	17	15
11	Age 10	20	4
12	Age 11	20	19
13	Age 12	23	8
14	Age 13	7	19
15	Age 14	15	15
16	Age 15	10	26
17	Age 16	19	28
18	Age 17	14	33
19	Age 18	7	18
20	Age 19	16	20
21	Age 20	15	22
22	Age 21	28	18
23	Age 22	32	18
24	Age 23	31	27
25	Age 24	36	26
26	Ages 25-29	212	158
27	Ages 30-34	244	154
28	Ages 35-39	244	147

Line	Age Groups	Male Patients (a)	Female Patients (b)
29	Ages 40-44	233	135
30	Ages 45-49	209	142
31	Ages 50-54	289	158
32	Ages 55-59	331	180
33	Ages 60-64	276	149
34	Ages 65-69	147	100
35	Ages 70-74	67	75
36	Ages 75-79	32	45
37	Ages 80-84	18	27
38	Age 85 and over	10	17
39	**Total Patients (Sum of Lines 1-38)**	**2816**	**1953**

MHC

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	13	11
2	Age 1	9	11
3	Age 2	5	5
4	Age 3	7	2
5	Age 4	8	6
6	Age 5	6	4
7	Age 6	8	8
8	Age 7	11	7
9	Age 8	10	4
10	Age 9	14	6
11	Age 10	8	13
12	Age 11	10	8
13	Age 12	18	9
14	Age 13	10	12

Line	Age Groups	Male Patients (a)	Female Patients (b)
15	Age 14	12	15
16	Age 15	18	7
17	Age 16	13	6
18	Age 17	9	13
19	Age 18	12	9
20	Age 19	6	7
21	Age 20	7	11
22	Age 21	7	3
23	Age 22	6	2
24	Age 23	4	5
25	Age 24	3	4
26	Ages 25-29	35	29
27	Ages 30-34	36	22
28	Ages 35-39	38	40
29	Ages 40-44	46	60
30	Ages 45-49	48	44
31	Ages 50-54	34	36
32	Ages 55-59	32	24
33	Ages 60-64	19	20
34	Ages 65-69	10	10
35	Ages 70-74	2	4
36	Ages 75-79	2	3
37	Ages 80-84	1	2
38	Age 85 and over	1	0
39	**Total Patients (Sum of Lines 1-38)**	**538**	**482**

UDS Report - 2019

Table 3B - Demographic Characteristics

Universal

Line	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	10	290		**300**
2a	Native Hawaiian	0	2		**2**
2b	Other Pacific Islander	5	140		**145**
2	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	**5**	**142**		**147**
3	Black/African American	7	489		**496**
4	American Indian/Alaska Native	18	12		**30**
5	White	1672	1266		**2938**
6	More than one race	562	136		**698**
7	Unreported/Refused to report race	272	154	686	**1112**
8	**Total Patients (Sum of Lines 1 + 2 + 3 to 7)**	**2546**	**2489**	**686**	**5721**

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	2089

Line	Patients by Sexual Orientation	Number (a)

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	49
14	Straight (not lesbian or gay)	3204
15	Bisexual	37
16	Something else	19
17	Don't know	1937
18	Chose not to disclose	475
19	**Total Patients (Sum of Lines 13 to 18)**	**5721**

Line	Patients by Gender Identity	Number (a)
20	Male	2397
21	Female	1833
22	Transgender Male/Female-to-Male	3
23	Transgender Female/Male-to-Female	10
24	Other	1274
25	Chose not to disclose	204
26	**Total Patients (Sum of Lines 20 to 25)**	**5721**

HCH

Line	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)

Line	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	10	289		**299**
2a	Native Hawaiian	0	2		**2**
2b	Other Pacific Islander	5	138		**143**
2	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	**5**	**140**		**145**
3	Black/African American	7	489		**496**
4	American Indian/Alaska Native	13	12		**25**
5	White	1099	1256		**2355**
6	More than one race	382	134		**516**
7	Unreported/Refused to report race	161	153	619	**933**
8	**Total Patients (Sum of Lines 1 + 2 + 3 to 7)**	**1677**	**2473**	**619**	**4769**

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	1248

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	45
14	Straight (not lesbian or gay)	2651
15	Bisexual	34
16	Something else	18
17	Don't know	1657
18	Chose not to disclose	364
19	**Total Patients (Sum of Lines 13 to 18)**	**4769**

Line	Patients by Gender Identity	Number (a)

Line	Patients by Gender Identity	Number (a)
20	Male	2055
21	Female	1517
22	Transgender Male/Female-to-Male	3
23	Transgender Female/Male-to-Female	10
24	Other	1028
25	Chose not to disclose	156
26	**Total Patients (Sum of Lines 20 to 25)**	**4769**

MHC

Line	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	0	1		**1**
2a	Native Hawaiian	0	1		**1**
2b	Other Pacific Islander	0	0		**0**
2	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	**0**	**1**		**1**
3	Black/African American	0	0		**0**
4	American Indian/Alaska Native	5	0		**5**
5	White	616	11		**627**
6	More than one race	191	2		**193**
7	Unreported/Refused to report race	112	2	79	**193**
8	**Total Patients (Sum of Lines 1 + 2 + 3 to 7)**	**924**	**17**	**79**	**1020**

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	890

Line	Patients by Sexual Orientation	Number (a)

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	4
14	Straight (not lesbian or gay)	615
15	Bisexual	3
16	Something else	1
17	Don't know	284
18	Chose not to disclose	113
19	**Total Patients (Sum of Lines 13 to 18)**	**1020**

Line	Patients by Gender Identity	Number (a)
20	Male	385
21	Female	337
22	Transgender Male/Female-to-Male	0
23	Transgender Female/Male-to-Female	0
24	Other	248
25	Chose not to disclose	50
26	**Total Patients (Sum of Lines 20 to 25)**	**1020**

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Table 4 - Selected Patient Characteristics

Universal

Income as Percent of Poverty Guideline

Line	Income as Percent of Poverty Guideline	Number of Patients (a)

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	3091
2	101 - 150%	283
3	151 - 200%	134
4	Over 200%	71
5	Unknown	2142
6	**TOTAL (Sum of Lines 1-5)**	**5721**

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	**None/Uninsured**	142	1525
8a	Medicaid (Title XIX)	830	2470
8b	CHIP Medicaid	0	0
8	**Total Medicaid** (Line 8a + 8b)	**830**	**2470**
9a	Dually Eligible (Medicare and Medicaid)	0	523
9	**Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries)	1	659
10a	**Other Public Insurance (Non-CHIP) (specify)**	0	0
10b	Other Public Insurance CHIP	0	0
10	**Total Public Insurance** (Line 10a + 10b)	**0**	**0**
11	**Private Insurance**	18	76
12	**TOTAL** (Sum of Lines 7 + 8 + 9 +10 +11)	**991**	**4730**

Managed Care Utilization

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)
13a	Capitated Member Months	19320				19320
13b	Fee-for-service Member Months		2717			2717
13c	**Total Member Months (Sum of Lines 13a + 13b)**	**19320**	**2717**	**0**	**0**	**22037**

Line	Special Populations	Number of Patients (a)

Line	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	18
15	Seasonal (330g awardees only)	1002
16	**Total Agricultural Workers or Dependents (All health centers report this line)**	**1020**
17	Homeless Shelter (330h awardees only)	1258
18	Transitional (330h awardees only)	849
19	Doubling Up (330h awardees only)	1122
20	Street (330h awardees only)	852
21a	Permanent Supportive Housing (330h awardees only)	146
21	Other (330h awardees only)	520
22	Unknown (330h awardees only)	22
23	**Total Homeless** (All health centers report this line)	**4769**
24	**Total School-Based Health Center Patients (All health centers report this line)**	**67**
25	**Total Veterans** (All health centers report this line)	**38**
26	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**	**0**

HCH

Income as Percent of Poverty Guideline

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	2775
2	101 - 150%	161
3	151 - 200%	81
4	Over 200%	46
5	Unknown	1706
6	**TOTAL** (Sum of Lines 1-5)	**4769**

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	**None/Uninsured**	123	1262
8a	Medicaid (Title XIX)	518	2153
8b	CHIP Medicaid	0	0
8	**Total Medicaid** (Line 8a + 8b)	**518**	**2153**
9a	Dually Eligible (Medicare and Medicaid)	0	508
9	**Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	638
10a	**Other Public Insurance (Non-CHIP) (specify)**	0	0
10b	Other Public Insurance CHIP	0	0
10	**Total Public Insurance** (Line 10a + 10b)	**0**	**0**
11	**Private Insurance**	15	60
12	**TOTAL** (Sum of Lines 7 + 8 + 9 +10 +11)	**656**	**4113**

Managed Care Utilization

Line	Special Populations	Number of Patients (a)

Line	Special Populations	Number of Patients (a)
16	**Total Agricultural Workers or Dependents (All health centers report this line)**	**70**
17	Homeless Shelter (330h awardees only)	1258
18	Transitional (330h awardees only)	849
19	Doubling Up (330h awardees only)	1122
20	Street (330h awardees only)	852
21a	Permanent Supportive Housing (330h awardees only)	146
21	Other (330h awardees only)	520
22	Unknown (330h awardees only)	22
23	**Total Homeless (All health centers report this line)**	**4769**
24	**Total School-Based Health Center Patients (All health centers report this line)**	**62**
25	**Total Veterans (All health centers report this line)**	**38**
26	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**	**0**

MHC

Income as Percent of Poverty Guideline

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	349
2	101 - 150%	124
3	151 - 200%	59
4	Over 200%	26
5	Unknown	462
6	**TOTAL (Sum of Lines 1-5)**	**1020**

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

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	**None/Uninsured**	19	308
8a	Medicaid (Title XIX)	314	337
8b	CHIP Medicaid	0	0
8	**Total Medicaid** (Line 8a + 8b)	**314**	**337**
9a	Dually Eligible (Medicare and Medicaid)	0	18
9	**Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries)	1	22
10a	**Other Public Insurance (Non-CHIP) (specify)**	0	0
10b	Other Public Insurance CHIP	0	0
10	**Total Public Insurance** (Line 10a + 10b)	**0**	**0**
11	**Private Insurance**	2	17
12	**TOTAL** (Sum of Lines 7 + 8 + 9 +10 +11)	**336**	**684**

Managed Care Utilization

Line	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	18
15	Seasonal (330g awardees only)	1002
16	**Total Agricultural Workers or Dependents** (All health centers report this line)	**1020**
23	**Total Homeless** (All health centers report this line)	**70**
24	**Total School-Based Health Center Patients** (All health centers report this line)	**5**
25	**Total Veterans** (All health centers report this line)	**0**
26	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site** (All health centers report this line)	**0**

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Table 5 - Staffing and Utilization

Universal

Medical Care Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians		423		
2	General Practitioners	0.9	1926		
3	Internists	1.4	3006		
4	Obstetrician/Gynecologists	0.3	672		
5	Pediatricians	0.6	1238		
7	Other Specialty Physicians	1.2	2594		
8	**Total Physicians** (Lines 1-7)	**4.4**	**9859**	**0**	
9a	Nurse Practitioners	2.3	5264		
9b	Physician Assistants	0.1	470		
10	Certified Nurse Midwives				
10a	**Total NPs, PAs, and CNMs** (Lines 9a-10)	**2.4**	**5734**	**0**	
11	Nurses	6.7	5613		
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	**Total Medical** (Lines 8 + 10a through 14)	**13.5**	**21206**	**0**	**5045**

Dental Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	1.3	3873		
17	Dental Hygienists		91		
17a	Dental Therapists				
18	Other Dental Personnel	0.5			
19	**Total Dental Services (Lines 16-18)**	**1.8**	**3964**	**0**	**1113**

Mental Health Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	1	1045		
20a1	Licensed Clinical Psychologists	0.9	758		
20a2	Licensed Clinical Social Workers		6		
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff		362		
20	**Total Mental Health (Lines 20a-c)**	**1.9**	**2171**	**0**	**522**

Substance Use Disorder Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21	**Substance Use Disorder Services**		**107**		**25**

Other Professional Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	**Other Professional Services Specify** Podiatry	0.2	496		226

Vision Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	0.1	246		
22b	Optometrists	0.2	591		
22c	Other Vision Care Staff				
22d	**Total Vision Services (Lines 22a-c)**	**0.3**	**837**	**0**	**582**

Pharmacy Personnel

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
23	**Pharmacy Personnel**	3.28			

Enabling Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	0.4	3198		
25	Patient/Community Education Specialists		1400		
26	Outreach Workers				
27	Transportation Staff				
27a	Eligibility Assistance Workers				
27b	Interpretation Staff				
27c	Community Health Workers				
28	**Other Enabling Services Specify**				
29	**Total Enabling Services (Lines 24-28)**	**0.4**	**4598**	**0**	**2507**

Other Programs/Services

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

Administration and Facility

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Staff	5.25			
30b	Fiscal and Billing Staff				
30c	IT Staff				
31	Facility Staff				
32	Patient Support Staff	12.6			
33	**Total Facility and Non-Clinical Support Staff** (Lines 30a-32)	**17.85**			

Grand Total

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	**Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+29	39.23	33379	0	

Selected Service Detail Addendum

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)	103	2083		691
20a02	Nurse Practitioners	48	802		434
20a03	Physician Assistants	4	34		23
20a04	Certified Nurse Midwives				

Substance Use Disorder Detail

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)	63	671		449
21b	Nurse Practitioners (Medical)	35	392		221
21c	Physician Assistants	2	30		14
21d	Certified Nurse Midwives				
21e	Psychiatrists	8	204		52
21f	Licensed Clinical Psychologists	12	350		56
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

HCH

Medical Care Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	423		
2	General Practitioners	1668		
3	Internists	2598		
4	Obstetrician/Gynecologists	579		
5	Pediatricians	527		
7	Other Specialty Physicians	2448		
8	**Total Physicians (Lines 1-7)**	**8243**	**0**	
9a	Nurse Practitioners	4708		
9b	Physician Assistants	458		
10	Certified Nurse Midwives			
10a	**Total NPs, PAs, and CNMs (Lines 9a-10)**	**5166**	**0**	
11	Nurses	5135		
15	**Total Medical (Lines 8 + 10a through 14)**	**18544**	**0**	**4356**

Dental Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	2894		
17	Dental Hygienists	91		
17a	Dental Therapists			
19	**Total Dental Services (Lines 16-18)**	**2985**	**0**	**811**

Mental Health Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	1045		
20a1	Licensed Clinical Psychologists	758		
20a2	Licensed Clinical Social Workers	6		
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff	97		
20	**Total Mental Health** (Lines 20a-c)	**1906**	**0**	**521**

Substance Use Disorder Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21	**Substance Use Disorder Services**	**107**		**25**

Other Professional Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	**Other Professional Services Specify** Podiatry	424		200

Vision Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	219		
22b	Optometrists	597		
22d	**Total Vision Services** (Lines 22a-c)	**816**	**0**	**573**

Enabling Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	2813		
25	Patient/Community Education Specialists	1400		
29	**Total Enabling Services (Lines 24-28)**	**4213**	**0**	**1966**

Grand Total

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)**	**28995**	**0**	

MHC

Medical Care Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians			
2	General Practitioners	275		
3	Internists	422		
4	Obstetrician/Gynecologists	94		
5	Pediatricians	717		
7	Other Specialty Physicians	165		
8	**Total Physicians (Lines 1-7)**	**1673**	**0**	
9a	Nurse Practitioners	740		
9b	Physician Assistants	12		
10	Certified Nurse Midwives			
10a	**Total NPs, PAs, and CNMs (Lines 9a-10)**	**752**	**0**	
11	Nurses	653		
15	**Total Medical (Lines 8 + 10a through 14)**	**3078**	**0**	**774**

Dental Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	1025		
17	Dental Hygienists			
17a	Dental Therapists			
19	**Total Dental Services (Lines 16-18)**	**1025**	**0**	**310**

Mental Health Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	1		
20a1	Licensed Clinical Psychologists	2		
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	**Total Mental Health (Lines 20a-c)**	**3**	**0**	**2**

Substance Use Disorder Services

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

Other Professional Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	**Other Professional Services Specify** Podiatry	72		26

Vision Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	27		
22b	Optometrists	20		
22d	**Total Vision Services** (Lines 22a-c)	47	0	25

Enabling Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	391		
25	Patient/Community Education Specialists			
29	**Total Enabling Services** (Lines 24-28)	391	0	251

Grand Total

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	**Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	4616	0	

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Table 6A - Selected Diagnoses and Services Rendered

Universal

Selected Infectious and Parasitic Diseases

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	427	84
3	Tuberculosis	A15- through A19-, O98.0-	13	3
4	Sexually transmitted infections	A50- through A64- (exclude A63.0)	81	40
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	71	31
4b	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	206	89

Selected Diseases of the Respiratory System

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	491	254
6	Chronic lower respiratory diseases	J40- through J44-, J47-	545	208

Selected Other Medical Conditions

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	359	112
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	57	37
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	3182	661
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	1562	444
11	Hypertension	I10- through I16-, O10-, O11-	3518	1103
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	183	135
13	Dehydration	E86-	3	3
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	0	0
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	1236	834

Selected Childhood Conditions (limited to ages 0 through 17)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	91	64
16	Selected perinatal/neonatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	55	31
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	774	394

Selected Mental Health Conditions and Substance Use Disorders

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	970	297
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	892	450
19a	Tobacco use disorder	F17-, O99.33-	436	255
20a	Depression and other mood disorders	F30- through F39-	2059	515
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	1288	364
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	80	37
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	1310	522

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)

Line	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	429	405
21a	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	232	226
21b	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	244	241
22	Mammogram	**CPT-4:** 77065, 77066, 77067 OR **ICD-10:** Z12.31	325	292
23	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	195	184
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); mumps, measles, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	967	748
24a	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90749, 90756	1467	1327
25	Contraceptive management	**ICD-10:** Z30-	497	288
26	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393 **ICD-10:** Z00.1-	405	299
26a	Childhood lead test screening (9 to 72 months)	**ICD-10:** Z13.88 **CPT-4:** 83655	83	79
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0050	240	219
26c	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 OR **HCPCS:** S9075 OR **CPT-II:** 4000F, 4001F, 4004F	1816	548
26d	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	731	535

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)

/

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	**ADA:** D0140, D9110	163	119
28	Oral exams	**ADA:** D0120, DO145, D0150, D0160, D0170, D0171, D0180	1042	807
29	Prophylaxis-adult or child	**ADA:** D1110, D1120	505	413
30	Sealants	**ADA:** D1351	80	61
31	Fluoride treatment-adult or child	**ADA:** D1206, D1208 **CPT-4:**99188	346	255
32	Restorative services	**ADA:** D21xx through D29xx	933	400
33	Oral surgery (extractions and other surgical procedures)	**ADA:**D7xxx	498	308
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	863	394

Sources of Codes:

ICD-10-CM (2019)-National Center for Health Statistics (NCHS)

CPT (2019)-American Medical Association (AMA)

Code on Dental Procedures and Nomenclature CDT Code (2019)-Dental Procedure Codes. American Dental Association (ADA)

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

HCH

Selected Infectious and Parasitic Diseases

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	418	83
3	Tuberculosis	A15- through A19-, O98.0-	13	3
4	Sexually transmitted infections	A50- through A64- (exclude A63.0)	76	38
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	70	30
4b	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	205	88

Selected Diseases of the Respiratory System

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	400	206
6	Chronic lower respiratory diseases	J40- through J44-, J47-	532	198

Selected Other Medical Conditions

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	307	105
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	52	32
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	2834	587
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	1542	436
11	Hypertension	I10- through I16-, O10-, O11-	3232	1008
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	170	122
13	Dehydration	E86-	3	3
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	0	0
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	1011	698

Selected Childhood Conditions (limited to ages 0 through 17)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	47	42
16	Selected perinatal/neonatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	41	25
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	614	291

Selected Mental Health Conditions and Substance Use Disorders

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	959	288
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	881	443
19a	Tobacco use disorder	F17-, O99.33-	435	254
20a	Depression and other mood disorders	F30- through F39-	2020	485
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	1217	323
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	62	25
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	1257	480

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	383	360
21a	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	195	190
21b	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	210	207
22	Mammogram	**CPT-4:** 77065, 77066, 77067 OR **ICD-10:** Z12.31	281	251
23	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	163	154
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); mumps, measles, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	794	328
24a	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90749, 90756	1161	1062
25	Contraceptive management	**ICD-10:** Z30-	396	230
26	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393 **ICD-10:** Z00.1-	218	164
26a	Childhood lead test screening (9 to 72 months)	**ICD-10:** Z13.88 **CPT-4:** 83655	43	43
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0050	189	171
26c	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 OR **HCPCS:** S9075 OR **CPT-II:** 4000F, 4001F, 4004F	1809	544
26d	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	696	517

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	**ADA:** D0140, D9110	160	116
28	Oral exams	**ADA:** D0120, DO145, D0150, D0160, D0170, D0171, D0180	755	581
29	Prophylaxis-adult or child	**ADA:** D1110, D1120	301	262
30	Sealants	**ADA:** D1351	30	23
31	Fluoride treatment-adult or child	**ADA:** D1206, D1208 **CPT-4:**99188	141	120
32	Restorative services	**ADA:** D21xx through D29xx	629	259
33	Oral surgery (extractions and other surgical procedures)	**ADA:**D7xxx	458	274
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	628	319

Sources of Codes:
ICD-10-CM (2019)-National Center for Health Statistics (NCHS)
CPT (2019)-American Medical Association (AMA)
Code on Dental Procedures and Nomenclature CDT Code (2019)-Dental Procedure Codes. American Dental Association (ADA)
Note: "X" in a code denotes any number including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead, they are used to point out that other codes in the series are to be considered.

MHC

Selected Infectious and Parasitic Diseases

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	9	1
3	Tuberculosis	A15- through A19-, O98.0-	0	0
4	Sexually transmitted infections	A50- through A64- (exclude A63.0)	7	3
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	1	1
4b	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	1	1

Selected Diseases of the Respiratory System

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	101	54
6	Chronic lower respiratory diseases	J40- through J44-, J47-	14	11

Selected Other Medical Conditions

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	52	7
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	5	5
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	415	89
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	20	8
11	Hypertension	I10- through I16-, O10-, O11-	400	119
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	16	16
13	Dehydration	E86-	0	0
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	0	0
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	228	139

Selected Childhood Conditions (limited to ages 0 through 17)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	46	24
16	Selected perinatal/neonatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	14	6
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	173	109

Selected Mental Health Conditions and Substance Use Disorders

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	26	16
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	19	11
19a	Tobacco use disorder	F17-, O99.33-	1	1
20a	Depression and other mood disorders	F30- through F39-	49	33
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	73	43
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	18	12
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	56	43

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	69	67
21a	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	56	55
21b	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	50	50
22	Mammogram	**CPT-4:** 77065, 77066, 77067 OR **ICD-10:** Z12.31	47	44
23	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	35	33
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); mumps, measles, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	187	130
24a	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90749, 90756	321	280
25	Contraceptive management	**ICD-10:** Z30-	107	62
26	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393 **ICD-10:** Z00.1-	189	137
26a	Childhood lead test screening (9 to 72 months)	**ICD-10:** Z13.88 **CPT-4:** 83655	40	36
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0050	58	54
26c	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 OR **HCPCS:** S9075 OR **CPT-II:** 4000F, 4001F, 4004F	22	7
26d	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	35	18

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	**ADA:** D0140, D9110	4	4
28	Oral exams	**ADA:** D0120, DO145, D0150, D0160, D0170, D0171, D0180	296	233
29	Prophylaxis-adult or child	**ADA:** D1110, D1120	208	153
30	Sealants	**ADA:** D1351	50	38
31	Fluoride treatment-adult or child	**ADA:** D1206, D1208 **CPT-4:**99188	206	136
32	Restorative services	**ADA:** D21xx through D29xx	312	144
33	Oral surgery (extractions and other surgical procedures)	**ADA:**D7xxx	48	36
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	242	78

Sources of Codes:
ICD-10-CM (2019)-National Center for Health Statistics (NCHS)
CPT (2019)-American Medical Association (AMA)
Code on Dental Procedures and Nomenclature CDT Code (2019)-Dental Procedure Codes. American Dental Association (ADA)
Note: "X" in a code denotes any number including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead, they are used to point out that other codes in the series are to be considered.

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Table 6B - Quality of Care Measures

Universal

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

Section A - Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)

Line	Age	Number of Patients (a)
1	Less than 15 years	0
2	Ages 15-19	16
3	Ages 20-24	16
4	Ages 25-44	62
5	Ages 45 and over	0
6	**Total Patients** (Sum of Lines 1-5)	**94**

Section B - Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester	63	2
8	Second Trimester	22	0
9	Third Trimester	7	0

Section C - Childhood Immunization Status

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

Section D - Cervical Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	1334	1334	722

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

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile *and* counseling on nutrition *and* physical activity documented	652	652	374

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

Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	4002	4002	1079

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

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use *and* Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, *and* (2) if identified to be a tobacco user received cessation counseling intervention	3690	3690	3280

Section H - Use of Appropriate Medications for Asthma

Line	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication	57	57	57

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

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients Aged 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or On Statin Therapy (c)
17a	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	624	624	461

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

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	278	278	239

Section K - Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	1638	1638	955

Section L - HIV Linkage to Care

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1 of the prior year and September 30 of the measurement year and who were seen for follow-up treatment within 90 days of that first-ever diagnosis	3	3	3

Section M - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool *and*, if screening was positive, (2) had a follow-up plan documented	3635	3635	951

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

Line	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22	MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar	54	54	34

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Table 7 - Health Outcomes and Disparities

Deliveries and Birth Weight

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

Hispanic/Latino

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
1a	Asian	0	0	0	0
1b1	Native Hawaiian	0	0	0	0
1b2	Other Pacific Islander	0	0	0	0
1c	Black/African American	0	0	0	0
1d	American Indian/Alaska Native	1	0	0	1
1e	White	28	0	4	24
1f	More than One Race	6	0	1	5
1g	Unreported/Refused to Report Race	0	0	0	0
	Subtotal Hispanic/Latino	**35**	**0**	**5**	**30**

Non-Hispanic/Latino

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
2a	Asian	1	0	0	1
2b1	Native Hawaiian	0	0	0	0
2b2	Other Pacific Islander	0	0	0	0
2c	Black/African American	2	0	0	2
2d	American Indian/Alaska Native	0	0	0	0
2e	White	8	0	0	8
2f	More than One Race	0	0	0	0
2g	Unreported/Refused to Report Race	0	0	0	0
	Subtotal Non-Hispanic/Latino	**11**	**0**	**0**	**11**

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
h	Unreported/Refused to Report Race and Ethnicity	1	0	0	1
i	**Total**	**47**	**0**	**5**	**42**

Controlling High Blood Pressure

Hispanic/Latino

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
1a	Asian	0	0	0
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	0	0	0
1c	Black/African American	1	1	0
1d	American Indian/Alaska Native	4	4	2
1e	White	343	343	217
1f	More than One Race	116	116	78
1g	Unreported/Refused to Report Race	44	44	29
	Subtotal Hispanic/Latino	**508**	**508**	**326**

Non-Hispanic/Latino

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
2a	Asian	146	146	108
2b1	Native Hawaiian	0	0	0
2b2	Other Pacific Islander	55	55	39
2c	Black/African American	155	155	79
2d	American Indian/Alaska Native	5	5	2
2e	White	390	390	251
2f	More than One Race	32	32	16
2g	Unreported/Refused to Report Race	9	9	2
	Subtotal Non-Hispanic/Latino	**792**	**792**	**497**

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
h.	Unreported/Refused to Report Race and Ethnicity	46	46	19
i	**Total**	**1346**	**1346**	**842**

Diabetes: Hemoglobin A1c Poor Control

Hispanic/Latino

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
1a	Asian	0	0	0
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	0	0	0
1c	Black/African American	1	1	0
1d	American Indian/Alaska Native	3	3	1
1e	White	148	148	57
1f	More than One Race	50	50	19
1g	Unreported/Refused to Report Race	32	32	13
	Subtotal Hispanic/Latino	**234**	**234**	**90**

Non-Hispanic/Latino

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
2a	Asian	49	49	5
2b1	Native Hawaiian	0	0	0
2b2	Other Pacific Islander	31	31	9
2c	Black/African American	49	49	21
2d	American Indian/Alaska Native	2	2	1
2e	White	95	95	29
2f	More than One Race	11	11	3
2g	Unreported/Refused to Report Race	5	5	3
	Subtotal Non-Hispanic/Latino	**242**	**242**	**71**

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
h	Unreported/Refused to Report Race and Ethnicity	183	183	59
i	**Total**	**659**	**659**	**220**

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Table 8A - Financial Costs

Universal

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

Financial Costs of Medical Care

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
1	Medical Staff	4626753	3949433	**8576186**
2	Lab and X-ray	698077	735655	**1433732**
3	Medical/Other Direct	1849844	1816691	**3666535**
4	**Total Medical Care Services (Sum of Lines 1 through 3)**	**7174674**	**6501779**	**13676453**

Financial Costs of Other Clinical Services

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
5	Dental	621959	439113	**1061072**
6	Mental Health	774504	627110	**1401614**
7	Substance Use Disorder			**0**
8a	Pharmacy not including pharmaceuticals	404171	414189	**818360**
8b	Pharmaceuticals	143270		**143270**
9	**Other Professional Specify:** Podiatry	73281	98424	**171705**
9a	Vision	79912	78480	**158392**
10	**Total Other Clinical Services (Sum of Lines 5 through 9a)**	**2097097**	**1657316**	**3754413**

Financial Costs of Enabling and Other Services

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
11a	Case Management	781203		781203
11b	Transportation			0
11c	Outreach			0
11d	Patient and Community Education			0
11e	Eligibility Assistance			0
11f	Interpretation Services			0
11g	**Other Enabling Services Specify:**			0
11h	Community Health Workers			0
11	**Total Enabling Services Cost (Sum of Lines 11a through 11h)**	781203	7469	788672
12	**Other Related Services Specify:**			0
12a	Quality Improvement			0
13	**Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)**	781203	7469	788672

Facility and Non-Clinical Support Services and Totals

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
14	Facility	1074644		
15	Non-Clinical Support Services	7091920		
16	**Total Facility and Non-Clinical Support Services (Sum of Lines 14 and 15)**	**8166564**		
17	**Total Accrued Costs (Sum of Lines 4 + 10 + 13 + 16)**	**18219538**		**18219538**
18	**Value of Donated Facilities, Services, and Supplies Specify:**			
19	**Total with Donations (Sum of Lines 17 and 18)**			**18219538**

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Table 9D - Patient Related Revenue

Universal

				Retroactive Settlements, Receipts, and Paybacks (c)						
Line	**Payer Category**	**Full Charges This Period (a)**	**Amount Collected This Period (b)**	**Collection of Reconciliation Wrap-Around Current Year (c1)**	**Collection of Reconciliation Wrap-Around Previous Years (c2)**	**Collection of Other Payments: P4P, Risk Pools, etc. (c3)**	**Penalty / Payback (c4)**	**Allowances (d)**	**Sliding Fee Discounts (e)**	**Bad Debt Write Off (f)**
1	Medicaid Non-Managed Care	2215500	966019	902276				971828		
2a	Medicaid Managed Care (capitated)	6502089	1731660	968046				4770429		

				Retroactive Settlements, Receipts, and Paybacks (c)						
Line	**Payer Category**	**Full Charges This Period (a)**	**Amount Collected This Period (b)**	**Collection of Reconciliati Wrap-Around Current Year (c1)**	**Collection of Reconciliati Wrap-Around Previous Years (c2)**	**Collection of Other Payments: P4P, Risk Pools, etc. (c3)**	**Penalty / Payback (c4)**	**Allowances (d)**	**Sliding Fee Discounts (e)**	**Bad Debt Write Off (f)**
2b	Medicaid Managed Care (fee-for-service)									
3	**Total Medicaid (Sum of Lines 1 + 2a + 2b)**	**8717589**	**2697679**	**1870322**	**0**	**0**	**0**	**5742257**		
4	Medicare Non-Managed Care	1460311	601556	260366				672786		
5a	Medicare Managed Care (capitated)									
5b	Medicare Managed Care (fee-for-service)	1700556	791581	297779				800562		
6	**Total Medicare (Sum of Lines 4 + 5a + 5b)**	**3160867**	**1393137**	**558145**	**0**	**0**	**0**	**1473348**		
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care	352821	52131	447				202079		
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)									
8b	Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service)									
9	**Total Other Public (Sum of Lines 7 + 8a + 8b)**	**352821**	**52131**	**447**	**0**	**0**	**0**	**202079**		
10	Private Non-Managed Care	25651	3027					2791		

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d)	Sliding Fee Discounts (e)	Bad Debt Write Off (f)
				Collection of Reconciliation Wrap-Around Current Year (c1)	Collection of Reconciliation Wrap-Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty / Payback (c4)			
11a	Private Managed Care (capitated)									
11b	Private Managed Care (fee-for-service)									
12	**Total Private (Sum of Lines 10 + 11a + 11b)**	**25651**	**3027**			**0**	**0**	**2791**		
13	**Self-pay**	2692413	28100						2326568	664
14	**TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)**	**14949341**	**4174074**	**2428914**	**0**	**0**	**0**	**7420475**	**2326568**	**664**

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Table 9E - Other Revenues

Universal

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

Line	Source	Amount (a)

Line	Source	Amount (a)
1a	Migrant Health Center	585159
1b	Community Health Center	
1c	Health Care for the Homeless	2201314
1e	Public Housing Primary Care	
1g	**Total Health Center** (Sum Lines 1a through 1e)	**2786473**
1k	Capital Development Grants, including School-Based Health Center Capital Grants	
1	**Total BPHC Grants (Sum of Lines 1g + 1k)**	**2786473**

Other Federal Grants

Line	Source	Amount (a)
2	Ryan White Part C HIV Early Intervention	
3	**Other Federal Grants Specify:**	
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Provider	
5	**Total Other Federal Grants (Sum of Lines 2-3a)**	**0**

Non-Federal Grants Or Contracts

Line	Source	Amount (a)

Line	Source	Amount (a)
6	**State Government Grants and Contracts Specify:**	
6a	**State/Local Indigent Care Programs Specify:** Affordable Care for Everyone (ACE) Program funded by San Mateo County provides coverage for indigent care for those not eligible for other government insurance programs.	8830077
7	**Local Government Grants and Contracts Specify:**	
8	**Foundation/Private Grants and Contracts Specify:**	
9	**Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6A + 7 + 8)**	**8830077**
10	**Other Revenue (non-patient related revenue not reported elsewhere) Specify:**	
11	**Total Revenue (Sum of Lines 1 + 5 + 9 + 10)**	**11616550**

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Health Center Health Information Technology (HIT) Capabilities

HIT

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?:

[X]: Yes, installed at all sites and used by all providers

[_]: Yes, but only installed at some sites or used by some providers

[_]: No

1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?:

[X]: Yes

[_]: No

1a1.Vendor: eClinicalWorks, LLC

Other (Please specify):

1a2.Product Name: eClinicalWorks

1a3.Version Number: v10 SP2

1a4.ONC-certified Health IT Product List Number: 14.04.04.2883.eCli.10.01.1.170526

1a1.Vendor: Select one

Other (Please specify):

1a2.Product Name:

1a3.Version Number:

1b. Did you switch to your current EHR from a previous system this year?:

[_]: Yes

[X]: No

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

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

1e. When do you plan to install the EHR system?:

[_]: a. 3 months

[_]: b. 6 months

[_]: c. 1 Year or more

[_]: d. Not planned

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

[X]: Yes

[_]: No

[_]: Not Sure

3. Does your center use computerized, clinical decision support, such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?:

[X]: Yes

[_]: No

[_]: Not Sure

4. With which of the following key providers/health care settings does your center electronically exchange clinical information? (Select all that apply):

[X]: Hospitals/Emergency rooms

[X]: Specialty clinicians

[_]: Other primary care providers

[_]: None of the above

[_]: Other (please describe)

Other (please describe):

5. Does your center engage patients through health IT in any of the following ways? (Select all that apply):

[X]: Patient portals

[_]: Kiosks

[_]: Secure messaging

[_]: Other (please describe)

[_]: No, we do not engage patients using HIT

Other (please describe):

6. Question removed.

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

[X]: We use the EHR to extract automated reports

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

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

[_]: We do not use the EHR

8. Question removed.

9. Question removed.

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

[X]: Quality improvement

[X]: Population health management

[X]: Program evaluation

[X]: Research

[_]: Other (please describe)

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

Other (please describe):

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

[_]: Yes

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

[_]: No, we are not planning to collect this information

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

[_]: Accountable Health Communities Screening Tools

[_]: Upstream Risks Screening Tool and Guide

[_]: iHELP

[_]: Recommend Social and Behavioral Domains for EHRs

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

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

[_]: WellRx

[_]: Other (please describe)

[X]: We do not use a standardized screener

Other (please describe):

Other Data Elements

Other Data Elements

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

a. How many physicians, certified nurse practitioners, and physician assistants,[1] on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?: 85

b. How many patients received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?: 117

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

[X]: Yes

[_]: No

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

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

[X]: Specialists outside your organization (e.g., specialists at referral centers)

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

[X]: Real-time telehealth (e.g., live videoconferencing)

[X]: Store-and-forward telehealth (e.g., secure email with photos or videos of patient examinations)

[_]: Remote patient monitoring

[_]: Mobile Health (mHealth)

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

[_]: Primary care

[_]: Oral health

[_]: Behavioral health: Mental health

[_]: Behavioral health: Substance use disorder

[X]: Dermatology

[_]: Chronic conditions

[_]: Disaster management

[_]: Consumer health education

[_]: Provider-to-provider consultation

[_]: Radiology

[_]: Nutrition and dietary counseling

[_]: Other (Please specify)

Other (Please specify):

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

[_]: Have not considered/unfamiliar with telehealth service options

[_]: Policy barriers (Select all that apply)

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

[_]: Lack of funding for telehealth equipment

[_]: Lack of training for telehealth services

[_]: Not needed

[_]: Other (Please specify)

Other (Please specify):

Policy barriers (Select all that apply):

[_]: Lack of or limited reimbursement

[_]: Credentialing, licensing, or privileging

[_]: Privacy and security

[_]: Other (Please specify)

Other (Please specify):

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

[_]: Cost of service

[_]: Lack of infrastructure

[_]: Other (Please specify)

Other (Please specify):

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

Enter number of assists: 450

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

Workforce

Workforce

1. Does your health center provide health professional education/training? Health professional education/training does not include continuing education units.:

[X]: Yes

[_]: No

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

[_]: Sponsor [2]

[_]: Training site partner [3]

[X]: Other (please describe)

Other (please describe): Both of the above

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

	Medical	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
1.	Physicians		159
	a. Family Physicians		
	b. General Practitioners		
	c. Internists		17
	d. Obstetrician/Gynecologists		26
	e. Pediatricians		10
	f. Other Specialty Physicians		106
2.	Nurse Practitioners		10
3.	Physician Assistants		6
4.	Certified Nurse Midwives		
5.	Registered Nurses	218	
6.	Licensed Practical Nurses/Vocational Nurses		
7.	Medical Assistants	2	

	Dental	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)

	Dental	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
8.	Dentists	150	
9.	Dental Hygienists	20	
10.	Dental Therapists		

	Mental Health and Substance Use Disorder	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
11.	Psychiatrists		16
12.	Clinical Psychologists		6
13.	Clinical Social Workers		
14.	Professional Counselors		
15.	Marriage and Family Therapists		
16.	Psychiatric Nurse Specialists		
17.	Mental Health Nurse Practitioners		
18.	Mental Health Physician Assistants		
19.	Substance Use Disorder Personnel		

	Vision	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
20.	Ophthalmologists		
21.	Optometrists		5

	Other Professionals	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
22.	Chiropractors		
23.	Dieticians/Nutritionists	6	
24.	Pharmacists		6
25.	**Other please specify**		

3. Provide the number of health center staff serving as preceptors at your health center.: 28

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

5. How often does your health center implement satisfaction surveys for providers?:

[_]: Monthly

[_]: Quarterly

[_]: Annually

[_]: We do not currently conduct provider satisfaction surveys

[X]: Other (please describe)

Other (please describe): Every two years

6. How often does your health center implement satisfaction surveys for general staff?:

[_]: Monthly

[_]: Quarterly

[_]: Annually

[_]: We do not currently conduct staff satisfaction surveys

[X]: Other (please describe)

Other (please describe): Every two years

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

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

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

Date Requested: 05/21/2020 12:36 PM EST

Date of Last Report Refreshed: 05/21/2020 12:36 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2019

Data Audit Report

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

Edit 03950: Numbers Questioned For Patients Aged 15 - 44. - Females age 15-44 is outside the typical range when compared to total patients age 15-44. Please correct or explain. Females aged 15-44 (1039);Males aged 15-44 (1361);Ratio of Females age 15-44 to total patients age 15-44: (0.43)

Related Tables: Table 3A(UR)

Sofia Recalde (Health Center) on 02/14/2020 4:46 PM EST: The ages are correct. The majority of our patients are homeless clients, a population that tends to be more male, causing the ratio of female to be outside the typical range.

Table 3B-Demographic Characteristics

Edit 05142: Unreported Race/Ethnicity in Question - A large proportion of patients (11.99)% are reported as having no race or ethnicity on Line 7 Col c: Unreported/Refused to report race. Please correct or explain.

Related Tables: Table 3B(UR)

Arthur Stickgold (Reviewer) on 02/28/2020 7:52 PM EST: 1. Table 3B. Last year you said you had 906 patients with no race reported. This year it has

grown to 1112. Please review your operations – this seems to be staff not collecting data.

Table 4-Selected Patient Characteristics

Edit 06112: Agricultural Workers or Dependent patients in question - On Health Care for the Homeless - There was a (-94.07) % change in Agricultural Workers or Dependent patients this year compared to the prior year on Line 16. Please correct or explain.

Related Tables: Table 4(HCH)

Arthur Stickgold (Reviewer) on 03/17/2020 5:59 PM EST: PY Error

Table 4-Selected Patient Characteristics

Edit 03851: Inter-year change in patients - Proportion of patients at or below 100 percent of the federal poverty guidelines for this year (54.03) differs substantially from last year (78.32). Please correct or explain.

Related Tables: Table 4(UR)

Arthur Stickgold (Reviewer) on 02/28/2020 8:08 PM EST: report is in error -- grantee is working to fix the system that created the error.

Edit 01235: Inter-year Change in Patients - There is a decrease in the number of Migrant Health patients reported on Line 16 (1020) from prior year (1180). Please correct or explain.

Related Tables: Table 4(UR)

Sofia Recalde (Health Center) on 02/14/2020 5:06 PM EST: The number is correct. The population of agricultural workers in San Mateo County is decreasing due to several factors including the reduction in farmworker employment, lack of affordable housing, and fear of accessing public services as a result of public charge and the current immigration climate. These factors contribute to a decline in the number of farmworkers and dependents that our program sees.

Table 5-Staffing and Utilization

Edit 06373: Mental Health Visit per Patient in Question - On Migrant Health Center - Mental Health visits per mental health patient varies substantially from national average. CY (1.5); PY National Average (3.09). Please correct or explain.

Related Tables: Table 5(MHC)

Jim Beaumont (Health Center) on 02/14/2020 12:15 PM EST: There is a significant issue with engaging the Farmworker population in MH services due to cultural perspectives and in any services due to the political environment and their perceived risk associated with their (likely) immigrant status. With this consideration, the sample size is too small to draw any conclusions on the average number of visits.

Table 5-Staffing and Utilization

Edit 04144: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY =(299), CY = (521)). Please correct or explain.

Related Tables: Table 5(HCH)

Jim Beaumont (Health Center) on 02/14/2020 12:11 PM EST: With the implementation of our SUD-MH Expanded Services award we have been able to provide

MH services to more homeless patients.

Table 5-Staffing and Utilization

Edit 04143: Inter-year Patients questioned - On Universal - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY = (302), CY= (522)). Please correct or explain.

Related Tables: Table 5(UR)

Arthur Stickgold (Reviewer) on 02/28/2020 8:14 PM EST: 6. Table 5. Please confirm that virtually all of your mental health patients are part of the homeless population (521 out of 522).

Table 6A-Selected Diagnoses and Services Rendered

Edit 04695: Visits per Patient questioned - A high number of Immunizations services, Line 24, per patient is reported on Health Care for the Homeless . Please correct or explain.

Related Tables: Table 6A(HCH)

Danielle Hull (Health Center) on 02/14/2020 2:18 PM EST: Number of immunizations services is comparable to last year (2018). In 2018, there were 966 visits and 739 patients, and in 2019, there were 967 visits and 748 patients. No flag given in 2018.

Table 6B-Quality of Care Indicators

Edit 05772: Line 10 Universe in Question - You are reporting (64.80)% of total possible medical patients in the universe for the Childhood Immunization measure (line 10 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Danielle Hull (Health Center) on 02/14/2020 6:43 PM EST: The criteria used to determine age for demographic tables is date as of June 30th. The criteria for childhood immunization in table 6B is any child who turned 2 within the measurement year of 2019. Because of the different select dates for the age ranges, a number of patients are added to the total possible medical patients in the universe than what appears in the report for table 6B, where all patients with birthdates in 2017 would be included. Looking at the data, it appears that more people gave birth at the end of 2016 than gave birth at the end of 2017, causing the age group to appear higher than the actual selection criteria than table 6B.

Edit 06156: Line 14a Universe in Question - You are reporting (88.47)% of total possible medical patients in the universe for the Tobacco Use Screening And Cessation Intervention (Line 14a Column A). This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Arthur Stickgold (Reviewer) on 02/28/2020 8:28 PM EST: 8. Table 6B line 14a. The tobacco screening measure requires that the patient have been seen twice in 2019 (or once for a 9928x or 9929x visit). You are reporting that roughly 90% of your medical patients meet this criteria for inclusion in the universe. Please verify that you have correctly identified the universe.

Edit 05193: Line 16 Compliance Rate Questioned - A compliance rate of 100% is reported for the Asthma Pharmacological Therapy measure, Line 16. Please review the reporting of Column c in relation to the sample or universe reported in Column b for accuracy and correct or explain.

Related Tables: Table 6B

Danielle Hull (Health Center) on 02/14/2020 2:22 PM EST: Confirmed that all patients with persistent asthma were appropriately ordered medication during measurement period.

Edit 05789: Line 18 Universe in Question - Based on the universe reported for total patients with Ischemic Vascular Disease (IVD) on line 18 column A we estimate a prevalence rate of (6.66)%. This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Danielle Hull (Health Center) on 02/14/2020 6:50 PM EST: In the 2019 measurement period, 52% of the patient population is over the age of 40. Our patient population by age and circumstance can be considered at a higher risk for IVD. This is consistent with the aging homeless population trends we observed last year. Additionally, the prevalence rate for our patient population decreased from 7.20% in 2018 to 6.66% in 2019.

Edit 06176: Line 22 Universe in Question - You are reporting (125.03)% of total possible dental patients in the universe for Patients with Sealants to First Molars (Line 22 Column A). This appears high compared to dental patients in the age group being measured. Please review and correct or explain.

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

Danielle Hull (Health Center) on 02/14/2020 6:48 PM EST: The potential total patient universe for Table 5 appears to have 140 patients that could be included in the universe. 6B Line 22 Column A only report 50 patients included in the universe for dental sealants. It is unclear why this is being flagged as 125% of the potential patient population.

Table 7-Health Outcomes and Disparities

Edit 05547: Low Birthweights Questioned - The total 'White' (Line 1e+2e) LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (11.11)% ;PYN (7.03)%

Related Tables: Table 7

Danielle Hull (Health Center) on 02/14/2020 6:52 PM EST: This is an issue of low sample size; there are a total of 36 'White' patients who received prenatal care patients who delivered in the measurement year and only 4 patients in the LBW/VLBW category. If the number of patients in LBW/VLBW was reduced to 3, it would be a percentage of 8.33% which is more comparable to the percentage observed in the previous measurement year.

Edit 05552: Low Birthweights Questioned - The total 'Hispanic/Latino' LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (14.29)%; PYN (6.82)%

Related Tables: Table 7

Danielle Hull (Health Center) on 02/14/2020 6:56 PM EST: This is an issue of low sample size. There were a total of 35 prenatal care patients who delivered during the measurement year and 5 patients who were LBW/VLBW. The difference in percentages between the previous measurement year and the current measurement year is approximately 3 total births.

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

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

Danielle Hull (Health Center) on 02/14/2020 3:57 PM EST: This is due to a different reporting criteria; table 6A only includes diagnosis from the reporting period and table 7-denominator includes diagnosis of hypertension within the first six months of the measurement period or any time prior to the measurement period.

Table 8A-Financial Costs

Edit 03729: Costs Higher Than Reasonable for Staff Only - Medical Staff Costs on Table 8a, Line 1 are higher than typical salaries alone for the FTE reported on Table 5 Line 15. Please correct or explain. (Cost/FTE (342722.44); PY National Average (100466.18))

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

Jim Beaumont (Health Center) on 02/14/2020 1:50 PM EST: Staff costs for medical personnel, especially providers, are extremely high in the Bay Area. And, as a public entity, the benefits packages are generally expansive. This is what it typically costs.

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (267.68); Prior Year (229.36).

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

Jim Beaumont (Health Center) on 02/14/2020 3:57 PM EST: This increase appears to be due to the increased utilization of the higher fixed cost brick & mortar clinics (rather than the lower fixed cost Mobile Clinic); combined with new salary agreement and increased visits drove the entire cost of operation higher than what would have been the proportional amount.

Edit 00180: Costs missing - You are reporting (107) on Table 5 Line 21 Columns (b)+(b2), but nothing for Substance Use Disorder (0) in Table 8A. This is possible only if all services were donated. Please check and correct.

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

Arthur Stickgold (Reviewer) on 03/17/2020 6:18 PM EST: 2s2b -- cost of 100 visits.

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (73281)(Podiatry) and Table 5, Line 22 (0.2)(Podiatry) . Review and confirm that FTEs relate to costs or correct.

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

Jim Beaumont (Health Center) on 02/14/2020 4:03 PM EST: FTE and costs are correct.

Edit 05937: Cost per Visit Questioned - Vision Cost Per visit is substantially different than the prior year. Current Year (189.24); Prior Year (287.18).

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

Jim Beaumont (Health Center) on 02/14/2020 4:05 PM EST: Decrease in per visit cost results from a change in the proportion of visits that occurred at Optometrist (lower FTE costs) this year versus the Ophthalmologist (higher FTE cost) last year.

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

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

Arthur Stickgold (Reviewer) on 02/28/2020 8:56 PM EST: only one category -- but this will be changing.

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

Edit 01917: FQHC Medicaid Non-Managed Care retros questioned - FQHC Medicaid Non-Managed Care retros (902276) exceed 50% of (966019). Verify that

Columns C1 through C4 are included in Column b and subtracted from Column d. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 02/14/2020 2:09 PM EST: Columns C1 through C4 are included in Column b and subtracted from Column d. A large portion of collections are routinely done through reconciliation.

Edit 01973: FQHC Medicaid Capitation retros exceed 50% total collections - FQHC Medicaid Capitation retros(968046) exceed 50% of (1731660). Verify that Verify that Cols C1 through C4 are included in Col B and subtracted from Col D. Please correct or explain.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 02/14/2020 2:09 PM EST: Columns C1 through C4 are included in Column b and subtracted from Column d. A large portion of collections are routinely done through reconciliation.

Edit 04121: Charge to Cost Ratio Questioned - Total charge to cost ratio of (0.86) is reported which suggests that charges are less than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 9D, Table 8A

Arthur Stickgold (Reviewer) on 02/28/2020 9:00 PM EST: you are quite correct -- your charge per visit is outrageous.

Edit 01965: Large change in accounts receivable for Total Other Public is reported - Total Other Public, Line 9: When we subtract collections (Column b) and adjustments (Column d) from your total Other Public charges (Column a) there is a large difference (27.95)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Jim Beaumont (Health Center) on 02/14/2020 2:19 PM EST: Much of collections is done through reconciliation which can delay taking adjustment actions.

Edit 02028: Large change in accounts receivable for Total Private is reported - Total Private, Line 12: When we subtract collections (Column b) and adjustments (Column d) from your total Private charges (Column a) there is a large difference (77.32)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Arthur Stickgold (Reviewer) on 02/28/2020 9:03 PM EST: 2s2b

Edit 04064: Average Charges - Average charge per medical + dental + mental health + vision + other professional visits varies substantially from the prior year national average. Current Year (648.25); Prior Year National Average (297.10). Please correct or explain.

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

Jim Beaumont (Health Center) on 02/14/2020 2:30 PM EST: This is a typical result due to our service area being in one of the higher cost of living parts of the Bay Area.

Table 9E-Other Revenues

Edit 04089: State/Local Indigent Care Program Exceeds Sliding Discounts - Line 6a Column a (8830077) on Table 9E exceeds Line 13 Column e (2326568) on Table 9D. Please correct or explain.

Related Tables: Table 9E, Table 9D

Arthur Stickgold (Reviewer) on 03/17/2020 6:22 PM EST: GRANTEE STATES: Not quite sure I understand your comment/question. The numbers are accurate (also updated and not dissimilar to last year). What would you like us to do here?

Table ODE-Other Data Elements

Edit 07065: Telemedicine in Question - You report telemedicine services on the Other Data Elements Form Line 2, but no virtual visits are reported on Table 5. Please correct or explain.

Related Tables: Table ODE, Table 5(UR)

Arthur Stickgold (Reviewer) on 02/28/2020 9:08 PM EST: 7a. Table 5, You say that you have derm virtual visits. Report them please on line 7 in column b2.

Comments

Report Comments

Not Available

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

DATE: July 9, 2020

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

FROM: Irene Pasma Program Implementation Coordinator, HCH/FH Program

SUBJECT: COVID-19 Update

COVID-19 Update since the June 11th Co-Applicant Board Meeting

COVID-19 surveillance testing in shelters
For the first time since COVID-19 began, five adult shelters in San Mateo County are having baseline testing conducted to understanding existing levels of COVID-19 among the homeless population residing in shelters. The five shelters with planned testing are Maple Street, Safe Harbor, Project WeHope, Daybreak and Spring Street. Plans for on-going testing are still being determined. EMS time at shelters is being paid for

COVID-19 surveillance testing on farms
HCH/FH is working with PHPP's Epidemiology to develop questions to send to growers who previously indicated to the Department of Agriculture that they'd be interested in having testing conducted on-site. We are seeking to better understand how a grower would be able to continue operating their business and their ability to support employees who test positive should they need to isolate for 14 days.

PPE Supplies
HCH/FH has asked the County's 5 single adult shelters, several coastside community-based organizations serving farmworkers, and PHPP Street/Field/Mobile teams to respond to a PPE utilization and procurement needs survey. HCH/FH has CARES funding set aside to support those entities which responded they need support in procuring PPE supplies for a potential future COVID wave and has allocated ~ $25,000 for this purpose.

COVID 19 Communication efforts *(this topic is on the meeting agenda)*
HCH/FH is working with the EOC to get testing to the Latinx/immigrant community on the Coast as well as improve communication and outreach. Together with Health's Public Information Office, HCH/FH is working with a consultant to develop COVID-19 communication materials specifically geared toward individuals experiencing homelessness and farmworker/growers. HCH/FH asked for initial feedback from CBOs on what communication materials/messages are needed and will be asking them to review the draft materials before they are finalized. Currently, the plan is to create:

1. Three short videos (1.5-3 min max) of cultural brokers
    a. Two geared toward agriculture works
    b. One geared toward homeless individuals

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

2. Communication Toolkit (similar to CDC's toolkit but assets will be tailored to our specific audience). Exact items for the toolkit are TBD but will likely focus on four broad topics: wearing masks, social distancing, why should you get tested) and case tracing.
3. Videos and communication toolkit assets will be shared with CBOs for them to distribute on their social media channels and through their 'on the ground' work.

HCH/FH is also considering other communication/outreach efforts for more one-on-one education/outreach with agricultural workers.

Bayfront Station
HCH/FH is funding Samaritan House to provide case management at Bayfront Station. Case managers will be particularly instrumental if/when Bayfront Station closes and residents will need support in the transition process. Jessica Silverberg from the Center on Homelessness will be presenting at this months' meeting regarding future planning.

Public Health Lab Capacity
HCH/FH is in communication with Public Health Policy & Planning (PHPP) about providing financial support to the Public Health Lab so that they can procure COVID-19 testing supplies and equipment. HCH/FH intends to develop an MOU with PHPP to ensure that homeless and farmworker communities benefit (i.e., they are including in county testing plans) from the expanded testing capacity.