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

### Co-Applicant Board Meeting Agenda

### Join Microsoft Teams Meeting

+1 628-212-0105 ID: 264 000 230# July 8, 2021, 9:00 - 11:00am

10:45-11:00am

AGENDA	SPEAKER(S)	ТАВ	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. APPROVAL OF THE ORDER OF THE AGENDA	Brian Greenberg		9:02am
C. PUBLIC COMMENT			9:05am
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to the If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choo the speakers to a second Public Comment at the end of the Board meeting. In response to comments of questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards go	ose to draw only five speaker cards from the nanon-agenda item, the Board may brie	ose submitted and fly respond to sta	d defer the rest of tements made or
D. CONSENT AGENDA			9:10am
1. Approve meeting minutes from June 10, 2021	Irene Pasma	Tab 1	
E. CONSUMER INPUT/GUEST SPEAKER			9:15am
Communications and Announcements are brief items from members of the Board regarding upcoming eve informational in nature and no action will be taken on these items at this meeting. A total of five minutes i announcements, the Chairperson may choose to defer them to a second agenda item added at the end of	s allotted to this item. If there are addition		
1. Community Update	Suzanne Moore		
2. SMMC CEO Update	Chester Kunnappilly		
F. BUSINESS AGENDA			9:30am
<ol> <li>Consenting approval of the America Rescue Plan (ARP)         Capital Improvements Funding Opportunity     </li> </ol>	Sofia Recalde	Tab 2	
2. Approve Behavioral Health Medical Director role	Jim Beaumont	Tab 3	
3. Approve Strategic Plan Outcome Targets	Irene Pasma	Tab 4	
4. Approve Form 5B – service locations	Jim Beaumont	Tab 5	
5. Approve Aug & Sept Board Meeting Change of Date	Irene Pasma		
G. REPORTING & DISCUSSION AGENDA			10:00am
<ol> <li>Preparing for the Health Resources &amp; Services         Administration's Operational Site Visit, August 3-5, 2021     </li> </ol>	Staff		
2. QI/QA Subcommittee Update	Danielle & Amanda	Tab 6	
3. Contracts and MOU Update	Sofia Recalde	Tab 7	
4. Co-Applicant Board By-Laws Updates	Irene Pasma	Tab 8	
5. Program Director's Report	Jim Beaumont	Tab 9	
6. Program Budget/Finance Report	Jim Beaumont	Tab 10	
H. ADJOURNMENT			10:45am
Future meetings – every 2 <sup>nd</sup> Thursday of the month (unless ot	herwise stated). Special Me	eting Augu	st 4 <sup>th</sup> .

1. Director Evaluation

I. CLOSED SESSION



# **TAB 1** Consent Agenda

### Healthcare for the Homeless/Farmworker Health Program (Program) Co-Applicant Board Meeting Minutes (June 10<sup>th</sup>, 2021) Teams Meeting

Co-Applicant Board Members Present	County Staff Present	Members of the Public
Robert Anderson	Irene Pasma, Program Implementation Coordinator	Judith Guerrero, Coastside Hope
Steven Kraft	Danielle Hull, Clinical Coordinator	Belinda Arriaga, ALAS
Tony Serrano	Sofia Recalde, Management Analyst	Joaquin Jimenez, ALAS
Tayischa Deldridge	John Nibbelin, County Counsel	
Steve Carey	Amanda Hing Hernandez, HCH/FH Medical Director	Absent Board Members/Staff:
Victoria Sanchez De Alba, Vice Chair	Anita Booker, Public Health Policy & Planning (PHPP) Clinics	Suzanne Moore
Janet Schmidt	Manager	Eric Debode
Gabe Garcia	Frank Trinh, PHPP Supervising MD for Comm. Disease	
Brian Greenberg, Chair	Control and Prevention	
Christian Hansen		
Jim Beaumont, HCH/FH Program Director (Ex-		
Officio)		
<i>,</i> 		

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9:03A.M and did a roll call:  Staff: Irene Pasma, Danielle Hull, Jim Beaumont, Sofia Recalde, John Nibbelin, Amanda Hing Hernandez, Frank Trinh  Board members: Robert Anderson, Steven Kraft, Tayischa Deldrige, Steve Carey, Victoria Sanchez de Alba, Janey Schmidt, Christian Hansen, Brian Greenberg  Members of the Public/Guests: None  Brian acknowledged Board member Mother Champion's recent passing and held a moment of silence in her honor.	
Order of the Agenda	Irene Pasma noted a potential change to the order of the agenda to accommodate invited guest's expected arrival time (9:30am). The agenda would move from the <i>Update from Consumers &amp; Board members</i> item to the Reporting and Discussion agenda until invited guests arrived for the <i>Update from ALAS and Coastside Hope</i> item.	Request to approve Consent Agenda was MOVED by Robert A. and SECONDED by Tayischa D. and APPROVED by all Board members present.

Public Comment	None.	
Consent Agenda Meeting minutes from May 11, 2021	Please refer to TAB 1 All items on Consent Agenda (meeting minutes from May 11, 2021) were approved.	Request to approve Consent Agenda was MOVED by Steve C. and SECONDED by Janet S. and APPROVED by all Board members present.
Consumer Input: Updates from Consumers & board members	Brian Greenberg provided the following updates:  - The County-owned/LifeMoves managed hotel, Coastside Inn in Half Moon Bay, recently started admitting people experiencing homelessness. Admission has been slow due to the County's requirement that residents pass a criminal background check.  - The number of oversized vehicles in Redwood City has decreased from 118 to 15 on the street. There are currently 41 vehicles in the Redwood City RV Safe Parking program.  Moved to Reporting and Discussion agenda until invited guests from ALAs and Coastside Hope join the meeting.	Joaquin Jimenez (ALAS), Board member Gabe Garcia and Board member Tony Serrano joined the meeting at 9:10am.
Reporting & Discussion Agenda QI/QA subcommittee update	<ul> <li>Please refer to TAB 4         Danielle Hill updated the HCH/FH Board on the following:     </li> <li>SMMC Primary Care Quality Committee – Amanda and Danielle requested feedback from the committee on what kind of data they would like to receive regarding patients experiencing homelessness and farmworkers and their dependents</li> <li>SMMC Patient Services Assistant (PSA) learning module is live as of May 17th. The module instructs PSAs on the registration process and provides rationale for collecting demographic information such as race, ethnicity, homeless and farmworker status, etc.</li> <li>Maple Street shelter telehealth pilot – LifeMoves and HCH/FH staff have worked together to create an up-to-date list of current Maple Street residents and their PCPs, coordinate appointment scheduling, draft workflows and patient/provider surveys and currently procuring gift cards as patient incentives to participate in telehealth pilot.</li> </ul>	
Consumer Input Update from ALAS and Coastside Hope	Judith Guerrero (Coastside Hope Executive Director), Belinda Arriaga (ALAS Executive Director) and Joaquin Jimenez (ALAS Farmworker Program & Outreach Director) presented on the need for mobile and field medicine services for farmworkers in the Half Moon Bay region. Many farmworkers are not utilizing services available at Coastside Clinic for several reasons including inability to take time off work, difficulty in scheduling an appointment at Coastside Clinic, and lack of comfort and trust in receiving services from a government institution.	Anita Booker (PHPP), Judith Guerrero (Coastside Hope) and Belinda Arriaga (ALAS) joined the meeting at 9:30am.

	Anita Booker (PHPP Clinics Manager) and Frank Trinh (PHPP Supervising MD for Comm. Disease Control and Prevention) acknowledged the need for medical care for farmworkers in Half Moon Bay and are exploring opportunities to expand current staff bandwidth to provide additional services.	Anita, Judith, Belinda, Joaquin and Frank left the meeting at 10am.
Business Agenda: American Rescue Plan Budget	Please refer to TAB 2  Sofia Recalde updated the Board of the projects included in the American Rescue Plan (ARP) proposal which was due to the Health Resources and Services Administration (HRSA) on June 30, 2021 and reiterated the process and criteria by which staff selected projects for inclusion in the proposal. The projects, totaling \$1,631,875, included: Expanding the PHPP Mobile Clinic/Street Medicine program; SMMC Call Center expansion; Workstation on Wheels; COVID-19 home testing kits; OBGYN clinic equipment; digital tools to support case management, population health initiatives and patient satisfaction and workforce engagement; recuperative care; and medical, lab and hygiene supplies. The Board provided consenting approval of the ARP proposal and budget.	Request to provide consenting approval of the American Rescue Plan Budget was MOVED by Steve K. and SECONDED by Robert A. and APPROVED by all Board members present.
Strategic Planning Ad Hoc sub-committee outcome target recommendations	Please refer to TAB 3  On June 4 <sup>th</sup> , an ad-hoc meeting was held to review the five Strategic Plan priority areas and their accompanying activities and to propose outcome measures for the Board to adopt and receive regular updates on a routine basis. The ad-hoc committee recommended three outcome measures to the Board, and the Board approved the following content:  1) By EOY 2023, X% of clients receiving care coordination will have at least one brick and mortar healthcare visit (primary care, behavioral health or dental care) within a 12-month period at SMMC or BHRS.  2) By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by X% from 2019 baseline.  3) By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by X% from 2019 baseline.  The ad-hoc committee will discuss the value associated with each of the three outcome measures at the next ad-hoc meeting to be scheduled before the July Board meeting.	Request to approve the Strategic Planning Ad-Hoc sub-committee's outcome target recommendations was MOVED by Steve K. and SECONDED by Gabe G. and APPROVED by all Board members present. Steve C. abstained.
Reporting & Discussion Agenda Annual Plan update	Irene Pasma presented the 2020 HCH/FH Annual Plan and solicited the Board's input on a distribution plan. The purpose of the Annual Plan is to outreach to current and new partners and stakeholders and to recruit new Board members. Board members will receive electronic and physical copies to distribute and are encouraged to share the Annual Plan with their networks. Board members recommended that the Annual Plan also be shared with the Board of Supervisors and County Manager's Office.	
Contracts & MOUs update	Please refer to TAB 5	

	The LifeMoves and Puente care coordination contracts are on the San Mateo County Board of Supervisors agenda for 6/29. The first Saturday Dental Clinic is scheduled for June 12 <sup>th.</sup> The MOUs with BHRS (excluding the AOD for farmworker component) and PHPP are being reviewed by BHRS and PHPP staff, respectively. The scope of services for the Care Coordination for Newly Housed and the Promotores services in HMB/North Coast region are currently being negotiated.	
Program Director's	Please refer to TAB 6	
Report	Jim Beaumont reported on the following:	
	<ul> <li>SMMC and SMC Health have received nearly 30,000 COVID vaccines through the HRSA Distribution Program, with about 18K administered to date. HRSA is also sponsoring a Mask Distribution Program and preparing for a Rapid Antigen Testing Distribution Program, both of which we are awaiting further word on.</li> <li>Recruitment for the Community Program Analyst is in process.</li> <li>Nutrition/Food Access was one of the many priorities identified by the Board, and SMMC recently announced that addressing food insecurity would be one of its strategic priorities for the coming year. HCH/FH will keep the Board abreast of developments that can benefit the homeless and farmworker populations.</li> <li>The HRSA Operational Site Visit is scheduled for August 3-5 and Board members are advised to keep their schedules open during that time to meet with the HRSA review team.</li> </ul>	
Program Budget /	Please refer to TAB 7	
Finance Report		
	Preliminary expenditure numbers for non-COVID expenses in May 2021 show a total expenditure for the year-to-date as \$1,525,541 of which \$1,505,277 is claimable against the grant. Total projected expenditure for the year is approximately \$3.06M. With carryover from 2020, it is anticipated that we will have around \$3.6M, providing for an estimated \$550K of unexpended funds for year's end.	
	HRSA also recently announced a competitive funding opportunity for optimizing virtual care with a mid-July deadline to submit a brief project proposal in Grants.gov. The full proposal is due to HRSA in mid-August. HCH/FH is evaluating staff bandwidth and SMMC need to handle additional funding for telehealth.	
Future Board meeting format	John Nibbelin led a discussion about the future of Board meetings in a post-pandemic environment. Although in-person meetings can resume as of June 15 <sup>th</sup> , virtual Board meetings remain an acceptable way of conducting meetings. Hybrid in-person/virtual models have not worked that well, so the HCH/FH Board will continue to conduct Board meetings virtually until further notice or direction from the State/County.	
Announcements	None	
Adjournment	Brian Greenberg adjourned the meeting at 11:03AM.	

## TAB 2 Business Agenda ARP Capital Improvements Funding Opportunity



DATE: July 8th, 2021

TO:

(HCH/FH) Program

FROM: Sofia Recalde, Management Analyst

SUBJECT: America Rescue Plan (ARP) Capital Improvements Funding Opportunity

At the June 2021 HCH/FH Board meeting, staff informed Board members of a new funding opportunity through the Health Resources and Services Administration (HRSA) via the American Rescue Plan (ARP) Act for Capital Improvements, including construction, expansion, alteration, renovation and equipment purchases to modify, enhance and expand health care infrastructure. HCH/FH was eligible to apply for up to \$562,931. Applications were due to HRSA on June 24, 2021.

Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health

Projects eligible for consideration in the application were limited to those at San Mateo Medical Center and its outpatient primary care and specialty clinics. HCH/FH staff worked with SMMC to identify potential projects and to select those that were most "implementation ready" and could benefit patients experiencing homelessness and the farmworker community for inclusion in the application. The following were included in the funding proposal:

- Equipment to replace equipment approaching end of life and to enhance capacity at outpatient primary care and specialty care clinics:
  - 2 Diabetic Retinal Cameras for RRSCC and Coastside Clinic
  - 20 Obstetrics and Gynecology (OB-GYN) examination tables for OB-GYN
  - 1 Trophon for OB-GYN
  - 2 Cystoscope for Urology
  - 1 Laryngoscope Ear Nose Throat (ENT) scope and monitor for Surgical Specialty Clinic
  - 1 Optical Coherence Tomography (OCT) machine for Optometry
  - 1 Visual Field Analyzer for Optometry
  - 1 Exam Chair for Optometry
  - 1 Floor Unit instrument for Optometry
  - 1 Phoropter Refractor for Optometry
  - 1 Sit Lamp for Optometry
- Minor alterations and renovations at Daly City outpatient clinic

The ARP Capital Improvements applications deadline was June 24, 2021. Since the proposal was not final at the last HCH/FH Board meeting, staff is bringing the submission to the Board for review and approval today. The request is for the Board to provide consenting approval of the ARP Capital Improvements application and budget.

### Attachment:

- ARP Capital Improvements budget narrative
- ARP Capital Improvements proposal application

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

www.sanmateomedicalcenter.or www.facebook.com/smchealth

### County of San Mateo Healthcare for the Homeless/Farmworker Health Program Capital Improvements Funding Opportunity - Budget Narrative

Object Class	Y1 Fed	Y1 Non-Fed	Y2 Fed	Y2 Non-Fed	Year 1 total	Year 2 total	TOTAL	Activity
A. Personnel	\$0						\$0	
NA NA	Ţ0	Ç	Ţ.	Ţ.	70	ΨO	ŢŪ	
B. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
NA .								
C. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
NA								
D. Equipment	\$454,000	\$0	\$0	\$0	\$454,000	\$0	\$454,000	
UV Light for dermatology (1)	\$35,000				\$35,000			Equipment only
Urology cytoscope (2)	\$18,000				\$18,000			Equipment only
Laryngoscope ENT Scope (1)	\$50,000				\$50,000			Equipment only
Optical Coherence Tomography machine (1)	\$70,000				\$70,000			Equipment only
Visual Field Analyzer (1)	\$40,000				\$40,000			Equipment only
Diabetic Retinal Camera (2)	\$30,000				\$30,000			Equipment only
Ob-Gyn Exam table (20)	\$170,000				\$170,000			Equipment only
Ob-Gyn Trophon (1)	\$12,000				\$12,000			Equipment only
Optometry exam chair (1)	\$6,000				\$6,000			Equipment only
Optometry floor unit unit instrument (1)	\$5,000				\$5,000			Equipment only
Optometry Phoroptor Refractor (1)	\$5,000				\$5,000			Equipment only
Optometry Slit Lamp (1)	\$13,000				\$13,000			Equipment only
E. Supplies	\$0	\$0	\$0	\$0			\$0	
NA					\$0			
					\$0			
F. Contractual	\$0	\$0	\$0	\$0	\$0		\$0	
NA					\$0	\$0		
G. Construction	\$108,931	\$126,069	\$0	\$0	\$235,000	\$0	\$235,000	
First floor removal of ceramic tile floor, linoleum floor								
replacement, recarpet and paint 12 rooms	\$108,931				\$150,000			Minor A/R
Paint and recarpet 12 rooms on the second floor		\$65,000			\$65,000			Minor A/R
Convert two clinic rooms on 3rd floor to specialty exam rooms,								
paint and shelving		\$20,000			\$20,000			Minor A/R
H. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
NA	\$0	ŞU	\$0	\$0	\$0	\$0	Şυ	
IVA	+							
Total Direct Charges	\$562,931	\$126,069	\$0	\$0	\$689,000	\$0	\$689,000	
Indirect Charges	\$0						\$005,000	
Total Budget	\$562,931		\$0 \$0				\$689,000	
Total budget	<del>7502,551</del>	7120,003	<del>30</del>	<u> 90</u>	<del>7005,000</del>	<u> 90</u>	7005,000	

					OMB Approval No. 4040-0004
			deral Assistance SF-424		Expiration Date 8/31/2016
* 1. Type of Submission		* 2. Type of Application	1	* If Revision, select appropriate letter(s):	
Preapplication		New		10 10	
Application Changed/Corrected Application		☐ Continuation ☐ Revision		* Other (Specify)	
* 3. Date Received:		4. Applicant Identifier:			
* 5.a Federal Entity Identifier:		5.b Federal Award Idea	ntifier:		
Application #:192436 Grants.Gov #:					
* 6. Date Received by State:		7. State Application Ide	entifier:		
8. Applicant Information: * a. Legal Name		San Mateo, County Of			
* b. Employer/Taxpayer Identification Number (I	EIN/TIN):	* c. Organizational DUN			
94-6000532		625139170			
d. Address:				_	
* Street1:		SAN MATEO MEDICAL	L CENTER 222 WEST 39TH AVEN	UE	
Street2:					
* City:		SAN MATEO			
County:		0.0			
* State: Province:		CA			
* Country:		US: United States			
* Zip / Postal Code:		94403-4364			
e. Organization Unit:		34403-4304			
Department Name:			Division Name:		
Healthcare for the Homeless/Farmworker H	ool#b				
f. Name and contact information of person to	be contacted on matters involving this application:				
Prefix:			* First Name:	Sofia	
T TOTAL			r iist ivanic.	Solia	
Middle Name: Middle Name:					
Last Name:	Recalde				
Suffix:					
Title:	Management Applicat				
	Management Analyst				
Organizational Affiliation:					
* Telephone Number:	(650) 573-2569		Fax Number:		
		_			
* Email:	srecalde@smcgov.org				
9. Type of Applicant 1:					
B: County Government					
Type of Applicant 2:					
Type of Applicant 3:					
* Other (specify):					
					<b>-</b> .
* 10. Name of Federal Agency:					
N/A					
11. Catalog of Federal Domestic Assistance I	Number:				
93.526 CFDA Title:					
FIP Verification					
					<del>-</del> ,
* 12. Funding Opportunity Number:					
HRSA-21-114 * Title:					
American Rescue Plan - Health Center Const	ruction and Capital Improvements				
					<del>-</del>
13. Competition Identification Number:					
8506 Title:					
American Rescue Plan - Health Center Const	ruction and Capital Improvements				
La contra					
Areas Affected by Project (Cities, Counties, S	States, etc.):				- ,
See Attachment					<u>_</u>
* 15. Descriptive Title of Applicant's Project:					= '
HCH/FH SMMC Capital Improvements					
Project Description:					
See Attachment					_ ;
16. Congressional Districts Of:		·			ı
=					

	CA-14	* b. Program/Proje	CA-14
Additional Program/Project Congressional Distr	ricts:		
See Attachment			_
17. Proposed Project:			
* a. Start Date:	9/1/2021	* b. End Date:	8/31/2022
18. Estimated Funding (\$):			_
* a. Federal	\$562,931.00		
* b. Applicant	\$0.00		
* c. State	\$0.00		
* d. Local	\$126,069.00		
* e. Other	\$0.00		
* f. Program Income	\$0.00		
* g. TOTAL	\$689,000.00		
			_
vector of the control of the c	Debt(If "Yes", provide explaination in attachment.)		_
* 20. Is the Applicant Delinquent Of Any Federal  Yes  21. *By signing this application, I certify (1) to therein are true, complete and accurate to the bomply with any resulting terms if I accept an a subject me to criminal, civil, or administrative p  I Agree	Mo he statements contained in the list of certifications** and (2) that the statements sest of my knowledge. I also provide the required assurances** and agree to award. I am aware that any false, fictitious, or fraudulent statements or claims may		-
* 20. Is the Applicant Delinquent Of Any Federal  Yes  21. *By signing this application, I certify (1) to the herein are true, complete and accurate to the b comply with any resulting terms if I accept an a subject me to criminal, civil, or administrative p  I Agree  ** The list of certifications and assurances, or an specific instructions.	Mo he statements contained in the list of certifications <sup>++</sup> and (2) that the statements set of my knowledge. I also provide the required assurances <sup>++</sup> and agree to award. I am aware that any false, fictitious, or fraudulent statements or claims may benalties. (U.S. Code, Title 218, Section 1001)	* First Name:	Jim
* 20. Is the Applicant Delinquent Of Any Federal  Yes  21. *By signing this application, I certify (1) to the brein are true, complete and accurate to the brein are true, and the second accurate to the brein are true, and the second accurate to the brein accurate true, and	Mo he statements contained in the list of certifications <sup>++</sup> and (2) that the statements set of my knowledge. I also provide the required assurances <sup>++</sup> and agree to award. I am aware that any false, fictitious, or fraudulent statements or claims may benalties. (U.S. Code, Title 218, Section 1001)	* First Name:	Jim
* 20. Is the Applicant Delinquent Of Any Federal  Yes  21. *By signing this application, I certify (1) to the brevin are true, complete and accurate to the bromply with any resulting terms if I accept an a subject me to criminal, civil, or administrative p  I Agree  ** The list of certifications and assurances, or an specific instructions.  Authorized Representative:  Prefix:	Mo he statements contained in the list of certifications <sup>++</sup> and (2) that the statements set of my knowledge. I also provide the required assurances <sup>++</sup> and agree to award. I am aware that any false, fictitious, or fraudulent statements or claims may benalties. (U.S. Code, Title 218, Section 1001)	* First Name:	Jim
* 20. Is the Applicant Delinquent Of Any Federal  Yes  21. *By signing this application, I certify (1) to the brein are true, complete and accurate to the brein are true, or an authority and the properties are true and true are true.  ** The list of certifications and assurances, or an specific instructions.  **Authorized Representative:  **Prefix:  Middle Name:	he statements contained in the list of certifications** and (2) that the statements est of my knowledge. I also provide the required assurances** and agree to award. I am aware that any false, fictitious, or fraudulent statements or claims may benalties. (U.S. Code, Title 218, Section 1001)  internet site where you may obtain this list, is contained in the announcement or agency	* First Name:	Jim
* 20. Is the Applicant Delinquent Of Any Federal  Yes  21. *By signing this application, I certify (1) to the herein are true, complete and accurate to the becomply with any resulting terms if I accept an a subject me to criminal, civil, or administrative p  If I Agree  ** The list of certifications and assurances, or an specific instructions.  Authorized Representative:  Prefix:  Middle Name:  * Last Name:	he statements contained in the list of certifications** and (2) that the statements est of my knowledge. I also provide the required assurances** and agree to award. I am aware that any false, fictitious, or fraudulent statements or claims may benalties. (U.S. Code, Title 218, Section 1001)  internet site where you may obtain this list, is contained in the announcement or agency	* First Name:	Jim
* 20. Is the Applicant Delinquent Of Any Federal  Yes  21. *By signing this application, I certify (1) to the becomply with any resulting terms if I accept an a subject me to criminal, civil, or administrative p  I Agree  ** The list of certifications and assurances, or an specific instructions.  Authorized Representative:  Prefix:  Middle Name:  * Last Name:  Suffix:	he statements contained in the list of certifications** and (2) that the statements est of my knowledge. I also provide the required assurances** and agree to award. I am aware that any false, fictitious, or fraudulent statements or claims may benalties. (U.S. Code, Title 218, Section 1001)  internet site where you may obtain this list, is contained in the announcement or agency  Beaumont	* First Name:	Jim (650) 573-2030
* 20. Is the Applicant Delinquent Of Any Federal  Yes  21. *By signing this application, I certify (1) to the becomply with any resulting terms if I accept an a subject me to criminal, civil, or administrative p  I Agree  ** The list of certifications and assurances, or an specific instructions.  Authorized Representative:  Prefix:  Middle Name:  * Last Name:  Suffix:  * Title:	he statements contained in the list of certifications** and (2) that the statements est of my knowledge. I also provide the required assurances** and agree to award. I am aware that any false, fictitious, or fraudulent statements or claims may benalties. (U.S. Code, Title 218, Section 1001)  internet site where you may obtain this list, is contained in the announcement or agency  Beaumont  Director		

OMB Approval No. 4040-0019 Expiration Date 2/28/2022

### **Project Abstract Summary**

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

unaing Opportunity Number
HRSA-21-114
FDA(s)
93.526
applicant Name
San Mateo, County Of
Descriptive Title of Applicant's Project
HCH/FH SMMC Capital Improvements
Project Abstract
Throughout the COVID-19 Pandemic, San Mateo Medical Center (SMMC) outpatient and specialty care clinics successfully utilized telehealth as a method to continue delivering non-urgent healthcare to patients. Nonetheless, many patients delayed seeking medical care over the past 18 months, and SMMC is already experiencing he anticipated spike of clients whose needs were not met during the pandemic seeking medical appointments. To meet this demand, the County of San Mateo relatificare for Homeless/Farmworker Health Program is submitting an application for the American Rescue Plan (ARP) Capital Improvements funding opportunity to equesting funding for one (1)minor alterations and renovations project at the Daly City ambulatory clinic and thirty-three (33) equipment purchases to replace equipment approaching end of life and to enhance capacity at outpatient primary care and specialty care clinics throughout San Mateo County.

### Project/Performance Site Location(s)

OMB Approval No. 4040-0010 Expiration Date 9/30/2016

Project/Performance Site Primary Location			
Organization Name: San Mateo Medical Center - 39th Ave	Campus Out	patient Clinics	
* Street1: 222 W 39th Ave			
Street2:			
* City: San Mateo			
County: San Mateo			
* State: California		Province:	
* Country United States		* ZIP / Postal Code:	94403-4364
DUNS Number: 625139170			
Project/ Performance Site Congressional District: 14			
Project/Performance Site Location			
Organization Name: Ron Robinson Senior Care Center			
* Street1: 222 W 39th Ave # S-131			
Street2:			
* City: San Mateo	County: Sa	n Mateo	
* State: California	Province:		
* Country United States		* ZIP / Postal Code:	94403-4364
DUNS: 625139170			
Project/ Performance Site Congressional District: 14			
Project/Performance Site Location			
Organization Name: Daly City Clinic			
* Street1: 380 90th St			
Street2:			
* City: Daly City	County: Sa	n Mateo	
* State: California	Province:		
* Country United States		* ZIP / Postal Code:	94015-1807
DUNS: 625139170			
Project/ Performance Site Congressional District: 14			
Project/Performance Site Location			
Organization Name: Coastside Health Center			
* Street1: 225 Cabrillo Hwy S Ste 100A			
Street2:			
* City: Half Moon Bay	County: Sa	n Mateo	
* State: California	Province:		
* Country United States		* ZIP / Postal Code:	94019-1738
DUNS: 625139170			
Project/ Performance Site Congressional District: 14			

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

Expiration Date 8/31/2016

	SECTION A - BUDGET SUMMARY								
Budget Period Grant Program Function or Activity				Unobligated Funds	New or Revised Budget				
Budget Feriod	Grant Program Function of Activity	Number	Federal	Non-Federal	Federal	Non-Federal	Total		
1	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$562,931.00	\$126,069.00	\$689,000.00		
2	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
3	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
4	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
5	Health Center Infrastructure Support	93.526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Total			\$0.00	\$0.00	\$562,931.00	\$126,069.00	\$689,000.00		

SECTION B - BUDGET CATEGORIES					
Object Class Categories	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5
a. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$454000.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
f. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
g. Construction	\$108931.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Total Direct Charges (sum of a-h)	\$562931.00	\$0.00	\$0.00	\$0.00	\$0.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$562931.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION C - NON-FEDERAL RESOURCES						
Budget Period	Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS	
1	Health Center Infrastructure Support	\$0.00	\$0.00	\$126,069.00	\$126,069.00	
2	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	
3	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	
4	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	
5	Health Center Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL		\$0.00	\$0.00	\$126,069.00	\$126,069.00	

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$562,931.00	\$200,000.00	\$208,931.00	\$100,000.00	\$54,000.00
Non-Federal	\$126,069.00	\$126,069.00	\$0.00	\$0.00	\$0.00
Total	\$689,000.00	\$326,069.00	\$208,931.00	\$100,000.00	\$54,000.00

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

		DISCLOSURE OF LOBBYING	ACTIVITIES		OMB Approval No. 0348-0046 Expiration Date 12/31/2013
	Complete	e this form to disclose lobbying activities pursuant to	o 31 U.S.C.1352		Expiration Bato 1210 1120 11
1.* Type of Federal Action:  a. contract  b. grant  c. cooperative agreement  d. loan  e. loan guarantee  f. loan insurance	2.* Status of Federal Action:  a. bid/offer/application  b. initial award  c. post-award		3. * For Material C Year Quarter Date of Last R		
4. Name and Address of Reporting Entity:					
	Tier If Known:				
*Name San Mateo, County Of					
*Street 1 SAN MATEO MEDICAL CENTER 222 WE	ST 39TH AVENUE				
Street 2					
* City SAN MATEO	State CA				
* Zip 94403-4364 Congression	nal District, if known:				
5. If Reporting Entity in No.4 is Subawardee, Enter	Name and Address of Prime:				
6. * Federal Department/Agency:		7. * Federal Program Name/Description:			
U.S Department of Health and Human Services, H	IRSA	Health Center Infrastructure Support			
		CFDA Number, if applicable:			
		93.526			
8. Federal Action Number, if known:		9. Award Amount, if known:			
HRSA-21-114					
10. a. Name and Address of Lobbying Registrant:  Prefix	* First Name		Middle Name		
* Last Name	Tistraine		Suffix		
* Street 1			* Street 2		
* City	State		* Zip		
b. Individual Performing Services (including addr			-		
Prefix	* First Name		Middle Name		
* Last Name			Suffix		
* Street 1			Street 2		
* City	State		* Zip		
upon which reliance was placed by the tier above v	when the transaction was made or entered into. The emi-annually and will be available for public inspe	ure of lobbying activities is a material representation on iis disclosure is required pursuant to 31 U.S.C. 1352. ction. Any person who fails to file the required disclost failure.			
* Name Prefix:	* First Name Jim		Middle Name		
* Last Name Beaumont	<u>'</u>		Suffix		
Title: Director	Telephone No.: (650) 573-2	459 Date:			
Federal Use Only:			Authorized for Standard Form	Local Reproduction	

### Program Specific Form(s) - Review

00192436: San Mateo, County Of Announcement Number: HRSA-21-114

Announcement Name: American Rescue Plan -

Health Center Construction and Capital Improvements

Total Federal Requested Amount: \$562,931.00

Eligible Formula Amount: \$562,931.00

Resources [7]

View

FY 2021 ARP-Capital User Guide FY 2021 Funding Opportunity Announcement

### **Proposal Cover Page**

As of 06/24/2021 08:47:00 PM

**OMB Number:** 0915-0285 **OMB Expiration Date:** 3/31/2023

Due Date: 06/24/2021 (Due In: 0 Days)

Application Type: New

1. Applicant Eligibility

Provide the eligible H80 grant number:

(Example: H80CS00001)

H80CS00051

### 2. Planned Activities

Provide a comprehensive, consolidated description of the proposed project(s), including:

. The alteration, renovation, construction, expansion, and other capital improvements needed to modify, enhance, and expand health care infrastructure.

Approximately 4 pages (Max 8000 characters with spaces):

The County of San Mateo Healthcare for Homeless/Farmworker Health Program is submitting an application for the American Rescue Plan (ARP) Capital Improvements funding opportunity to requesting funding for one (1) minor alteration and renovation project and thirty-three (33) equipment purchases to replace equipment approaching end of life and to enhance capacity at outpatient primary care and specialty care clinics throughout San Mateo County. Daly City Clinic – Alteration and Renovation The modifications to Daly City clinic will change the facility layout and expand specialty services to better serve patients. Modifications include removing and discarding first floor ceramic tile and replacing with soft linoleum that requires only water based non-toxic cleaning solutions, re-carpeting and painting 24 patient rooms (12 on the first floor and 12 on the second floor) and converting two general clinic exam rooms. The two new exam rooms will require painting and additional shelving. Outpatient and Specialty Clinics - Equipment only The San Mateo Medical Center (SMMC) Specialty Care (Spec) is an outpatient ambulatory clinic offering specialty care for areas of Cardiology, Dermatology, Eye, Endocrinology, Ear, Nose and Throat (ENT) Gastroenterology, General Surgery, Hema/Oncology, Hepatology, Musculoskeletal (MSK), Nephrology, Neurology, Orthopedics, Palliative Care, Plastics primary, Podiatry, Rheumatology, Transgender, Urology and Vascular to patients. These specialty services are located at the San Mateo Medical Center Hospital and in varying degrees at satellite clinics at Coastside, Daly City, Fair Oaks Health Center and South San Francisco. The SMMC Ron Robinson Senior Care Center (RRSCC) is an outpatient ambulatory clinic offering primary, psychiatric and geriatric assessment and care to older adults in San Mateo County. This clinic is in the San Mateo Medical Center Hospital Clinic Wing. This clinic provides care for adults age 60 or over who either do not have a primary care provider or who have chronic or complex health issues. The SMMC Coastside Clinic is an outpatient ambulatory clinic located in Half Moon Bay, California offering adult and primary services, optometry, dental health, mental health and behavioral health rehabilitation services, family planning, women's health and OBGYN services in San Mateo County. The majority of farmworkers and their dependents served by SMMC receive healthcare services at Coastside Clinic. The Outpatient and Specialty Clinics proposal includes the purchase of equipment reaching end of life and to expand critical services, including the purchase of: 1) One (1) UV light for Dermatology 2) Two (2) Cystoscope for Urology - The Urology Clinic has 6 scopes, two of which are routinely in the repair shop due to failure to pass a leak test or other malfunctions. As a result the Clinic is forced to limit or cancel patient procedures, or borrow scopes from the Operating Room to properly serve clients. 3) One (1) Laryngoscope Ear Nose Throat (ENT) scope and monitor for Surgical Specialty Clinic - The current ENT scopes are broken and need to be replaced with high quality equipment with a monitor that will provide increased visualization and improved patient care 4) One (1) Optical Coherence Tomography (OCT) machine for Optometry - The existing OCT machine is old and out dated; although it works a newer machine would allow for better images and improved care for patients. 5) One (1) Visual Field Analyzer for Optometry - The existing visual field machine is outdated, at least 20 years old, and needs to be replaced 6) One (1) Exam Chair for Optometry 7) One (1) Floor Unit instrument for Optometry 8) One (1) Phoropter Refractor for Optometry 9) One (1) Sit Lamp for Optometry 10) Two (2) Diabetic Retinal Cameras for RRSCC and Coast side Clinic - Both clinics are seeking to purchase additional diabetic retinal cameras to assist with early detection of diabetic retinopathy and to reduce vision loss and prevent blindness in diabetic patients. 11) Twenty (20) Obstetrics and Gynecology (OB-GYN) examination tables for OB-GYN – The Ob-Gyn clinic is seeking to replace 20 old exam tables are old that are racking and may pose an infection control risk. 12) One (1) Trophon for OB-GYN - Ob-Gyn Clinic is seeking to purchase one Trophon to expedite the cleaning of ultrasound wands, which are used to clean ultrasounds between use for infection control

### **Consolidated Budget**

As of 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

### Notes:

This page is created by combining the budget pages from all projects and therefore cannot be edited. If edits to this form are desired, please go to the individual budget forms to make those changes.

Serial Numbe r	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a- b)
1	Administrative and legal expenses	\$0	\$0	\$0
2	Land, structures, rights-of-way, appraisals, etc.	\$0	\$0	\$0
3	Relocation expenses and payments	\$0	\$0	\$0
4	Architectural and engineering fees	\$47,000	\$0	\$47,000
5	Other architectural and engineering fees	\$0	\$0	\$0

6	Project inspection fees	\$23,500	\$0	\$23,500
7	Site work	\$164,500	\$0	\$164,500
8	Demolition and removal	\$0	\$0	\$0
9	Construction	\$0	\$0	\$0
10	Equipment	\$454,000	\$0	\$454,000
11	Miscellaneous	\$0	\$0	\$0
12	SUBTOTAL (sum of lines 1-11)	\$689,000	\$0	\$689,000
13	Contingencies	\$0	\$0	\$0
14	SUBTOTAL (sum of lines 12 and 13)	\$689,000	\$0	\$689,000
15	Project (program) income	\$0	\$0	\$0
16	TOTAL PROJECT COSTS	\$689,000	\$0	\$689,000
17	Federal assistance requested Federal Percentage Share: 81.70 %			\$562,931

### Certification

I certify that the above statements are accurate and true, and the total request for funding is less than or equal to the total amount of funding made available through this funding opportunity

### **Project Cover Page**

As of 06/24/2021 08:47:00 PM OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information								
Project Title	Daly City Clinic	Project Type	Alteration/Renovation of	Project Tracking	192436-01	Amount requested in	\$454,000.00	
	renovations		an Existing Facility	Number		this project		

### 1. Site Information

Improved Project Square Footage (total square feet of new construction/expansion and/or the 17000 altered/renovated area):

Note: Include square footage of the physical facility and external parking lot, as applicable. For example, if a project involves construction of a new facility, indicate the sum of the interior square footage and the parking lot area. If the project involves expansion of an existing facility, indicate the sum of the square footage of the new addition and any other area where renovation activities occurred. If the project involves renovation activities, indicate the square footage of the area impacted by renovation activities. If the project involves equipment only, the improved square footage is not applicable.

### 2. Project Description

Provide a detailed description of the planned activities occurring at the physical site. The project description should include:

- Specific dimensions, square footage, and clinical and non-clinical area(s) to be impacted
- Number of new rooms or areas added or improved
- Purchases of clinical and/or non-clinical moveable equipment items, including replacement mobile vans
- Creation of a new stand-alone structure
- Expansion of an existing structure to increase the total square footage
- Improvement and/or reconfiguration of the interior arrangements of an existing facility
- Installation of permanently affixed equipment
- Modifications and/or repairs to the building exterior (including windows)
- . Heating, ventilation, and air-conditioning (HVAC) modifications (including the installation of climate control and duct work)
- Electrical upgrades and/or plumbing work

Approximately 4 pages (Max 8000 Characters with spaces)

The Daly City Renovations proposal is supposed to improve a total 17,000 square feet of clinic and office space, including 7,000 ft2 each on the first and second floors and 3,000 ft2 on the third floor. Twenty-four rooms will be improved, including twelve each on the first and second floors, by removing cabinetry, making minor repairs, re-carpeting and painting the rooms. In addition, the first-floor ceramic tile will be removed and replaced with soft linoleum that requires only water-based, non-toxic cleaning solutions. Finally, two clinic rooms on the third floor will be converted to specialty clinic rooms. They will be painted, and shelving units will be built into each room.

### 3. Project Management

- Identify the individual responsible for managing the project and certify their awareness that participation in a one year post-period evaluation will require updated information for a person of contact.
- Describe the capacity to manage, implement and evaluate your proposed activities. This may be a person or entity accountable in your organization for the
  implementation and oversight of the project.

Approximately 2 pages (Max 4000 Characters with spaces)

Steven Needles, Daly Clity Clinic Manager, will be overseeing the Daly City Clinic renovations that will be done by the County of San Mateo Department of Public Works. Steven

Needles is aware that participation in a one-year post-period evaluation will be required.

### 4. Project Timeline

Provide a timeline to achieve the planned activities and the number of months for each of the applicable milestones within the 3-year (36 months) period of performance:

- 1. Planning
- 2. Design
- 3. Obtaining required permits and/or variances
- 4. Meeting Federal environmental and historic preservation requirements
- 5. Solicitation of bids and awarding of contracts, alteration/renovation or construction period
- 6. The expected project completion date

Describe the current status of the project including any steps that may have been accomplished to date.

NOTE: Proposed alteration/renovation and construction/expansion physical activities associated with the project or connected activities (e.g., site grading, installation of utilities, demolition) may not have started before the award date. Conditions of the grant award must be met and lifted through a Notice of Award prior to physical activities commencing.

**Project Completion Date:** 

03/2022

Approximately 1 page (Max 2000 Characters with spaces)

Planning: 9/2021 Design: 9/2021 Obtaining required permits and/or variances: NA Meeting Federal environmental and historic preservation requirements: NA Solicitation of bids and awarding of contracts, alteration/renovation or construction period: NA The expected project completion date: 3/2022

### Attachments:

Provide the following documents related to this site:

### ▼ Attachment 1: Project Budget Justification (Minimum 1) (Maximum 1)

Document Name	Size	Date Attached	Description
SF424c-Daly City.pdf	91 kB	06/24/2021	SF4224c- Daly City

### Environmental Information Documentation (EID) Checklist

Download Template		
Name	Description	Options
EID Checklist	Template for EID Checklist	Download ▼

### ▼ Attachment 2: Environmental Information Documentation (EID) Checklist (Minimum 1) (Maximum 1)

Document Name	Size	Date Attached	Description
DAly City EID_print.pdf	1 MB	06/24/2021	Daly City EID checklist + FEMA map

### ▼ Attachment 3: Floor Plans/Schematic Drawings/Site Plan (Minimum 1) (Maximum 2)

Document Name	Size	Date Attached	Description
Daly City Clinic Floor plan.docx	12 kB	06/24/2021	

### **Budget (SF-424C)**

**As of** 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Informat	ion						
Project Title	Daly City Clinic renovations	Project Type	Alteration/Renovation of an Existing Facility	Project Tracking Number	192436-01	Amount requested in this project	\$108,931.00

Serial Numbe r	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a-b)
1	Administrative and legal expenses	\$0	\$0	\$0.00
2	Land, structures, rights-of-way, appraisals, etc.	\$0	\$0	\$0.00
3	Relocation expenses and payments	\$0	\$0	\$0.00

4	Architectural and engineering fees	\$47,000	\$0	\$47,000.00
5	Other architectural and engineering fees	\$0	\$0	\$0.00
6	Project inspection fees	\$23,500	\$0	\$23,500.00
7	Site work	\$164,500	\$0	\$164,500.00
8	Demolition and removal	\$0	\$0	\$0.00
9	Construction	\$0	\$0	\$0.00
10	Equipment	\$0	\$0	\$0.00
11	Miscellaneous	\$0	\$0	\$0.00
12	SUBTOTAL (sum of lines 1-11)	\$235,000	\$0	\$235,000.00
13	Contingencies	\$0	\$0	\$0.00
14	SUBTOTAL (sum of lines 12 and 13)	\$235,000	\$0	\$235,000.00
15	Project (program) income	\$0	\$0	\$0.00
16	TOTAL PROJECT COSTS	\$235,000	\$0	\$235,000.00
17	Federal assistance requested Federal Percentage Share: 46.00 %			\$108,931.00

### **Funding Sources**

As of 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Informat	ion						
Project Title	Daly City Clinic renovations	Project Type	Alteration/Renovation of an Existing Facility	Project Tracking Number	192436-01	Amount requested in this project	\$108,931.00

### **Funding Sources Information**

1. Total Project Cost (From cell 16a of Budget form)

\$235,000.00

2. Federal Grant Requested (From cell 17c of Budget form)

\$108,931.00

3. Other Funding Sources	Amount Secured (a)	Amount Committed (b)	Amount Forthcoming (c)	Total (d = a + b + c)
3a. State Grants 🕦	\$0.00	\$0.00	\$0.00	\$0.00
3b. Local Funding (i)	\$126,069.00	\$0.00	\$0.00	\$126,069.00
3c. Other Federal Funding (i)	\$0.00	\$0.00	\$0.00	\$0.00
3d. Private/Third Party Funding  i	\$0.00	\$0.00	\$0.00	\$0.00
3e. Other Project Financing (i)	\$0.00	\$0.00	\$0.00	\$0.00
Total Other Funding Sources	\$126,069.00	\$0.00	\$0.00	\$126,069.00

### **Equipment List**

As of 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023



### Alert:

This form is not applicable to you as you have not requested federal funds for the Equipment category in the Budget (SF-424C) form of this application.

### Form 5B - Service Sites

As of 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Informat	ion						
Project Title	Daly City Clinic renovations	Project Type	Alteration/Renovation of an Existing Facility	Project Tracking Number	192436-01	Amount requested in this project	\$108,931.00
DALY CITY CLINIC	C (BPS-H80-005524)					Action Status: Pic	ked from Scope

DALY CITY CLINIC (BPS-H80-005524)			Action Status: Picked from Scope
Site Name	DALY CITY CLINIC	Physical Site Address	380 90th St, Daly City, CA 94015-1807
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8600
Web URL	www.co.sanmateo.ca.us		
	www.so.sammatoo.sa.as		

11	,									
Location Type		P	Permanent		Site Setting		All Other Clinic Types			
Date Site was A	dded to Scope	1	/5/1996		Site Operational By		1/5/1996			
FQHC Site Medic	care Billing Numbe	er T	「his site has a M	edicare billing number	FQHC Site Medicare Billing Number		751906			
FQHC Site Natio		1	265522619		Total Hours of Operation	on	40			
Months of Opera	ation	J	January, February, March, April, May, June, July, August, September, October, November, December							
Number of Cont Locations	ract Service Delive	ery			Number of Intermitten	t Sites	0			
Site Operated by	/	G	Grantee							
Organization In	formation									
				No Organiza	tion Added					
Service Area Zip	Codes	9	94015							
Other Require	ements For Si	ites				OMR Numbe	As of 06/24	4/2021 08:47:00 PN		
Project Informat	ion					OMD Numbe	1. 09 13-0203 OND EXPIRAL	Jon Date: 3/3 1/202		
Project Title	Project Information  Daly City Clinic renovations		Project Type	Alteration/Renovation of an Existing Facility	Project Tracking Number	192436-01	Amount requested in this project	\$108,931.00		
Site Information										
Name of Servic	e Site	DALY CIT	Y CLINIC							
Site Address		380 90th \$	St, Daly City, CA	94015-1807						
4 Oite Occutual ac	- d F- d l lot	4								
	nd Federal Interes		sed' nlease nro	vide Landlord Letter of Co	onsent)					
[X] Owned [_] Le		orty (ii 200	ood , piodoo pio	viao Editalora Editor or ot	Silverity .					
	ease check the fol	llowing:								
	certifies the followi									
<ul><li>The existin</li><li>The existin</li></ul>	ng lease will provid	de the health ent with the	proposed scope	ible control of the project s e of project? arding Federal Interest in t						
2. Cultural Reso	urce Assessment	and Histori	ic Preservation (	Considerations						
2a. Was the pro	ject facility constr	ucted prior	r to 1975?							
[] Yes [X] No										
2b. Is the propo	sed facility 50 yea	rs or older?	?							
[] Yes [X] No										
Any reno		ons to the e	xterior of the fac	nclude: cility (e.g., roof, HVAC, win ng footprint, parking lot, si		exterior painting, ge	enerators) or			
∐ Yes [X] No										
2d. Does the pro	oject involve altera	ation/renova	ation/repair to a	project facility that is arch	itecturally, historically,	or culturally signific	cant?			
[] Yes [X] No										
2e. Is the site lo	cated on Native Ar	merican, Ala	askan Native, Na	ative Hawaiian, or equival	ent culturally significant	lands?				
∐ Yes [X] No										
Attachments:										

Provide a copy of the title, deed, or lease for the project.

▼ Attachment 4: Property Inform	▼ Attachment 4: Property Information (Minimum 1) (Maximum 1)								
Document Name	Size	Date Attached	Description						
Copy of title deed.docx	12 kB	06/24/2021							

Upload the Landlord Letter of Consent document only if you indicated that the property status is 'Leased' in question 1a of this form. Otherwise, do not upload the document.

### **▼** Attachment 5: Landlord Letter of Consent (Maximum 1)

No documents attached

### Add Site Checklist

As of 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023



### Alert:

You can only provide information in the Add Site Checklist form if you have added a new service site in the Form 5B: Service Sites form of this application.

### **Project Cover Page**

As of 06/24/2021 08:47:00 PM OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Informa	tion						
Project Title	Outpatient and Specialty Clinic equipment	Project Type	Equipment-only	Project Tracking Number	192436-02	Amount requested in this project	\$454,000.00

### 1. Site Information

Improved Project Square Footage (total square feet of new construction/expansion and/or the altered/renovated area):

Note: Include square footage of the physical facility and external parking lot, as applicable. For example, if a project involves construction of a new facility, indicate the sum of the interior square footage and the parking lot area. If the project involves expansion of an existing facility, indicate the sum of the square footage of the new addition and any other area where renovation activities occurred. If the project involves renovation activities, indicate the square footage of the area impacted by renovation activities. If the project involves equipment only, the improved square footage is not applicable.

### 2. Project Description

Provide a detailed description of the planned activities occurring at the physical site. The project description should include:

- Specific dimensions, square footage, and clinical and non-clinical area(s) to be impacted
- Number of new rooms or areas added or improved
- Purchases of clinical and/or non-clinical moveable equipment items, including replacement mobile vans
- Creation of a new stand-alone structure
- Expansion of an existing structure to increase the total square footage
- Improvement and/or reconfiguration of the interior arrangements of an existing facility
- Installation of permanently affixed equipment
- Modifications and/or repairs to the building exterior (including windows)
- . Heating, ventilation, and air-conditioning (HVAC) modifications (including the installation of climate control and duct work)
- Electrical upgrades and/or plumbing work

Approximately 4 pages (Max 8000 Characters with spaces)

The San Mateo Medical Center (SMMC) Specialty Care (Spec) is an outpatient ambulatory clinic offering specialty care for areas of Cardiology, Dermatology, Eye, Endocrinology, Ear, Nose and Throat (ENT) Gastroenterology, General Surgery, Hema/Oncology, Hepatology, Musculoskeletal (MSK), Nephrology, Neurology, Orthopedics, Palliative Care, Plastics primary, Podiatry, Rheumatology, Transgender, Urology and Vascular to patients. These specialty services are located at the San Mateo Medical Center Hospital and in varying degrees at satellite clinics at Coastside, Daly City, Fair Oaks Health Center and South San Francisco. The SMMC Ron Robinson Senior Care Center (RRSCC) is an outpatient ambulatory clinic offering primary, psychiatric and geriatric assessment and care to older adults in San Mateo County. This clinic is in the San Mateo Medical Center Hospital Clinic Wing. This clinic provides care for adults age 60 or over who either do not have a primary care provider or who have chronic or complex health issues. The San Mateo Medical Center (SMMC) Coastside Clinic is an outpatient ambulatory clinic located in Half Moon Bay, California offering adult and primary services, optometry, dental health, mental health and behavioral health rehabilitation services, family planning, women's health and OBGYN services in San Mateo County. The majority of farmworkers and their dependents served by SMMC receive healthcare services at Coastside Clinic. The Outpatient and Specialty Clinics proposal includes the purchase of equipment reaching end of life and to expand critical services, including the purchase of: 1) One (1) UV light for Dermatology 2) Two (2) Cystoscope for Urology - The Urology Clinic has 6 scopes, two of which are routinely in the repair shop due to failure to pass a leak test or other malfunctions. As a result the Clinic is forced to limit or cancel patient procedures, or borrow scopes from the Operating Room to properly serve clients. 3) One (1) Laryngoscope Ear Nose Throat (ENT) scope and monitor for Surgical Specialty Clinic - The current ENT scopes are broken and need to be replaced with high quality equipment with a monitor that will provide increased visualization and improved patient care 4) One (1) Optical Coherence Tomography (OCT) machine for Optometry - The existing OCT machine is old and out dated; although it works a newer machine would allow for better images and improved care for patients. 5) One (1) Visual Field Analyzer for Optometry - The existing visual field machine is outdated, at least 20 years old, and needs to be replaced 6) One (1) Exam Chair for Optometry 7) One (1) Floor Unit instrument for Optometry 8) One (1) Phoropter Refractor for Optometry 9) One (1) Sit Lamp for Optometry 10) Two (2) Diabetic Retinal Cameras for RRSCC and Coast side Clinic – Both clinics are seeking to purchase additional diabetic retinal cameras to assist with early detection of diabetic retinopathy and to reduce vision loss and prevent blindness in diabetic patients. 11) Twenty (20) Obstetrics and Gynecology (OB-GYN) examination tables for OB-GYN - The Ob-Gyn clinic is seeking to replace 20 old exam tables are old that are racking and may pose an infection control risk. 12) One (1) Trophon for OB-GYN - Ob-Gyn Clinic is seeking to purchase one Trophon to expedite the cleaning of ultrasound wands, which are used to clean ultrasounds between use for infection control.

### 3. Project Management

- Identify the individual responsible for managing the project and certify their awareness that participation in a one year post-period evaluation will require updated information for a person of contact.
- Describe the capacity to manage, implement and evaluate your proposed activities. This may be a person or entity accountable in your organization for the implementation and oversight of the project.

Approximately 2 pages (Max 4000 Characters with spaces)

Sofia Recalde will manage the project and is aware that participation in a one-year post-period evaluation will be required.

### 4. Project Timeline

Provide a timeline to achieve the planned activities and the number of months for each of the applicable milestones within the 3-year (36 months) period of performance:

- 1. Planning
- 2. Design
- 3. Obtaining required permits and/or variances
- 4. Meeting Federal environmental and historic preservation requirements
- 5. Solicitation of bids and awarding of contracts, alteration/renovation or construction period
- 6. The expected project completion date

Describe the current status of the project including any steps that may have been accomplished to date.

NOTE: Proposed alteration/renovation and construction/expansion physical activities associated with the project or connected activities (e.g., site grading, installation of utilities, demolition) may not have started before the award date. Conditions of the grant award must be met and lifted through a Notice of Award prior to physical activities commencing.

**Project Completion Date:** 

08/2022

Approximately 1 page (Max 2000 Characters with spaces)

Equipment quotes have will be purchased as soon as funding becomes available and no later than August 2022.

### Attachments:

Provide the following documents related to this site:

<ul> <li>Attachment 1: Project Budget J</li> </ul>	Attachment 1: Project Budget Justification (Minimum 1) (Maximum 1)								
Document Name	Size	Date Attached	Description						
SF424c and equipment list for Outpt and Specialty.pdf	250 kB	06/24/2021	Specialty and Outpatient Clinic SF424c and equipment list						

Environmental Information Docu	imentation (EID) Checklist	
Download Template		
Name	Description	Options
EID Checklist	Template for EID Checklist	Download ▼
▼ Attachment 2: Environmental	Information Documentation (EID) Checklist (Maximum 1)	
	No documents attached	

### ▼ Attachment 3: Floor Plans/Schematic Drawings/Site Plan (Maximum 2)

No documents attached

### Budget (SF-424C)

**As of** 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information								
Project Title	Outpatient and Specialty Clinic equipment	Project Type	Equipment-only	Project Tracking Number	192436-02	Amount requested in this project	\$454,000.00	

Serial Numbe r	Cost Classification	Total Cost (a)	Costs Not Allowable for Participation (b)	Total Allowable Costs (c = a-b)
1	Administrative and legal expenses	\$0	\$0	\$0.00
2	Land, structures, rights-of-way, appraisals, etc.	\$0	\$0	\$0.00
3	Relocation expenses and payments	\$0	\$0	\$0.00
4	Architectural and engineering fees	\$0	\$0	\$0.00
5	Other architectural and engineering fees	\$0	\$0	\$0.00
6	Project inspection fees	\$0	\$0	\$0.00
7	Site work	\$0	\$0	\$0.00
8	Demolition and removal	\$0	\$0	\$0.00
9	Construction	\$0	\$0	\$0.00
10	Equipment	\$454,000	\$0	\$454,000.00
11	Miscellaneous	\$0	\$0	\$0.00
12	SUBTOTAL (sum of lines 1-11)	\$454,000	\$0	\$454,000.00
13	Contingencies	\$0	\$0	\$0.00
14	SUBTOTAL (sum of lines 12 and 13)	\$454,000	\$0	\$454,000.00
15	Project (program) income	\$0	\$0	\$0.00
16	TOTAL PROJECT COSTS	\$454,000	\$0	\$454,000.00
17	Federal assistance requested Federal Percentage Share: 100.00 %			\$454,000.00

### **Funding Sources**

As of 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information								
Project Title	Outpatient and Specialty Clinic equipment	Project Type	Equipment-only	Project Tracking Number	192436-02	Amount requested in this project	\$454,000.00	

### Funding Sources Information

1. Total Project Cost (From cell 16a of Budget form)

\$454,000.00

2. Federal Grant Requested (From cell 17c of Budget form)

\$454,000.00

3. Other Funding Sources	Amount Secured (a)	Amount Committed (b)	Amount Forthcoming (c)	Total (d = a + b + c)
3a. State Grants 🕦	\$0.00	\$0.00	\$0.00	\$0.00
3b. Local Funding (i)	\$0.00	\$0.00	\$0.00	\$0.00
3c. Other Federal Funding (i)	\$0.00	\$0.00	\$0.00	\$0.00
3d. Private/Third Party Funding  i	\$0.00	\$0.00	\$0.00	\$0.00
3e. Other Project Financing (i)	\$0.00	\$0.00	\$0.00	\$0.00
Total Other Funding Sources	\$0.00	\$0.00	\$0.00	\$0.00

### **Equipment List**

**As of** 06/24/2021 08:47:00 PM

 $\textbf{OMB Number: } 0915\text{-}0285 \ \ \textbf{OMB Expiration Date: } 3/31/2023$ 

Project Information								
Project Title	Outpatient and Specialty Clinic equipment	Project Type	Equipment-only	Project Tracking Number	192436-02	Amount requested in this project	\$454,000.00	

Note(s):

For each equipment item, enter only positive whole numbers in the columns for Unit Price and Total Price. Moveable equipment are non-expendable equipment items, with a useful life of more than one year, that can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the facility. The acquisition and renovation of a replacement mobile unit is considered an equipment item. Items that require installation, utilities connections, or are affixed to the building structure, such as air conditioners or generators that are not moveable or portable, should not be listed on the Equipment List.

List of Equipment				
Туре	Description	Unit Price	Quantity	Total Price
Clinical	UV Light for dermatology	\$35,000.00	1	\$35,000.00
Clinical	Urology cytoscope	\$9,000.00	2	\$18,000.00
Clinical	Laryngoscope ENT scope	\$50,000.00	1	\$50,000.00
Clinical	Optical Coherence Tomography machine	\$70,000.00	1	\$70,000.00
Clinical	Visual Field Analyzer	\$40,000.00	1	\$40,000.00
Clinical	Diabetic retinal camera	\$15,000.00	2	\$30,000.00
Clinical	OB-GYN exam table	\$8,500.00	20	\$170,000.00
Clinical	Trophon	\$12,000.00	1	\$12,000.00
Clinical	Optometry floor unit instrument	\$5,000.00	1	\$5,000.00
Clinical	Optometry Phoroptor Refractor	\$5,000.00	1	\$5,000.00
Clinical	Optometry Slit Lamp	\$13,000.00	1	\$13,000.00
Clinical	Optometry exam chair	\$6,000.00	1	\$6,000.00
Total			33	\$454,000.00

### Form 5B - Service Sites

**As of** 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information									
Project Title	Outpatient and Specialty Clinic equipment	Project Type	Equipment-only	Project Tracking Number	192436-02	Amount requested in this project	\$454,000.00		
39th Avenue Ca	39th Avenue Campus - Outpatient Clinics (BPS-H80-000595)  Action Status: Picked from Scope								
Site Name	Site Name		39th Avenue Campus - Outpatient Clinics		Physical Site Address		222 W 39th Ave, San Mateo, CA 94403- 4364		
Site Type		Service Delivery Site		Site Phone Number		(650) 573-2222			
Web URL		www.co.sanmateo.ca.us							

Site Type	Service Delivery Site	Site Phone Number	(650) 573-2222			
Web URL	www.co.sanmateo.ca.us					
Location Type	Permanent	Site Setting	All Other Clinic Types			
Date Site was Added to Scope	1/1/1994	Site Operational By	1/1/1970			
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751904			
FQHC Site National Provider Identification (NPI) Number	1932288859	Total Hours of Operation	40			
Months of Operation	January, February, March, April, May, June,	January, February, March, April, May, June, July, August, September, October, November, December				
Number of Contract Service Delivery						

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

### Organization Information

No Organization Added

Service Area Zip Codes 94403

COASTSIDE MENTAL HEALTH CENTER (BPS-H80-000552)

Action Status: Picked from Scope

Site Name COASTSIDE MENTAL HEALTH CENTER Physical Site Address 225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019-8200

Site Type	Service Delivery Site	Site Phone Number	(650) 726-6369
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/1/1998	Site Operational By	5/1/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June,	July, August, September, October, November, I	December
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

### **Organization Information**

No Organization Added

Service Area Zip Codes	94019						
NORTH COUNTY MENTAL HEALTH (BPS-H80-005206)  Action Status: Picked from Scope							
Site Name	NORTH COUNTY MENTAL HEALTH	Physical Site Address	375 89th St, Daly City, CA 94015-1802				
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8650				
Web URL							
Location Type	Permanent	Site Setting	All Other Clinic Types				
Date Site was Added to Scope	7/31/2004	Site Operational By	7/31/2004				
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number					
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40				
Months of Operation	January, February, March, April, May, June,	July, August, September, October, November, I	December				
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0				
Site Operated by	Grantee						

### Organization Information

No Organization Added

Service Area Zip Codes 94015

### **Other Requirements For Sites**

As of 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Project Information								
Project Title	Outpatient and Specialty Clinic equipment	Project Type	Equipment-only	Project Tracking Number	192436-02	Amount requested in this project	\$454,000.00	



This form is only required to be completed for A/R and C/E projects and not valid for Equipment only project.

### **Add Site Checklist**

As of 06/24/2021 08:47:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023



### TAB 3 Business Agenda Behavioral Health Medical Director



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 08, 2021

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker

Health (HCH/FH) Program

FROM: Jim Beaumont, Director

HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE ADDITION OF A

BEHAVIORAL HEALTH MEDICAL DIRECTOR TO HCH/FH STAFF AND BUDGET ACTION TO RECOGNIZE GRANT FUNDING FOR THE POSITION AT 0.15 FTE

Under the Bylaws, the Board has the authority and responsibility to set utilization of the grant budget, and for general policies related to operation of the Program.

As the Board is aware, the HCH/FH Medical Director, Frank Trinh, recently began a Work-Out-of-Class (WOC) in Public Health Policy and Planning (PHPP) that would prevent him from being able to fully meet the HCH/FH Medical Director responsibilities. In addressing the situation, the HCH/FH Program undertook an effort to find potential interested clinicians to become the HCH/FH Interim Medical Director while Dr. Trinh was on the WOC assignment. While the Program found many exciting candidates and are thrilled to have selected Amanda Hing-Hernandez as the Interim Medical Director, the available time commitment to the position was not at the level being provided by Dr. Trinh (.20 FTE vs .25 FTE).

In reviewing the situation and recognizing the breadth of health services to which the HCH/FH Program strives to provide to the homeless and farmworker communities, and seeing the importance indicated by the Board during their recent Strategic Planning effort, Program is recommending to the Board the establishment of a Behavioral Health Medical Director staff at up to a 0.15 FTE level for the HCH/FH Program.

The intent is for the position significantly advance the Program's capabilities in the Mental Health and Substance Abuse areas of service for people experiencing homelessness and for farmworkers and their families (see attached Duties and Responsibilities). We believe that doing this will provide an improved foundation for the Program's efforts in Behavioral Health Services, supplement the efforts of the HCH/FH Medical Director, improve liaison and connectivity with SMC Behavioral Health & Recovery Services and position the Program for greater success in meeting the needs of our target populations. Similar to the historical efforts in identifying the Program's Medical Directors, Program staff will consider numerous avenues and processes to identify potential candidates depending on the then current state of affairs. It is expected this position would also be a shared position with another SMC agency.

The HCH/FH Program grant budget experience has seen consistent unexpended balances, usually in 6 figures, over the past numerous years. We have expectations for this to continue into at least the next two (2) years, and possibly beyond. Utilizing some of these historical and anticipated unexpended funds to support this increase in Program capacity in an area of considerable focus for the Program and the Board, appears to be a beneficial concept. Adding this item has an overall

maximum budget impact of up to approximately \$65,000 per year (salary & benefits). Due to federal grant limitation on salary expenditures, this impacts the grant budget at a maximum of \$48,481 (using \$50,000 as the budget line item - \$30,000 in salaries & \$20,000 in benefits), assuming all potential hours every week all year. Program considers the potential benefits of doing this to be worth the relatively small budgetary impact considering the normal level of unexpended funds.

This request is for the Board to approve the addition of a Behavioral Health Medical Director staff to the HCH/FH Program, and the accompanying budgetary impact on utilization of grant funds. This action requires approval of a majority of Board members voting to be accepted.

Attached: HCH/FH Program Behavioral Health Medical Director Duties and Responsibilities

### I. HCH/FH Program Behavioral Health Medical Director Duties and Responsibilities

The duties and responsibilities of the HCH/FH Program Behavioral Health Medical Director include:

- Provide subject matter expertise regarding behavioral health needs to the program staff and Board on an ad-hoc basis
- Support Program Medical Director and staff in developing behavioral health guidelines/processes for the San Mateo Medical Center, Behavioral Health and Recovery Services, Public Health, Policy and Planning (specifically Street/Field Medicine and Mobile Clinic), and contracted entities to increase referrals and utilization of services by people experiencing homelessness and farmworkers
- Act as a liaison between BHRS and HCH/FH Program/San Mateo Medical Center in facilitating communication and collaboration between entities, and with Correctional Health Services
- Support Program to design behavioral health components of program needs assessments, patient satisfaction surveys, and other program evaluation efforts
- Support program staff in improving behavioral health data collection from Avatar by participating in meetings with BHRS, extracting data from Avatar, and checking data quality
- Represent HCH/FH in behavioral health meetings throughout the County (i.e. BHRS Latino Collaborative, Mental Health Services Act (MHSA) meetings, and other relevant venues)
- Work in conjunction with the HCH/FH Program staff, Co-Applicant Board, and community partners on program development and strategic planning as it pertains to behavioral health.
- Attend monthly HCH/FH Program Co-Applicant Board meetings.
- Attend meetings with Program staff on an ad-hoc basis

### TAB 4 Business Agenda Strategic Plan Outcome Targets



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 8, 2021

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health

(HCH/FH) Program

FROM: Irene Pasma, Program Implementation and Planning Coordinator

SUBJECT: Request to approve three HCH/FH strategic plan outcomes

At the June Board Meeting, the Board approved three strategic outcome goals:

 By EOY 2023, X% of clients receiving care coordination will have at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period at SMMC or BHRS.

- By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by X% from 2019 baseline.
- By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by X% from 2019 baseline.

After the June Board meeting, an ad hoc committee reconvened to assign percentage targets to each goal. They recommend the following targets which the Board is being asked to approve. Each target has interim goals. Goals will be re-evaluated at the end of each year, and the strategic plan will be adjusted accordingly – both the target as well as the activities being undertaken to achieve them.

- By EOY 2023, **50**% of clients receiving care coordination will have at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period at SMMC or BHRS.
  - o 25% by 2021, 40% by 2022, 50% by 2023
- By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by 40% from 2019 baseline.
  - o +30% from baseline by 2021, +35% from baseline by 2022, +40% from baseline by 2023
- By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by 20% from 2019 baseline.
  - +10% from baseline by 2021, +15% from baseline by 2022, +20% from baseline by 2023

### Attachment:

- HCH/FH Strategic Plan Goals/Metrics Ad Hoc Meeting 6/23/2021
- Draft HCH/FH 2020-2023 Strategic Plan

### HCH/FH Strategic Plan Goals/Metrics

Ad Hoc Meeting 6/23/2021



### Strategic Priorities

 Strategic Priority 1: Increase homeless & farmworker patient utilization of SMMC & BHRS Services

- Strategic Priority 2: Decrease barriers for homeless and farmworker patients to access health care
- Strategic Priority 3: Support health care providers serving homeless and farmworker patients
- Strategic Priority 4: Decrease health disparities among people experiencing homelessness & farmworker patients
- Strategic Priority 5: Meet and Exceed all HRSA Compliance Requirements



### Outcome Measures

By EOY 2023, X% of clients receiving care coordination will have at least one brick and mortar health care visit within a 12-month period.



By EOY 2023, increase % of people experiencing homelessness receiving mental health & AOD services by X/M from 2019 baseline.

By EOY 2023, increase % farmworkers receiving mental health & AOD services by X% from 2019 baseline.



By EOY 2023, decrease number of un-insured homeless and farmworker patients seen by HCH/FH to X% from 2019 baseline.



Clinical Quality Improvement/Quality Assurance Goals are met per the QI/QA Plan



Following a site visit, have zero immediate enforcement actions, fewer than 5 conditions enter the 60-day phase of Progressive Action and fewer than 2 conditions enter the 30-day phase of Progressive Action

Program will have no more than 5% of funds remaining at the end of the grant cycle (December 2023)

### Care Coordination Data

	2017-2019*	2019	2020**	2021	2022	2023
# Care Coordination Clients seen by						
County Health	85%	61%	58%			
# Clients seen at SMMC clinic	18%	16%	22%	25%	40%	50%

<sup>\*</sup>Note data analysis methods differ between first column and second two columns

### **Staff Recommendation to the Board:**

By EOY 2023, 50% of clients receiving care coordination will have at least one brick and mortar health care visit within a 12-month period.

<sup>\*\*2020</sup> is an anomaly year

### Care Coordination Target Explained

**Staff Recommendation to the Board:** By EOY 2023, X% of clients receiving care coordination will have at least one brick and mortar health care visit within a 12-month period.

### **Target Rationale:**

- Strategic Plan activities include: working with SMMC to make it easier to schedule appointments for both homeless and farmworker patients, providing training and support to providers to see our patients
- Contracts are structured differently in this cycle: contractors are seeing fewer clients, with the intention they have more time to work with clients to support them in getting connected to brick and mortar clinics (scheduling appointments, taking clients to appointments, etc.)

### Caveats:

- The 50% target is specifically regarding SMMC and BHRS Regional Clinics
  - We will report the percent of clients receiving care coordination that are connected to Street/Field Medicine and Mobile Clinic, we expect it to be in the 60-80% range
- Visits to BHRS-contracted Alcohol and Other Drug Entities (Healthright 360, etc) may count toward meeting the goal
- Not everyone will want to get connected to care at SMMC or BHRS clinics, we will report data on this
  as we become better at collecting it

# Care Coordination Outcomes for LifeMoves and Puente

- An increase in the number of clients who receive services at an outpatient SMMC or BHRS clinic
- An increase in the number of clients who receive services by Mobile Clinic and Street Medicine team
- An increase in the number of completed referrals (ie, to OBGYN)
- A decrease in the number of missed visits at SMMC

What will count toward achieving the goal?

PHPP Street/Field Medicine and Mobile Clinic



Puente

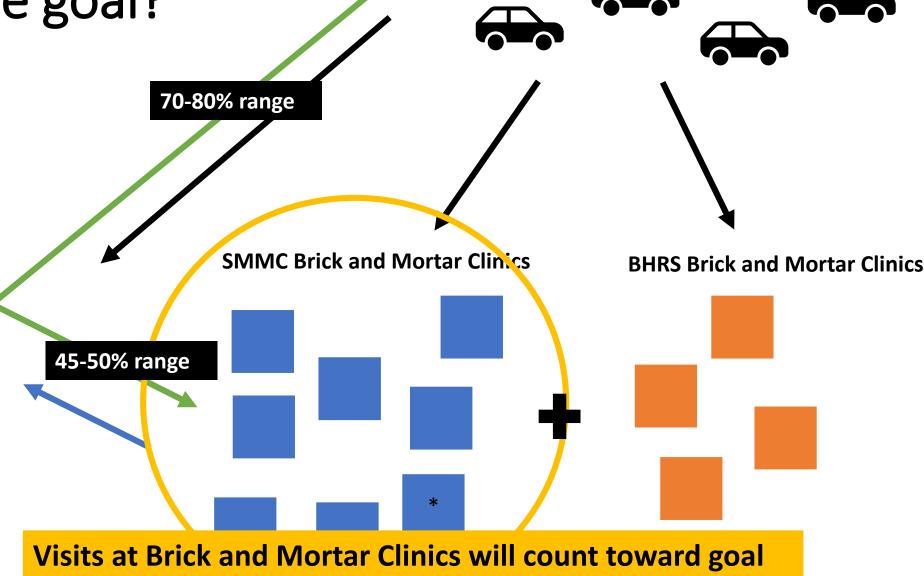
Contract

LifeMoves

**ALAS** 

Abode

**BHRS** 



# Behavioral Health Data

Mental Health (MH) and Alcohol & Other Drug (AOD)

% of people who received MH or AOD Direct Services	People Experiencing Homelessness	Farmworkers
2018	6%	0%
2019 – WILL BE BASELINE	11%	0%
2020	9%	0%
2021	+30% from baseline	+10% from baseline
2022	+35% from baseline	+15% from baseline
2023 - GOAL	+40% from baseline	+20% from baseline

### **Staff Recommendation to the Board:**

By EOY 2023, increase % of people experiencing homelessness receiving mental health & AOD services by 40% from 2019 baseline.

By EOY 2023, increase % farmworkers receiving mental health & AOD services by 20% from 2019 baseline.

# BHRS Targets Explained

By EOY 2023, increase % of people experiencing homelessness receiving mental health & AOD services by 40% from 2019 baseline.

• Activities: We are working to obtain BHRS data, which will, on its own, likely account for at least a 30% increase. Remaining 10% increase will be from care coordination contracts and increased funding to BHRS for direct services.

By EOY 2023, increase % farmworkers receiving mental health & AOD services by 20% from 2019 baseline.

 Activities: We are working to obtain BHRS data, which will, on it's own, account for at least a 10% increase. Remaining 10% will arise from care coordination contracts and funding to BHRS for direct services.

**Question to the subcommittee**: should only direct services to count towards the target, or should behavioral health-focused care coordination services count toward this goal?

What will count toward PHPP Street/Field Medicine and Mobile Clinic achieving the goal? **AOD Care Coordinators** contracted BHRS **Puente** providers? Contract LifeMoves **SMMC Brick and Mortar Clinics** BHRS Brick and Mortar Clinics **ALAS** Abode MOU **BHRS HEAL clinician visits would** count toward the goal **Visits at BHRS regional** clinics will count toward \*new\* Saturday Dental goal Clinic MOU

## Behavioral Health Statistics

- The National Coalition for the Homeless has found that 38% of homeless people are alcohol dependent, and 26% are dependent on other harmful chemicals.
- According to a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in the United States. At a minimum, 140,000 or 25 percent of these people were seriously mentally ill, and 250,000 or 45 percent had any mental illness

## **County of San Mateo**

# Healthcare for the Homeless/Farmworker Health HCH/FH Co-Applicant Board's

Strategic Plan 2020-2023 [draft]



#### San Mateo County Healthcare for Homeless/Farmworker Health Co-Applicant Board Strategic Plan 2020-2023

#### **Table of Contents**

- 1. Executive summary
- 2. HCH/FH Background
- 3. Mission, Values, and Philosophy
- 4. Areas of Focus and Measurement 2020-2023
  - **a. Strategic Priority 1:** Increase homeless & farmworker patient utilization of SMMC & BHRS Services.
  - **b. Strategic Priority 2:** Decrease barriers for homeless and farmworker patients to access health care.
  - **c. Strategic Priority 3:** Support health care providers serving homeless and farmworker patients.
  - **d. Strategic Priority 4:** Decrease health disparities among people experiencing homelessness & farmworker patients
  - e. Strategic Priority 5: Meet and Exceed all HRSA Compliance Requirements
- 5. Decision Making Tree
- 6. Reporting and Refinement
- 7. Appendices
  - a. Strategic Planning Process
  - b. Retreat Agenda
  - c. Key Informant Interview Questions
  - d. Strategic Topic Brainstorming Session Recap



#### **Executive Summary**

The 2020-2023 Strategic Plan builds upon previous efforts and reflects the evolution of the HCH/FH program both due to an expansion of program staff as well as new members on the Co-Applicant Board which, when combined, allowed the program to think more broadly and comprehensively.

The strategic planning process included a day-long kick off meeting for the Co-Applicant Board in September 2019, key informant interviews with ~40 stakeholders, 10 two-hour brainstorming sessions with diverse stakeholders, and a strategic planning subcommittee which consisted of Co-Applicant Board Members and San Mateo County Health Leadership. A Needs Assessment was completed in parallel to these efforts and its findings, including surveys from ~400 respondents, infused all aspects of Strategic Planning. Through these conversations and data analysis, several key findings arose:

#### **Key Findings:**

- 1. HCH/FH is a relatively small team and at the time of writing the strategic plan, were managing 14 contracts and MOUs across 10 entities. This does not include managing small funding requests or ad hoc expenditures which also require substantial administrative oversight. This takes significant staff time and effort that does not allow the program to dive deeply or measure outcomes fully of any one service beyond what is federally mandated.
- 2. There is a need for advocacy on behalf of the farmworker and homeless populations and a recognition of the emotional load it takes on providers to care for these patients. The two populations have unique differences which the Program needs to address more completely.
- 3. Street/Field Medicine and the Mobile Clinic (part of San Mateo County (SMC) Health's Public Health, Policy and Planning division) are extremely successful in providing services to the most vulnerable, difficult-to-reach patients. Due to this, their services are a cornerstone to the HCH/FH program and are lauded by county and community partners.
- 4. SMC Health provides many direct services (primary, dental, and behavioral health) and in some instances particularly when it comes to Alcohol and Other Drug Services they are underutilized. Accessing these services by marginalized communities remains difficult.
- 5. HCH/FH's funding agency, the Health Resources and Services Administration (HRSA) has generated compliance issues and concerns around the programs' contracting with external entities for clinical services. Compliance is an ongoing focus for this Program.

#### **Key Decisions**:

- 1. Funding for the Street/Field Medicine and the Mobile Clinic will be managed through direct negotiation rather than a competitive process, a change from previous funding cycles.
- 2. HCH/FH will focus efforts on improving and directing access of our populations to SMC Health and San Mateo Medical Center (SMMC) clinical services by funding enabling

- services such as care navigators. This decision allows the Program to avoid compliance issues and have more control of health outcomes.
- 3. Efforts will be made to reduce the number of unique contracts/MOUs, increasing their amounts, and improving how outcomes are measured and reported.
- 4. How externally contracted partners think about advocacy on an organizational level and trauma-informed care on a provider level will be built into the RFP and taken into consideration when awarding funding.

In considering the findings and results, the board and the program arrived at strategic priorities to address them. Those priorities are:

- **❖ Strategic Priority 1:** Increase homeless & farmworker patient utilization of SMMC Brick and Mortar Clinics
- **Strategic Priority 2:** Decrease barriers for homeless and farmworker patients to access health care
- Strategic Priority 3: Support health care providers serving homeless and farmworker patients
- **❖ Strategic Priority 4:** Decrease health disparities among people experiencing homelessness & farmworker patients
- **Strategic Priority 5:** Meet and Exceed all HRSA Compliance Requirements

How these priorities will be implemented and measured are covered in the following pages.

#### **Background**

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, with an annual budget of roughly \$3M. 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 solely both a Health Care for the Homeless Center and a Migrant Health Center.

HCH/FH 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 enhanced Medi-Cal and Medi-Care reimbursement rates, bringing in an estimated \$15-30M per year. Persons experiencing homelessness and/or farmworkers living in San Mateo County can access primary health care regardless of their ability to pay.

Within the County structure, the HCH/FH Program is primarily governed by 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, which is typically about 12 people in size, decides how grant funds are spent, the services to be provided, and is responsible for ensuring compliance with HRSA's regulations and grant requirements.

Organizationally, HCH/FH resides within the San Mateo Medical Center which is one branch of San Mateo County Health, and reports to SMMC's CEO Chester Kunnappilly. Additionally, HCH/FH collaborates closely with other branches of Health, including Public Health, Policy & Planning (PHPP) and Behavioral Health & Recovery Services (BHRS) via Memorandums of Understanding (MOUs). HCH/FH also contracts with nonprofits to provide additional services that improve patients' access to healthcare. Finally, HCH/FH builds relationships with county and noncounty organizations and works closely with its counterparts Center on Homelessness, which is housed in the Human Services Agency, and the Department of Agriculture.

Since 1996, when the County first began to receive HRSA funding, the HCH/FH Program has grown significantly as have HRSA requirements. As the complexity of regulatory compliance increased, so have the challenges of our patients. With San Mateo County as one of the most expensive counties in the country, along with a national opioid public health emergency, immigration policies, and the ongoing housing crisis, numerous factors impact the program's ability to provide services. As such, strategic planning efforts are undertaken periodically to ensure the HCH/FH program is maximizing its impact while being responsive to the everchanging needs of our service population.





#### Mission, Values, and Philosophy

HCH/FH aligns with the San Mateo Medical Center's mission to "partner with patients to provide excellent care with compassion and respect" with the vision that every patient live the healthiest life possible.

In 2016, the HCH/FH CO-Applicant Board developed their own mission, vision, and value statements which still hold true today with some minor modifications to reflect the Board's evolution. These guiding principles will inform the Board and Program Staff when developing programs

#### Mission

The mission of the San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is to serve homeless and farmworker individuals and families by ensuring they have access to comprehensive health care, in particular, primary health care, dental health care, and behavioral health services in a supportive, welcoming, and accessible environment.

#### Vision

- ➤ Health care services provided to homeless and/or farmworker individuals are patient centered and utilize a harm reduction model that meets patients where they are in their progress towards their goals.
- ➤ The HCH/FH Program lessens the barriers that homeless and/or farmworker individuals and their families may encounter when they try to access care.
- ➤ Health services are provided in consistent, accessible locations where people experiencing homelessness and farmworkers can receive timely care and have their immediate needs addressed in a supportive, respectful environment.
- Through its funded services and partnership with the Medical Center, the HCH/FH Program reduces the health care disparities in the homeless and farmworker populations.
- HCH/FH advocates on behalf of both populations' health needs and becomes a hub for health-related information for both San Mateo County and Community Based Organizations for these two populations.

#### Values

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

**Dignity**: Services provided are respectful, culturally competent, and treat the whole person's physical health and behavioral health.

**Integrity**: Homeless and farmworker individuals and their families are valued and considered a partner in making decisions regarding their health care.

**Innovation**: Services will continuously evolve to reflect current best practices and technological advances.

# **Strategic Priority 1**: Increase homeless & farmworker patient utilization of SMMC & BHRS Services.

Activities	Outputs	Outcomes	
Attach care navigator capacity to <b>New Patient Connection Center</b> to help  NPCC locate, follow up, and bring  patients to SMMC	Number of patients care navigator locates upon request from NPCC	By EOY 2023, <b>X</b> % of clients	
Attach care navigator capacity to  Mobile Clinic to help patients seen at  Mobile Clinic seek follow  up/continuous care at Brick and Mortar  Clinics	Number of patients referred to Care Coordinators by Mobile Clinic/Street/Field to be seen at SMMC or BHRS.	receiving care coordination will have at least one health care visit (primary care, behavioral health or dental care) within a 12 month period at SMMC.	
Attach care navigator capacity to  Street/Field Medicine to help patients seen follow up/continuous care at Brick and Mortar Clinics	Number of referred patients Care Navigator helps to get scheduled for a visit.	By EOY 2023, increase percent of	
Attach care navigator capacity to newly housed individuals to transition them from potentially mobile-based health services to brick and mortar/help maintain existing connection to health care services	Number of newly housed homeless patients who maintain their connection or create a connection to SMMC brick and mortar clinics after moving	people experiencing homelessness receiving mental health & AOD services by X% from 2019 baseline  By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by X% from 2019 baseline.	
Work with SMMC NPCC and SMMC COO to ensure homeless patients can get slotted into a clinic visit within a reasonable time frame	Length of time between patient/care navigator on behalf of patient requests an appointment and obtaining an appointment at SMMC		
Open Saturday Dental Clinic at Coastside Clinic for farmworkers and family members	Number of farmworker and dependents receiving preventive dental care.		

**Strategic Priority 2**: Decrease barriers for homeless and farmworker patients to access health care.

Activities	Outputs	Outcomes
Bring primary care to locations where <b>people experiencing homelessness</b> reside, i.e. encampments and shelters	Number of patients seen by Mobile Clinic and Street Medicine  # of unique locations visited by Street Medicine and Mobile Clinic	
Bring primary care to <b>farmworkers</b> at their employment location in San Mateo County, South and North Coast	Number of farms visited by Field Medicine team per month Number of farmworkers seen by Field Medicine per month	
Provide behavioral health services at locations where <b>people experiencing homelessness</b> reside, i.e. street, encampments and shelters	Number of people experiencing homelessness and farmworkers seen by BHRS and PHPP IBHS	
Provide mild/moderate mental health & AOD services to people experiencing homelessness in shelters		
Provide mild/moderate mental health& AOD services to <b>farmworkers</b>		
Provide behavioral health care coordination via referral from community providers serving people experiencing homelessness		By EOY 2023, decrease number of un-insured homeless and farmworker patients seen by
HCH/FH staff works with SMMC/IT to ensure primary care/behavioral health services are provided via Tele-Health Stations at Maple Street & Puente	Number of tele-health visits conducted at baseline, midpoint, and final: % encounter face to face, % phone, % video	HCH/FH to <b>X</b> %.
Develop relationships with farm owners to support services for farmworkers	# of growers contacted # of growers responding	
Plan for transportation for farmworkers in South Coast to get to Coastside Clinic for Saturday dental clinic	# of people who use transportation	
Healthcare insurance/other benefits sign up for people experiencing homelessness and farmworkers	Number of people helped to sign up for health insurance  Number of people who maintain their	
Work with DIDOIT to develop date	health insurance	
Work with BHRS IT to develop data reports from Avatar	Have a method to un-duplicate data between SMMC and BHRS patients	

# **Strategic Priority 3**: Support health care providers serving homeless and farmworker patients

Activities	Outputs	Outcomes
Provide training to SMMC, BHRS, PHPP, and community providers at least 2/year, including tele-health related.	Number of trainings conducted  Number Post-training Surveys received	
Create/maintain/update LMS modules (i.e. PSA training, homeless & farmworker health topics)	Number of HCH/FH Specific modules created/updated/ maintained per year.	
Financially support SMMC, BHRS, PHPP, and community providers to attend relevant health conference	Number of people attending conferences.	
Partner with SMMC's Patient Experience department to conduct "Provider Appreciation" activities	# of events # of email communications	Refer to QI/QA Plan for patient
Conduct two way dialogue with clinic managers/providers on HCH/FH program (quarterly report, meetings, etc)	# meetings/presentations	satisfaction related outcomes.
Host forums for providers within SMMC, PHPP, BHRS, and nonprofits to discuss healthcare needs of homeless and farmworker patients	# provider collaboratives hosted for homeless health providers per year	
Support providers via small funding requests	# small funding requests completed	

# **Strategic Priority 4**: Decrease health disparities among people experiencing homelessness & farmworker patients

Activities	Outputs	Outcomes
Follow work outlined in the HCH/FH QI/QA Plan. In 2020/2021, the Plan focuses on:  1. Cervical, colorectal, and breast cancer screening  2. Diabetic control  3. 1st trimester prenatal care  4. Depression screening and follow up  5. Adult BMI screening & follow up	Refer to QI/QA Plan	
Standardize a reporting pathways between gathering and analyzing data and presenting the data to the San Mateo Medical Center to execute change*		Refer to QI/QA Plan for clinical outcome goals
Asses feasibility of capturing homeless and farmworker status in SMC County death certificates.		
Education/Outreach for farmworkers and people experiencing homelessness	# of education events held  # of farmworkers engaged  # of outreach materials developed and distributed	

# **Strategic Priority 5**: Meet and Exceed all HRSA Compliance Requirements

Activities	Outputs	Outcomes
Ensure HRSA Site Visits are conducted to an excellent level and minimize findings	Number of findings from site visits	
Have a well functioning Co-Applicant Board, with proper representation across numerous areas of subject matter expertise and robust visibility in the community, Brown Act compliant, ethics and conflict of interest	Number of new members on-boarded per year.	Following a site visit, have <b>X</b> immediate enforcement actions,
Submit UDS reports on time, answer all responses, improve year over year the processes by which data is reported.	Annual on-time UDS submissions	fewer than <b>X</b> conditions enter the 60-day phase of Progressive Action and fewer than <b>X</b> conditions enter the 30-day phase of Progressive Action.
Conduct Needs Assessment, update QI/QA and Strategic Plan on a regular basis	QI/QA award amount per year	Program will have no more than
Apply for supplemental awards when appropriate.	Amount of supplemental awards received	X% of funds remaining at the end of the current grant cycle (December 2023)
Right-sizing contracts throughout the year & identifying opportunities to spend down grant funds.	Amount of unexpended funds remaining at grant cycle end	
Stay connected to technical assistance opportunities through HRSA.	Number of webinars/trainings attended by staff	

## Reporting and Refinement

The HCH/FH program reports on a large number of metrics throughout the year, ranging from contractor performance to Uniform Data System reports which holistically describes utilization numbers and quality metrics.

The Board will now also be regularly updated on outputs and outcomes outlined in the Strategic Plan. **This includes the six large targets in December of each year**:

- 1. By EOY 2023, **X**% of clients receiving care coordination will have at least one health care visit (primary care, behavioral health or dental care) within a 12 month period at SMMC.
- 2. By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by  $\mathbf{X}\%$  from 2019 baseline
- 3. By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by **X**% from 2019 baseline.
- 4. By EOY 2023, decrease number of un-insured homeless and farmworker patients seen by HCH/FH to **X**%.
- 5. Following a site visit, have **X** immediate enforcement actions, fewer than **X** conditions enter the 60-day phase of Progressive Action and fewer than **X** conditions enter the 30-day phase of Progressive Action.
- 6. Program will have no more than X% of funds remaining at the end of the current grant cycle (December 2023)

The strategic plan also refers to the QI/QA Plan for patient satisfaction and clinical outcome measurements. Reporting on those metrics will continue per existing timelines and reporting pathways.

A Strategic Plan Sub-Committee will meet twice a year to get an update on the output measures (full list is on pages X-X) as well as a preview into how the program is doing against the strategic plan. At these meetings, input on operations will be received and tweaked to support meeting targets.

#### Reporting / Evaluation Timeline



## **Decision Making Tree**

#### Place Holder

The purpose of a decision-making tree is to support the Board and Staff in staying focused on strategic priorities while remaining responsive to changing local, state, and national circumstances. This section will be built out over time with Board Input.

### **Appendix**

- 1. Strategic Planning Process
- 2. Retreat Agenda
- 3. Key Informant Interview Questions
- 4. Strategic Topic Brainstorming Session Recap

#### **Strategic Planning Process**

Prior to this strategic planning cycle, HCH/FH had worked with a consulting firm in 2016 to develop a Strategic Plan. The work focused on defining the Board's Mission, Vision and Goals as well as activities to reach those goals [see next section]. The strategic planning effort this cycle was brought-in house due to the hiring of a Program Planning and Implementation Coordinator to lead the work. Additionally, the timing of this strategic plan was such that the decisions made would directly influence the services requested in the 2020 RFP. HCH/FH is mandated to go out for RFP every 3 years, and this was an opportunity to put financial support behind the strategic priorities.

#### **CO-Applicant Board Retreat – September 2019**

A day-long meeting was held at the San Mateo County Museum in Downtown Redwood City to kick-off the Board's strategic planning work. County Manager Mike Callagy started the meeting and thanked the Co-Applicant Board for the important work its Members are doing to ensure that some of the County's most vulnerable residents can get health care services. The first part of the Board Meeting was an overview of program information to set the scene to set strategic priorities.

The second half of the meeting was dedicated to prioritizing subject matter topics. This was done by giving all Board Members 10 sticky notes, ranked 1-10. Board Members walked around the conference room which had about 20 topics laid out for ranking, with sticky notes with the number 1 being the most important work HCH/FH should be focusing on and 10 being the least important. The topics were created by the HCH/FH Program Implementation and Planning Coordinator based on the basic understanding of what HCH/FH does and Board Members' input which was received during one-on-one board member interviews. Board Members not present at the retreat had an opportunity to provide their ranking at a later date.

Board and Staff came up with the below prioritization and noted that Youth Services were missing topics to be considered for future. The table below is sorted by the "combined" category score (column on the left), and ranking values were swapped, meaning a higher value indicates greater importance. Of note, Board Members and Program Staff were often not aligned, for example Board Members ranked addiction services very high while staff did not, and staff ranked dental services as extremely high and Board Members did not. The combined score was used to reflect that both groups have different but important perspectives on HCH/FH priorities.











Item	Board	Staff Category	Combined
Item	Category Score	Score	Category Score
Mental Health	5	4	5
Addiction Services	6	1	4
Street/Field Medicine	3	5	4
Increase shelter medical capacity	4	3	4
Dental Services	2	8	4
Decrease wait time at SMMC Clinics	4	4	4
Medical Respite	3	4	3
Navigator at SMMC	3	5	3
Collaborate w/ SMMC clinics	2	3	3
Education to farmworkers	3	2	2
Care Coordination/Enabling Services	2	2	2
Housing	3	0	2
Collaborate with law enforcement	2	2	2
Expand Mobile Clinic	3	1	2
Legal Aid	2	2	2
Case management system	1	4	2
Nutrition/Food Access	2	1	2
Improve Sliding fee scale	0	2	1
Website/Logo	0	2	1
Expand Evening Hours	1	0	1
Telehealth	0	1	0
Grow Board membership	0	1	0
Transportation	0	0	0

#### **Brainstorm Sessions: Winter 2019**

Based on this ranking, the below **8 brainstorming sessions** were developed to further explore what each of these strategic priorities could entail:

- 1. Medical Respite/Medical Acuity in Shelter/Housing
- 2. Collaboration with Law Enforcement
- 3. Farmworker Education/Outreach
- 4. Nutrition / Food Access
- 5. Dental (discussion at Oral Health Coalition Meeting)
- 6. Behavioral Health and Addiction Services
- 7. Street/Field Medicine & Mobile Clinic
- 8. Patients at SMMC Clinics

Board Members were invited to sign up to participate in at least one brainstorming session, and staff invited subject matter experts — either from within the County or the Community — to participate. Brainstorming sessions were typically 2 hours long and were attended by about 5-10 people. Each session began with an ice breaker as an attempt to facilitate attendees to think 'outside the box'. A one-page summary was provided to attendees in advance to describe current efforts in the space as well as seed ideas for potential new activities. The brainstorming sessions led to rich conversations, which ultimately laid the basis for the direction the Board would take.

#### **Key Informant Stakeholder Interview: Summer 2019 – February 2020**

Program staff identified key stakeholders and interviewed about 40 people over the course of 6 months. The three groups were:

- 1. Co-Applicant Board Members
- 2. San Mateo Medical Center Providers and
- 3. Subject Matter Experts both internal and external to the County

Several key themes/ideas from each group are summarized below:

#### HCH/FH Board Members n=11

- •Board Members should to be more involved in subcommittees/Board efforts
- •Need more people with lived experience on the Board
- •AOD/SUD is a main health issue for people experiencing homelessness
- •Do one thing really, really well: fund fewer things with higher degree of focus

## SMMC Health Providers *n*=11

- •Would be helpful to have standard work/care plans
- •Need more case management support for this patient population, including follow up with patients with unreliable communication
- •Minimize duplicative services
- •Need medical respite for patients recovering from surgery

# SMMC, Health, & Nonprofit Individuals n=15

- •More information sharing
- •Focus on evidencebased measures to get known results
- •Integrate with other SMMC, Health and County departments/agencies as well as other nonprofits
- Housing is healthcare
- •No good way to identify those who are homeless, need data sharing and collaboration with HSA
- •Aging homeless population a real concern
- •Combine story telling with facts and numbers

#### **Needs Assessment** – Summer 2019-Spring 2020

The 2019 Needs Assessment was conducted in parallel to the Strategic Planning work. The full report can be found <a href="here">here</a>. The ~400 surveys conducted for the Needs Assessment was a mechanism for the Strategic Plan to incorporate voices from people with lived experiences. The Needs Assessment was two reports in one, focusing on gaps and needs for each population separately. A summary of the findings is provided below.

Farmworkers: Pe	People Experiencing Homelessness:
-----------------	-----------------------------------

In 2018, there were about 1,300-1,600 farmworkers and an additional 1,700-2,000 farmworker dependents in San Mateo County.

In 2018, an estimated 30-50% of this total population was seen at SMMC or one of HCH/FH contractors. Most farmworker/dependents seen at SMMC clinics are children: the mode age was 12 and the median age 23. The average farmworker in San Mateo County is between 43-45. This indicates a need to better connect adults to brick & mortar care.

It is clear the farmworker community in San Mateo County is stable and vibrant, and there are many county departments, committees, nonprofits, and grass root efforts to support farmworkers and their dependents. Still, federal immigrant policy and the unique nature of the agricultural labor force pose challenges for this important community such as fear to seek health services, inability to take time off work to get health care, housing insecurity, and lack of insurance despite the County's unique ACE program.

Concrete actions: that came out of the Needs Assessment and ended up reflecting in the strategic priorities the Board moved forward with are: 1) develop a more robust community health program particularly in Half Moon Bay, 2) develop positive relationships with farm owners, and 3) learn from Monterey's Migrant Health Program's relationship with California Rural Legal Assistance.

A main goal for the report on people experiencing homelessness was to understand the relationship between aging and homelessness and how to better meet health needs that arise 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. Additionally, unsheltered survey respondents were more likely to identify incontinence, kidney issues/failure and accidental falls causing injury as a problem they faced in the last year versus sheltered homeless individuals, who in turn were more likely to report a cancer diagnosis than someone who is unsheltered.

Through a partnership effort with the Hospital Consortium of San Mateo, we learned San Mateo County hospitals overwhelmingly believe long-term placement for their homeless patients at discharge is needed. 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.

**Concrete actions** HCH/FH can consider are to 1) raise awareness about these issues and partner with appropriate stakeholders to collectively find solutions and 2) consider supporting shelters in providing more health services on-site as their clients' health complexity continues to increase with time.

**Strategic Planning Subcommittee** – Winter 2020 and Summer 2020 (break to account for COVID-19 response)

The Strategic Subcommittee was composed of 5 Board Members and 5 Executives from SMMC and Health and met 4 times for 1.5 hours. All executives were briefed in 30-minute meetings in advance of the fist strategic subcommittee meeting to bring them up to speed both with the HCH/FH Program as well as its strategic planning process.

The intent was to develop recommendations for the Co-Applicant Board to take under consideration when finalizing strategic priorities and the services that will be requested via RFP.

This was the first time the Board was able to work this closely with leadership, thus enabling the Program to avoid redundancies and focus on where its core competencies lie. Ultimately, the Co-Applicant Board moved forward with all the recommendations from the strategic subcommittee, which was also informed of the retreat, needs assessment, and interviews findings at a very high level.

Key findings/conversations from the Subcommittee Meeting which the Co-Applicant Board subsequently was informed on and agreed upon:

- 1. The Street/Field Medicine and Mobile Clinics are cornerstone programs for HCH/FH and the Board should safeguard funding for those programs and will not need to be part of the bidding process this cycle, though their Memorandum of Understanding (MOU) will be updated
- 2. SMMC is dedicated to ensuring both populations can get timely visits in the clinics [this was part of conversations prior to COVID-19 which significantly impacted all clinic operations]
- 3. Due to HRSA compliance issues, contracting externally for primary care, and potentially for dental care, is problematic because HCH/FH does not have access to the patient medical records, meaning there is limited visibility and opportunity to improve health outcomes outlined in the program's QI/QA plan
- 4. Refrain from duplicating efforts: County Health has a myriad of departments and expertise, and often times existing services are underutilized. Focus on starting new programs only if they do not already exist. Raise awareness and help people get to existing program.
- 5. East Palo Alto (EPA): When there was a possibility in mid-2019 that the program might need to terminate one, two or all three contracts with Ravenswood Family Health Center (RFHC) located in EPA due to HRSA compliance issues, some Board members voiced concern it looked like we were abandoning people of color in the area. Since it seemed likely primary care and dental care services would not be put on the RFP, it became clear RFHC would not be able to apply for funding for clinical services, though it could apply for anything related to care coordination.

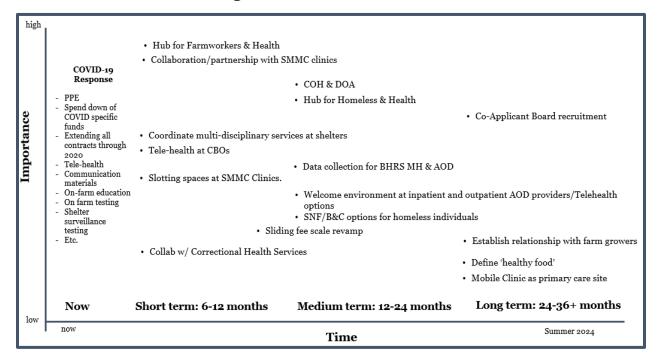
#### **Strategic Sub-Committee Recommendations:**

	[Enabling services] Promotores Model on the Coast via contract
Strategic Priorities Executed by Contract or MOUs Included in RFP ~\$1.2M  Not included in RFP ~\$1M	[Enabling services] Staying connected to health services after moving into housing via contract
	[Enabling services] Case Management for Street/Field/Mobile & NPCC via MOU
	[Primary care] Street/Field & Mobile Clinic via MOU
	[Dental Services] Saturday Dental Clinic at Coastside via MOU
	[Behavioral Health] Partnership with Behavioral Health and Recovery Services for mental health and substance use services via MOU**
	Operational costs [training, consultants]

Strategic Priorities	Mandatory	Strategic Priorities (see below)
executed by HCH/FH	HRSA Reporting	Short Term
Staff and Board	Quality Improvement	Medium Term
Members	Needs Assessments/Patient Satisfaction	Long Term

<sup>\*\*</sup>Added to the list outside of the strategic subcommittee work, via CO-Applicant Board Discussion

#### **Staff & Board Member Strategic Priorities**



These recommendations were then further refined and ultimately led to the goals and priorities outlined in Priorities section of the strategic plan.

#### **Wrapping Up**

The priorities identified through the process outlined above drove the development of the Request for Proposal. Due to COVID-19, all timelines were shifted by 6 months, from finalizing the strategic plan to developing and releasing the RFP. Unlike previous years, the RFP in 2020 reflected the specific priorities that the Board had outlines they wanted to focus on (versus the RFP being broad/open ended and inviting agencies to respond to any services that fell under primary, dental, behavioral or enabling). The RFP was released at the end of 2020, and vendors were selected in the Spring 2021. Contracts are negotiated and being finalized at the time of finalizing this report (over summer and Fall 2021).

Meanwhile, the Implementation and Planning Coordinator worked with an ad hoc Board committee to establish targets for several key outcomes. This is a work in progress, and the targets will be continuously evaluated and edited.

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

#### Board Strategic Planning Retreat 2019 Agenda

Wednesday, September 18<sup>th</sup>, 8:30am-2:30pm Location: San Mateo History Museum, Downtown Redwood City 2200 Broadway

Time	Topic	Speaker
8:30-9:00am	Breakfast and welcome speaker	Mike Callagy, County Manager
9:00-9:10am	Meeting kick off	Jim Beaumont, Director
	Needs Assessment	Robin Haller, JSI
	Current data on our two populations and local context	
	Patient Satisfaction	Danielle Hull, HCHFH Staff
	How patient satisfaction is measured both by SMMC and	
	HCHFH program	
9:15-10:45am	Board Evaluation	Robert Anderson, Board Vice Chair
	Review what's going well and opportunities for	
	improvement based on Board and Staff evaluation	
	Health System Overview	Frank Trinh, HCHFH Medical Director
	How does the Health System operate, what divisions	
	provide services, current status of SMMC	
	Break – 10:45-11am	
	Measuring Success: Current & Future Metrics	Irene Pasma, HCHFH Staff
11:00am-12:00pm	What do we currently track and how do we want to track	
	progress moving forward	
Lunch – 12:00 -1pm		
1:00pm-2:00pm	Project Prioritization	Irene Pasma, HCHFH Staff
	Discuss the projects the Board has discussed they want to	
	prioritize, identify any new projects, assign a 'weight' to	
	each project to help begin prioritization	
2:00pm-2:30pm	Next Steps and Evaluation Form	Jim Beaumont, Director

## HCH/FH Strategic Plan (Developed Sept 2019) Co-Applicant Board Interview Questions w/ Probes/Guidance for Interviewer

Begin conversationally – how long have you been on the Board, where are you from originally, etc.

1.	What do you feel the Board does well?
2.	What can the Board do better?
[Lead	in: Now we're moving into the strategic planning portion of the interview]
3.	What are three things you'd like to see the Board get accomplished in the next three years?
	n: Reiterate the strategic plan will dictate the services the Board decides to fund for the next few the Board can choose to keep everything as is, or to shift focus/money]
	How should the Board prioritize the project its interested in funding if we can't fund all of them?
5.	How do you think the Board should measure success?  a. Probe:
	i. # of people served, improved health outcomes, # of outreach events, etc. etc.
6.	How can your time on the Board be made as meaningful as it can be?  a. Probes:  i. what your personal reasons for being on the board ii. how can serving on the board potentially help you in other others of your career/professional life/personal life
7.	Is there anything else you'd like to mention that we haven't already touched on?

Thank the Board member for their time.

#### **HCHFH 2019 Strategic Plan Interview Questions**

**Developed Sept 2019** 

#### **Health Administration**

- 1. What are San Mateo County Health's priorities for:
  - a. people experiencing homelessness in San Mateo County?
  - b. farmworkers and/or their families living/working in San Mateo County?
- 2. How can HCH/FH best support/align with SMC Health efforts?
- 3. What are three things you'd like to see the Board get accomplished in the next three years?

#### **Health Units**

- 1. What are the most pressing health-related issues for:
  - a. people experiencing homelessness in San Mateo County?
  - b. farmworkers and/or their families living/working in San Mateo County?
- 2. What type of support does your organization/unit/department need to better serve these clients?
- 3. How can our two programs collaborate more/better?
- 4. If the Board had to focus its efforts on just one thing related to health, what should it be?
- 5. How should the Board be thinking about success when we evaluate our program/efforts?

#### **External stakeholders**

- 1. What are the most pressing health-related issues for:
  - a. people experiencing homelessness in San Mateo County?
  - b. farmworkers and/or their families living/working in San Mateo County?
- 2. How can our two programs collaborate?
- 3. If the Board had to focus its efforts on just one thing related to health, what should it be?
- 4. How should the Board be thinking about success when we evaluate our program/efforts?

### HCHFH 2019 Strategic Plan Interview Questions SMMC Health Providers

**Developed August 2019** 

- 1. What are some of the most pressing health issues for:
  - a. people experiencing homelessness that you're seeing in your practice/panel?
  - b. farmworkers and/or their families that you're seeing in your practice/panel?
- 2. What resources are you aware of that enable you take optimal care of homeless and farmworker patients?
  - a. Which of these resources do you find most valuable?
- 3. What specific resource(s) would you want to have that you currently do not/are not aware of?
- 4. If we had to focus our efforts on improving just one aspect of health-related issues, what would it be for:
  - a. homeless individuals
  - b. farmworker individuals
- 5. Is there anything else you want to tell me that we haven't touched on? [new]

#### **Deleted Questions:**

- 1. What does the Health system do well in terms of providing services to people experiencing homelessness?
  - a. What could be improved?
- 2. What does the Health system do well in terms of providing services to farmworkers and their families?
  - a. What could be improved?
- 3. How much training have you received to deal specifically with issues related to homelessness
  - a. Probing question: How do you feel about discussing substance abuse with homeless patients?
- 4. How much training have you received to deal specifically with issues related to farmworker health
  - a. Probing question: How do you feel about discussing pesticide exposure and housing conditions with farmworkers?

# Strategic Plan Update

Prepared for December 2019 Co-Applicant HCHFH Board meeting



# HCH/FH Brainstorming Session Summaries

# Brainstorming Session Considerations

- Summarizing brainstorming session discussions
- Anything we should add? Anything off the mark?
- 15 minutes per slide
- We are not making decisions today
- Stay high level

# Medical Respite/Medical Acuity in Shelter/Housing

Suzanne Moore, HCH/FH Board Member; Francine Serafin Dickson, Hospital Consortium; Judith Klain, SMC Health Administration; Melissa Platte, MHA; Brian Eggers, HSA; James Schindler, SMMC Discharge Planner; Maple Street Shelter: Donna Miller, Kelly McGrath, Robert Moltzen; Jim Beaumont, Linda Nguyen, Irene Pasma HCH/FH program

### **Medical Acuity in Shelter**

- Increase medical staff at shelter
- Better equip 'clinic-like' spaces at shelters and community based organizations
- CES questionnaire does not screen for health appropriate-ness
- Improved hand off between shelter and street homelessness (i.e. between shelter staff and HOT)
- Additional services for aging homeless

#### **Medical Respite**

 Was not significantly touched upon due to work of a separate task force, however Maple Street shelter indicated a big need for medical respite

# **Housing:** conversation focused on individuals exiting homelessness into subsidized housing

- Community space for previously homeless individuals
- Daily contact is needed with newly housed individuals
- Need to incentivize newly housed individuals to complete tasks, i.e. OT, doctor's visit, etc.
- Improve data flow during hand off between shelter and PSH/affordable housing unit to prevent crisis
- SDOH: train clinicians to ask about housing, consider housing stability (link to SMMC efforts)

# Collaboration with Law Enforcement

45% of inmates are out of county

Robert Anderson, Board Member; Correctional Health Services: Carlos Morales, Ashely Sokolov, Karina Sapag; Melissa Wagner, Sheriff's Office, HCHFH Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma, Sofia Recalde

- Need case managers and community collaboration on weekends and after hours
  - 'text' "someone" when an individual is being released and ensure follow up
- Discharge is an opportunity to provide intervention i.e. daily case management after someone is released from jail
- Data sharing is a large opportunity focus on how we can coordinate health care during pre-release and post (i.e. HOT, etc)
- Finding housing or services for sex offenders is particularly challenging
- Someone who is homeless who goes into jail has no place to put all their belongings, when they are released, they start completely from scratch including documents
- More thought needs to go into multiple booking short stay individuals ("frequent jail fliers") because they are the least connected to services

## Farmworker Education/Outreach

Victoria Sanchez de Alba Board Member, Vicente Lara, Puente; Judith Guerrero, Coastside Hope; Ziomara Ochoa, BHRS, HCHFH Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma, Sofia Recalde

- Adopt a Promotores community health model on the Coast (particularly Mid- and North-Coast)
- "Attorney hours" at a clinic (Coastside, Rotacare) following CRLA's partnership with Monterey Health
- HCH/FH to host forum for Farmworker Providers, analogous to CRLA/Monterey event
- In-depth training for clinicians on Public Charge / other legal issues
- There is no laundry mat in Pescadero, only one in Half Moon Bay
- Food security topics
- Establish relationships with Half Moon Bay growers
- Bridge/collaborate with organizations/systems the coast in order to support, reinforce, and supplement the work that is already occurring on these topics

### **Nutrition / Food Access**

Board Members: Victoria Sanchez de Alba, Eric Debode, Christian Hansen; Vicente Lara, Puente; Ankita Tandel, Family Health Services; HCHFH Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma

### Ideas

- HCH/FH lead advocacy efforts on "healthy food" – thought leaders in San Mateo County
- Access to culturally-appropriate food
- Community gardens linked with clinics/shelters
- Industrial kitchen with cooking classes, food, etc.
- Partner with existing organizations to deliver food to our populations
- Partner with Blue Apron/Freshly to deliver discounted boxes to people who just moved into housing

### **Themes/Actions**

- Define the differing needs between these two populations
- Set aspirational definition for "healthy food", i.e. whole food/plant diet
- Learn which shelters currently have kitchens/pantries/community gardens
- Learn what education programs currently exist in San Mateo County
- Work with SMMC for Social Determinants of Health to be incorporated in clinic screening

# Dental (Oral Health Coalition Meeting)

Presented at Oral Health Coalition Meeting, attended by ~20 people, Irene Pasma, Danielle Hull

- Co-locate "dental and primary care" services or "dental and BHRS" services – do a "warm hand off" between the clinicians; follow what SMMC is doing on this effort
  - From SMMC: historically, mobile clinic patients didn't want mobile dental clinic services, they came to mobile clinic for a specific item
- Further explore 'street/mobile' dental services
  - Look at other counties models, i.e. Alameda, Santa Clara
  - Dental van does not go to the Coast
  - If there was a van or mobile dental, consider going to churches
- Denti-Cal Integration Implementation is January 2021
- Dental care at shelters Family Health Services is interested in partnering
- Getting an oral health subject matter expert on the Board

### Behavioral Health and Addiction Services

Pernille Gutschick, Clinical Services Manager (BHRS), Matt Boyle, Medical Assisted Treatment, (BHRS), Clara Boyle, Deputy Director Alcohol and Other Drug, (BHRS), HCHFH Staff: Jim Beaumont, Danielle Hull, Irene Pasma, Sofia Recalde

### **Homeless Individuals**

- Residential Treatment Beds
  - survey clients previously homelessness who leave treatment early on why they left
  - work with inpatient and outpatient providers to create more welcoming environments for homeless clientele
  - incidental medical services at residential facilities throughout the county
- Detox
  - Designate beds at SMMC for Medical Detox
  - Co-locate SUD services with shelters or medical respite, like HealthRight360 at Maple Street
- "Honor Dorms" in shelters to incentivize compliance

### **Farmworkers**

- IMAT team could go out with Field Medicine
- Tele-health
- Home visits
- There's no SUD/AOD treatment facilities on the coast
  - i.e. AA meetings

### Street/Field Medicine & Mobile Clinic

Robert Anderson, Board Member; Anita Booker, PHPP; Frank Trinh, PHPP; James O'Connell, PHPP; Hannah Blankenship, Lifemoves HOT; HCHFH Staff: Jim Beaumont, Sofia Recalde, Danielle Hull, Linda Nguyen, Irene Seliverstov

### **Ideas**

- Attach Care Navigator to Street/Field/Mobile Team
- Attach IMAT to Field Medicine Team
- PHPP to develop relationships with Farm owners / expand services to Mid & North Coast Farms
- Boosting clinic spaces Puente, Maple Street (need more information whether this is desired, licensure and revenue)
- Women's Health better connection with OBGYN, changing mode of administration of tests and screening, revamping clinic space

# Additional Thoughts / Links with Other Sessions

- If patient doesn't have Medi-Cal or ACE, he/she cannot get specialty care
- How to keep someone connected to health care even after they're housed?
- Slotting spaces in SMMC Clinics
- Farmworkers are priced out of ACE, but can't afford insurance
- Designating Mobile Clinic as a primary care site
- Mobile Clinic is raising awareness about its services

### Patients at SMMC Clinics

Brian Greenberg Board Member, Vanessa Washington, SMMC New Patient Connection; Christine Zachos, SMMC Patient Navigator; Frank Trinh, HCHFH Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma, Sofia Recalde

- Changing how a patient can become established to simplify & expedite access, i.e. Mobile Clinic or Field/Street Medicine Team
- Create slots for homeless and farmworker patients at county clinics
- Create Care Navigator position linked to new patient connection line and focus on non-WPC patient population
- Leverage patient portal

# **TAB 5 Business Agenda** Form 5B

### COUNTY OF SAN MATEO HEALTH SYSTEM

DATE: July 08, 2021

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

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health

(HCH/FH) Program

FROM: Jim Beaumont, Director

HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE HCH/FH PROGRAM

REVISED FORM 5B - SITES

Under the Bylaws Article 3.E, the Board has the authority and responsibility to set the scope and availability of services to be delivered by and the location and hours of operation of the Program. This responsibility is also articulated in the HRSA Health Center Program Compliance Manual Chapter 6 Accessible Hours and Locations and Chapter 19 Board Authority. The Co-Applicant Board reviews and approves the Program's Scope of Project as represented by Forms 5A, 5B & 5C on an annual basis at a minimum, usually as part of the Board's approval of the Program's Service Area Competition (SAC) grant application or the annual Noncompeting Continuation (NCC) – Budget Period Progress Report (BPR), and as otherwise necessary.

Based on the upcoming Operational Site Visit (OSV), the issues in calibrating the Program's relationship with Ravenswood Family Health Center (RFHC) and the expiration of the Program's previous contracts with RFHC, Program is recommending that RFHC be removed from the Program's Form 5B – Sites, as no longer will any Program services be being provided at RFHC.

Attached is the current Program Form 5B – Sites, with the section to be removed for RFHC (South County Community Health Center) highlighted, and the revised Form 5B – Sites.

This request is for the Board to review and accept the revised Form 5B - Sites. Approval of this item requires a majority vote of the Board members present.

### **Attachments:**

- HCH/FH Form 5B Sites (revised 07/08/2021)
- HCH/FH Form 5B Sites (current)





Revised Form	5B

### Self Updates: Site details

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

Grant Number: H80CS00051 BHCMIS ID: 091140 Project Period: 11/01/2001 - 12/31/2023

Budget Period: 01/01/2021 - 12/31/2021

Site Information			
Site Name	COASTSIDE MENTAL HEALTH CENTER	Physical Site Address	225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019
Site Type	Service Delivery Site	Site Phone Number	(650) 726-6369
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	05/01/1998	Site Operational Date	05/01/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	, July, August, September, Octobe	r, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Req	uired only if 'Subrecipient or Contractor' is	selected in 'Site Operated By' f	ield)
Subrecipient/Contractor Organization Name	Subrecipient/Contract	or Organization Physical Site Ac	ddress Subrecipient/Contractor EIN
	No Subrecipient or Contractor inform	nation to be displayed	
Service Area Zip Code (Include only those fro	om which the majority of the patient popul	ation will come)	
Saved Service Area Zip Code(s) 94019			

Site Id: BPS-H80-000595			Site Status: Active	
Site Information				
Site Name	39th Avenue Campus - Outpatient Clinics	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403	
Site Type	Service Delivery Site	(650) 573-2222		
Web URL	www.co.sanmateo.ca.us			
Location Type	Permanent	Site Setting	All Other Clinic Types	
Date Site was Added to Scope	01/01/1994	Site Operational Date	01/01/1970	
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site	751904	

		Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)	1932288859	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, Ma	ay, June, July, August, September, Octobe	r, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-000785			Site Status: Acti
Site Information			
Site Name	CENTRAL COUNTY MENTAL HEALTH CTR  Physical Site Address		1950 Alameda de las Pulgas, San Mateo, CA 94403
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3571
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	07/31/2004	Site Operational Date	07/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation (when Patients will be Served	40.00

Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)		
Site Operated by	Health Center/Applicant		

per Week)

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

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

No Subrecipient or Contractor information to be displayed

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

**Saved Service Area Zip Code(s)** 94403, 94402, 94401

Site Id: BPS-H80-001005 Site Status: Active

**Site Information** 

(Optional field)

Site Name	HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION  Physical Site Address		225 37th Ave Mental Health Services- 3rd Floor, San Mateo, CA 94403		
Site Type	Administrative Site Phone Number		(650) 573-2541		
Web URL	www.co.sanmateo.ca.us				
Location Type	Permanent	Site Setting	All Other Clinic Types		
Date Site was Added to Scope	01/03/2001	Site Operational Date	01/03/2001		
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)			
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00		
Saved Months of Operation	January, February, March, April, May, June,	July, August, September, October	er, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)			
Site Operated by	Health Center/Applicant				

	Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)					
Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor						
	No Subrecipient or Contractor information to be displayed					
	Service Area Zip Code (Include only those from which the majority of the patient population will come)					
	Saved Service Area Zip Code(s) 94403					

te ld: BPS-H80-001373			Site Status: A
Site Information			
Site Name	SOUTH SAN FRANCISCO CLINIC Physical Site Address		306 SPRUCE STREET, SOUTH SAN FRANCISCO, CA 94080
Site Type	Service Delivery Site	Site Phone Number	(650) 877-7070
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	11/01/1999	Site Operational Date	01/10/1999
FQHC Site Medicare Billing Number Status	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)		751905
FQHC Site National Provider Identification (NPI) Number (Optional field)	1750460671	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	e, July, August, September, Octob	er, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)					
Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN					
No Subrecipient or Contractor information to be displayed					
Service Area Zip Code (Include only those from which the majority of the patient population will come)					
Saved Service Area Zip Code(s)	94080				

Site Information					
Site Name	MAPLE STREET SHELTER		Physical Site Address		MAPLE STREET, REDWOOD
Site Type	Service Delivery S	Site	Site Phone Number	(650) 36	34-4664
Web URL	www.shelternetwo	rk.com			
Location Type	Permanent		Site Setting	All Othe	r Clinic Types
Date Site was Added to Scope	01/07/2006		Site Operational Date	01/07/20	006
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS		Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)		
FQHC Site National Provider Identification (NPI) Number (Optional field)			Total Hours of Operation (when Patients will be Served per Week)	40.00	
Saved Months of Operation	January, February	, March, April, May, June	, July, August, September, October	r, Novemb	er, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)			Number of Intermittent Sites (Required only for 'Intermittent' Site Type)		
Site Operated by	Contractor				
Subrecipient or Contractor Information (Req	uired only if 'Subre	cipient or Contractor' is	selected in 'Site Operated By' fi	ield)	
ubrecipient/Contractor Organization Name		Subrecipient/Contract	or Organization Physical Site Ad	Idress	Subrecipient/Contractor EIN
Shelter Network of San Mateo County	Iter Network of San Mateo County  1450 Chapin Ave Burlingame, CA				77-0160469
Service Area Zip Code (Include only those fro	om which the major	ity of the patient popula	ation will come)		

Site Id: BPS-H80-022195			Site Status: Active
Site Information			
Site Name	Daly City Youth Health Center	Physical Site Address	350 90th St., 3rd Floor, Daly City, CA 94015
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	05/22/2018	Site Operational Date	09/27/2018
FQHC Site Medicare Billing Number Status		Medicare Billing Number (Required if "This site has a	

Site Operated by	Health Center/Applicant		
Number of Contract Service Delivery  ocations  Required only for 'Migrant Voucher Screening'  Site Type)	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)		
Saved Months of Operation	January, February, March, April, May	January, February, March, April, May, June, July, August, September, October, November, December	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
		Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94015

Site Id: BPS-H80-003064 Site Status: Active

Site Information			
Site Name	RON ROBINSON SENIOR CARE CENTER	Physical Site Address	222 W 39th Ave # S-131, San Mateo, Co 94403
ite Type	Service Delivery Site	Site Phone Number	(650) 573-2426
Veb URL	www.co.sanmateo.ca.us		
ocation Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/03/2004	Site Operational Date	01/03/2004
QHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
QHC Site National Provider Identification NPI) Number Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	, July, August, September, Octobe	er, November, December
Jumber of Contract Service Delivery ocations Required only for 'Migrant Voucher Screening' itte Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Required only for 'Migrant Voucher Screening'	Health Center/Applicant	(Required only for 'Intermittent'	

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

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-006870 Site Status: Active

Site Information			
Site Name	Coastside Health Center	Physical Site Address	225 Cabrillo Hwy S Ste 100A, Half Moon Bay, CA 94019
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3941
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1998	Site Operational Date	01/05/1998
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751898
FQHC Site National Provider Identification (NPI) Number (Optional field)	1841379765	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	e, July, August, September, Octobe	er, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient/Contractor Organization Nam	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN		
No Subrecipient or Contractor information to be displayed				
Service Area Zip Code (Include only those from which the majority of the patient population will come)				
Saved Service Area Zip Code(s) 94019				

ite Id: BPS-H80-003782			Site Status: Acti
Site Information			
Site Name	MOBILE HEALTH CLINIC	Physical Site Address	225 37th Ave, San Mateo, CA 94403
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2786
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1996	Site Operational Date	07/01/1994
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)	1194804013	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	, July, August, September, Octobe	er, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	

Site Operated by Health Center/Applicant Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field) Subrecipient/Contractor Organization Name Subrecipient/Contractor EIN Subrecipient/Contractor Organization Physical Site Address No Subrecipient or Contractor information to be displayed Service Area Zip Code (Include only those from which the majority of the patient population will come) Saved Service Area Zip Code(s) 94061, 94098, 94065, 94019, 94401, 94063, 94066, 94060, 94096, 94064, 94067, 94402, 94403, 94083

te ld: BPS-H80-009159			Site Status: Acti
Site Information			
Site Name	sequoia teen wellness center	Physical Site Address	200 JAMES AVE, REDWOOD CITY, CA 94062
Site Type	Service Delivery Site	Site Phone Number	(650) 261-3710
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	11/05/2009	Site Operational Date	04/01/2009
FQHC Site Medicare Billing Number Statu	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751907
FQHC Site National Provider Identification (NPI) Number Optional field)	1568540557	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	e, July, August, September, Octobe	er, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (F	Required only if 'Subrecipient or Contractor' is	s selected in 'Site Operated By' 1	ield)
ubrecipient/Contractor Organization Nan	ne Subrecipient/Contract	tor Organization Physical Site Ad	ddress Subrecipient/Contractor EIN
	No Subrecipient or Contractor infor	mation to be displayed	
Service Area Zip Code (Include only those	from which the majority of the patient popul	ation will come)	
Saved Service Area Zip Code(s) 94062			

Site Id: BPS-H80-011967			Site Status: Active	
Site Information				
Site Name	HCH Mobile Dental Van	HCH Mobile Dental Van Physical Site Address 222 W 39th Ave, San Mat		
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2561	
Web URL				
Location Type	Mobile Van	Site Setting	All Other Clinic Types	
Date Site was Added to Scope	08/15/2012	Site Operational Date	08/15/2012	
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is		

	·	
	selected in 'FQHC S Medicare Billing Nur field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)	Total Hours of Op (when Patients will b per Week)	
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December	
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant	

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94061, 94080, 94063, 94401, 94019, 94403

Site Id: BPS-H80-004460 Site Status: Active

Site Information			
Site Name	DALY CITY YOUTH HEALTH CENTER	Physical Site Address	2780 Junipero Serra Blvd, Daly City, CA 94015
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1992	Site Operational Date	01/01/1990
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751888
FQHC Site National Provider Identification (NPI) Number (Optional field)	1023196011	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	, July, August, September, Octobe	er, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

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

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s)

94015

Site Id: BPS-H80-004798 Site Status: Active

Site Information			
Site Name	EDISON CLINIC	Physical Site Address	222 W 39th Ave # S-130, San Mateo, Co 94403
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2358
Web URL	www.co.sanmateo.ca.us	ww.co.sanmateo.ca.us	
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1987	Site Operational Date	01/01/1987
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	, July, August, September, Octobe	er, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Req	uired only if 'Subrecipient or Contractor' is	selected in 'Site Operated By' 1	field)
Subrecipient/Contractor Organization Name	· · ·	or Organization Physical Site A	,

	No Subrecipient or Contractor information to be displayed		
Service Area Zip Code (Include on	Service Area Zip Code (Include only those from which the majority of the patient population will come)		
Saved Service Area 7 in Code(s) 9/4/03			

e ld: BPS-H80-005206			Site Status: A
Site Information			
Site Name	NORTH COUNTY MENTAL HEALTH	Physical Site Address	375 89th St, Daly City, CA 94015
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8650
Neb URL			
ocation Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	07/31/2004	Site Operational Date	07/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification NPI) Number Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	, July, August, September, Octobe	er, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant	!	

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

Site Information			
Site Name	SOUTH COUNTY MENTAL HEALTH	Physical Site Address	802 BREWSTER AVE, REDWOOD CITY CA 94063
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4111
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1992	Site Operational Date	01/01/1992
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	July, August, September, Octobe	er, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Rec	urired only if 'Subrecipient or Contractor' is	selected in 'Site Operated By'	field)
subrecipient/Contractor Organization Name		or Organization Physical Site A	,
	No Subrecipient or Contractor inform		
Complete Aven 7in Code (Include only these for	om which the majority of the notice the con-	otion will come)	
Service Area Zip Code (Include only those fr	on which the majority of the patient popula	adon will come)	

Site Id: BPS-H80-005448 Site Status: Active					
Site Information	Site Information				
Site Name	Fair Oaks Health Center	Physical Site Address	2710 Middlefield Rd, Redwood City, CA 94063		
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4602		
Web URL	www.sanmateo.ca.us				
Location Type	Permanent	Site Setting	All Other Clinic Types		
Date Site was Added to Scope	01/01/1988	Site Operational Date	01/01/1998		
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is	751887		

		selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)	1386728533	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94063

Site Id: BPS-H80-005524 Site Status: Active

Site Information			
Site Name	DALY CITY CLINIC	Physical Site Address	380 90th St, Daly City, CA 94015
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8600
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1996	Site Operational Date	01/05/1996
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751906
FQHC Site National Provider Identification (NPI) Number (Optional field)	1265522619	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	, July, August, September, Octobe	r, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

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

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s)

Site Id: BPS-H80-005603 Site Status: Active

**Site Information** 

### Self Updates – Site details | EU | HRSA EHBs

<del>/ L 1</del>	Con opadioo one a	ctalls   LO   Til to/ t Li ibs		
Site Name	South County Community Health Center (Dba; Ravenswood Family Health Center)	Physical Site Address	1798 BA	Y RD, EAST PALO ALTO, CA
Site Type	Service Delivery Site	Site Phone Number	(650) 33	0-7400
Web URL	www.ravenswoodfhc.org			
<b>Location Type</b>	Permanent	Site Setting	All Other	Clinic Types
Date Site was Added to Scope	12/01/2003	Site Operational Date	12/01/20	03
FQHC Site Medicare Billing Number Status	(This site has a Medicare billing number)	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	551946	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	62.00	
<b>Saved Months of Operation</b>	January, February, March, April, May, June,	July, August, September, October	, Novembe	er, December
Number of Contract Service Delivery  Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent') Site Type)		
Site Operated by	Contractor			
Subrecipient or Contractor Information (Req	uired only if 'Subrecipient or Contractor' is	selected in 'Site Operated By' fi	eld)	
Subrecipient/Contractor Organization Name		or Organization Physical Site Ad		Subrecipient/Contractor EIN
South County Community Health Center (Dba; F	1798 Bay Rd, Palo Alto, CA 94303			94-3372130
Service Area Zip Code (Include only those fro	<mark>m which</mark> the majority of the patient popula	tion will come)		
Saved Service Area Zip Code(s) 94303, 94	025			

Close Window

Current Form 5B

### Self Updates: Site details

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

**Grant Number**: H80CS00051 **BHCMIS ID**: 091140 **Project Period**: 11/01/2001 - 12/31/2019

**Budget Period:** 01/01/2019 - 12/31/2019

ite Information			
ite Name	SOUTH SAN FRANCISCO CLINIC	Physical Site Address	306 SPRUCE STREET, SOUTH SAN FRANCISCO, CA 94080-2741
ite Type	Service Delivery Site	Site Phone Number	(650) 877-7070
leb URL	www.co.sanmateo.ca.us		
ocation Type	Permanent	Site Setting	All Other Clinic Types
ate Site was Added to Scope	11/01/1999	Site Operational Date	01/10/1999
QHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751905
QHC Site National Provider Identification NPI) Number Optional field)	1750460671	Total Hours of Operation (when Patients will be Served per Week)	40.00
aved Months of Operation	January, February, March, April, May, Jun	e, July, August, September, Octol	ber, November, December
lumber of Contract Service Delivery ocations Required only for 'Migrant Voucher Screening' ite Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
ite Operated by	Health Center/Applicant		
ubrecipient or Contractor Information (Re	quired only if 'Subrecipient or Contractor'	is selected in 'Site Operated By	' field)
ubrecipient/Contractor Organization Name		or Organization Physical Site A	-
	No Subrecipient or Contractor inform	nation to be displayed	
nuvina Avan Zin Cada (Includa anlu thana fi	om which the majority of the patient popu	lation will come)	

Site Id: BPS-H80-001005			Site Status: Active	
Site Information				
Site Name	HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION	Physical Site Address	225 37th Ave Mental Health Services- 3rd Floor, San Mateo, CA 94403-4324	
Site Type	Administrative	Site Phone Number	(650) 573-2541	
Web URL	www.co.sanmateo.ca.us			
Location Type	Permanent	Site Setting	All Other Clinic Types	
Date Site was Added to Scope	01/03/2001	Site Operational Date	01/03/2001	
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site		

Site Operated by	Health Center/Applicant	
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December	
FQHC Site National Provider Identification (NPI) Number (Optional field)	Total Hours of Operation (when Patients will be Served 40.00 per Week)	
	Medicare Billing Number Status' field.)	

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

Site Id: BPS-H80-005448 Site Status: Active

Site Information			
Site Name	Fair Oaks Health Center	Physical Site Address	2710 Middlefield Rd, Redwood City, CA 94063-3404
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4602
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1988	Site Operational Date	01/01/1998
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751887
FQHC Site National Provider Identification (NPI) Number (Optional field)	1386728533	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Site Operated by Health Center/Applicant

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

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

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94063

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-005524 Site Status: Active

Site Information			
Site Name	DALY CITY CLINIC	Physical Site Address	380 90th St, Daly City, CA 94015-1807
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8600
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1996	Site Operational Date	01/05/1996
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751906
FQHC Site National Provider Identification (NPI) Number (Optional field)	1265522619	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient/Contractor Organization Name

Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94015

Site Id: BPS-H80-003064 Site Status: Active

Site Information				
Site Name	RON ROBINSON SENIOR CARE CENTER	Physical Site Address	222 W. 39TH AVE, S-131, SAN MATEC CA 94403-4364	
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2426	
Web URL	www.co.sanmateo.ca.us			
Location Type	Permanent	Site Setting	All Other Clinic Types	
Date Site was Added to Scope	01/03/2004	Site Operational Date	01/03/2004	
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)		
FQHC Site National Provider Identification (NPI) Number (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	40.00	
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)		

Site Operated by

Health Center/Applicant

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

Subrecipient/Contractor Organization Name

Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s)

94403

te Id: BPS-H80-005388			Site Status: A
Site Information			
Site Name	SOUTH COUNTY MENTAL HEALTH	Physical Site Address	802 BREWSTER AVE, REDWOOD CITY, CA 94063-1510
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4111
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1992	Site Operational Date	01/01/1992
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, Jun	e, July, August, September, Octol	per, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Rec	uired only if 'Subrecipient or Contractor'	s selected in 'Site Operated By	' field)
Subrecipient/Contractor Organization Name		or Organization Physical Site A	,
,	No Subrecipient or Contractor inform		
Service Area Zip Code (Include only those fr	om which the majority of the nationt popu	lation will come)	
zervice Area Zip Gode (include only those in	on which the majority of the patient popu	iduon will come)	

Site Id: BPS-H80-005206			Site Status: Active
Site Information			
Site Name	NORTH COUNTY MENTAL HEALTH	Physical Site Address	375 89th St, Daly City, CA 94015-1802
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8650
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	07/31/2004	Site Operational Date	07/31/2004
FQHC Site Medicare Billing Number Status	Application for this site has not yet been	Medicare Billing Number (Required if "This site has a	

	•	·	
	submitted to CMS	Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

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

te ld: BPS-H80-000552			Site Status: A
Site Information			
Site Name	COASTSIDE MENTAL HEALTH CENTER	Physical Site Address	225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019-8200
Site Type	Service Delivery Site	Site Phone Number	(650) 726-6369
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	05/01/1998	Site Operational Date	05/01/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	e, July, August, September, Octol	per, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

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

Subrecipient/Contractor Organization Name

Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94019

Saved Service Area Zip Code(s) 94015

Site Id: BPS-H80-022195 Site Status: Active

Site Name	Daly City Youth Health Center	Physical Site Address	350 90th St., 3rd Floor, Daly City, CA 94015-1880
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	05/22/2018	Site Operational Date	09/27/2018
FQHC Site Medicare Billing Number Status		Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	e, July, August, September, Octol	ber, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

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

Subrecipient/Contractor Organization Name

Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 9401

Site Id: BPS-H80-003782 Site Status: Active

Site Information				
Site Name	MOBILE HEALTH CLINIC	Physical Site Address	225 37th Ave, San Mateo, CA 94403- 4324	
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2786	
Web URL	www.co.sanmateo.ca.us			
Location Type	Permanent	Site Setting	All Other Clinic Types	
Date Site was Added to Scope	01/05/1996	Site Operational Date	07/01/1994	
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)		
FQHC Site National Provider Identification (NPI) Number (Optional field)	1194804013	Total Hours of Operation (when Patients will be Served per Week)	40.00	
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December			
Number of Contract Service Delivery		Number of Intermittent		

Locations (Required only for 'Migrant Voucher Scre Site Type)	eening'		Sites (Required only for 'Intermittent' Site Type)			
Site Operated by	H	ealth Center/Applicant				
Subrecipient or Contractor Informa	ation (Require	d only if 'Subrecipient or Contractor' is	selected in 'Site Operated By'	' field)		
Subrecipient/Contractor Organization	Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor				Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed						
Service Area Zip Code (Include only those from which the majority of the patient population will come)						
Saved Service Area Zip Code(s) 94061, 94098, 94065, 94019, 94401, 94063, 94066, 94060, 94096, 94064, 94067, 94402, 94403, 94083				94083		

Site Information			
Site Name	CENTRAL COUNTY MENTAL HEALTH	Physical Site Address	1950 Alameda de las Pulgas, San Mateo, CA 94403
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3571
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	07/31/2004	Site Operational Date	07/31/2004
FQHC Site Medicare Billing Number St	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identifica (NPI) Number (Optional field)	tion	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, Jun	e, July, August, September, Octol	per, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screenin Site Type)	ng'	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information	n (Required only if 'Subrecipient or Contractor'	s selected in 'Site Operated By	' field)
Subrecipient/Contractor Organization N	lame Subrecipient/Contract	or Organization Physical Site A	ddress Subrecipient/Contractor El
	No Subrecipient or Contractor inform	nation to be displayed	
Service Area Zip Code (Include only the	ose from which the majority of the patient popu	lation will come)	
Saved Service Area Zip Code(s) 944	403, 94402, 94401		

Site Id: BPS-H80-011967			Site Status: Active
Site Information			
Site Name	HCH Mobile Dental Van	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403- 4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2561
Web URL			

Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	08/15/2012	Site Operational Date	08/15/2012
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	20.00
Saved Months of Operation	January, February, March, April, May, June	e, July, August, September, Octob	per, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient/Contractor Organization Name

Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

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

**Saved Service Area Zip Code(s)** 94061, 94080, 94063, 94401, 94019, 94403

Site Id: BPS-H80-004798 Site Status: Active

Site Information			
Site Name	EDISON CLINIC	Physical Site Address	222 W 39th Ave, S-130, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2358
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1987	Site Operational Date	01/01/1987
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June	e, July, August, September, Octo	ber, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

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

Subrecipient/Contractor Organization Name Subrecipient/Contractor

Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94403

Site Id: BPS-H80-009159			Site Status: Active
Site Information			
Site Name	sequoia teen wellness center	Physical Site Address	200 JAMES AVE, REDWOOD CITY, CA 94062-5123
Site Type	Service Delivery Site	Site Phone Number	(650) 261-3710
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	11/05/2009	Site Operational Date	04/01/2009
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site	751907

		Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)	1568540557	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, Ju	ne, July, August, September, Octob	per, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

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

Site Id: BPS-H80-006870			Site Status: Active
Site Information			
Site Name	Coastside Health Center	Physical Site Address	225 Cabrillo Hwy S Ste 100A, Half Moon Bay, CA 94019-1738
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3941
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/05/1998	Site Operational Date	01/05/1998
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751898
FQHC Site National Provider Identification (NPI) Number (Optional field)	1841379765	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Site Type)	Site Type)
Site Operated by	Health Center/Applicant
Subrecipient or Contractor Information (Requ	uired only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94019

Saved Service Area Zip Code(s) 94062

Site Id: BPS-H80-004460 Site Status: Active

Site Information				
Site Name	DALY CITY YOUTH HEALTH CENTER	Physical Site Address	2780 Junipero Serra Blvd, Daly City, CA 94015-1634	
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240	
Web URL	www.co.sanmateo.ca.us			
Location Type	Permanent Site Setting All Other Clinic Types			
Date Site was Added to Scope	01/01/1992	Site Operational Date	01/01/1990	
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751888	
FQHC Site National Provider Identification (NPI) Number (Optional field)	1023196011	Total Hours of Operation (when Patients will be Served per Week)	40.00	
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)		
Site Operated by	Health Center/Applicant			

Subrecipient/Contractor Organization Name

Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

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

Saved Service Area Zip Code(s) 94015

Site Information			
Site Name	39th Avenue Campus - Outpatient Clinics	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403 4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2222
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1994	Site Operational Date	01/01/1970
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	751904
FQHC Site National Provider Identification (NPI) Number (Optional field)	1932288859	Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	

(Required only for 'Migrant Voucher Sci Site Type)	reening'		(Required only for 'Intermittent' Site Type)		
Site Operated by	Health C	Health Center/Applicant			
Subrecipient or Contractor Inform	ation (Required only	if 'Subrecipient or Contractor' is	selected in 'Site Operated By'	'field)	
Subrecipient/Contractor Organizat	ion Name	Subrecipient/Contractor	Organization Physical Site A	ddress Subrecipient/Contractor EIN	
	No Su	brecipient or Contractor informa	ition to be displayed		
Service Area Zip Code (Include on	ly those from which to	he majority of the patient popula	tion will come)		

ite Name  MAPLE STREET SHELTER  Physical Site Address  CITY, CA 94603-4364  All Other Clinic Types  Medicare Billing Number (Required if This site has a Medicare billing number is selected in "FOHC Site Medicare Billing Number Status and Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Number (Required if This site has a Medicare Billing Numb	ite Information			
Web URL  Date Site was Added to Scope  Of 1/07/2006  Date Site was Added to Scope  Of 1/07/2006  Date Site was Added to Scope  Of 1/07/2006  Date Site Web Web Web Web Web Web Web Web Web We	Site Name	MAPLE STREET SHELTER	Physical Site Address	1580 A MAPLE STREET, REDWOOD CITY, CA 94603-4364
Date Site was Added to Scope  O1/07/2006  Site Operational Date  O1/07/2006  Medicare Billing Number (Required if "This site has a Medicare Billing Number (Required Billing Number (Required Billing Number) (Site National Provider Identification (NPI) Number (Optional field)  Saved Months of Operation  January, February, March, April, May, June, July, August, September, October, November, December  Number of Contract Service Delivery Locations (Required only for "Migrant Voucher Screening" Site Type)  Site Operated by  Contractor  Subrecipient or Contractor Information (Required only if "Subrecipient or Contractor" is selected in "Site Operated By" field)  Subrecipient/Contractor Organization Name  Subrecipient/Contractor Organization Physical Site Address	Site Type	Service Delivery Site	Site Phone Number	(650) 364-4664
Date Site was Added to Scope  O1/07/2006  Site Operational Date  O1/07/2006  Medicare Billing Number (Required if "This site has a Medicare Billing Number (Required if "This site has a Medicare Billing Number (Required if "This site has a Medicare Billing Number status" field.)  Total Hours of Operation (When Patients will be Served per Week)  Saved Months of Operation  January, February, March, April, May, June, July, August, September, October, November, December  Number of Contract Service Delivery Locations Required only for 'Migrant Voucher Screening' Site Type)  Site Operated by  Contractor  Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)  Subrecipient/Contractor Organization Name  Subrecipient/Contractor Organization Physical Site Address  Subrecipient/Contractor  Subrecipient/Contractor Organization Physical Site Address  Subrecipient/Contractor	Web URL	www.shelternetwork.com		
Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted in CMS  Application for this site has not yet been submitted in CMS  Application for this site has not yet been submitted in This site has a Medicare billing number is selected in 'FQHC Site New in FQHC Sit	ocation Type	Permanent	Site Setting	All Other Clinic Types
Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Application for this site has not yet been submitted to CMS  Total Hours of Operation  (when Patients will be Served per Week)  Application for this site has not yet been submitted to CMS  Application for this site has not yet been selected in 'Folh Cober, love make a selected per Week)  Application for this site has not yet been selected in 'Folh Cober, love make a selected per Week)  Application for this site has not yet been selected in 'Folh Cober, love make a selected per Week)  Application for this site has not yet been selected in 'Folh Cober, love make a selected per Week)  Application for this site has not per love selected in 'Folh Cober, love make a selected per Week)  Application for this site has not per love selected in 'Folh Cober, love make a selected per Week)  Application for this selected in 'Folh Cober, love make a	Date Site was Added to Scope	01/07/2006	Site Operational Date	01/07/2006
(When Patients will be Served per Week)  Saved Months of Operation  January, February, March, April, May, June, July, August, September, October, November, December  Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)  Site Operated by  Contractor  Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)  subrecipient/Contractor Organization Name  (when Patients will be Served per Week)  40.00  40.00  August, September, October, November, December  Number of Intermittent Sites (Required only for 'Intermittent' Site Type)  Subrecipient or Contractor' is selected in 'Site Operated By' field)  Subrecipient/Contractor Organization Physical Site Address  Subrecipient/Contractor  1450 Chapin Ave.	FQHC Site Medicare Billing Number Status		(Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number	
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)  Site Operated by  Contractor  Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)  subrecipient/Contractor Organization Name  Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor  1450 Chapin Ave.	(NPI) Number		(when Patients will be Served	40.00
Locations (Required only for 'Migrant Voucher Screening' Site Type)  Contractor  Contractor  Site Operated by  Contractor  Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)  Subrecipient/Contractor Organization Name  Subrecipient/Contractor Organization Physical Site Address  Subrecipient/Contractor  1450 Chapin Ave.	Saved Months of Operation	January, February, March, April, May, Jun	e, July, August, September, Octol	per, November, December
Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field) Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor  1450 Chapin Ave.	Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Sites (Required only for 'Intermittent'	
Subrecipient/Contractor Organization Name  Subrecipient/Contractor Organization Physical Site Address  Subrecipient/Contractor  1450 Chapin Ave.	Site Operated by	Contractor		
1450 Chapin Ave.	Subrecipient or Contractor Information (Requ	uired only if 'Subrecipient or Contractor'	s selected in 'Site Operated By	' field)
1450 Chapin Ave,	ubrecipient/Contractor Organization Name	Subrecipient/Contracto	or Organization Physical Site A	ddress Subrecipient/Contractor Ell
Burlingame, CA 94010-4044	Shelter Network of San Mateo County		4044	77-0160469

Close Window

# **TAB 6** QI/QA Subcommittee



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 8<sup>th</sup>, 2021

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker

Health (HCH/FH) Program

FROM: Amanda Hing Hernandez, WOC Medical Director HCH/FH Program

Danielle Hull, Clinical Services Coordinator

Irene Pasma, Planning and Implementation Coordinator

SUBJECT: QI/QA COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee postponed the convening to Monday, July 26<sup>th</sup>, 10:30am to 12:00pm.

### Homeless Death Data

- o HCH/FH met with Public Health, Policy, and Planning (PHPP) Epidemiology to discuss timeline and capacity to move the work forward.
- We anticipate that PHPP Epidemiology should be able to begin data validation of homeless death records by September 2021.

### Farmworker Health

- Hypertension Support: HCH/FH provided five digital blood pressure monitors to Coastside Clinic for farmworkers or dependents with diagnosis of hypertension and insured by ACE, no insurance or Discounted Healthcare (DHC)
  - Medi-Cal is excluded from this group as HPSM covers the cost of blood pressure cuffs through the pharmacy
  - The digital blood pressure monitors have a "talking" feature in both English and Spanish
- HCH/FH spoke with Coastside Clinic about expanding hours of care for farmworkers and their dependents, as many are unable to attend during normal clinic hours due to work. Coastside Clinic is working on opening a Thursday night adult clinic once a month to improve access to care.
- Scheduling issues: HCH/FH spoke with Coastside Clinic about difficulties that Coastside community partners have shared about getting through the call center to make appointments for clients. Coastside Clinic has offered an additional line of access to use for farmworker patients and dependents for non-urgent scheduling.
- Discounted Healthcare (DHC) Program

- HCH/FH reached out to the SMMC Health Coverage Unit (HCU) to understand health coverage options for patients over 200% FPL who do not qualify for Medi-Cal or ACE, and received information about the DHC Program:
  - There is no asset or residency requirement. Covers uninsured individuals who:
  - Have an income at or below 400% FPL.
  - Are NOT enrolled in Medicare, Medi-Cal (Full Scope No Cost or Share of Cost),
     Covered California, private insurance, or have other third-party payers.
- Cost: Participants receive a 65% discount off all health care services received at San Mateo Medical Center's (SMMC) hospital and clinics. This discount does not cover professional fees for services provided by medical providers practicing at SMMC, unless contractually obligated through a third-party billing arrangement with SMMC.

### Ongoing work:

- Amanda Hing Hernandez has reached out to Samaritan House and Rotary Clinic to understand what other free health options are available for farmworkers and dependents who are over 200% FPL.
- HCH/FH continues to investigate how we can support telehealth for farmworkers and their dependents.
- Telehealth for Patients Experiencing Homelessness
  - Virtual Care Innovations Grant
    - HCH/FH submitted baseline data for the VCI Grant on June 15<sup>th</sup>, 2021 for service utilization of primary care and behavioral health stratified by in-person, telephone, and video visits.

# **TAB 7 Contracts and MOU Update**



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 8<sup>th</sup>, 2021

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/

Farmworker Health (HCH/FH) Program

FROM: Sofia Recalde, Management Analyst

SUBJECT: Contracts and MOU update

HCH/FH Staff has been working with the following County departments and organizations to move forward contracts and memorandums of understanding (MOUs) for healthcare related services for people experiencing homelessness and farmworkers and their dependents. Below is a description of each and a status update.

### **LifeMoves and Puente**

Contracts for Care Coordination to support PHPP Mobile Clinic and Street/Field medicine teams and SMMC New Patient Connection Center were reviewed and approved at the Board of Supervisors meeting on June 29<sup>th</sup> and care coordination and health coverage assistance continued uninterrupted on July 1<sup>st</sup>. Kick-off meetings are scheduled with the contracted service providers, PHPP and New Patient Connection Center on July 8<sup>th</sup> (LifeMoves) and July 21<sup>st</sup> (Puente) to introduce staff to one another, review scope of services and establish communication pathways.

### **Saturday Dental Clinic at Coastside Clinic**

The first Saturday Dental Clinic (SDC) occurred on June 12, 2021. Five farmworkers received services and all five will be returning for the next SDC, scheduled for Saturday July 10. Referrals to SDC are done through ALAS for patients residing in Half Moon Bay/North Coast and from Puente de la Costa Sur for patients residing in the South Coast. Plans to expand beyond one Saturday per month are underway.

### Behavioral Health & Recovery Services (BHRS)

A new 3.5-year MOU with BHRS to continue providing behavioral health coordination services for people experiencing homelessness and add field-based, direct behavioral health services and outreach to individuals experiencing homeless is under review by the SMMC Contracting team.

HCH/FH intends to amend the MOU with BHRS as soon as BHRS finalizes its procurement of a vendor to provide substance use case management and early intervention and intervention services for clients with co-occurring mental health and substance use issues on the coast, including farmworkers and their dependents. This is expected to occur in the second half of calendar year (CY) 2021.

### **Public Health Policy and Planning (PHPP)**

A new 2.5-year MOU combining the Mobile Clinic and Street & Field Medicine programs is pending PHPP approval.

### **Abode Services**

HCH/FH is in contract negotiations with Abode services to deliver the service requested in the RFP for medical care coordination to support clients in maintaining their healthcare during their transition into housing.

### **ALAS**

<u>Promotores services in Half Moon Bay/North Coast</u>: HCH/FH is contract negotiations with ALAS to deliver the service described in the Request for Proposal (RFP) for promotores services in Half Moon Bay/North Coast region.

**TAB 8 HCH/FH Board By-Laws** 



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 8, 2021

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health

(HCH/FH) Program

FROM: Irene Pasma, Program Implementation and Planning Coordinator

SUBJECT: HCH/FH Board By-Laws Update

Staff is proposing changes to the HCH/FH Board By-Laws in the following sections:

1. Article 5 Section B - Responsibilities and rights of board members

- 2. Article 6 Nominations, Applications, & Selection of Voting Members
- 3. Article 7 Term of office
- 4. Article 8 Vacancies
- 5. Article 9 Removal
- 6. Article 12 Section F Quorum & voting requirements

The proposed changes have been marked with Tracked Changes in the attached document and are on the July agenda to be discussed with the Board. Approval of changes are intended to be on the agenda for the August Board Meeting.

### Attachment:

Co-Applicant Board By-Laws with tracked changes

## SAN MATEO COUNTY HEATHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM CO-APPLICANT BOARD BYLAWS

(Amended July X, 2021)

### **Article 1: Name**

This body shall be known as the San Mateo County Heath Care for the Homeless & Farm Worker Health Program Co-Applicant Board (the "Board").

### **Article 2: Purpose**

The San Mateo County Health System, through San Mateo Medical Center ("SMMC"), has applied for and received grants from the United States
Department of Health and Human Services Health Resources and Services
Administration ("HRSA") pursuant to Sections 330(g) and 330(h) (collectively,
"Section 330") of the Public Health Service Act (the "Act") to support the planning
for and delivery of services to medically underserved populations, including
migratory/seasonal farm workers and their families and the homeless and their
families. These grant funds support the County's Health Care for the Homeless
& Farm Worker Health Program (the "Program").

The Board is the consumer- and community-oriented board whose role it is under regulations applicable to these grants from HRSA to provide guidance and oversight of the Program funded by these grants. As outlined in these Bylaws and in the County of San Mateo Ordinance creating the Board, the Board shall set priorities for the Program, assist and advise the Program in promoting its goals, provide input and feedback to generally advise the development, implementation, and evaluation of the Program, and act as the governing board of the Program (in coordination with the Board of Supervisors of the County of San Mateo and the SMMC Board of Directors).

### **Article 3: Responsibilities**

The Board has specific responsibilities to meet the governance expectations of the San Mateo County Health System's health care grant from HRSA. The Board shall generally set the priorities for the Program and govern those aspects of the Program funded by grant monies from HRSA. At the same time, San Mateo County is a public entity. Therefore, the County Board of Supervisors retains authority over the County's fiscal and personnel policies to the extent the Program is operated by County employees and out of County facilities. Day-to-day leadership and management of SMMC, part of the County of San Mateo, resides with staff under the direction of the San Mateo County Health System.

The Board's responsibilities include setting the priorities of the Program as outlined by this Section, including providing advice, leadership, and guidance in support of the Program's mission.

Subject to the limitations of Article 4, the Board's responsibilities shall include the following:

- A. Making decisions regarding the selection and continued leadership of the Director of the Program and providing input to the County regarding evaluation of the Director of the Program, however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements;
- B. Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process for hearing and resolving patient grievances;
- C. Providing recommendations to the SMMC Board of Directors regarding the fee schedule for services rendered to the Program's target populations and determining the policy for discounting charges (*i.e.*, a sliding fee scale) for the Program's target populations based on the client's ability to pay for said services;
- D. Working with the Program and the SMMC Board of Directors to ensure that the Program is operated pursuant to all applicable program requirements and grant conditions, related federal statutes, rules, and regulations, and other Federal, State, and local laws and regulations;
- E. Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program;
- F. Reviewing and setting financial priorities of the Program, reviewing and setting the Program budget to the extent that the budget is provided by the Section 330 grant funds, and reviewing and accepting any appropriations made available by the County Board of Supervisors;
- G. Setting general policies necessary and proper for the efficient and effective operation of the Program;

- H. To the extent that the Program's policies relate to the operation of SMMC facilities, recommending to the SMMC Board of Directors policies relating to such operations;
- I. Evaluating the effectiveness of the Program in making services accessible to the Program's target populations;
- J. Setting and reviewing separate procedures for hearing and resolving grievances relating to the Program if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for hearing and resolving patient grievances relating to its patients, including those being served by the Program;
- K. Setting and reviewing separate procedures for ensuring quality of care under the Program, including any quality audit procedures, if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for ensuring quality of care to its patients, including those being served by the Program and including any quality audit procedures;
- L. Approving grant applications and other documents necessary to establish and maintain the Program, including being identified as a co-applicant in relation to future grant applications;
- M. Requesting, being apprised of, and reviewing financial reports and audits relating to the Program;
- N. Making the Co-Applicant Board's records available for inspectionat all reasonable times as required by law and/or upon request by the Board of Supervisors, the SMMC Board of Directors, or either body's duly authorized agents or representatives;
- O. Amending the Bylaws, as necessary and as permitted by (1) the ordinance of the County of San Mateo Board of Supervisors that established the Board and (2) these Bylaws; and
- P. Filling vacancies, selecting voting members by majority vote, and removing voting members pursuant to the ordinance of the County of San Mateo Board of Supervisors that established the Board and as permitted by these Bylaws.

### **Article 4: Limitations of Authority**

The San Mateo County Board of Supervisors and the SMMC Board of Directors, as appropriate, shall maintain the sole authority to set general policy on fiscal and personnel matters pertaining to all County facilities and programs (including SMMC and its facilities and clinics), including but not limited to policies related to financial management practices, charging and rate setting, labor relations, and conditions of employment. The Board may not adopt any policy or practice, or take any action, which is inconsistent with or which alters the scope of any policy set by the Board of Supervisors and/or the SMMC Board of Directors on fiscal or personnel issues or which asserts control over any non-Section 330 grant funds provided by the County to the Program. The Board does not have any authority to direct hiring, promotion, or firing decisions regarding any County employee. The Board may not adopt any policy or practice, or take any action, which is inconsistent with the County Ordinance Code.

### **Article 5: Members**

### Section A - Member Qualifications

1. There shall be between nine (9) and twenty-five (25) voting members of the Board. The Board can set a specific number of voting members within this range by way of an amendment to these Bylaws. The voting membership of the Board shall consist of Consumer Members and Community Members, as outlined by this Section:

### (a) Consumer Members

More than one-half (50% + 1) of the voting members of the Board shall be individuals who are, have been, or will be served by the Program (the "Consumer Members"). The Consumer Members shall be representative of the geographical areas served by the Program and, as a group, shall represent the Program's user population in terms of demographic factors such as ethnicity, location of residence, race, gender, age, and economic status.

### (b) Community Members

The remaining voting members of the Board (the "Community Members") shall have a commitment to the populations that utilize the Program and the special needs of those populations, and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one-half (50%) of these Community Members may derive more than ten percent (10%) of their annual income from the health care industry.

(c) Modification to Consumer and Community Membership Numbers

To the extent that the United States Secretary of Health and Human Services authorizes a waiver relating to the composition of the voting members of the Board, the number and composition of the voting members of the Co-Applicant Board listed in Subsections (a) and (b), above, may be changed via these Bylaws to the extent any such change is authorized by such waiver.

2. All voting members of the Board shall be residents of San Mateo County. No voting member of the Board shall be an employee of or an immediate family member of an employee of SMMC, with "immediate family member" referring to being a parent, spouse, domestic partner, sibling, or child (biological, adopted, step-, or half-); however, a member of the Board may be an employee of the County of San Mateo. No members shall have a personal financial interest which would constitute a conflict of interest.

### Section B - Responsibilities and Rights of Members

- 1. All voting members of the Board must are expected to attend all Board meetings.
- 2. Voting members shall be entitled to receive agendas, minutes, and all other materials related to the Board, may vote at meetings of the Board, and may hold office and may serve as the Chair of Board committees.
- 3. May speak on behalf of the Board regarding healthcare needs of people experiencing homelessness, farmworkers and their families at community meetings or in written format only if the Board had agreed upon the statement or position in advance.

### Section C - Non-Voting Ex Officio Members

The Director of the Program shall be a County employee and shall be a non-voting, *ex officio* member of the Board. In addition, the San Mateo County Board of Supervisors and the SMMC Board of Directors may designate additional non-voting *ex officio* members of the Board.

### Article 6: Nominations, Applications, & Selection of Voting Members

Anyone may nominate a person for voting membership on the Board so long as the nominee meets the membership requirements of these Bylaws. Nominations shall be given to the Secretary or to the Chair.

In addition, the Board shall work with the Secretary to ensure that public notice is provided regarding (1) mid-term vacancies and (2) upcoming selection of members for terms which are expiring. The public notice must be posted at least in the same locations as the notice of regular meetings posted pursuant to Article 12, Section C.2 of these Bylaws, and the Board has discretion to post notice in additional locations. Such notice must be given sufficiently in advance to permit members of the public at least three weeks after the posting of the notice to submit an application before the selection process outlined in this Article.

If requested by the Chair, Co-Chair, Secretary, or any of their designees, a nominee must provide information sufficient to confirm they meet membership requirements of these Bylaws. A person who is not nominated but applies for a voting seat on the Board must submit a completed application on an application form adopted by the Board.

A list of nominees and other applicants shall be presented to the Board at a meeting between two and four months in advance of the expiration of terms for voting membership positions which are up for selection. A nominee may decline nomination. Each proposed new or returning member who is nominated or who applies shall be separately selected by a majority vote of these members present and voting at the meeting designated for such selections. A nominee or applicant who is so selected for voting membership shall begin his or her new term immediately upon the end of the term of the prior holder of the seat for which the selection was held.

### **Article 7: Term of Office**

For the initial appointments, one-half of the voting members of the Board shall serve a term of two (2) years and the other half of the voting members shall serve a term of four (4) years. The term of each Board member selected thereafter shall be four (4) years. Any vacancies in or removals from the Board membership shall occur pursuant to these Bylaws and, to the extent applicable, the San Mateo County Charter.

There is no limit on the number of terms a member of the Board may serve.

### **Article 8: Vacancies**

The Board shall have the ability to appoint members to fill vacancies to complete a term, following the procedures outlined in Article 6. Anyone selected to fill a vacancy shall fill the remainder of the termbe appointed to a four (4) year term.

### **Article 9: Removal**

Any member of the Board may be removed whenever the best interests of the County or the Board will be served by the removal. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal and a reasonable opportunity to appear and be heard at a meeting of the Board. A member may be removed pursuant to this Article by a vote of two-thirds (2/3) of the total number of members then serving on the Board. The Board shall take into account extenuating circumstances when considering the proposed removal of a Board Member.

Continuous and frequent absences from the Board meetings, shall be among the causes for removal. In the event that any member is absent from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article\_.

In addition, the San Mateo County Board of Supervisors retains the power to remove for cause (by majority vote) or without cause (by four-fifths vote) any members of the Board, as required by the San Mateo County Charter.

### **Article 10: Conflict of Interest**

Voting members of the Board are subject to the same conflict of interest rules and reporting requirements which are applicable to San Mateo County boards, commissions, and advisory committees.

A conflict of interest is a transaction with the County of San Mateo Health System, any part of the Health System, or with any other entity in relation to which a Board member has a direct or indirect economic or financial interest.

A conflict of interest or the appearance of conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the County of San Mateo Health System must be declared. Board members are required to declare any potential conflicts of interest by completing a conflict of interest declaration form.

In situations when conflict of interest exists for a member, the member shall declare and explain the conflict of interest. No member of the Board shall vote in a situation where a personal conflict of interest exists for that member; however, a member of the Board who has a conflict of interest may still provide input regarding the matter that created the conflict.

Any member may challenge any other member(s) as having conflict of interest. By roll call vote, properly recorded, the status of the challenged member(s) shall be determined prior to further consideration of the proposed project or issue.

### **Article 11: Compensation**

Except for any employees of the County of San Mateo who serve on the Board pursuant to these Bylaws, members of the Board are to be volunteers in relation to their work for the Board and shall not receive compensation for their participation on the Board. No member of the Board shall be deemed an employee of the County of San Mateo by virtue of their work on the Co-Applicant

Board. Employees of the County of San Mateo who serve as members of the Board may receive their normal salary and benefits for time spent working on the Board.

### Article 12: Meetings

### Section A - Regular Meetings

The Board shall meet monthly (or less frequently if approved by the United States Secretary of Health and Human Services) at a location provided by or arranged by the County of San Mateo.

All meetings of the Co-Applicant Board, including, without limitation, regular, special, and adjourned meetings, shall be called, publicly noticed, held, and conducted in accordance with the provisions of the Ralph M. Brown Act (commencing with Section 54950 of the California Government Code), as amended (the "Brown Act"). Minutes of each meeting shall be kept.

### Section B - Conduct of Meeting

The meeting shall be conducted in an orderly manner as deemed appropriate by the Chair. If the Board disagrees with how meetings are conducted, it may by majority vote of the total current members of the Board adopt a policy regarding how meetings shall be conducted.

### Section C - Notice, Agenda, and Supportive Materials

- 1. Written notice of each regular meeting of the Board, specifying the time, place, and agenda items, shall be sent to each member not less than four (4) days before the meeting. Preparation of the Agenda shall be the responsibility of the Program Director.
- 2. The agenda of each meeting shall be posted in a public notice area in accordance with the Brown Act and not less than seventy-two (72) hours prior to the meeting except as permitted by the Brown Act.
- 3. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the meeting notice. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a Board vote is established by the Chair of the Board, an item may be placed on the agenda although supporting materials are not available in time to be distributed; however, such material shall be available at the meeting.
- 4. Items which qualify as an emergency, pursuant to the Brown Act, can be added to the agenda at the meeting by a two-thirds (2/3) vote of the

members present at the hearing.

### Section D - Special Meetings

To hold a special meeting, advance notice of such meeting shall be given as required by law.

### Section E - Format of Meetings

The make-up of membership should dictate the format by which meetings are conducted.

### Section F - Quorum and Voting Requirements

- 1. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence (either physical presence or participation by telephone, videoconference, or other similar electronic means as permitted by the Brown Act) of a majority of the members of the Board then in existence.
- 2. A majority vote of those Board members present is required to take any action.
- 3. Each member shall be entitled to one vote. Only members who are present (as defined in Subsection F.1, above) are permitted to vote; no proxy votes will be accepted.
- 4. Attendance at all meetings shall be recorded. on a sign-in sheet. Members are responsible for signing the attendance sheet, except that the Secretary shall sign in any members attending via electronic means. The names of members attending shall be recorded in the official minutes.
- 5. The Program Director shall have direct administrative responsibility for the operation of the Program and shall attend all meetings of the Board but shall not be entitled to vote.

### Article 13: Officers

The Officers of the Board shall be the Chair, the Vice-Chair, and the Secretary. The Chair and Vice-Chair of the Board shall be chosen from among the voting members of the Board. The Program Director shall be the Secretary of the Board.

### Section A - Nomination & Election

Anyone may nominate from the Board membership candidates for Chair and Vice-Chair. Nominations shall be given to the Secretary. A list of nominees for Chair and Vice-Chair shall be presented to the Board in advance of its October or November meeting. A nominee may decline nomination. The Chair and Vice-Chair shall be elected annually by a majority vote of these members present and voting as the first order of business at the October or November meeting of the Board.

### Section B - Term of Office

The Chair and Vice-Chair shall be elected for a term of one (1) year or, if applicable, for any portion of an unexpired term thereof, and shall be eligible for reelection for a maximum of three (3) additional terms. A term of office for an officer shall start January 1 and shall terminate December 31 of the year for which they are elected, or they shall serve until a successor is elected.

### Section C - Vacancies

Vacancies created during the term of an officer of the Board shall be filled for the remaining portion of the term by special election by the Board at a regular meeting in accordance with this Article.

### Section D - Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws or other directives of the Board.

### 1. Chair

The Chair shall preside over meetings of the Board and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the Board.

### 2. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the Board.

### 3. Secretary

The Secretary or the Secretary's designee shall take minutes of the meetings, submit those minutes to the Board in advance of the following meeting for approval of the Board, ensure that notice of meetings is given as required by these Bylaws, and ensure that space is reserved for meetings of the Board.

### **Article 14: Committees**

Board committees may be formed as appropriate to address specific issues or duties. Any such committee is advisory in nature and is limited to a membership of fewer than half the members of the Board.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Committees shall not have power to bind the Board, and any recommendations of a committee must be approved by the Board.

All Board committees shall operate in accordance with the Brown Act requirements that apply to them, and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action.

Nothing in this section limits the Program Director from meeting with advisors, staff, colleagues or anyone else, or from creating multi-member bodies in support of Program operations.

### **Article 16: Amendments**

These Bylaws may be amended at any meeting of the Board at which a quorum is present upon agreement by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the Board of the intention to alter, amend, or adopt new Bylaws at such meetings, and such notice must include the text of the proposed alteration, amendment, or substitution. Bylaw changes which are approved by the Board and which are inconsistent with or in opposition to established San Mateo County policies and procedures are not effective unless approved by the San Mateo County Board of Supervisors. These Bylaws must always remain consistent with the Ordinance which created the Board, and any change to the Bylaws which is inconsistent with that Ordinance is null and void.

### **Article 17: Program Termination**

The Board shall remain in existence for as long as required to remain eligible for receipt of funding from the United States Government under Section 330 or any successor law that requires the existence of the Board. In the event the Program is terminated or is no longer funded by HRSA, the Board shall cease to operate unless the San Mateo County Board of Supervisors takes action to continue the Board's existence.

Notwithstanding the foregoing, the San Mateo County Board of Supervisors may terminate the Board at any time; provided, however, that any such termination may impact Section 330 funding.

# **TAB 9** Program Director's Report





DATE: July 08, 2021

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 10, 2021 Co-Applicant Board meeting:

HCH/FH submitted the request for the \$562,000 non-competitive ARP Capital Projects funding application to HRSA. The submission is scheduled for discussion elsewhere on today's agenda.

SMMC and SMC Health have received nearly 30,000 COVID vaccines through the HCH/FH Program's participation in the HRSA Vaccine Distribution Program, with about 21K administered to date. HRSA is also sponsoring a Mask Distribution Program and preparing for a Rapid Antigen Testing Distribution Program, both of which we are awaiting further word on.

The HCH/FH Program has reached out to shelters providing them with information on how staff and clients can be supported to receive a COVID-19 vaccine. The County is able to send nurses to a shelter if there are a couple of clients that need to be vaccinated on-site. Staff presented at the CES Outreach Working Group to share resources available to outreach teams. Street Medicine/Mobile Clinic team have a Provider of the Day phone number that can be used by outreach workers to support them in getting their clients vaccinated. Staff also continues to work closely with Center on Homelessness and Dept of Ag, as well as stay in regular communication with nonprofits serving both populations to support their COVID-19 activities.

Danielle Hull was hired into the HCH/FH permanent position as our Clinical Services Coordinator officially on Monday, June 28<sup>th</sup>. The HCH/FH Program recruitment for the Planning & Implementation Coordinator position closed on July 1<sup>st</sup>. We are utilizing a "loaned" permanent position from SMMC which we will exchange back when the County's final budget is passed (including all three of our Limited Term positions converted to Permanent positions). As of preparing this report, three (3) candidates applied, and interviews are expected to take place as soon as possible.

Dental services for farmworkers were noted as a high priority by the Board during the 2019/2020 Strategic Planning process. Under this direction, in conjunction with the SMMC Dental Department and Coastside Clinic has implemented a free Saturday Dental Clinic for farmworkers and their family members who otherwise do not have coverage for dental services. The initial Clinic was held on Saturday, June 12<sup>th</sup>. Farmworkers are connected to this service via referral from Puente de la Costa Sur for South Coast patients and ALAS for North Coast patients. Additional information on the first clinic is provided elsewhere on today's agenda.





A reminder that the Program's Operational Site Visit on HRSA compliance is scheduled for Tuesday through Thursday, August 3-5, 2021. There will be a Special Board Meeting called for Wednesday, August 4, 2021 for the Site Visit Team to meet with the Board. We will let you know soon the time and specifics for the virtual meeting. In addition, there will be an Entrance Conference early on the first day and an Exit Conference around late morning/midday of the final day which Board members may wish to participate in (neither is mandatory). We will be providing additional information soon on these as well. We also have further discussion of the OSV elsewhere on today's agenda.

Seven Day Update

### ATTACHED:

Program Calendar

## County of San Mateo Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2021 Calendar (*Revised July 2021*)

EVENT	MONTH	NOTES
<ul> <li>Board Meeting (July 8, 2021 from 9:00 a.m. to 11:00 a.m.)</li> </ul>	July	
Approve form 5B		
<ul> <li>Board Meeting (August 12, 2021 from 9:00 a.m. to 11:00 a.m.)</li> </ul>	August	
<ul> <li>HRSA Operational Site Visit August 3-5, 2021</li> </ul>		
<ul> <li>Special Board Meeting August 4, 2021 with Federal Reviewers</li> </ul>		
NCC/BPR due August 13, 2021		
<ul> <li>Board Meeting (September 9, 2021 from 9:00 a.m. to 11:00</li> </ul>	September	
a.m.)		
<ul> <li>Board Meeting (October 14, 2021 from 9:00 a.m. to 11:00 a.m.)</li> </ul>	October	
SMMC Audit approval		
<ul> <li>Board Meeting (November 11, 2021 from 9:00 a.m. to 11:00</li> </ul>	November	
a.m.)		

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

## **TAB 10** Program **Budget/Finance** Report



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

DATE: July 08, 2021

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

For non-COVID operations, preliminary expenditure numbers for June 2021 show a total expenditure for the year-to-date as \$1,664,661 of which \$1,639,367 is claimable against the grant. Total projected expenditure for the year continues at approximately \$3.06M. With carryover from 2020, we expect to have available funding around \$3.6M, providing for an estimated \$550K of unexpended funds for year's end, the same as projected last month. We have been tracking at around this number for a few months, but the profile may change post-July 1 when new and different agreements come online.

Of the original COVID awards from 2020, which totaled around \$880K, approximately \$348K has been expended, which includes all of the available funding from the original COVID award and the COVID Expanded Testing Capacity award. All of the remaining available funding from 2020 (~\$535K) if from the COVID CARES award with a current end date of March 31, 2022. HCH/FH has received an addition ~\$1.6M COVID funding award from the ARP Act, which has an end date of March 31, 2023.

HRSA has also recently announced the availability of \$562,000 in Capital Projects funding which must be requested by June 24, 2021. HCH/FH reviewed this possibility with SMMC, SMC Health and our community partners and submitted a timely proposal. This is discussed additionally elsewhere on today's agenda. HRSA has also announced a competitive award for Optimizing Virtual Care, due in July. We are reviewing our capacity to handle additional funding in this area and potential collaborations.

### Attachment:

GY 2021 Summary Grant Expenditure Report Through 06/30/21



		luna di				
Details for budget estimates	Budgeted	June \$\$	To Date	Projection for	1	Projected for GY 2021
<u>EXPENDITURES</u>	[SF-424]		(05/31/21)	end of year		
<u>Salaries</u>						
Director, Program Coordinator						
Management Analyst ,Medical Director new position, misc. OT, other, etc.						
new position, mise. 61, other, etc.	631,050	42,846	269,764	540,000		650,000
<u>Benefits</u>						
Director, Program Coordinator						
Management Analyst ,Medical Director new position, misc. OT, other, etc.						
,						
	171,990	10,266	69,849	145,000		180,000
Travel						
National Conferences (2500*8) Regional Conferences (1000*5)	25,000 5,000	325	325	5,000 2,000		25,000 5,000
Local Travel	1,500			500		1,500
Taxis Van & vehicle usage	1,000 2,000	98	163 706	500 1,500		1,000 1,500
van a veinde asage	34,500	423	1,194	9,500		34,000
<u>Supplies</u>						
Office Supplies, misc.	12,000	1,480	4,393	10,000		10,000
Small Funding Requests	12,000	10,730	81,767 86,160	95,000 105,000		10,000
	12,000		80,100	105,000		10,000
Contractual 2019 Contracts			129,225	129,225		
2019 MOUs			144,645	144,645		
Current 2020 MOUs Current 2020 contracts	872,000 1,034,000	79,075	345,130	925,000		1,100,000
ES contracts (SUD-MH & IBHS)	150,000	79,073	567,300	1,005,000		1,000,000
unallocated/other contracts						
	2,056,000		1,186,300	2,203,870		2,100,000
Othor						
Other Consultants/grant writer	30,000			8,000		25,000
IT/Telcom	20,000		9,744	24,000		25,000
New Automation  Memberships	5,000			0 2,500		- 5,000
Training	10,000		16,356	25,000		20,000
Misc	500 65,500		26,100	60,000		500 75,500
			,	•		·
TOTAL	2,971,040	134,090	1,639,367	3,063,370		3,049,500
GRANT REVENUE						
Available Base Grant Carryover	2,691,632 922,375			2,691,632 922,375		2,691,632 IBHS
Available Expanded Services Awards **						550,637 carryover
HCH/FH PROGRAM TOTAL	3,614,007			3,614,007		3,242,269
BALANCE	642.067	DD.C	DJECTED AVAILABLE	550,637		192,769
BALANCE	642,967	FAC	JECTED AVAILABLE	330,037		192,709
						based on est. grant of \$2,691,632
						01 \$2,031,032
Non-Grant Expenditures						
Salary Overage	13750	1442	7,210	19,000		22,000
Health Coverage	57000	3588	18,084	49,000		57,000
base grant prep food	- 2500			750		1 500
incentives/gift cards	1,000			730		1,500 1,500
	74,250	5,030	25,294	68,750		82,000
TOTAL EXPENDITURES	3,045,290	139,120	1,664,661	3,132,120	NEXT YEAR	3,131,500
	BUDGETED	This month	TO DATE	PROJECTED		
COVID Expenditures	2021		93408	535500		
(not included either COVID APR awards)	2020		254,669			
	_020					
Total			348077	880000		